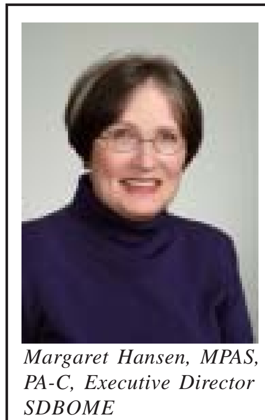
SOUTH DAKOTA ACADEMY OF *Physician Assistants*

"PARTNERS IN MEDICINE"

VOLUME 15 ◆ ISSUE 3 ◆ JULY 2005

HANSEN APPOINTED EXECUTIVE DIRECTOR FOR SDBOME



Margaret Hansen, MPAS, PA-C, Executive Director SDBOME

Margaret B. Hansen has been appointed to the position of Executive Director for the South Dakota Board of Medical & Osteopathic Examiners with the Department of Health. The appointment is effective August 1, 2005.

The South Dakota Board of Medical and Osteopathic Examiners (SDBOME) is the licensure board for advanced life support, athletic trainers, dietitians and nutritionists, medical assistants, medical corporations, occupational therapists, physical therapists, physician assistants, physicians, and respiratory therapists in the state of South Dakota.

The SDBOME's mission is continual improvement in the quality, safety, and integrity of health care in the state of South Dakota through development and promotion of high standards for practitioner licensure, practice, and discipline according to those standards.

Hansen attended Old Dominion University where she received her Bachelors in Science in biology, The Medical College of Georgia where she received her Bachelors in Science, Physician Assistant, and University of Nebraska Medical Center where she received a Masters of Physician Assistant Studies. She was most recently an assistant professor at the University of South Dakota School of Medicine/Health Sciences Physician Assistant Studies Program and a physician assistant at the Allergy & Asthma Clinic in Sioux Falls, South Dakota.

DR. ROBERT HAYES BUILDING DEDICATED

South Dakota physician and health care pioneer Robert Hayes was posthumously honored July 21, 2005, when Governor Mike Rounds formally dedicated the Health Building at 600 East Capitol as the Dr. Robert H. Hayes Building. Originally constructed as a health laboratory, the building now houses the administrative offices of the Department of Health.

"Dr. Hayes worked tirelessly to improve rural health care in South Dakota, and it's very fitting that we recognize his many contributions by renaming this building in his honor," said Governor Mike Rounds.

Governor Rounds said Dr. Hayes was a long-time advocate of the four-year medical school at USD and was also instrument in getting legislation passed to create the physician assistant (PA) as a health occupation in the early 1970's. *(Continued on Page 2)*

Pictured at the dedication are (l. to r.) Jan Hayes Hines, PA-C, Marilyn Seymour, PA-C, Barb Joy, PA-C, and Dave Custis, PA-C.

The late Dr. Robert Hayes

(Continued from Page 1)

"The law creating the physician assistant as a health occupation was one of the first of its kind in the nation and a good example of why Dr. Hayes was so often described as ahead of his time," said the Governor. "Many of the developments he was responsible for will continue to serve South Dakota well into the 21st century."

Dr. Hayes received his undergraduate degree from St. Ambrose College in Davenport, Iowa, in 1943. He received his doctor of medicine degree from the University of Iowa in 1950.

He was involved in the private practice of medicine in Winner until 1966. From 1966-1967, he was medical officer in charge of a surgical team of the US Public Health Service located at Nha Trang, South Vietnam. From 1966-1969, he was program coordinator for the South Dakota Division of the Nebraska-South Dakota Regional Medical Program and a professor of clinical medicine at the University of South Dakota School of Medicine in Vermillion.

He was state health officer and secretary of the Department of Health for South Dakota from 1970-1975. Subsequently, he was the director of the Physician Extender Program of the School of Medicine at the University of South Dakota, chief of professional services for the state Department of Health and a staff member for the US Veterans Affairs Hospital at Fort Meade. He was a medical advisor to the Wall Clinic from 1975 until his retirement in 1987.

Dr. Hayes served in the Navy in the South Pacific from 1943 through 1946. He was active with the South Dakota National Guard, attaining the rank of colonel before retiring after 43 years of military service. He was state surgeon for the South Dakota National Guard and a consultant to the Army Surgeon General's Advisory Council for Reserve Officers prior to retirement.

Dr. Hayes and his wife, Beverly, had six children; Kristine, Robert, Timothy, Janet, John, and Deborah; and 10 grand children. He died in 1991.

Pictured at the dedication are (l. to r.) Jan Hayes Hines, PA-C, Governor Mike Rounds, Marilyn Seymour, PA-C, Barb Joy, PA-C, and Dave Custis, PA-C.

For the Calendar

Summer CME Conference
September 8 - 10, 2005
Holiday Inn, Sioux Falls
605/339-2000

Winter Ski CME Conference
March 2 - 4, 2006
Ramkota Hotel, Rapid City
605/343-8550

Seymour Appointed to Health Care Commission

Physician Assistant, Marilyn Seymour, has been appointed to the South Dakota Health Care Commission, representing the public/community health worker slot on the Commission. The Commission, established by the 2003 Legislature, is charged with gathering data to assess the health status of South Dakotans, identifying health care priorities that address financing, delivery and programming, and developing measurable health outcomes for selected state initiatives for health care. The legislation also directs the commission to recommend health care policy, monitor health care environments and address the health care needs of South Dakotans. Marilyn brings great experience in the areas of primary care and rural health care.

Board Meeting Report
SDBMOE Quarterly Meeting
Sioux Falls, April 11, 2005

The PAAC met with the board at 9:45 a.m., with numerous topics of discussion. Two protocols were revisited that were drafted November 17, 2003. Please see the articles included in this newsletter.

Laser hair removal was discussed as there have been numerous inquiries to the board concerning who can and who can't perform laser applications. All concerned have been referred to SDCL 36-15-2.2, which stipulates that the practice of esthetics is to be done by licensees only, and they cannot cause living cells to be altered, cut, or damaged. They were also referred to SDCL 36-4-8.2 which stipulates the use of a laser or ionizing radiation constitutes the practice of medicine.

Botox injection was also brought up. The board made a motion that only physicians could administer botox, and any entities other than physicians who wish to administer botox would come through the proper channels, ie, PA's will have to abide by SDCL 36-4A.26. Thus, only PA's working for dermatologists need apply.

There was also considerable discussion of PA licensure and supervision on federal sites. Specifically, VA and IHS. PA's may work on these sites with an active license from any state, and they may be supervised by physicians licensed from other states. We have been in contact with numerous individuals since the meeting that have had questions concerning this issue.

The executive secretary position, being vacated by Paul Jensen, was also discussed, and to-date, they have not hired anybody for that position.

If anyone has any questions or concerns relating to this report, please feel free to contact any of the members of the PAAC.

-Jim Cody, PA-C, PAAC Member

Nurse Practitioner/Physician Assistant Training and Education Protocol for Laser Utilization

PURPOSE: The purpose of this policy is to establish a guideline for laser training and continuing laser education of NPs & PAs.

POLICY:

1. The NP/PA laser training protocol will be as follows:
   a. The NP or PA will complete an initial laser-specific orientation for each individual laser. This training is conducted by each of the specific laser manufacturers. A certificate will be acquired after completion and will be maintained in each personnel file.
   b. Under direct supervision of the laser-trained, collaborating/supervising physician, the NP/PA will be required to perform 40 laser procedures specific to each individual laser which includes the Candela V-Beam Pulse Dye Laser, Candela Gentlelase Plus hair removal laser, Candela Smoothbeam Diode Laser, and Cynosure V-Star Pulse-dye Laser. A confidential list of patients treated will be maintained by the NP/PA. This list will be readily available upon request.
   c. The NP/PA will be required to attend an American Academy of Dermatology approved continuing education program that specifically addresses laser technology. The NP/PA will complete an initial continuing education program within the first year and will be required to maintain fifteen continuing education hours per two year period of time. Proof of education will be maintained in the personnel record.
   d. No health care provider, other than physicians, NP's. or PA's may be trained to use lasers.

2. The collaborating/supervising physician will monitor and evaluate the progress of the NP/PA, and if additional education or supervised training is necessary, the physician will amend this training protocol to require additional training.

DATE: November 17, 2003

Nurse Practitioner/Physician Assistant Protocol for Laser Utilization

PURPOSE: The purpose of this policy is to outline the utilization restrictions and procedure for deliver of laser therapy by NPs/PAs.

The NP/PA laser utilization protocol will be as follows:

a. Laser therapy will be administered by the NP/PA only after the training protocol has been completed.
b. Laser therapy will be delivered only when the collaborating/supervising physician is physically present on site.
c. Laser therapy parameters will be dictated by the collaborating/supervising physician after review of the chart, photographs and patient case. These parameters will include the type of laser to be utilized and the laser delivery settings.
d. No variations of the treatment settings will be made without the prior approval of the collaborating/supervising physician.
e. After the laser treatment is provided, the chart will be returned to the physician. Any untoward side effects, problem, and changing of the treatment plan will be addressed with chart review.
f. Only physicians, NPs, and PAs trained pursuant to these protocols dated November 17, 2003, may utilize lasers.

DATE: November 17, 2003

PAAC MEETING REPORT
SIOUX FALLS, JUNE 7, 2005

The only subject brought up at the meeting was the reading and adoption of the following position statement by the board. There was some discussion of the subject, but in the end, it passed without dissent:

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

PROPRIETARY

PHYSICIAN ASSISTANTS POSITION STATEMENT

Section: Practice at IHS and Federal Facilities
Subject: Supervision and State Statute
Document Number: PA3
Effective Date: June 7, 2005

Revision Date(s):

POSITION STATEMENT
While practicing at an Indian Health Service facility, a physician assistant will not be required to abide by the state statute regarding physician supervision or licensure.

A physician assistant practicing at a Veterans Administration or other federal facilities will not be required to be licensed in this state, however licensure in this state is advised. The Board will recognize federal protocols for supervision and scope of practice of the P.A.

AUTHORITY

SDCL 36 4A 7
Indian Health Service Circular No. 96 02

The next meeting of the SDBMOE will be in Sioux Falls on September 15, 2005. This will be the joint meeting with the Board of Nursing.

End of report.

Jim Cody PA-C, PAAC Member

PAAC Committee Members

Jim Cody	605/942-7414 (h) 605/942-7711 (w)
Rod King	605/627-5750 (h) 605/692-6236 (w)
Jan Hines	605/720-2020 (h) 605/718-1095 (w)

NATIONAL PROVIDER IDENTIFIER REGISTRATION

The Workgroup for Electronic Data Interchange has completed a white paper providing instruction on the methods by which health care providers may obtain a NPI. Under the provisions of HIPAA, the NPI is a standardized unique national identifier that, as of May 23, 2007, institutional providers such as hospitals, hospices, nursing homes, physicians, physician assistants, etc., will be required to obtain and use.

The white paper clearly explains how to register and obtain a NPI and what information will be collected. Providers will have the option to register by paper, via the Web, and by using an electronic file interchange (EFI), formerly referred to as "bulk enumeration".

The white paper goes on to acknowledge a number of outstanding questions surrounding the NPI and states that as those questions are addressed, the white paper will be updated.

The complete NPI white paper can be downloaded from the HIPAA section of the SDAHO Web site (www.sdaho.org).
- Gilbert Johnson, Director of Health Data Systems, SDAHO

The USD PA Class of 2005

Twelve students from the Class of 2005 attended the National PA Convention in Orlando. While there, the USD Challenge Bowl Team competed against other top schools in the nation. The USD team consisted of Amanda Babb and Jodi Merrihew from the Class of 2005 and Jill Gassen from the Class of 2006.

Class of 2005 students started their final rotation on June 27th. They will complete rotations July 22 and will graduate from the USD PA program on July 28th. Several students already have jobs waiting for them.

-Jodi Merrihew, PA-SII

The USD PA Class of 2006

Greetings! The Class of 2006 has just finished their first year! A good portion of the class attended the national meeting in Orlando. Some of the highlights included the quiz bowl, academic sessions, nightly entertainment, and of course the various theme parks. Our class then finished the semester by testing out on the physical exam. All in all, it has been a busy yet rewarding year. We are all looking forward to next semester which includes Pharmacology, Introduction to Clinical Medicine II, and Didactic Clinical Medicine. Presently, some students are doing summer internships at various sites around the state involved in the SEARCH program. Classes start again August 1st.

Hope you are having a great summer,

-Ryan Klenner, PA-SI

NCR Report

North Central Regional meeting at Orlando, Florida, was held on May 31, 2005. President Jennifer Holycross called the meeting to order. The region consists of 11 states with 10 states represented at the meeting.

It was reported that when local meetings are scheduled, any AAPA board member may be invited, not just the president. When a request is submitted to the academy, ("What do you really want" from them? Information on reimbursement, leadership, etc.?), make a specific request upon inviting any AAPA representative.

A discussion followed concerning the continuation of the NCR quarterly meetings. At a previous meeting in Orlando, involving all the AAPA regions, it was decided that each region could continue to meet if they so choose. There is concern about the benefits of continuing the quarterly meetings. Are they worth the time and expense to continue? A majority of the time there are financial losses for the host state to fund. There is money in our regional treasury. The respective state's president needs to vote to give the money from NCR to help cover the cost of their losses. The student organization met prior to our NCR meeting. They have dissolved and will not be attending the regional meetings.

The NCR 2006 meeting is canceled in Wisconsin. It was decided to reimburse Wisconsin for losses incurred; however, not exceeding the escrow account of $1,680.17. Also, affective immediately, it was decided to suspend the contribution from states to the NCR fund.

At the close of our meeting, a decision to continue as a region was approved by a majority vote. Many AAPA leaders have come out of this region. In the future, the NCR may have meetings out of the region. The next scheduled meeting will be at the national meeting in San Francisco, 2006.

Meeting adjourned.

-Sheila Schweitzer, MPAS, PA-C, SDAPA Chief Delegate

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University of South Dakota Physician Assistant Studies Program Update

Did you see the Challenge Bowl? I did, and while we may not have won, I couldn't have been more proud. We had great representation from USD and even had a brief USD chant. Three students competed and many classmates showed up in USD red to cheer on their team. This is the first year that we have competed in the challenge bowl, and I hope it is a tradition that continues for the years to come. It made me feel proud to not only be a faculty member but an alumnus of the program as well. As is said "it's not about winning or losing, it's about playing the game."

USDSM PA Studies students participated in the Challenge Bowl at the National Meeting.

With summer comes graduation, arranging semester calendars, and preparation for a new group of PA students. This fall semester will bring new challenges. With the transition to a masters program the curriculum was extended slightly. The end result is that for the first time we will have both 1st and 2nd year students on campus at the same time, 40 students in total.

The second year students will be back on campus August 1st and rotations will begin in November. They are anxiously awaiting the time to leave campus and start rotations. The class as a whole has been excellent; very professional, attentive, understanding, involved, and inquisitive. I hope you all get the chance to say hi to this group come September CME time.

We had an excellent admissions pool this year and selected 20 of the best. The class of 2007 begins orientation on July 27th and will officially begin classes August 1st.

They are: **In State:** Elizabeth Berkemier, David Cohen, Kimberly Lunder, Barry Schramm, Ryan Willems, Derek Sitter, Jana Larson, Tamra Thomas, Jeffrey Tiahrt, Ann Voorhees. **Out of State:** Howard Gorder, Elizabeth Loverso, Dana Nelsen, Paul Niles, Kurt Schmeckpeper, Priscilla Johnson, April Harris, Jay Odland, Melissa Riedel, Julie Solberg.

We are in the process of planning for July 28th graduation. This marks the last July graduation. The graduating class is the transition group. I want to thank them for their patience and understanding as we moved forward. Two years ago this class was given the one time option of choosing to remain undergraduate or obtain a masters degree. Seven of the twenty bravely choose to seek a masters degree, even though we didn't know exactly how they were going to get it. This means that we anticipate having twelve graduating from the University with an undergraduate degree in July and seven in December with a graduate degree. Graduation from this point on will occur in December. I know they are all anxious to get done and get on with the PANCE, and first job.

And last but not least, a faculty update. Dr. Des Raidoo left us at the end of May. Des had been with the program for four years. He is now deep in a full time psychiatry residency. Des is a phenomenal teacher. From day one he was respected by the students and departed so much knowledge. I can't think of a more intelligent man. Personally, Des became a mentor and a friend, and he is dearly missed by the faculty, staff, and students. We wish him the best in his endeavors.

At the end of June, Ms. Meg Hansen decided to move on as well. Meg has been with the program for a little over two years. There are a lot of "political" issues that made Meg's job increasingly challenging. She has directly overseen 40 clinical year students over her time here. We wish her the best in her future endeavors as well. She will be missed.

Where to go from here: Nancy Trimble was temporarily hired a little over a year ago to assist in the vacancy of my old position. Nancy has been a large asset to have around. She is well respected by the students and has really grown in her role. Nancy has agreed to emergently take on the Clinical Coordinator position. We are very grateful that she has agreed to "step up to the plate".

Hopefully by the time you read this we will have filled the other faculty vacancy. We were very pleased with the number of applicants we had for the faculty position. We have held interviews and hope to make a formal offer to one of them soon.

Ah, transition! We're putting together the team, getting the right players on the bus, and moving forward. Change and transition is inevitable, each of us deal with it daily. Hope everyone has been having a good summer.

-Wade Nilson, MPAS, PA-C, Program Director/Asst Professor
University of South Dakota Physician Assistant Studies Program

Cheers! Greetings from Birmingham, England!

As many of you know, I have relocated for the next year or two. I have not quite picked up the British lingo, but a few of their words pop into the conversation off and on. Most of the native Englishmen think we from America have a strong accent. They certainly do not hear their way of murdering clear words. I really am enjoying it here and often refer to it as my vacation with a bit of work involved. The PA program here is moving forward very slow, but as I have noted, everything here moves very slow. They had hoped to have it going by this fall but looking more like next fall.

I work in a clinic which has a strong international immigrant population. I see patients every day from India, Pakistan, Afghanistan, Burma, Bengal, Congo, Ethiopia, Liberia, Cammroon, Romania, Yugoslavia, and a few from the Caribbean. Obviously, one of the biggest challenges is the language barrier, and I often have to use an interpreter.

Clinic appointments are scheduled every 15 minutes, and each provider has their own room. You call your own patients from the computer in your office and when it comes up on the name board in the lobby, patients make their way to your room and knock before they enter. You take what ever vitals you need for their presenting problem, listen to their complaints or problems, do your exam, and either prescribe a medication or advice or refer as indicated. The computer here is the most advanced I ever encountered. It has all the patient information on a summary sheet. You can locate their labs, x-ray, tests, surgeries, referrals, and current and past medications from your computer screen. You can see what meds they take, and when and if they had them filled. So there is no question if they take their meds. If they have not been refilled, it is quite apparent they are delinquent in their use of the medications. Every medication here has a unique spelling, and they add all sorts of strange letters, to common complaints such as oedema, diarrhea, and so on. The best way to identify medication is by the ending, which gives an indication of the class of medication so a "pril" or "mycin" is your only clue. They have all sorts of folders from the NHS that tells you the most appropriate way to treat a specific condition.

X-rays are not common, and to get one you can refer, but the radiologist has the right to decide if they really need one. For example, someone may complain they fell and twisted their ankle and are having pain. If they walk on it, it does not get an x-ray. If someone has UTI symptoms, unless they have a fever and CVA tenderness, they get treated first for three days with Trimethoprim. Then, if they do not resolve you can do a C&S but may not get a result for seven days. No one uses Sulfa for a UTI or any infection, and they use Chloromycetin for eye infections. However, if you have someone really sick or injured, you can call the hospital, and they will see them immediately. I have so far seen a case of meningitis and endocarditis that came to the clinic for their symptoms.

Nurses here are used very differently than what we see them do in the US. First of all, they have a good share of autonomy. They do most all the paps smears and most all the tests for STDs. They do the follow-up on hypertension and asthma and hypercholesterolemia and then come to the providers for changes in the medication or need for additional tests. Works very smoothly. Frequently they come to me to go over the ECG or the lab tests to see if I feel they need to take it to the physician who has seen the patient last. The midwives do all the first OB visits and follow the women at the clinic and deliver them either at the hospital or in their homes if all has gone well. The moms stay at the hospital for about six hours after delivery and are sent home. The home health worker visits them every two to three days for the first couple of week and then on a weekly or monthly basis, depending on how well they are getting along. We only see babies for their eight week exam, and then they are followed by the nurses unless they see a problem during the regular scheduled visits.

I see a huge amount of babies with eczema and dermatitis. Have no idea why it is so prevalent but generally most outgrow their problems by about 2 years. Many of the kids and adults here suffer from asthma and hayfever, and that has been a big item this past week for visits to the clinic. Patients with any chronic disease are followed on a very close basis, and all get their medication free so have no excuse for not taking them.

Work is limited to about 35 hours a week, and they really watch that you do not work over time. They feel that you need the time off. We get 29 days of vacation per year plus a raft of bank and national holidays. You must use your vacation! If it comes to the end of the year, and you have not used it, you will be off work until it is gone. These Brits never talk about staying home to clean or paint the house. When they have a three day weekend they take a holiday and go somewhere. Even on a weekend they take off for a couple of days. And so myself and friends have adopted the policy and take every chance to get out and about. We went to London last weekend, have been to Stratford upon Avon for the Shakespeare experience, Cadbury Chocolate factory, Botanical gardens, opera, symphonies, Broadway plays, and up north to Nottingham and Derbyshire areas. We have a lot yet to visit here in Britain and Scotland before we hit the continent, but expect to see it all. Travel from here to Europe is very inexpensive, actually travel from here to anywhere is cheaper than the US offers.

Hope you are all well and I hope to see some of you next year at San Francisco. Feel free to write or if you are coming this direction plan to stop and visit.

-Marilyn Harms, PA-C (ladyathome1@hotmail.co.uk)

FSMB Recommendations

The Federation has formulated a set of Guidelines to be used by State regulatory boards and legislatures when considering requests for creation or expansion of scopes of practice. The Guidelines are designed to assist policy makers in assuring that all practitioners are prepared, by virtue of education and training, to provide services authorized in their scopes of practice in a safe, effective, and cost efficient manner.

The Guidelines recommend that State regulators and legislators review the following factors when considering scope of practice initiatives in the interest of public health and patient safety:

- existence of a verifiable need for the proposed scope of practice change;
- existing scopes of practice and the effect of requested changes on public health and safety;
- formal education and training purported to support scope of practice changes and the existence of a formal process for accreditation;
- existing or proposed regulatory mechanisms such as licensure, certification, and registration;
- the advisability of allowing independent practice or requiring collaboration or supervision;
- the advisability of interaction and cooperation between affected regulatory boards in evaluating issues that involve multiple practitioners, in investigating complaints, and in recommending appropriate discipline;
- requirements for full and accurate disclosure by all health care practitioners as to their qualifications to provide health care services;
- accountability and liability issues relating to scope of practice changes;
- details, rationale, and ethics of any proposals to bypass licensing or regulatory requirements in allowing scope of practice changes, the implications for other practitioners, and the effect on patient safety; and
- financial impact and incentives related to and affecting the scope of practice changes.

Conclusion

State legislatures and State regulatory boards are urged to develop tools to evaluate requests for scope of practice changes fairly and consistently so that decisions are made in the best interest of the public. Policy makers should use the guidelines outlined in this Report and should call upon the expertise of experienced and knowledgeable practitioners, health regulators, and policy makers as appropriate when evaluating requests and formulating recommendations for approval and implementation, or denial, of scope of practice changes.

-Ann Davis, PA-C, AAPA Director of State Government Affairs

Summer CME Meeting September 8, 9, and 10
Holiday Inn Downtown Sioux Falls, SD

The SDAPA Summer CME Conference is fast approaching. There will be a wide range of topics, for the most part chosen by SDAPA members who filled out the CME conference evaluations from September 2004. Requested topics included diabetes, antibiotic use, women's health issues, pediatric concerns – to name just a few.

The CME Committee has obtained speakers addressing different aspects of diabetes, genetic testing; endocrinology; psychiatry; and the list goes on . . . This meeting looks to be not only interesting and useful for your practices but also will hope to provide clinical pearls for board re-certification.

The evaluations from 2004 Summer CME conference were quite positive and constructive. The CME Committee hopes that you will enjoy and learn in September! Hope to see you there!

-Margaret (Meg) Hansen, PA-C, MPAS, CME Coordinator

THE HOUSE OF DELEGATES 2005 COMMITTEE C REPORT

The House of Delegates of the American Academy of Physician Assistants met in Orlando, Florida, May 28, 29, and 30, 2005, at the Peabody Hotel. The session was uneventful this year. No hot topics to discuss in this committee! There were 36 new resolutions considered; 7 adopted on the consent agenda, 2 rejected,19 adopted, and 8 amended and then adopted.

2005-C-01: The AAPA believes that safe and affordable prescription medications should be available for all patients. Re-importation of pharmaceuticals from countries is not a long tern solution to the problem of costly medications in the United States. This was adopted.

2005-C-02: Amended policy H-P-3006.1.1 to read as follows: The AAPA shall explore and pursue every avenue to cause amendment of the Social Security Act to permit Medicare, Part B coverage of physician services provided by PAs and to clarify that the reimbursement and employment relationship are distinctly separate from supervision as in seeking uniform defined by state law. Under Medicare, Part B, physician services provided by physician assistants should be reimbursed to the practice. In seeking uniform Medicare, Part B coverage, the AAPA shall negotiate for a reimbursement rate THAT encourages the utilization of physician assistants and is non-inflationary. This passed on the consent agenda.

2005-C-03: Amended policy H-EX-4300.2.4 to read as follows: The AAPA supports effective MOTOR VEHICLE passenger safety programs for children, INCLUDING ENFORCEMENT of child restraint laws AND ENACTMENT OF BELT-POSITIONING BOOSTER SEAT LAWS IN ALL STATES. THE AAPA ALSO SUPPORTS BOOSTER SEAT LEANER PROGRAMS AND ENCOURAGES PAs TO DISCUSS MOTOR VEHICLE PASSENGER SAFETY WITH THEIR PATIENTS. This passed on the consent agenda.

2005-C-04: The AAPA supports the establishment of a patient-centered health care Records and Information system in which there is an efficient and continuous exchange of information among health care professionals, hospitals, and other agencies providing care. This was adopted.

2005-C-05: Amended policy H-P-3600.1.5 to read as follows: The AAPA shall educate the following groups to promote equitable reimbursement for PHYSICIAN SERVICES PROVIDED TO PAs: health benefit development groups, payers, employers, and third party administrators. This passed on the consent agenda.

2005-C-06: The AAPA believes that physician assistants, with appropriate training, shall have included in their scope of practice administration and practice of anesthesia care under the appropriate supervision of a qualified Physician Anesthesiologist. This resolution was rejected as the AASPA committee felt our existing policy encompasses the intent of the resolution.

2005-C-07: This is a Position Paper: "Guidelines for State Regulation of Physician Assistant". This position paper was amended. It was first adopted as official policy of the AAPA in 1988. The guidelines present a comprehensive framework for the state regulation of the profession. This was adopted. The AAPA homepage will direct you to the full details.

2005-C-08: The AAPA shall pursue with regulatory and reimbursement agencies the mechanisms for reimbursements for anesthesia services provided by appropriately trained Physician Assistants (PA) at levels consistent with other PA reimbursements. This resolution was rejected.

2005-C-09: This resolution concerned the Veterans Healthcare Administration-Physician Assistant Advisor and was withdrawn.

2005-C-10: This is a Policy Brief: "Guidelines for Privileging Physician Assistants". Over the past few years, the practice of hospitals credentialing and privileging PAs through the medical staff has been gaining momentum. There was pro and con testimony heard, amendments were made to the original resolution, and in the end this was adopted.

2005-C-11: This is a Policy Brief: "Global Epidemic HIV/AIDS". This was adopted. The AAPA homepage will direct you to the full details of the brief.

2005-C-12: This is a Position Paper: "Comprehensive Health Care Reform." Amend by substitution policy H-EX-4600.1.8, H-EX-4800.2, and H-EX-4800.3 by adopting this position paper. This was adopted. The AAPA homepage will direct you to the full details.

2005-C-13: This is a Policy Brief: "Scientific Integrity and Public Policy." This was adopted. Please search the web at the AAPA homepage.

2005-C-14: Amend policy H-EX-4700.1 to read as follows: THE AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS ENCOURAGES INITIATIVES AT THE INDIVIDUAL AND ORGANIZATIONAL LEVELS TO IMPROVE THE QUALITY OF HEALTH CARE IN AMERICA BY: (1) SUPPORTING PATIENT SAFETY EFFORTS; (2) REDUCING MEDICAL ERRORS; (3) PROMOTING

EVIDENCE-BASED MEDICAL CARE; (4) ENCOURAGING COMMUNICATION AMONG MEMBERS OF THE HEALTHCARE TEAM; AND (5) EMPHASIZING THE TEAM APPROACH TO HEALTH CARE. This was adopted.

2005-C-15: This is a Position Paper: "Quality Incentive Programs." This position paper was adopted. The AAPA homepage will direct you to the full details.

2005-C-16: The AAPA should make it a priority to market the PA concept to employers that serve rural and underserved populations. This was adopted.

2005-C-17: Amend policy H-P-3300.1.2 to read as follows: Physician assistants are encouraged to identify key factors that may lead to violence IN ALL AGES and to be familiar with and initiate appropriate interventions, including but not limited to, all legally required notifications to address these situations when occurring within their practice setting and/or the community. Interventions may also include innovative and multidisciplinary efforts. This passed on the consent agenda.

2005-C-18: Amend policy H-P-3300.1.4.2 to read as follows: Physician assistants knowledgeable in the area of organ AND TISSUE transplantation should become actively involved with educating other health professionals. This passed on the consent agenda.

2005-C-19: Amend policy H-P-3300.1.4.1 to read as follows: Physician assistants shall be encouraged to discuss organ AND TISSUE donation with their patients at the time of physical exams or other non-stressful and non-emergency contacts and to include the results of such discussions in the patient's medical chart. This passed on the consent agenda.

2005-C-20: Amend policy H-EX-4200.5.1 to read as follows: The AAPA supports multi-organ AND TISSUE donation. This passed on the consent agenda.

2005-C-21: Amend policy H-EX-4200.4.1 to read as follows: The AAPA shall support the position of the Surgeon General and encourages PAs TO INCREASE patient awareness as to the dangers in the use of tobacco products. (Omit – The AAPA supports and encourages those PAs who currently use tobacco products in their own efforts to quit.) ALL PAS SHOULD STRIVE TO ELIMINATE THE USE OF TOBACCO PRODUCTS FROM THEIR PERSONAL LIVES AND THE LIVES OF THEIR COLLEAGUES AND PATIENTS. This resolution was amended and adopted.

2005-C-22: Amend policy H-EX-4200.4.2 to read as follows: The AAPA recognizes the public health hazards of tobacco AS THE NUMBER ONE CAUSE OF PREVENTABLE DISEASE and encourages efforts to ELIMINATE TOBACCO USE IN THIS COUNTRY AND AROUND THE WORLD. This resolution was amended and adopted.

2005-C-23: Amend policy H-EX-4200.4.3 to read as follows: The AAPA encourages physician assistants to work to enact local regulations to: 1) reduce the public's exposure to secondhand smoke in, AND AT THE ENTRANCE TO, ALL public places, such as TAVERNS, restaurants, museums, libraries, hospitals, clinics, nursing homes, auditoriums, sports arenas, hotels, municipal buildings, public transit facilities, retail stores, and enclosed shopping malls; 2) ELIMINATE minors' access to tobacco products; and 3) prohibit advertising of tobacco products. This resolution was amended and adopted.

2005-C-24: Amend policy H-EX-4200.4.4 to read as follows: The AAPA supports state utilization of tobacco settlement money for prevention and treatment of tobacco use, especially in children. The Academy supports the concept that settlement money not used for tobacco control be directed to increased patient access to medical care and for programs to improve the health of state residents. The Academy urges its constituent organizations to work with state governments and other health care and advocacy organizations to assure appropriate use of tobacco settlement funds. This was adopted.

2005-C-25: The AAPA encourages all PAs to be actively involved in community outreach that is directly involved in educating people of all ages about the dangers of smoking with the goal of eliminating tobacco use. This was adopted.

2005-C-26: Amend policy H-EX-4300.1.3 to read as follows: The AAPA strongly supports and endorses the appropriate control of toxic waste. This resolution was amended and adopted.

2005-C-27: The AAPA strongly recommends that physician assistants access and promote the health benefits of regular activity as an important part of health promotion and disease prevention. And Be It Further Resolved Physician assistants should educate patients and families about the physiological and psychological benefits of physical activity and encourage everyone to establish a lifetime commitment to a regular physical activity routine. This resolution was amended and adopted.

2005-C-28: The AAPA recognizes that substance abuse is a major public health problem and encourages physician assistants (PAs) to take an active role in eliminating substance abuse. This was adopted.

2005-C-29: The AAPA believes that all physician assistants should advocate responsible sexual behavior INCLUDING EDUCATION OF METHODS TO PREVENT unintended pregnancy and sexually transmitted diseases. This resolution was amended and adopted.

2005-C-30: The AAPA condemns all forms of terrorism and ENCOURAGES PA INVOLVEMENT in coordinating efforts to improve the medical and public health response to terrorism and other disasters. This resolution was amended and adopted.

2005-C-31: The American Academy of Physician Assistants believes all physician assistants should (a) be alert to the occurrence of unexplained illness and death in the community; (b) be knowledgeable of disease surveillance and control capabilities for responding to unusual clusters of diseases, symptoms, or presentations; (c) be knowledgeable of procedures used to collect patient information for surveillance as well as the rationale and procedures for reporting patients and patient information; (d) be familiar with the clinical manifestations, diagnostic techniques, isolation precautions, decontamination protocols, and chemotherapy/prophylaxis of chemical, biological, and radioactive agents likely to be used in a terrorist attack; (e) utilize appropriate procedures to prevent exposure to themselves and others; (f) prescribe treatment plans that may include management of psychological and physical trauma; (g) understand the essentials of risk communication so that they can communicate clearly and nonthreateningly with patients, their families, and the media about issues such as exposure risks and potential preventive measures (eg, smallpox vaccination); and (h) understand the role of the public health, emergency medical services, emergency management, and incidental management systems in disaster response and the individual health professional's role in these systems. This was adopted.

2005-C-32: The American Academy of Physician Assistants believes that physician assistants should be knowledgeable of public health interventions that must be considered following the onset of a MASS CASUALITY INCIDENT including: (a) quarantine and other movement restriction options; (b) mass immunization/chemoprophylaxis; (c) mass triage; (d) public education about preventing or reducing exposures; (e) environmental decontamination and sanitation; (f) public health laws; and (g) state and federal resources that contribute to emergency management and response at the local level. This resolution was amended and adopted.

2005-C-33: The American Academy of Physician Assistants believes that physician assistant and other health care professionals should be knowledgeable of ethical and legal issues and disaster response. These include: (a) their professional responsibility to treat victims (including those with potentially contagious conditions); (b) their rights and responsibilities to protect themselves from harm; (c) issues surrounding their responsibilities and rights as volunteers, and (d) associated liability issues. This was adopted.

2005-C-34: The American Academy of Physician Assistants believes that physician assistant should BE ALLOWED THE OPPORTUNITY TO participate directly with state, local, and national public health, law enforcement, and emergency management authorities in developing and implementing disaster preparedness and response protocols in their communities, hospitals, and practices in preparation for terrorism and other disasters. This resolution was amended and adopted.

2005-C-35: The American Academy of Physician Assistants URGES congress to appropriate funds to support research and development (a) to improve understanding of the epidemiology, pathogenesis, and treatment of diseases caused by potential bioweapon agents and immune response to such agents; (b) for new and more effective vaccines, pharmaceuticals, and antidotes against biological and chemical weapons; (c) for enhancing the shelf life of existing vaccines, pharmaceuticals, and antidotes; and (d) for improving biological, chemical, and radioactive agent detection and defense capabilities. This was adopted.

2005-C-36: This is a Position Paper: “Complementary and Alternative Medicine.” Amended by substitution paper H-P-3300.1.10: “Complementary and Alternative Medicine 2000”. This position paper was adopted. The AAPA homepage will direct you to the full details.

This concludes Committee report for 2005.

Respectfully submitted by,

- Sheila Schweitzer, MPAS, PA-C, SDAPA Chief Delegate

House of Delegates - Orlando, Florida - May 27 – 29 2005

The following report was written by Christopher Doscher and published in AAPA News Conference Daily. It was submitted to SDAPA July Newsletter and edited by Margaret B. Hansen, PA-C, MPAS, SDAPA Delegate. To see complete 2005 Summary of Actions please go to www.aapa.org. You need your AAPA username and password to enter. Click on Members Only Tab (far right), then House of Delegates, or to search site, type "2005 Summary of Actions" into the Site Search upper right hand corner.

Postgraduate Programs Draw Hot Debate PPC Position Paper Opposes Accreditation
Monday, May 30
By Christopher Doscher

A position paper submitted for consideration by the AAPA Professional Practice Council that opposes accreditation of postgraduate PA programs drew lengthy debate in the House of Delegates (HOD) yesterday between those who felt accreditation would hurt the profession's flexibility and those who see value in further education of PAs who work in specialties.

Most who spoke in favor of resolution 2005-B-23 said they were concerned that accreditation of postgraduate programs would entice employers, and possibly state regulators, to require postgraduate education for PAs in order to perform certain procedures or work in certain specialties. Many who spoke against the resolution said that the growth of postgraduate programs is inevitable, and it would be to AAPA's advantage to support the development of an accreditation process.

If AAPA were to endorse accreditation of postgraduate programs, said PPC Chair Sherri Stuart as she introduced the resolution, "it would not be difficult to make the next leap — that regulators and others would believe that [completion of a postgraduate program] ensures better competency. This would significantly limit the flexibility of PAs from broad-range, primary care-based education to limiting us to specialties only."

Patricia Dieter, chair of the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), told the HOD that AAPA's decision regarding accreditation of postgraduate programs will have no impact on whether or not ARC-PA decides to implement an accreditation process for postgraduate programs.

"The decision of whether the ARC-PA will accredit postgraduate PA programs will be made by the ARC-PA," Dieter said. She said the paper "exaggerates" the impact of postgraduate programs on the PA profession. "The position paper takes inconsistent and contradictory positions," Dieter said.

Currently, 28 programs belong to the Association of Postgraduate PA Programs (APPAP), according to the PPC's paper. Training is offered in dermatology, emergency medicine, family medicine, oncology, orthopedics, pediatrics, psychiatry, rural medicine, surgery, cardiovascular surgery, and urology.

John Lee, a delegate from the Association of PAs in Cardiovascular Surgery, said postgraduate training will help PAs compete with other professions, such as nurse practitioners, who may be receiving postgraduate training themselves. But several PAs who spoke in favor of the resolution said that flexibility is one of the biggest strengths of the PA profession and that a push for accreditation of specialized education would damage that flexibility.

"Any action that will result in pigeonholing or locking us into specialties will absolutely hurt our profession," said Abby Jacobson, a delegate from Pennsylvania who said she has worked in a specialty, dermatology, since she became a PA.
In other business, a position paper entitled "Competencies for the Physician Assistant Profession," and a policy paper entitled "Professional Competence," both submitted by the AAPA Education Council, drew little debate. "Competencies for the Physician Assistant Profession" is intended to communicate to the profession and the public a set of competencies that PAs are expected to acquire and maintain throughout their careers.

It is intended to serve as a map for PAs and organizations that are committed to promote the development and maintenance of professional competencies among PAs. The paper is broken down into six areas, termed "effective and appropriate applications"— medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and system-based practice.

The policy paper "Professional Competence," is an update to a paper submitted in 1996.

House Votes Against Accreditation of Postgraduate Programs, Endorses Policies on PA Competencies
Tuesday, May 31
By Christopher Doscher

A day after a resolution that took a position against the accreditation of postgraduate PA programs drew lengthy debate from members of the AAPA House of Delegates (HOD), the policy was approved with little additional discussion.

Debate in favor of the resolution, which was proposed by the AAPA Professional Practice Council (PPC), focused on the fear that accreditation of postgraduate PA programs would lead some employers to require postgraduate training, as well as concerns that accreditation would limit the flexibility of PAs to move between specialties, since postgraduate training is often specialty focused. Others felt that PAs are already qualified to work in specialties, and that postgraduate training was not necessary.

Those who spoke against the resolution, including representatives from the Association of PAs in Cardiovascular Surgery, the Accreditation Review Commission on Education of the Physician Assistant (ARC-PA), and the Association of Physician Assistant Programs (APAP), stated, among other reasons, that they felt additional training would help PAs compete for jobs with other professions, such as nurse practitioners. A representative from ARC-PA said concerns about accreditation were exaggerated. An APAP representative said accreditation was one way to ensure that postgraduate programs met a certain standard of quality.

However, despite the level of debate that took place on Sunday, the resolution passed easily. Reference Committee B, which considered the testimony, reminded the HOD in its report that the focus of the PPC's paper was accreditation, not the existence or value of postgraduate training programs. "The committee took special care to give extensive and thoughtful consideration to all of the testimony offered," the report said.

The HOD approved two position papers, "Competencies for the Physician Assistant Profession," and "Professional Competence." Both were submitted by the AAPA Education Council and are intended to communicate to the profession and the public a set of competencies that PAs are expected to acquire and maintain throughout their careers. It is intended to serve as a map for PAs and organizations that are committed to promote the development and maintenance of professional competencies among PAs. "Competencies for the Physician Assistant Profession" is broken down into six areas, termed "effective and appropriate applications:" medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and system-based practice.

Testimony on Sunday regarding the professional competence resolutions stated that "Competencies for the Physician Assistant Profession" was a joint effort of AAPA, APAP, ARC-PA, and NCCPA. Three of the organizations have now approved the position paper. "Professional Competence" is an updated version of a paper submitted in 1996. The new version maintains the original statements about the value of professional competence, but has been updated to address current discussions on competencies for physicians and PAs.

The HOD voted to create a fourth AAPA council, to be called the Leadership and Professional Development Council. During Sunday's hearing, delegates who spoke in favor of creating the council said that a standing council that focused on leadership would help ensure that the Academy maintains strong leadership. Others, both those supporting and opposing the resolution, were uncertain whether the development of leadership should be entrusted to a council or committee. Reference Committee A recommended creating the council. "The committee felt that leadership is an ongoing process at all levels of PA practice," the committee stated in its report. "Our profession depends on leadership for its future and the committee feels that having a leadership and professional development council would be in the best interest of the Academy."

A resolution asking that AAPA constituent groups, caucuses, and other affiliated organizations receive discounted exhibition space at AAPA events was referred for consideration by the appropriate body after AAPA Treasurer Bruce Fichandler told the HOD that affiliated organizations already receive a significant discount on exhibit space.

In other business, the HOD approved:

- A resolution encouraging all constituent organizations to educate their members and their communities on issues of health literacy
- A resolution supporting educational activities that prepare PAs to participate in planning, coordinating, delivering, and evaluating emergency and public health services in disaster situations
- Resolutions calling for five-year charter reviews by the HOD of constituent chapters, five-year reviews by the Constituent Relations Committee regarding the status of all specialty organizations, and five-year reviews by the HOD of all caucuses.

SDAPA Summer CME Conference Agenda
Holiday Inn, Sioux Falls
September 8 - 10, 2005

Wednesday, September 7, 2005

6:30 pm .... Board Meeting.

Thursday, September 8, 2005

7:30 am .... Registration desk open. Continental Breakfast in the display area.

8:30 - 9:30 am .... Drug Allergies. *R. Maclean Smith, MD, Allergy & Asthma Clinic, Sioux Falls, South Dakota.*

9:30 - 10:30 am .... Beyond Dyslipidemia Guidelines: Is Lower Better and is Better Good Enough? *Lawrence Herman, MPA, RPA-C, First Choice Medical, Holbrook, New York.*

10:30 - 11:00 am .... Break.

11:00 am - 12:30 pm ..... Partners in Prevention. *Thane Evans Crump, DDS.*

12:30 - 1:30 pm .... Lunch. Various SDAPA Committees will meet over lunch.

1:30 - 2:00 pm .... Urgency and Frequency Management. *Patricia Bultsma, NP, North Central Urology, Sioux Falls, South Dakota.*

2:00 - 3:00 pm .... Tailored Antibiotic Therapy for Respiratory Tract Infections. *Darwin Brown, MPH, PA-C, University of Nebraska Medical Center, Omaha, Nebraska.*

3:00 - 3:15 pm .... Break.

3:15 – 4:15 pm .... Short Stature. *Ashutosh Gupta, MD, FAAP, Avera Children's, Sioux Falls, South Dakota..*

4:15 - 5:15 pm .... Diabetes in Primary Care. *Kristi Stemsrud, PA-C, Brown Clinic, Watertown, South Dakota.***Renal and**

5:30 pm .... Serve the Banquet.

Friday, September 9, 2005

PA SHIRT DAY – Wear Your PA Shirt

7:00 am .... Registration desk open.

8:30 - 9:30 am .... Is It Depression or Is It Early Alzheimer's Disease? *William B. Orr, PhD, MD, VA Medical Center, Psychiatry Service, Minneapolis, Minnesota..*

9:30 - 10:30 am .... End of Life Issues. *LuAnn Eidsness, MD, FACP, Chair, Department of Internal Medicine, University of South Dakota School of Medicine, Sioux Falls, South Dakota.*

10:30 - 11:00 am .... Break.

11:00 am - 12:00 pm ..... Is THAT *Genetic*? *Quinn Stein, MS, CGC, Genetic Counselor, University of South Dakota School of Medicine, Department of Obstetrics and Gynecology, Ltd., Sioux Falls, South Dakota.*

12:00 - 1:00 pm .... SDAPA Business Meeting and Luncheon.

1:00 - 2:00 pm .... **Initial Care and Stabilization of the Child with Serious Head Injury.** *Arvind Kasaragod, MD, Pediatric Critical Care and Hospitalist Service, Sioux Falls, South Dakota.*

2:00 - 3:00 pm .... **Endocrinology for the Non-Endocrinologist.** *Mark Oppenheimer, MD.*

3:00 - 3:15 pm .... **Break.**

3:15 - 4:15 pm .... **Back in Control.** *Michael M. Fiegen, MD, Sioux Valley Clinic, Gynecology and Obstetrics, Sioux Falls, Sioux Dakota.*

4:15 - 5:15 pm .... **Adult ADHD.** *Karl Oehlke, MPAS, PA-C, University Psychiatry Associates, Avera McKennan Hospital & University Health Center; Southeastern Behavioral Healthcare; and Volunteers of America, Sioux Falls, South Dakota.*

Saturday, September 10, 2005

7:30 am .... **Registration desk open.**

8:00 - 9:00 am .... **Managing Type 2 Diabetes: Why Insulin?** *Scott Urquhart, PA-C, President, American Society of Endocrine Physician Assistants; Diabetes and Thyroid Associates, Fredericksburg, Virginia.*

9:00 - 10:00 am .... **What's Your T-Score? Case Studies in Osteoporosis.** *Stephen Nunn, MPAS, PA-C, Director and Assistant Professor, Advanced Physician Assistants Master of Science Program, Arizona School of Health Sciences, Mesa, Arizona.*

10:00 - 10:15 am .... **Break.**

10:15 - 11:15 am .... **Pancreatic Transplantation.** *Jeff Senn, PA-C.*

11:15 - 12:15 p.m. .... **Neuropathic Pain.** *Todd Zimprich, MD.*

12:15 pm .... **Drawing for Dollars and Adjourn.**

SDAPA SUMMER CME REGISTRATION
Please submit by September 2, 2005
(Please print clearly)

Name ______________________________ SS# ______________
Address ____
City ____________________ State, ZIP __________________
Phone ___________________ E-Mail _____________________

Tuition: (Check One)

- ❑ All three days (SDAPA member) $140.00
- ❑ All three days (SDAPA non -member) $180.00
- ❑ USD PA Students .... FREE

Per Day: $75.00 ❑ Thursday ❑ Friday ❑ Saturday

Return registration and payment to: SDAPA, Attn: Rebekah Cradduck
3708 West Brooks Place, Sioux Falls, SD 57106
Phone 605/361-2281; FAX 605/361-5175; cradduck@sdaho.org

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