



CONNAPA NEWS

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Physician Assistants*

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May 2009

Charter Oak Conference A Great Success!

By Jonathan Pinto, PA-C



After a year of planning and hard work by the COC planning committee, the 2009 Charter Oak Conference was a great success

for all in attendance and planning for the 2010 COC is already underway. As we returned to the Mystic Marriott Hotel and Spa again this year from March 29 through April 1, 2009, the 180 attendees had an opportunity to earn up to 31 CME through a variety of lectures and topics as arranged by our Conference Planning & Education Committee. Our go-green efforts were well received by all in attendance, as well as the ability to log CME directly to the NCCPA website.

The conference started with two well-attended workshops on Sunday morning, EKG Review and Suturing and Wound Care. After a quick lunch, the scheduled CME lectures were held through the afternoon, and the evening was topped off by our Welcome Reception where all had the opportunity to enjoy excellent food and drink among their fellow PAs as well as two distinguished guests, AAPA CEO Bill Leinweber and AAPA President and ConnAPA member Cindy Lord.

Monday morning started with a fantastic buffet breakfast and lecture and continued with more CME lectures. Our annual business luncheon and PA Foundation Scholarship presentation

was highlighted by welcoming remarks from ConnAPA President Jeanine Sico, a thorough legislative review by outgoing legislative chairperson and ConnAPA member Tricia Marriott, and a spirited talk by AAPA CEO Bill Leinweber on the AAPA's strategic plan. The afternoon concluded with additional CME lectures and the evening was free for all to enjoy the surrounding Mystic community. Yale University PA program students were also in attendance throughout the day, their first year enjoying all that COC has to offer.

Tuesday was another full day of CME lectures and was highlighted by our annual exhibit hall. The exhibit hall luncheon buffet was a resounding success, and the sign-in passport idea encouraged all attendees to visit each exhibitor booth for signature on their passport. Once all the passports were received, a drawing by our very own COC "Cruise Director" Jonathan Pinto was held at the end of the event, and two lucky PA's received full conference registration for 2010 COC and another lucky PA received a complimentary room-night accommodation at the Mystic Marriott. The first year Quinnipiac University PA program students were also in attendance (all 60 of them!) and one of their lucky classmates received a free ophthalmoscope/otoscope in the drawing as well.

Wednesday was our last day of CME lectures and we finished the week off with a variety of lecture topics before

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Introducing A New Statewide Organization - The Primary Care Coalition of CT

By Jennifer Violette, PA-C

The Primary Care Coalition of Connecticut is an organization of medical professionals from across the state that is united for the common goal of building and promoting a better health care system. The impetus for the formation of this group stemmed from discussions at last year's Primary Care Summit that focused on the current crisis of primary care in Connecticut; presently, health care is expensive, fragmented, and lacks universal access. The organizations involved in this initiative include: Connecticut Chapter of the American College of Physicians, Community Health Centers, Connecticut Academy of Family Physicians, Connecticut Academy of Pediatrics, Connecticut Academy of Physician Assistants, Connecticut Advanced Practice Registered Nurse Society, Connecticut Area Health Education

Center, Connecticut Center for Primary Care, Connecticut Public Health Association, Connecticut Veterans Administration, ProHealth Physicians, and University of Connecticut/St. Francis Family Medicine Residency Program.

The ideals that the Primary Care Coalition of Connecticut hold consist of the belief of universal access to quality health care, primary care as being the center of effective health care delivery, reduction of medical costs through focusing on preventive care, and having coordinated care through the medical home model. Although the group is still in its early stages of foundation, it plans to work as an advocate to the public and as a resource to policy makers in the legislature and payer community. The Con-

nAPA representatives to the Coalition are Andrew Barlow and Jennifer Violette. For more information on last year's Primary Care Summit, please visit www.centerforprimarycare.org/pages/Events_Summit.aspx. This year's meeting is on Wednesday, December 2, 2009 at the Connecticut Convention Center in Hartford from 2-8 pm.

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The Electronic Medical Record: Computer Generated Healthcare

By Brian T. Maurer, PA-C



We live in the age of electronic information technology. Thanks to the internet, clinicians

can access a myriad of medical information through any computer with a few clicks of a mouse.

Now widespread implementation of the electronic medical record has been touted as the next step in reducing the cost of health care. Purportedly, we are poised on the cusp of a new era in medical practice, where quality affordable health care might soon become the norm.

These thoughts surged through my head as I sat on the exam table at my annual physical examination, dutifully answering questions posed by my primary care physician. Several years ago, when my previous family doctor retired, I transferred my care to this physician on the advice of a good friend. My friend was right: the doctor turned out to be a personable, competent and caring clinician.

This year something new appeared in the exam room: a computer terminal. As I sat in my boxer briefs answering his queries, my family doctor used a mouse to enter data by clicking a series of tiny rectangular boxes on the computer screen. Every once in a while he would pause to type in a word or two. I supposed that the software

developer hadn't come up with a suitable box for that particular piece of data yet.

"How do you like the new system?" I asked, pulling on my shirt at the end of the visit.

"It's a bit cumbersome," he admitted, his eyes still glued to the monitor. "It takes some time to learn to navigate the various screens. The major advantage is that it will allow us to quickly mine the data we need to generate our quarterly clinical reports."

I snugged my tie, shook his hand and walked out to the front desk to schedule my annual appointment for next year. With an electronic medical record system in place, you can easily book an appointment a year in advance.

The receptionist studied the monitor on her desk and scrolled down the screen. With a few key strokes she entered my name in the new time slot. Her eyes briefly caught mine when she handed me an appointment card bearing the new date and time.

As I walked out to my car I thought about the visit. Something had changed, "changed utterly," in Keats' words. It wasn't the competence of the physician or the quality of care: as far as I could tell, all bases had been covered. Yet something seemed to be missing, something I had glimpsed in the fleeting eye contact and the hurried intensity to record the electronic data. Finally I realized

that basically, my doctor and I had interfaced through a scripted conversation consisting of a series of questions and answers dictated by a computer.

As I drove home I thought about those electronically generated reports that arrive daily through our office fax machine, informing us of after-hours visits our patients have made to hospital emergency rooms. Many of these documents run five or six pages in length. I can seldom make sense of them. I have yet to identify a simple declarative sentence anywhere among these pages; the data usually appears scattered in bits and pieces here and there. I'm lucky if I can locate the final diagnosis. When I see patients in follow up, I usually just ask them to tell me in their own words what happened.

Perhaps the day will come when, given a chief complaint, computers will dictate a list of pertinent questions for the clinician, and patients will select their answers from a series of multiple choice responses. All pertinent results will be stored in their medical database. Instead of housing the pathos of a patient's life story, the modern electronic medical record will merely consist of carefully orchestrated lists of data.

One day the practice of medicine might turn out to be as poignantly satisfying as completing an electronic federal income tax return. But in that scenario, the data won't be the only thing that's encrypted.

2009 Charter Oak Continued from page 1

saying our final goodbyes for the 2009 COC. Planning for next year's event is underway as we review all of your evaluations and recommendations for making next year's event even better. We encourage all ConnAPA members to get involved by volunteering on next year's COC planning committee. Contact our ConnAPA offices at ConnAPA@ssmgt.com for information and hold next year's date open for the 2010 COC being held at the Mystic Marriott Hotel and Spa from April 11 through April 14, 2010.



Over 180 attendees filled the lecture hall.



Audrey Douglass, Jeanine Sico, Scholarship winners Kelsey Johnson, Kathleen Lacci, Jessica White, and Diana Mlynarski, and Joe Varano.



Quinnipiac PA Program students attend on Tuesday



Exhibit Hall raffle prize winners, Craig Yerke, Jody Storch, Jeanine Sico, President, Erika Buatti, John Bernard, and Jonathan Pinto, Chair.



Danielle Tabaka and Joe Varano at the AAPA Health Literacy Book Drive & Membership Table



COC Committee: Don Solimini, Heather Tomchik, Justin Champagne, Jeanine Sico, Jennifer Violette, Danielle Tabaka, Judy Nunes, and Jonathan Pinto, Chair.



ConnAPA Welcomes AAPA Leaders to Charter Oak

By Jeanine Sico, PA-C

At the 2009 ConnAPA Charter Oak Conference, we were fortunate to have several distinguished speakers address our attendees at the business luncheon. Among them were Cindy Lord, Bill Leinweber, and Tricia Marriott. Cindy Lord is a physician assistant currently serving as AAPA President and also is the Director of the Quinnipiac University PA Program. She shared with us her enthusiasm for the profession and discussed the upcoming changes at the AAPA, which were further outlined by Bill Leinweber, AAPA's CEO. Mr. Leinweber gave an inspiring speech regarding the culture of the

PA profession and outlined the AAPA's goals for the upcoming years. These principles were also reviewed at the recent Constituent Organization Resource Exchange meeting conducted by the AAPA. The American Academy of PAs has written a new strategic plan for 2010-2012. This plan focuses on several core values, which would include addressing health care reform, researching how PAs impact health outcomes, improving credentialing, and increasing support to constituent organizations. In addition, the AAPA will be promoting a new newsletter and website.

Also in attendance at our business luncheon was Tricia Marriott, Immediate Past President of ConnAPA. Ms. Marriott currently serves as Director of Reimbursement Policy at the AAPA. She was honored with an award from ConnAPA for all of her hard work and dedication both as ConnAPA's former President and Legislative Chair. She also gave a legislative update regarding PAs and their utilization of fluoroscopy in Connecticut. For more information about legislative efforts in Connecticut, visit ConnAPA's website at: www.connapa.org.



AAPA Executive Vice President & CEO, Bill Leinweber



AAPA President, Cindy Lord



Tricia Marriott receives leadership award from ConnAPA



President Jeanine Sico

QU Student Selected To Present at AAPA Annual Conference

from Quinnipiac University



Jennifer Fontaine of Manchester, N.H., a student in the physician assistant program in the School of Health Sciences at Quinnipiac University, has been

selected to make a poster presentation at the American Academy of Physician Assistants (AAPA) annual conference at the San Diego Conference Center in San Diego, Calif. May 23-28.

The poster presentation, “Pyoderma Gangrenosum as Primary Manifestation of Ulcerative Colitis,” is a case study of an atypical presenta-

tion of a common gastrointestinal disease. Fontaine’s presentation emphasizes the importance of becoming familiar with the various ways the disease may present itself. The Quinnipiac student was selected to present because she had seen various cases of gastrointestinal disease during her internal medicine rotation.

“I found this topic to be interesting and the conference pertinent to the physician assistant profession,” said Fontaine. “Attending this conference and presenting is a great opportunity for practicing physician assistants as well as physician assistant students.”

The AAPA is a national organiza-

tion for physician assistant professionals, which provides resources such as continuing medical education services, educational workshops, networking opportunities and employment resources. During the conference, Fontaine will attend meetings held by the AAPA’s two governing bodies: the House of Delegates, the organization’s policy-making body, and the Assembly of Representatives, which establishes Student Academy policy, elects and directs the activities of the Student Academy Board of Directors.

After graduation, Fontaine said she is interested in practicing general medicine. She plans to look for positions in internal medicine, general surgery and the medical intensive care unit.

CORE Conference Valuable To ConnAPA Leaders

By Michael Thompson

This past February, ConnAPA leaders, Jeanine Sico, Justin Champagne, Andrew Barlow, and myself, attended the AAPA’s Constituent Organization Resource Exchange (CORE). This provided an excellent opportunity for us to learn about the most important issues facing PAs and constituent organizations. In addition to some very insightful general sessions, given by some of AAPA’s most experienced and knowledgeable leaders, we also took advantage of the invaluable networking opportunities.

We were able to divide our group to attend a variety of workshops and breakout sessions and share with each other and other ConnAPA



From left to right: Michael Thompson, Executive Director, Andrew Barlow, Region 4 Director, Jeanine Sico, President, Cindy Lord, AAPA President, Tricia Marriott, AAPA Director of Reimbursement Policy, Jonathan Pinto, Conference Planning & Education Chair, and Jonathan McNabb, AAPA Northeast Regional Director.

leaders new ideas and information. Among the variety of topics were, government relations and grassroots development, volunteer management, CME event planning and in-

dustry support, membership marketing, reimbursement issues, and how to use the House of Delegates to impact PA policy.

From my perspective, the event was very well organized and the content was fresh and innovative. The AAPA has done a commendable job at providing it’s constituents with the tools and resources they need to continue to grow and be successful. If you are not currently a member of the AAPA, I would encourage you to join. It is through their dedicated leadership and continuous efforts that the PA profession continues to grow and improve access to quality, affordable health-care across the country.



2009 Legislative Session Update

by Linda Kowalski, The Kowalski Group

The session is nearly over and there are still issues pending—especially in the area of addressing the state's huge budget deficits—and many observers believe we are headed for a Special Session that could go throughout the summer. The following is a brief summary of key issues the ConnAPA legislative team is working on right now.

Budget and Taxes—the Governor and Democratic leadership remain far apart in enacting a budget for the next two fiscal years. Deficits are projected to be \$8 billion during that period. More and more people believe the only way the state can get out of this mess is a combination of steep spending cuts, significant tax increases and heavy borrowing. Professional license fees are certain to go up as part of the package and this will include those issued to physician assistants.

Fluoroscopy Compromise—We have reached an agreement with the radiologic technologists over the ability of physician assistants to continue to assist in performing fluoroscopy under the supervision of a physician. The agreement calls for physician assistants to take and pass an examination on

radiation safety no later than September 30, 2011. After that, physician assistants who wish to perform the procedure will need to take 40 hours of courses in fluoroscopy and radiation safety and also pass an examination. Tricia Marriott was heavily involved in these discussions and we want to acknowledge her significant contribution to the process.

Health Care Reform—the Sustinet proposal continues to work its way through the legislature to implement a Massachusetts-type universal health care system here in Connecticut. The linchpin of the system includes a fee that employers must pay in the event they do not offer health insurance to their employees as well as a system of subsidies to help lower income individuals buy the policies. The cost of any universal coverage plan is likely to be very high to the state and not doable in the immediate future.

Insurance Reforms—a key piece of legislation (SB 47) is moving forward that will restore more balance between health care practitioners and managed care companies. The legislation limits the ability of insurers to make unilat-

eral changes in fees and requires more timely and efficient notice to practitioners on medical protocol issue changes. The bill is currently being negotiated by various legislators and interested parties, and we will keep ConnAPA updated on its progress.

Other—legislation that would reconfigure the Connecticut Medical Examining Board (and delete a representative from the physician assistant profession) has died in committee. Meanwhile, a bill that concerns the definition of who can transport neonatal and other complicated cases will include physician assistants. ConnAPA offered testimony at the public hearings on both pieces of legislation and we are pleased with these two initial wins.

Finally we want to thank ConnAPA members who have taken the time to come to the State Capitol for meetings or to testify before committees. These networking opportunities are invaluable and we need the continued involvement of ConnAPA members up until the time the 2009 session adjourns.



Interested in how legislation can impact your profession?

Join ConnAPA's Government Relations Committee!

Contact Jonathan Weber, Chair

@ jonathan.weber@yale.edu

Call For Membership: What Does ConnAPA Do for Me?

By Jennifer Violette, PA-C

This is not your typical plea to join ConnAPA. Although I've been a ConnAPA board member for only a year, I've heard the same apathetic statements from my colleagues, "Why should I join ConnAPA?" or "What has ConnAPA done for me, they can't even be bothered to plan a dinner in my region?" Does this sound familiar? Unfortunately, it is hard to convince people that ConnAPA does more than just planning regional pharmaceutical dinners. Furthermore, it is getting more difficult to plan these dinners with the change in Pharma guidelines this year. I could highlight all the positive aspects of our statewide organization, like how every year it manages to put together one of the most impressive regional CME conferences, or how it reaches out to the community through public health screenings like at last year's NBC Health and Wellness Fair, or even how it works to lobby for legislation related to PA practice. Instead, I am going to write about my personal story.

Unlike many PAs in Connecticut, I attended PA school out of state at Seton Hall University in New Jersey, despite being a Connecticut native. While going to school there, my professors stressed the importance of getting involved in the state society and the AAPA. My instructors found it so valuable, that the program paid for both AAPA and New Jersey State Society student memberships. Being the first class of the Seton Hall Program (it used to be a joint program with UMDNJ), we had

the arduous task of creating our own student society, the Physician Assistant Student Society of Seton Hall University or PASSSHU. It was amazing how our class of unique talents and personalities could come together for a common purpose. Serving as the Assembly of Representatives and in the House of Delegates, I could see first-hand how policies were formed and it was a great way to meet other PA students from across the state and nation. The most significant change that affected PAs in New Jersey came around the time of my graduation, when the New Jersey State Society of PAs, or NJSSPA, lobbied for a change in prescriptive rights. At the time when I was a student, PAs in New Jersey could not prescribe controlled substances. The new law that came into effect in 2004 completely changed that, allowing for greater health care access and greater liberties for PA practice.

After graduation, I moved back to my home state. Along with the important tasks of sitting for the boards and working on my applications for state licensure, DEA registration, and CSP registration, I filled out my application to join ConnAPA. I didn't have to think twice about it because I saw the value of it in New Jersey; why wouldn't I want to join my state organization? Also, it helped with the job search; you'd be amazed how hard it is for an entry-level PA without connections to find that

first job! Finally, I was able to meet other PAs from across the state, which I may have not had the opportunity to do so if I hadn't joined ConnAPA. I was glad to join, and even happier to be on the Board serving in a leadership position this year.

For those of you who are reading this, I thank you, because you see the value in being a member of this organization. You are also aware of the various legislative changes and issues facing PA practice this year, which is one of the most important areas in which our Academy works. The most striking example illustrating the importance of ConnAPA membership happened this year at the Charter Oak Conference when Tricia Marriott gave her report on the PA practice and fluoroscopy. There was a PA at the conference who worked in interventional radiology, and was not a ConnAPA member. After hearing her report and not being aware of the legislative issue that could have threatened her ability to practice, she immediately joined ConnAPA. If you have PA colleagues who are still not members, have them read this article and they can see that we do a lot! Finally, for those of you who are long time members, but haven't gotten involved in the various committees and board positions, I encourage you to consider taking a more active role. We are always looking for new people to come with innovative ideas and talents to improve the future of the Academy. We're working for you!