



CONNAPA NEWS

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Physician Assistants*

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President's Message

By Tricia Marriott, PA-C, MHS

Inside This Issue



The uncertain economy has everyone evaluating their budgets and trimming their expenses. Households are turning down the thermostat, taking "stay-cations" instead of travelling, and brown-bagging their lunches. Employers are cutting jobs, freezing salaries, and eliminating non-salary benefits; CME, dues, and license fee reimbursements are becoming a thing of the past. ConnAPA members are considering not renewing, and new members are considering not joining, due to the tough economic times.

As president, it is my job to ask every PA to consider the consequences of not supporting the only professional organization representing PAs in the state of Connecticut. I would argue that PAs

cannot afford not to belong to ConnAPA.

Do those PAs who do not belong attend the hearings in Hartford to monitor the health policy negotiations? How many PAs are ensuring that PAs are considered as an answer to the physician workforce shortage recently reported on the front page of many Connecticut newspapers? ConnAPA is already there. The ionizing radiation issue is reaching critical mass, with key stakeholder opponents rallying against PAs. ConnAPA has been on the issue for over a year, but will need members to contact their legislators as we go forward. How will non-members get the information?

What about educating the public about PAs? ConnAPA will be at the NBC30 Health and Wellness Festival with information for the public about PAs, and helping citizens of Connecticut decipher their medication lists. Did the non-members arrange a booth?

What about creating alliances with our physician colleagues, and educating the physicians in our state on PA practice? Conn-

nAPA was present on the exhibit floor at the Connecticut State Medical Society meeting and their Annual House of Delegates meeting in September. ConnAPA also exhibited at the CT Academy of Family Physicians' Annual Symposium (2 days) and the CT Chapter of the American College of Surgeons' meeting in October. Information on hiring a PA, PA scope of practice, and third party reimbursement for PA services was distributed, and questions were answered on the spot. How do non-members make those valuable contacts?

If you are reading this newsletter, you are already a member of ConnAPA, and I am preaching to the choir. However, you are very likely working next to a PA who does not belong. Two-thirds of our PAs in the state do not belong to ConnAPA. We need to convince our peers that, unless every non-member plans on doing all of the things that ConnAPA is doing on their behalf, their membership is a necessary expense in order to maintain their jobs and livelihood.

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New Clinical Endeavor Meets Needs of Truck Drivers by Jeffrey Heinrich, PAC

A new challenge facing the medical community is focused on providing care to an underserved population that has been overlooked for a long time, namely, professional long distance truck drivers. There are more than 4 million professional drivers in the United States and they are one of the most medically underserved professions. Yet the service they provide, which benefits the entire population, is obviously invaluable.

As a result of this disparity, a small group of interested parties completed an in-depth study of professional drivers to assess their health and work habits. The need for health care was overwhelming.

Following careful planning, Professional Drivers Medical Depots (PDMD) evolved to begin to meet the needs of these drivers. PDMD is establishing clinics throughout the United States in truck stops. These clinics, commonly referred to as depots, are designed exclusively for truck drivers and professional coverage is being provided by PAs. Coverage is for DOT physicals, personal illnesses and minor injuries. Physician back up is readily available. The facilities all have a close tie with a local hospital to care for more serious illnesses and injuries. The first medical depot was officially opened at the Petro Stopping Center in Knoxville, TN in January 2007.

These unique roadside medical depots are designed to provide (1) easily accessible, convenient, quick, affordable, high quality health care, (2) routine preventive health measures (i.e., flu shots) and (3) health education. Professional drivers generally find it difficult to make a

regular appointment with their home town physician because of their hectic schedules.

The concept of medical facilities in truck stops has been attempted in the past. Unfortunately, these clinics for truckers were not successful, in large part due to their inability to network and share the needed data concerning each patient. Networking is now quite feasible.

The PDMD team was successful in opening four facilities in four different states in 2007. The states included Tennessee, Arkansas, Georgia and Illinois. In the near future there are new facilities planned to open in New Jersey, Pennsylvania, Mississippi, Oklahoma, Texas, New Mexico, Arizona, and California.

Since more than 10% of professional drivers are female, a Women's Clinic was established at the West Memphis, Arkansas medical depot. More will be established in the future. A total of eighty general practice medical depots are planned for development in the next five years.

In the spring of 2008, PDMD introduced a new health insurance program for professional drivers and their families. There are four different member plans: (1) single member, (2) member and spouse, (3) member and children and (4) family coverage. This insurance coverage can be used at any medical facility and can include medical/surgical coverage, a dental plan, prescription benefits as well as other options.

Additional information concerning PDMD can be obtained by contacting Jeffrey Heinrich PA-C,

EdD at 203-887-2890 or by e-mail at j.jeffrey.heinrich@gmail.com. If you wish to contact the PDMD medical director, John McElligott MD, his office number is 865-548-7684 and his e-mail is jmcelligott@pd-md.com

More information can also be found on the PDMD website <http://www.pd-md.com>

2008-2009

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DEADLINES FOR WINTER 2009 ISSUE

January 15, 2009

Please email editorial submissions to:

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Developing An Assessment

By Brian T. Maurer, PA-C



As a student, I was taught to record patient encounters in SOAP format: subjective data, objective data, assessment and plan. The assessment reflected the diagnosis. Many times it was only a single word or an abbreviation, nothing more.

One of my early preceptors lamented this fact. I recall him telling me that, if anything, the clinician should use the assessment to formulate an impression of the child's condition. He advocated writing several lines of text if necessary to convey the situation at hand.

Another mentor expounded further: a child, he maintained, is really a part of a family unit and as such can not be viewed only as an individual, but rather as a part of the whole. Family members have the potential to impact the child's health and well being in a positive or negative way. Depending on their involvement, they might nurture or hinder a child's growth and development.

Thirty years ago, these ideas were not emphasized in my traditional medical education. Thankfully, these days they have become more mainstream.

Over the years, I've found it helpful to spend some time developing the assessment of the patient, expanding it into a medical narrative. This forces me to consider how the patient fits into the family unit; to view strengths and weaknesses in a different light. Many times previously unrecognized resources are highlighted through this exercise, resources readily available to comfort and care for the patient.

Take the case of the obese child. At one time in my career I would have fixated on the problem itself, initially electing to rule out endocrinopathies such as hypothyroidism, diabetes mellitus or Cushing's disease, perhaps even expanding the differential to include metabolic syndrome. Yet experience has taught me that the majority of grossly overweight children suffer from exogenous obesity: they ingest caloric-dense foods in outlandish proportions and fail to get enough physical activity. Previously, I would have lectured the child and parent on the need for proper diet and exercise. Over the years, I've come to realize that singling out the obese child is a recipe for treatment failure.

Nowadays, I'm more apt to consider the obese patient as one member of the family unit. Successful treatment depends upon the support of other family mem-

bers. Parents must learn to be more selective in purchasing foods and beverages that they bring into the home. Families must commit to spend less time in front of the television and more time in physical activities together.

An assessment reflecting this perspective might read something like this: "Exogenous obesity in this sedentary child with poor understanding of healthy food choices and portions; overweight parents who are willing to commit to improve food selection, preparation and consumption, as well as to implement a family-oriented daily exercise program."

John Donne put it well when he wrote: "No man is an island, entire of itself; every man is a piece of the Continent, a part of the main..." We are all a part of humanity, linked and woven together in ways that many times we fail to fully consider or comprehend.

So the next time you integrate a medical history and exam into an assessment, instead of the traditional snapshot, try to develop the narrative into a small film inside your head. Listen for the story and record it as best you can. Doing so may provide you with insights that you had previously not considered or recognized, and it just might help you to deliver more humane medical care to your patient.

Knee Injection Workshop Valuable Hands-On Experience

By Julie Spear, PA-S



Walking into the Knee Injection Workshop I was excited; it was the first time I was going to do something “real”. I knew that I was going to know the least in the room, being just a first year PA student. The tables were set with bend and straight leg models. Dr. Axe, an orthopedist from Delaware, was the presenter. He talked step by step through the process of knee aspirations and injections.

The major highlighted points included the gauge of the needle, the

direction the bevel faced, location of the insertion and the importance of using ethyl chloride for patients comfort. He explained that in his office everyone carries a straight hemostat and how it makes holding a needle in place and allow the switch from aspiration to injection without another needle stick. Most HA products work better on dry joint so the aspiration is a key part of the process.

After the presentation we were all allowed to use the models to prac-

tice. There were sensors in the knee that lit up when the needle was inserted in the proper location. Many of the other PAs worked with my friend and I coaching and sharing information they learned through their daily aspirations and injections. It was great to go and learn and reinforce why I am working so hard in school.



Danbury Orthopedics Holds Blood Pressure Screening for PA Week

By Lori Pazameta, PA-C



In celebration of PA week, Danbury Orthopedics held a blood pressure screening clinic for their employees. Of the 17 employees screened, four were recommended for follow up with their primary care providers. Rick Pope, PA is shown at the screening with an employee on Wednesday October, 8th.

Quinnipiac PA Students Celebrate PA Week

By Lori Pazameta, PA-C



The Quinnipiac University PA program celebrated PA week with a whole host of activities celebrating care to patients from the very young to senior citizens. Students received proclamations of PA week from the Mayor of Hamden as well as Governor Rell. They worked with Quinnipiac's undergraduate PA club to host a table in the student union giving out information on the PA profession. QU PA students launched their weekly reading program at the North Haven ACES school for children with learning disabilities and special needs on Wednesday October 8th. The PA students read to over 200 students and gave each student a brand new book. On Friday Octo-



ber 10th, the students hosted a health fair at the Grand Ave. Men's Shelter in New Haven. Blood pressure, blood glucose and vision screenings were just a few of the health stations run by the students. In addition, the students set up medication cards for all the shelter clients. On Saturday October 11th the students hosted a health fair at Maplewood assisted living center in Hamden. Along with blood pressure and blood glucose screening, exercise sessions for the elderly and nutrition classes with healthy food samples were offered to residents. Exercising to the oldies and sampling yummy and healthy snacks kept residents smiling all afternoon.



Region I Report by Jennifer Violette, PA-C

My name is Jennifer Violette and I am the new Regional Director for Region I, which serves the northeast portion of Connecticut. Since this region has not had any representation for a few years, I am very enthusiastic about making our presence known in the State. Over the past four months, many members in the region communicated to me various concerns and questions regarding PA practice and ConnAPA. Also, I had the fortunate chance to meet with a few members

from Region I. On Thursday, September 18, 2008, I organized a dinner lecture at Morton's in Hartford. Dr. Elisa Gil-Pires of the Hebrew Home in Bloomfield, CT delivered an informative talk on Alzheimer's dementia. In addition to learning more about the management of this chronic disease state, it was also a great social opportunity.

Looking forward to the remainder of this membership year, I have a few

goals that I would like to see accomplished, namely: to work to increase membership in the region and to increase PA involvement in the region. Furthermore, I will continue to work closely with physician assistants in northeastern Connecticut to address their topics of interest and to serve as a liaison to the Board. I welcome the opportunity to speak to or to meet with any ConnAPA member. I can be reached at jennifer_spada@hotmail.com.

Each One, Reach One Membership Campaign

by William Kohlhepp, PA-C, DHSc

As a ConnAPA member, you clearly see the benefits of membership. You value your ability to set direction for the advancement of the PA profession in the state. You are willing to support all the good work done to benefit PA practice, such as legislative efforts, CME efforts, public relations efforts, and liaison activities. Perhaps you value the ability to participate in Charter Oak at a discounted rate. Or, you appreciate the opportunity to get involved on a committee or on the board. Surprisingly, some of the benefits are not evident to other PAs in the state and they have not yet joined. Given that you have maintained your membership, perhaps you are willing to encourage your colleagues to join.

ConnAPA would like to provide a small incentive to those of you who chose to assist in our membership recruitment efforts. Each time you recruit a member, your name will be entered into a raffle for a

complimentary Charter Oak Conference registration. Once you have recruited three new members, you will receive a free ConnAPA shirt.

In order to participate in these incentives you simply need to make sure that the member you recruit lets us know that you were the person who referred them. To facilitate this, the new member must indicate that you were the person who referred them by including your name on the appropriate section of their membership application.

We hope you will assist us in spreading the word about the value of ConnAPA to the PAs in the state. We will be a much stronger organization if we can build our membership ranks.

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Please contact Justin Champagne at
Justin_champagne@hotmail.com for more information.

News From Yale

By Sondra Jasienowski, PAS-I and Jennifer Palermo Bialecki, PAS-I

The Class of 2010 started off their year at Yale with great enthusiasm and excitement for all that lay ahead. In the spirit of giving back to the community the class has already started to volunteer at many locations, both on and off campus. Some students are volunteering at HAVEN free clinic where they will learn valuable patient care skills in addition to helping the local community. Some students will also be providing free health screenings such as

blood pressure and glucose monitoring at the Downtown Evening Soup Kitchen (DESK) in New Haven.

Students have helped to raise money for the New Haven Community Health Care Van by participating in a Trivia Night fundraiser sponsored by the class of 2009. Also, the students have come together to donate money and school supplies to the PA students from University of Texas Medical Branch at Galves-

ton who were displaced after Hurricane Ike. The Medical and PA Schools suffered many damages

GRADUATES

BE SURE TO TELL
CONNAPA YOUR
NEW CONTACT INFO

Testimony Provided by ConnAPA in Support of the PA Profession

By Tricia Marriott, PA-C

The **HealthFirst Connecticut Authority**, a public policy work group, began their work about a year ago as mandated by legislation, Public Act 07-185, during the 2007 Legislative Session.

Recently, the authority held public hearings across the state to solicit input and recommendations. This was an opportunity to speak up to include physician assistants' ser-

vices in any recommendations by the HealthFirst CT Authority for legislation to provide Connecticut residents with quality, preventative and affordable, universal health care coverage--strategies to increase access- and to include physician assistants' services in any type of universal and primary care health care reform. The Authority must submit a report by December 1, 2008, to the Public

Health, Human Services and Insurance Committees of the State Legislature. ConnAPA provided comprehensive written testimony to the committee, crafted with the assistance of the AAPA State Government Affairs team. To view the testimony document in its entirety, go to www.connapa.org.