



CONNAPA NEWS

2009 Winter Edition

February 2009

Graduation, Boards, Ghana!

By Kathy Moini, PA-C



After finally graduating from the Quinnipiac University PA program, completing the PANCE and breathing a sigh of relief, I decided to volunteer at a clinic in a tiny village in Ghana prior to starting any employment. I was fortunate enough to make the trip with my best friend who is an elementary school teacher and would be volunteering at a school in the same village. What an unbelievably wonderful decision and experience it was!! The village was a 6 hour taxi ride from Accra, the capitol of Ghana. The closer we got to the village the more remote the surroundings became, until eventually we were driving through the rain forest on a tiny clay road barely wide enough to accommodate our small taxi. I was sure the taxi was going to either explode or fall apart at any moment. When we arrived at the village it was dark and raining. We arrived at a small house belonging to the host family where we would be staying for the next five weeks. The family included: Florence (the mom), 3 teenagers (Janet, Kojo, Bismark) and a 9 year old boy (James). James quickly

became our tour guide and buddy. As he showed us around the house we discovered there was no electricity, no hot water (occasionally no running water), a flooded bathroom with a toilet that did not flush and last our tiny bedroom. Our bedroom contained two small single beds draped in mosquito nets (which James proudly pointed out he had devised), two small windows with screens, no glass and a fan that ran on electricity (i.e. a fan that did not function). We put down our suitcases and sat on the edge of our beds taking in our new surroundings. As the reality of our situation slowly sank in, and we realized these would be our surroundings for the next five weeks, James enthusiastically pointed out the spider on our wall. The body was brown and about the size of a fifty-cent piece and each leg was longer than one of my fingers. We soon discovered that there were hundreds of these spiders residing in the house and that it was pointless to attempt to kill them. The next day we were formally introduced to the chief of the village, the head nurse of the clinic, and the school's headmaster. The tiny clinic where I volunteered most of my time was about 50 feet from our house. Three Ghanaian nurses worked there, rotating shifts during the week. The clinic was open from 8 a.m. to 5 p.m. There was one cot and 10-15 different medications; contraception, antibiotics, anti-malarials and a bottle of ibuprofen filled with ants (I guess ants must get headaches too). The clinic did not have gloves, band-aides, rubbing alcohol, a stetho-

Inside This Issue

A Season for Change	Page 2
Sniffing Out a Diagnosis	Page 3
Remembering John McLean	Page 4
NBC 30 Health & Wellness Festival	Page 6
Shepard Stone is Promoted to Colonel	Page 8
Honoring World Kidney Day	Page 9
PA Gives Public Testimony	Page 10
Senator Dodd Holds Meeting on Healthcare Reform	Page 11



President's Message—A Season For Change

By Jeanine Sico, PA-C

Happy New Year! It's a new year for the Academy and changes are underway. I have assumed the position of President as Tricia Marriott has stepped down. We thank her for her dedication and hard work for ConnAPA, and congratulate her on her new position with the American Academy of PAs. Justin Champagne has graciously agreed to fulfill the Vice President position for the end of the term. I am looking forward to working closely with him and the other members of our board and our committee chairs to make this the best year for ConnAPA to date.

In our effort to reduce our paper waste, we will be offering files online for our Charter Oak Conference

instead of printing a book for each participant. We hope you will support us as we make strides to work towards an eco-friendly alternative to printing our lecture notes. We are excited to introduce the concept this year at Charter Oak.

We are recruiting ConnAPA members to serve on our Government Affairs Committee. If you enjoy learning about PA practice in Connecticut, please contact me, or any member of the Board, to find out more. Join us for a Board meeting, or better yet, at our annual Charter Oak Conference, where we are planning four days of informative, diverse lectures and social events to bring our membership together.

This is an exciting time for ConnAPA. Our Academy is what we

make of it. If you enjoy working with enthusiastic, hard working PAs that share similar interests as you, get involved. Our Academy is only as strong as our membership. Please contact me with any questions or comments at: jeanineon@yahoo.com.

2008-2009

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DEADLINES FOR SPRING 2009

ISSUE

April 17, 2009

Please email editorial submissions to:

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Sniffing Out a Diagnosis

By Brian T. Maurer, PA-C



The scientific method dictates that a problem be defined before making an attempt to solve it. In medical practice, the clinician must arrive at a working diagnosis before prescribing treatment.

Students are taught the art of clinical diagnosis through history taking, performing a physical exam and, when appropriate, proceeding with selective laboratory or imaging studies to rule out or confirm clinical suspicions. Using inductive reasoning, the astute clinician then puts the pieces of the diagnostic puzzle together. At least, that is the way we imagine that the process takes place.

In actuality, many experienced clinicians habitually arrive at a diagnosis through pattern recognition. You might say that they intuit the diagnosis. Like Watson and Crick's sudden realization that the DNA molecule takes the shape of a spiral staircase, or Friedrich August Kekule's eureka moment that enabled him to envision the structure of the benzene ring, it seems that seasoned clinicians sometimes arrive at the correct

diagnosis in a flash of insight. When I was a student, I recall watching a preceptor diagnose thyroid disease in an overweight thirty-something woman who complained of fatigue. She didn't manifest many of the textbook signs of hypothyroidism, like constipation, preference for a warm room, or cool dry skin. I was amazed when the laboratory studies confirmed the diagnosis.

"What was it about the patient that made you consider thyroid disease in the differential?" I asked.

"After a while, you can just smell it," he replied. "After all, how many different ways can a patient present? Ultimately, they've got a limited repertoire. Sometimes you just take a stab at it and bingo—you hit the nail on the head!"

At the time I chalked it up to his experience. I wondered if the day would ever come when I too would be able to peg the correct diagnosis like Conan Doyle's medical school neurology professor.

I've since learned that good clinicians are astute observers. Indeed, they start their observations the moment they walk into the exam room to greet the patient. Although questions proceed from the chief complaint, they are weighted and filtered through observation. The child with abdominal pain who reclines and rises effortlessly from the exam table rarely has a surgical abdomen. Similarly, the adolescent who descends from the exam table leading with the painful foot rarely has a fracture.

Sometime ago I read Robertson

Davies' novel *The Cunning Man*. In it he describes a scene where the major character—a physician—arrives at a diagnosis of cancer by systematically sniffing the body of his middle-aged female patient from head to toe. Although fictional, this account serves to demonstrate the diagnostic acumen of the astute clinician.

"My nose is one of my principal diagnostic instruments," he says. "I can smell disease, very often. I can smell domestic disquiet. I can smell unhappiness."

At one point in the narrative, Davies' clinician admits: "So I approach my patients intuitively, with my antennae trembling at every hint from body or speech, and when I have found out whatever I can, I do whatever seems to me to be best."

Recently, I saw a teenage boy for a routine annual physical exam. When I reviewed the chart before stepping in to see him, I noticed that he had lost a significant amount of weight over the past six weeks. To arrive at the diagnosis I merely had to ascertain that (1) he wasn't bulimic, (2) he wasn't trying to lose weight, (3) his appetite was healthy, and (4) he was in fact voiding frequently throughout the day and several times at night. An office urinalysis showed 4+ glucosuria, confirming the diagnosis of diabetes mellitus.

Not all diagnoses are that simple to make, of course. But when the unmistakable pattern presents itself, let your clinical intuition be your guide. You might just come out smelling like a rose yourself.

In Memorium

By Megan McLean



John "Josh" McLean, 58, of Danbury, CT, beloved husband of Suzanne (McPadden) McLean died peacefully at his home surrounded by his family on Saturday, October 18, 2008 after a long, courageous battle with lung cancer. He was born in Danbury, CT on April 27, 1950, the son of Jock McLean and Jane (Duryea) McLean.

After attending Danbury High School for two years, Josh completed his high school education at Deerfield Academy in Deerfield, Mass. He received his Bachelor of Science degree from Colorado State University. Following his graduation he was drafted during the Vietnam War and was honorably discharged after two years of service. He furthered his education at Emory University in the Physician Assistant Program and received a Bachelor's Degree in

Medical Science. He began his career as a Physician Assistant with Associated Internists of Danbury where he worked for seventeen years with his mentor and friend, the late Dr. Shep Saperstein. He later worked at Southbury Primary Care and spent the last five years of his career with Urology Associates of Danbury.

A dedicated husband, father, and grandfather, Josh excelled at bringing friends and family together. His passing in the neighborhood in which he was born reflects his commitment to family, a commitment he extended to the greater community through his participation in the Vestry at St. James Church and his work in medicine. His brightest moments included any Saturday on a golf course, summers on Block Island, cross-country trips to the Rocky Mountains, and the many quiet moments he spent loving life with enthusiasm and wonder.

In addition to his wife and parents, Josh will be sadly missed by his children, daughter Megan McLean and her husband Bill Hamilton of Putney, VT and his son Shawn Toomey of Queens, NY; his grandchildren Fritz and Greta Toomey of Germany; brother Joel McLean of Danbury, CT; mother and father-in-law John and Elaine McPadden, sister-in-law and her husband Marie and Leonard Mas, brothers-in-law and their wives John and Maria McPadden and Chris and Jen McPadden all of Huntington,

CT; brother-in-law John Hoffer Jr. and wife Keri Hoffer of Roxbury, CT; he is also survived by numerous aunts, uncles, nieces, nephews and cousins. He was predeceased by his sister Christy (McLean) Hoffer and brother Gregg McLean.

Josh's family would like to thank the following for all of their care and compassion throughout Josh's illness: Dr. John Pezzimenti, Christine and staff; Dr. John Spera and all his devoted staff; Dr. Douglas Kahn and staff; Peggy O'Shea; all the nurses of 11 East; and Regional Hospice of Western CT, in particular Robin and Gerard.

A Memorial and celebration of Josh's life will be held Saturday, November 1, 2008 at 11:00 am at St. James Episcopal Church, West St., Danbury, CT.

In lieu of flowers, a contribution may be made in Josh's memory to Ann's Place Patient's Services Fund, 39 Old Ridgebury Road, Suite 17, Danbury, CT 06810.

***"...Josh excelled
at bringing
friends and
family
together."***



Graduation, Boards. Ghana

Continued from page 1



scope, or even a thermometer. And so began my eye-opening experience....

A typical day at the clinic consisted of examining the village residents who presented with a variety of ailments including, rashes, malaria, infected wounds, GI illnesses and respiratory infections. Twice a week, we would visit the village houses at night to see how people were feeling. One night we visited a woman who had given birth just an hour earlier and was having severe pain and bleeding. She was lying in the dark, on a cement floor, in a small shed. Luckily I had my pen light and could illuminate the room enough to see she was lying in a pool of blood. She was extremely stoic and barely flinched during my abdominal exam even though she voiced that she was experiencing severe pain. The mid-wife of the village had cut the umbilical cord with a

kitchen knife and was worried because the bleeding still hadn't stopped. Taking her to the hospital, which was a 2 hour taxi ride away, was not an option. We had to just do our best to help her with what we had. I visited the woman nightly and observed her symptoms slowly resolve until she was finally feeling better. I almost forgot to mention the baby, a gorgeous little girl, sparkling clean, wrapped up in a blanket lying next to her mom. It's unbelievable how strong and resilient the women of this village are. It also made me wonder about how much we intervene in this country, when perhaps, we don't need to.

I also assisted in administering immunizations, and routinely visited the village school to perform physical exams on the children. One day while examining a 9 year old girl, who had the appearance of a 6 year old, I noted a harsh murmur. I later found out she also had a history of

cyanotic episodes and poor growth. I recommended that she go to the hospital for a more thorough evaluation. A few weeks later, I was told that she would probably never get to a hospital, which was the case for most of the village's population.

Although I spent much of my time in Ghana offering my medical skills in the village, my most memorable experiences were the wonderful people I met and the relationships that I formed. A simple smile or "hello" genuinely lit up someone's face. A gentle touch provided more comfort than I ever expected it could. Things I will never take for granted include: a toilet that flushes, running water, electricity or an abundance of food. You can't always change the world, but sometimes if you can touch even one person's life then, you've made a difference. I hope to continue volunteering throughout my career and eventually develop a volunteer organization that involves the people in the community through education and training. I highly recommend volunteering to anyone considering it. No matter where you choose to go, it will be the most rewarding and challenging experience of a lifetime. Although the cultural differences were distinct, in the end we are all people and it's amazing how similar everyone truly is, no matter where you go.

Wherever your experiences take you, never forget the people who supported your decisions and motivated you to succeed. Thank you to the Quinncipiac PA program, Katie Jacques and her family and Lindsay Kozicz for your inspiration and unconditional support.

ConnAPA Participates in NBC 30 Health & Wellness Festival

by Justin Champagne, PA-C



On October 25-26, 2008, ConnAPA participated in the NBC 30 Health & Wellness Festival, which took place at the CT Convention Center in Hartford. ConnAPA members, Quinnipiac PA students, and Yale PA students were there to provide medication cards to participants. The medication cards were given to us by the AAPA in its continued efforts to improve health literacy in our nation. They had areas to list the patients' medications, dosages, and instructions, along with allergies and other pertinent health information.

We distributed nearly 1,000 medi-

cation cards and answered nearly as many questions about the role and education of physician assistants. In addition to speaking with many of Connecticut's patients, our team of volunteers made positive contacts with other health-related groups and philanthropic organizations. We were presented with other volunteer opportunities to possibly participate in; so look for more info on these in the future.

ConnAPA would like to thank all those who volunteered either all or part of the 14 hours we were at the Health & Wellness Festival:

Michael Thompson,
Executive Director

Leslie Bebb, PA-C
Justin Champagne, PA-C
Johanna Chelcun, PA-C
Patricia Marriott, PA-C
Heather Mulherin, PA-C
Danielle Tabaka, PA-C
Jennifer Violette, PA-C
Jonathan Weber, PA-C

Diane Annibalini, QU PA Student
Libby Brown, QU PA Student
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Please contact Justin Champagne at
Justin_champagne@hotmail.com for more information.



Connecticut Physician Assistants-- Malta House of Care Needs You!

The Malta House of Care is a mobile clinic providing free primary care to those in need throughout Hartford, CT. Routine medications are also provided free of charge to the patients of the clinic. The clinic does not accept insurance. They are open on Monday, Wednesday and Thursday from 1 pm to 5 pm with plans to expand their hours in the future. Malta House is staffed by volunteer medical providers. If you would like to help the underserved, Malta House needs your help. They are seeking physician assistants and others to volunteer as medical providers. If you have patients in the Hartford area who are uninsured, please consider this clinic as a resource for them in which to receive medical care.

To learn more about this opportunity please contact:
Tracy Civitillo, PA-C
Clinic Medical Coordinator for the Malta House of Care.
(860-714-1417)
TCivital@stfranciscare.org

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Mondays: 1 - 5 p.m.
Sacred Heart Church,
corner of Ely and Winthrop Streets, Hartford

Wednesdays: 1 – 5 p.m
St. Peter's Church parking lot,
160 Main Street, Hartford

Thursdays, 1 - 5 p.m.
St. Augustine's Church,
10 Campfield Avenue, Hartford

CME Opportunity—Greater Waterbury Mid-Level Practitioners Group by Justin Champagne, PA-C

The Greater Waterbury Mid-Level Practitioners Group is composed of Physician Assistants and Nurse Practitioners, who get together every month for a CME lecture over drinks and dinner. This group was started around 1966 by Rick Pope and Ron Fox, both PAs. It began as the result of an increasing number of NPs in the community that Mr. Pope and Mr. Fox thought important to get to know. They got together to create this group with the idea that it could provide continuing medical education, along with a meeting to discuss important clinical issues, new employment opportunities, etc. It also gave all the mid-levels other practitioners to reach out to for consultations in a subspecialty or just to offer a contact person at a hospital/office with whom they were now familiar with but normally wouldn't have been if it weren't for the group.

Aside from creating new contacts and friends, providing CME and

dinner, it also allows the chance for PAs or NPs to become speakers themselves. Rick Pope stated that "The unwritten but oft spoken rule was to cultivate speakers on topics from within our group and attempt to stay away from corporate promotional talks as much as possible." It's a low-pressure, welcoming environment that is a great place for a first-time speaker to present a topic that they are familiar with. I can attest to this personally, as the first ever CME lecture I gave was for this group.

Over the years, the members have developed a sense of camaraderie and mutual respect. Lecture topics have been varied, ranging from CAD prevention to the acute psych ER patient. The meetings are usually very well attended; one educational event had 60 people show up. There are no member dues, except each participant pays \$2.00 per event to cover the cost of invitations and doing all the background work on acquiring

speakers, getting pharmaceutical or medical technology companies to sponsor the event, and setting up restaurant accommodations.

Since its inception in the mid-60s, the meetings have grown in size, extending to PAs and NPs even outside the greater Waterbury area. Mr. Pope and Mr. Fox have handed over the leadership of this group to a new set of members. Gina Ruggiero, PA-C; Chan Chu, PA-C; Melissa Redlinger, PA-C; and Sarah Adams, PA-C now make up the board.

The next meeting is scheduled in February.

To learn more about this group, get more info about the February meeting, or to join the mailing list, please contact Kathy Erdely, the group manager at k Erdely@snet.net.

Shepard Stone, PA-C Promoted to Colonel in National Guard

Former ConnAPA President, Shepard Stone was recently promoted to the rank of Colonel in the Connecticut Army National Guard. He is the first PA in Connecticut to hold this rank. As a Deputy Commander and State Aviation Medicine Officer, Colonel Stone plays a leading role in the readiness of the CT National Guard. Stone joined the Army in 1969, first joining the guard as a PA in 1977. He served

for four years before making the change to the Army reserve. He re-joined the Guard in 1992 where he has served ever since.

In a recently held promotion ceremony at the CT state Armory, attended by many of his fellow officers and friends, Colonel Stone was pinned with his new insignia by Assistant Adjutant General for the Army, General Steven Scorzato.



Honoring World Kidney Day by Danielle Tabaka, PA-C

World Kidney Day will be held on March 12, 2009 to raise awareness of the impact of kidney disease and the importance in reducing its frequency. In honor of World Kidney Day, the National Kidney Foundation (NKF) of CT will be holding a Kidney Early Evaluation Program (KEEP) on Saturday, March 14, 2009 at Bella Vista Senior Housing in New Haven, CT from 10am-3pm. We are looking for PAs to help with this important program.

KEEP is a free screening program designed to target those at high risk for kidney disease. This includes individuals with diabetes; hypertension; and/or family history of diabetes, hypertension or

kidney disease. Patients will undergo blood pressure and weight check; urinalysis and urine microalbumin analysis; blood glucose check; and blood draw including hemoglobin/hematocrit, basic metabolic panel, and lipid profile. Those with a diagnosis of diabetes or elevated fasting sugar will have a HgBA1C done. In addition, those with eGFR less than 60 will have calcium, phosphorous and PTH resulted. After the participant has gone through the above tests, he or she will meet with an MD, PA or APRN to review the available results and assess their risk for developing kidney disease.

The NKF of CT will need PAs to assist with KEEP events around the state in the coming months: Saturday, April 18, 2009 at the American Diabetes Association Expo in Hartford from 9am-3pm; Saturday, May 2, 2009 at the YMCA in Waterbury from 10am-3pm; and Saturday, May 23, 2009 at Bautista Church in New London from 10am-3pm. If you would like more information or are interested in volunteering for any of the screenings, please contact Danielle Tabaka, PA-C (dtabaka@renalassociates.net; 203-234-9244) or Marcia Hilditch, Programs Director for the NKF of CT (mhilditch@kidneyct.org; 860-257-3770).

Charter Oak Conference Update

By Jonathan Pinto, PA-C

The Conference Planning Committee has a great program planned for the 22nd Annual Charter Oak Conference at the Mystic Marriott from Sunday, March 29th through Wednesday, April 1st, 2009. With even less grant funds available to provide financial support for speakers, the committee has worked very hard to provide the best value and a diverse lecture program for the potential to earn up to 30 Cat I CME credits.

The biggest change for the 2009 conference is the introduction of online registration and our effort to go paperless, ultimately reducing our environmental impact and unnecessary printing costs. All lecture notes will be

available to participants online only. Each registered participant will receive a weblink for a read only pdf file containing all of the lecture notes. There will be no handout lecture notes available onsite. Participants are encouraged to download the notes prior to the conference and bring their laptops to the lecture hall. WIFI access will be dependant on hotel price, policy, and availability. We will continue to offer a selection of optional workshops Sunday morning, our welcome reception Sunday evening, our annual business luncheon and ConnAPA PAF scholarship presentations during our Monday luncheon, and our ever popular exhibit hall luncheon on Tuesday. All this,

while offering outstanding lectures and speakers brings your potential earned CME to 30 Category I credits. Log onto connapa.org for more details and the soon to be released final program brochure and registration information. And don't forget to reserve your room at the Mystic Marriott Hotel and Spa for the low rate of \$125 per night by March 2nd, 2009. A special thanks to all the committee members, especially Jeanine Sico for her lecture and program planning. Looking forward to a great conference and hope to see you there!



Testimony regarding

SB 406, AN ACT CONCERNING LICENSURE OF ASSISTANT RADIOLOGISTS

Presented before the Public Health Committee

February 6, 2009

Representative Ritter, Senator Harris, and members of the Public Health Committee:

Thank you for the opportunity to speak about Senate Bill 406, which is before the Public Health Committee today. My name is Marc Benjamin, and I am a licensed physician assistant from Farmington, practicing at St Francis Hospital here in Hartford. I am here today representing the Connecticut Academy of Physician Assistants (ConnAPA).

Let me first state that it is not ConnAPA's goal to oppose another profession seeking formal recognition through state licensure. As the Radiologist Assistant profession pursues enabling legislation, the issues of eligibility, scope of practice and licensure are best left to the discretion of the Department of Public Health.

However, ConnAPA respectfully requests that the members of the Public Health Committee consider amending Senate Bill (SB) 406 with language to address the current confusion about physicians delegating the performance of procedures using ionizing radiation, most notably, fluoroscopy to licensed physician

assistants. We have attached suggested draft language which recommends amending Section 20-74ee of the Radiologic Technologist (RT) Act to allow qualified, licensed physician assistants to perform procedures which use fluoroscopy, as delegated by their supervising physician.

Physician assistants (PAs) have been performing diagnostic and interventional procedures that use ionizing radiation since the early days of the profession. Most state PA practice laws, including Connecticut, permit supervising physicians to delegate to PAs the ability to order and perform diagnostic tests and therapeutic procedures, presumably including procedures that use ionizing radiation. However, state medical imaging laws permit only licensed RTs to perform procedures utilizing ionizing radiation, such as fluoroscopy. This creates a gap between state PA practice laws and provisions that regulate medical imaging.

Allowing physicians to delegate the use of ionizing radiation to PAs is an urgent matter affecting patient access to care. Some supervising physicians believe PA practice laws already give them the

authority to delegate radiological procedures to PAs. It is ConnAPA's goal today to ensure that supervising physicians who are delegating these procedures are doing so safely and legally.

Keep in mind that not every PA in the state performs procedures using fluoroscopy, and ConnAPA's goal is not to usurp an RT's ability to do their jobs. PAs simply want to preserve patients' access to high quality care and use every available diagnostic tool to ensure the safety of the care provided.

This bill, as amended with the language suggested by ConnAPA, will improve our patients' access to care, decrease hospital lengths of stay, increase efficiency of radiology departments across the state, and help mitigate emergency department overcrowding by allowing licensed physician assistants to assist the radiologists with fluoroscopic procedures.

Thank you for you the opportunity to testify before you today.

Marc Benjamin, PA-C



Interested in how legislation can impact your profession?

Join ConnAPA's Government Relations Committee!

Contact Jonathan Weber, Chair @ jonathan.weber@yale.edu

Prescription for Change: Senator Dodd Holds Town Hall on Health Care



Senator Chris Dodd (D-CT), a senior member of the Senate Committee on Health, Education, Labor and Pensions (HELP) who has been asked by its Chair, Senator Edward Kennedy, to serve as his chief deputy for health reform, kicked off his “Connecticut Prescriptions for Change” listening tour in January with a town hall meeting in East Hartford. The listening tour will take him throughout Connecticut where he will host a series of town hall meetings to hear first hand from the people of Connecticut about their views and ideas for reforming our nation’s health care system.

The first session was chaired by Connecticut’s Healthcare Advocate, Kevin Lembo. Congressman John Larson, representing the First Congressional District, was also a featured speaker.

Dodd outlined three key elements of a health care plan that he would support: universality, cost savings, and prevention. Both Dodd and Larson made references to the

failed plan of the Clinton administration 15 years ago. Both believe that conditions now are significantly different, and that the process of getting to consensus will be improved.

After remarks by Senator Dodd and Congressman Larson, a panel offered views on reforming the nation’s health care system.

Sharon Langer, Senior Policy Fellow of Connecticut Voices For Children urged that the system put in place be simple to access and that it adequately compensate doctors for providing services.

Judy Stein, founder and Executive Director of the Center for Medicare Advocacy pointed out that Medicare is the national’s only national health plan and that it worked wonderfully until the “reforms” of 2003 that instituted the expensive complicated Medicare Advantage plans and the faulty Part D medication reimbursement. Her comments were received with enthusiasm by the

elderly in the audience.

David R. Fusco, President of Anthem Blue cross and Blue Shield of Connecticut, offered the thought that the problem should be viewed as the cost of health care, and not the cost of health insurance. He maintained that everyone sees the same problem this time.

Juan Figueroa, the President of the Universal Health Care Foundation of Connecticut, promoted the plan that the Foundation has just published, which he said could compete with private commercial health insurance plans. He said that in addition to meeting Dodd’s three criteria, the Foundation plan provides “peace of mind.”

The final speaker was a 17-year-old Wallingford Girl Scout who related her experiences in qualifying for the Gold Award of the Girl Scouts. She took on as a project trying to locate health care for a single mother with ovarian cancer and no insurance.



22nd Annual Charter Oak Conference

Sunday, March 29th, 2009

Workshop I - EKG Interpretation (3 CME)
Workshop II - Suturing & Wound Care (3 CME)
Diagnosis & Initial Treatment of Diabetes
Celiac's Disease
Acute Respiratory Distress Syndrome: Current Concepts
Neurologic Emergencies: "The Top Ten"
Anemia In Chronic Kidney Disease
MRSA
Welcome Reception

Monday, March 30th, 2009

AAPA Chapter Lecture Series
New Perspectives in Treatment & Management of Hypertension
Beyond LDL: Practical Perspectives From Recent Clinical Trials
Arthritis Update: "Osteoarthritis and Rheumatoid Arthritis"
Annual Business Meeting Lunch
Fibromyalgia
Diagnosis & Treatment of Psoriasis and Psoriatic Arthritis
Acute Gastrointestinal Bleeding
Inflammatory Bowel Disease

Tuesday, March 31st, 2009

Breast Cancer Imaging
Pediatric Drug Overdoses
Thromboembolic Disease and New Treatment Strategies
NCCPA Certification
Update in Dialysis: "Emerging Trends in Dialysis Patients"
Identifying Skin Lesions
Law & Order in PA Practice

Wednesday, April 1st, 2009

Hereditary Breast & Ovarian Cancer Syndrome
Geriatrics and Polypharmacy—Prescribing Meds to Elderly Patients
Sleep Disorders
Psychiatric Issues in General Medical Settings
Bones & Bladder
Back Pain 101
Medical Home (Category II)
COPD

* Lecture topics are subject to change

Welcome Reception

Sunday, March 29, 2009 from 6:00 p.m. to 8:00 p.m.

Annual Business Meeting Lunch (Featuring AAPA CEO, Bill Leinweber and Presentation of 2009 PA Foundation Scholarship Awards)

Monday, March 30, 2009 from 11:45 a.m. to 1:15 p.m.

Exhibit Hall

Tuesday, March 31, 2009

* All Category I Approved CME Lectures Will Be Available Online Prior to the Conference, no printed lectures will be distributed at the conference.

REGISTER NOW at www.ConnAPA.org