



CONNAPA NEWS

*A Publication of the Connecticut Academy of
Physician Assistants*

2009 Fall Edition

September 2009

Become A ConnAPA Member Today

By Danielle Tabaka, PA-C

Are you a member of ConnAPA? If so, we thank you for your ongoing support of the organization. If not, we encourage you to join today. We have sent this newsletter out to all members and non-members to show everyone the work that is being done for PAs in the state by ConnAPA. We hope that you will better understand the extensive work being done on behalf of PAs.

Benefits of membership include the following:

Legislative Advocacy

Our members agree that legislative support is the most valuable benefit of being a ConnAPA member. We urge you to read the legislative update included in this newsletter as it will give you a summary of the work that was done over this past year to support the PA profession in the

state. The cost to maintain a lobbyist is significant and we need your dues to help fund this vital service.

CME

CME events are held throughout the year. Over this next year, we hope to increase the number of events being held and to ensure all regions are being reached. As a member, you will be invited to these events at little or no cost. You will also receive a discounted rate for the Charter Oak Conference.

Information

Members receive newsletters quarterly to keep up-to-date on news and legislative changes affecting PAs. Members are also invited to attend our annual meeting, which provides a summary of the financial status of the organization as well as an update from all board and com-

mittee members on efforts made over the prior year to support PAs.

Public Relations

We continue to develop strong relationships with other professional organizations (e.g. Connecticut State Medical Society and Primary Care Coalition of CT). We also strive to educate the public about our profession. We participated in the NBC 30 Health & Wellness Fair last year and we hope to be represented there again this year.

We hope that you enjoy your free newsletter and hope you have a better understanding of what ConnAPA does for PAs in the state. We look forward to your joining us today by mailing in your completed membership application or visiting us at www.connapa.org.

ConnAPA's Mission

By Michael Thompson, Executive Director

ConnAPA's Mission is simply stated; to promote quality, cost effective, and accessible health care and to promote the professional and personal development of physician assistants. But as

simple of an idea as it is, what does it really mean? What does our Academy do to carry out these goals?

We focus on two primary objec-

tives: Education, to ensure that PAs and their patients have the best information available; and Advocacy, to promote the benefits of PAs in healthcare. The successful combination of these

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2009 AAPA House of Delegates Update

By Mary Warner, MMSc, PA-C

Together with Jeanine Sico, Joe Varano, Bill Kohlhepp and Jennifer Madonna-Barr, it was my pleasure to serve as a member of the Connecticut delegation to the 2009 AAPA House of Delegates. There were several wonderful tributes to those physician assistants we lost in the past year including Thomas Lemley, Gerald Ross and President-elect Paul Robinson. Newly elected house officers for the coming year include William Fenn (Speaker), Alan Hull (First vice-speaker), James Delaney (second vice speaker) and Amie Rinaldi (Chair of Nominating Committee).

Most of the resolutions this year could be classified as house-keeping issues, which was evidenced by the large consent agenda. Candidate leadership qualifications, election processes and the rules of the Nominating Committee took up most of the debate during Reference Committee A's deliberations. Of note, the house passed bill 2009-A-17 which adds a *Retired* category of AAPA membership. By

definition a *Retired* member is a former *Fellow* member who has retired from the PA profession. Those who opt for the *Retired* membership may have privilege of the house floor but are not permitted to run for office or vote.

The House rejected 2009-B-03 and 2009-B-04, which would have required the House Speaker to communicate with the NCCPA the House's wishes to alter the recertification process dramatically. The proposal included changing the current 6-year recertification cycle to a 10-year maintenance of certification cycle similar to those for physicians. Endorsement of the AAPA proposed advocacy plans was adopted. You probably have noticed an increase in emails and announcements related to health care delivery and reform from the AAPA. For those interested in policy, there are updates to several AAPA Position Papers ranging from End-of-Life Decision Making to Physician Assistant Impairment. I encourage you to visit the

AAPA website to review the topics of interest. (<http://www.aapa.org/advocacy-and-practice-resources/clinical-issues/clinical-topics> AND <http://www.aapa.org/advocacy-and-practice-resources/issue-briefs>) Thank you again for the opportunity to serve as a member of the ConnAPA delegation.

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Moving Beyond Healthcare: Better Than Well

By Brian T. Maurer, PA-C



As I look back over my thirty year career as a practicing PA, I sense a paradigm shift in clinical medicine.

In the previous century most *medical care* was oriented toward combating disease. The search was on to develop new and more selective drugs, better and more refined technologies—to treat common maladies like cancer and heart disease. In this paradigm interventions were designed with the intention of curing—or at least ameliorating—illness.

Something happened to modify that model of care in the second half of the 20th century. A shift occurred in the medical psyche, placing new emphasis on preventive medicine. Although these ideas did not mushroom overnight; gradually the concept of *health care* came to the fore.

We still treat disease with our medical armamentarium, of course; and our treatments are

more effective than they had been even fifty years ago. We now have superior imaging techniques to peer inside the human body before undertaking surgical interventions. Surgical techniques have been refined, decreasing morbidity and shortening patient recovery time. Pharmaceutical research has turned AIDS from a death sentence into a chronic disease. Likewise, genetic engineering has fostered the development of human insulin analogs; and, in selected instances, the insulin pump has streamlined the treatment of diabetes. Heart valve replacement and coronary artery bypass graft surgery have become routine—the stuff of dreams a century ago.

Yet we've made significant inroads in preventative medicine as well. We have expanded our ability to prevent debilitating childhood diseases through the development of modern vaccines. Witness the marked improvement of vaccine safety with the introduction of the acellular pertussis component of DPT, the routine inoculation against *Hemophilus influenzae*, pneumococcal and meningococcal disease, universal immunization against varicella and hepatitis A and B in early childhood, and now widespread inoculation against HPV, the main cause of cervical cancer.

As clinician educators, we mount our soapboxes daily to proclaim diets low in sodium and saturated fat, at least three to four 30-minute weekly aerobic exercise sessions, weight control, limiting consumption of alcohol to moderate amounts and smoking cessation. In pediatric practice we emphasize proper nutrition, physical activity, and safety through the use of childhood car seats, bicycle helmets and supervised team sports. These interventions, if not always effective, are admirable. We make every attempt to get the word out: patients need to accept responsibility for a healthy lifestyle.

The past decade has seen yet another paradigm shift in healthcare delivery. The concept of *better-than-well care* has been introduced into mainstream medicine. More and more patients (perhaps they might be better referred to as clients) demand drugs and procedures that enhance their lifestyles and sense of well being. Witness the explosion in consumer consumption of plastic surgery services such as facelifts, breast implants and liposuction. Botox injections have become routine for those whose careers depend on looking youthful, vivacious and robust. There's Viagra to enhance our sex lives; methylphenidate to

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2009 Annual Meeting by Jeanine Sico, PA-C

Annually, ConnAPA holds a business meeting attended by the Board and members of our organization to review the highlights of the year, to bring in the new officers, and to thank the Board and committee chairs for their hard work. On June 23rd, we gathered at First and Last Tavern in Middletown to hold this meeting.

Peter Juergensen, PA-C provided an informative lecture to attendees on two topics; Fabry's Disease and Vitamin D. Accomplishments for the year were then discussed by several Board members and Committee Chairs. These include our annual Charter Oak Conference which was very successful this year, the passage of the fluoroscopy bill, and our improved relationships with other medical groups.

The slate of officers for 2009-2010 were approved as follows: President; Jeanine Sico, PA-C; Vice President; Justin Champagne, PA-C; Secretary; Jennifer Violette, PA-C, MSPA; Treasurer, Mark Tabaka, PA-C; Regional Directors: Region 1; Marc Benjamin, PA-C; Region 2; Danielle Tabaka, PA-C; Region 3; Sarah Fountain, PA-C; Region 4; Andrew Barlow, PA-C; Region 5; Georgina Knolls, PA-C. Welcome to our new Board members.

Following the approval of the new slate of Officers and Directors was the presentation of awards. Danielle Tabaka, PA-C received the 2009 Leadership Award. Jennifer Violette, PA-C, MSPA received the Initiative Award, Bruce Fichandler received the President's Award, and the 2009 Charter Oak Conference Committee received the Award for Service. Congratulations to all of this year's winners. To learn more about ConnAPA or to join, please go to www.connapa.org. ConnAPA needs you!



Jonathan Pinto, PA-C, PT, Don Solimini, PA-C, Jennifer Violette, PA-C, MSPA, Justin Champagne, MHS, PA-C, Danielle Tabaka, PA-C, Tricia Marriott, PA-C, MPAS, Heather Tomchik, PA-C, Bill Kohlhepp, DHSc, PA-C, Jeanine Sico, PA-C, and Jennifer Madonia-Barr, MS, PA-C.



Jeanine Sico, PA-C presents Leadership Award to Danielle Tabaka, PA-C



Jeanine Sico, PA-C presents Initiative Award to Jennifer Violette, PA-C, MSPA



What You Had To Say—Membership Survey Results

By Danielle Tabaka, PA-C

At the 2009 Charter Oak Conference, we included a survey for all attendees so that we could receive feedback on what ConnAPA is doing well, and what we need to improve upon. We received 44% of the surveys back; below is a summary of the results:

Seventy-seven percent of the attendees were members of the AAPA, whereas only 39% were members of ConnAPA. Of those who were not members of ConnAPA: 73% were from out of state, 10% said they did not see the benefit of joining, 5% stated it was too expensive, 3% said they had never received information, and 9% cited other reasons. For those who are not members, the membership committee has devised a recruitment plan in hopes to reach out to all non-members using various modalities to educate them on what the benefits of joining ConnAPA are.

When asked the primary reason for joining ConnAPA: 46% joined to support the work being done on behalf of PAs in the state of CT, 29% stated CME events, and the remainder cited other reasons (e.g. getting information about PAs in CT, leaders in ConnAPA and networking opportunities). By far, the biggest benefit to membership in ConnAPA is the legislative support. We have a full-time lobbyist who works on

our behalf to be aware of any proposed changes to state laws/statutes that would potentially affect PA practice in the state.

In regards to how well we are doing at satisfying our members, the results were reassuring that we are meeting the expectations of most of our members: 66% stated they were completely satisfied with their membership, 57% are completely satisfied with the newsletter and 54% are completely satisfied with the CME opportunities. For those who are not completely content with their membership, we have some plans in place to improve your satisfaction. Our biggest hope is to increase the number of CME opportunities provided throughout the year and to ensure that we are having events in all regions.

We also wanted to get an idea of how much support people are getting from their employers to help pay for the memberships: 41% receive no reimbursement for memberships in AAPA or ConnAPA, 39% receive compensation for only one membership, and 21% receive membership in both academies from their employer. With the current economy, we recognize that paying for memberships is getting more difficult; however, we strongly urge you to maintain your membership in ConnAPA if possible. We currently have approximately

450 PA members who are supporting the 1600 PAs in the state. As stated previously, we have a full-time lobbyist working on our behalf to support our profession at the state capital, which is extremely expensive to maintain. Without income from our membership dues, we will not be able to afford this service, which is imperative to the ongoing success of PA practice in CT.

We thank everyone who participated in the survey and gained a lot of good information from it. For those who were not able to attend the COC conference this past year, we hope to have more survey opportunities throughout the year so as to be able to give more individuals the chance to give us their feedback. In the meantime, please feel free to give us your feedback at any time by contacting us at connapa@ssmgt.com.

“Without income from our membership dues, we will not be able to afford this service, which is imperative to the ongoing success of PA practice in CT.”



PAs Play Major Role in Healthcare Legislation

By Linda Kowalski, The Kowalski Group, LLC

The 2009 session has been a very busy one for ConnAPA. A number of pieces of legislation were passed that have a direct bearing on the profession, and we are pleased to provide you with the following update.

Legislation of particular interest to ConnAPA

Our top priority was to enact legislation that protects your right to continue performing fluoroscopic procedures under a physician's supervision. We succeeded in this task in an effort that involved literally hundreds of hours of work by Tricia Marriott and members of your legislative committee. We held extensive discussions on this issue with the co-chairs of the Public Health Committee and the Society for Radiologic Technologists. The final agreement calls for Physician Assistants to take and pass an examination on radiation safety issues no later than September 30, 2011. After that, Physician Assistants who wish to use ionizing radiation will need to take 40 hours of courses on the issue and pass the examination. This was included as part of HB 6678, a large omnibus bill containing dozens of health-related provisions.

Legislation was proposed (HB 5086) to reduce the size of the Medical Examining Board. An appointee who supervises a Phy-

sician Assistant was among those who would be struck from the CMEB. Fortunately, no action was taken on the bill by the Public Health Committee after ConnAPA mobilized members to contact legislators about this. The result is the CMEB will remain at 15 members, including a supervisory physician.

Finally, legislation was passed to clarify the law as to who can participate in neonatal transports. As originally drafted, HB 6599 did not include Physician Assistants. Again, ConnAPA members and your government team swung into action to make the case to legislators. Ultimately, ConnAPA succeeded with our effort to amend the proposal to add Physician Assistants to the list of authorized transporters and the bill then went on to easy passage.

Budget deal reached

Governor Rell and the Democratic leadership finally came to an agreement on a budget for the next two fiscal years that will total about \$37 billion. The two sides had been about \$1.5 billion apart for months but movement came in late August when Gov. Rell agreed to higher taxes and the Democrats agreed to additional spending cuts. Higher taxes include a 10 percent surcharge on the corporation business tax and a new 6.5 percent

bracket in the income tax for AGI above \$500,000 for single filers and \$1 million for joint filers. Small reductions in the Sales tax and a cut to the Inheritance tax were part of the package. Most observers believe the plan is overly reliant on new borrowing and tax revenue that might not accrue due to the economic slowdown. If this is the case, watch for the Governor and General Assembly to battle in future months over further budget cuts to try and keep the package in balance. As we have mentioned on a number of occasions, *all* professional license fees were increased across the board as part of the deal. Effective October 1, 2009, the initial license fee for a Physician Assistant will rise from \$150 to \$190. Renewals and temporary PA licenses will increase from \$75 to \$150.

SustiNet initiative begins in Hartford

As we have reported, the General Assembly overrode Governor Rell's veto of legislation that creates a planning authority to design a universal health care coverage system in the state. Called Sustinet, the entity will be governed by a Board of Directors that will develop a proposal for submission to the General Assembly in January



PAs Play Major Role in Healthcare Legislation

Continued

2011. Several subcommittees and task forces will be created as part of this effort and ConnAPA is submitting resumes of members who have indicated an interest in taking part in the effort. We hope to ultimately secure the appointment of one or more ConnAPA members to this planning structure. The Board's initial organization meeting was held on September 2.

Health care and insurance-related legislation

Meanwhile, a number of pieces of legislation were considered during the Regular 2009 session that affect the health care delivery and insurance systems. Here are the highlights:

Medical Loss Ratio—Legislation was passed (SB 46) to include the medical-loss ratios of managed care organizations and health in-

surers in a "report card" that is published annually by the Department of Insurance. The intent is to let the public see how much in actual claims each insurer pays out annually.

MCO Fee Changes—restrictions on how frequently managed care organizations can change the fee structure in effect with their contracting providers was passed (SB 47). The bill limits such changes to once annually, but permits additional changes under certain defined circumstances. The bill also limits the look back period for payment recoupments to 18 months.

Health Mandates—legislation was passed (HB 5018) to establish a structure for reviewing coverage mandates in the health insurance statutes. Such analysis will be conducted by the Univer-

sity of Connecticut, reported to the Department of Insurance and forwarded to the General Assembly for review and possible legislation.

No Shows, Co-Pays and Complaints—legislation that would prohibit practitioners from charging for office visit "no shows" unless a notice of the cancellation policy is posted in the medical office (SB 34) died in the Senate. A bill that would prohibit patient co-pays for annual physicals (SB 459) also died. Finally, legislation (SB 1091) that would provide individuals with more of a role as DPH reviews their complaint against a medical practitioner, passed the Senate but died in the House on the final day of the session.

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Interested in how legislation can impact your profession?

Join ConnAPA's Government Relations Committee!

Contact Jonathan Weber, PA-C, Co-Chair

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| February | January 15th | Winter 2010 Edition |
| May | April 15th | Spring 2010 Edition |
| August | July 15th | Summer 2010 Edition |
| November | October 15th | Fall 2010 Edition |

Moving Beyond Healthcare

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improve our academic performance, and Prozac et al to keep us happy.

If you wonder where all of this is leading us, you are not alone. In his book *Better Than Well*, Carl Elliott addresses these issues—and more. We are swiftly approaching the time when sex selection of children will become routine; when children will be channeled to participate in sports activities according to their predominant type of skeletal muscle fibers (slow-twitch, fast-twitch); when widespread genetic screening will enhance the gene pool by selecting out those snippets of DNA that result in defective conditions. Most bizarre to me is Elliott's discussion of those consumers who elect to become amputees by choice. *Apotemnophilia* has now entered the vocabulary of the common vernacular.

Better than well. What sort of enhancements will become routinely available in the next phase of this brave new world of medicine? Are they morally justifiable? And as a society, are we prepared to pay for them?

Elliott, Carl. *Better Than Well*. New York: W. W. Norton, 2003.

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Celebrated every year October 6-12, National PA Week is intended to support, celebrate, highlight and recognize the significant impact of physician assistants in healthcare. It is an opportunity to promote public awareness of the PA profession and to salute the outstanding growth of the PA workforce.

There is no better time than this week to show pride in the profession by connecting with fellow PAs to get the word out about the tremendous contributions PAs make in health care every day. AAPA encourages all PAs, constituent organization leaders and PA student societies to take an active role in the celebration and become part of a unified effort to advance the profession and transform health care.

PA Week provides an opportunity to not only celebrate the profession as a whole, but to demonstrate the value of PAs in the community. Remember that advocating on behalf of the profession could be as simple as talking about your contributions to a

group of patients or attending a town hall meeting and discussing the role of PAs on the health care team.

As you reach out to your audiences about PA Week, remember to emphasize the message points below. Stating these facts again and again will make it easier for people to remember and believe them, and will support the fact that America needs PAs.

- There are more than 75,000 PAs providing care all across America. PAs are medical professionals licensed to examine, test, and treat patients with the supervision of a doctor as part of the health care team.
- PAs practice in general practice settings as well as in specialty services, such as emergency medicine and oncology. The federal government is the largest employer of PAs.
- Accredited PA programs in universities and academic health centers produce close to 6,000 graduates per year. They are amassing in the medical workforce faster than physicians and already play a role in offsetting the physician shortage.
- The PA profession extends the reach of medicine and the promise of health to the most remote and in-need communities. Without PAs, health care providers in hospitals, private practice, nursing homes, correctional institutions and other health care settings would be overrun.
- In Iraq, a typical Army PA serves as the primary health care provider for about 400 to 750 soldiers. When a wounded soldier returns home, military PAs are on the front lines as key members of the transitional care team, providing critical assessments and determining treatment plans.
- Funding for educational programs is currently deficient; Congress must support expansion of PA programs as they develop strategies for addressing health care workforce challenges.
- With the right policies in place, today's PA workforce is uniquely qualified to step in and extend care—immediately—to those who need it. The Federal Employee Compensation Act needs to be updated to allow PAs to diagnose and treat federal employees who are injured on the job.
- The federal Medicare statute must be amended to allow PAs to order home health, hospice, and skilled nursing facility care, as well as to provide hospice care for Medicare beneficiaries.
- Studies have conservatively estimated that in such roles PAs can provide 80-90 percent of the services previously provided only by physicians—at the same level of quality and without duplicating services.



Why Should I Join ConnAPA?

By Marc Benjamin, PA-C

For many years, I've been a member of Connapa or NYSSPA (when I lived in NY) only because my employer paid for it as part of my benefits package; and, as they say, "If you don't use it, you may lose it." I never went to the yearly conference and did the absolute minimal as far as participation. After all, they are just a bunch of yahoos and don't really engender any significant change.

Well, after the past year and a half, I can honestly say that all of that couldn't be further from the truth! As a PA practicing

Interventional Radiology, the rug was almost pulled out from under me; and I literally was in danger of losing my job!

There was controversy at my practice regarding PAs' ability to utilize fluoroscopy for procedural guidance because of a loophole in the public health law. I then began making phone calls and contacting ConnAPA to find out what could be done. Under the leadership of Tricia Marriot and the Legislative Committee, a response was mounted in a systematic and professional manner. Our lobbyists spent countless hours working

on this. A bill was eventually raised; and I, as well as others, provided testimony to the public health committee.

Through negotiations, the assistance of the medical and radiology societies, and lots of hard work, a law was passed changing the language to allow PAs to legally use fluoroscopy.

This has now shown me, once again, that you have to "be in it to win it"! Unfortunately, there are more PAs in this state that are not members than are. I have also decided to continue my involvement in ConnAPA and have become the Region 1 Director. I will continue to fight the fight, and I hope you will too. Someday it may be your job on the line. Don't wait until then! We need to make sure EVERY PA in this state is a member of ConnAPA and continues to have a voice. So if you live in the Hartford area, you will be hearing from me.

There are many things regarding PA practice that are unfinished. This is a very dynamic time in medicine, and WE ALL need to be counted.

Thank you again to all who helped me keep my job. I hope to return the favor.



UNIVERSITY OF BRIDGEPORT

New Physician Assistant Program Administrative and Faculty Positions

The University of Bridgeport is currently seeking CTDHE licensure and ARC-PA accreditation for a new Master of Science Physician Assistant program. The University plans to enroll the first class in September of 2010.

The University now invites applicants for a founding **Program Director** to start in late summer or early fall 2009 who will be responsible for continuing to develop a program that meets current accreditation standards and leading this new program through a successful accreditation process.

The Program Director must possess thorough knowledge of ARC-PA accreditation; have experience teaching in an ARC-PA accredited program; and be sufficiently experienced to assume primary responsibility for the program's organization, administration, fiscal management, continuous review and analysis, planning, and development. The director must be PA or a physician. If a PA, she/he must hold current NCCPA certification or current PA licensure or eligibility in Connecticut. If a physician, she/he must hold current licensure as an allopathic or osteopathic physician in Connecticut, and be certified by an ABMS- or AOA-approved specialty board. The director will supervise the medical director, faculty, and staff in all activities that directly relate to the PA program; teaching responsibility is .25 time.

Applications are also being sought for a **Medical Director**, **Chair of Preclinical Education**, **Chair of Clinical Education** and **full time faculty**.

The University of Bridgeport offers competitive salaries and benefits package. Review of applications commences immediately, with a start date in late summer or early fall 2009 for the Program Director. Appointments for other positions will not be finalized until the Program Director is appointed. Applicants should send a letter of application detailing their qualifications and interest in the position(s), curriculum vitae, proof of certification, indications of teaching effectiveness, and letters of recommendation either by mail or electronically to: **Department of Human Resources, University of Bridgeport, 126 Park Ave., Bridgeport, CT 06604, hr@bridgeport.edu.** The University of Bridgeport is an Affirmative Action/Equal Opportunity Employer



ConnAPA's Mission

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efforts provides the framework necessary to accomplish our mission. As Danielle Tabaka points out on page 5, three quarters of our survey respondents identified either "CME" or the "*work being done on behalf of PAs in the state*" as the primary reason for becoming a member. This may lead you to wonder, "What exactly is the *work being done* that benefits *me*?"

On the legislative front, our professional lobbyist works through each session to keep our leaders informed of proposed legislation that could impact the PA profession. From insurance and reimbursement issues to scope of practice concerns, all proposed legislation is closely monitored. If we identify a bill that requires action, we make our voice heard. We fight at the forefront of these issues by meeting with legislators, appearing at public hearings, submitting testimony, and helping to draft language that eventually becomes law. Through the work of a dedicated lobbyist and Government Affairs Committee, we continue to be a strong presence at the state capitol. We are sought after by other PA organizations across the country to provide information and advice on how to implement an effective legislative strategy to improve the practice environment of PAs in their states.

Grassroots advocacy for our patients and our profession is a much broader effort and one that is perhaps not so easily defined. As a PA in Connecticut, you understand firsthand the importance of what you do to provide quality, affordable healthcare to patients. With all the debate surrounding our healthcare system today, PAs must be seen as a way to improve the delivery of care. It is important that the role of a PA is understood and respected by not only lawmakers, but doctors, hospitals, insurance companies, adjunct care providers, and perhaps most importantly, patients. We advocate for PAs by being present at other medical society meetings, spreading important news through media outlets, publishing our quarterly newsletter, keeping our website up to date with news and useful resources, actively representing our interests nationally through the AAPA, and taking part in public events. Advocacy is something we do every day in nearly all of our activities.

Through these efforts, we have grown and shaped the PA profession in Connecticut enormously over the past 35 years. We have done so through the passage of bills that have provided PAs with prescriptive privileges, professional licens-

ing, a seat on the Board of Medical Examiners and medical advisory panels, the mandating of third party payment, supervision requirements, and numerous expansions of scope of practice, most recently with the passage of law that allows PAs to perform fluoroscopic procedures.

Through these victories, we have demonstrated that we can succeed in carrying out our mission. Fortunately, we have made huge advances for all PAs through a small fraction of membership support. In comparison to other medical societies, our ratio of members to licensed practitioners remains low. We need every PA in Connecticut to become a member so that we can continue to grow and improve the practice environment of PAs. The PA profession continues to grow tremendously across the country, and organizations such as ours need the full support of each and every PA to ensure that the PA workforce remains strong and vibrant through whatever challenges we might face through the ever-changing climate of healthcare. If you are not a ConnAPA member, I strongly urge you to support your chosen profession by becoming a member of the Connecticut Academy of Physician Assistants.



A Big Chance to Help Patients of Connecticut

By Justin Champagne, MHS, PA-C

ConnAPA is seeking volunteers to assist us at the **NBC 30 Health & Wellness Festival** at the CT Convention Center, which takes place on October 17-18, 2009 from 10am – 5pm.

At this event, we will be teaming up with the National Kidney Foundation to perform a Health Risk Assessment for patients, who will complete a basic health risk questionnaire about their personal and family history of diabetes, HTN, and kidney disease. In addition to this screening, patients will have their BMI and BPs calculated. Those pa-

tients who are found to have an abnormal BMI or BP will meet with PAs or MDs to discuss their increased risk of health problems, including kidney disease.

In addition to helping identify patients who are at risk of kidney disease, we are also going to be educating the public about PAs in general. We participated in this event last year, and we want to continue to shed light on our profession to those who may not know exactly who PAs are and what we can do. This will be accomplished by handing out brochures from our ConnAPA booth and speaking to people

about our education, work, and CME requirements. We fielded a lot of questions last year and look forward to answering a lot more at this year's event.

So please join ConnAPA for as little or as much time as you can offer. This will be an opportunity to potentially reach the needs of hundreds of Connecticut's patients!

For more information, or if you are interested in participating in this event, please contact: ConnAPA at connapa@ssmgt.com or 860-243-3977

PAs Play Major Role in Healthcare Legislation

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Wellness Benefits—a bill was passed (HB 5021) that requires health insurers to offer some type of rate reduction or “reward” for policyholders who successfully complete a wellness program. The legislation also expands several health care policy mandates covering ostomy supplies, hearing aids, wigs and colonoscopies. The latter provi-

sions caused the Governor to veto the bill and the General Assembly did not override the action. Look for the “wellness benefit” concept to come up again next year.

We would like to thank the members of ConnAPA who took the time to contact their legislators or even to come to the State

Capitol to visit them or testify on legislation. Although the 2009 session has ended, planning is already started for next year, which will be the so-called “short session” running from February through early May. We look forward to continuing to advocate for all members of the Physician Assistant community throughout the state.

Mark Your Calendar Now!

The 23rd Annual Charter Oak Conference

April 11–14, 2010 at the Mystic Marriott Hotel & Spa