The mission of the Minnesota Academy of Physician Assistants is to promote quality, cost-effective, accessible health care, and to promote the professional and personal development of Physician Assistants.

The Prez Sez

Meredith Wold, PA-C • President

“It’ll be by 4.”

My father passed away peacefully just days after penning my initial Prez Says article. He was in his Florida home surrounded by his wife of 40 years and his three children, just how he had wished.

During my career as a PA I have looked at the initials behind my name at times as both a curse and a blessing. Yes, sometimes being the ‘go to’ person in the family for any and all medical questions (the rashes are the worst), can be tedious and tiresome. Seeing the worst of the worst, catastrophic injuries, and tragic illnesses can be exhausting. Knowing too much keeps us up at night thinking of all the possible bad outcomes because we’ve seen it happen to people not too unlike us. However, most often, what we do is a privilege and the information we bring a blessing. At the end of my dad’s life, I was able to give him complete confidence that I, along with my siblings and mother, would know his unsaid needs and assure him a peaceful, dignified death.

Thankfully, in the months preceding his death, my dad talked openly about his end of life wishes. His preparedness took the pressure off us and we drew comfort knowing we were doing exactly what he wished us to do. Unfortunately, many families are not this lucky. In fact, less than 30% of Americans have an advance care plan in place. This lack of planning can result in questioning, confusion, or disagreement among family members who are trying to envision what their loved one would want in their eleventh hour. Instead of celebrating their loved one’s life, they are left wondering if they did ‘the right thing.’

I encourage all of you, no matter your area of practice, to discuss advance care planning with your patients. It’s not just about old age or chronic illness. At any age, a medical crisis could leave someone too ill to make his or her own healthcare decisions. Furthermore, sit down with your family and talk about your own wishes. Even if you are not sick now, making healthcare plans for the future is an important step toward making sure you get the medical care you would want. As a hospitalist, I have this discussion often and it’s always easier for the patient to articulate their wishes if the foundation was set prior to their acute illness. As a daughter, I am so thankful that in the sunset of my dad’s life we took comfort in knowing we were doing exactly what he wanted when he told us that morning, “It’ll be by four.”

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MAPA Welcomes New Members

**Fellow Members**
Martha Beatty PA-C, Buffalo  
Matt Burns PA-C, Mayer  
Dawn Coudron PA-C, White Bear Township  
Kevin Delpiaz PA-C, Duluth  
Katrina Enderle PA-C, Fergus Falls  
Jacyl Hawes PA-C, Minneapolis  
Nicole Hicks PA-C, Shorewood  
Elizabeth Jaqua PA-C, Mankato  
Sarah Johnson PA-C, Duluth  
Nicole Lepinski PA-C, Bloomington  
Melissa Lind PA-C, Saint Paul  
Courtney Logan PA-C, Saint Cloud  
Catherine Marschinke PA-C, Saint Paul  
Kari McClintick PA-C, Victoria  
Kelli Jo Miller PA-C, Stillwater  
Dimitrios Minadakis PA-C, Saint Cloud  
Joshua Peterson PA-C, Lino Lakes  
Laurie Pohl PA-C, Eden Prairie  
Kari Seegmiller PA-C, Rochester  
Kaitlin Sitich PA-C, Minneapolis  
Arielle Webb PA-C, Minneapolis

**Sustaining Members**
Anders Bengtson PA-C, Saint Paul  
Kim Grove PA-C, Apple Valley  
Sarah Preusser PA-C, Brooklyn Park  
Angela Turner PA-C, Saint Louis Park

**Student Members**
Augsburg College
Anita Becker PA-S  
Alec Droge PA-S  
Tasha Kell PA-S  
Joseph Wilkie PA-S  

Barry University
Erica Gyorfi PA-S  
Lindsey TeBrake PA-S  

Bethel University
Nathan Birno PA-S  
Erika Bullert PA-S  
Sherly Dehede PA-S  
Karin Filip PA-S  
Kari Gabrielse PA-S  

Chatham University
Shawna Young PA-S  

Emory
Erin Cuomo PA-S  

Massachusetts College
Randy Hiri PA-S  

Rosalind Franklin University
Allie Metzler PA-S  

Saint Catherine University
Marta Khan PA-S  

University of Colorado
Ashleigh Warnjets PA-S  

University of WI- Madison
Amanda Rynearson PA-S  

Pre-PA Student Members
Rachel Johnson  
Brandon Young

**Membership by category**
(As of September 9, 2013)
Fellow = 527  
Sustaining = 62  
Student = 196  
Pre PA Student = 2  
Affiliate= 5  
Total = 792

Support MAPA
Talk to your colleagues about membership

The Minnesota Academy of Physician Assistants (MAPA) is a nonprofit professional organization, and a constituent chapter of the American Academy of Physician Assistants (AAPA). Founded in 1976 by twenty charter members, MAPA has been instrumental in establishing legislation governing PA practice in Minnesota, and in securing prescriptive privileges and standards for reimbursement for physician services provided by PAs.

Annual dues are $150 for fellow or sustaining members, $125 for associate members, $75 for retired members, $45 for Pre-PA Students and $30 for enrolled PA students.

imPAct is MAPA's official newsletter. It is intended to serve as a forum for discussion of professional issues; statements should not be construed to be official MAPA policy unless explicitly described as such. “Byline” articles express the opinion of the writer.

The newsletter is published 6 times per year, and is distributed electronically to all MAPA members.

Space or classified advertising information is available from the editor, or on the chapter web site: [www.MinnesotaPA.org](http://www.MinnesotaPA.org)

Letters to the editor will be published if space permits and when, in the opinion of the Publications Committee, they contribute to healthy professional debate.

The editor can be contacted at: e-mail news@mnacadpa.org

Changes of address or inquiries regarding missing issues should be directed to our administrative office:

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The influx of newly insured patients is expected to increase demand for primary care, including physician assistants, by clinics and hospitals. The hundreds of thousands of newly-insured Minnesotans will crowd clinic waiting rooms, while demand for care from hospital ED’s is expected to fall, since there won’t be as many uninsured Minnesotans seeking charity care from hospitals.

Stay tuned as the “health care reform train” continues to rumble down the tracks. The health care reform process that began in Minnesota in 1992 with MinnesotaCare is now even bigger and Minnesota’s physician assistants will continue to play a critical role as ObamaCare takes effect.

The federal Affordable Care Act, commonly known as “ObamaCare” is moving forward in Minnesota. On September 6th, the Department of Commerce announced the insurance companies that will be offering 141 different products in Minnesota (http://mnsure.org/hix/how-work/overview.jsp). The cost for these plans are among the lowest in the nation, which is good news for purchasers. Premium rates for the plans will vary by region and by income, since subsidies will be available for some.

An estimated 1.3 million Minnesotans who are individuals, small employers or enrollees in Minnesota public health care programs, such as Medical Assistance and MinnesotaCare, can start enrolling on October 1 with a coverage effective date of January 1, 2014. Many individuals who were previously kept out of the health insurance marketplace because of a preexisting condition will now be able to buy coverage regardless of their medical history.

NEW THIS YEAR:
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Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Joining Advocacy Forces

Wallace Boeve, EdD, PA-C • Director, Bethel University PA Program, w-boeve@bethel.edu and MAPA Secretary

Recently, the program directors from the Minnesota (MN) Physician Assistant (PA) programs (Augsburg College, Bethel University, & St. Catherine University) joined forces during a presentation at the MN Rural Health Conference in Duluth. Their topic was Physician Assistant Utilization: Meeting Rural Healthcare Workforce Needs. Hospital and clinic administrators, along with practicing providers (physicians, PAs, and Nurse Practitioners) were present at the presentation. The directors fielded questions, which addressed scope of practice issues, educational experiences, as well as strategies for PA recruitment to rural communities. At the conclusion of the meeting, attendees approached the directors to learn more about the PA profession.

In addition to this presentation, the directors are working with state leaders to address statewide efforts regarding clinical training sites. There has been representation from each of the PA programs at a number of meetings regarding these newer developments. The MN PA program directors have recently sent a joint letter to request a meeting on some key professional and educational issues and are actively working to promote PAs to assure the PA face and voice is at the table with key decision-makers.

Physician Assistant education in MN has its roots in a short lived program in St. Cloud that graduated two classes in the mid-70's. In 1995 PA education returned to MN with the inaugural class at Augsburg. With only one MN-based PA program for 17 years (1995 until 2012), pioneering efforts were forged in a number of areas with some great professional and practice advancements. However, some practice areas (i.e. certain specialties & hospital systems) have continued to be limited in their understanding of the PA profession’s role in these practices here in MN. With the changing landscape of health care due to reform and increasing patient access demands, the MN PA programs are appreciative of the amount of work done by so few to continue to forge PAs into the MN medical communities. With St. Catherine’s PA program coming online in 2012 and Bethel’s PA program in 2013, the MN PA programs are hopeful and excited to build upon that foundation.

With the addition of more MN PA programs, it is exciting to join forces in the common goal of training competent PA practitioners who will provide quality patient care throughout all areas of MN. If you desire to give back to those who gave to you in your educational journey, consider becoming a preceptor, part-time instructor, or guest lecturer for any of the MN-based PA programs. As the programs continue to advocate for PAs around the state, please advocate for PA students to have experiences with your agencies. The rewards of teaching and precepting are immeasurable. Now more than ever, increased PA advocacy and student visibility will aid in increased PA utilization and recognition. Check out this website for helpful precepting information and educational opportunities: http://www.paeaonline.org/index.php?ht=d/sp/i/80183/pid/80183

Critical Access Hospitals in Jeopardy

Mark Schoenbaum, director of the Office of Rural Health and Primary Care

Critical Access Hospitals (CAHs) have received an unusual amount of attention - not all positive - in the past year. Most significantly, on August 15 the Inspector General of the U.S. Department of Health and Human Services released recommendations for modifying the program that, if they were to become law, could terminate the CAH designation for 62 of Minnesota’s 79 CAHs. The Inspector General concludes there are too many CAHs too close together. In particular, the report takes aim at states’ designations of certain hospitals as “necessary providers,” which allowed them to be eligible to become CAHs under criteria other than a fixed distance standard. This opinion is only the latest in a series of unfavorable reports on CAHs. Congress’ Medicare

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Payment Advisory Commission also criticized Medicare’s spending on CAHs, and the last two budgets the President delivered to Congress proposed both reimbursement cuts and new location restrictions that would have reduced the number of CAHs.

What’s going on here? The National Rural Health Association titled its response to the new report “They just don’t get it,” and there’s a lot of truth in that judgment. Some researchers and policymakers view CAHs as no different than tertiary inpatient centers, except for size.

In reality, Critical Access Hospitals are most often the center of the local health system, providing much more primary care, emergency care and community services than high acuity inpatient care. The smaller the rural community, the harder it is for these community institutions to cover their fixed costs through traditional reimbursement, and that’s why Congress created the CAH program in 1997. It reimburses these small rural hospitals for the costs of their services and provides a floor of financial stability so they can continue to meet their communities’ needs. Congress also recognized that states are in the best position to understand their rural health landscape and determine where services are needed; Minnesota passed bipartisan legislation establishing a state definition of necessary provider in 1998.

The Inspector General writes that Critical Access Hospital payments should be revised to both preserve access and promote efficiency. Minnesota’s CAHs are already balancing these goals as they respond to health reform expectations for improving quality, coordination and cost control. After 15 years, the CAH law may need some updating to encourage the kind of transformation already underway in rural Minnesota, but many communities and patients could lose essential services if the recommendations in this report were to become law. Policymakers - and researchers - need your perspective on how to constructively improve health and health care in rural Minnesota. It’s time for all of us to get involved!

Mark Schoenbaum is director of the Office of Rural Health and Primary Care and can be reached at mark.schoenbaum@state.mn.us or 651-201-3859.

MAPA Fall CME Conference in Duluth

Visit Duluth in October for Fall color and MAPA Fall Conference Oct 11-12, 2013. PA Week Oct 6-12 and the MAPA Fall Conference coincide this year! Several events are being planned to celebrate the PA profession as well as to improve our clinical knowledge. Grab your calendar and plan your schedule to come for 1 and ½ days of quality accredited CME, a PA Night Out sponsored by Novo Nordisk, a social fun dessert bar at the Aquarium with time left over on Saturday to take a drive along Lake Superior!

**Dessert Bar Social on Friday night – Fun for everyone!**

Join your colleagues, bring your family to the Great Lakes Aquarium from 7 – 9 pm for a private visit to the sea world. We’ll have a cash bar and a desserts for your enjoyment as you stroll through the Great Lakes Aquarium.
The Centers for Medicare & Medicaid Services last week issued guidelines addressing concerns with new requirements for admission and medical review criteria for hospital inpatient services under Medicare Part A, according to AHA News Now.

In the guidelines, CMS clarifies that individuals who are not physicians—such as physician assistants, residents or registered nurses—can write the order to admit a patient as long as the documentation of the order complies with state law, hospital policies and medical staff bylaws.

“At some hospitals, practitioners who lack the authority to admit inpatients under either State laws or hospital bylaws may nonetheless frequently write the sets of admitting orders that define the initial inpatient care of the patient,” CMS explains in the guidelines addressing hospital inpatient admission order requirements.

In such cases, the order must identify the qualified “ordering practitioner” and have the ordering practitioner or another practitioner qualified to admit inpatients authenticate (sign, date and time) the order prior to discharge, CMS notes.

“The order to admit as an inpatient (“practitioner order”) is a critical element of the physician certification, and is therefore also required for hospital inpatient coverage and payment under Part A,” CMS states in the guidelines.

The inpatient admission and medical review criteria clarifications should ease the concerns of teaching hospitals, which warned the finalized Hospital Inpatient Prospective Payment System (IPPS) unintentionally prevents medical residents from admitting patients.

As the Association of American Medical Colleges noted late last month, the wording of the IPPS final rule requires that a practitioner “who has admitting privileges at the hospital”—something few residents have—write the order to admit a patient, FierceHealthcare previously reported.

To learn more, read the guidelines.

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**Doctors Targeted for NP and PA ‘Overbilling’**

*Excerpts from an article in MEDSCAPE NEWS*

**Judith N. Aburmishan, CPA, CHBC**

**Introduction**

Doctors whose practices work with nurse practitioners (NPs) and physician assistants (PAs) could become the focus of scrutiny, as the US Department of Health and Human Services (HHS) has vowed to take a closer look at Medicare claims submitted for non-physician clinician services.

In the HHS Office of Inspector General (OIG) Work Plan: Fiscal Year 2013, the government has targeted the billing practices of non-physician providers to see whether their billing error rate is higher for “incident to” services than for other services billed.

“Incident to” services are those services or supplies provided as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis or treatment of an injury or illness.

**Why all this scrutiny?**

So let’s review the Medicare regulations. “For services to be considered ‘incident to,’ there first must have been a direct, personal and professional service furnished by the physician to initiate the course of treatment.” New patient visits as well as established patient visits for new complaints must be seen first by the physician, so that a course of treatment can be planned. If the non-physician sees the patient first, the billing cannot be labeled “incident to.”

Once the patient course of treatment has been established, a non-physician provider can perform any follow-up work. For this additional service to be billed as “incident to,” it must be personally furnished or incident to the physician’s professional service by an employee under immediate personal supervision, except as otherwise expressly permitted by the regulations.

For services to be considered as “incident to” a physician’s professional service:

1. They must be rendered under the physician’s immediate personal supervision by his or her employee;
2. They must be an integral, although incidental, part of a covered physician’s service;
3. They must be of kinds commonly furnished in physician’s offices; and
4. The services of non-physicians must be included on the physician’s bills.

To learn more, read the guidelines.
The supervising physician has to be in the medical office suite the entire time the visit is taking place. If the physician leaves for any reason, the service has to be billed by the non-physician under their own provider number rather than as “incident to” under the physician's provider number. This restriction can become a problem for many physician offices. The practice needs to have a foolproof system for keeping track of the physician so that an “incident to” bill is not created if the physician is out of the office on lunch or if the physician stepped out of the office to see a patient in the hospital.

The Rules Get Thornier

The next key issue is the “integral” part of a covered physician’s service. During the course of treatment, the non-physician provider may provide follow-up services as directed by the physician. To be an integral part of a covered service, the service cannot be in response to a new complaint. It must bear some direct connection to the course of treatment from a prior visit with the physician, and it must be a treatment that is part of the physicians’ established method of treating the patient’s complaint.

Let’s break this down.

First, we need to discuss the employment status of the non-physician provider. In the regulations, the individual providing services as “incident to” must either be a W-2 employee (full time) or an independent contractor receiving a 1099. Even if the individual providing services is an independent contractor, there must be documentation that the provider is under the direct supervision of the physician if he or she is going to bill and collect “incident to” services.

Next, “direct supervision” has been defined to mean that the physician must be physically present in the same office suite and immediately available to render assistance if necessary. This means he or she cannot be in a location adjacent to the office, such as the laboratory, physical therapy suite, or ambulatory surgical center office, even if this other location is in the same building as the medical practice.

A warning: There are certain situations where services cannot be billed “incident to” under any circumstances. “For hospital patients and for SNF patients who are in a Medicare covered stay, there is no Medicare Part B coverage of the services of physician-employed auxiliary personnel as services incident to physicians’ services under...” the Medicare regulations. So if a non-physician rounds in the hospital for the physician or visits an SNF to see one of the physician’s patients, they must bill under their own provider number.
St. Catherine University Update

Donna DeGracia, MPAS, PA-C, Curriculum Coordinator

The second class at St. Catherine University PA Program started on Wednesday, September 4. The class of 32 is a little bigger than initially planned, moving the program to maximum capacity one year ahead of schedule.

Meanwhile the inaugural class is preparing to start clinical rotations in October. This first year has been a busy one for faculty and students alike. Besides a full academic schedule there have been a number of personal life events. The faculty has marked the births of two new babies with a third on the way. Students have celebrated two weddings and a number of engagements, as well as supported one of their own as she mourned the passing of a parent. We have all laughed together, cried together, and celebrated together.

The spring MAPA conference was a highlight of the year with the inaugural class winning of the golden stethoscope at the challenge bowl and the naming of our director, Heather Bidinger, as PA of the year.

With a new class on board we feel like our little family has grown. The new students are lucky to have the support and mentorship of the inaugural class. We have all benefited from the support and input of the larger Minnesota PA community. We want to thank everyone who has helped make this first year a success.
Augsburg Student Update

Kelsey McFarlane, PA-S

The Augsburg PA Class of 2014-D returned to campus this fall after a busy, but refreshing, summer. Due to the changes in program length, we completed our women’s health and pediatric units at the beginning of the summer. We also worked on our master’s projects, which involved taking specialized classes, doing an international medical experience, or researching specific topics, all culminating into our final master’s papers.

We are now in the final semester of our academic phase. During the seven-week semester, we are studying mental health and geriatrics while honing our physical exam and diagnostic skills in the clinical phase transition class. There are many opportunities to learn outside of the classroom as well. As part of the clinical phase transition course, we were paired with primary care physicians and physician assistants to get our first taste of working in a clinic or emergency room. The geriatrics unit involves learning from senior mentors at Augustana Apartments in Minneapolis, with hands-on learning about the medical and psychosocial issues of aging.

Even with the full semester, we are still finding ways to stay involved with the community. PA Week volunteer activities are being organized and the annual PA Week 5K is scheduled for Saturday, October 12. As a thank you to the Augustana community, we will be holding a health and wellness fair for residents on October 3. Finally, students are getting ready to attend and volunteer at the Fall MAPA conference in Duluth. As we complete our academic and professional requirements, we are looking forward to starting clinical rotations at the end of October.

UW-LaCrosse PA Program Update:

Emily Anderman, PA-S, Abbie Rivard, PA-S, Krysta Hrdlichka, PA-S

It has been an exciting summer for the UW LaCrosse PA program. First, a new professor, Patricia Campell, joined the faculty. She will take the position of Clinical Coordinator at the end of September. She is a physician assistant and clinical dietitian who has also worked as a Nutrition professor and Health Care Analyst at the University of North Dakota. Pat, welcome and we look forward to meeting you soon!

Second, the class of 2014 has three recent engagements to celebrate: Sarah Glazer and Adam McNeilly, Jordan Becker and Tara Kramer, and Jake Malooly and Tasia Florence. We would like to extend our congratulations and wish them a lifetime of happiness. The class of 2014 has now completed three of the 11 clinical rotations; we are enjoying learning in a different capacity out in the clinic and hospital with patients.

Finally, the class of 2015 survived the grueling summer curriculum, which includes the particularly arduous courses, Anatomy and Physiology. In addition, they recently elected their class officers; thus, we will sign off by congratulating the new MAPA representatives, Marissa Looney and Amie Fonder.
MAPA promotes PAs during PA Week

As you drive through the Twin Cities the week of Oct 6 – 12, watch the digital billboards along I 94 by Rogers and I 394 & Hwy 55 for our rotating 7 second ad promoting Physician Assistants.

Save the Date
PA Night Out
Thursday, October 10th in Duluth
You are cordially invited to attend “Get the Facts About Incretin Therapies.”
Thursday, October 10, 2013
5:45 pm at the Midi Restaurant
600 East Superior Street, Duluth, MN 55802
(218) 727-4880

Presented by Thomas Laedtke, MD, MS
Medical Advisor for Diabetes Education, The Endocrinology Clinic of Minneapolis, PA., Edina, MN

Hosted by Andrea Schultz, HSDCS of Novo Nordisk

RSVP to Arlene Lensing at alensing@mafp.org by Oct 7.

In accordance with the PhRMA Code on interactions with Healthcare Professionals, attendance at this educational program is limited to healthcare professionals.

Save the Date
PA Night Out
Wednesday, November 13th at Rojo Mexican Grill in St. Louis Park.
Please attend to learn more about patients who have chronic low back and neck pain. ALL PAs welcome!!

David H. Strothman, M.D., Fellowship Trained Orthopedic Spine Surgeon at the Institute for Low Back and Neck Care (ILBNC) will give a talk on: What primary care providers need to know about diagnosing basic lumbar spine conditions, non-surgical and surgical treatment options and outcomes for patients.

RSVP by Wednesday, November 6 to Arlene Lensing.

Schedule:
6:00 pm Registration /Social Hour (beverage tickets provided)
6:30 pm Dinner
7:00 pm Presentation and Q & A (bring your questions)

ILBNC is proud to support MAPA and sponsor PA Night Out. For more information about ILBNC contact Lynn Balfour at lbalfour@ilbnc.com
Save Oct 11-12, 2013 for Fall CME Conference

Duluth Entertainment Convention Center

Room blocks at Inn on Lake Superior
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For the most up-to-date MAPA Information
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