Advocacy—what does it mean? What does it mean to YOU? To me? The Merriam-Webster Dictionary defines advocate as “one who pleads the cause of another; one who defends or maintains a cause; one who supports or promotes the interest of a cause or group.”

The marketplace is changing for PAs. At the 2018 AAPA Leadership & Advocacy Summit, we learned 45% of PAs have personally experienced NPs being hired over PAs due to supervision requirements. How do you/we get our physician partners to help us have a fair system? WE HAVE TO ADVOCATE. We must educate our physicians on the challenges we face. PAs and NPs increase access, reduce cost, and provide quality care.

With the changes in the marketplace, PAs must show their value to employers. This is best fulfilled through direct reimbursement by all public and private insurers, which is the measure taken for physicians and NPs. What do PAs need to do? Advocate for change by talking to your practice manager and develop relationships with the insurance companies you call to justify why they should pay for your services.

The issues we face today make it critical that we engage in advocacy in our clinical practice, in our community, and in our schools. Healthcare is a team sport. We need our medical assistants, patient care techs, and nurses as much as we need our physicians and nurse practitioner colleagues. We need our environmental and food services staff as much as we need administrators, billers, and coders. We need the entire team to work together to deliver the best care at the right time while meeting the needs of our patients. We must advocate for the team. Here are five things I advocate for as a team member:

1. THE PA PROFESSION
   We recently celebrated 50 years of the PA profession, but there is still so much to be done. We still need to share with the public, our physician partners, and our team members the role and benefit of the PA on the healthcare team. I advocate through membership in my state organization, our national organization, and my specialty organization. Remember the adage, “If you are not at the table, you are on the menu.” This is why I donate to FAPA Political Action Committee (PAC) and the AAPA PAC. I support the AAPA Foundation.

2. THE PHYSICIAN-PA TEAM
   I recently gave a presentation titled, “The Importance of Mentorship.” Through my teamwork with a physician who advocated with me for a patient who was very ill and needed an organ transplant, my first mentor relationship was established. Today, we advocate for each other professionally and remind others we are on the same team, working towards the same goal, and share one thing in mind - it’s all about the patient! I am a committee member for the Duval County Medical Society Future in Healthcare Conference. Our physicians are advocating for healthcare disparities and I am working alongside them.

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Message from the President...

Continued from page 1

The marketplace is changing for PAs. At the 2018 AAPA Leadership & Advocacy Summit, we learned 45% of PAs have personally experienced NPs being hired over PAs due to supervision requirements.

3. ORGAN DONATION
I learned the value of organ donation in my first year as a PA. Today, I continue to advocate by raising awareness in the multicultural community about organ donation. Through my advocacy, my son, Manny, and niece, Sabrina, became organ donors and then began to advocate for organ donation to young people. “Each one, teach one.” Or two. :)

4. STUDENTS
Students are the future. I mentor students interested in healthcare. I have mentored residents and fellows on the teams on which I have worked. Students need guidance to set goals, find their calling, and become part of the healthcare team. What they choose to pursue—PA, physician, nurse, nurse practitioner, administrator—does not matter to me. My role is to be a resource and connect them to others.

5. MENTAL ILLNESS
One in every five adults each year suffers from a mental illness, death by suicide continues to rise, and substance abuse disorder is a national crisis. Nevertheless, there is stigma associated with mental illness. Many are afraid to ask questions about mental illness. Others are afraid to ask for help and when they do they are perceived as weak. I am a mental health first aid (MHFA) certified trainer. Why? Because we are listeners, communicators, and wholistic providers. Through my advocacy, Amber Buzzi and I obtained a grant to teach MHFA to PA students. I get to advocate for students while advocating for mental illness awareness—how awesome is that!

I hope to inspire you to find the answer to these questions. Who do you advocate for? How can you advocate while supporting your profession? How can you advocate while supporting the physician-PA team? How can you raise awareness about something you are passionate about? Are you leaving a legacy by mentoring and advocating for students? Have you taken a mental health first aid class to advocate for your patients, family, friends and colleagues?

FAPA PApaper Deadline Dates

Summer 2018 .................................................................Articles due June 15
Fall 2018 ........................................................................Articles due September 15
Winter 2018 ....................................................................Articles due December 15
Spring 2019 .....................................................................Articles due March 15
From the Editor’s Desk

By Tara Soto, PA-C, FAPA PAper Editor

Hello FAPA family! I am honored and excited to be the new Editor of the PAper. Please allow me to introduce myself. My name is Tara Soto and I am a recent graduate from Keiser University’s PA Program and new Jacksonville Beach resident.

As a member of the inaugural class of the FAPA Leadership Academy, I am aware of the many issues PAs are facing in the workplace. I am excited to be a voice for the new generation of PAs and advocate for our profession. It is my hope that the PAper will inspire action in our new PAs to become more involved in FAPA and join the many inspiring PAs who have helped pave the way for our profession. My goal for the PAper is to be a means of sharing our victories, healthcare policies that are affecting our profession, and pearls of wisdom. I aspire for this to be an interactive space where your voice can be heard. Please feel welcome to email me if you are interested in writing an article for a future edition of the PAper. For those wanting to become more involved in FAPA, whether that is through membership, public relations, social media, event planning, or the Political Action Committee, we have a place for you!

One of the greatest lessons I have learned is that YOU are your best advocate. This applies to many areas of life, but especially to our profession. Alone we may be heard, but together we can enforce change.

In the past two years, FAPA has granted PAs controlled substance prescribing privileges, continued to hold off foreign medical school efforts to create alternate paths to PA licensure for graduates of non-accredited programs, and passed legislation which defined scope at the practice level. Let’s continue the momentum so that we can deliver the exemplary care our patients deserve and so others can see why it’s great to be a PA.

Outstanding Physician Assistant

By Tara Soto, PA-C, FAPA PAper Editor

Our outstanding physician assistant for the Spring edition of the PAper is the wonderful Nicole Schtpak-Zernitsky! Nicole exemplifies a physician assistant who does it all. She works full time at Cleveland Clinic Florida in the Emergency Department and Critical Care flight team, part time at Bethesda-Baptist in the Emergency Department, teaches as an adjunct professor for Barry University’s Physician Assistant Program, and serves FAPA as the South Regional Director.

Prior to physician assistant school, Nicole was a sonographer for 14 years. Her desire to have a greater impact on her patients’ care motivated her to consider changing her profession. A group of emergency medicine physicians and her grandfather insisted she was meant for greatness and encouraged her to pursue the physician assistant profession. Nicole entered PA school wanting to specialize in GYN oncology and left with a passion for emergency medicine. When asked what she enjoys most about being an emergency medicine physician assistant, she responded: “helping those who come through my doors, who have been other places and have not been able to figure out what is ailing them...I have been so fortunate to help so many who were searching years for answers. Sharing those intimate moments with my patients is what makes all the difference for me. Being there as an ear or a voice for them and seeing the gratitude in their eyes is why I do what I do.”

Nicole shares her passion for the PA profession through her exemplary service to PA students. Her involvement as a mentor began as a PA student when she served as a student member on the admission board for Barry University. As a PA, Nicole mentors 19 Pre-PAs, many of whom have been accepted to PA programs. She travels the State of Florida speaking to Pre-PA organizations to share her experiences as a PA and expectations of what lies ahead once accepted into a PA program. Nicole believes that students are the future of our profession. She serves as an emergency medicine preceptor for PA students and strives to share all that she has learned to make their journey a little easier. Her efforts were recognized and awarded this year with the AAPA PA Student Mentor Award.

As the South Regional Director, Nicole is thrilled to increase awareness about physician assistants in the community and build a South Region team that shares the passion and drive to advocate for our profession. Nicole led a successful hurricane relief drive for Barry University students who were displaced from two category 5 hurricanes, a toy drive collecting over 500 toys for children’s hospitals in the tri-county area, and prepared Thanksgiving meals for those in need with Big Heart Brigade. She is excited to continue getting the entire PA community involved with projects and events this year.

Nicole has an array of hobbies including gardening, roller blading, kick boxing, and reading medical books. She has a fascination with astronomy and hopes to one day own a telescope. The stars are the limit for this wonderful PA and we cannot wait to see what else she accomplishes through her career. Thank you, Nicole, for your representation of the PA profession! Your FAPA family is so appreciative of your time and efforts!
The PA Foundation, the philanthropic arm of the PA profession affiliated with the American Academy of Physician Assistants, is committed to connecting PAs’ clinical expertise and compassion to community need. In an effort to bring that vision to life, the Foundation has designated mental health as a programmatic priority and has integrated a mental health focus into existing programs as well as developing new mental health initiatives.

Recognizing the challenge of developing a program from the ground up, the Foundation focused on researching and reviewing existing programs focused on mental health. It identified Mental Health First Aid (MHFA), a national program managed, operated and distributed by the National Council for Behavioral Health, as a good fit for its mental health initiatives. Mental Health First Aid is an eight-hour course that teaches laypeople how to identify, understand and respond to signs of mental illnesses and substance abuse disorders. The goal of the MHFA program is to improve the mental health knowledge and skills of the U.S. public in order to prepare people to recognize and respond to signs of early-stage mental illness, offer and provide initial help, and guide those experiencing mental health problems toward appropriate professional support.

Partnering with the National Council for Behavioral Health, the Foundation worked to develop a new initiative that would empower PAs to play a leadership role in mental health outreach using the established MHFA model. In January, the Foundation launched the inaugural Mental Health Outreach Fellowship, designed to equip a pilot cohort of 16 PAs and PA students to conduct outreach in their communities as Mental Health First Aid instructors.

After a competitive application process, the 16 Fellows were selected in late February. They represent 14 different states, several of which have been identified as priority areas by the National Council for Behavioral Health. The Fellow cohort convened at AAPA headquarters in Alexandria, VA, on March 26-28 for a three-day Mental Health First Aid instructor training. After completing the training course, these PAs are now certified as MHFA instructors and can teach the eight-hour MHFA course in their communities.

The 16 Mental Health Outreach Fellows have been tasked with conducting community outreach and training to a minimum of 100 people over the course of the next year. They will identify groups with a high need for mental health training (such as teachers and school administrators, law enforcement and public safety officers, and religious and community groups) and form partnerships with local organizations. Throughout their fellowship year, they will also collect data to assess trainees’ change in knowledge, attitudes and behavior before and after training.

In addition to the Mental Health Outreach Fellowship, the Foundation is exploring other ways to connect with audiences in need of mental health education and position PAs as leaders in mental health outreach. In light of the high prevalence of mental health and substance abuse issues among young adults, the Foundation identified the community college setting as a prime audience for PA-led outreach using the Mental Health First Aid curriculum.

Over the last few months, the Foundation has partnered with Jackson College in Jackson, MI, and Gateway Technical College in Kenosha, WI, to provide Mental Health First Aid training to members of their faculty and staff. The goal is to teach risk factors and warning signs for mental health and addiction concerns and empower campus leaders to raise awareness of mental illness, gain confidence in addressing issues without stigma, and create a culture of understanding.

PA Foundation board member Jacqueline Spiegel, MS, PA-C, DFAAPA, a certified MHFA instructor, served as the primary instructor for the eight-hour course at both sites, and a Foundation staff member attended each training session to observe and collect feedback from participants.

The two community college trainings will serve as the basis for a presentation at the American Association of Community Colleges (AACC) 2018 Annual Convention in Dallas and an article that will be submitted to AACC’s journal. The presentation at the AACC convention will demonstrate how the two pilot schools are using MHFA to raise awareness about mental health concerns and provide resources for students, faculty and staff.

Here in Florida, two representatives of the Florida Academy of Physician Assistants are managing a PA Foundation IMPACT Grant that incorporates Mental Health First Aid into PA student outreach and training. FAPA President Susan Salahshour, PhD, PA-C, DFAAPA, along with Amber Buzzi, PA-C, are traveling to each training site to observe and collect feedback from participants. The two community college trainings will serve as the basis for a presentation at the American Association of Community Colleges (AACC) 2018 Annual Convention in Dallas and an article that will be submitted to AACC’s journal. The presentation at the AACC convention will demonstrate how the two pilot schools are using MHFA to raise awareness about mental health concerns and provide resources for students, faculty and staff.

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FAPA Takes on Mental Health

By Amber Danielecki Buzzi, MSPAS, PA-C

In December of 2017, Susan Salahshor and Amber Buzzi were awarded one of the PA Foundation’s Mental Health IMPACT Grants for $10,000 for their proposal to educate every PA student in the State of Florida in Mental Health First Aid prior to graduation. Their grant proposal, Removing the Stigma Associated with Mental Health Through Education, advocated for funding to educate PA students throughout the State of Florida on the signs and symptoms of mental illness, appropriate courses of action to take during acute mental health crisis, and to educate students on mental health resources while addressing the stigmas and misconceptions around mental illness.

Why are we taking on mental health?

It is our belief that physician assistants find themselves at the forefront of an ongoing epidemic of untreated and unrecognized illness in both practice and professional relationships. From orthopedics to urology, healthcare providers, regardless of specialty, should be equipped to recognize and properly direct patients with psychiatric illness or crisis to the resources they require.

FAPA intends to lead the way in mental health education and stigma reduction within the healthcare system itself. By educating future physician assistants in Mental Health First Aid, we can proactively change the way mental illness is perceived, prevented, and treated in the United States. After measuring the success of our program, we intend to advocate other states to adopt our program and begin to integrate Mental Health First Aid as a CME course for professional physician assistants, as well.

What is Mental Health First Aid (MHFA)?

To quote the MHFA website, “Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand, and respond to signs of mental illness.” Our program specifically focuses on how to effectively recognize warning signs and symptoms of a variety of mental health crises and how to appropriately enact a plan for more definitive intervention.

In regard to students specifically, it is our goal that by engaging them we will reinforce the principles learned in didactic year and better prepare them for clinical rotations and practice in any role. Further, with this adjunct to didactic coursework, we aspire to decrease the stigma surrounding mental illness within the profession and the community.

Join the movement!

Take a mental health course. Contact FAPA or MHFA website to sign up for a class.

www.mentalhealthfirstaid.org

Volunteer your time!

Become a Crisis Line Volunteer, participate in community outreach events, or walk for mental health!

NAMI Florida: http://www.namiflorida.org/
Florida Council for Community Mental Health: http://www.fccmh.org/
Mental Health American of Northeast Florida: http://mhajax.org/
Mental Health Association of Central Florida: https://www.mhacf.org/
Mental Health Association of Southwest Florida: http://www.mhaswfl.org/
Mental Health Association of Southeast Florida: https://www.mhasefl.org/

Contact Us to Get Involved or Request a Class

Amber Danielecki Buzzi: danieleckia@gmail.com
Susan M. Salahshor: pasuecares@gmail.com
The Most Expensive Vacation Ever

By Casey Runte, PA-S

The day I received my acceptance from Barry University’s Physician Assistant Program-St. Croix, was one of the best days of my life. The reasons are plentiful, but none more important than the purpose I wanted to fulfill—to embrace the culture, a community of collaborative medicine, and serve a severely underserved region of our country, the U.S Virgin Islands.

Having been born and raised in the coastal surf town of Melbourne, FL, I knew very well the risks that came along with picking up my entire life and moving to the beautiful island of St. Croix during hurricane season. I’ve been through many hurricanes, most notably—five storms in 2005, Fay in 2008, and Category 4 Hurricane Matthew just last year. During our orientation week (a week before Irma or Maria formed), discussion about emergency preparedness ensued with a dear worried classmate of mine voicing a concern, “Worst case scenario, what would we do if the island and our school were destroyed in a hurricane?” The orientation director at the time responded, “Well, I don’t know the answer to that question.” As much of a home our beautiful island became in the incredible three weeks our class spent together, that consistency of life would soon be destroyed in a hurricane? The orientation director at the time responded, “Well, I don’t know the answer to that question.” As much of a home our beautiful island became in the incredible three weeks our class spent together, that consistency of life would soon be destroyed.

As Category 5 Hurricane Irma aimed itself days away from our “rock,” my two roommates and I purchased refundable flights, some of the last few seats available. I saw how two Category 3 storms knocked out the power grid for more than three weeks in Florida, and I didn’t want to take a chance on losing access to our remote classroom/recorded lectures, so the decision to leave was made. As windows were boarded, sand-bags stacked, K-marts emptied, and boats harbored, I made my way to the airport—only to find every flight cancelled except mine. Peering out the window, I prayed for my class who stayed on the island, hoping Hurricane Irma would turn last second—which it did. Little did I know that would be the last time I’d see St. Croix for over a year. Phone tree lists and limited WIFI capabilities allowed classmates to stay in touch throughout Irma, with several professors heading the team and offering shelter.

Upon arrival to my hometown, the same madness ensued that I had just left on the island. With the destruction Hurricane Matthew left the year before, people weren’t willing to take a chance on Irma being only two days away. Ironically, Irma created worse damage in Brevard County, FL, than St. Croix. School work was put aside; as I worked to clean up friends’ and family’s properties, my selfless classmates were packing relief packages onto rescue boats, with several trained as paramedics trying to help as best they could on the hard-hit sister islands of St. Thomas and St. John.

As things started to settle down, we searched desperately for functioning internet to take quizzes and watch lectures that were being recorded in St. Pete and Miami, FL. In between trying to scour our town for internet, surfing and spending time with family helped keep anxiety down and my attention away from the newest storm, Maria, that had just formed off the coast of Africa. As the weekend approached, I purchased a flight to return to St. Croix, as classes were anticipated to begin that Monday. While packing my things that Sunday morning, I received a call from my airline with news of the Virgin Islands cancelling all incoming flights to allow room for emergency operations, and to avoid collateral damage by allowing more residents back on the island before the impending hit from Hurricane Maria.

Hurricane Maria, the second Category 5 Hurricane to approach our islands in less than two weeks, was projected to make a catastrophic, direct hit to the U.S. Virgin Islands, and all I could do was watch a real life “Deja-vu.” As the clouds and wind began forming the morning before Maria, my stranded classmates scrambled in the Caribbean prompting Barry University’s own Sister Linda to take means into her own hands by securing a charter flight donated by World Atlantic Airways to fly every student with their family and pets to the University’s main campus in Miami Shores, FL. The hours that ensued following this announcement consisted of frantic packing, driving around the island to collect valuables, and countless sets of hands to close a single suitcase with a full life packed into it. Many students were picked up by a noble rescue U.S. Coast Guard ship and taken to Puerto Rico, where Delta Airlines provided cost-free humanitarian flights for everyone on the ship to get home.

From the shelters set up in University Commons, to our respective homes around the country, we watched in utter devastation, as the eye of Hurricane Maria passed directly over the south side of St. Croix, the very location of our classrooms. Three weeks into our semester our lives, as we knew them, were turned completely upside down. As the aftermath revealed itself, we learned of roofs being torn off our homes on the island, sunlight and rain pouring into the building that housed our classrooms, and nearly every tree and power pole ripped away from what turned into “blue tarp island.”

I took the initiative to request an audio conference call with our administration to try and be pro-active about our situation. During the conference call, we learned that within just a few days our class was being asked to re-locate to Miami indefinitely. Without enough time or energy to catch up from missed material, class and exams began once again as if nothing had changed. In our first week living in Miami, the 24 of us had to find a place to live, find clothes to wear, books to study, transportation to school, daycare for children, and care for pets, all while being in class from 8 am-5 pm daily and studying for three exams. In five weeks, we made it through 50 tests and managed to attain an average academic standard superior to the annual average of previous classes. We banded together, with the help of our godsend classmate, Chris, who found us a 12-bedroom mansion to house all of us students, our significant others, children, and pets. Sharing a bed, a few bathrooms, and one kitchen with our new family was

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The Most Expensive Vacation Ever

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never something any of us expected, but it was what kept us together— “MTV Real World: Miami PA Edition.”

As we were faced with many unknowns throughout that semester, we never let our hope down that we would one day return to St. Croix. With the uncertainty surrounding our future came a bright light in the form of an inspiring professor and friend to us who shared that although Barry University would be retracting its didactic education from the island, she would be making every effort for us to continue our clinical education on the island.

Sitting here writing this story, we are only a few days away from learning our placement for rotations on the very island we called our home last year. Hopes are high, vehicles are still slowly shipping back to the United States, and life has returned to normal once again. Each one of us lost an estimated $12,000 in moving costs, vehicle damage, and personal belongings. Amazingly, our peers and colleagues from universities around the state worked as a team to show their support. Lists of couches and extra beds for temporary housing, donations consisting of hundreds of pairs of scrubs, countless medical instruments, books, food, and household essentials were sent from all over the state and piled halfway to the ceiling in our break-room. Barry University provided each student with a bookstore credit, as well as at-cost cafeteria meals for six weeks. The support our classmates received from the FAPA GoFundMe, several PA programs, Barry University College of Nursing, Barry University Physical Therapy, and Barry University Podiatry was incredible and showed us the goodness in the hearts of those with the exact same dream as ours—to become a Physician Assistant and help those in need.

University of South Florida PA Program Hosts First Mental Health Aid First Aid Certification Program

By Jared Goodwin and Elizabeth Givens

You’re getting coffee with an old friend from college you haven’t seen in months. Maybe it is the stains on his or her shirt or how quickly the person seems to be speaking, but you can’t shake the feeling that something isn’t quite right. Do you know what to do or say?

According to the National Alliance on Mental Health, one in twenty-five people in the United States in any given year will face a mental health crisis that greatly interferes with one or more activities of daily living. On March 2, physician assistant students from the University of South Florida gathered to participate in the program Mental Health First Aid with the goal of learning how to identify and intervene when meeting someone with a mental health challenge or crisis. Led by Susan Salahshor, PhD, PA-C, president of the Florida Academy of PAs (FAPA) and Assistant Professor at Florida State University, the program was brought to USF through grant funding intended to provide physician assistant students across Florida access to this program at no cost.

During the eight-hour program, students used a five-step action plan in a variety of scenarios to understand how to speak with someone who might be suicidal or experiencing a panic attack. Dr. Salahshor urged the students to take off their white coats and think less prescriptively by focusing first on the safety of the person in front of them. Physician Assistant student Libby Givens appreciated the people-first nature of the course: “[Mental Health First Aid] helped me develop appropriate language concerning mental health.” She noted the importance of not only talking but listening, stating, “Sometimes all a person needs is someone to listen and connect them with resources that can help.”

The program is not limited to physician assistant programs in Florida. Created in Australia in 2001, Mental Health First Aid has since been shared with over one million participants in the United States. Physician Assistant student Kevin Allison hopes others can experience the program: “The five steps provide you with a formula for what to do so you are not blindsided. Mental health is something that we will run into as practitioners and it’s good to know how to initially help a patient in need.” In the United States, the program is a partnership between the National Council for Behavioral Health and the Missouri Department of Mental Health. More information about the Mental Health First Aid can be found at https://www.mentalhealthfirstaid.org.
2018 Winter Symposium Photo Highlights
2018 Winter Symposium Photo Highlights
Although the physician assistant profession has many origins, it arose at a time of great social consciousness. This same social awareness is alive and well in our FAPA community today. As PAs, we crave to serve, educate, and engage with our community, both within and outside FAPA, in ways we never thought possible.

This year has proven to be a very proactive time in our engagement with local groups and advocating for health and our profession. For example, after this year’s devasting hurricanes destroyed the Barry University St. Croix campus, many students were displaced after a last-minute emergency evacuation. Several students were allowed only one carry-on bag in the panic and left most of their belongings back on the island. This meant medical equipment, scrubs, professional clothing, and even vehicles were left in St. Croix, with a closed airport and no clear timeline on when they would be able to return. When the dust settled, FAPA members regrouped and with the help of President Susan Salahshor, Past President Kate Callaway, and President-elect Mike Nuccio, a GoFundMe page was quickly dedicated to collecting funds for these students. These efforts were complimented by the wonderful FAPA PR Committee members, who tirelessly posted on social media about not only the GoFundMe page, but a clothing and supplies drive manned by South Regional Director Nicole Schtupak-Zernitsky. In this truly wonderful show of PA unity and support, we were overwhelmed by the donations received from members all over Florida. Additionally, when Barry Clinical Director Charity Ramsey asked this same FAPA community for volunteer preceptors for displaced students, the response was so vast we were able to fill these rotation slots with minimal disruption to these students’ education.

PAs, however, do not need a catastrophe to show their support to their community. During this year’s Susan G. Komen breast cancer walk, we had strong representation from our FAPA members in solidarity with our breast cancer survivors. We walked, we donated, and most of all we interacted with the community we have depended on for our profession. Moreover, the holidays were a giving time for FAPA members through our participation in the now annual Thanksgiving event with Big Heart Brigade, serving meals to those less fortunate. Let’s not forget about the most fun event of all—our annual toy drive where we collected thousands of toys for children’s hospitals all over Florida! Additionally, FAPA is now the sole sponsor of the annual toy drive at Palms West hospital.

We do not need a special event or holiday to give back. With regular volunteering coordinated by Communications Director Florinda Fernandes at Chapman Center of Miami, our Cultural Diversity Committee events manned by Stephanie Rivera (who is always looking to educate about diversity in our profession), and Pre-PA Committee and PA programs talks by our wonderful students and committee members that educate and guide our future PAs, you can say PAs are well versed in the spirit of service!
A Day in the Life of a Rheumatology PA

By Benjamin J. Smith, PA-C, DFAAPA

It is an honor to share with my fellow PA colleagues a typical day for me as a rheumatology PA. Working in rheumatology has been tremendously rewarding and a very nice fit for me since graduating from the Medical College of Georgia PA program in 1999. In recent decades, rheumatology has seen many scientific advances that reach the clinic and benefit persons with rheumatic disease. Developing long-term relationships with those whom we serve in our clinic has been a positive aspect of my career. Although I transitioned to academia 1 ½ years ago at the Florida State University College of Medicine School of Physician Assistant Practice, I am lucky to continue to work one day a week in the rheumatology clinic where I have worked for over 18 years.

7:15 am-Dropping our children off at school each morning is a great part of the day. Our morning drive conversations are always enlightening.

7:30 am-Arrive at the office. My days are smoother when I have the opportunity to review the day’s schedule and the patient’s charts who are scheduled. Reviewing laboratory or radiographic studies that have been completed since last visit or correspondence from other healthcare providers helps make office visits most efficient. Reviewing e-mails also occurs during this early morning period.

8:00 am-Our day starts with four new patients. A big reason my supervising physician desired to hire a PA years ago was because of long wait times (>6 months) to see a new referral. We were able to reduce this wait time to 3-5 weeks which was very well received by patients and referring healthcare providers. We are a general adult rheumatology clinic; therefore, we see new patients for a wide range of chief complaints (abnormal labs, musculoskeletal pain, and other peculiar collections of symptoms). My role is to obtain the past medical history and review of systems as well as conduct a general physical exam. After I complete my portion of the new patient visit, my supervising physician also sees the new patients to develop the initial treatment plan. Admittedly, we spent a good deal of time with first-time patients and find this to be quite helpful in building trust and resolving concerns.

10:40 am-After seeing four new patients to start the day and while my supervising physician completes his portion of the new patient visits, I see three-to-four follow-up visit patients to finish our morning clinic.

12:15 pm-The lunch time period of the day usually provides the opportunity for a quick bite to eat. I have made it a habit to catch up on phone messages, refill requests and prior authorization paper work. Similar to other medical specialty practices, we receive many prior authorizations to complete so that the patients whom we serve can take the recommended treatments.

We have hospital privileges where we serve as consultants. If a consult is received in the morning, I will make my way across the street to begin the consult on the inpatients whom we have been asked to see.

1:00 pm-My afternoon of follow-up patients begins. We see patients age 18 and up. While one might think that we only focus on the musculoskeletal system, one of the rewarding aspects of rheumatology practice is that we consider the patient as a whole as rheumatic diseases can potentially affect any organ system. My afternoon might begin by seeing an 85-year-old patient with temporal arteritis, followed by an 18-year-old transitioning from a pediatric rheumatologist for an inflammatory arthritis. Adjusting medications for maximum outcomes, ordering maintenance laboratory or having a phone conversation with another specialist regarding a patient are common occurrences.

5:00 pm-Our afternoon clinic is complete when our last patient has been seen. The day in the office is not yet over as there are laboratory results to review and be communicated to patients. We communicate to all patients regarding laboratory and radiographic study results either by US mail or through our EMR patient portal. If there are any results requiring attention, our nursing staff makes direct telephonic contact with the patient.

6:00 pm-If a hospital consult has come in, we will return to the hospital to complete the consult.

7:00 pm-Return home. My favorite part of the day!! Catching up with our 13-year-old son and 10-year-old daughter about their day is always a fun time. Of course, homework usually is part of the evening’s plan. My wife and I also catch up at this time regarding the day’s activities and tomorrow’s plan.

9:00 pm-The bedtime goal for our kids. Goal is the key word.

Throughout my career, I have had the privilege of having numerous volunteer and leadership roles in the AAPA and other rheumatology and PA organizations. While these responsibilities often require nighttime work, I find these experiences to be personally and professionally rewarding. I voluntarily choose to accept these opportunities. An after-hours conference call or writing a report once my family has settled in bed is a common occurrence.

Like many of you, my days are full, but I am grateful for the health and ability to work hard serving others as a rheumatology PA.
opioid addiction, including prescription and illicit drugs, has reached epidemic proportions in the United States threatening public health and national security. In 2016, opioid overdoses resulted in 42,249 deaths nationwide. Florida was included in the list of states having statistically significant increases in opioid drug overdose death rates with a 46.3% increase from 2015 to 2016. The origin of the opioid epidemic is traced back to the over-prescription of narcotics; the issue increased with the trafficking of Heroin and Fentanyl. The U.S. government has increased funding to combat foreign and domestic supply of opioids, limit the number of prescriptions in the United States, provide counternarcotic assistance to foreign countries that are major exporters, and shift focus to treatment instead of punishment of drug users.

Florida is joining the 24 other states that have already set limitations in prescribing narcotics since 2016. On March 19, 2018, Governor Rick Scott approved House Bill 21 establishing guidelines for prescribing Schedule II and III controlled substances to reduce the number of inappropriate opioid prescriptions. The bill allocates $53 million to improve the prescription drug monitoring program, aid law enforcement response, provide Naloxone to first responders, and advance opioid treatment. It is effective July 1, 2018. There are no prescribing limitations placed for cancer, palliative care, terminal conditions, or traumatic injury with an Injury Severity Score of 9 or greater. The following excerpts are from House Bill 21 summarizing the changes:

For the treatment of acutepain, a prescription for an opioid drug listed as a Schedule II controlled substance (now including hydrocodone and codeine) may not exceed a 3-day supply, except that up to a 7-day supply may be prescribed if:

- The prescriber, in his or her professional judgment, believes that more than a 3-day supply of such an opioid is medically necessary to treat the patient’s pain as an acute medical condition
- The prescriber indicates “ACUTE PAIN EXCEPTION” on the prescription
- The prescriber adequately documents in the patient’s medical records the acute medical condition and lack of alternative treatment options that justify deviation from the 3-day supply limit established in this subsection.

For the treatment of pain other than acute pain, a prescriber must indicate “NONACUTE PAIN” on a prescription for an opioid drug listed as a Schedule II controlled substance

For the treatment of pain related to a traumatic injury with an Injury Severity Score of 9 or greater, a prescriber who prescribes a Schedule II controlled substance must concurrently prescribe an emergency opioid antagonist.

The appropriate board shall require each person registered with the United States Drug Enforcement Administration and authorized to prescribe controlled substances pursuant to complete a board-approved two-hour continuing education course on prescribing controlled substances as part of biennial license renewal. The course must be completed by January 31, 2019, and at each subsequent renewal.

Prescribers are required to check the prescription drug monitoring program before prescribing or dispensing a controlled substance for a patient age 16 or older. If the PDMP is nonoperational this must be documented in the patient’s chart and only a 3-day supply of the controlled substance may be given. A designee of a prescriber or dispenser may check the PDMP. This requirement does not apply when prescribing or dispensing a nonopioid controlled substance listed in Schedule V.

The battle to overcome opioid addiction will be arduous and protracted. As physician assistants, it is our job to perform our due diligence and ensure we are not contributing to this epidemic. Although these measures may be viewed as an inconvenience clinically, it is important to recognize that we have an opportunity to save lives and prevent addiction before it starts.

References


The FAPA Cultural Diversity Committee was created to help our community embrace the vast differences that exist in the world around us. Our goal is to break down stereotypes, strive towards social justice, and bring about enlightenment and the spirit of inclusivity among the physician assistant community in Florida.

As a group, we promote the message of respect for all individuals regardless of their sex, gender, race, ethnicity, age, class, citizenship, marital status, sexual orientation, nationality, socioeconomic status, religion, physical ability, mental ability, and expression.

Our committee consists of members from all regions of Florida. Each member contributes to a monthly newsletter called the “Diversity Spotlight” in hopes to share our mission. In these articles, we focus on educating and entertaining our colleagues by sharing stories, traditions, foods, and the history of as many cultures as possible. Although the articles highlight and celebrate the differences between us, we share the foundation of being of the same profession. Our hope is that these pieces give some of the Florida PA community a window into understanding a small part of life different from their own. For others, they may bring about a sense of pride and camaraderie.

The newsletter is simply our first step. We are also working towards increasing our engagement with our FAPA community through other projects in the future. If you are interested in contributing to the Cultural Diversity Committee or would like more information or access to previous articles, please email Stephanie Rivera, PA-C, MCMC, at sriverapac@gmail.com or visit our website at https://fapaonline.site-ym.com/page/cdc.