Happy summer to all of you! I hope the weather in your neck of the woods is good and you are enjoying everything summer time has to offer. A lot has happened since I last wrote to you. We had the spring PAOS meeting (AV recording of the conference presentations can be found here), we have represented you at the AAOS, AAOE and AAPA annual meetings. Our social media campaign is reaching out to many people—members, non-members and students. Election results are now in; congratulations to those elected to new positions and thank you to all who ran for office. I passed the PANRE!! I guess that means that I can stay your president for a while longer. I have a personal opinion on the PANRE that I will share with you.

This is the second year we have done the spring CME meeting in Charlotte. The focus was on extremity complaints, both upper and lower. We had 250 attendees including a few students. The meeting was well received and the feedback has been great. Additionally, for the first time ever, we did an audiovisual recording of the talks. We decided to pair this with 120 questions from the talks to offer 15 hours of CME. This is a great chance to both earn CME and watch the conference at your convenience. The package is now ready—click here; an ad for the content will be present later in the NL. In case you missed the spring meeting or are just not really interested in a quality AV recording of the meeting, you still have an opportunity to attend the annual conference in Baltimore this August. Spaces are filling up fast so make sure to register now!

Thanks to Kemuel Carey, Karla Frick, Mike Harvey, Dennis Gregory and Steve Kelham for representing us at this year’s AAOS, AAPA (including the HOD) and AAOE meetings. As in previous years, we connected with our affiliate organizations to both promote PAs in orthopedics and increase the knowledge of the PAOS to others.

Our social media campaign has really taken off. I get a monthly report of the number of interactions and engagements and it is truly amazing at how quickly this process is expanding. We decided to do live tweets from the annual spring meeting; I hope many of you were able to see these. We are also posting twice a week on Facebook; please take time to like/follow us. If you have anything that you think may be of interest, or suggestions on how to improve our content, please let us know.

Our election results are in. Congratulations to the following: Secretary-Karla Frick, Vice President-Benjamin Kocher, Northeast Regional Director-Chris Wheeler, South Central Regional Director-Randy Pape, Southeast Regional Director-Steve Kelham. Thank you all for your participation and for those of you who took time to vote. We look forward to the next two years and continuing to represent you, our members. I’d also like to acknowledge our outgoing Board members, Dennis Gregory and Kemuel Carey, both of whom have been involved for many years. We appreciate you sharing your knowledge and insight and thank you for your dedication to PAOS.

For those of you who are taking the PANRE soon, I just passed mine a few weeks ago. I have no idea how many hours I spent preparing for it—but I can tell you I started studying 6 weeks prior to the test date and took a week of PTO prior to the exam to grind through texts, practice exams, review books, etc. I passed the test, and I am hoping I don’t have to take it again, either from my retirement or changes that may happen in the next 10 years. Why is this relevant for the NL you may ask? If you follow the AAPA/NCCPA, and the discussions on the Huddle, you will understand that our profession is going through change. The talk of FPAR by the AAPA and NCCPA re-
President’s Message Continued

(Continued from page 1)

response; NCCPA lobbyists efforts to effect legislation in various states; NCCPA discussion of changes to the PANRE to “core medical knowledge”; how the NP model may be affecting PA practice; are all examples of the current state of our profession and how it is changing. It is important that you follow these topics and correspond with your state leaders, the NCCPA and the AAPA, and the PAOS to state your opinions. I encourage you to stay involved as things are changing.

So the following is just my personal opinion and is not necessarily reflected or endorsed by the board, but I would like to ask you to read it. Please be patient with the math part, but it is important to understand. I keep asking myself, how is the PANRE protecting the public safety and maintaining the credibility of the profession? I know there are several arguments both for and against the recertification (I think all agree that the initial PANCE should be a minimum entry point). And from our membership survey in the spring of 2016, many believed that taking a relevant periodic exam maintained the credibility of the profession. But in the context of the current PANRE and recertification, I decided to investigate my score a little bit as you are not provided your overall percentage correct in the score report. The NCCPA website states that there will be a maximum and a minimum score for each exam: It states that the maximum score ever is 800 and the minimum score ever is 200. The exam raw score, or the actual number you get correct, is then scaled to reflect difficulty of the exam and to reflect how you did compared to those taking it the first time. Please stay with me through this next discussion.

If you look at your PANRE scored report, it provides you with your raw score, the minimum passing score, and the percentage you got correct for each organ system. So there are 240 questions; if you multiply 240 by the percent of questions on the blueprint, you get the raw number of questions for that organ system http://www.nccpa.net/ExamsContentBP Organs. Say cardiology for example, makes up 16% of the content. So 240 x 16% = 38.4. If you do this for each of the organ systems, you will come up with the number of questions for each represented on the exam. Then if you multiply the percent you got correct (on the score report) by each of these results (in cardiology 38.4) and add up the total, you can get your raw score for the exam. If you divide your raw score by the total number of questions, you will get what percentage you scored. If you then set up the following formula, you can figure out the maximum raw score for the test: (Your percent correct from the above discussion)/100% = (Your score from the PANRE report)/ (x), where x is the total possible score.

Why did I just torture you with this discussion/math? Because after I did my calculations, the max total raw score from my test was 720. The minimum passing score was 379. 379/720 = 52.6. If after scaling etc the maximum score was 800 (as the NCCPA states on their website), the score would be 379/800 = 47.3.

So to maintain public safety, the high standards of certification/recertification and the credibility of the profession, you would have to score in the worst case scenario (hardest) a 52.6, and the best case (easiest) a 47.3. Have any of you ever taken a test where you passed with those scores? The only situation where you would pass with these scores is if the examiner scaled the grades. In my educational experience, if the scores were scaled, it meant that the test was crazy difficult, and/or a bad test that did not measure your knowledge. Do you see where I am going with this? Can this help us to understand how mid 90’s percent of people that take it pass? I believe that the current PANRE not only is a poor reflection of our (ortho) practice, but also that it is not a valid measure of any of the claims that the NCCPA purports it to be. I believe the time for this to change is now. The NCCPA has released a statement that there will be changes to the high stakes exam by 2020. We currently do not know what those changes will be. I have invited the leadership of the NCCPA and the AAPA to our annual fall conference to have an onstage discussion regarding the issue of certification and recertification as well as other relevant issues facing the PA profession. I am awaiting confirmation from both organizations as of this writing.

We’re on social media!
Susan Lindahl Memorial Scholarship Fund

- Please consider a donation of $50, $100 or more to our Susan Lindahl Memorial Scholarship.
- Every year we give two $2500 scholarships to 2nd year PA students wishing to practice in orthopedics. Our goal is to offer two $5000 but we need your help. Until we reach an operating balance of over $50,000 with a regular income of over $10,000 per year, we will maintain our present scholarship amount.
- We also would like to work with corporations for donations. If you know any vendor that may be interested in donating to a tax deductible educational charity, please send them in our direction. My contact information can be found on our website.
- I would like to thank everyone that has donated to the scholarship in the past and encourage our membership to continue their generosity. This effort will assure that needing physician assistants in orthopedics get the funds they need to enter into a rewarding career. Go HERE to donate now.

Sincerely,
Paul S. Desillier, PA-C, MPAS
President, Susan Lindahl, Memorial Scholarship

For PAOS Members Discount Code visit https://paos.org/page/Medelita
AAPA Beyond 2017: House of Delegates Report

Mandalay Bay Convention Center, Las Vegas, NV: AAPA Beyond 2017 marked the 40th Annual House of Delegates (HOD) meeting. Cameron Byers, PA-C, President, Nevada Academy of Physician Assistants (NAPA) welcomed the AAPA HOD to kick off this year’s conference. With the AAPA Board of Directors (BOD) were 286 delegates representing 110 constituent organizations to debate issues affecting future PA practice. Reference Committees A, B and C were assembled for review of 33 Resolutions most notable being Optimal Team Practice (OTP), PA Scope of Practice Laws, Recognizing New PA Certifying Agencies, CME as PANRE Alternative and NCCPA Lobbying Efforts.

Josanne Pagel, MPAS, PA-C, Karuna RMT, DFAAAPA, AAPA President and Chair of the Board presided for the HOD keynote address celebrating the 50th Year Anniversary of the PA Profession. AAPA continues to improve state regulations with removal of practice barriers. Introduction of AAPA President-Elect, Gail Curtis, MPAS, PA-C, DFAAAPA was received enthusiastically. Jenna Dorn, MPA, AAPA CEO, detailed AAPA 2017 accomplishments:

- Goal 1 – Improving AAPA Financial Health
- Goal 2 – Equipping PAs for Expanded Opportunities
- Goal 3 – Documenting PA Contributions to Healthcare
- Goal 4 – Creating Progressive Work Environments for PAs
- Goal 5 – Advancing PA Recognition and Understanding
- Goal 6 – Improving Business Process & Technology

Jonathan Sobel, MBA, PA-C, AAPA Treasurer then summarized Fiscal Year 2017 reporting that AAPA’s financial position remains strong with effective management of the operating budget.

Passage of 2017-A-07 Optimal Team Practice – Guidelines for State Regulation of PAs was adopted with amendment marking a pivotal milestone for future PA practice. Debate among the Joint Task Force (JTF), PAs For Tomorrow (PAFT), PA Education Association (PAEA) and the HOD resulted in collaborative policy and passage of OTP. An Optimal Team Practice Fact Sheet prepared by the JTF on the Future of PA Practice Authority for HOD Delegates clarified the intent of OTP with “PAs continuing to collaborate with physicians and other qualified medical professionals. Team based practice is the hallmark of the PA profession and its educational programs.” OTP is not “independent practice,” but removes the requirement for a supervisory agreement under state law. With PAs being increasingly disadvantaged in the healthcare marketplace, implementation will maintain PA demand while competing for the best jobs and highest salaries. Resolution 2017-B-11 PA Scope of Practice Laws, which opposes the inclusion/sharing of PA state practice acts with any non-PA healthcare profession was also adopted with amendment.

Reference Committee C contained several contentious resolutions: 2017-C-11 Recognizing New PA Certifying Agencies; 2017-C-12 CME as PANRE Alternative; and 2017-C-13 NCCPA Lobbying Efforts. Amendment of 2017-C-11 would allow alternate agencies, outside the NCCPA, for initial certification. Regarding 2017-C-12, existing policy HP-3500.2.4 AAPA Supports the Use of Evidence-Based Alternatives to Testing for Maintenance of Certification was upheld with sentiment that previous policy remained inclusive of the new resolution intent. Lastly, after heated discussion of resolution 2017-C-13 NCCPA Lobbying the HOD voted in agreement with Reference Committee C that the AAPA opposes unsolicited lobbying by the NCCPA. The outcome was largely weighted by recent NCCPA lobbying activity in West Virginia, Illinois, New Mexico, North Carolina and Nevada. Please review the AAPA HOD Summary of Actions under “Reference Committee Reports and Summary of Actions” for further details regarding each resolution: http://www.aapa.org/hod

Thank you for nearly a decade of opportunities in serving as both PAOS Vice President and North Central Regional Director. The past four years as PAOS Chief Delegate have been both a privilege and an honor. Representing all PAs and especially my colleagues practicing in orthopaedics has proven invaluable during my tenure. As the PA profession prepares for the next 50 years, our history guides future successes. I encourage your leadership in all professional facets as we journey new practice paths.

Respectfully,

Dennis C. Gregory PA-C
Upcoming Conferences

August 21-25, 2017

We hope you will make plans now to attend the 18th Annual Conference of the Physician Assistants in Orthopaedic Surgery (PAOS). As the Chairman, I’m excited to bring the conference to my hometown of Baltimore! This year’s meeting will be held at the Hilton-Baltimore, August 21st – 25th. The Hilton-Baltimore overlooks Camden Yards and is nestled in the middle of Inner Harbor. It’s in walking distance to all that Baltimore has to offer, to include the National Aquarium, Fort McHenry, Horseshoe Casino, Power Plant, Little Italy, and all the Sports Complexes. We are planning social events that will show you all that the town has to offer!

Baltimore is a city rich with culture, history, athletics, and has continually been an epicenter of research and development for medicine and Orthopaedics. Our committee has worked diligently to recruit quality speakers from well-known institutions such as Johns Hopkins, Baltimore Shock Trauma, and other orthopaedic groups supporting the professional and college athletic programs.

With our conference’s proven reputation and quality education, we hope you will join us for what is expected to be another memorable event. I look forward to showing you my hometown and providing you another educational and entertaining CME Conference. We’ll see you in Baltimore!!!

Ben

Benjamin K. Kocher, D.Sc., PA-C
Major, U.S. Army
Chairman, Continuing Medical Education

Conference Registration is OPEN - Click Here

A special discounted room block has been arranged at the Hilton Baltimore.

Housing link: Click Here

Room Block Rates: $155 for either a single or double room, plus applicable state and local taxes. Space is limited at the group rate. Please make your room reservations early. The cut-off date for reserving rooms in the Room Block is July 20, 2017, or until the Room Block is full.

**Reserve your room by July 1 and be entered into a drawing to win a free 3-night stay at the Hilton Baltimore or 2 free tickets to the Baltimore Orioles game on Monday, August 21.**
Secretary’s Message
Kemuel Carey, MBA, MHS, PA-C, ATC

It was a pleasure to represent PAOS at the AAOS and AAOE meetings this year in San Diego in March! Thank you to Tricia Marriott who helped staff the PAOS exhibit at AAOS too! Tricia was able to lecture on PA utilization within the Practice Management Seminar this year which was received well and generated traffic to the PAOS exhibit. In addition, we were able to thwart an attempt by the OPAs to gain traction within the AAOS leadership by clarifying our differences. While in the exhibit hall, it was great to meet several PAs who stopped by to see us!

Mike Harvey and Tricia Marriott joined me at the PAOS exhibit at the AAOE (American Alliance of Orthopaedic Executives) meeting in Indianapolis in April. Tricia provided a 3.5 hour pre-conference lecture on “Pre-Conference Session: Effective Utilization of PAs and NPs in the Orthopaedic Practice: Hot Topics for 2017” which sold out and they moved her to a larger room with approximately 85 attendees. Mike also provided a 1.5 hour lecture on “Orthopaedic Urgent Care: OrthoIndy’s Experience, Challenges, and Success” which had approximately 80 attendees - with standing room only. Both sessions were well received with many questions asked by the attendees – extending into the exhibit hall. It was great to have PAs with accurate information providing these talks and clarifying practice administrators questions! Thank you Tricia and Mike!

This will be my last newsletter contribution as Secretary. It has been a pleasure to serve on the PAOS Board of Directors – thank you for allowing me to serve the membership! I look forward to our Board members lending their wisdom and time to the continued growth of our organization and profession. Our future is bright!

Thanks for your continued support of PAOS! Please encourage your friends and colleagues to support PAOS through membership as our voice strengthens with each member! See you in Baltimore!

PAOS Election Results

Congratulations to our newly elected officers for the 2017-2019 term!

Secretary - Karla Frick
Vice President - Benjamin Kocher
Northeast Regional Director - Chris Wheeler
South Central Regional Director - Randall Pape
Southeast Regional Director - Steve Kelham

Term begins July 1, 2017

25 hours!! (37.5 hours with NCCPA extra credit)
$150 members
$250 non members

www.paos.org/page/SACME
How New Hampshire is working on the opioid crises.

The state of New Hampshire as I am sure many other states is trying to get control on the opioid crisis within the state. On January 1, 2017, the New Hampshire Board of Medicine put into effect rules for opioid prescribing for the management or treatment of non-cancer and non-terminal pain. The rules apply to initial Schedule II, III and IV opioid prescriptions that are self-administered by an individual patient for the management or treatment of pain. Excluded from the new rule is the supervised administration of opioids in a health care setting.

This is a several part process that involves questionaires, informed consent and querying the NH PDMP (NH Prescription Drug Monitoring Program). Every patient that receives a narcotic prescription needs to follow these steps. There are quite a few different rules whether or not the patient is receiving a narcotic from an ER or urgent care. I want to describe how we are abiding by the laws in our practice.

1. Any patient that is requesting narcotic pain relievers is required to fill out an Opioid Risk Tool http://www.opioidrisk.com/node/887  The questionnaire asks 5 questions related to family history of substance abuse, personal history of substance abuse, age, history of pre-adolescent sexual abuse and psychological history. Each positive answer is then added and the patient gets a score for opioid risk. 0-3 is low risk, moderate risk is 4-7, and high risk is greater than 7. It is then the providers job to assess the risk and determine how this risk plays into what prescription the patient may get.

2. All patients who require narcotic pain relievers need to sign an informed consent. The informed consent explain the Expected Benefits or Goals of Opioid Treatment, Potential Risks or Side Effects of Opioid Treatment, and outlines a patients responsibilities. The state does not allow a narcotic prescription to be written unless the patient has signed the informed consent.

3. All providers prescribing opioids must query the NH PDMP (NH Prescription Drug Monitoring Program). This is directly from the NH PDMP website

The New Hampshire Prescription Drug Monitoring Program (PDMP) was established to collect data on ALL Schedule II, III, or IV controlled substances dispensed in the state of New Hampshire or for patients residing in New Hampshire. The New Hampshire Prescription Drug Monitoring Program grants system access accounts to practitioners and pharmacists so that they may look up, view, and print controlled substance dispensing information on their specific patients directly via user name and password.

Each patient in our practice is queried and if concerning behavior is seen, a note is placed in the patients chart, and we discuss with them what options there are for pain relief. A note is placed in the patients chart for every patient.

As a final step to document on every patient, the providers dictate in the chart stating

1. I have examined/assessed the patient and determined that opioids are required to adequately treat the acute pain associated with their diagnosis.
2. Alternative and adjuvant therapies have been discussed.
3. An informed consent for opioid use for acute pain management has been completed.
4. The patient has been risk stratified for potential abuse.
5. The PDMP database has been queried.

I am sure other states have similar programs, but currently this is the system we are using in New Hampshire.

Christopher Wheeler, MS, PA-C

ORTHPAEDIC VIDEO THEATER

The Orthopaedic Video Theater is available to PAOS members at a discount of $200. Final List price after discount is $99 for a 1-yr subscription.

OVT is for self education and reference, time spent viewing this material may be claimed only as Category 2 CME

PAOS Member Promo Code can be found under Member Resources: https://paos.org/page/DiscountCME
NO ONE CAN SOLVE THE WORLD’S HEALTHCARE CHALLENGES ALONE.
LET’S TAKE HEALTHCARE FURTHER, TOGETHER.
Regional Director- South Central
Randall A. Pape, PA-C

Things have been very active in the South Central Region recently from a legislative standpoint. Here is just a little bit of what has been happening:

Texas Academy of Physician Assistants (TAPA) reports that two bills recently passed unanimously in the Texas House and are awaiting hearing in the Senate Committee. The first, HB 1978 (Volunteerism for PAs) allows PAs to volunteer their services at a charitable organization or at a public or private event, including a sporting event, community event or health fair, without a supervisory agreement in place. Next, HB 2546 (Worker’s Compensation Forms) allows PAs to sign the DWC-073 form that is required at every Worker’s Compensation visit. There are several bills that have passed out of the House Committees and are awaiting placement on the House calendar for full votes. For more information check out the Texas Academy of Physician Assistants website legislative content.

In New Mexico, the state PA chapter worked with members of the legislature and a number of stakeholders to craft a comprehensive and progressive bill. But NCCPA’s lobbying dealt a blow to the legislation. NCCPA was successful in inserting a requirement for current certification for license renewal into the bill. After NCCPA raised its objections, other groups also requested amendments, which ultimately weakened the bill. The legislature approved the measure and the governor signed it April 6.

It is important to stay involved and aware with what is going on in your state. If you need assistance, or have questions about legislative issues, please reach out to me, or your respective Regional Director. As our membership numbers continue to increase, we will have a “louder” voice. That is why it is very important that we all try to get as many Physician Assistants in Orthopedics to become a part of this organization as possible. If you are interested in speaking on behalf of PAOS at a local PA Program, let me know and we will get you as much information as we can.

Hope you all have a great summer and get to spend some well deserved time with your family, friends and loved ones!

Randall A. Pape, PA-C
South Central Regional Director
Cell - (405)315-7944

PAOS Self–Assessment CME Now Available on Website

PAOS has a total of 25 hours of Self-Assessment CME available. The Self-Assessment CME program has been reviewed and is approved for a maximum of 25.0 Category I Self-Assessment CME credit by the Physician Assistant Review Panel.

There are a total of 250 questions, broken down into 5 separate quizzes (quizzes cannot be saved and revisited, each quiz must be completed at one time). Once a quiz has been completed successfully (with a 70% passing score), the CME credit is available in your profile to print/view/email.

The questions are all orthopaedic related. An answer key and resources will be provided after completing each quiz (with either a pass or fail score).

The Self-Assessment CME quizzes are available for purchase on the website under the Online CME menu tab. Pricing is as follows:

Package Price (all 25 hours) – Member $150 / Non-Member $250
Individual Quiz Price (5 hours) – Member $35 / Non-Member $55
PAOS Career Center

Searching for the right job can be time-consuming. Your time is valuable. Upload your resume to Physician Assistants in Orthopaedic Surgery and let the right job come to you!

Physician Assistants in Orthopaedic Surgery allows recruiters to search for prospective candidates and view resumes, all while protecting the privacy of the job seeker. Your contact information will only be provided to whom you allow, eliminating the chance of receiving unsolicited emails and phone calls.

How does it work?
When a recruiter is interested in speaking to you about an open position, they will complete a contact request form that provides their information and the description of the position. At that point, you will be notified to either accept the request or reject it. If accepted, your contact information will be provided to the employer. If rejected, your anonymity remains!

Increase your chances of landing your dream job.

**UPLOAD YOUR RESUME TODAY**

Did you know?
You can also have your resume evaluated for FREE. Upload your resume to Physician Assistants in Orthopaedic Surgery.
**PAOS is the official Specialty Organization of the AAPA For Physician Assistants who practice in Orthopaedics**

**Mission Statement**

To provide a professional organization with a common direction for physician assistants who practice in Orthopaedics. Provide quality CME in orthopaedic and musculoskeletal health care. Provide a forum for interaction, and networking for information dissemination and job placement in Orthopaedics for physician assistants. Educate physicians and allied health professionals on physician assistant education, training, certification and changing legislation.

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**New Address?**

Please update your demographic information to ensure that you receive the latest news from PAOS. If you have any questions, please contact us at membership@paos.org or (800) 804-7267.