



Thank you for being an OSPA member!

Greetings!

Lots of things are happening with the organization and for the PA Profession:

Fall CME Update - Registration Brochure

Legislative Update - PAs Now Eligible to Prescribe for Opioid Addiction

Graduating Classes of 2016

'PA of the Year' Nominations

Member-Get-A-Member Program

Member Spotlight Articles

## ■ Fall CME Updates

HOT OFF THE PRESS and into your mailbox, the official [REGISTRATION BROCHURE](#) will be going out soon.

## ■ 'PA of the Year' Nominations



Oregon Society of Physician Assistants  
"extending health care"

## Register Today for the OSPA Fall Conference

Salishan Resort | *Gleneden Beach, Oregon*

**October 13 – 16, 2016**

**"SEA-M-E at the Beach!"**



- Get **26 hours** closer to your 2 year National Certification Requirements\* (Educational Sessions plus 2 of the 3 available Workshops)
- Network with other PAs from throughout the Northwest
- Bring your family and enjoy a relaxing weekend at the Oregon Coast

**Register Online at [www.oregonpa.org](http://www.oregonpa.org)**

\*This program has been reviewed and is approved for a maximum of 34.00 hours of AAPA Category 1 CME credit by the Physician Assistant Review Panel. Physician assistants should claim only those hours actually spent participating in the CME activity. (26 hours maximum earnable by each attendee)

[Register for the Fall CME now!](#)

Call 1-800-452-2300 from 10am-6pm PCT  
Press #1 & mention event for discount rate.  
[Salishan Spa & Golf Resort](#)

## ■ Legislative Update



### **PAs Eligible to Prescribe Buprenorphine for Opioid Addiction**

July 13, 2016

OSPA President Rachel Stappler PA-C is eager to share that on July 8, the U.S. House of Representatives

Oregon Society of Physician Assistants  
"extending health care"

### OSPA PA of the Year

**Are you the one?  
Or, do you know  
someone who is?**

Nominations are now open for the OSPA PA of the Year at [www.oregonpa.org](http://www.oregonpa.org)

Nominations close on September 1, 2016. The awardee will be announced at the OSPA Fall CME at Salishan Resort this October!

[www.oregonpa.org](http://www.oregonpa.org)

**Nominate a PA mentor or co-worker who has demonstrated exemplary service to his/her community, the medical community at large, and who has furthered the image of PAs in our state.**

Criteria:

- Licensed to practice in OR.
- Not on The OSPA Board of Directors.

[Nominate for 'PA of the Year'](#)

### ■ Member-Get-A-Member Program

**Campaign details:**

- 1) A current OSPA member refers an Oregon PA, someone who hasn't been a member since 2014 and is not a student.
- 2) The applicant mentions the referring PAs name.

overwhelmingly supported passage of the House-Senate Conference report to S. 524, the Comprehensive Addiction and Recovery Act (CARA) of 2016. The U.S. Senate followed suit on July 13. The legislation amends federal law (the Drug Addiction Treatment Act of 2000 or DATA 2000) to permit PAs to become waived to prescribe buprenorphine for the treatment of opioid addiction. It will now be sent to the president for his expected signature.

[Go directly to the AAPA article](#)

3) Prize is FREE registration AND 2 nights lodging to the OSPA Fall CME, a \$650 value for each of you, the current AND new member!

**Thank you for sharing the membership benefits with those around you!**

## ■ Graduating Classes of 2016

OSPA honors  
The OHSU Division of  
Physician Assistant  
Education of the School  
of Medicine  
**PHYSICIAN  
ASSISTANT PROGRAM  
CLASS OF 2016!**



OSPA honors  
The Pacific University  
Master of Science in  
**PHYSICIAN ASSISTANT  
STUDIES CLASS OF  
2016!**

**Help Us Grow Your Professional PA Association!**

OSPA's Member-Get-a-Member Campaign is Now Open

Refer a new member who joins by June 15th and YOU BOTH earn a chance to win a FREE 2016 OSPA Fall CME Conference Registration and 2 nights lodging at Salishan.

(Details on back side)

[www.oregonpa.org](http://www.oregonpa.org)

## ■ Member Spotlight Article



### **Making Oregon's PAs As Strong As They Can Be**

**Erin Cramer PA-C  
OSPA Government Affairs**

There's no one better positioned to be an advocate for the PA profession than PAs themselves. However, there's oftentimes no one more poorly effective at this advocacy than

the individual PA. We are as hard working and passionate as

any other, but our noses are often down, to the grindstone, and it's difficult to have and express a long range vision when gazing at the work immediately before us.

I think at its core, our advocacy is rooted in a desire for PAs to be recognized and understood as the uniquely skilled professionals that we are, and a desire to improve the standing of PAs in healthcare today and tomorrow.

There are additional factors to professional advocacy, and again, these require us to look up from today's work. They add more considerations to our already crowded plate:

- Understanding of the trends and changes in healthcare that may or will impact PAs
- Relationship building at the local, state, and federal levels
- Desire to improve public perception, trust, and demand for our services
- Experience with negotiations on behalf of PAs with policy makers, other professions, regulatory bodies, payors, etc.
- A greater understanding of the healthcare financial transaction process

There is considerable overlap in these considerations, and the list is certainly not exhaustive. However, it highlights the point that there is room for nearly everyone in some piece of advocacy, and that to work with your head down day after day is to be a slave to the decisions of others, and a voluntary abdication of some portion of the previously-earned power you have as a professional. Seize that power and be an advocate. Contact OSPA today for connection to opportunities for advocacy.

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## Member Spotlight Article

### David Greene, PA-C Hematology Oncology Associates



**Goal:** Identify, educate and train Oncology APP's to maximum clinical impact.

**Requirements:** Candidate quality, On-boarding training, Mentorship, MD staffing commitment.

**Current Condition:** At present, Advanced Practice Providers (APP's) are under-utilized by the main stream of Oncology Physicians due to a lack of clarity of role and capabilities. Somewhat more confusing are state and federal rules whose interpretation can be unclear. In the state of Oregon, PA's are able to work under a Supervising Physician Organization (SPO) which allows for all actions and procedures deemed appropriate and consistent with the specialty. This is set up and maintained by the attending MD group.

APP's are able to provide all clinical services to an oncology patient that is allowed by, and consistent with the attending MD/DO specialty and the SPO. A fully engaged APP is able to, and capable of, all basic medical tasks (differential diagnosis, physical exam, initial consults, ordering radiologic and lab testing and interpretation). These are fundamental to PA and NP training. Further mentorship within an Oncology practice should allow for and continue to increase those skills to include: new patient consult, aiding in treatment management decisions, chemotherapy planning, chemotherapy ordering, chemotherapy dosing adjustments, bone marrow biopsies, skin biopsies, paracentesis, acute walk in management (ex: febrile neutropenia), admitting to local hospitals, to name a few.

One of the most important training mechanisms available to a practice is the mentorship between the MD and PA/NP. At this point seeing New Oncology Patients on a routine basis can

dramatically improve skill, understanding of disease and bring clarity to the APP role in the oncology setting. For the APP to understand initial presentation, pathology interpretation, and diagnostic staging along with formal treatment planning is a sound way to bring the APP/MD partnership to its fullest potential. This process also solidifies the APP/MD model to the patient and their support system. No longer does a patient feel that the APP is an outsider in their care. The benefit of seeing 1 or 2 new consults a week, and being introduced to the patients newly seen by the MD, will improve training and patient satisfaction.

When allowed, APP's can and will change the nature of oncology care in a practice. Multiple studies have proven patient and MD satisfaction in this setting. Moreover, APP's are a significant source of potential revenue to the oncology practice. Whether or not Incident-2 is utilized at every visit the ancillary benefits of having APP's on staff (patient care flow, MD quality of life, delivery of treatment) APP's pay for themselves.

If an oncology center is able to have a clear managerial support for the APP's and the physician team embraces training and mentorship, their practice and patient population will thrive.

[Forward email](#)

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