



Utilization Solutions in Healthcare

Solving the practice puzzle.

Putting your Practice Puzzle Together

A Monthly E-Zine for Utilization Solutions in Healthcare, Inc.



State & Federal Watch

Important Information For ALL PA's and NP's

Virginia NPs and Docs craft legislation to deliver care as a team
<http://www.ama-assn.org/amednews/2012/04/23/prsa0423.htm>

This work should serve as a model for other states seeking to reinforce the important and long-standing relationships between physicians and nurses, said American Medical Association President Peter W. Carmel, MD.

Virginia physicians can partner with up to 6 nurse practitioners to deliver care. "The AMA is pleased that Virginia's new law supports consultation and collaboration among physicians and nurse practitioners while promoting physician leadership and management of patient care teams," Dr. Carmel said. "The AMA encourages other states to consider following Virginia's innovative approach as a way to ensure that

patients have the best possible access to quality health care."

Great job! -- PAs need to be in the legislature for similar efforts!

And -

Look How the Michigan PAs are rebranding their definition of a PA

<http://www.michiganpa.org/displaycommon.cfm?an=1&subarticlenbr=34>

This is timely and relevant, as the American Academy of Physician Assistants (AAPA) will be holding its national meeting May 26-31, 2012. The AAPA House of Delegates will be hearing two resolutions discussing changing the name Physician Assistant to Physician Associate. Stay tuned to see how this name change debate unfolds!



Gimme The \$\$\$

NPIS must be included in claims

CMS announced through a final rule that National Provider Identifiers (NPIs) must be included on all submitted claims in order to receive payment for Medicare and Medicaid services, or when applying for enrollment in either program.

This requirement will improve efforts to prevent Medicare and Medicaid fraud and abuse.

Learn more here: <http://www.ncmedsoc.org/blog/index.php/archives/17723DO>



Solve the Clinical Puzzle

The American College of Physicians issued new colorectal cancer (CRC) screening guidelines:

Specific ACP recommendations include:

1. Clinicians should perform individualized CRC risk evaluation in all adults. Risk factors for CRC incidence and mortality include older age; black race; personal history of polyps, inflammatory bowel disease, or CRC; and family history of CRC.
2. Clinicians should screen for CRC in adults at average risk beginning at 50 years of age, and in adults at high risk beginning at 40 years of age or at 10 years younger than the age at which the youngest affected relative was diagnosed with CRC. In these populations, the potential benefits of reduced mortality from earlier detection of CRC outweigh the potential harms of screening.
3. Patients at average risk may undergo CRC screening with a stool-based test, flexible sigmoidoscopy, or optical colonoscopy. Patients at high risk should undergo screening with optical colonoscopy. The benefits, harms, and availability of the specific screening test, as well as patient preferences, should affect choice of screening test. For adults older than 50 years who are at average risk, the recommended screening interval is 10 years for colonoscopy; 5 years for flexible sigmoidoscopy, virtual colonoscopy, and double contrast barium enema; and annually for fecal occult blood test.
4. Clinicians should stop CRC screening in adults older than 75 years or who have a life expectancy of less than 10 years because the potential harms of screening outweigh the potential benefits. Risks of colonoscopy include bleeding, intestinal perforation, and adverse reactions related to preparation for the procedure.

Reference: <http://www.medscape.com/viewarticle/759697?src=mpnews&spon=34>

Your 2 cents

Participate in this months industry poll by clicking your answer below:

Do you think the PA Profession should change its name from Physician Assistant to Physician Associate?

- [YES](#)
- [NO](#)
- [Not Sure](#)



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MEDIA - We're in the news again!

President and CEO Lisa Shock, MHS, PA-C serves on the American Academy of Physician Assistants Professional Practice Commission. She was a lead author in the journal, PA Professional in April, 2012. Check out the cover page article on practice ownership here:

 [Business cover story April 2012.pdf](#)

Also -- USH was featured on the cover of Triangle Medical News - April 2012
<http://trianglemedicalnews.com/content/attracting-talent>

Kind regards,

Lisa



Lisa Shock is a Duke University Physician Assistant graduate and has greater than 10 years of clinical experience in a variety of healthcare settings. In addition to previously owning and running a rural primary care clinic, she is the current president and CEO of Utilization Solutions in Healthcare, a company she created in response to the many questions she has received over the years about Physician Assistant utilization. Lisa is a past president of the North Carolina Academy of Physician Assistants. She also contributed to the Physician Assistant profession by serving on the PA Advisory Council of the North Carolina Medical Board as well as the Quality Improvement and Health Information Technology Committee of the North Carolina Medical Society, and she remains a state PA expert in reimbursement and legislative issues. She enjoys part time clinical primary care practice and enjoys teaching geriatric medicine and long term care as a Duke PA Program faculty member.

Lisa was recently interviewed on BlogTalkRadio - [listen here!](#)

Lisa P. Shock, MHS, PA-C
President/CEO
Utilization Solutions in Healthcare, Inc.
www.pushpa.biz

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Utilization Solutions in Healthcare, Inc 1609 Foreman Street Hillsborough, North Carolina 27278 United States
[\(919\) 289-9126](tel:(919)289-9126)