

Physician Assistant Section

*By COL William L. Tozier
Chief, PA Section*

Howdy from San Antonio,

By now I know that most of you have deployed or are in the process of deploying. Almost all PAs are now engaged in support of OEF, OIF or other OCONUS missions. This is straining the limits of our AD PA strength and has now tapped into a significant portion of the Reserve PAs and National Guard. MAJ(P) Gross also has to balance traditional assignment needs such as Korea. All this has been very difficult, with you all bearing the brunt of the OPTEMPO and workload. I want to be sure you know that I appreciate all that each of is doing. Many of you have made significant concessions to your personal lives and families. Your families also should know that I appreciate all that they are doing as you are deployed and separated for long periods of time in unsettling environments. You have my sincere thanks!

Enclosed are various notes and information:

Senior Promotions:

Our second Colonel

01 Aug 03: COL Sherry Morrey

Four new Lieutenant Colonels

01 Aug 03: LTC Bill Randall

01 Sept 03: LTC Rob Halliday
LTC George Hokama
LTC Don Zugner

Note from MAJ John Balsar, 3ID Division PA:

Sir, as you should know by now, the 3rd Infantry Division has been ordered to be Theatre Strategic Reserve in Kuwait starting now. Our 1st BCT is still attached to 1AD and will be until at least the end of September.

As for the PAs in general, their outstanding job did not go unnoticed during the trip to Baghdad. The professionalism and courage under fire of these individuals saved many lives; civilian, enemy, and coalition. The Division troops had complete confidence in their capabilities, which contributed to the overall success seen.

We treated many Iraqi civilians and enemy EPWs during the conflict and during the siege of Baghdad. Afterwards, a large Humanitarian effort was initiated with the medical assets of the Division leading the way. In fact, the Division Medical planner and myself helped deliver the first humanitarian aid to the country. The medical community of the 3rd Infantry Division played a vital role in the restoration of the medical infrastructure of the country.

The missions are smaller but no less important today. Our 2nd BCT continues to assist in the western cities of Fallujia and Habbaniyah in the restoration of their clinics and Hospitals.

If you need more, please let me know

MAJ Balsler

(Just as this was being typed up, a large portion of 3ID came home. Congratulations for a job well done!!)

After Action Reports:

The SP office, myself, and MAJ Bean at DCDD (Bean, James R MAJ AMEDDCS) would like to get copies of any AARs that you complete for your unit – and especially any pictures. We will be collecting them and when the AMEDDC&S has an AAR Conference later this year, we may be able to fund those PAs with the best contributions. So please keep us in the loop. The information is fed back to the IPAP and the 91W program for improvement of PA and medic training.

Civil Service Positions:

Recently the Office of Personnel Management, OPM, wrote a draft revision of the classification system for medical personnel. This included the first classification for PAs. Previously, PAs were classified using the Nurse grading system. As the PA Consultant it was my task to review this document. Several parts needed updating. The basic definition of a PA had to be re-written. Also, the educational background had to be corrected to reflect graduation from an accredited PA program and current certification from the NCCPA. Previously the definition of a PA and the educational criteria were very vague. This allowed persons with medical experience in foreign medical schools and other areas to qualify as PAs. This has now been updated. Much of my work was done in concert with the senior PA from the VA. I also consulted with the senior AF and Navy PA Chiefs. All the federal PA Chiefs have been in active communication with each other over the last 2-3 years, and this is now paying dividends in presenting a unified and strong support on PA issues. This new OPM Classification draft is one example of our working together. The document has many serious problems. Basically, the classification terms do not easily allow for ranking and grading medical professionals in clinical settings. The current terminology is geared towards those in administrative and research positions. The AMEDD as a whole is going to request an even greater revision. Hopefully this effort will make a difference for those of you contemplating working as a civilian PA in the MTFs after your AD career.

Provider-Level Patient Satisfaction Survey:

The AMEDD now has a new provider satisfaction survey process that is documenting your care to patients. Here is information on that process from the Surgeon General's office:

DESCRIPTION: The Provider-Level Patient Satisfaction Survey Project was initiated to be a comprehensive survey program that gives MTF Commanders and Providers timely and actionable feedback from patients. The Survey design is similar to that used in the Kaiser Survey Program and is being administered by the same company, Synovate, Inc.

BACKGROUND:

The TMA Customer Satisfaction Survey only provides quarterly data and only down to the MTF level. Providers and MTF Commanders are not receiving information at the “tactical” level. Providers believe that Patients’ reports, about their experiences, are valid indicators of quality. The Provider-Level Patient Satisfaction Survey was designed to provide timely and actionable feedback at the tactical level to assist both Providers and MTF Commanders in their goal of improving the quality of care.

The Survey Project was designed to be implemented in three (3) Phases: Phase 1 involved the development of the survey instruments, establishing the encounter data transfer process, development of the encounter database, development of the web-based reporting formats and execution of a six-week Pilot test at two MTFs. Phase 2 involves a limited-rollout to two Regional Medical Commands: GPRMC & SERMC. Over 2400 Providers are currently participating in the Survey Program. Beginning on 1 October 2003, Phase 3 will be implemented with deployment of the Survey Program throughout the AMEDD and will include up to 4000 Providers participating in the Program.

FACTS:

The Pilot Test was conducted at Martin Army Community Hospital, Fort Benning and William Beaumont Army Medical Center, Fort Bliss. The Pilot Test began in mid-November 2002 with the transfer of encounter files from both facilities, through PASBA to the Synovate, Inc. database. During the 6-week Pilot Test period, randomly selected patients of the nearly 300 Providers were surveyed. Survey results were displayed via web-based reports; accessible to the individual Providers and roll-up reports were created at the clinic, MTF, Region, and AMEDD levels.

Two types of survey instruments are being used; a mail-out written version and an Interactive Voice Recording (IVR), telephonic version. Approximately one third of the patients surveyed will receive the written version and two thirds will accomplish the survey via IVR. A third survey type (interactive/web-based) may be introduced during the full Deployment.

CHCS outpatient encounter files are received from each MTF on a daily basis. From these files, selected encounters (Patients) are surveyed with the objective of having 200 completed surveys per Provider over a 12-month period. The responses to these Surveys are uploaded to the web-based reports web site every two weeks. Access to these reports requires a UserID and Password and Providers can see only their results.

There are a number of encounter/appointment types being excluded from the Survey Program: mental health encounters; OB/GYN encounters for minors; Community Health (STD) encounters.

Each MTF has a designated Survey Project Officer or POC. UserID & Password information is given to that individual who in turn makes distribution down to the individual Provider level. Synovate, Inc. has developed a Demo site, which is accessible by anyone using the following URL, UserID and Password:

<http://demo.synovate.com>

UserID - Synovate

Password - Demo

Tom Harrison/DASG-DSC/(703) 681-1870

Approved by: LTC(P) Dorothy Smith

NCCPA Certification During Deployment:

A reminder that the NCCPA has an extension policy for those who were unable to complete CME or the Recertification exam because of deployment. The paperwork to submit can be found on the NCCPA website, under Resources.

<http://www.nccpa.net/resources.asp>

New PANCE Certification Policy:

Effective August 15th, 2003 all graduates of the Interservice Physician Assistant Program (IPAP) have 12 months to pass the PANCE exam. This policy differs from the past policy, which allowed two consecutive attempts pass the PANCE. Those who did not pass the PANCE after two consecutive attempts were branch transferred. The new policy does not use the number of attempts as the deciding factor, but 12 months. Each new IPAP graduate must take the first available PANCE exam. After the first failure, an order for their branch transfer will be generated, with an effective date 12 months after their graduation from the IPAP. They may then take any number of attempts at the PANCE, at any time, but they must pass before 12 months have passed since their graduation from the IPAP. If a graduate PA fails to pass the PANCE within the 12-month period, the branch transfer will be completed. This new policy applies to all current and future PA graduates in all Army components.

That is all for now. Thanks again for all you are doing,

COL Bill Tozier

From the Line, For the Line