

Physician Assistant Section

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

In July 2002 I was appointed to the position of Chief, Physician Assistant Section. I am now settled in the MEDCOM office and look forward to working with my fellow PAs and AMSC officers in supporting the mission of soldier care. I have been in the military for 31 years, 26 of which as a PA, and this is a tremendous opportunity to represent my fellow PAs and to serve Army Medicine.

The most important goal has always been and will continue to be providing the best health care for the soldier at every time and every place. PAs are the experts in Level I/II health care. To that end I will support PA efforts towards making certain that soldiers have the best battlefield medical care. Optimal career assignments, education, and time for family and self are owed to you for this commitment. The needs of the Army come first, but I pledge to do everything within my power to support you in your life and your missions.

Now I am settled into my office and the responsibilities that come with this position. What that means is that I've located a good parking space and have learned new phone numbers, acronyms, and organizational titles. I keep up my fitness routine by pacing back and forth, and I've dialed-in a good radio station for my mental health.

During the last few months I assembled some of the ideas that I've had for many years – the 'if only I were in charge' ideas. I cannot promise that these ideas will be accomplished, or even get off the ground, but I believe they are important to target.

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The following may give you a better idea of my philosophy and goals as PA Section Chief.

- Develop some program of educational assistance for applicants to the IPAP who have difficulty in getting the necessary required academic courses due to frequent deployments and the increased optempo of the Army.
- Develop leaders to replace the PAs who replace the current leadership.
- Develop a Combat Trauma Life Saver course and decide the appropriate timing and method of delivery in PA careers for the course.
- Develop a format for operational medical topics for AD and Reserves that is portable and current.
- Increase PA utilization on the battlefield
- Consider a core Surgical PA curriculum that could be the basis for several surgical specialties
- Collect data on PA productivity, especially AARs and unit readiness
- Visit all PAs
- Encourage PA research and writing, especially on Echelon Level I medical topics.

These ideas will not be magically created in my office. I am asking for your assistance in working these ideas and strongly encouraging you to call my office and offer your ideas.

Perhaps a brief description of what I do in this position would be helpful. First, I am an Allied Health Staff officer in the Health Policy and Services Division of MEDCOM. Taskings from OTSG are passed to our office to review for clinical matters. These issues range from designing processes for clinicians to provide the most efficacious care and evaluating clinical care to re-writing policy and regulations. This may also include gathering data for specific AMEDD Balanced Score Card initiatives or completing a business case analysis of an AMEDD function. As Chief, Physician Assistant Section I am also involved directly in matters relating to PAs and other midlevel practitioners within the AMEDD. This is how I contribute PA experience and knowledge to the HP&S Division. Secondly, I am the PA Consultant to TSG. Questions and issues specifically regarding PAs are directed to me. These issues may be general questions, such as PA utilization, medical topics, PA training and education, or individual PA issues. In this role, I represent PAs as a profession and AMEDD team member. Finally, I am Assistant AMSC Chief for PAs. The AMSC Chief works on issues for individual SP officers, such as career management, education, and promoting midlevel practitioner roles in the AMEDD.

Current projects and issues include:

- Tattoo Policy – generating a policy for TSG approval which outlines what AMEDD responsibilities are in tattoo treatment (removal is a misnomer) for soldiers identified as having prohibited tattoos as described in the new AR 670-1 (published July, 2002);
- Working with COL Hooper to complete a Business Case Analysis for TSG on the cost and return for PA residencies such as Cardio-vascular Perfusion;
- Compiling data for the AMEDD Balanced Score Card on Orthopedic backlog in AD clinic and surgery;
- Licensure- I will include a short information paper on the status of PA licensure.

I am excited about the next four years. I have a lot of ideas, and I know you also have ideas that we can work on. There are problems to be developed as we forge ahead, improving soldier health care and our profession. I am here to work for you, but I need your assistance in this task. I will try and visit all of you, but in the meantime, call, write, email – just let me know what is going on.

NEWS

LTC Louis Smith was picked up for SSC, the first PA to be selected. Congratulations! We have achieved another milestone for PAs!

DHET. The Physician Assistant Recertification Training CD is now available online. A new project, creating a CD accredited for Category I CME hours, was added to the annual PA

Refresher Course in 2002. **MAJ Anne Albert** was the lead on this project, assisted by **LTC Rod Kuwamoto**, who came up with funding, and **COL Robin Tefft's** (Dietitian) Department of Learning Innovation and Technology, who produced this incredibly professional product. Register online at <http://swankhealth.com/>. You can complete the CME one course at a time, and then you will be given a certificate for registering your CME.

IPAP. MG Porr, Commanding General, AMEDD C&S approved the IPAP for a Master's Degree in June 2002. Implementation is currently being worked out. As soon as the details of rank and starting date are complete you will be notified. There will be no change in the admission requirements. Also, OTSG has permanently approved officer admissions to the IPAP. Once again, you are being asked to seek out the excellent soldiers who work with you and encourage them to submit their applications to the IPAP.

12 September 02

INFORMATION PAPER

1. Purpose. Plan for licensure of Army PAs as required by Department of Defense Instruction (DODI) 6025.13

2. Facts.

a. Army PAs (all components and civil service) are required to have a current, valid, and unrestricted state license when working in federal facilities in accordance with DODI 6025.13, dated 20 July, 1995. The draft Army Regulation 40-68 requires state licensure for PAs.

b. Complications to PA licensure arises from state policies requiring that a PA be licensed with a physician also licensed in the same state, states having different prescribing policies and numbers of PAs that a physician may supervise, licensing PAs overseas, Reserve component PAs working and performing duty in different states, as well as frequent permanent change of stations (PCS) among PAs and physicians assigned to Table of Organization and Equipment (TOE) units.

c. Army PAs meet or exceed all requirements for licensure in every state, as they are all graduates of an accredited PA program, and have passed and maintain National Certification Commission for Physician Assistant (NCCPA) certification.

d. In March, 2002, Federal PA Chiefs met in Alexandria, VA to discuss the PA licensure in federal medical facilities. They concluded that licensure is needed but were not able to see how this could be accomplished with current state licensure policy. The American Academy of Physician Assistants (AAPA) also issued a letter recommending against licensure of federal PAs.

e. In July, 2002, the Army PA Consultant and Army Medical Specialist Corps Chief, met with COL John Powers, Department of Defense, Health Affairs (DODHA). COL Powers decided to continue with the Director, Health Policy Services decision to query each state whether they would grant a current, valid, and unrestricted license to DOD PAs given all the conditions that provide exception to normal state licensure. If state licensure is not feasible, then he would proceed with requesting a DOD waiver.

f. The Federation of State Medical Boards was also contacted and they have now offered to meet with the Federal PAs and DODHA to work on the issue.

g. COL Powers will present the status of PA licensure to the DODHA Risk Management Committee Sep 5th, 2002. The letters will be mailed to each state in September. Follow-up will proceed once the letters are returned.

COL Tozier/221-6525

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