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Editor's Corner:

In this issue, we benefit from our very own president's byline. In his article, he provides us with a snapshot of our very own past claims history. This brief overview not only examines the causes, but, he also, presents the indirect forces that sculpted our early claims history as evolved over a seventeen year period. Obviously, this very same topic served him as the basis of his Ph.D.dissertation.

Likewise, he shares with us his personal insights, and views of a graduate student but from a unique perspective--that one of a PA.

Lastly, we look at both, some trends & issues that for better or worse are taking place in our industries as we speak. It may not be all doom and gloom, but it certainly may impact our careers, more than we may realize.

So check out the brief piece entitled "By the Numbers", & see if you are keeping abreast, but more so, informed.

E-mailing Etiquette Pearls: What you need to know as a consultant.

It seems that nowadays, business deals or communications are less formal than what they used to be. Nowadays, more are being conducted via e-mails. Still for many an informal medium while for others a personal one. Either way, is safe to say that this trend is not going to diminish in the foreseeable future.

Yet, many consultants may let their guard down when communicating with their clientele. Thus, consequently risking appearing unprofessional in their day-to-day consulting practices.

Here are some tips to enhance your daily cyber space communications:

- ***Prompt Acknowledgement:*** Any client is appreciative of a prospect's rapid response. As they say in today's business world: "time is money."

- ***Proper Tone:*** Your communications should always convey professional respect. For instance, address your client respectfully by using the respective title or professional designation after their names. Unless, otherwise advised by them.

- ***Be concise:*** Always get right to the point by keeping your sentences short or by using bulleted items. Again, edited communications is best.

- ***Avoid Attachments:*** Unless they have been requested. If not, your files could be incompatible with your client's software program. Resulting in their inability to "open" or "read" them.

So if your response requires extensive information, why not paste it to the body of your e-mail rather than attaching it as a file.

- ***Self-edit & Save:*** Always verify not only your spelling, your friendly, yet professional tone, but the fact to see that you replied correctly to all your client's questions, before dashing that hurried response that so many of us have been guilty of submitting to eagerly.

And don't forget to "save a copy" to yourself in the event that you may need to refer to that piece of communication possibly at a later time.

Jeff Nicholson, Ph.D. PA-C

AAPA-LM 2008-09 President

On behalf of The AAPA-LM BODs and myself, I would like to extend our congratulations to our colleague and dear friend Jeff on another distinguished milestone in his remarkable & fruitful PA career.

He's a newly minted Ph.D.in Educational Leadership & Policy Analysis from the University of Wisconsin in Madison. Read more about it in his contributing article entitled "A Comparative Malpractice Claims Analysis…"

Congratulations Jeff!!!

Read…
download …
or
print his dissertation
from
www.PAExperts.com

A Comparative Malpractice Claims Analysis: A Closer look @PAs Malpractice History

The following is a summary of AAPALM President Jeff Nicholson's dissertation comparing the malpractice incidence of PAs to that of physicians and advanced practice nurses. He retrospectively examined the first seventeen years of medical malpractice data from The National Practitioner Data Bank (NPDB). A national repository reporting system established by Congress in 1991 to track egregious licensed physicians & other health care providers across state lines.

Prior to the establishment of the NPDB, there was no centralized enforcing agency entrusted with the surveillance of negligent practicing providers. This "watchdog" agency (the NPDB) requires states, hospitals and federal agencies to directly report malpractice incidences and amount of payments, professional society actions against its members, and medical board licensure actions, as well as both Medicare/Medicaid program exclusions & DEA certificate sanctions.

ABSTRACT

As our profession matured, it became a significant force in the nation's health care delivery system. Therefore, many Quality of care stakeholders became increasingly aware and concerned about the medical care being delivered by non-physician providers. These so called stakeholders included: local & national government agencies, health care delivery organizations, health care provider education programs, the health insurance industry, and the general public. Each one affected by the liability of physician assistants' medical practices.

And while is known that PAs are being trained and hired at a rate that assumes adequate competence, little is known about their malpractice history. The current literature is devoid of research highlighting our malpractice history over time when compared to other providers.

This study, examined 17 years of data related to unsafe medical practices (i.e. practice that harms patients). The study analyzed and compared a variety of markers (e.g. civil lawsuits and other disciplinary sanctions as well, including PAs licensing restrictions).

In summary, these were the obtained results of this retrospective in-depth comparative research study of safety between physicians, PAs, and advanced practice nurses (APNs):

a) the overall incidence and ratio of malpractice claims per provider was no greater for PAs and APNs than for physicians over a 17 year period; b) the average and median malpractice payments of PAs were less than that of physicians while that of APNs were greater; c) the trend in median payment increases was less for PAs than physicians and APNs, and higher for APNs than physicians; d) PAs did not negate their cost effectiveness through the costs of malpractice; e) the rate of malpractice incidence increased for PAs and APNs over the study period, however, remained steady for physicians; and f) the reasons for disciplinary actions against PAs were similar to that of physicians and APNs. Excluding APNs, the 2 most common grievances listed in descending order in the NPDB were the following:

- diagnostic errors.
- treatment errors.

Other interesting study findings were that gender differences played a role in both malpractice payment incidence and payment amount. For instance, female providers as a group made larger malpractice payments. So, therefore, they were more likely to be sued that their male counterparts. Probably due to a larger number of providers being females & practicing in high risk areas such as obstetrics and anesthesia when compared to their male counterparts.

Regarding claims incidence, during the study period, there was one malpractice payment for every 32.5 PAs. Conversely, there was one payout for every 2.7 physicians found negligent.

It is obvious from the results that by far, PAs did better in most categories, than their counterparts. However, much still has to be learned about ourselves (PAs) in this area.

Yet, PAs must remain vigilant and effective providers if they expect to continue to be regarded as prudent quality healthcare providers by all stakeholders discussed.

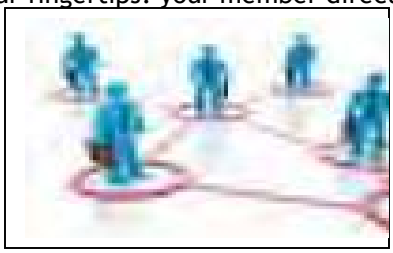
Joining your AAPA-LM: A Strategic Career Move

By joining and supporting your specialty interest group not only do you make it stronger, but relevant to your consulting needs when you avail yourself of the many membership benefits, such as these:

Professional Development Opportunities abound through our annual conventions as presented by your seasoned peer experts seeking to share and enhance your base knowledge & your consulting skills as well.

Professional Networking Opportunities await you so that you're not alone through your consulting journey. Therefore, you become immediately connected to many helpful collegial peer associations that will keep you abreast in other medico-legal areas outside yours.

At your fingertips: your member directory!



Professional Resources availability for your consulting career development are readily found in our website &/or quarterly newsletter just at the click of a mouse!

These benefits are specifically designed to provide you with a myriad of insights into the daily challenges you might face in the ever changing medico-legal landscape.

Through AAPA-LM's unique vantage point, your voice is not only heard, but counted. So continue your support and enriching your consultancy with us—AAPALM.

By the Numbers: Industry-Specific Trends & Related Statistics

Have you been following recent industry and market trends?

Did you know …

1. … **that Emergency Medicine and Obstetrics** are two of the highest risk areas based on frequency of claims and severity (indemnity paid)?

2. … **that 84%** of all skilled nursing beds in the USA are funded by Medicare or Medicaid?

3. … **that Fall and or Slip** claims are the most common allegation against *Long Term Care Facilities* by 25% of the time compared to other allegation types?

4. … **that the incidence of medical malpractice payments per 100,000 residents has fallen 16% since 2001** (Medical Malpractice Payouts Trends – 1991-94, *Public Citizen's Congress Watch Report*, April 2005, p2)?

5. … **the incidence of medical malpractice payments due to accidental deaths in 2001 in the US was 70% medical malpractice related?**

6. … **that the size of judgments** has increased an average of 1.2% a year ((Medical Malpractice Payouts Trends –1991-94,*Public Citizen's Congress Watch Repot*, April 2005, p4)?

7.… **that only 5.5% of Physicians** account for 57.3% of all medical payouts to patients according to The NPDB data from September 1990 through 2004.(Medical Malpractice Payouts Trends – 1991-94, *Public Citizen's Congress Watch Report*, April 2005, p9)?

8. … **that the USA is in the "midst" of its third medical malpractice crisis** since the 1970's?

9. … **that only 2 states** of the union grant civil immunity to expert witnesses from liability? The controversy continues unabated given the conflictive industry views.

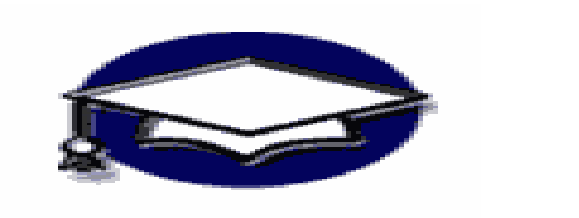
10. … **that 44,000 to 98,000 patients die annually in hospitals** as the result of medical errors according to the Institute of Medicine's 1999 landmark Report: "To Err is Human: Building a Safer Healthcare System." ?

11. … **that Medication Errors costs The U.S approximately 37.6 billion dollars each year.?**

12. … **that about approximately 17 billion dollars** are believed to fall in the category of preventable errors.?

AAPALM

Graduate Studies ("My Experience"): A one on one interview with Jeff Nicholson, Ph.D. PA-C



Have you ever been intrigued or feel allured to further your academic credentials? Wished you could tap into one of your closest friends for a personal debriefing? I so, read more to find out what it was like for our president elect to embark in this journey and academic milestone of his.

1.Q: Why a graduate degree (Ph.D.)? A." My case was obvious, having been a PA educator & PA program administrator,I needed to come full circle. In other words, I needed to validate my prior demonstrated academia credentials with a 'unifying' appropriate terminal graduate degree". Nicholson remarked, this Ph.D. complements his 2 previous degrees from Harvard; a master's degree in Education Administration prior to becoming a PA.

2.Q: What was/were the biggest challenge(s) you faced while pursuing a graduate degree (Ph.D.)? A. "For me, it was juggling the multiple roles I had undertaken:1) full-time PA Program director; 2) Part-time Emergency Room PA, 3) being a father & a husband while attending a residential program". He quickly points out, this milestone could have not been accomplished without the devoted support his family gave him during that time. He proudly shares his wife's strong work ethic as well.

3.Q: What impact did you anticipate this academic degree having in your consulting career? A. According to Nicholson, he believes this degree will augment his credibility to jurors and attorney-clients in a very positive way. By underscoring the fact, that this terminal academic degree reinforces the notion of the quality and clinical commitment & sacrifices the PA community continuously strives to bring to the table when delivering their patient-centered day-to-day care-giving services.

On the same vein, he strongly believes that PAs who pursue traditional on-campus academic doctorates, by far are more after-sought than their counterparts who pursue on-line doctoral programs and/or even other "professional" clinical/doctorates. He adds, "There's a big difference between academic & professional graduate degrees." It becomes obvious that he has experienced both perspectives when one becomes familiar with his varied credentials(as listed in his resume).

4.Q: What other degrees or academics paths did you consider before choosing the one you did? A. "A few, but The Ph.D. in Education Policy and Leadership from the UW-Madison was very flexible in allowing me to concentrate on any healthcare-related topic or area even though it was essentially an 'education degree'."

"Plus, it may facilitate my path to a Dean position (if needed) in the future. So getting the Ph.D. in Education along with the program flexibility made my decision easier to make. The more I dissected the issues at hand, the more it became obvious this was the right path for me given my previous academic pursuits. It just made sense".

5.Q: What did you like least of being Ph.D. dissertator? A " Wow…there were a few 'things' that come to mind now that you asked. But, I don't think I would be the exception for what I am about to say, rather the norm for anyone who has experienced firsthand this grueling process. Basically, going through the research over and over, along with the rewriting process just to meet every member of the dissertation committee their idiosyncratic requests and approval."

Nicholson also says, that deadlines were another hurdle he had to contend in his quest for his Ph.D. At times requiring him to stay up all night just to meet both set deadlines and last minute academic demands.

Also he points out, like any other human endeavor, he had to deal with politics in terms of trying to meet all of his advisors idiosyncratic expectations.

Yet, he positively remarks that his chief dissertation advisor was very pleased with his work from the outset, while another informal advisor provided encouraging words along critical junctures in the process. Thus, making the process more " bearable" as he attested to.

6. What did you like best of being a Ph.D. dissertator? A." Namely, that in the end, I felt very proud of my resolve to accomplish this milestone given my family's unselfish support throughout this demanding academic commitment".

7.Q:Do you have any advise for PAs considering advancing their careers by furthering their education.If so, what? What are your personal views about the 'doctorate' being entertained by some as an essential entry component of the PA credentials?

A." Again it depends on the individual's career needs or objectives. You got to remember that the degree creep or surge that we have been seeing as of late, adds an unnecessary burden to an already packed PA education curriculum. In my view, it will not make PAs better clinicians, nor will it increase their employment chances.

He advises, if the PA curriculum becomes extended, then the applicant might as well choose medical school, since the body of knowledge and length of training are virtually the same. However, he recommends PAs who are seeking administrative, academic positions or public health careers by all means should consider a graduate education. In that instance, an academic degree is more likely to advance one's career. Whereas, if some one is looking for nonacademic career advancement, then a self-study/ distance learning Master's degree program would be ideal.