

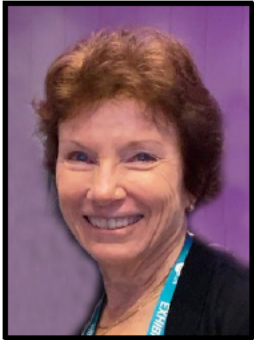


Historical Happenings

Newsletter of the Physician Assistant History Society

Message from the President

Deborah Gerbert, MS, PA-C



Happy Spring to all of you! My 25-year-old gardenia always reminds me that it's spring when its hundreds of flowers are in bloom. Spring this year seems even better as we hope for a return to our normal lives as the pandemic recedes.

I am happy to report that the PA History Society has been welcoming PA Program Associates in unexpectedly high numbers so far in 2021. We want to thank each program for the support they show us. Your PA students will be the beneficiaries of the updated **Educational Learning Modules** that explain the history of the PA profession, along with the other exclusive benefits for your program.

We held a successful virtual Board of Trustees meeting in April and began planning the celebration of our 20th anniversary during a virtual committee meeting two weeks later. We have many great ideas which include hosting receptions at the 2022 AAPA and PAEA annual conferences (hopefully).

I would like to invite you to stop by the History Society's booth in the virtual exhibit hall during the **AAPA conference**. We are **Booth #711**. We will be showcasing our educational resources and staff will be available to answer your questions about our exciting learning modules and toolkits as well as the upcoming publication of our new book.

All things PA History can be found on our website at www.pahx.org!

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Home Grown in Puerto Rico

*Robert S. Smith, PA-C, MS, DHSc, DFAAPA
PAHx Trustee*

There is now a new Asociado Medico (PA) Program in Puerto Rico. The program is housed in the Escuela De Medicina San Juan Bautista in Caguas (San Juan Bautista School of Medicine). This historical event marks the first home-grown Asociado Medico (PA) program in a Latinx Country. Even

(Puerto Rico PA Program, continued on page 2)

(Puerto Rico PA Program, continued from page 1)

though Puerto Rico is a U.S. Territory, getting the PA profession recognized there has been a long and arduous process.

This new PA program is part of the San Juan Bautista School of Medicine, which offers a Medical Doctor program, Master’s in Public Health, a Bachelor’s in Nursing program, and the new Master of Science in Physician Assistant Studies. The inaugural program started January 5, 2021. The program faculty include the Program Director Charity Ramsey Irizarry, MCMSc, PA-C, Associate Professor, and Laura Jaurez, MPAS, PA-C, MPH, Academic Coordinator, Assistant Professor.

Charity Ramsey Irizarry, MCMSc, PA-C, graduated from Montana State University in 1996, and later attended Barry University PA Program, Miami, Florida, graduating in 2001. She worked in Internal Medicine, Family Medicine, Women’s Health, and Integrative Medicine. Ms. Irizarry began her PA education career as an adjunct faculty member in 2002 and continued in that role until 2014. She joined Barry University PA faculty and became the Director of Clinical Education over three campuses: Miami, St. Petersburg, and the U.S. Virgin Islands in St. Croix. She has worked as a faculty advisor in student-led clinics, caring for the homeless and disadvantaged populations. Ms. Irizarry served in that role until becoming Program Director in Puerto Rico in 2020.



Her colleague Laura Jaurez, MPAS, PA-C, MPH, graduated from Brigham Young University, working as an adjunct faculty member at Utah Valley University, while earning a Master’s in Public Health from University of Utah. After graduating, Ms. Jaurez worked in India, Haiti, and Thailand, later returning to Utah to attend the University of Utah PA Program. She focused her career in caring for the underserved in rural and low-



resource communities. She has worked in primary care, general surgery, and orthopedic surgery until accepting her position in Puerto Rico.

The first class started with 35 students in January 2021, but due to the COVID-19 pandemic, the program has been totally virtual with the hope that the students will be able to come to the campus in the fall. The student body is a highly diverse population, with a total of 16 different languages spoken by the PA students from across the globe. Ms. Irizarry notes that although PR has capable and qualified bilingual medical educators, one of the challenges of the new program is recruiting instructional faculty that feel comfortable providing their lecture content to PA students in English, which is required by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

Dr. Jose Ginel Rodriguez, MD, Dean of Health Sciences and the PA Program, is a strong advocate in increasing the awareness and educating the established medical community to recognize the capacity of PAs and how they will improve access to care for the people of Puerto Rico.



The future of the program is bright, though the program director and associates have some concerns for the future of the profession on the island. The program is trying to balance the demands of a new program, the cost of PA education to the students, and the fear that the marketplace will not allow the students when they graduate to work and provide care to their communities. Most of the students have expressed a desire to stay in Puerto Rico and meet the health care needs of the island. However, there are concerns that the newly passed PA practice law in Puerto Rico will undermined the effective use of these newly minted PAs. As currently written, the law allows generalist physicians who cannot pass their board examinations to be titled as Medico Asistentes, or Medical Assistants (MAs), and practice in Puerto Rico, although they cannot legally practice as PAs within the continental United States or in its territories. A major concern is that the

(Puerto Rico PA Program, continued on page 3)

(Puerto Rico PA Program, continued from page 2)

existing law will obscure the PA profession and affect how patients will interpret and understand who is taking care of them. Additionally, the current reimbursement rate provided by Medicare and Medicaid for providing care in Puerto Rico is much less than what is paid elsewhere. There are other concerns, such as the salaries of the highly trained Asociado Medicos (PAs) might diminish the certified generalists ability to work, upset the salary structure on the island, and cause licensed physicians to have to compete with highly trained professionals (PAs) for income.

The PA program understands these challenges and is working with the AAPA, PAs for Latino Health Caucus (PALH), and the PAs for Puerto Rico - a special interest group of PAs working on the island at the Veterans Hospital (VA) - to address these concerns. Hopefully they will be able to address the PA practice law and the reimbursement issues.

The future aspiration for the home-grown PA program at San Juan Bautista School of Medicine is to impact the future of healthcare in Puerto Rico by improving access to healthcare to those in need. We are looking forward to seeing them succeed and making PA history.

Making a Difference in your Community

*Madison Taylor, PA-S2
Mercer University PA Program*

For many, the COVID-19 pandemic required social distancing and lockdown precautions that left people feeling lonely. The American Association of Retired Persons stated that more than seven in 10 adults reported difficulty in connecting with their friends during the pandemic. This was particularly exacerbated in facilities such as nursing homes, where residents were at a higher risk of contracting COVID-19 and thus required strict social distancing and isolation measures.

Anna Deloach, a member of Mercer University’s Physician Assistant class of 2022, was motivated to make a difference for these senior citizens. Ms. Deloach (photo right) was inspired by her professor who works clinically in a skilled nursing facility in the Atlanta area. She said that her professor was expressing how isolated the residents at her facility were due to the lockdown precautions taken by COVID. Ms. Deloach decided to suggest a letter writing campaign where she would gather handwritten letters to be distributed safely within this nursing home community. The campaign was a great success. As a result of Ms. Deloach efforts, all 78 residents at the nursing facility received their own personal letters. Not only was Ms. Deloach’s PA class involved, but also members of the greater Mercer community after her campaign efforts were highlighted in a schoolwide email newsletter. Through this campaign, Ms. Deloach rallied her community to make a difference for these senior citizens during a challenging time. May her efforts encourage others to seek out opportunities to serve their communities during the pandemic and beyond.



Stay in Touch with PAHx thru Social Media!

Please be sure to “like” PA History Society on [Facebook](#) to receive updates and follow us on [Twitter](#) and [Instagram](#).

In His Own Words: William Kohlhepp, DHSs, PA-C, DFAAPA

*Bruna Varalli-Claypool, MHS, PA-C
PAHx Trustee*

Who is your favorite author?

I am a big fan of fiction, particularly action/thriller novels. I have recently started reading Clive Cussler. I particularly like the Isaac Bell series set in the early 1900s about a private investigator solving crimes. I also have enjoyed Robert Ludlum and John Grisham.



What is your favorite quote?

I am a huge fan of Sir William Osler. As a clinician, I tried to live by his quote: “Listen to your patient; he is telling you the diagnosis.” History taking is something at which PAs excel.

Who is your favorite actor?

I appreciate the work of Tom Hanks. He has starred in so many different kinds of movies, playing a wide range of characters. He is successful in comedic as well as dramatic roles. And he is fabulous as Woody in the Toy Story series (a favorite of my four grandchildren).

What do you do for fun?

Enjoying time with my wife as we host overnight visits from the grandchildren (triplets: boy and two girls, age 4 and a boy, age 6). Nothing is better than playing with wooden trains, blowing bubbles, or flying planes. At other times, getting out more often to play golf in my retired life.



What advice would you give your teenage self?

“When opportunities present themselves, say ‘yes’ more often than you say ‘no’”.

(In His Own Words, continued on page 5)

Flexner’s 1910 Report: Arguably the Most Important Event in American Medicine

*Henry H. Heard, DHSc, PA-C Emeritus
PAHx Trustee*

This title is a bold statement, particularly given that the 20th century held medical events such as the discovery of the Sabin-Salk polio vaccine which effectively eradicated a crippling virus for young people, Christian Bernard’s surgical ability to transplant a mechanical heart in place of a failing human one, and the discovery of how one mammal can be cloned or genetically copied from another.

To argue the point, some more information may be needed. At the turn of the 20th century in America, medical education was in complete disarray with no standardization of the process it took for an individual to become a physician. The entire affair was in essence a for-profit enterprise, which produced a surplus of poorly trained physicians.¹ In 1904 there were 166 medical schools.² However, there was no cohesion between any of the schools concerning curriculum, prerequisites, and length of study; even licensure between the states was vastly different. Some programs did not specifically require applicants to have even a high school degree or college education before beginning their medical training. Admission into the medical program was sometimes solely based on the student’s ability to pay for their schooling.

The Rockefeller and Carnegie Foundations funded a study to investigate the problems that arose from this unstructured system. Abraham Flexner, an educator, was hired to personally visit every medical program in the U.S. and Canada. His report was completed in 1910 and in it he found that the majority of medical schools in America were for the most part substandard. He suggested vastly reducing the total number of



Abraham Flexner
1895ca
Rockefeller Foundation
Archive; public domain

(Flexner Report, continued page 6)

(In His Own Words, continued from page 4)

When did you decide that the PA Profession was for you?

Both my college roommate and I were looking for a career in health care. Our paths were not unfolding as planned. Then, he decided in December 1973 to go to PA school as part of the first class in the Rutgers PA Program. As I had never heard of PAs, I wished him luck and continued with my plans to work in pharmaceutical research. A year or so later, during a trip back to UConn together for a football game, I became excited about the option of being a PA when I heard all of the great things he was getting to do during clinical rotations. I followed him as a member of the third class.

Where are you going on your next vacation?

When I retired last year, it was with the specific intent to travel. My wife and I just planned a trip to Germany (the country of my ancestors). Unfortunately, due to COVID, we had to move it from this fall to 2022. So, we planned an alternate trip this fall to the US Canyonlands.



If you had unlimited resources/dollars, where in the world would you live?

A deal breaker is where my sons and their families were living. If I could move all of us to one place, I would pick the Pacific Northwest. At the moment, being in Connecticut a half hour from each of them is the best.

How did your time in the AAPA House of Delegates prepare you to become AAPA President?

While I have been blessed with many different opportunities to serve as a leader in the PA profession, being Speaker of the AAPA House of Delegates was the most rewarding. First, you are immersed in the policies that guide the PA profession and those that shape the AAPA itself. Then, you are also Vice President of the AAPA Board and serve on

the Executive Committee, leading the board and the Academy. The issues we faced in the mid-90s have shaped the profession that exists today. I also learned that leadership is about service – working with others to optimize team performance in order to achieve shared goals. My development over the past 40 years as a leader was the direct result of intentional efforts to assure board leaders had the needed skills. During my time with NCCPA and PAEA, I benefitted greatly from their focus on board leader development.

How did you prepare to testify before the United States House of Representatives in 2005?

The opportunity to testify came together because the AAPA staff had seen me deliver remarks in other settings and they had confidence in me. I was working in occupational medicine, so I could speak from first-hand experience about the need to allow PAs to treat injured federal workers. But the credit for my preparation goes to the AAPA staff. They crafted the testimony and worked with me to assure it resonated with my experience. Most importantly, they had developed a relationship with the members of Congress (and their staff) who are part of the subcommittee with oversight of the issue.



How about when you testified in 2017?

This time around, I was testifying as PAEA President on an issue of great importance to PA programs – the funding of Title VII of the Public Health Service Act. Again, staff played a key role in crafting the testimony and assuring it made the needed points. My



(In His Own Words, continued on page 6)

(In His Own Words, continued from page 5)

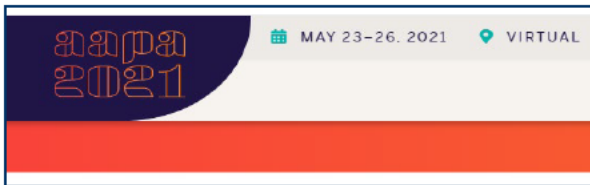
efforts did play a role in the invite to testify. The time I had spent over many years building a relationship with my Congresswoman (Rosa DeLauro) played a key role in her pushing for the hearing as the leading minority member of the subcommittee.

What are the biggest changes you have experienced in the PA profession since you began your career?

When I graduated in 1979, very few had ever heard of PAs. Jobs were rather challenging to find, and it took me almost 4 months to find my first position at Yale-New Haven Hospital. Today, hospitals and other healthcare practices have seen the value of employing PAs on their teams. The PA profession is now the #1 job in America, and the growth in the number of PA programs is dramatic. In 1980, one year after I graduated, a health workforce study (GMENAC) predicted a surplus of physicians and called for the closing of the 50 or so PA programs that existed. Today, we have 275 PA programs graduating well-prepared PAs who continue to meet the evolving healthcare needs of the US and abroad.



Visit the PAHx “Virtual” Booth during AAPA



Visit the PAHx ‘virtual booth’ during the upcoming **AAPA conference** on May 23-26. The PAHx staff will be online each day ready to “chat” with conference participants. Look for **Booth #711** on the AAPA conference website to download a variety of resources, watch a video tour of the Stead Center, and chat with the PAHx team.

(Flexner Report, continued from page 4)

medical programs to as few as 31 with a large number of the programs to close immediately.² Within a few years of the publication of his report, one third of all medical education programs closed.¹ Flexner strongly felt that all medical training should be based on the Johns Hopkins model, that is, completion of two years of high school and a baccalaureate college degree being the minimum education needed to begin medical education. Further, medical training should consist of two years of laboratory (didactic) education with two years of hospital-based clinical training to follow. Flexner felt that there should be only a few research-based medical educational programs, such as Johns Hopkins, with the rest being focused on training generalists. For the most part, Flexner’s recommendations were adhered to, but there were unintended consequences.³ These consequences were the closure of medical schools that were for women and African Americans, leaving nowhere for them to train as doctors. The AMA also used the Flexner report to gain almost total jurisdiction over the practice of medicine purposely keeping the supply of physician’s low to improve income and status. Consequently, when the demand for medical services increased dramatically in the 1950s, the physician supply chain was not able to keep pace.⁴

As the new dawn of American medical education developed, every medical school in the country wanted to follow the Johns Hopkins model with each institution concentrating on “specialization” in medical practice. This left the training of the general practitioner behind. It was no longer good enough to become just a physician, the perceived best doctors were now specialty trained. In 1933, the American Board of Medical Specialties was incorporated with dermatology, obstetrics and gynecology, ophthalmology and otolaryngology being the first four recognized specialties.⁵ As a direct result of Flexner’s report, “specialization” created a medical void in the needs of the average acutely ill American. The physicians who did practice “general medicine” were overwhelmed and were in desperate need of

(Flexner Report, continued on page 7)

(Flexner Report, continued from page 6)

assistance. That assistance would come with the beginning of the PA profession in 1967. PAs began to fill the void that the Flexner Report created in 1910.

In the 1970s, the BBC produced a series of TV shows called *Connections*, moderated by James Burke. The premise of the series was that things were created or discovered, which directly lead to completely different, unintended new inventions and changes sometime in the future. For instance, Burke held that the invention of plastics directly came from the development of a type of Dutch cargo ship called the *Fluijt* in the 16th century. Using this concept, follow the trail of Flexner’s report and you will see the “connection” to the modern day physician assistant.

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From Jungle Medicine to Okie Medicine

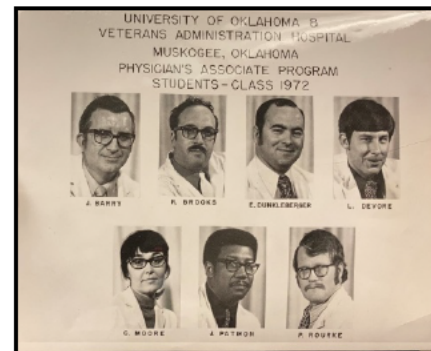
*Book Review by Steve Shirley, PA-S2
University of Oklahoma PA Program*

Our profession started as a concept which pioneering PAs made into a reality. Earl Dunkleberger is one such PA and tells his story in his book *From Jungle Medicine to Okie Medicine*.

Mr. Dunkleberger was in the first PA class at the University of Oklahoma (OU) when [William D. Stanhope](#) was the program’s director. Today Mr. Dunkleberger is the only surviving member of the

first seven-member class at OU, which graduated in 1972. In 2022, OU will celebrate its 50th anniversary, and also the contributions made by Mr. Dunkleberger and the other early PA pioneers.

Mr. Dunkleberger applied to the PA program in 1970. When Mr. Stanhope called to say he had been accepted, Mr. Dunkleberger replied, “Accepted into what?” Mr. Stanhope clarified, “The PA Program.”



This is one of many stories Mr. Dunkleberger shares in his book which covers his time as a Navy Corpsman before PA school to his 38 year career as a practicing PA in rural Oklahoma. Mr. Dunkleberger served courageously in Vietnam, earning a Navy Commendation Medal for saving Marines under fire. His stories epitomize how one can face the tragedies of war with courage.



In the second half of the book, Mr. Dunkleberger takes a lighter tone and shares the funny and heart-warming side of rural medicine and his patients. Mr. Dunkleberger also made an impact on physicians. When the state family physician organization discussed a proposal to “no longer support the PA concept” at its annual meeting, his doctor in practice was the first to speak to defend the PA idea.

Mr. Dunkleberger was an active member of the Oklahoma Academy of Physician Assistants (OAPA) Board for much of its first 20 years. He served as the OAPA president and was the first to earn its PA of the Year Award. As he does in the book, Mr. Dunkleberger encourages people to make a difference in their community and the PA profession.

Dr. Richard Smith: “You ‘Gotta Have A Hobby!’”

Ruth Ballweg, MPA, PA-C Emeritus
PAHx Historian



Ruth Ballweg and
Dr. Smith

MEDEX founder and U.S. Public Health Services officer Richard Smith, MD, is well-known for many successes including being a leader for the “start-up” of the Peace Corps in Africa and then for implementing its many long-term goals through his role in the Peace Corps in Washington,

D.C. Moving into the Surgeon General’s Office of Equal Health Opportunity, Dr. Smith was assigned by President Lyndon Johnson to desegregate hospitals in the South as required for Medicare Reimbursement. After completing that assignment in a few short and dangerous years, Dr. Smith asked to be assigned to the University of Washington to establish a new workforce model MEDEX utilizing returned and experienced military corpsmen who would work with physicians to meet the needs of underserved communities. From there he went to the University of Hawaii to create MEDEX International, a PA-like model in multiple countries around the world where health care was scarce or non-existent. Of all his many career successes, one of the activities he most enjoyed was his well-known hobby: his love of chocolate mousse--which he enjoyed in many countries around the world with old and new friends!

While these “facts” are well-known about Dr. Smith, most don’t know about the hobbies that “made him tick!” Dr. Smith believed that everyone who worked with him, especially on his innovative projects, needed to have a hobby! In fact, it was required! He believed that hobbies energized a person, led to curiosity and innovation and, most importantly, expanded relationships with others. He became a big believer in curiosity through his friendship with mystery writer Ellery Queen, a neighbor in Connecticut. Mr. Queen encouraged the adolescent Smith to seek out new areas of knowledge

and expertise and to not make assumptions about possible solutions to problems.

For Dr. Smith, chocolate mousse was not just about the dessert it was about how the magic food could bring people together for a tremendous experience! At any meeting he attended, he would immediately begin gathering either a large or small group to join him for a meal that would include



extraordinary chocolate mousse. After the dessert was ordered, and while the main courses were served, the group would begin an active conversation about the work that had brought them together. And then, when the dessert arrived, the group would engage in Dr. Smith’s chocolate mousse ritual which would include numerous photographs of the treasure and those consuming



it. The participants always remembered the chocolate mousse experience as a highlight of the conference and of their interactions with Dr. Smith.

Dr. Smith is remembered and appreciated for this hobby throughout his career. Whenever he returned to MEDEX—for the 30th and 40th Anniversaries—and when his friends and family gathered for his memorial service in October 2019, the refreshments were always a range of iterations of his beloved chocolate mousse. As he would say, “Everybody’s gotta have a hobby!”



* Ruth Ballweg and Dr. Smith, AAPA Meeting, 2008

* Chocolate Mousse Photographs courtesy of Reginald Carter’s collection from the PAHx Archives

PA's: A Realistic Way to Attack the Doctor Shortage

Reginald D. Carter, PhD, PA
PAHx Historian Emeritus

This brief biography and photograph of Dr. Amos Johnson appeared in a List of Board of Advisors for the American Association of Physician's Associates (AAPA)* published in the *Physician's Associate Journal* in July 1971. In accepting the invitation to serve on the AAPA Board of Advisors, Dr. Johnson



Henry Lee "Buddy" Treadwell

refers to Buddy Treadwell, but not by name, as his physician's assistant. He goes on to say that both the PA and MEDEX training models were "conceived from and based" on the role that Treadwell played as a member of his "health team." Johnson estimates that a well-trained assistant could save a physician 4 to

6 work hours per day, allowing the practice to "see 30 to 40 % more patients."

Dr. Johnson and Dr. Eugene Stead, Jr. (Duke University) often talked about the need to formally educated physician assistants and to create a specialty tract in Family Medicine to attract more medical students into primary care. Few know that Dr. Johnson also called and talked to Dr. Richard Smith (University of Washington) routinely to ask about the development of the MEDEX program. Johnson offered both Dr. Stead and Dr. Smith his help with AMA leadership and policymakers in Washington, DC. Dr. Johnson had become good friends with Senator Ted Kennedy who supported federal funding for Family Medicine postgraduate residency programs.

As president of the American Academy of Family Medicine (formerly known as the American Academy of General Practice) from 1965-1966, Dr. Johnson was in a unique position to advocate for and to support funding of the newly emerging PA and MEDEX programs.



Amos N. Johnson, M.D.

After completing two years of Medicine at the University of North Carolina, Dr. Johnson received his M.D. degree in 1933 from the University of Pennsylvania. He is a member of the American Medical Association and serves on the Ad Hoc Committee to Study Training for Family Practice. His numerous past and present services include Chairman of the Committee on Health Services, American Academy of General Practice, 1966-68; President of the American Academy of General Practice, 1965-66; various state and county activities; current Advisor to U.S.P.H.S. Department of Health Services; Medical Advisor to the Appalachian Regional Commission; and a member of the Board of Directors of the American Board of Family Practice. He has his private practice in Garland, North Carolina.

Acceptance

I have accepted membership on the Board of Advisors for the American Association of Physicians' Associates with a great deal of pleasure since the...Physicians' Assistant has been a long time dream and reality for me. The prototype of the present day Physician's Assistant is still in my employ, having worked with me for over thirty years. Both the Physicians' Associate program at Duke University Medical School and the MEDEX program of the University of Washington were conceived from and based on the function of my Assistant as a member of my "health team." Of course, those graduates of the program at Duke and, to a lesser degree, the MEDEX program at Washington, are trained in a more sophisticated manner, since my Assistant has been trained solely by me for my needs in a rural community of North Carolina. It has been my opinion for many years that the Physician's Assistant is a necessary adjunct to the busy and often overworked physician whether he is in a group practice or in a solo practice since he will save the physician some four to six man hours a day, thereby allowing him to see 30 to 40% more patients. To me, this is a realistic way in which to attack the doctor shortage.

* This was the second name adopted by the AAPA during its formative years; note the term physician's associate was in use at this time as well as the apostrophe (') s.

Additional Source: [Amos Johnson, MD and Mr. Henry Lee "Buddy" Treadwell A Prototypical MD/PA Practice By Reginald D. Carter, PhD, PA.](#)

A Conversation with Michael Powe, Vice President, Reimbursement & Professional Advocacy, AAPA

Robert S. Smith, PA-C, MS, DHSc, DFAAPA
PAHx Trustee

In January 2021, the Centers for Medicare and Medicaid (CMS), announced that PAs would be directly reimbursed for services provided to CMS patients. It took several decades of work by numerous people to achieve this milestone in the PA profession's history.

Michael Powe, currently Vice President of Reimbursement & Professional Advocacy for the AAPA, played a key role in achieving this legislative victory. The PAHx Society asked Michael Powe to elaborate on the sequence of events that led to the passage of this legislation.



PAHx: *Michael tells us a little about yourself?*

Michael: I was born on April 23, 1954. I grew up in Ohio, graduated from Chanel Bedford High School, and went to "The Ohio State University". Graduated in 1978 with a Bachelor of Science in Business Administration. Upon graduating from OSU, I worked as a legislative researcher and policy writer in Senator Gaylord Nelson's office. Most people remember Senator Nelson for "Earth Day" and other environmental issues, including establishing the Environmental Protection Agency (EPA). Senator Nelson was also intimately involved with the concerns of small businesses in the United States and was chairman of the Select Committee on Small Business. Following that time, I went to work in the health insurance industry for New York Life, and later I became an insurance broker for a small private firm, Goldchain, Powe & Chapman. In 1991, I was offered a position with the AAPA as the Government Affairs Administrator as part of the expansion of the Government and Professional Affairs department. That was 29 years ago.

PAHx: *What got you into reimbursement issues?*

Michael: The challenge of the position here at AAPA was an opportunity to apply my research experience in the legislative arena along with my experience in the health insurance industry. It was an intriguing opportunity to do something no one else had done. I was all in.

PAHx: *What was the first issue you addressed?*

Michael: Doing mostly casework; evaluating Medicare and Medicaid Policy, looking at Current Procedural Terminology (CPT) coding, understanding the barriers and issues involved restricting or limiting PAs from practicing their craft.

PAHx: *How long did that process take and did you create a strategy to address this problem?*

Michael: That process took about a year to fully have a picture of what the different issues were, who was doing what. It would be a misunderstanding to say that I was "the one"; much of the credit goes to Nicole Gara, Vice President of Government and Professional Affairs, and Bill Finerfock, Director of Federal Affairs, who were working on these issues long before me and were experts in this arena. They had already accomplished so much and truly set the stage for me to act.

PAHx: *Can you walk us through the timeline in how the profession finally achieved the goal of getting Direct Reimbursement for PA Services to PAs.*

Michael: Sure, I will give you a baseline history and then the milestones achieved along the way. In 1965, when Medicare and Medicaid were established, the PA profession did not exist; that was the beginning of the problem. Medicare was established to address the needs of the poor, the underserved communities in both urban and rural communities and the elderly. In 1971, congress passed the Comprehensive Health Manpower Training Act and the number of PA programs triple in number significantly, increasing the number of PA graduates. In 1972, Congress passes Title VII of the Public Health Service Act; this was the first time the federal government started promoting the training and utilization of new types of health care professionals including PAs, although

(Michael Powe, continued on page 11)

(Michael Powe, continued from page 10)

midlevel providers (PAs/NPs) were not being reimbursed. In 1977, the Rural Health Clinic (RHC) Services Act was passed. This Act authorized Medicare and Medicaid payment to qualified RHCs for “physician services” and “physician-directed services” whether provided by a physician, PA or NP when services were delivered at a clinic in the absence of a physician. This was the beginning point of reimbursement for PAs. In 1986, Congress passed the Omnibus Budget Reconciliation Act of 1986. This law authorized reimbursement of services performed by PAs and Advanced Practice Nurses (APRNs) in a hospital, nursing home, or as an assistant in surgery, although not directly. A 1987 amendment added services furnished in a physician’s office located in a “rural health manpower shortage area”. While there were several gains made in recognizing the PA profession, there was no true measure of how those services were affecting access to care, nor a mechanism to evaluate and measure the quality of care being provided by PAs. Unfortunately, in those days the services were not attributed to PAs providing the care because the numbers were skewed in how reimbursement was paid. Specifically, there was no reimbursement of PA services, they were physician services. There was no recognition of what services were provided by the PA profession. So essentially the barrier was that there was no methodology in place to differentiate who was providing what services and who should be reimbursed for those services since they were only “Physician Services”. So, there laid the challenge of how to get PAs paid, and that would drive the strategy over the next few years. Incrementally we worked at every level of government, formed grass root efforts, and continued to chip away at this institution. In 1993, the Drug Enforcement Administration (DEA) passed rules to allow PAs to register and be authorized to prescribe and dispense controlled substances. In 1997, the Balanced Budget Act reformed some of the provisions in Medicare and Medicaid and recognizes PAs and APRNs as covered providers in all settings at a uniform rate of payment for the first time (85%). In 2000, the Veterans Health Administration (VHA) created a role for a PA Advisor to the director of the VHA. This PA elevated

role matched the Director of Nursing in the VHA System. In 2003, the Centers for Medicare and Medicaid Services (CMS) expands the ability of PAs to have an ownership interest in a practice and be reimbursed by Medicare & Medicaid. With this policy reimbursement by Medicaid, TRICARE and nearly all private payers cover medical and surgical services delivered by PAs. Later in the same year, PAs were appointed to Federal Advisory Committees by the Department of Health and Human Services (DHHS) and included as members of the Title VII Advisory Committee within DHHS. In 2008, Senate Bill 1155 authorized a full-time PA Director of VA Services in the Department of Veterans Affairs Central Office in Washington, D.C. This office advises the Director of the of VHA regarding staffing of medical services with PAs. In 2010, the Patient Protection and Affordable Care Act (ACA) funded a Health Resources and Services Administration program titled: “Expansion of PA Training (EPAT) Program”. This ACA clause provided \$32 million in funding for federal fiscal years 2010 through 2014 for PA education. The Choice and Quality Employment Act of 2017, Section 212, required PAs employed by the U.S. Department of Veterans Affairs to receive competitive pay by changing 38 U.S. Code § 7451 to include PAs as a “covered occupation” in the Nurse Locality Pay System. In 2018, the Medicare Patient Access to Hospice Act of 2017 was enacted, passing into law a provision that allows PAs to manage and provide hospice care to Medicare patients. In 2019, a proposal was accepted by the Office of Management and Budget (OMB) for PAs to receive \$1,000.00/year for Continuing Medical Education (CME); the same reimbursement as paid to physicians. Also in 2019, the Medicare Payment Advisory Commission (MedPAC) recommended “incident to” billing be eliminated for PAs and APRNs. The final CMS rules mandated direct reimbursement for all PAs and APRNs services and eliminated the “incident to” language required for reimbursement at 85% of the prevailing rate. This policy was finally implemented in January 2021, establishing direct payments to PAs for providing PA services.

(Michael Powe, continued on page 12)

(Michael Powe, continued from page 11)

PAHx: Now that this goal has been met what is next?

Michael: There have been some other gains made already. For example:

- 2020 – The Coronavirus Aid, Relief, and Economic Security (CARES) Act included a Center for Medicare and Medicaid Studies (CMS) waiver during the Covid-19 crisis so that hospitals can fully utilize PAs and APRNs to their level of training possible in accordance with a state’s emergency preparedness or pandemic plan during the SARS-CoV-2 pandemic. Physician supervision was waived during this crisis during 2020. Telehealth Benefits for reimbursement includes PAs and APRNs providing care to eligible beneficiaries during the COVID-19 outbreak. CMS also finalized permanent policy to authorize PAs to "certify, establish, and review the plan of care for nursing homes." This policy included authorization for providing durable medical goods for home health services as well.

- The Improving Access to Cardiac and Pulmonary Rehabilitation Act has been passed and is scheduled to go into effect January 1, 2024. This act allows PAs and APRNs to supervise cardiac and pulmonary rehabilitation programs for eligible Medicare and Medicaid patients.

PAHx: *Where do we go from here?*

Michael: There are still many more hurdles; we need to be sure that PAs are included in the private insurance sector reimbursement process, including payment for patient panels. It is important that PAs are included in every new model of care being proposed, Accountable Care Organizations, Managed Care Organizations and hospitals at every level. It would also be beneficial for PAs to gain uniform laws in all the states and territories that allow PAs to practice optimally to their level of training. We have not even begun to address the PA profession worldwide and all the issues associated with globalization. We could create a list that is endless, but it is one step at a time, piece by piece. Perseverance is the key.

PAHx: *Thank you for your time and energy for our profession.*

Michael: It is my pleasure and has been a pleasure to grow with the PA profession; these challenges are why I love what I do.

The Passing of a PA Advocate: Thomas E. Piemme, MD

Thomas E. Piemme, MD, died on April 17, 2021, at the age of 88 in Peoria, Arizona. Dr. Piemme was a lifelong advocate of the PA Profession from its beginning. He was instrumental in the establishments of the PA program at George Washington University and the NCCPA.

Dr. Piemme, together with his friend and colleague, Alfred M. Sadler, MD, helped organize the first “Annual Conference on New Health Practitioners”, a predecessor to the current AAPA annual conferences. Dr. Piemme also served as PAEA’s second Board President in 1973, NCCPA’s inaugural Board President in 1974, and the PAHx Board President in 2012. In 2017, PAEA recognized his contributions to PA education with the Lifetime Achievement Award.

Dr. Piemme’s wife [Judy] died in 2019. He is survived by three adult children and four granddaughters. You can read more about Dr. Piemme’s contributions to the PA profession from his [biography here](#).

Photographs –

Top left: Thomas Piemme speaking at the AAPA Conference in St. Louis, MO in 1975.

Above: Thomas Piemme cuts ribbon to PA History Society offices in 2012. Ruth Ballweg and Reginald Carter to left.



Original oil painting by Edi Matsumoto, 2021, donated to the NCCPA & PAHx



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PA History in the Wild

Michelle Schabowski, MSIS, CA

PAHx Archivist

The opportunity to bond over the history of the PA profession crops up in the oddest of places. I have had animated conversations about Dr. Stead, Joyce Nichols, and Navy Corpsmen on airplanes and in Lyft rides. One such Lyft driver was already attending school to become a PA!

My latest fateful encounter was when I went in for my first COVID-19 vaccine shot. The PA that administered the shot turned out to be Jim Bellinger, who had played an instrumental role in the early days of his state chapter (Georgia) and was the longtime editor for that chapter's newsletter. It was one of the first AAPA state chapter newsletters and won awards from the AAPA for its excellence.

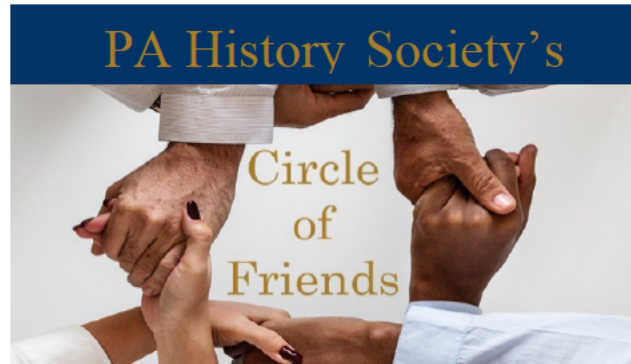
After talking more about PA history as a whole and Georgia's PA history, I had made a new friend who offered to help me go through a large donation of papers from the Georgia Academy of PAs. Mr. Bellinger even graciously took the early GAPA newsletters we had home with him to scan and digitize for the Society!

History and those that are passionate about it can be found around every corner. It's thrilling to see how common the interest is and the willingness of others from the PA community to help preserve and share it.

The PA History Society is always willing to work with those interested to help find resources in our archives and on our website. If you know someone who has played an integral part in the history of your state chapter or has a good story to share, please feel free to write to us at contactus@pahx.org

The PA History Society would like to honor and thank our PAs of Asian and Pacific Islander descent. Thank you for the care and devotion to your patients and for making history every day! [#AAPHeritageMonth](https://twitter.com/AAPHeritageMonth) The PAHx would like to preserve "your specific PA story" ... please email us at: contactus@pahx.org





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Help preserve PA history by becoming a *Lifetime Friend* of the Society. “*Lifetime*” *Circle of Friends Giving Levels:* a one-time donation of \$2,000 or more from individuals under the age 65 years or a one-time donation of \$1,000 or more from individuals retired or age 65 years and older.

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2021 Annual Circle of Friends: Daniel Beaulieu, Debi Gerbert, Kristine M. Healy, Maha Lund, Dick Rensch and Robert Wooten

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For more information about these programs, please visit our website www.pahx.org or send us an email contactus@pahx.org.

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Associates also receive a digital seal to proudly display your support of the PA History Society on your program's or organization's website. The PAHx Associate benefits are effective from July 1 – June 30 each year. For more information on becoming a PAHx Associate, please visit the Society's website at <https://pahx.org/how-to-support-us/> or email us at contactus@pahx.org.

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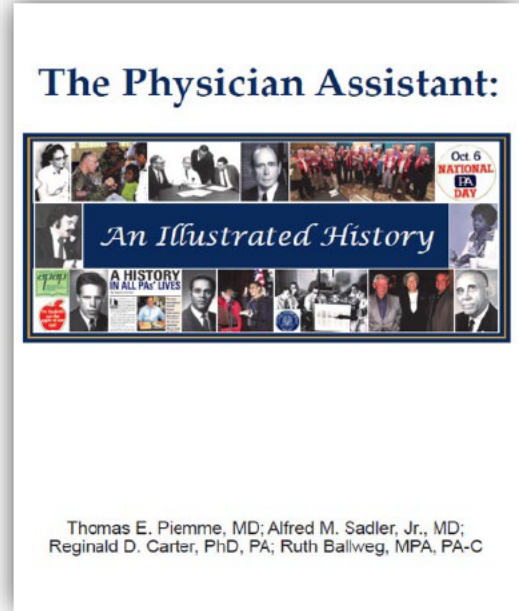
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