



■ 2009/2010 Flu Season Alert

Michigan hospitals and public health departments, including the Michigan Department of Community Health (MDCH), have been busy preparing for the second wave of the 2009 H1N1 influenza (formerly known as “swine flu”). No one knows for certain what the coming influenza season will bring, but Michigan has already begun to see increasing reports of influenza activity this fall.

The coming flu season promises to be full of challenges. However, by ensuring our being prepared, we can use our pandemic influenza plans to respond to the next wave of influenza in Michigan. Everyone should incorporate basic hygiene practices into their everyday life and be vaccinated against influenza.

Hygiene Practices:

- Cover nose and mouth with tissue or shirtsleeve when coughing or sneezing.
- Discard used tissues in the trash and immediately wash hands.
- Use alcohol-based hand sanitizers if soap and water is not available.
- Avoid touching your eyes, nose, or mouth. Germs spread this way.
- Avoid close contact with sick people.
- If you are sick, stay home for at least 24 hours after your fever is gone except to seek medical care. Your fever should be gone without the use of a fever-reducing medicine.
- Stay away from others to prevent them from becoming sick.
- Visit the MDCH website (www.michigan.gov/flu) to find out what to do if you get sick with the flu and how to care for someone at home who is sick.

Seasonal Vaccine:

- Protects against three seasonal viruses.
- Prevents co-infection by both seasonal and new flu viruses. (Co-infection could cause a mutation in the virus that would produce a more severe and virulent strain of flu.)

Novel H1N1 Influenza Vaccine:

- Protects against the 2009 novel H1N1 influenza virus.
- Will be available beginning in October.

Each year in the United States, more than 200,000 people are hospitalized and about 36,000 people die from seasonal influenza and related complications. This season could be worse because of the presence of a new strain: the 2009 “novel H1N1 influenza virus”. The Centers for Disease Control and Prevention (CDC) estimates that 10-20 percent of Americans come down with the flu during each flu season, which typically lasts from November to March. Children are two to three times more likely to get influenza than adults. In addition, children are more likely to spread the virus on to others.

The 2009 novel H1N1 influenza virus, like seasonal flu, spreads mainly through the coughs and sneezes of those infected by the virus. Influenza can be spread by touching your nose, eyes, or mouth after coming in contact with objects contaminated with the flu virus. People at greatest risk for both seasonal and novel H1N1 infection include children, pregnant women, and people with chronic health conditions (e.g. asthma, diabetes, heart, and/or lung disease).

In order to effectively decrease the impact of a second wave of the 2009 novel H1N1 flu virus, all of us—parents, organizations, businesses, health care providers, and governmental agencies—must work together to put into operation our plans for our families, our workplace, and ourselves.

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■ **Physical Therapist Assistant Licensure & Other Important Changes to the Physical Therapist Licensure Law**

Public Act 55 of 2009 was recently signed by Governor Granholm and became effective on June 25, 2009. The law makes major changes to the Physical Therapist licensure law by requiring the licensure of physical therapist assistants, increasing the number of representatives on the Michigan Board of Physical Therapy, and instituting continuing education requirements for both physical therapists and physical therapist assistants. Specific details are outlined below:

- Physical Therapist Assistants must now obtain licensure. A physical therapist assistant, as defined in Section 17801(1) of the Public Health Code, “means the practice of physical therapy performed under the supervision of a physical therapist licensed under this part.” Section 17826(1) of the law specifies that an applicant for licensure as a physical therapist assistant must:
 - * Be a graduate of a physical therapist assistant program approved by the Board of Physical Therapy.
 - * Pass an examination approved by the Board of Physical Therapy if he/she graduated from an approved program after January 1, 2008.
- A limited license for physical therapist assistants will be available until administrative rules are promulgated for the Bureau of Health Professions to formally issue physical therapist assistant licenses.
- In addition, Section 17826(2) of the law provides that either United States Military physical therapist assistant training programs or physical therapist training programs from outside of the United States shall be approved if the program is deemed to be substantially equivalent to physical therapist assistant training in the United States. This determination must be made by a credentials evaluation organization approved by the Board of Physical Therapy.
- Physical therapist assistant licenses will not be issued until administrative rules have been promulgated. In the meantime, limited licenses will be available to graduates of a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education.
- Only individuals who have obtained physical therapist assistant licensure may use the following words, titles or letters or a combination thereof: Physical Therapist Assistant, Physical Therapy Assistant, Physiotherapist Assistant, Physiotherapy Assistant, P.T. Assistant, P.T.A., Registered P.T.A., Licensed P.T.A., Certified P.T.A., C.P.T.A., L.P.T.A. and R.P.T.A.

- The number of representatives on the Board of Physical Therapy has increased from nine to eleven members. The Board is now comprised of six physical therapists, one physical therapist assistant and four public members.
- Professional development, an expanded model of continuing education, will now be required for physical therapists and physical therapist assistants. The Board of Physical Therapy, in conjunction with staff from the Bureau of Health Professions, will begin the process of developing professional development requirements for both physical therapists and physical therapist assistants. As soon as the draft rules are finalized by the Board of Physical Therapy, a public hearing will be scheduled to gather comments and recommendations from interested parties. Please check our website at www.michigan.gov/healthlicense for updates on the rules promulgation process.

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Fortunately, Michigan learned a great deal from the first wave of H1N1 in the spring of 2009. It is this knowledge that will help us plan and strengthen the four main ways to prepare for the virus: Surveillance, Community Mitigation, Vaccination, and Communication. For information on ways to prepare, select the following links:

- [Surveillance](#)
- [Community Mitigation](#)
- [Vaccination](#)
- [Communication](#)

Information and guidance documents regarding how to prepare for this current influenza season are available through several websites: Michigan Department of Community Health at www.michigan.gov/flu and Centers for Disease Control and Prevention (CDC) at www.cdc.gov/H1N1flu.

These important websites provide helpful information to individuals and families, business communities, schools, higher education institutions, and clinicians. The CDC and MDCH will continue to offer guidance as circumstances change during the influenza season.

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■ **Physical Therapy Administrative Rules New Licensure Requirements for Applicants Who Have Not Graduated From a CAPTE Accredited Program**

The Michigan Board of Physical Therapy adopted new Administrative Rules on May 15, 2009. Administrative Rule 338.7107(b) changes the licensure requirements for applicants who have not graduated from a physical therapy education program that is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Effective September 1, 2009, an applicant for a Michigan Physical Therapist license who did **not** graduate from a CAPTE-accredited physical therapy school must have their education evaluated using the Foreign Credentialing Commission on Physical Therapy (FCCPT) course work evaluation tool.

This change in educational review requirements will apply to any individual whose application for a Michigan Physical Therapist license is **received by the Board on or after September 1, 2009.**

Evaluations using the FCCPT course work evaluation tool may be completed with the same companies that the Michigan Board currently utilizes for credential reviews. Those companies are:

- International Consultants of Delaware, Inc., 3600 Market Street, Suite 450, Philadelphia, PA 19104
Website: www.icdel.com; Telephone: (215) 222-8454 ext. 603
- International Education Research Foundation, Inc., P.O. Box 3665, Culver City, CA 90231-3665
Website: www.ierf.org; Telephone: (310) 258-9451

Licensure applicants may also have their educational credentials evaluated by FCCPT. Their contact information is: FCCPT, 124 West Street South, 3rd Floor, Alexandria, VA 22314. Website: www.fccpt.org, Telephone: (703) 684-8406

WHAT YOU NEED TO KNOW

Question & Answer Corner



Can I be sued in court or criminally prosecuted if I make an allegation against a licensed health professional? If I am also a licensed health professional, can any disciplinary action be taken against me?



Section 333.16244 of the Public Health Code states: “(1) A person, including a state or county health professional organization, a committee of the organization, or an employee or officer of the organization furnishing information to, or on behalf of, the organization, acting in good faith who makes a report; assists in organizing, investigating, or preparing a report; or assists a board or task force, a disciplinary subcommittee, a hearings examiner, the committee, or the department in carrying out its duties under this article is **immune (emphasis added)** from civil or criminal liability including, but not limited to, liability in a civil action for damages that might otherwise be incurred thereby and is protected under the whistleblowers’ protection act, Act No. 469 of the Public Acts of 1980, being sections 15.361 to 15.369 of the Michigan Compiled Laws. A person making or assisting in making a report, or assisting a board or task force, a hearings examiner, the committee, or the department, is presumed to have acted in good faith. The immunity from civil or criminal liability granted under this subsection extends only to acts done pursuant to this article or section 21513(e).”

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■ **The Bureau of Health Professions Has Been Reorganized**

The Bureau of Health Professions has recently been reorganized to better serve our licensees, applicants for licensure, and the citizens we serve. The Bureau has been divided into four divisions: 1) the Administration Division, 2) the Health Investigation Division, 3) the Health Regulatory Division and 4) the Health Licensing Division.

The **Administration Division** includes the Director of the Bureau of Health Professions, Melanie Brim. It also includes the Professional Practice Section that is responsible for numerous outreach efforts including Workforce Development, the End of Life & Palliative Care Initiative, Pain & Symptom Management and Patient Safety. The **Health Investigation Division's** director is Ray Garza. This division is responsible for receiving complaints against licensed health professionals and determining if a violation of the Public Health Code has occurred. If a violation has occurred, an investigation will be conducted by staff from this division. The Health Investigation Division also houses the Pharmacy and Michigan Automated Prescription System (MAPS) Section. The **Health Regulatory Division's** director is Rae Ramsdell. This division is responsible for preparing administrative complaints regarding health professionals once the investigation process has been completed. The division also supplies board support for the 25 licensing boards housed in the Bureau of Health Professions, the administrative rules promulgation process, the Health Professional Recovery Program, the Medical Marijuana Program, sanction monitoring and filling Freedom of Information Act requests. The **Health Licensing Division's** director is Joseph Campbell. This division is responsible for all licensing and license renewal functions, continuing education, license verifications, the Nurse Aide Registry and the long term care criminal background check program.

Additional information regarding the Bureau of Health Professions can be found on our website at www.michigan.gov/healthlicense. If you have questions, you may email us at bhpinfo@michigan.gov or call us at (517) 335-0918.

■ **Valid Patient-Practitioner Relationships Resolution No. 105-3-09 Recently Adopted by the National Association of Boards of Pharmacy**

At the May 2009 annual meeting of the National Association of Boards of Pharmacy (NABP), Resolution No. 105-3-09 was adopted, which addresses the issue of prescription drugs being prescribed and dispensed without a valid patient-practitioner relationship. David Bach, RPh, former chair and current member of the Board of Pharmacy, was the board's representative at the NABP annual meeting and provided details regarding the resolution at the Board of Pharmacy's June 10, 2009 meeting. It was suggested by Mr. Bach that the language from the resolution be shared in the *HealthLink* newsletter and incorporated into the board's administrative rules. It was determined that this topic will be addressed at future meetings of the board's rules subcommittee.

To read NABP Resolution 105-3-09 in its entirety, please go to: <http://www.nabp.net/ftpfiles/AM/105/ValidPatient-PractitionerRelationships.pdf>.

■ **Person Centered Planning: What Policymakers and Providers Need to Know**

The Michigan Department of Community Health (MDCH) is committed to implementing the person-centered planning process across the long-term care continuum. Individuals use person-centered planning when they are receiving care in their own home, an assisted living program, a nursing facility, or a hospital.

Person-Centered Planning means a process for planning and supporting the individual that builds on his or her capacity to engage in activities that promote community life and honors preferences, choices, and abilities. The person-centered planning process involves families, friends and professionals as the individual desires or requires.

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■ **Michigan Experts to Address Pain and Symptom Control in December**

Six Michigan organizations are partnering in an effort to educate health professionals statewide on issues related to pain, provider misinformation, pain control, opiate prescribing and the use of non-pharmacological therapies. Partners include the Michigan Department of Community Health, Bureau of Health Professions; Michigan Hospice and Palliative Care Organization; Michigan Health and Hospital Association; Michigan Association of Osteopathic Family Physicians; Michigan Center for Nursing; and the Michigan Health Council.



The **Michigan Pain and Palliative Care Assembly** has been developed for all levels of professional experience in addressing pain issues from those who work directly in palliative care, to physicians and nurses seeking the latest trends and information on addressing pain. Continuing education credits are approved for both physicians and nurses. Presentations will include results from the State of Michigan's pain study, information on the safe and effective use of opioids, pain management for geriatric patients, the proper use of methadone, and non-pharmacological and integrative therapies including medical marijuana. Several sessions will include the use of audience response technology, and the Assembly will close with interactive case studies. The expert presenters for the Assembly include John Mulder, MD; William Morrone, DO; Terri Mack, MD; James Boal, MD; Patricia Schmidt, DO; May Yassine, PhD; and, Susan Affholter, MPH.

The appropriate management of pain is a complicated and often confusing dilemma for physicians, nurses, and others interested in properly treating pain. Michigan has some of the most progressive pain policies in the country according to the University of Wisconsin Pain and Policy Studies Group's 2008 national report. According to the annual report titled *Achieving Balance in State Pain Policy: A Progress Report Card*, Michigan is one of only five states to achieve and maintain an "A" for enabling health care professionals to effectively alleviate the suffering of their patients without encountering barriers in legislation or regulation.

"We have made remarkable progress in our state to address the barriers for professionals in treating pain," said Jeff Towns, President, Michigan Hospice and Palliative Care Organization, "the issues are the comfort level of licensed physicians and nurses when working with medications and other therapies, understanding where the opportunities exist for addressing patient need, and knowing that state laws support them in appropriately addressing pain with their patients."

The Assembly is scheduled for December 4, 2009 and will be held at the Johnson Center on the Cleary University-Livingston Campus in Howell, Michigan. Registration for the conference is \$99 and supported through education grants. For more information, or to register, go to www.mihospice.org or visit any of the Assembly partners' websites. You may also call (517) 668-6396 for details. You may view and download the conference brochure at <http://www.mihospice.org/Portals/Rainbow/Documents/813bc1b7-c9b6-4442-83c2-da5778abc739.pdf>.

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Incorporating the values and principles of person-centered planning across the array of long term care supports and services was first proposed by the Michigan Long-Term Care Task Force appointed by the Governor. The Task Force recommended the state “require and implement person-centered planning practices throughout the LTC continuum ...” The Michigan Long-Term Care Commission adopted a definition, values and principles and Essential Elements, which MDCH is using to guide implementation of the person-centered planning process.

Core Values and Principles: Person-Centered Planning is an individualized process designed to respond to the preferences and choices of the individual. An individual may involve trusted family members and friends (often described as allies) in the process to assist him or her in identifying strengths, expressing preferences and making choices.

The goal of person-centered planning is to identify the long-term care services and supports necessary for the individual to live his or her desired life. For many individuals, these services and supports enable them to meaningfully participate in and contribute to their community, maximize independence and create or maintain community connections. The process recognizes and values each individual’s cultural background and involves an ongoing commitment to the whole person, not just his or her medical or chronic condition.

Essential Elements: The Person-Centered Planning process includes the following essential elements:

- **Person-Directed**—The individual controls the planning process.
- **Capacity Building**—Planning focuses on an individual’s gifts, abilities, talents and skills rather than deficits.
- **Person-Centered**—The focus is on the individual and not on fitting him or her into available services and supports in a standard program.
- **Outcome-Based**—The planning process focuses on increasing the experiences identified as valuable by the individual during the planning process.
- **Presumed Competence**—All individuals are presumed to have the capacity to actively participate in the planning process (even individuals with cognitive and/or mental disabilities).
- **Health and Welfare**—Strategies for identified health and welfare needs are addressed to enable the individual to live where he or she chooses.
- **Documentation**—The results of planning are documented in ways that are meaningful to the individual and useful to the people responsible for implementing the plan.

By implementing person-centered planning across all long-term care supports and services, MDCH facilitates innovation, increasing individual quality of life and satisfaction with service delivery.

For more information about Person-Centered Planning and to learn about implementation efforts, workgroups, training opportunities, etc., please contact Tari Muñiz, Office of Services to the Aging’s Long Term Care Supports and Services Section, at munizt@michigan.gov or (517) 335-5671.

REMINDER—Many Online Services Are At Your Fingertips!

- **Main Website:** www.michigan.gov/healthlicense
- **Application Status:** www.michigan.gov/appstatus
- **Online Change of Address:** www.michigan.gov/mylicense
- **Online Renewal:** www.michigan.gov/mylicense
- **Verify a License:** www.michigan.gov/verifylicense

For a complete listing of online services provided by the Bureau of Health Professions, please click here: http://www.michigan.gov/documents/mdch/BHP_Website_Brochure_277235_7.pdf

