

# Strategic Planning

## American Academy of Physician Assistants 2010-2012 Strategic Plan

*Adopted February 19, 2009*

*Amended February 21, 2010*

*Amended October 29, 2010*

### Preamble

Recognizing that patients are the reason for the existence of the physician assistant profession, the content of this strategic plan was developed with the understanding that it is the role of the American Academy of Physician Assistants (AAPA) to provide physician assistants with the support they need to maintain a patient-centered approach as they deliver the highest quality care and encompass ethical standards and decision-making that are in the patient's best interest.

In early 2008, the AAPA Board of Directors and senior management initiated a three-year strategic planning process. The goal of this process was to define AAPA priorities and direction and to focus Academy resources in a manner consistent with its revised mission and vision statements and to reflect the changing health care environment. As part of the process, divergent perspectives and views were obtained from across the AAPA membership.

The outcome of this process is detailed on the pages that follow. The resulting plan will be the roadmap for the Academy, approved by the Board of Directors and senior management. The plan is designed to advance the AAPA mission and support its members.

The purpose of a strategic plan is to clearly articulate agreed-upon goals and strategies supporting the mission and vision statements of the organization. Together, the goals, strategies and the mission and vision statements define the course for the AAPA and the allocation of human and financial resources. They also confirm and strongly support AAPA's role as a primary voice for advancing the PA profession, recognize its ability to connect the PA profession with other medical and health care organizations and individuals, and advance its position as a major advocate for promoting access to quality, patient-centered care.

### Mission

#### American Academy of Physician Assistants

To ensure the professional growth, personal excellence, and recognition of physician assistants, and to support their efforts to enable them to improve the quality, accessibility, and cost-effectiveness of patient-centered health care.

### Vision

#### American Academy of Physician Assistants

The American Academy of Physician Assistants is the leader in providing support and advocacy for physician assistants, the primary organization advancing the profession, a premier participant in health care transformation, and a passionate champion of patient-centered care.

## **Core Values**

### **The American Academy of Physician Assistants**

#### **Excellence**

- AAPA sets a high standard of performance and demonstrates competence in its actions and support of PAs.
- AAPA demonstrates innovation and vision as it enhances the visibility and value of the profession, while supporting and enabling PAs and their patient-centered focus.
- AAPA sets a high standard of performance for its staff and promotes the same as a standard for the profession.

#### **Ethics**

- In all of its activities, AAPA acts with integrity and civility with its members, business partners, and others.
- AAPA, by its example, encourages all PAs to adhere to the highest standards of professional behavior.

#### **Expertise**

- AAPA is recognized by PAs and the health care community broadly as the primary authority on issues related to the utilization and practice of PAs.
- AAPA promotes its members as experts in patient care, providers of innovative solutions to health care challenges, and knowledgeable members of the patient-centered health care team.

#### **Leadership**

- AAPA is at the forefront of critical and innovative thinking in its efforts to increase patient access to quality health care services.
- AAPA considers and moves forward creatively to advance the profession and improve health care.
- AAPA promotes and positions the PA profession to maximize its influence on health care policy, thus securing the future of the profession.
- AAPA supports continuous quality improvement.
- AAPA actively attracts recruits and retains member leaders and staff of different backgrounds and varying perspectives to ensure a diverse pool of qualified applicants when calling for leadership candidates.

#### **Member Focus**

- AAPA's paramount concern is to understand, appreciate, and respond to the unique needs and concerns of its members.
- AAPA always remembers that its sole reason for being is to serve its members and to support their efforts to serve their patients.
- AAPA uses its influence to gain recognition for the profession and for its members.

## **Goal I - Advocacy**

*By April 30, 2012, the American Academy of Physician Assistants advocacy strategies will strengthen physician assistants' ability to provide patient care.*

### **Supporting Strategies**

1. By May 31, 2011, develop and distribute on Capitol Hill an AAPA Federal Legislative Agenda for the 112th Congress.
2. By June 30, 2011, identify House and Senate bipartisan champions to reintroduce the Improving Access to Workers' Compensation for Injured Federal Workers Act, which is legislation to allow PAs to diagnose and treat federal workers who are injured on the job.
3. By June 30, 2011, work with congressional sponsors to reintroduce the Home Health Care Planning Improvement Act and to develop a strategy to achieve a low CBO budget score and /or a budget offset.
4. By April 30, 2012, enact legislation to allow PAs to provide hospice care.
5. By April 30, 2012, support full utilization of PAs in patient-centered medical home practices by: Incorporating recognition of PAs in the Joint Commission medical home standards. Developing state model language for use by PA state chapters.
6. By April 30, 2012, increase the number of state laws and regulations that contain key elements of AAPA model language by 20 percent, to a total of 67 percent.
7. By April 30, 2012, improve laws in 10 states that impact PA practice that are in sections of statute outside of the PA practice act, (i.e., laws governing ionizing radiation or specified signature authority).
8. By April 30, 2012, increase the number of AAPA members who use our on-line advocacy tools by 50 percent.
9. By April 30, 2012, increase the number of Grassroots Advocacy and Information Network (GAIN) members from 1,250 to 5,000.
10. By April 30, 2012, develop the infrastructure of the AAPA PAC to support an increase in PAC revenues from \$45,000 to \$100,000.
11. By April 30, 2012, develop and promote the availability of a "best practices" guide for optimal utilization of PAs in hospital settings.
12. By April 30, 2012, develop and begin implementation of a strategy to expand the PA workforce in a manner that assures the profession's maximum impact on the health of the nation through 2020, including increasing the knowledge of the PA profession as a career option among individuals from diverse communities.

## **Goal II – Research**

*By April 30, 2012, AAPA will implement a comprehensive research agenda designed to explore work force issues, the impact of the PA profession on health outcomes, and other needs of the profession.*

### **Supporting Strategies**

1. By June 30, 2009, identify potential internal and external sources of funding to support the initiation of a process to determine the research needs of the profession.
2. By June 30, 2009, collaborate with the NCCPA and NCCPA Foundation, PAEA, ARC-PA, and the Physician Assistant Foundation, to determine both the feasibility of forming a joint entity/research institute to engage in priority research activities for the profession and what type of entity would be optimal.
3. By February 28, 2010, convene a research-agenda setting summit, involving NCCPA, the NCCPA Foundation, PAEA, ARC-PA, the Physician Assistant Foundation, and others, and identify the priorities of a research agenda for the profession.
4. By June 30, 2010, operationalize the joint entity/research institute outlined in strategy two above.
5. By April 30, 2011 conduct enhanced census survey with multiple modules to include a description of patients in volume and category, team composition and PA roles, PA clinic and demographic distribution, and PA health.
6. By April 30, 2012 conduct a qualitative study of PAs by interview survey by interviewing a small group of PAs from diversified clinic settings, experiences, specialties, and areas across the profession in the U.S.
7. By April 30, 2011 develop the PA research agenda by assisting the AAPA Research Steering Committee (RSC) to develop a national PA research agenda that identifies areas of research and priorities and establishes a solid foundation for research.
8. On an ongoing basis, generate and disseminate knowledge: Enhance research activities to contribute to the body of knowledge of the PA profession. Disseminate key findings at various academic and professional meetings. Publish research findings in JAAPA and other peer-reviewed journals to promote the PA profession.

### **Goal III – Extending our Reach: Membership**

*By January 1, 2010, AAPA will establish a baseline for all contacts by AAPA to PAs and ensure that the number of contacts increase by 10 percent annually through April 30, 2012.*

### **Supporting Strategies**

1. Beginning in calendar year 2009, exhibit annually at the Physician Assistant Education Association Educational Forum in order to do the following
  - A. Encourage membership of PA program faculty and students.
  - B. Distribute materials and information regarding AAPA leader and staff visits to PA programs.
  - C. Provide attendees with appropriate links to information and resources available from AAPA.

2. By May 1, 2009, develop an assessment tool to determine the needs of various PA constituencies. The tool will gather specific information from which AAPA will develop and measure improvement in meeting the needs of PAs, such as, employment/employer relations, regulatory issues, personal and professional development, professional identity within organizations, educational needs, practice support, and technology acquisition and application.
3. By May 31, 2009, develop and execute a town hall-style meeting to be held at the 2009 AAPA Annual Conference in San Diego, California.
4. By June 30, 2009, develop a plan to actively promote, via e-mail, direct mail, and advertisements, the PA Job Link and its resources to all PAs who are not members of the AAPA.
5. By June 30, 2009, provide access via the AAPA Web site to reports on the scientific and clinical meetings which AAPA staff/member leaders attend and/or in which they participate. The number of these reports will serve as a measure of PA contacts.
6. By September 30, 2009, develop and begin execution of the PA Student Outreach Program, which will visit every PA Program once every 36 months.
7. By March 30, 2010, develop a well-organized, accessible, and sustainable communications platform to address professional development via non-clinical pathways for PAs.
8. By September 2010, research, develop and begin execution of a diversity initiative that focuses on recruiting and retaining a more diverse population of PA members and leaders.
9. By September 2010, assess and develop a model for bundling of dues for our Constituent Organizations (COs) that is financially and logistically viable for the AAPA and the COS.
10. By April 30, 2012 analyze and develop foundational / baseline improvements necessary to execute multiple levels of member experiences, engagement, and value received.
11. By April 30, 2012 assess, develop and implement marketing and customer service initiatives to facilitate the transition from student to fellow membership.

#### **Goal IV – Capacity Building: Governance**

*By April 30, 2012, AAPA will design and implement a revised governance structure for AAPA that supports the organization's ability to provide timely, relevant leadership for the profession and optimizes organizational, fiduciary and policy-making functions.*

#### **Supporting Strategies**

1. By March 31, 2009 the AAPA President will establish a working group, to be guided by an external consultant, with a charge to:
  - A. Evaluate the composition of and terms of service for the AAPA Board of Directors.
  - B. Evaluate the purpose and structure of the House of Delegates.
  - C. Evaluate the purpose and structure of the Student Academy Assembly of Representatives (AOR). (see #7 below)
  - D. Review and evaluate all AAPA governance-related documents for references to committees, councils and congresses.

2. A report detailing findings and recommendations from the working group referenced in supporting strategy number one will be considered by the AAPA Board of Directors by October 31, 2009.
3. By October 1, 2009, establish a leadership development plan detailing programs for orientation and development of board members, committee and council members, and constituent organization leaders.
4. By May 31, 2010 propose resolutions to the House of Delegates amending House and Board governance-related policies and structures.
5. By June 1, 2010 establish a board appointed task force that includes representatives from some of the current AAPA-recognized caucuses
  - A. To learn more about caucus goals and objectives as independent organizations and within the governance structure of the Academy.
  - B. To develop AAPA caucus policies, requirements, standards, application processes, and HOD resolutions for caucus HOD seats.
  - C. To prepare action items/resolutions for the October 2010 board of directors meeting and the 2011 House of Delegates.
  - D. After the constituent organization work group deliberations, the caucus work group will prepare action items/resolutions.
  - E. By October 31, 2011 implement the recommendations from the Caucus Work Group related to their caucus policies, requirements, standards, application processes, and HOD representation approved by the House of Delegates (if any).
6. By September 1, 2010 modify all governance documents implementing the changes adopted at the 2010 House of Delegates meeting.
7. By October 31, 2011 implement the recommendations from the A22 Work Group to the 2011 House of Delegates related to HOD authority established in areas such as public policy, social policy, matters relating to the physician assistant profession, and similar areas.
8. By October 2010 establish a board appointed task force to evaluate the purpose and structure of the Student Academy Assembly of Representatives (AOR) and the bridging of student to fellow membership and recommend changes if so determined.
9. By May 31, 2011, propose resolutions to the Student Academy Assembly of Representatives and AAPA board of directors regarding governance-related policies and structures for implementation of these recommendations.
10. By October 31, 2011 implement the recommendations from the Student Academy Work Group approved by the SAAAPA Assembly of Representatives, board of directors, and House of Delegates (if any).
11. By February 2011 merge the Leadership Development Program tenets into the Constituent Organization Resource Exchange meeting. (Note: the Leadership Development Program was developed in response to Strategic Goal IV, Supporting Strategy #3 to "...establish a leadership development plan detailing programs for orientation and development of board members, committee and council members, and constituent organization leaders.")

### **Goal V – Capacity Building: Revenue Generation**

*By April 30, 2012, AAPA will achieve revenue growth of 32 percent for a total of \$20,100,000.*

## **Supporting Strategies**

1. By April 30, 2012, increase dues revenue from \$7.2 million to \$8.5 million. This represents Growth of AAPA fellow members to 34,000. Growth of student members to 12,000.
2. By April 30, 2012, maintain Annual Conference net revenue at an average of \$1.85 million per year.
3. By April 30, 2012, increase other non-dues revenue (defined primarily as royalties, publication/advertising/information, and CME) from the current \$4.4 million to \$5.5 million.

## **Goal VI – Capacity Building: Constituent Organizations**

*By April 30, 2012, AAPA will have consistent and reliable structures and systems in place to support constituent organizations (defined as constituent chapters, specialty organizations, and caucuses).*

## **Supporting Strategies**

1. By June 30, 2009 develop an indicator dashboard system to assess the current status of each constituent organization in the Western, North Central, and Southeast Regions.
2. By July 31, 2009 develop performance plans for each constituent organization in the Western, North Central, and Southeast Regions that detail goals and strategies to address membership development, leadership development, communications, advocacy, financial planning, and program planning.
3. By April 30, 2010, utilize an indicator dashboard system to assess the current status of each constituent organization in the South Central and Northeast Regions.
4. By May 31, 2010, develop a performance plan for each constituent organization in the South Central and Northeast Regions that details goals and strategies to address membership development, leadership development, communications, advocacy, financial planning, and program planning.
5. By September 30, 2009, convene a summit with specialty organization leaders to reach consensus on short- and long-term goals and strategies to support the growth and development of specialty organizations as components of AAPA.
6. By May 31, 2010, execute agreed-upon goals and strategies to support growth and development of specialty organizations as components of the AAPA.
7. Beginning in 2009, convene the Constituent Organization Resource Exchange annually. On odd-numbered years, the CORE meeting will be held at the National Office, and on even-numbered years, the CORE meeting location will rotate among the five Regions.
8. Beginning in FY 2010, provide a financial subsidy to constituent organizations to support robust participation by constituent organization leaders and emerging leaders in Academy sponsored meetings and training opportunities.
9. By Oct. 1, 2011, administer a dashboard survey to AAPA's specialty organizations to establish baselines for implementation of organizational growth strategies relating to the Seven Key Elements of Sustainability.

10. By April 30, 2012, implement revenue-based platforms that allow AAPA's constituent organizations to access products, services and information that are relevant to their growth needs.

### **Goal VII – Capacity Building: Marketing and Branding**

*By April 30, 2012, AAPA will be recognized by PAs and other stakeholders as a respected, credible, supportive, PA-centered organization as measured by qualitative and quantitative data.*

#### **Supporting Strategies**

1. By January 1, 2009, develop base-line qualitative and quantitative measures documenting views and perceptions of AAPA as held by PAs and other stakeholders.
2. By January 1, 2009, review all current AAPA messaging and communication tools, and begin a collateral mapping process.
3. By March 31, 2009, complete phase one of the branding process that will include development of
  - A. Verbal identity.
  - B. Personality traits and reasons to believe.
  - C. Tagline.
  - D. Visual identity.
  - E. Collateral material.
  - F. Style guide.
4. By May 31, 2009, complete phase two of the branding process that will include
  - A. Sub-brand assessment and strategy development.
  - B. Internal brand-launch strategy.
  - C. External brand-launch at the 2009 AAPA Annual Conference.
  - D. Exploration of the Physician Assistant Foundation brand and development of strategic recommendations.
  - E. Exploration of branding for the PA profession and development of a corresponding strategic plan.
5. By June 30, 2009, complete phase three of the branding process which will include Development of a re-branding documentary to be used in future marketing. Brand-launch initiatives.
6. Annually (by the end of each calendar year), assess AAPA's brand position by surveying the PA audience.
7. By May 31, 2010 develop procedures and processes that facilitate greater alignment with the AAPA brand, both internally and externally.
8. By April 30, 2012 collaborate with the CO work group to define and develop a model for brand alignment among our external stakeholders (Constituent Organizations). Once consensus is reached, an alignment methodology and plan will be defined and presented for consideration and execution.

### **Goal VIII – Health of the Public**

*By April 30, 2012, the American Academy of Physician Assistants will demonstrate a leadership role for physician assistants in addressing health disparities and preventing premature death and disease.*

1. By April 30, 2012 improve access to preventive health services by increasing the proportion of PAs in all specialties who are delivering oral health care, tobacco cessation interventions, cancer screening and immunizations.
2. By April 30, 2012 contribute to the elimination of racial and ethnic health disparities by:
  - A. Increasing the proportion of graduate PAs who have been trained to provide culturally competent care
  - B. Increasing the proportion of PAs managing diabetes, cardiovascular disease, HIV, cancer screening and asthma according to national guidelines.