



REQUEST FOR PROPOSALS

PA Workforce Research

Submission period: 2/1/2017 to 3/13/2017

Table of Contents

- REQUEST FOR PROPOSALS 1**
- Table of Contents 2**
- Section 1: Overview..... 3**
 - 1.1 Purpose of RFP 3
 - 1.2 Overview of APPA and Current Environment..... 3
 - 1.3 Services to be Performed 3
 - 1.4 Areas of Research 3
 - 1.5 Data security 4
- Section 2: Proposal Response 5**
 - 2.1 Cover Letter 5
 - 2.2 Objectives of Research..... 5
 - 2.3 Data Sources 5
 - 2.4 Research Plan..... 6
 - 2.5 Timeline 6
 - 2.6 Budget 6
 - 2.7 References 7
 - 2.8 Evaluation criteria 7
- Section 3: Instructions on the RFP Process 8**
 - 3.1 Use of Information..... 8
 - 3.2 Principal Contact and Information Requests..... 8
 - 3.3 Questions Submission 8
 - 3.4 Proposal Submission 8
 - 3.5 Modification or Termination of RFP Process 9
 - 3.6 Proposal Preparation Costs..... 9
 - 3.7 Ownership and Intellectual Property 9
 - 3.8 Failure to Complete..... 9
- Exhibit 1 AAPA Data Use Agreement10
- Exhibit 2 List of AAPA Data Elements13

Section 1: Overview

1.1 Purpose of RFP

The American Academy of PAs (“AAPA”) has collected data from thousands of PAs on their practice environment. AAPA would like to support the PA workforce research community by providing segments of the data to qualified PA researchers (“Researcher”) for use in research on the PA profession.

1.2 Overview of APPA and Current Environment

Founded in 1968, the AAPA is the national professional society for PAs. It represents a profession of more than 115,500 certified PAs across all medical and surgical specialties in all 50 states, the District of Columbia, the U.S. territories and within the uniformed services. AAPA is a 501(c)(6) professional association with more than 54,000 members nationwide.

See more at: www.aapa.org

1.3 Services to be Performed

AAPA is seeking experienced and qualified Researchers to support and/or partner with as they engage in PA workforce research. This may include

- (a) Original research
- (b) Use of AAPA data for answering new research questions
- (c) Partnering with AAPA to answer new research questions

AAPA will speak with the Researchers once per month to provide support to, and respond to questions from, the Researchers. The meetings will end when the final deliverable is met.

1.4 Areas of Research

AAPA will give preference to research that is aligned with the AAPA Strategic Plan. Other research proposals are welcome and will be considered.

Equip PAs for Expanded Opportunities in Healthcare

- Preserve PA flexibility to make career transitions by maintaining and expanding access to multiple pathways by which PAs can develop and demonstrate competence

- Expand professional development offerings with a greater emphasis on leadership and management competencies
- Promote inclusion and encourage participation of PAs on workplace and professional committees, decision-making bodies and state regulatory agencies

Advance the PA Identity

- Make substantial progress toward ensuring that PAs are enrolled providers and submit claims under their own name and NPI to create the documentation necessary to demonstrate PA value
- Advance the recognition of PA skills, scope of PA practice and contributions to healthcare among employers, thought and opinion leaders, policy-makers, healthcare providers, and the media

Create Progressive Work Environments for PAs

- Achieve improved statutory and regulatory environments for PA practice
- Remove workplace-imposed barriers to PA practice and foster PA-positive workplace environments

1.5 Data security

The following guidelines need to be followed for releasing AAPA data to approved external Researchers or other data users.

- Survey data at individual level is not released to any Researchers within the first 12 months from completion of data collection or completion of data analysis and reporting by AAPA, whichever comes last.
- Only a subset of AAPA data for the approved project can be released to external Researchers. The data set will only serve the approved project and must be destroyed once the project is done as specified in the signed data user agreement.
- Data sets physically removed from AAPA premises must be de-identified with identifiable information such as name, AAPA ID, and address either scrubbed or grouped into a broader category so as to protect individual PA's confidentiality.
- Data sets physically removed from AAPA premises remain the property of AAPA.
- For any collaborative work between AAPA staff member(s) and Researcher(s), if the entire PA data is required, AAPA research must be the principal investigator(s) of the project and the first author(s) of any resulting publication. In this case, the full data set with entire PAs must be kept in AAPA premises physically.
- AAPA data released to Researchers must be properly documented so that the research projects and Researchers who are working on AAPA data are known so as to avoid AAPA research projects to be duplicated with those conducted externally.

Section 2: Proposal Response

This section describes the contents of a Proposal and an outline of how it should be organized. A Proposal will not be considered unless it fully complies with the requirements in this Section, as well as the additional instructions provided in Section 3 Instructions on RFP.

Specifically, a Proposal shall include each of the sections referenced in the table below. The requirements for each section are described in detail in this Section.

Sections and Topics

Section 2.1 – Cover letter

Section 2.2 – Objectives of Research

Section 2.3 – Data Sources

Section 2.4 – Research Plan

Section 2.5 – Timeline

Section 2.6 – Budget

Section 2.7 – References

2.1 Cover Letter

The Proposal shall contain a brief cover letter acknowledging an understanding of the RFP process and requirements set forth in this RFP. This shall include its commitment to the Proposal. An indication must be made that shows that the Research is exempt from Institutional Review Board or has been approved by an Institutional Review Board shall be included. The cover letter shall be signed by the primary Researcher.

2.2 Objectives of Research

The Proposal shall begin with objectives for the research proposed. The focus shall include how the research will provide a novel contribution to the literature and the questions the research is answering.

2.3 Data Sources

The Proposal shall include the AAPA data elements, if any, that are needed for the research. A list of data elements is found in Exhibit 2. The Proposal shall explicitly describe:

- (a) All data elements requested from AAPA data sources
- (b) How each data element will contribute to the Research
- (c) Any additional sources of data, including how the data is collected
- (d) How any data elements from AAPA data sources will be securely stored

Prior to releasing any data from AAPA, a Data Use Agreement must be completed (Exhibit 1)

2.4 Research Plan

The Proposal should clearly describe the life cycle of the research including

- (a) Data collection (if applicable)
- (b) Analysis
- (c) Writing
- (d) Plan for disseminating the findings

AAPA welcomes Proposals that involve partnering with Researchers. If the Proposal includes partnership with AAPA Research, please ensure that adequate time is allotted for AAPA Research Staff to perform the needed support for project development, analysis, writing, and review.

2.5 Timeline

AAPA Timeline

RFP opens: 2/1/2017

Meetings scheduled for clarifications: 2/1/2017 to 2/20/2017

Submission period: 2/1/2017 to 3/3/2017

Review period: 3/6/2017 to 3/31/2017

Agreements signed: 4/14/2017

Initial funds distributed: 4/28/2017

Research Timeline

Research proposals must include the timeline for the proposed research project. This should include two major milestones:

Milestone 1: Analysis complete and sent to AAPA for comment

Milestone 2: Draft submission complete and sent to AAPA for comment

All research should be concluded by 3/31/2018.

2.6 Budget

Qualified projects will receive a stipend of up to \$4,000. Up to 7 awards will be made. All funds must be used exclusively for research and directly related research equipment.

An itemized budget detailing pass through and non-pass through expenses shall be included with the submission.

Funds will not be dispersed until approved applicants have transmitted proof of approval to conduct the research from their ethics committee or institutional review board.

2.7 References

The Proposal shall include the full bibliography of the primary Researcher. If items are not available to AAPA online, AAPA may request copies from the Researcher.

2.8 Evaluation criteria

(a) Objectives of research

Are the objectives clear? How will the research provide a novel contribution to the literature?

(b) Proposed methodology

Are the data collection or data elements and experimental technique appropriate for the study? If there is data collection, is the plan for the data collection comprehensive and likely to yield adequate response rates? Are the analytical procedures used adequately described?

(c) Implications

How will the findings impact what we know about, or how we perceive, the PA profession?

(d) Alignment to AAPA Strategic Plan

Does the research align to the AAPA Strategic Plan? Will the research complement the AAPA Strategic Plan?

(e) Research plan

Is there enough time built in to the plan to meet the milestones? If the project involves partnering with AAPA Research, does the research plan adequately take this into account?

(f) Budget

What is the amount requested? Will the funds cover the project needs? Have the passthrough and nonpassthrough costs been identified?

(g) Plans for information dissemination

How will the findings be disseminated? Are the proposed channels adequate disseminating the research findings?

Section 3: Instructions on the RFP Process

3.1 Use of Information

Researchers are eligible to receive the stipend for research involving AAPA data and information. All PAs who are awarded a Research Stipend must be a current member of AAPA.

All correspondence about this RFP should be limited to the Principal Contact listed in Section 3.2 or other designated AAPA personnel or agents.

3.2 Principal Contact and Information Requests

Noël Smith
Senior Director, PA and Industry Research and Analysis
AAPA - American Academy of PAs
2318 Mill Road, Suite 1300
Alexandria, VA 22314
571.319.4467
research@aapa.org

3.3 Questions Submission

Once the submission period opens, Researchers may submit questions in writing to Noël Smith at research@aapa.org. Responses will be made within 3 business days. Alternatively, Researchers may request, in writing, a telephone meeting with AAPA staff to address any questions regarding the process. All meetings will be held between February 15 and March 3, 2017. Please note that responses to questions received may be shared with all Researchers who have asked to participate in the RFP process, at the discretion of AAPA.

3.4 Proposal Submission

- (a) The timeline for the proposal process may be found in 2.5.
- (b) Proposals may not be amended after March 17, 2017.
- (c) Notwithstanding, any legends on the Proposal or any other statements to the contrary, all materials submitted in connection with Researchers' response to this RFP will become the property of AAPA and may be returned only at AAPA's option.
- (d) Subject to questions and clarifications raised on specific issues in accordance with Section 3.3, the Researcher shall be deemed, by the submission of its Proposal, to have understood fully the meaning of the overall RFP. Any claims of ambiguity after all stipends are dispersed will not be accepted by AAPA.
- (e) Only complete Proposals will be considered for funding.

3.5 Modification or Termination of RFP Process

AAPA reserves the right to, in its sole discretion, discontinue, amend, supplement, or otherwise modify this RFP, the process used for evaluation, and the expected timeline at any time and for any reason, and makes no commitments, implied or otherwise, that this process will result in a business transaction with any provider.

3.6 Proposal Preparation Costs

Researchers will be responsible for all costs it incurs in connection with this RFP process (including but not limited to proposal preparation, personnel time, travel-related costs, and other expenses) and any subsequent agreement negotiations.

3.7 Ownership and Intellectual Property

AAPA will retain all ownership and intellectual property rights before, during and after the entire process. Researchers will be responsible for indemnifying AAPA in the event any claims, lawsuits, or settlements arise or result from the Researcher's failure to secure intuitional review board approval, licenses, clearances and other permissions.

AAPA will receive all written materials prior to dissemination and provided the opportunity to review and revise the final reports as needed.

3.8 Failure to Complete

In the event that the Researcher fails to meet Milestone 1 by December 31, 2017, AAPA reserves the right to ask for the Researcher to forfeit 75 percent of the funds received. The Researcher will return payment to AAPA by January 31, 2018.

In the event that the Researcher fails to meet Milestone 2 by February 28, 2018, AAPA reserves the right to ask for the Researcher to 50 percent of the funds received. The Researcher will return payment to AAPA by March 31, 2018.

3.9 Presenting at AAPA 2018

All Researchers will be invited to present their work at AAPA 2018 in New Orleans, Louisiana which is held from May 19 - 23, 2018.

Exhibit 1 AAPA Data Use Agreement

AAPA Data are the property of the American Academy of Physician Assistants (“AAPA”), and you (“Licensee”) are licensed to use AAPA Data pursuant to the Terms and Conditions of this AAPA Data Use Agreement (“Agreement”). If you are a representative of a business or corporation, you understand that you are signing this Agreement on behalf of the business or corporation and that all provisions of this Agreement apply to that business or corporation.

I. SCOPE OF SINGLE USE LICENSE

AAPA grants a limited, single use, non-exclusive, non-transferable license to use AAPA Data for the sole purpose as submitted to AAPA by the Licensee and attached to this Agreement as Exhibit 1. Any change in the use of AAPA Data (as described and submitted in writing to AAPA) requires prior written approval from AAPA.

Within 30 days of use, Licensee will provide AAPA with an electronic copy of all distributed materials that reference or make use of AAPA Data or any data derived from AAPA Data.

For purposes of this Agreement, “**AAPA Data**” means (a) AAPA constituent list; and (b) all data acquired by, provided to, compiled by, created by or maintained by Licensee pursuant to this Agreement.

II. LIMITATIONS ON AAPA DATA USE

AAPA Data is proprietary information belonging to the AAPA, which retains exclusive title to and ownership of all rights in AAPA Data. AAPA Data is and shall remain solely and exclusively the property of AAPA. Licensee acknowledges that it has no right or title in or to (including copyrights) AAPA Data. Licensee shall not create or maintain data sets that are derived from or derivative works of AAPA Data and shall not enhance, overlay, tag or add information to any other list, file, or database except as authorized herein. Licensee shall not alter, eliminate, circumvent or otherwise make ineffective any fake, salt, or decoy data placed in AAPA Data by AAPA to help detect unauthorized usage. Licensee shall not convey AAPA Data to any third parties, including without limitation making AAPA Data available to a competitor of AAPA. Licensee, however, may use competent employees, agents, representatives, vendors, or other service providers to process permitted uses, so long as they are contractually bound by the limitations set forth in this Agreement. Licensee is responsible and liable for compliance by any other parties with this Agreement.

Licensee shall only process AAPA Data and any data derived from AAPA Data in a manner consistent with Privacy and Data Security Laws, copyright laws, trade secret laws and other intellectual property laws and consistent with this Agreement. Licensee’s physical possession of AAPA Data does not imply any rights that are not specifically licensed in this Agreement.

Notwithstanding the foregoing, Licensee may disclose AAPA Data to the extent that Licensee is required by law, provided, however, that Licensee shall provide sufficient notice to AAPA to enable AAPA to seek a protective order or other similar remedy to prevent disclosure of or appropriate protections for AAPA Data.

Provision of AAPA Data by AAPA does not imply approval or endorsement of products, programs, or services provided by the Licensee. Each AAPA Data use is a separate contract between AAPA and the Licensee and shall imply no obligation of AAPA to enter into future contracts for the use of AAPA Data. In the event of a third party dispute, licensee agrees to indemnify AAPA for any costs related to defense or damages, including reasonable attorney fees and court costs.

III. SAFEGUARDS AND PROTECTIONS

Licensee shall protect AAPA Data using administrative, technical and physical safeguards designed to protect against reasonably anticipated threats or hazards to the security, integrity or confidentiality of AAPA Data, including but not limited to all such measures as are required under Privacy and Data Security Laws, which are defined to include all applicable privacy and data security laws and regulations, expressly including, without limitation the Telephone Consumer Protection Act, 47 U.S.C. § 227; Controlling the Assault of Non-Solicited Pornography and Marketing Act of 2003 (“CAN-SPAM”), 15 U.S.C. § 7701, et seq.; the Federal Trade Commission Act, 15 U.S.C. § 45; and other analogous local, state, and federal, and privacy, data protection, information security, or related laws or regulations. Licensee shall notify AAPA as soon as practicable in the event of any unauthorized use of AAPA Data that is inconsistent with this Agreement or such Privacy and Data Security Laws.

IV. TERMINATION OF AGREEMENT

Upon termination of this Agreement or use of AAPA Data by Licensee, the Licensee shall ensure that all copies of AAPA Data are destroyed, deleted, scratched, and purged from all mediums, including without limitation electronic storage, email, disk, tape, and printed documents. All provisions relating to the protection of AAPA proprietary rights shall survive termination or cancellation of this Agreement.

V. DAMAGES FOR NON-AUTHORIZED USE OR VIOLATIONS OF THIS AGREEMENT

Licensee is only permitted to use the data one time, and Licensee and AAPA recognize that the damages from unauthorized use may be uncertain and difficult to quantify and so agree that a liquidated damage clause is reasonably necessary and that the damages for use of AAPA Data in a manner that is not in compliance with this agreement, shall be set at \$2 per record provided to Licensee per unauthorized use of AAPA Data plus any attorney fees and court costs. The Licensee understands that AAPA may also refuse, at its sole option, to provide AAPA Data to the Licensee in the future and that any unauthorized use of AAPA Data by Licensee will also make it responsible for the costs of an audit as its usages under the rights described below.

VI. AUDIT RIGHTS AND ENFORCEMENT

AAPA reserves the right, upon request with reasonable advance notice and conducted in such a manner not to unduly interfere with operations to conduct an audit of compliance with the requirements set forth in this Agreement relating to AAPA Data. Licensee agrees to cooperate with AAPA during such audits and shall provide access to appropriate resources, provide applicable supporting documentation to AAPA, and complete assessment questionnaires that may be requested by AAPA.

Any such Licensee, contractor, or any other third party that Licensee provides access to AAPA Data shall be required to fulfill the protections and obligations imposed on Licensee pursuant to this Agreement and shall be required to report to AAPA and be subject to review and audit by AAPA consistent with this Agreement.

If Licensee fails to provide AAPA with an electronic copy of all distributed materials that reference or make use of AAPA Data or any data derived from AAPA Data within 30 days of use, it shall pay damages to the AAPA of 1% of the Agreement amount for every week that such copy is not provided.

VII. WARRANTY

Although AAPA uses reasonable efforts to ensure accuracy of AAPA Data, AAPA does not represent or warrant that the information contained in AAPA Data is complete or free from error, and hereby expressly disclaim any liability to any person for any loss or damage (including but not limited to postage, returned mail fees, etc.) caused by errors or omissions in AAPA Data, whether such errors or omissions result from negligence, accident, or any other cause.

VIII. TECHNICAL SUPPORT

AAPA does not provide technical support for the use of AAPA Data. AAPA Data is provided in standard ASCII, comma-delimited text format (first row contains column/field names).

IX. CONSTRUCTION, HEIRS

This agreement shall be governed by, construed and interpreted according to laws of the Commonwealth of Virginia as if executed and fully performed in that State, and exclusive jurisdiction of all disputes hereunder shall lie in the courts of the Commonwealth of Virginia. The parties hereby submit to the jurisdiction of those courts with respect to such disputes only.

X. EXECUTION OF AGREEMENT

I hereby acknowledge that I have read this agreement and warrant that I am authorized to sign on behalf of my company or organization. I understand that by signing this agreement, I and/or my company or organization is bound by the terms of this agreement.

Exhibit 2 List of AAPA Data Elements

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
CONTACT	FirstName	Respondent first name	X	X	X
CONTACT	LastName	Respondent last name	X	X	X
CONTACT	Email	Respondent email	X	X	X
CONTACT	Number	AAPA ID	X	X	X
DEMOGRAPHICS	aapa_member	Is respondent an AAPA Member	X	X	X
DEMOGRAPHICS	sex	Respondent sex	X	X	X
DEMOGRAPHICS	ethnicity	Respondent ethnicity (Hispanic/Latino)	X	X	X
DEMOGRAPHICS	race	Respondent Race	X	X	X
DEMOGRAPHICS	year_birth	Respondent birth year	X	X	X
DEMOGRAPHICS	military_active	Is Respondent active duty military?	X	X	
DEMOGRAPHICS	military_branch	Respondent military branch	X	X	
DEMOGRAPHICS	update_dems	Can AAPA Update demographics?	X	X	X
PRACTICE	ROLE_ALL	PA All Roles	X	X	X
PRACTICE	ROLE_PRIMARY_RECODE	PA Primary Role	X	X	X
PRACTICE	administrative_title	PA Official Administrative Title		X	X
PRACTICE	oversee_PAs	Number of PAs overseen		X	
PRACTICE	oversee_APRN	Number of APRNs overseen		X	
PRACTICE	oversee_other	Number of Other Practitioners overseen		X	
PRACTICE	volunteer	PA Volunteers		X	X
PRACTICE	volunteer_describe	Volunteer capacity		X	X
PRACTICE	years_total	Years working as a PA	X	X	X
PRACTICE	years_clinical	Years working clinically as a PA	X	X	X
PRACTICE	years_nonclinical	Years working non_clinically as a PA	X	X	
PRACTICE	years_specialty	Years in specialty	X	X	X
PRACTICE	years_employer	Years at current employer	X	X	X
PRACTICE	timeoff	PA has taken extended time off from clinical practice		X	
PRACTICE	year_timeoff	Amount of timeoff as clinically practicing PA		X	
PRACTICE	timeoff_plan	PA plans to take an extended timeoff from clinical practice in the future		X	
PRACTICE	degree_add	PA has obtained degree beyond PA program	X	X	
PRACTICE	degree_obtain	Specific degree obtained by PA	X	X	
PRACTICE	statePCE	State or territory of PCE	X	X	X
PRACTICE	countyPCE	County of PCE	X	X	X
PRIMARY EMPLOYER	EMPLOYER_ALL	PA All Employers	X	X	X
PRIMARY EMPLOYER	EMPLOYER_PRIMARY_RECODE	Primary employer	X	X	X
PRIMARY EMPLOYER	hospital_council	Hospital Has a PA Council		X	
PRIMARY EMPLOYER	PCE_hospital	Type of Hospital for Primary Employer	X	X	X
PRIMARY EMPLOYER	faculty_appointment	Faculty Appointments Offered		X	X
PRIMARY EMPLOYER	faculty_hold	PA Holds Faculty Appointment		X	
PRIMARY EMPLOYER	PCE_systems_integrateddel	Integrated Delivery System/Network		X	X
PRIMARY EMPLOYER	PCE_systems_aco	Accountable Care Organization		X	X
PRIMARY EMPLOYER	PCE_systems_pcmh	Patient-Centered Medical Home		X	X
PRIMARY EMPLOYER	PCE_systems_communitymedcenter	Community Medical Center		X	X
PRIMARY EMPLOYER	PCE_systems_tribal	Federal/Tribal or Urban Indian Health Facility		X	X
PRIMARY EMPLOYER	PCE_systems_none	None of the Above		X	X
PRIMARY EMPLOYER	PCE_systems_idk	I Do Not Know		X	X

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
PRIMARY EMPLOYER	PCE_systems_ipnta	I Prefer Not to Answer		X	X
PRIMARY EMPLOYER	jobs_held	Number of Jobs Held		X	
PRIMARY EMPLOYER	jobs_change	Number of Job Changes During PA Career		X	
PRIMARY EMPLOYER	employer_change	Change Employer in Past Year		X	
PRIMARY EMPLOYER	tail_coverage	Employer Coverage for Tail Insurance		X	
PRIMARY EMPLOYER	SETTING_ALL	PA All Settings		X	X
PRIMARY EMPLOYER	SETTING_PRIMARY_RECOURSE	Primary setting PA provides services in		X	X
PRIMARY EMPLOYER	hours_total	Total hours worked per week	X	X	X
PRIMARY EMPLOYER	hours_PCE	Total hours worked per week for PCE	X	X	X
PRIMARY EMPLOYER	hours_allother	Total hours worked per week for all other employers	X	X	X
PRIMARY EMPLOYER	hours_volunteering	Total hours volunteered per week		X	X
PRIMARY EMPLOYER	PTFT	SORTING VARIABLE: PART TIME/FULL TIME (32 hours is cutoff)	X	X	
PRIMARY EMPLOYER	hours_ffinpt_pct	Direct Face-to-Face Patient Care (Inpatient)		X	X
PRIMARY EMPLOYER	hours_ffoutpt_pct	Direct Face-to-Face Patient Care (Outpatient)		X	X
PRIMARY EMPLOYER	hours_indirect_pct	Indirect (Collateral) Patient Care		X	X
PRIMARY EMPLOYER	hours_administration_pct	Administration		X	X
PRIMARY EMPLOYER	hours_teach_pct	Teaching/Precepting		X	X
PRIMARY EMPLOYER	hours_continuinged_pct	Continuing Education		X	X
PRIMARY EMPLOYER	hours_research_pct	Research		X	X
PRIMARY EMPLOYER	hours_quality_pct	Activities Related to Quality Improvement or Patient Safety		X	X
PRIMARY EMPLOYER	hours_volunteer_pct	Volunteerism		X	X
PRIMARY EMPLOYER	hours_other_pct	Other Activities		X	X
PRIMARY EMPLOYER	hours_ipnta_pct	I Prefer Not to Answer		X	X
PRIMARY EMPLOYER	beds	Number of beds at PCE		X	X
PRIMARY EMPLOYER	staff_provide	Respondent can provide number of staff within dept/division at PCE		X	
PRIMARY EMPLOYER	staff_physician	Number of physicians within dept/division		X	
PRIMARY EMPLOYER	staff_PA	Number of PAs within dept/division		X	
PRIMARY EMPLOYER	staff_APRN	Number of APRNs within dept/division		X	
SPECIALTY	SPECIALTY_ALL	PA All Specialties	X	X	X
SPECIALTY	SPECIALTY_PRIMARY_RECOURSE	PA primary specialty	X	X	X
SPECIALTY	specialty_change	PA Changed Specialty in Past Year	X	X	X
SPECIALTY	specialty_change_number	Number of Specialty Changes	X	X	
SPECIALTY	reason_spec_flexibility	Greater Flexibility	X	X	
SPECIALTY	reason_spec_frontline	Frontlines of Medicine	X	X	
SPECIALTY	reason_spec_buildrelationships	Build Long-Term Relationships	X	X	
SPECIALTY	reason_spec_wholept	Treat the Whole Patient	X	X	
SPECIALTY	reason_spec_illness	Prevent and Treat Illness	X	X	
SPECIALTY	reason_spec_decisionmaking	Greater Role in Decision Making	X	X	
SPECIALTY	reason_spec_complex	Enjoy Complex Nature/High Acuity Patients	X	X	
SPECIALTY	reason_spec_procedures	Enjoy Procedures	X	X	
SPECIALTY	reason_spec_influence	Someone in Specialty Changed Life	X	X	
SPECIALTY	reason_spec_lackprovider	Grew Up in Area That Lacked Providers	X	X	
SPECIALTY	reason_spec_knowledgebase	Solidify Broad Knowledge Base Before Next Specialty	X	X	
SPECIALTY	reason_spec_security	Job Security	X	X	
SPECIALTY	reason_spec_demand	Local Job Market Demand	X	X	
SPECIALTY	reason_spec_mentor	Mentor or Preceptor	X	X	
SPECIALTY	reason_spec_pay	Higher Pay or Bonus	X	X	

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
SPECIALTY	reason_spec_titlevii	Title VII PA Training in Primary Care Grant	X	X	
SPECIALTY	reason_spec_loanrepay	Loan Repayment Program	X	X	
SPECIALTY	reason_spec_recruited	Recruited	X	X	
SPECIALTY	reason_spec_otherinterest	Coincides With Other Interests	X	X	
SPECIALTY	reason_spec_opportunity	Career Opportunity	X	X	
SPECIALTY	reason_spec_paprogram	PA Education Program	X	X	
SPECIALTY	reason_spec_malpractice	Less Likely to Get Sued	X	X	
SPECIALTY	reason_spec_other	Other	X	X	
SPECIALTY	reason_spec_ipnta	I Prefer Not to Answer	X	X	
SPECIALTY	leadership	Employer Offers Leadership Opportunities or a Career Ladder	X	X	
SPECIALTY	hospital_privileges	Number of Hospitals at Which PA Has Been Granted Privileges	X	X	
SPECIALTY	full_medical	Full Member of the Medical Staff With Full Voting Privileges, Rights, and Representation on the Medical Executive Committee	X	X	
SPECIALTY	practice_model	Model of Practice at Primary Clinical Employer	X	X	
SPECIALTY	collabMD_see_pts	Collaborating Physician Sees PA's Patients	X	X	
SPECIALTY	collabmd_onsite	Approximately what percent of your clinical time is your collaborating physician ON SITE at your primary clinical employer? (%)	X	X	X
SPECIALTY	collabmd_consult	Approximately what percent of your clinical times do you spend CONSULTING with your collaborating physician at your primary clinical employer? (%)	X	X	X
SPECIALTY	collabmd_pay	PA Knows How Their Collaborating Physician Is Paid		X	
SPECIALTY	collabmd_pay_pctproductivity	Percentage of PA Productivity		X	
SPECIALTY	collabmd_pay_incsalary	Increased Salary		X	
SPECIALTY	collabmd_pay_bonus	Bonus Payment		X	
SPECIALTY	collabmd_pay_perchart	Per Chart Basis		X	
SPECIALTY	collabmd_pay_idk	I Do Not Know		X	
SPECIALTY	collabmd_pay_other	Other		X	
SPECIALTY	collabmd_pay_ipnta	I Prefer Not to Answer		X	
SPECIALTY	collabmd_relationship	Rating of Overall Relationship with Collaborating Physician		X	
PATIENTS	patients_day_primary	Average Patients Seen per Day at Primary Clinical Employer	X	X	X
PATIENTS	patients_day_all	Average patients Seen per Day at All Employers	X	X	X
PATIENTS	patients_week_primary	Average Patients Seen per Week at Primary Clinical Employer	X	X	X
PATIENTS	patients_week_all	Average patients Seen per Week at All Employers	X	X	X
PATIENTS	patients_pct_acutepain	Patients With Acute Pain		X	
PATIENTS	patients_pct_addiction	Patients With Addiction of Substance Abuse Disorders		X	
PATIENTS	patients_pct_alzheimers	Patients With Alzheimer's Disease		X	
PATIENTS	patients_pct_arthritis_osteo	Patients With Arthritis - Osteoarthritis		X	
PATIENTS	patients_pct_arthritis_rheum	Patients With Arthritis - Rheumatoid		X	
PATIENTS	patients_pct_asthma	Patients With Asthma		X	
PATIENTS	patients_pct_atrialfibrill	Patients With Atrial Fibrillation		X	
PATIENTS	patients_pct_cancer	Patients With Cancer		X	
PATIENTS	patients_pct_chronickidney	Patients With Chronic Kidney Disease		X	
PATIENTS	patients_pct_chronicpain	Patients With Chronic Pain		X	
PATIENTS	patients_pct_coronaryartery	Patients With Coronary Artery Disease		X	
PATIENTS	patients_pct_copd	Patients With COPD		X	
PATIENTS	patients_pct_depression	Patients With Depression		X	
PATIENTS	patients_pct_diabetes1	Patients With Diabetes - Type 1		X	
PATIENTS	patients_pct_diabetes2	Patients With Diabetes - Type 2		X	

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
PATIENTS	patients_pct_heartfailure	Patients With Heart Failure		X	
PATIENTS	patients_pct_hypertension	Patients With Hypertension		X	
PATIENTS	patients_pct_hypocholesterolemia	Patients With Hypercholesterolemia		X	
PATIENTS	patients_pct_mentalhealth	Patients With Mental Health or Psychiatric Condition Other Than Depression		X	
PATIENTS	patients_pct_obesity	Patients With Obesity		X	
PATIENTS	patients_pct_osteoporosis	Patients With Osteoporosis		X	
PATIENTS	patients_pct_stroke	Patients With Stroke		X	
PATIENTS	patients_pct_nocomorb	Patients With No Comorbidities		X	
PATIENTS	patients_pct_1comorb	Patients With 1 Comorbidity		X	
PATIENTS	patients_pct_2comorb	Patients With 2 Comorbidities		X	
PATIENTS	patients_pct_3comorb	Patients With 3 Comorbidities		X	
PATIENTS	patients_pct_4comorb	Patients With 4 Comorbidities		X	
PATIENTS	patients_pct_5comorb	Patients With 5 Comorbidities		X	
PATIENTS	patients_pct_6comorb	Patients With 6 Comorbidities		X	
PATIENTS	patients_pct_7comorb	Patients With 7 or More Comorbidities		X	
PATIENTS	patients_pct_idkcomorb	Do Not Know How Many Patients by Comorbidities		X	
PATIENTS	oral_assess_oral_curr_ability	Oral health current abilities: assessment		X	
PATIENTS	oral_id_oral_curr_ability	Oral health current abilities: identification		X	
PATIENTS	oral_eval_oral_curr_ability	Oral health current abilities: evaluation		X	
PATIENTS	oral_impstrat_oral_curr_ability	Oral health current abilities: strategy implementation		X	
PATIENTS	oral_edu_oral_curr_ability	Oral health current abilities: patient education		X	
PATIENTS	oral_refer_oral_curr_ability	Oral health current abilities: patient referral		X	
PATIENTS	oral_assess_oral_des_ability	Oral health desired abilities: assessment		X	
PATIENTS	oral_id_oral_des_ability	Oral health desired abilities: identification		X	
PATIENTS	oral_eval_oral_des_ability	Oral health desired abilities: evaluation		X	
PATIENTS	oral_impstrat_oral_des_ability	Oral health desired abilities: strategy implementation		X	
PATIENTS	oral_edu_oral_des_ability	Oral health desired abilities: patient education		X	
PATIENTS	oral_refer_oral_des_ability	Oral health desired abilities: patient referral		X	
PATIENTS	nonprim_offerprimservices	Nonprimary Care Specialty Offers Basic Primary Care Services to Patients		X	
PATIENTS	nonprim_dxunrelatedtospec	PA Diagnoses Patients With Conditions Unrelated to Speciality		X	
PATIENTS	nonprim_referunrelatedtospec	PA Refers Patients With Conditions Unrelated to Speciality to Other Specialist		X	
PATIENTS	nonprim_treatunrelatedtospec	PA Treats Patients With Conditions Unrelated to Speciality		X	
PATIENTS	insur_idk	PA Does Not Know the Breakdown		X	
PATIENTS	insur_private	Private/Commercial Insurance (Including HMOs and PPOs)		X	
PATIENTS	insur_medicaid	Medicaid		X	
PATIENTS	insur_medicare	Medicare		X	
PATIENTS	insur_workcomp	Workers' Compensation		X	
PATIENTS	insur_federal	Federal (Tricare/VA/Federal Employees Health Plan, etc.)		X	
PATIENTS	insur_selfpay_concierge	Self-Pay/Cash: Concierge Model		X	
PATIENTS	insur_selfpay_uninsured	Self-Pay/Cash: Uninsured		X	
PATIENTS	capacity	Current capacity to see patients		X	
PATIENTS	barrier_scope	Uncertainty About PA Role or Scope of Practice		X	
PATIENTS	barrier_restrictivelaws	Restrictive Laws and Regulations		X	
PATIENTS	barrier_ptload	Large Patient Load		X	
PATIENTS	barrier_continuity	Lack of Continuity of Care		X	
PATIENTS	barrier_limitedtimewpts	Limited Time With Patients		X	
PATIENTS	barrier_ptnonadherence	Patient Nonadherence to Provider Recommendation		X	

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
PATIENTS	barrier_poorcommunclinicians	Poor Communication Among Clinicians		X	
PATIENTS	barrier_inadequateprotocol	Inadequate Hospital or Practice Protocol		X	
PATIENTS	barrier_reimbursement	Reimbursement Issues		X	
PATIENTS	barrier_poorcommunpt	Poor Communication Between Patient and Clinician		X	
PATIENTS	quality_improv	PA Involved in Quality Improvement Activities		X	
PATIENTS	clin_trial	PA Talks With Patients About Clinical Trials		X	
PATIENTS	clin_trial_conduct	PA Has Been Involved in Conducting a Clinical Trial		X	
PATIENTS	clin_trial_role_screen	Screen Potential Trial Participants		X	
PATIENTS	clin_trial_role_recruit	Recruitment and Retention of Trial Participants		X	
PATIENTS	clin_trial_role_implement	Implemented Trial Protocols (Treated Patients)		X	
PATIENTS	clin_trial_role_coordinator	Study Coordinator		X	
PATIENTS	clin_trial_role_subinvestigator	Sub-Investigator		X	
PATIENTS	clin_trial_role_primaryinvestigtor	Principal Investigator		X	
PATIENTS	clin_trial_more	PA Would Like to Be More Involved in Clinical Trials		X	
PROCEDURES	Nonclinical Functions_PCEandAll Employers			X	
PROCEDURES	rx_total	Typical Total Number of Prescriptions Written in a Week		X	
PROCEDURES	imo_total	Typical Total Number of Inpatient Medication Orders Written in a Week		X	
PROCEDURES	rx_scheduleII	Typical Number of Prescriptions Written for Schedule II Drugs in a Week		X	
PROCEDURES	imo_scheduleII	Typical Number of Inpatient Medication Orders Written for Schedule II Drugs in a Week		X	
PROCEDURES	rx_yn_addiction	PAs Write Prescriptions for Addiction of Substance Abuse Disorder		X	
PROCEDURES	rx_yn_alzheimers	PAs Write Prescriptions for Alzheimer's Disease		X	
PROCEDURES	rx_yn_arthritis	PAs Write Prescriptions for Arthritis		X	
PROCEDURES	rx_yn_asthma	PAs Write Prescriptions for Asthma/COPD		X	
PROCEDURES	rx_yn_cardiac	PAs Write Prescriptions for Cardiac Conditions		X	
PROCEDURES	rx_yn_cancer	PAs Write Prescriptions for Cancer		X	
PROCEDURES	rx_yn_chronickidney	PAs Write Prescriptions for Chronic Kidney Disease		X	
PROCEDURES	rx_yn_chronicpain	PAs Write Prescriptions for Chronic Pain/Acute Pain		X	
PROCEDURES	rx_yn_depression	PAs Write Prescriptions for Depression		X	
PROCEDURES	rx_yn_diabetes	PAs Write Prescriptions for Diabetes		X	
PROCEDURES	rx_yn_mentalhealth	PAs Write Prescriptions for Mental Health or Psychiatric Condition Other Than Depression		X	
PROCEDURES	rx_yn_obesity	PAs Write Prescriptions for Obesity		X	
PROCEDURES	rx_yn_osteoporosis	PAs Write Prescriptions for Osteoporosis		X	
PROCEDURES	rx_yn_sleepdisorder	PAs Write Prescriptions for Sleep Disrdrs		X	
PROCEDURES	rx_yn_stroke	PAs Write Prescriptions for Stroke		X	
PROCEDURES	rx_yn_ipnta	PAs Write Prescriptions for I Prefer Not to Answer		X	
PROCEDURES	rx_pct_addiction	Percent of Total Prescriptions PAs Write for Addiction of Substance Abuse Disorder		X	
PROCEDURES	rx_pct_alzheimers	Percent of Total Prescriptions PAs Write for Alzheimer's Disease		X	
PROCEDURES	rx_pct_arthritis	Percent of Total Prescriptions PAs Write for Arthritis		X	
PROCEDURES	rx_pct_asthma	Percent of Total Prescriptions PAs Write for Asthma/COPD		X	
PROCEDURES	rx_pct_cardiac	Percent of Total Prescriptions PAs Write for Cardiac Conditions		X	
PROCEDURES	rx_pct_cancer	Percent of Total Prescriptions PAs Write for Cancer		X	
PROCEDURES	rx_pct_chronickidney	Percent of Total Prescriptions PAs Write for Chronic Kidney Disease		X	
PROCEDURES	rx_pct_chronicpain	Percent of Total Prescriptions PAs Write for Chronic Pain/Acute Pain		X	

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
PROCEDURES	rx_pct_depression	Percent of Total Prescriptions PAs Write for Depression		X	
PROCEDURES	rx_pct_diabetes	Percent of Total Prescriptions PAs Write for Diabetes		X	
PROCEDURES	rx_pct_mentalhealth	Percent of Total Prescriptions PAs Write for Mental Health or Psychiatric Condition Other Than Depression		X	
PROCEDURES	rx_pct_obesity	Percent of Total Prescriptions PAs Write for Obesity		X	
PROCEDURES	rx_pct_osteoporosis	Percent of Total Prescriptions PAs Write for Osteoporosis		X	
PROCEDURES	rx_pct_sleepdisorder	Percent of Total Prescriptions PAs Write for Sleep Disorders		X	
PROCEDURES	rx_pct_stroke	Percent of Total Prescriptions PAs Write for Stroke		X	
PROCEDURES	imo_yn_addiction	PAs Write Inpatient Medication Orders for Addiction of Substance Abuse Disorder		X	
PROCEDURES	imo_yn_alzheimers	PAs Write Inpatient Medication Orders for Alzheimer's Disease		X	
PROCEDURES	imo_yn_arthritis	PAs Write Inpatient Medication Orders for Arthritis		X	
PROCEDURES	imo_yn_asthma	PAs Write Inpatient Medication Orders for Asthma/COPD		X	
PROCEDURES	imo_yn_cardiac	PAs Write Inpatient Medication Orders for Cardiac Conditions		X	
PROCEDURES	imo_yn_cancer	PAs Write Inpatient Medication Orders for Cancer		X	
PROCEDURES	imo_yn_chronickidney	PAs Write Inpatient Medication Orders for Chronic Kidney Disease		X	
PROCEDURES	imo_yn_chronicpain	PAs Write Inpatient Medication Orders for Chronic Pain/Acute Pain		X	
PROCEDURES	imo_yn_depression	PAs Write Inpatient Medication Orders for Depression		X	
PROCEDURES	imo_yn_diabetes	PAs Write Inpatient Medication Orders for Diabetes		X	
PROCEDURES	imo_yn_mentalhealth	PAs Write Inpatient Medication Orders for Mental Health or Psychiatric Condition Other Than Depression		X	
PROCEDURES	imo_yn_obesity	PAs Write Inpatient Medication Orders for Obesity		X	
PROCEDURES	imo_yn_osteoporosis	PAs Write Inpatient Medication Orders for Osteoporosis		X	
PROCEDURES	imo_yn_sleepdisorder	PAs Write Inpatient Medication Orders for Sleep Disorders		X	
PROCEDURES	imo_yn_stroke	PAs Write Inpatient Medication Orders for Stroke		X	
PROCEDURES	imo_yn_ipnta	PAs Write Inpatient Medication Orders for I Prefer Not to Answer		X	
PROCEDURES	imo_pct_addiction	Percent of Total Inpatient Medication Orders PAs Write for Addiction of Substance Abuse Disorder		X	
PROCEDURES	imo_pct_alzheimers	Percent of Total Inpatient Medical Orders PAs Write for Alzheimer's Disease		X	
PROCEDURES	imo_pct_arthritis	Percent of Total Inpatient Medical Orders PAs Write for Arthritis		X	
PROCEDURES	imo_pct_asthma	Percent of Total Inpatient Medical Orders PAs Write for Asthma/COPD		X	
PROCEDURES	imo_pct_cardiac	Percent of Total Inpatient Medical Orders PAs Write for Cardiac Conditions		X	
PROCEDURES	imo_pct_cancer	Percent of Total Inpatient Medical Orders PAs Write for Cancer		X	
PROCEDURES	imo_pct_chronickidney	Percent of Total Inpatient Medical Orders PAs Write for Chronic Kidney Disease		X	
PROCEDURES	imo_pct_chronicpain	Percent of Total Inpatient Medical Orders PAs Write for Chronic Pain/Acute Pain		X	
PROCEDURES	imo_pct_depression	Percent of Total Inpatient Medical Orders PAs Write for Depression		X	
PROCEDURES	imo_pct_diabetes	Percent of Total Inpatient Medical Orders PAs Write for Diabetes		X	
PROCEDURES	imo_pct_mentalhealth	Percent of Total Inpatient Medical Orders PAs Write for Mental Health or Psychiatric Condition Other Than Depression		X	
PROCEDURES	imo_pct_obesity	Percent of Total Inpatient Medical Orders PAs Write for Obesity		X	
PROCEDURES	imo_pct_osteoporosis	Percent of Total Inpatient Medical Orders PAs Write for Osteoporosis		X	

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
PROCEDURES	imo_pct_sleepdisorder	Percent of Total Inpatient Medical Orders PAs Write for Sleep Disorders		X	
PROCEDURES	imo_pct_stroke	Percent of Total Inpatient Medical Orders PAs Write for Stroke		X	
PROCEDURES	opioid_familiar	Level of Familiarity With Abuse Deterrent Formulas for Opioids		X	
PROCEDURES	rx_pct_abusedeteropioid	Percent of Total Prescriptions PAs Write for Abuse Deterrent Formulas for Opioids		X	
PROCEDURES	rx_pct_standardopioid	Percent of Total Prescriptions PAs Write for Standard Formulas for Opioids		X	
PROCEDURES	imo_pct_abusedeteropioid	Percent of Total Inpatient Medication Orders PAs Write for Abuse Deterrent Formulas for Opioids		X	
PROCEDURES	imo_pct_standardopioid	Percent of Total Inpatient Medication Orders PAs Write for Standard Formulas for Opioids		X	
PERSPECTIVES	guidelines_federal	Federal Health Agency Website		X	
PERSPECTIVES	guidelines_nonaapa	Healthcare or Health Professional Organization Website Other Than AAPA		X	
PERSPECTIVES	guidelines_healthcaresystem	Communication From My Practice/Healthcare System		X	
PERSPECTIVES	guidelines_pharma	Handouts From Pharmaceutical Representative		X	
PERSPECTIVES	guidelines_convowphysician	Conversations With Physicians		X	
PERSPECTIVES	guidelines_convowotherpas	Conversations With Other PAs and Other Colleagues		X	
PERSPECTIVES	guidelines_medicaltexts	Medical Textbook		X	
PERSPECTIVES	guidelines_journal	Journal Articles		X	
PERSPECTIVES	guidelines_onlinepocool	Online Point of Care Tool		X	
PERSPECTIVES	guidelines_mobileapp	Mobile App		X	
PERSPECTIVES	guidelines_ehr	EHR		X	
PERSPECTIVES	guidelines_noneoftheabove	None of the Above (I Usually Do Not Refer to Guidelines)		X	
PERSPECTIVES	guidelines_other	Other		X	
PERSPECTIVES	guidelines_ipnta	I Prefer Not To Answer		X	
PERSPECTIVES	bestpractice_chartreview	Periodic Chart Review		X	
PERSPECTIVES	bestpractice_reminderehr	Reminders in EHRs		X	
PERSPECTIVES	bestpractice_mobileapp	Mobile Apps		X	
PERSPECTIVES	bestpractice_patientregistry	Use of Patient Registry		X	
PERSPECTIVES	bestpractice_perfmeasures	Reporting on Performance Measures		X	
PERSPECTIVES	bestpractice_qualityimprovdta	Collecting Quality Improvement Data		X	
PERSPECTIVES	bestpractice_none	None		X	
PERSPECTIVES	bestpractice_other	Other		X	
PERSPECTIVES	beatpractice_ipnta	I Prefer Not To Answer		X	
PERSPECTIVES	qualimprov_authoritytolead	I have the authority to lead quality improvement work in my practice		X	
PERSPECTIVES	qualimprov_influenceall	I can influence the practices of other providers in my practice, even if they are not on my health care team		X	
PERSPECTIVES	qualimprov_responsibletolead	I have been responsible for leading quality improvement work in my practice		X	
PERSPECTIVES	qualimprov_learningisappropriate	Learning how to carry out the quality improvement process is an appropriate use of time		X	
PERSPECTIVES	qualimprov_haveksa	I have the knowledge and/or skills to lead quality improvement work in my practice		X	
PERSPECTIVES	qualimprov_emphsison	My primary clinical practice emphasizes quality improvement work		X	
PERSPECTIVES	qualimprov_pashouldvidencebased	All PAs should routinely spend part of their professional time working incorporate evidence based practices in their practice		X	

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
PERSPECTIVES	qualimprov_wouldliketolead	I would like to lead quality improvement activities in my practice		X	
PERSPECTIVES	qualimprov_idoevidencebased	I spend part of my professional time incorporating evidence based practices in my practice		X	
PERSPECTIVES	qualimprov_influenceteam	I can influence the practices of other members of the healthcare team in my practice		X	
PERSPECTIVES	committee_clinicalorderations	Clinical Operations Committee		X	
PERSPECTIVES	committee_compliance	Compliance Committee		X	
PERSPECTIVES	committee_credentialing	Credentialing Committee Of The Medical Staff		X	
PERSPECTIVES	committee_education	Education Committee		X	
PERSPECTIVES	committee_ethics	Ethics Committee		X	
PERSPECTIVES	committee_executive	Executive Committee Of The Medical Staff		X	
PERSPECTIVES	committee_formulary	Formulary/Pharmaceutical Selection Committee		X	
PERSPECTIVES	committee_impairedpractitioner	Impaired Practitioner Committee		X	
PERSPECTIVES	committee_jointcommission	Joint Commission Readiness Committee		X	
PERSPECTIVES	committee_leadership	Leadership Committee		X	
PERSPECTIVES	committee_medicalpractice	Medical Practice Committee		X	
PERSPECTIVES	committee_peerreview	Peer Review Committee		X	
PERSPECTIVES	committee_qualityassurance	Quality Assurance/Improvement Committee		X	
PERSPECTIVES	committee_surgery	Surgery Committee		X	
PERSPECTIVES	committee_utilizationreview	Utilization Review Committee		X	
PERSPECTIVES	committee_noneofabove	None of The Above Committees		X	
PERSPECTIVES	leave_reason	Reason to Leave Current Specialty		X	
PERSPECTIVES	morale_current	Morale About the Current State of the PA Profession		X	
PERSPECTIVES	morale_future	Morale About the Future State of the PA Profession		X	
PERSPECTIVES	agree_pa	If PA Had Career to Do Over, Would Chose to Be PA	X	X	X
PERSPECTIVES	agree_specialty	If I Had to Choose Over Again, I Would Pursue My Current Specialty as a PA	X		X
PERSPECTIVES	pa_recommend	Recommend PA as a Career to Others		X	
PERSPECTIVES	retirement_change	Medicine and Healthcare Are Changing in Such a Way That		X	
PERSPECTIVES	retirement_three	PA Plans on Retiring in Next Three Years		X	
PERSPECTIVES	satisfying	Most Satisfying Aspect of Medical Career		X	
PERSPECTIVES	aapa_aware_career	Awareness of AAPA Career/Employment Resources		X	
PERSPECTIVES	aapa_aware_onlinecme	Awareness of AAPA Online CME Materials and Study Resources		X	
PERSPECTIVES	aapa_aware_livecme	Awareness of AAPA Live CME Materials and Study Programs		X	
PERSPECTIVES	aapa_satisfaction_career	Satisfaction with AAPA Career/Employment Resources		X	
PERSPECTIVES	aapa_satisfaction_onlinecme	Satisfaction with AAPA Online CME Materials and Study Resources		X	
PERSPECTIVES	aapa_satisfaction_livecme	Satisfaction with AAPA Live CME Materials and Study Programs		X	
COMPENSATION	agree_comp	I Feel Fairly Compensated	X		X
COMPENSATION	practice_appeal	Most Appealing Aspect of Owning or Sharing Ownership of a Practice	X		X
COMPENSATION	practice_interest	Interest in Full or Partial Ownership of a Practice	X		X
COMPENSATION	practice_sellbuy	Buy or Sell a Full or Partial Share in a Practice in Past Year			X

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
COMPENSATION	practice_own	I Fully Own or Share Ownership of a Practice	X		X
COMPENSATION	comp_type	Type of base pay	X		X
COMPENSATION	comp_salary	Base Salary	X		X
COMPENSATION	comp_hourly	Base Hourly Wage	X		X
COMPENSATION	bonus_receive	Receive a bonus	X		X
COMPENSATION	bonus	Bonus	X		X
COMPENSATION	bonus_basis_holiday	Bonus based on Holiday	X		X
COMPENSATION	bonus_basis_milestones	Bonus based on Milestone achievements	X		X
COMPENSATION	bonus_basis_productivity_charge	Bonus based on Productivity: Charges	X		X
COMPENSATION	bonus_basis_productivity_collections	Bonus based on Productivity: Collections	X		X
COMPENSATION	bonus_basis_productivity_rvu	Bonus based on Productivity: Relative Value Units	X		X
COMPENSATION	bonus_basis_productivity_numberpatients	Bonus based on Productivity: Number of patient seen	X		X
COMPENSATION	bonus_basis_productivity_other	Bonus based on Productivity: Other	X		X
COMPENSATION	bonus_basis_committee	Bonus based on Participating on a committee	X		X
COMPENSATION	bonus_basis_extraduties	Bonus based on Performing extra duties (administrative, supervisory, etc)	X		X
COMPENSATION	bonus_basis_profachieve	Bonus based on Professional achievements (publications, presentations, education, etc.)	X		X
COMPENSATION	bonus_basis_qualityimprovementmetrics	Bonus based on Quality improvement metrics	X		X
COMPENSATION	bonus_basis_idk	Bonus based on I do not know	X		X
COMPENSATION	bonus_basis_other	Bonus based on Other	X		X
COMPENSATION	bonus_basis_ipnta	Bonus based on I prefer not to answer	X		X
COMPENSATION	bonus_metrics	Part of all of bonus tied to quality metrics	X		X
COMPENSATION	bonus_metric_percent	Percent of bonus tied to quality metrics	X		X
COMPENSATION	bonus_freq	Frequency of bonus eligibility	X		X
COMPENSATION	productivity_Target	Employer had established/defined productivity targets	X		X
COMPENSATION	productivity_target_desc	Employer had established/defined productivity targets: Description	X		X
COMPENSATION	comp_contract	Term of employment contract	X		X
COMPENSATION	comp_contract_time	Time frame of employment contract: Other description	X		X
COMPENSATION	shift_differential	Receive a shift differential	X		X
COMPENSATION	overtime	Eligible to receive overtime	X		X
COMPENSATION	union	Member of a professional workers union			X
COMPENSATION	profit_receive	Participate in profit sharing	X		X
COMPENSATION	profit_basis_stockoption	Stock Options	X		X
COMPENSATION	profit_basis_equity	Equity	X		X
COMPENSATION	profit_basis_bonus	Bonus	X		X
COMPENSATION	profit_basis_other	Other	X		X
COMPENSATION	profit_basis_ipnta	I Prefer Not to Answer	X		X
TAKING CALL	call	PA Took Call	X		X
TAKING CALL	call_comp_nothing	No Additional Pay, Part of Compensation	X		X
TAKING CALL	call_comp_hourly	Paid Hourly	X		X
TAKING CALL	call_comp_daily	Paid Daily	X		X
TAKING CALL	call_comp_benefitstimeoff	Compensated Through Benefits or Time Off	X		X
TAKING CALL	call_comp_choice	Choice in Compensation	X		X
TAKING CALL	call_comp_ipnta	I Prefer Not to Answer	X		X
TAKING CALL	call_avail_hourly	Call Availability: Hourly	X		X
TAKING CALL	call_serv_hourly	Call Services: Hourly	X		X

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
TAKING CALL	call_avail_daily	Call availability: Daily	X		X
TAKING CALL	call_serv_daily	Call services: Daily	X		X
TAKING CALL	call_hours	Typical Hours per Month Taking Call	X		X
BENEFITS	benefits_prof_liability	Proportion of Professional Liability Insurance Paid	X		X
BENEFITS	benefits_health_ind	Proportion of Individual Health Insurance Paid	X		X
BENEFITS	benefits_health_fam	Proportion of Family Health Insurance Paid	X		X
BENEFITS	benefits_dental	Proportion of Dental Benefits Paid	X		X
BENEFITS	benefits_disability	Proportion of Disability Insurance Paid	X		X
BENEFITS	benefits_termlife	Proportion of Term Life Insurance Paid	X		X
BENEFITS	benefits_retirement_providednocontribution	Employer provided a 401k/403b option but did not contribute	X		X
BENEFITS	benefits_retirement_setamount	Employer contributed a set amount to 401k/403b	X		X
BENEFITS	benefits_retirement_threepercent	Employer matched 3% or less of 401k/403b contribution	X		X
BENEFITS	benefits_retirement_sevenpercent	Employer matched between 3% and 7% of 401k/403b contribution	X		X
BENEFITS	benefits_retirement_oversevenpercent	Employer matched over 7% of 401k/403b contributions	X		X
BENEFITS	benefits_retirement_pension	Employer provided a pension	X		X
BENEFITS	benefits_retirement_nothing	Employer did not contribute to retirement	X		X
BENEFITS	benefits_retirement_unsure	Unsure what employer contributed	X		X
BENEFITS	benefits_retirement_ipnta	I prefer not to answer	X		X
BENEFITS	comp_additional_honoraria	Honoraria	X		X
BENEFITS	comp_additional_research	Research stipend	X		X
BENEFITS	comp_additional_loanreimb	Student loan repayment	X		X
BENEFITS	comp_additional_signon	Sign on bonus (at the time you started your current position)	X		X
BENEFITS	comp_additional_relocation	Relocation expenses (at the time you started your current position)	X		X
BENEFITS	comp_additional_tuition	Tuition reimbursement for matriculating courses at an accredited institution (i.e., non-CME course work leading to a degree)	X		X
BENEFITS	comp_additional_other	Other	X		X
BENEFITS	comp_additional_na	N/A	X		X
BENEFITS	exp_honoraria_amt	Honoraria	X		X
BENEFITS	exp_research_amt	Research Stipend	X		X
BENEFITS	exp_loanreimb_amt	Student Loan Repayment	X		X
BENEFITS	exp_signon_amt	Sign On Bonus	X		X
BENEFITS	exp_relocation_amt	Relocation Expenses	X		X
BENEFITS	exp_tuition_amt	Tuition Reimbursement (i.e., Non-CME Course Work Leading to a Degree)	X		X
BENEFITS	recognition	Employer Has a Special Recognition Program to Regard Top Performers	X		X
BENEFITS	profdev	Employer Provided an Allowance for Professional Development	X		X
BENEFITS	profdev_statelicense	State License Fees	X		X
BENEFITS	profdev_dea	DEA Registration Fees	X		X
BENEFITS	profdev_nccpa	NCCPA Fees	X		X
BENEFITS	profdev_aapamem	AAPA Membership	X		X
BENEFITS	profdev_aapaconf	AAPA Annual Conference	X		X
BENEFITS	profdev_proforgfee	Other Professional Organization Fees	X		X
BENEFITS	profdev_cme	CME Expenses	X		X
BENEFITS	profdev_leadership	Professional Leadership Development Programs	X		X

VARIABLE TYPE	VARIABLE	VARIABLE DESCRIPTION	2016 Salary	2015 National	2015 Salary
BENEFITS	profdev_journal	Academic Journal(s)	X		X
BENEFITS	profdev_travel	Travel Reimbursement (Including Gas Cards, Public Transportation)	X		X
BENEFITS	profdev_technology	Current Technology (Including Cell Phones, Laptops or Tablets)	X		X
BENEFITS	provdev_how_statelicense	State License fees	X		X
BENEFITS	provdev_how_dea	DEA Registration Fees	X		X
BENEFITS	provdev_how_nccpa	NCCPA Fees	X		X
BENEFITS	provdev_how_aapamem	AAPA Membership	X		X
BENEFITS	provdev_how_aapaconf	AAPA Annual Conference	X		X
BENEFITS	provdev_how_proforgfee	Other Professional Organization Fees	X		X
BENEFITS	provdev_how_cme	CME Expenses	X		X
BENEFITS	provdev_how_leadership	Professional Leadership Development Programs	X		X
BENEFITS	provdev_how_journal	Academic Journal(s)	X		X
BENEFITS	provdev_how_travel	Travel Reimbursement (Including Gas Cards, Public Transportation)	X		X
BENEFITS	provdev_how_technology	Current Technology (Including Cell Phones, Laptops or Tablets)	X		X
BENEFITS	leave_maternity_yn	Receive Maternity Leave	X		X
BENEFITS	leave_vacation_yn	Receive Vacation Leave	X		X
BENEFITS	leave_sick_yn	Receive Sick Leave	X		X
BENEFITS	leave_cme_yn	Receive CME Leave	X		X
BENEFITS	leave_bereavement_yn	Receive Bereavement Leave	X		X
BENEFITS	leave_holidays_yn	Receive Paid Holidays	X		X
BENEFITS	leave_pto_yn	Receive PTO Leave	X		X
BENEFITS	leave_maternity	Maternity/Paternity	X		X
BENEFITS	leave_vacation	Vacation	X		X
BENEFITS	leave_sick	Sick Days	X		X
BENEFITS	leave_cme	CME	X		X
BENEFITS	leave_bereavement	Bereavement	X		X
BENEFITS	leave_holidays	Paid Holidays	X		X
BENEFITS	leave_pto	Paid Time Off	X		X
BENEFITS	other_benefits	Other Benefits	X		X
BASIC FOLLOW-UPS	future_research	Interest in Participating in Future Research	X	X	X