Good morning! I am so pleased to address the AAPA House of Delegates here in San Antonio. As we embark on our next five-year strategic plan, it can be useful to take a look-back at all that we have accomplished together – a five year retrospective.

We have much to be grateful for:

• A Board of Directors that is fully focused on and devoted to the advancement of the PA profession and the success of AAPA;

• A House of Delegates that is passionate and engaged;

• 110 Constituent Organizations, who are committed to working hand-in-hand to tackle the most important issues facing the profession;

• PA volunteers from every part of the nation, who respond to our call whenever asked;

• An AAPA staff team that has earned the respect of PAs everywhere;
• And more than **108,500 PAs who prove** – every single day – that they have earned the trust of patients, employers and the public.

AAPA’s past success is **your** success...and my confidence in a bright and powerful future reflects a confidence in **you**.
I’m not the only one who believes PAs are positioned powerfully in the marketplace.

- Demand for PAs increased more than 300 percent in the last five years.
- And over the next 10 years, employment of PAs is expected to increase by 30%.
- 78% of PAs receive multiple job offers upon securing initial certification.
Why? Because you have proven, through more than 400 million patient interactions every year, that PAs are the future of healthcare.

Let’s take a quick look back at what we have accomplished together over the last five years.
Overall, national and local media coverage of PAs almost tripled between 2011 and 2015. And last year, over 86% of the coverage was positive or neutral. Those are amazing numbers!

But it’s only half the story. Remember when our primary job with the press was answering the question, “What’s a PA?” and explaining why they shouldn’t use an apostrophe? We still see the occasional errant apostrophe, and we are on the spot to correct it whenever we see it.
But with new data like AAPA’s Harris Poll and our Salary Survey, and PA leadership on critical issues like obesity and diabetes, we have been able to change the headlines. PAs are now positioned as thought leaders. Media stories are shining a light on the contributions of PAs and the barriers you face. Our goal this year was to reach influential audiences in the industry and among employers. 76 percent of our earned media did just that.
And, working together over the last five years, we have effectively reached other influential audiences, as well. Every single state has made progress in adopting PA-positive legislative and regulatory changes. As you see on the map, in 2011, only these 19 states (pictured in red) embraced at least four of our six key elements of a modern PA Practice Act. Since that time, we have nearly [CLICK] doubled the number of states that have adopted four or more of these top priorities.
Today, there are 34 states and the District of Columbia.

In all, [CLICK] 40 key elements were written into state laws over the last five years.
SLIDE 5: FEDERAL

And, at the Federal level, we also made significant progress. Here is just a small sample of the work we accomplished.

• The ACA set the stage with your help, by recognizing PAs as one of three authorized primary care providers.

• For PAs who currently practice or want to practice at Rural Health Clinics, CMS eliminated the requirement for onsite physician supervision. Under the new rules, Rural Health Clinics may now contract directly with PAs.
• CMS eliminated the need for physicians to certify or co-sign a PA’s DME order.

• The agency also clarified – at our urging – that PAs are authorized to write hospital admission orders and perform pre-admission histories and physicals for Medicare patients.

The Medicare Reauthorization legislation, passed by Congress and signed into law by the President last year, was also a significant victory for PAs ... a victory that AAPA and COs have been working toward for years! This legislation increases Medicare payment rates for PAs for each of the next five years, reduces a number of barriers to effective PA practice under the Medicare program, and elevates the profile of PAs as vital healthcare providers to America’s seniors ... positioning the profession well for its value-based future.
SLIDE 6: Education

With the launch of Learning Central just three years ago, we created “THE” place to go for CME.

Today, nearly one-third of all PAs – more than 33,000 – have earned CME through Learning Central.

We are continuing to build a relevant and robust set of CME offerings so you can easily and affordably stay up-to-date with the latest medical knowledge in your area of practice and comply with NCCPA’s requirements for SA and PI-CME.
Learning Central now offers 35 online self-assessment activities (262 total credits) and 12 PI-CME activities (240 total credits). An additional 142 online self-assessment activities and 53 PI-CME activities have been approved for credit by AAPA, and are accessible from links on the Learning Central page.

In all, PAs have earned over 400,000 CME credits on Learning Central!
SLIDE 7: Membership

And on the membership front, AAPA recorded triple the average growth of other member organizations, increasing by an amazing 25% between December 2010 and December 2015. Today, we are over 54,000 members strong ... and growing.
SLIDE 8: Finances

And, as Jonathan Sobel, your AAPA Treasurer, just reported, our finances are strong, as well.

Over the last five years, we’ve engineered a financial turnaround ... moving from a $2.7 million operating deficit to a positive operating margin today. We have improved our efficiency, eliminated unnecessary activities, AND with the Board’s support and encouragement, invested in the future.
SLIDE 9: Digital

One investment of particular note is AAPA’s members-only online community for PAs and PA students.

Since we launched Huddle last summer, PAs have engaged in more than 1,237 unique discussion threads ... ranging from robust discussions about the NCCPA recertification proposal to advice on contract negotiation ... and members have used the Huddle search function more than 5,500 times to find information on topics from “ultrasound” to “CME.”
To date, more than 30% of AAPA members ... over 18,000! ... have logged onto Huddle to read and participate in the conversations. And the Daily Digest has an impressive 15% open rate, significantly higher than the industry average.
So it’s not surprising that AAPA’s Huddle site was awarded the Higher Logic Launch Award last summer. AAPA members sent unsolicited testimonials like these:

- I thought I was a lone wolf up in Montana – I’m glad to have this!
- I love the spirited debates and opinions from other PAs.
• When current issues pop up, PAs know where they can go to have their voice heard.

• And this: I have no doubt that the Huddle will turn into a very powerful networking tool and be the most recognizable benefit of AAPA membership to the next generation of PAs.

To all who have participated in Huddle – thank you! We are listening!
SLIDE 11: (Cover slide for Strategic Plan)

With as much progress as has been made over the last five years, this is no time to rest on our laurels ... the PA profession is at a tipping point. We must and will move out boldly.

Over the past 15 months, we have worked with PAs throughout the country to plan for an even brighter, more impactful future.
Leaders on the Board, on Commissions, and COs everywhere worked with our staff to develop the new AAPA Strategic Plan to guide our actions through 2020.

The action plan is indeed bold. It is ambitious. It is forward-thinking. It anticipates and responds to significant trends in healthcare. It faces, head-on, the most critical issues confronting the PA profession.

I want to give you the highlights of our strategies and the plans for which we will be held accountable.
SLIDE 12: Four Trends

As many of you know, four powerful trends drove its development. Let me just briefly recap:

1. **Medicine is changing faster than at any time in history.**
   Those of you who have been practicing for awhile may have thought the pace of change was rapid in the 80s and 90s, when medical knowledge doubled every seven years... but hold onto your hats; by the end of this decade, experts say that medical knowledge will double every 73 days!
2. **The health care system is transforming, even as we speak.**

   New practice requirements and pressures on profit margins are compelling dramatic transformation in the healthcare market. Independent physician practices continue to be swallowed up by hospitals eager to prove they can produce the triple aim. By the end of this decade, it is estimated that the 100 largest hospital systems will account for 60 percent of all hospital spending. And their new “front door” for patients is often the community-based urgent care center ... a new acquisition that allows them to ease the burden on their emergency rooms, while competing with stand-alone physician offices. At the same time, retailers like Walmart, Walgreens and CVS have aggressively jumped in to address consumer demand for convenient care. As one Walmart official said, “We stepped in because the healthcare industry would not.”

3. **Patient needs are changing dramatically.** As you see every
day, increasing numbers of your patients present with complex, chronic conditions – requiring frequent and different types of medical interventions, from simple follow-up reminders about medication adherence, to complex surgical solutions. While challenging, this represents an important opportunity for PAs. Because, now more than ever, employers and patients need PAs.

4. **And finally, there is no better way to say it: Value-based reimbursement has arrived and it is a real game-changer.** Medicare and other payers are moving away from the volume-based, fee-for-service system that pays based on how many patients are seen, how many procedures are done, and how many tests are run. Devised as a way to tamp down the ever-increasing cost of healthcare, they are implementing value-based systems that tie payments or incentives to patient outcomes … which puts a premium on team-based care. And we know PAs are all about team. But this new system makes it even more important that PAs document and get credit for the work they do.
This shifting environment provides an important backdrop for AAPA’s four strategic commitments to the profession. They form the foundation of the work we will pursue. They are our promises to members and the PA profession. Importantly, these strategic commitments are focused on a future where PAs are a leading force in healthcare. And, like the PA profession itself, they give us the flexibility to adapt to new opportunities and challenges that most certainly lay ahead.
Commitment one: Equip PAs for expanded opportunities in healthcare. Few things are more important to this profession. PAs are “all stars” – trained as generalists, but able to move among specialties, fill gaps in care, and build unique careers that include both clinical and administrative roles.

With this commitment, AAPA is promising to work to ensure that PAs have access to the training and credentials you need to
succeed, as well as multiple pathways to develop and demonstrate your knowledge and competence. We recognize that one size does not fit all.
As part of our commitment to equipping PAs, healthcare market consolidation presents interesting and compelling opportunities. As hospital systems merge and acquire physician practices, more and more institutions are employing a critical mass of PAs ... enough PAs to “justify” thinking about PAs as a separate and important provider group. Enough PAs to create a reporting structure. Enough PAs to have them represented on key medical and operational committees. Enough PAs to treat them as the important healthcare providers that you are. The old business
axiom is apt: If you are not at the table, you’re on the menu.

As you know, this past year we stood up AAPA’s Center for Healthcare Leadership and Management – CHLM – to help PAs take advantage of these emerging opportunities.

[CLICK] One vital aspect of CHLM’s work is to promote with employers the inclusion of PAs in leadership roles – roles that may include representation on workplace and professional committees, participation on decision-making bodies, and PA members of state regulatory bodies. At the same time, CHLM is working to provide leadership, management and business training that will give PAs the skills and confidence they need to step into these roles.

I am also thrilled to announce that CHLM is spearheading the creation of AAPA’s new online Career Center – a one-stop shop for all your career needs, whether you are a recent PA grad or among the 10% of PAs who change employers each year. We expect to
“soft launch” the Career Center in July, with a major roll-out planning to coincide with PA Week in October.

Next fall, CHLM and Wake Forest University School of Medicine will again collaborate on our annual Executive Leadership Conference, where 125 PAs will come together to learn and apply important concepts and strategies in leadership and personal development, effective communication for high performance teams, and business essentials.

And, once again, CHLM is sponsoring a special pre-conference session here in San Antonio focused on Quality Improvement. Participants will hear from award-winning healthcare leaders in the executive suite, practicing PAs and physicians, as well as AAPA expert staff.
And you’ll find much more than that on Learning Central!

[CLICK] Perhaps the most exciting news on Learning Central is a new PI-CME activity that AAPA launched yesterday. Right now, we’re calling it PI-Builder ... and it is an online tool that enables you to build a personalized PI-CME activity that reflects your unique practice and improvement interests. This tool prompts you to select appropriate quality measures from a comprehensive library, enter your data, implement an improvement plan, and document outcomes.
You can even suggest a brand new measure based on your patient population. And if you have recently completed a quality improvement project in your practice, just provide some details on your experience, and you can earn credit for your workplace efforts. We are excited to provide this inexpensive option that will ensure that PI-CME is accessible, meaningful and practical for PAs in any specialty or setting.

[CLICK] Learning Central also continues to create free CME to help you keep current on new treatment options and better serve patients with complex, chronic conditions. I am delighted to announce that earlier this month, AAPA was awarded significant new grants that will support our initiatives in two of the most important healthcare problems in America today. These will enhance our efforts to position PAs as national thought leaders for obesity and diabetes.

[CLICK] And in the coming year, CHLM will be collaborating with our Education Department to bring you expanded leadership training opportunities through Learning Central, as well.
SLIDE 17: (Commitment 2 -- Advance PA Identity)

Strategic Commitment Number 2: Advance the PA Identity.

As we are working with PAs and employers to help PAs move into leadership roles, we recognize that there remains a gap between what PAs can do, and what various stakeholder groups – including the media, patients, employers, payers, and policymakers perceive they can do.

[CLICK] We will continue to work hard to close that gap.
AAPA staff has been reaching out to newsrooms all over the country to educate media outlets and help them educate their audiences about the medical care PAs deliver, and to position PAs as thought leaders in medicine.

[CLICK] As you’ll recall, our initial targeted effort last year was to provide useful tools for PAs – infographics, videos, fact sheets and myth busters. No one is a better ambassador for the profession than a PA.
This past year, our focus was on the employer and healthcare industry, and our media team aggressively pursued trade and business publications. Publications like Forbes and U.S. News and World Report, where thought leaders, large employers, healthcare decision makers, legislators and other healthcare providers look for information, education and ideas.

We generated double the number of news articles focused on PAs, and made a significant increase in the number of positive messages about PAs in these influential media outlets.

As we shift our focus to include patients and the public in fiscal year 2017, we are perfectly positioned to kick off the 50th Anniversary year.
SLIDE 19: (50th Anniversary slide)

The 50th gives us a unique opportunity to drive even higher employer and patient recognition of the important contributions that PAs make to healthcare as well as the positive changes they will bring for the future.

Our whole PA family of COs and national organizations will mark the occasion [CLICK] starting this October during PA Week. That month, JAAPA is planning to kick off a series of feature articles on the anniversary that will carry through the year.
The PA History Society has been hard at work on exciting and creative ways to bring the anniversary to life this fall. And AAPA has already begun developing materials, and took the lead on designing a 50th Anniversary logo that can be easily adapted and freely used by any of the four national PA organizations, as well as any AAPA Constituent Organization.

We will continue to aggressively promote PA practice responsibility and the collaborative nature of PA practice ... among employers, thought and opinion leaders, policymakers, healthcare providers, and the media. And we will take advantage of the 50th anniversary to focus America on the PA profession’s NEXT 50 years!
SLIDE 20: (Documenting PA Value)

While the press is really beginning to tell the PA story, we recognize that we have some serious work to do if we want PA value to be recognized and appropriately compensated.

PAs are key healthcare providers, but much of the work PAs perform and the value they bring doesn’t “count” today, simply because it is not captured in an EHR, not attributed to them in employer records, and not reimbursed by private or public insurers. That must change.
Only when PAs can consistently document their work and bill under their own NPI number will we be able to establish reliable and accepted calculations of the quality care that PAs deliver every day. It is the only way that PAs will show up in the large scale databases that employers, researchers and government policy makers use to determine who and what care is producing results. And, in the era of value-based reimbursement and bonuses based on RVUs, it is the only way that PAs will be compensated at the levels you deserve.

That’s why AAPA is ramping up its efforts to ensure that EHR systems are implemented in a way that captures PA information, that private payers enroll PAs, and that government, payer and employer policies ensure that PAs can and always do submit claims under their own NPI.
SLIDE 21:

The third strategic commitment in our plan: to create progressive work environments for PAs.

As you know, for many, many years, the AAPA advocacy team has worked hand-in-hand with COs and individual PAs to improve state and federal statutes and regulations ... to knock down barriers, open doors, and build a network of PA-positive laws and regs. We will continue that critical effort, and are adding two new spheres to our work: the workplace and the courthouse.
We are committed to tackling every challenge to ensure that PAs have multiple pathways to demonstrate their competence and medical knowledge. And whether those challenges come from state medical boards, well-meaning accreditation bodies, or the NCCPA ... we will protect your competitive position in the marketplace. And if the best way to do that is in court, that’s where we’ll be.

And, of course, CHLM will be working closely with you and with your employers to ensure that the laws and regulations we work so hard to enact, get implemented on the ground.
I’m happy to report that 2015 was another collective banner advocacy year at the state level for PAs. A total of 49 states and D.C. made over 200 PA-positive changes to laws and regulations. This included 40 states and DC that enacted almost 120 legislative changes that improved PA practice conditions; 31 states adopted 82 regulatory improvements.
And 2016 is off to a great start. After decades of advocacy by PAs, last month the Florida legislature passed and the governor signed into law a bill allowing PAs to prescribe controlled substances. In addition to the passage of the prescribing bill, legislation was also signed by the Florida governor in March that allows PA scope of practice to be determined at practice level. And in New Jersey, PA advocates succeeded in adding three additional Key Elements of PA Practice, bringing New Jersey’s total to five!

One other recent big win was achieving universal adoption of the term “licensure” as the standard in every state and the District. This marks the first of our six key elements to reach universal achievement... and it means that now every state has a shared understanding of the standard for PA practice. Remarkably, at its conference just two weeks ago, the Federation of State Medical Boards announced that it intends to implement a uniform license application for PAs by the end of the year. This will help to reinforce commonality in licensing standards, and help us on our path to uniform practice requirements.
We have also seen huge wins this year in Colorado, Kentucky and Washington.

Congratulations to all of you who have worked so hard to make progress on behalf of the PA profession.
As I mentioned, we have some remarkable new arrows in our quiver as we continue to slash barriers to PA practice. We are working to help COs raise the bar significantly through passage of [CLICK] New Model State Legislation. Some of the key changes we’ll be working toward include:

- We will eliminate the use of the term “supervising”. The new Model Legislation refers instead to “collaborating”.
• We will not support language describing PA scope of practice as determined by the physician. We will support the obvious: scope should be based on the PA’s skills, education and experience.

• We will eliminate physician responsibility for care which is provided by the PA. Instead, under the new Model Legislation, the PA is responsible for their own professional actions.

• No longer will the PA be the “agent” of a physician. Our current advocacy efforts under the New Model will seek to have PAs specifically named in all relevant health laws, removing the need for “agency” language.

[CLICK] In addition to the New Model Legislation, we are seizing every opportunity to raise our game and our profile, leveraging the recent activism by the Federal Trade Commission in the healthcare arena and the 2015 Supreme Court decision in “NC Board of Dental Examiners vs. FTC.” With the help of a top-notch law firm, we have identified several states ripe for a challenge based on these anticompetitive tools.
Working with the CO in the state, we are already challenging an absurd recent determination in Indiana. We have at each delegate’s place a description of our strategy and early actions, to date. We will not let meaningless barriers hold back the profession and we will not be afraid to say so.

We are also looking at our legal options with regard to the NCCPA’s proposed changes to PA recertification exam requirements. While this is by no means a preferred course of action, we will do what it takes to ensure that any requirements imposed on PAs are evidence-based, and represent what’s best for the profession and what’s best for patient care. We are, of course, hopeful, that NCCPA will take seriously the outcomes of the AAPA HOD deliberations this weekend, making such action by AAPA unnecessary.
On the federal front, as a result of our combined efforts, we are seeing record numbers of federal legislators become champions for PAs, introducing bills to remove barriers to PA practice and including PAs as a part of new programs from the start. Federal legislators are asking for PA input and giving PAs a seat at the table with other medical providers as they develop and advance legislation. [CLICK]

In the coming year, we will introduce the PA profession to a new presidential administration and many new members of Congress. We know there are many distractions to legislating in an election year and it will take some time to stand up a new administration and Congress, particularly in this polarized environment. But we will continue to aggressively pursue Federal legislation and regulations.
Breaking down barriers to PA practice is an all-hands effort ... and it can be a slow, painful process. But, as the advances we’ve seen last year and the last five years demonstrate, we have finally hit our stride.
In addition to our traditional advocacy work and new emphasis on legal strategy, we are ramping up our focus on ensuring that employers take advantage of all that PAs can and are permitted to do under laws and regulations. With all of the PA victories achieved over the last five years, it isn’t surprising that employer policies and practices have not kept up! Even beyond legal and regulatory changes, however, many employers simply don’t know how to get the best from their PA workforce.
So our CHLM advisory services team has created a robust set of advisory services for employers on key topics, topics that we have found are keeping them up at night. [CLICK]

- Regulatory Issues
- Credentialing and Privileging
- Billing
- Governance
- Scope of Practice
- And Talent Management

These hands-on services at the practice level are making a substantive difference, as we work to create and support PA-positive work environments. Already, CHLM has reached more than 400 PA employers through events for PAs, educational speaking engagements, and advisory services to individual employers.
SLIDE 26:

Given all that we seek to do for the PA profession, we recognize that our final commitment – to foster AAPA organizational effectiveness and sustainability – is critical. Only with a fiscally sound, technologically up-to-date, and professionally staffed organization can we continue to make progress on behalf of the PA profession.
SLIDE 27: (4 organizational objectives)

So to the more than 54,000 PAs who have chosen to be members of AAPA and to you, the leaders they have chosen to represent them – we promise to continue our focus on maintaining a strong and effective AAPA.

[CLICK] As I mentioned at the beginning of this talk, we have turned the corner on our finances and we will continue to ensure that we produce a balanced operating budget and [CLICK]
maintain a strong cash and investment portfolio.

[CLICK] We are committed to continuing to build an engaged and impactful cadre of PA volunteers. We are grateful to the more than 500 PAs and PA students who volunteered for AAPA ... as members of boards, commissions, work groups and task forces; as representatives to external commissions and panels; and even as product testers.

[CLICK] And, finally, we know that by addressing new challenges facing the profession and providing you with the resources and support you need, we will continue growing the AAPA membership rolls. Because, as Jeff, our president, says, “We are stronger together.”
So let’s power up! I look forward to working with all of you as, together, we shape the future of the PA profession.