



April 28, 2018

Speaker's Update – April Edition

Dear Delegates,

We are just under a month away from the opening gavel at the 2018 HOD in New Orleans! By now you should have received the email letting you know that the resolutions are available to you as a download on the HOD meeting materials page. (<https://www.aapa.org/about/aapa-governance-leadership/house-of-delegates/meeting-materials/>). You will need to login to view this page. Your House Officers are preparing for the gavel to drop. To assist in your preparation, I want to share information on credentialing and research the AAPA staff put together on resolutions: B-14 & C-01. This information should help inform our discussion. I look forward to seeing everyone and having a successful House.

Just a reminder, if you want a paper copy of the resolutions, you will need to bring it with you. We will not have copies of the pre-published materials on site.

Credentialing

- If you have not completed an online conflict of interest disclosure form, please do so at <https://survey.aapa.org/s3/AAPACOI>. No delegate will be credentialed without a completed disclosure form.
- Credentialing will be held in the Grand Ballroom (B-D) foyer. The hours will be:
 - Friday, May 18 – 3:30 – 7:00 pm,
 - Saturday, May 19 – 8:00 am – 6:00 pm,
 - **There will be no credentialing on Sunday or Monday.**

Meeting room

- Please note that WiFi will NOT be available in the HOD meeting room.

HOD Compliance

Please check your organization's compliance status to confirm your delegation's ability to participate in any HOD business and represent your constituents. The [compliance webpage](#) allows you to confirm that your organization's core officers are current AAPA fellows. Per AAPA policy, core officers are president, president-elect, vice president, secretary, treasurer, or secretary/treasurer. You will need your AAPA website login information to view the compliance webpage.

Staff Provided Information on Resolutions

Resolution 2018-B-14-OH/WI **Changing the professional title of Physician Assistants**

The AAPA HOD requests that the AAPA Board of Directors contract with an independent marketing/PR firm to investigate the creation of a new professional title for physician assistants that accurately reflects these provider's present and future utilization and practice abilities, reporting the results to the 2019 HOD.

Management offers the following background to help inform the Delegates about areas of inquiry likely to be needed to support the deliberations of a task force, if the HOD passes this or a similar resolution. Also included is an estimated range of costs to support an inquiry of this type and magnitude. We believe the expertise of a branding/public relations firm (direct expense), as well as a law firm with state and federal regulatory expertise in the healthcare field (direct expense) would be required, as well as substantial staff time (indirect expense) to support the effort.

Branding/Public Relations

Management contacted two independent global public relations/branding agencies, **Ogilvy Red** and **Edelman**, requesting proposals that outline the estimated timeframe and costs, along with their recommended approach to determining whether to change the PA name and to what.

Both agencies suggested it would take a minimum of 6-8 months of time and cost between \$400,000 and \$500,000 to conduct the work. AAPA staff believes that these costs could increase by 20%-40%, as the scope of work is refined, largely due to a likely increase in the number of critical audiences/people from whom we would seek input. This would put the cost estimate for the public relations and branding research portion of the project at \$480,000 to \$700,000. These costs include a market analysis, audience research, the development of strategic considerations, and the creative development and testing of a new professional title. The costs do not include developing visual assets or the actual roll out of the name, if a new one is selected.

The bulk of the costs for both proposals reflect the significant qualitative and quantitative research needed to inform both the strategy development and the name selection. Both agencies proposed similar approaches, which would include the following three phases:

- **Discovery/Assessment.** Review existing relevant research to understand the perceptions of the current title and conduct new research with identified stakeholder groups (PAs, constituent organizations, PAEA, ARC-PA, NCCPA, students, PA Program Directors, PA Administrators, physicians, physician and medical organizations, hospital employers (large and small), staffing agencies, general public, government agencies, etc.); and provide findings and strategic implications.
- **Strategy Development.** Conduct naming workshops to review research findings and develop a "brand foundation" for the profession, which would culminate in the development of naming options.

Staff Provided Information on Resolutions

- **Name Testing/Evaluation.** Test new names through focus groups, one-on-one interviews, and other quantitative and qualitative research methods to gather feedback from key audiences on naming options; evaluate feedback and identify potential market barriers, risks and opportunities.

Legal Considerations

In addition to the branding and PR considerations identified, management believes that the task force recommendations should be informed by implementation considerations. In particular, how they involve changes that would be required in state and federal laws and regulations, as well as to work through the impact of various scenarios on a PA's ability to practice and bill for services.

Management believes that it would be critical to have a law firm advise the task force in this regard. It will be important to identify the state and federal laws and regulations that would need to be changed, and to work through the impact of various scenarios on a PA's ability to practice and bill for services. An accurate and rigorous analysis is important because the PA profession is highly regulated and subject to licensure and certification, and laws and regulatory language differ across jurisdictions.

For example, from a federal perspective, it is likely that changing the name would require enactment of a law to strike and replace the name throughout the U.S. Code. It would also likely need to address a transition, since it will be important for the federal government to recognize state licensing agencies and other entities that still use the term "physician assistant." Among the many laws that specifically name the PA profession are:

- Social Security Act (Medicare, rural health clinics, critical access hospitals, etc.)
- Health Professions Educational Assistance (program grants)
- National Health Service Corps
- Labor-HHS Appropriations
- Titles 5 and 38, regarding employment of civil servants (Veterans Affairs, DoD, Aviation Medical Safety Act)

The Executive Branch would also need to update the name of the profession in the Code of Federal Regulation on an agency by agency basis once such changes are made in federal law. This includes the CMS provider taxonomy system, NPI number system, employment by federal agencies and DEA license. Federal health facilities, Office of Personnel Management, and others may also need to update public-facing materials, signage, and uniforms, particularly in clinical settings. Many of these changes could potentially incur significant costs for an agency. It will be important for the task force and the profession to understand the extent and potential cost of these changes in order to effectively lobby for change.

Similar research will be needed to understand the laws and regulations typically found in states that mention PAs by name that would need to be changed. Beyond PA practice acts and regulations, these would likely include laws and regulations that govern workers compensation, hospital and other facility-specific codes, Medicaid, telemedicine, the composition of boards, long-term care,

Staff Provided Information on Resolutions

abuse training/identification/ mandatory reporting, pharmacies, mental health services, emergency medical services, insurance, and many others.

It will also be important to identify the many third-party organizations where the name of the profession will have to be changed. This could include, for example, third-party payer coverage manuals and policies, EHR/EMR companies and their systems, The National Practitioner Database, and a variety of private sector accrediting organizations (e.g., Joint Commission, National Committee for Quality Assurance, Utilization Review Accreditation Commission, American Association for Accreditation of Ambulatory Surgery Facilities, and Accreditation Association for Ambulatory Health Care).

Consideration will also need to be given to other PA profession-related organizations, including PAEA, NCCPA, ARC-PA, AAPA Constituent Organizations and PA programs, to estimate their costs associated with legal, branding and material changes.

Based on the research and strategy work previously conducted for AAPA by Foley & Lardner LLP regarding the U.S. Supreme Court's decision in *North Carolina State Board of Dental Examiners v. Federal Trade Commission*, we would conservatively estimate this new work to cost between \$150,000 and \$250,000.

Total Estimated Costs

Based on the information presented above and our past experience regarding the staff support required for similar task forces, management estimates the total cost of this effort, as follows:

Expense	Cost Range
PR/Branding Firm	\$480,000 - \$700,000
Law Firm	\$150,000 - \$250,000
AAPA Staff (Approximately 2.5 FTE, including a senior project director, administrative staff person, as well as part-time temporary support to enable senior staff from governance, marketing, communications and advocacy to support project as needed. This estimate includes salary, benefits, and occupancy costs.)	\$200,000 - \$300,000
Task Force Meeting/Travel	\$20,000 - \$40,000
TOTAL	\$850,000 - \$1,290,000

Staff Provided Information on Resolutions

An investment of this magnitude cannot be absorbed within AAPA's operating budget. However, AAPA's current cash and investments (reserves) are \$25.7 million, substantially above the benchmark (3 months of operating expenses = \$6.4 million for FY19 budget). If the Board chooses to, that would be a means of funding this effort.

We note that this cost estimate does not include any costs associated with actual implementation of the task force recommendations. We anticipate that those cost estimates would be developed as part of the task force work.

Staff Provided Information on Resolutions

Resolution 2018-C-01 RSI Recognizing New PA Certifying Agencies (Tabled 2017-C-11)

AAPA endorses the National Commission on Certification of Physician Assistants (NCCPA) certification exam **AS WELL AS ANY EXAM THAT IS RECOGNIZED BY THE NATIONAL COMMISSION FOR CERTIFYING AGENCIES (NCCA), THE AAPA HOUSE OF DELEGATES, AND THE AAPA BOARD OF DIRECTORS AS VALID ENTRANCE STANDARDS FOR PAS.** ~~as the only entrance standard for PAs.~~

A number of relevant developments have occurred since 2017-C-11 (currently 2018-C-01-RSI) was tabled during HOD in Las Vegas.

Shortly following the meeting in Las Vegas, the AAPA BOD held a special board meeting and ultimately passed an action to not establish a new certifying organization. The motion also directed that AAPA would continue to pursue all avenues for discussions with NCCPA regarding members' concerns about the current recertification process and NCCPA's interactions with stakeholders.

In addition, the BOD passed a separate motion to contract with a highly respected, unbiased, independent research organization in order to identify evidence-based alternatives to high-stakes PA recertification testing. Following an RFP process, AAPA received proposals from two highly respected firms. In January AAPA executed an agreement with the RAND Corporation to:

- Document the recertification requirements for health professions in both the U.S. and in other countries, including both closed-book examinations and other complementary or alternative approaches.
- Review and synthesize the evidence about the impact of various approaches to recertification requirements for health professions in the U.S. and in other countries on patients (i.e., outcomes, safety, and access to care) and provider experience (i.e., cost, stress).
- Explore in further depth the rationales, alternatives, and future plans regarding recertification requirements among health professional certifying bodies in the U.S. and other countries that currently employ recertification approaches other than closed-book examinations.
- Provide a publicly available report presenting key project findings.

The final report from this study is anticipated to be completed and released to the public in September, 2018.

In the months following the special BOD meeting, NCCPA newsletters communicated details regarding NCCPA's efforts to improve recertification.

Staff Provided Information on Resolutions

In August 2017, NCCPA launched a survey of all PAs to identify content areas that represent “Core Medical Knowledge” which would become the basis for what would ultimately be assessed by PANRE. In March 2018 NCCPA released the updated exam blueprint for PANRE, completing the move from a general medicine exam to a core medical knowledge assessment.

In September, NCCPA announced details regarding the pilot alternative to PANRE, stating that PAs who choose to participate in the pilot would require no advance preparation, no scheduling, and no trips to a testing center. The pilot will begin in 2019 and participants will be required to answer 25 questions per quarter through 2020 for a total of 200 questions. According to NCCPA, immediate feedback will be provided in the form of rationales for correct answers and references for those who want to learn more. As of March 2018, more than 7,000 PAs have registered to participate. While acknowledging benefits of the pilot, some PAs remain skeptical as the passing criterion is unclear and contend that this alternative to PANRE is still high-stakes as long as failing and subsequently losing the ability to practice is a possible outcome.

Quick Links

- [2018 HOD Resolutions + Supporting Meeting Materials](#) (login required)
- [2017-18 Policy Manual](#)
- [2017-18 Apportionment](#)
- [2018-19 Apportionment](#)
- [Delegate Change Form](#)
- [2016-20 Strategic Plan](#)

Thank you for all you do for the Academy and our profession!

A handwritten signature in black ink, appearing to read 'DJ Jackson', with a long horizontal line extending to the right.

David Jackson, DHSc, PA-C, DFAAPA
Speaker of the House and AAPA Vice President