



American Academy of Physician Assistants

950 North Washington Street ■ Alexandria, VA 22314-1552 ■ 703/836-2272 Fax 703/684-1924

AAPA President's Annual Report March 2002

The past year has been eventful for our nation and for the AAPA. The terrorist attacks on 9-11 were meant to tear our nation apart, but had the opposite effect. We are now more united than ever and ready to meet the challenges of the future. Likewise for the PA profession, the disruptions caused by the terrorists' attack and certification issues regarding the NCCPA actually served to unite and strengthen our profession by shining sunlight on problems. These events have substantially strengthened our abilities to meet the future challenges in the world of medicine.

During the 9-11 crisis, many PAs rose to the challenge of providing emergency assistance to the injured and others in need of aid. Our special thanks to all those who helped during the disasters. Our sympathy goes to the victims of the tragedy, their friends and families. A special relief fund for PAs has been established by the PA Foundation to assist PAs experiencing loss of home and possessions due to natural disasters or other tragedies. Contributions can be made through the PA Foundation.

Summary: Despite the events of September 11, the Academy has followed the advice of President Bush to regroup and get on with our work. During the past year the Academy and its members have made many significant advances including: 1) securing a delay in the implementation of the VA's decision to require state licensure of the PAs working in the Veterans Administration Hospitals, 2) reversal of a CMS/Medicare decision to disallow Medicare payments to any practice in which a PA has any ownership interest. 3) Medicare coverage of PA performed screening sigmoidoscopies, 4) appointment of a Veterans Administration Central Office PA consultant, 5) PA membership on the Joint Commission of Accreditation of Health Care Organization's (JCAHO) Professional and Technical Advisory Committee (PTAC) and 6) return of 2 AAPA representatives to our certifying agency.

As you can see from their reports, AAPA committees, councils, task forces and staff have worked throughout the year to advance the physician/PA teams ability to provide quality care for people across the United States. For a comprehensive review of the Academy's activities over the past year, see EVP/CEO Steve Crane's annual report. As you can see, your colleagues, friends and staff have been working diligently to advance the physician/PA teams ability to provide quality medical care for patients. We are indeed fortunate to have able and dedicated volunteers, staff, and friends working with us and our patients throughout the year.

Thanks: Many of you have made significant advances in the state arena and throughout the health care system as seen in our Director of State Affairs, Ann Davis's report. On behalf of all PAs, thank you for your efforts to improve medical care in area, your state, your country, and the world. Our PA colleagues have been giving back to our country, which has been so good to us, by performing services well above beyond the call of duty. This can be seen in our Paragon award winners and the contributions made for free clinics, our charitable project this year. Our thanks goes to all those who contributed to the Academy, the physician/PA team, our patients and our profession throughout the past year.

PA Progress:

- 43,000 practicing PAs
- Licensure in all 50 states
- PA prescribing privileges in 47 of 50 states
- PA participation in PA regulation in 48 of 50 states with separate PA regulatory boards or committees in 10 of 50 states.
- PA coverage by Medicare, most Medicaid programs and most insurance companies
- Wide-spread PA acceptance by patients and the PA concept moving world wide
- 130 accredited PA schools, 8,000+ PA students, PA schools in 41 of 50 states

Communication: As most of you know, regular President's reports (reflections) are sent via e-mail to leaders of the profession including Board of Directors, council and committee members, student Board of Directors, past Presidents, AAPA commissioners, AAPA Liaisons, Chapter and Specialty Society Presidents, Chapter President Elect, Legislative Coordinators, Newsletter Editors, APAP leaders, and HOD members. This method of communication allows prompt feedback from PAs on issues of importance to them. Electronic communication is one way to bring issues quickly to the AAPA President's attention, which can allow for more efficient problem identification and resolution.

Goals: The AAPA strategic management directions for 2001-2002 are to strengthen:

- 1) the physician-PA team,
- 2) the PA profession,
- 3) the AAPA and its constituent organizations,
- 4) health care systems across the nation and worldwide.

Our two crosscutting goals are: strengthening PA diversity and building leadership.

Everyday PA leaders and rank-and-file PAs advance these objectives when seeing patients, interacting with physicians and other health care practitioners and participating in health policy decisions. When PAs provide patient care and explain their role in the health care system, they strengthen the understanding of the physician/PA team and advance efficient provision of medical services in our health care system. Advancing a health care team approach strengthens our medical care system. Our academy constituent organizations and staff augment the day-to-day activities of PAs by advancing understanding of the profession, team practice in the larger arena and achieving timely input on health care policy decisions.

The Three "Rs": Our strategic management directions can be organized into the three "R's": (1) Resourceful relationships, (2) Rational regulations and (3) Reasonable reimbursement for physician-PA teams. These elements are necessary to bring the benefit of physician/PA team practice to all. As a summary of our strategic management directions, these objectives allow us to measure our progress in providing health care, assessing accomplishments and adjusting our efforts as necessary to solve new problems and continue our improvements.

Resourceful Relationships

Organized Medicine: Our relationships with organized medicine continues to flourish through regular contacts with AMA, AAFP, and other medical groups at their House of Delegates and leadership meetings. Favorable physician testimony showing an understanding of the team approach to medical care now regularly occurs at organized medicine's national meetings. This is in no small part due to the excellent work of our PA liaisons, individual PAs, and national office staff. Even state chapters are contributing to the improved relationship with organized medicine. For example, the Oklahoma chapter does a successful education program marketing the physician/PA team to physicians by physicians at their state medical association meetings.

Teamwork: The Awards Committee has fostered the team concept by developing a physician/PA team award that was first given at last year's conference to PA Bob Blumm and his supervising physician from New York. The Public Relations Committee continues to do an excellent job with its "The Physician-PA team: A Doctor's Prospective".

AAFP President Warren Jones, M.D. of Mississippi has been invited to join us at our national conference in Boston. Dr. Jones has a niece who he reports, "is doing very well as a PA in Georgia". Recently, while on a plane flight from Des Moines to Washington, D.C., I sat next to an interventionist cardiologist from Johns Hopkins in Baltimore, who works with two PAs. She said she couldn't do her job without her PAs. Her PAs were taking care of her patients while she was gone. She doesn't know how a physician can practice today without a PA and still be able to provide the quality care patients deserve. She asked that her best wishes be extended to all "her PA colleagues". We have come a long way in 35 years thanks to the fine work of many PAs, our physicians and our friends.

WONCA: Recently efforts lead by Tom Berry, PA, who works at Pharmacia, have created the possibility of PAs becoming members of WONCA (the World Organization of Family Physicians).

International: Last November I attended the first annual national conference of the Canadian Academy of Physician Assistants in Halifax, Nova Scotia. It was an opportunity to congratulate the Canadians for their progress in the PA world, to thank them for their support during 9-11 attacks and for their assistance in the war against terrorism, especially for the seven Canadian PAs serving in the support capacity in the Afghanistan region.

Existing broad delegatory laws for Canadian physicians allow PA practice in their civilian sector, but few have done so due to lack of PA recognition by government entities. With AAPA consultation, Canadian PAs are developing an accreditation process for their PA education process and a national PA certification system. The Canadian PA concept grew out of the World War II need to provide medical support for personnel on Canadian ships in the North Atlantic who kept England supplied during the Battle of Britain.

Interest in PA programs is developing throughout the world including Great Britain, the Netherlands, China and Australia. AAPA's on International Affairs continues to monitor PA progress in other countries.

Electronic HOD: Thanks to the Herculean efforts of Tom Lemley, Steve Hanson, Marlee Balka, many other PAs and staff, the House of Delegates has gone to an electronic format increasing efficiency and decreasing shoulder strain for our dedicated delegates. Congratulations to all for this historic and timely accomplishment!

HOD Emphasis on Clinical Issues: A special thanks to our HOD speaker, Tom Lemley, for bringing forth the importance of clinical issues (such as direct to consumer advertising) in his speaker's charges this year. And thanks to the HOD, councils, and committees for their work on these matters of particular importance to PAs and patients.

PA Research: Although no new PA research projects were funded by AAPA this year, the Board is looking at developing a research institute to encourage future work. Pooling our resources with APAP and NCCPA is under consideration. Our commitment to funding needed PA research remains strong.

Key Contact System: The Health Care Services Committee is continuing to work on updating the list of PA contacts with key members of Congress and government as well as with physicians who are leaders of national medical groups. This activity is crucial to building our relationships and providing timely input into the decision making process on health care policy in our country. Our special thanks goes to all who have contributed to making this an ongoing success.

VAPA Consultant: In August, Joe Streff, a PA from Milwaukee, Wisconsin VA Hospital was appointed the Veterans Administration's first half-time Central Office PA Consultant. Needless to say, he is particularly busy working on VAPA issues of state licensure, third party reimbursement and prescribing.

VA deadline for PAs postponed: State licensing was to be required of PAs in the VA system on June 30, 2002. The authority for PA prescribing in the VA system, independent of state law, was also scheduled to expire at the same time. Fortunately, after meeting with AAPA and VAPA Association representatives, VA Secretary Tony Principi, postponed these deadlines until 2004. Requiring state licensure would be difficult in the VA system due to the variability of state laws (including three without prescribing authority) and the difficulty presented by some supervising physicians being licensed in a state other than the state where the VA is located.

Other Federal Services PAs including the military (especially the Army) are being told to obtain state licenses, too.

The Annual PA Charitable Project/Host City Charity: This year our charitable project is increasing access to care for the medically underserved through support of free medical clinics. This is being done both by volunteering medical services at free clinics and through financial support. A website listing free clinics across the country is www.freeclinics.net. For the first time, the annual PA charitable project is going to assist people throughout the country. Free clinics throughout the United States can apply for a portion of the money raised.

So please take advantage of this opportunity to help a free clinic in your area. **Please encourage your local free clinic to apply for a grant through the PA Foundation (www.aapa.org/paf.html).**

Students on Committees: PA students are our future. And our future is what we make of it. At more than 8,000 strong, PAs students make up more than 1/5 of PA profession (43, 000 practicing PAs). As a response to this dramatic change of PA demographics, the AAPA Public Relations and Health Care Services Committee recommended that a student member be added to their committees. Already students are successful contributing members of the Diversity and Constituent Relations Committees. A number of students have extensive experience in public relations and government affairs in careers prior to beginning PA school and could make significant contributions to these committees. Recently the AMA added student members to its committees. Historically, student enthusiasm has advanced our profession passed many obstacles and will continue to do so in the future if we include them.

Certification: In March, the NCCPA offered the AAPA two seats on the commission. (previously the AAPA had five representatives on the commission). The AAPA Board voted to accept the two NCCPA positions. NCCPA Board meetings remain closed. Currently, there are 26 NCCPA commissioners. Twelve slots are occupied by PAs this year. Six of those 12 are designated PA slots. Four of these six are selected by the NCCPA and the other two chosen by the AAPA.

Progress is being made. AAPA and NCCPA relations are cordial and communication much improved. Commission issues which still need work include: closed board meetings, (though NCCPA agendas are being shared with the AAPA and committee meetings are accessible to non-commission members), clarification of permissible communication between appointees and their appointing agencies, restoration of the student representation at the commission, and the efficiency of the governing structure of the commission.

Rational Regulation

Uniformity of physician-PA practice regulations: With the invaluable help of the AAPA model state legislation, progress in developing uniform and workable PA regulations across the nation is occurring. A majority of states have switched from certification to licensure. The "s" has been dropped for nearly all states. Prescribing privileges exist in 47 of 50 states. With AAPA assistance, progress is being made in the remaining three states without prescribing authority for PAs (Ohio, Indiana and Louisiana) and other states or settings with significant practice barriers.

Model PA Hospital Privileges: With the outstanding success of the model PA state legislation, requests have been received for model PA hospital privileges and bylaws. The Health Care Services Committee has a task force working on hospital issues including the issue of privileging. The Professional Practice Council also is looking at the issue. The President has submitted a resolution asking that the AAPA develop model PA hospital privileges and bylaws.

Codification of PA authority to work disaster situations: After the terrorist attacks in September, review of state laws revealed that most states do not allow PAs to work in disaster settings if the supervising physician is not available. A few states have addressed this situation, but all states need to allow PAs to use their skills to help in disaster situations.

Streamlining PA licensure: Many states are working on improving PA licensure so that PAs are available in a timely fashion to meet patient care needs, especially in rural and underserved areas.

Making scope of practice decisions by the supervising physician: State laws are being revised to allow those best qualified to make scope of practice decisions: the physician/PA team. This allows the flexibility necessary to meet the medical care needs of a particular medical practice and leaves the judgment on what tasks are permitted to those most knowledgeable of the PAs skills and abilities.

PAs in mental health: Due to the maldistribution of mental health practitioners in the United States, more PAs are beginning to practice in this setting. State laws need to keep pace with this trend by allowing PAs to order involuntary commitments and schedule II medications when delegated by the supervising physician.

Reasonable Reimbursement:

Reimbursement Task Force: A reimbursement task force has been established by the Health Care Services Committee to help chapter reimbursement coordinators stay updated on reimbursement issues and help the Academy stay abreast of payment matters that are of major importance to our members.

Hospital Issues Task Force: A hospital issues task force has been formed by the Health Care Services Committee to make recommendations on reimbursement and practice privileges related to PA hospital practice.

Medicare/CMS again allows PA participation in the ownership of medical practices: In August, the Centers for Medicare and Medicaid Services (CMS–formerly HCFA) issued a letter stating that a medical practice with any PA ownership interest could not receive Medicare payments if a PA worked in the practice. When an Idaho PA mentioned this to the CMS Director, Tom Scully, on a field visit, Mr. Scully felt that it made no sense. Working together with AAPA, PAs and members of Congress, he was instrumental in reversing this decision in March 2002.

With this revised policy, there is no change in PA commitment to work with physicians and the requirement for physician supervision in all settings. The team approach to medical care has always been successful for PAs and patients. PA employment and PA supervision are separate issues. Frequently, PAs and physician both work for a larger entity. But physician supervision still is required by all state laws. Physician supervision is welcomed by the profession since working closely with physicians in a team relationship is the secret to PA success.

CMS Open Door Committees: CMS Director Tom Scully has established six open door committees to facilitate input into CMS/Medicare decision-making. One of the first issues raised at the first rural committee meeting was PA participation in the ownership of medical practices.

Medicare/CMS progress: Thanks to AAPA efforts, Medicare now will reimburse for PAs performing screening sigmoidoscopies. This authority is in addition to coverage for diagnostic flexible sigmoidoscopies for Medicare patients that were previously allowed.

Additionally, Medicare now covers PA provided consultations, pharmacological management and individual psychotherapy services via telemedicine for Medicare patients if these services are allowed by state PA law.

AAPA staff additions: We now have 85 employees at the AAPA. This year it is especially encouraging to see a third staff member added to the reimbursement section and a second Federal Affairs person added to assist the director on Capitol Hill.

Recommendations:

1. Increase the student role in the Academy on committees and in the House of Delegates. Some of us remember our student days when we lived to pass the next test. Students are our future and one of our best resources.
2. Maintain and grow our key contact system. It's fun and makes a big difference when policy decisions are made.
3. Continue the increased focus on external affairs. That's where the rubber meets the road for the membership, given that our internal affairs are in order.
4. Continue to welcome diversity people, ideas and cultures. Include all using our democratic and open system of decision-making in the House of Delegates. We are a small but growing group. To be effective we need all working together: specialties, students, staff and friends. United we stand, divided we fall.

5. Pool research efforts with APAP and the NCCPA for effectiveness and efficiency. Information is the key to our continued success in the future.
6. Work together to develop a certification system like other health professionals. PAs will thrive with a system that is open, responsive and accountable to the public and the profession.
7. Utilize model state legislation and model hospital bylaws and privileges to improve physician-PA practice regulation whenever possible.
8. Remember that a major value of AAPA membership is being represented at the table when health policy decisions are made. Our progress in improving the effectiveness of the physician-PA team is proof of that but we need to be reminded occasionally that most of the fun is getting the job done.
9. Encourage PAs throughout the nation to give their time and their money to the free clinic charitable project and advise their local free clinics to consider applying to the PA Foundation for Annual PA Charitable Project funds.

Finally, I wish to thank all the Board of Director members, PAs, AAPA staff, and friends, who helped make this past year a success for the Academy and the profession. It is a privilege to work with so many skilled and dedicated individuals and to see PAs across the nation advancing the physician/PA team approach to medical care.

I wish to extend a special thanks to my wife, Libby Coyte, for her invaluable help and support without which I could not have succeeded. Most importantly she will be glad to reclaim the kitchen table from my paper work overflow.

I look forward to serving as Chair of the Board and to working with all of you again next year.

Respectfully submitted,

Ed Friedmann, PA
AAPA President