You’ve Got Connections

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California Academy of PAs
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We’ve Come a Long Way

1967
Three former Navy corpsmen graduate from Duke University PA program

2017
115,500 PAs practice in every medical specialty and clinical setting

Making Connections: The PA DNA

PAs are widely trusted
PAs are team players
PAs connect with patients
PAs connect with each other
What is AAPA?

We Convene
- Huddle
- AAPA.org
- Annual Conference

We Educate
- Conferences & Live Events
- Learning Central
- On Demand

We Advocate
- Improving PA Practice Conditions
- PA - Positive Legislation

We Lead
- PA Optimization
- Employer Consulting

Four Strategic Priorities

1. Modernizing PA practice laws and policies
2. Documenting and measuring PA value
3. Advocating for evidence-based maintenance of certification (MOC)
4. Improving employer policies and workplace cultures

Modernizing PA Practice Laws and Policies

6 Key Elements in State PA Law
- One Key Element
- Two Key Elements
- Three Key Elements
- Four Key Elements
- Five Key Elements
- Six Key Elements
Modernizing PA Practice Laws and Policies

Reasons to move beyond Six Key Elements of Modern PA Practice:

Verdict is in: PAs provide high quality care
Many early PA laws outdated

Dynamic changes in healthcare marketplace

Changing Healthcare Marketplace

Laws in Many States Do Not Require NPs to Have Supervising Agreements

<table>
<thead>
<tr>
<th>Number of States Where NPs Have Full Practice Authority by Year</th>
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<tbody>
<tr>
<td>Year</td>
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<tr>
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</tr>
<tr>
<td>2017</td>
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<tr>
<td>2014</td>
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Changing Healthcare Marketplace

Financial Incentives for Physicians to Supervise PAs are Changing

Decrease in % of Physicians Who Own Practices from 1983 to 2016

- Decrease in % of Physicians Who Own Practices from 1983 to 2016
- Physicians who are employees don’t want to accept liability for the PA because having a PA in the practice brings no personal financial benefit to them as employees
- Financial benefit goes to the employer
Changing Healthcare Marketplace

45% of PAs say they have personally experienced NPs being hired over PAs due to supervision requirements.

Need for Innovation

To implement new policy, AAPA is seeking to change laws and regulations to:

1. Emphasize PAs' commitment to team practice, with the degree of collaboration determined at practice level.
2. Eliminate legal requirements for PAs to have a specific relationship with a physician in order to practice.
3. Create autonomous majority-PA boards to regulate PAs, or give authority to existing boards that have PAs as members.
4. Authorize PAs to be directly reimbursed by all private and public payers.
Making Connections With Stakeholders

- Providers
- General Public
- Government
- Provider groups
- Patients
- Media
- Medical boards
- Federal legislation
- Rural Health Association
- State legislation
- Physicians
- NPs
- Health-Related Associations
- Hospital associations
- FTC
- PAAMS
- Patient advocacy groups
- Employers
- Health Systems
- Hospital Systems
- Staffing Companies
- Retail Clinic Systems
- Other

Federal Trade Commission

American Academy of Family Physicians

American Academy of Osteopathic Association

AHIP

America's Health Insurance Plans

ACAP

American College of Physicians

CCA

Convenient Care Association

AMERICAN MEDICAL ASSOCIATION
Conversations With Physicians

Physicians will be relieved of administrative burdens
Physicians will not be held responsible for care provided solely by the PA
Healthcare teams will make decisions about team practice and team design

Recognition of Our Contributions

“[It is] a natural evolution of the PA profession...patients, especially in rural and underserved areas, will benefit from greater access to the high quality care that PAs provide.”
Executive Director of the National Association of Rural Health Clinics

Winning in States
Winning in Washington

Comprehensive Addiction & Recovery Act
Social Security disability determinations
VA Choice and Quality Employment Act

Reimbursement for Medicare advanced care discussions
21st Century Cures Act

Developing Strong Congressional & Legislative Advocates

Modernizing Medicare

Changes to Medicare

Remove physician supervision language in the Medicare definition of PA services
Authorize direct reimbursement to PAs
Documenting and Measuring PA Value

Recognizing PA Value

**What AAPA is Doing**
- Change policies of major private 3rd party payors
- Created EHR toolkit
- Push for transparency by Medicare & Medicaid
- Created Essential Guide to PA Reimbursement
- Dedicated staff team to assist PAs with coding issues

**Things You Can Do**
- Get PAs in EHR system
- Be at the table for EHR system implementation
- Connect with billing, coding, compliance people
- Use Essential Guide to PA Reimbursement

Advocating for Evidence-based Maintenance of Certification

- AAPA opposes high-stakes recertification testing
- AAPA believes alternatives need to:
  - Be less burdensome to PAs
  - Relevant to daily practice
  - Offer learning opportunities
  - Support high-quality care
  - Be evidence-based
No NCCPA State Lobbying

Improving Employer PA Policies

Understanding PA potential
Gaining operational visibility of their PA providers
Instituting more effective PA clinical and administrative structures
Reviewing practice barriers for PAs
Identifying potential compliance issues to help manage organizational risk
Instilling an organizational culture that facilitates effective team healthcare

Developing PA Leaders

> Build programs that provide leadership skills
> Prepare PAs to address the leadership challenges within an organization
> Host Executive Leadership Conference, Nov. 6-9, 2017
  Phoenix, AZ
ED11  Use graphics from March 2017 CHLM slide deck
Eileen Denne, 7/28/2017
Recognizing PA-Positive Work Environments

Providing Pay Equity For Female PAs

» In 2016, the median base salary for female PAs (controlled for compensation-relevant factors) was $10,000 lower than male PAs
» Factors include:
  ▪ Years of experience
  ▪ Hours worked per week
  ▪ Specialty
  ▪ Geographic region
  ▪ Whether or not a PA receives a bonus
» AAPA is advocating for change

Making Connections With Stakeholders

STAKEHOLDER GROUPS

STATE-BoRd Groups

CON

Health Related Associations

Provider groups

Government

Other

Employers

CON

State associations

Employers

CON

State associations

Employers
You've Got Connections

“Coming together is a beginning
Keeping together is progress
Working together is success

~ Henry Ford ~