



2018 President & CEO Annual Membership Report

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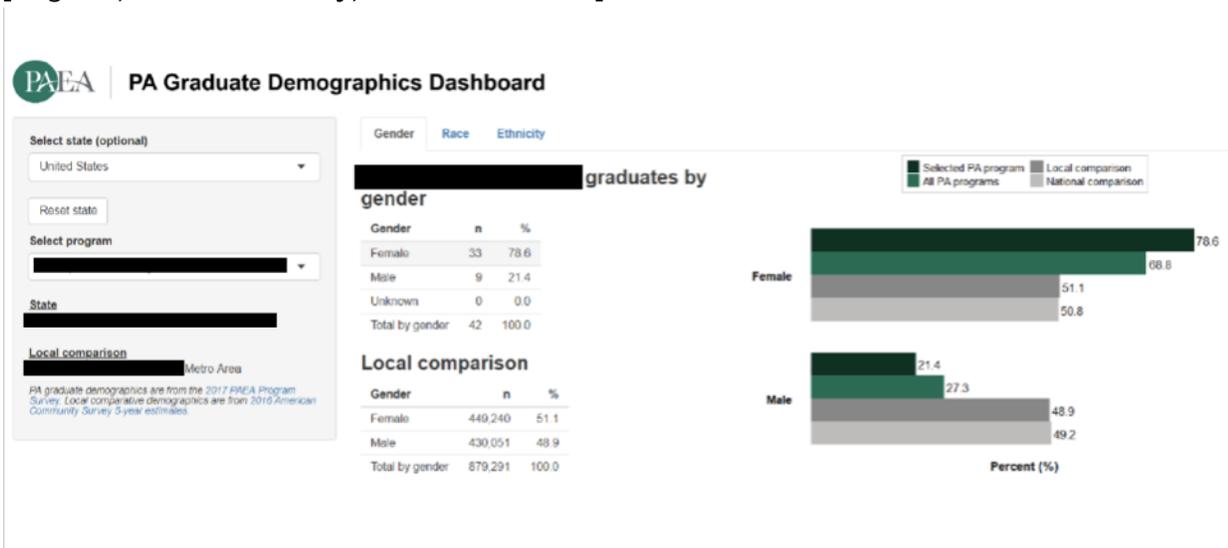
This year, more than ever, there is one phrase that represents and emphasizes the work of our Association: members first. Every conversation among the Board and senior leadership begins and ends with you — our members. Your needs determine where we devote our resources and how we design our strategy. The services we provide to members, and the impact those services have on your work, is the number one metric of success for PAEA. We'd like to share a few highlights of where this philosophy showed up in our thinking and actions this year.

Prioritizing Resources to Better Meet Your Needs

As with any organization, today's challenges and opportunities figure prominently into how and where we invest our resources. But to get ahead, and to push our community into the future, we must also focus on the challenges and opportunities of tomorrow. Good solutions take time to develop, and for our solutions to be most relevant to you, we must keep our eye on the future. Some examples of how we have aligned our resources to achieve our strategy this year are:

Expanding Research Capacity

We are adding additional staff to the PAEA research team, to increase both our direct member support and our capacity to inform your local decisions through high-quality data. An example of where we are heading is the new interactive PA Graduate Demographics Dashboard (see below), which is now in the final stages of development and will soon provide ready access to program, local community, and national comparisons.



Increasing Access to Faculty Development

An important feature of this year's Forum will be the launch of the new PAEA Digital Learning Hub, which brings to members high-quality adaptive learning for a contemporary learning experience, at no additional cost. The Digital Learning Hub will host both curated and PAEA-developed materials for on-demand consumption. To expand the range of content available, PAEA earned the enviable distinction of becoming the first health professions organization to partner with LinkedIn Learning, one of several partnerships we've established for this project. As LinkedIn Learning adds content that is relevant to our members, we will make it available. And once you begin your learning through the Digital Learning Hub, new material will be regularly pushed to you based on your learning goals and career development path. We encourage you to stop by PAEA Solutions Center in the South Exhibit Hall to learn more.

Fighting for Federal Funding

Developing and using resources to advance our strategy is only part of PAEA's work. We also devote significant effort to securing resources for our members. For many years, the federal government, through Health Resources and Services Administration (HRSA) grants, has provided funding opportunities specifically earmarked for PA programs, typically capped at 15% of HRSA's total health professions funding allocation. This funding can be used for a range of needs, including clinical site development, diversity and inclusion work, and faculty development. This year, that funding became vulnerable. But through an extraordinary effort by our Government Relations team, not only was our allocation restored and secured for the future but the 15% allocation will now be the funding "floor," versus the "ceiling." We encourage all programs to continue to apply for this funding and to take advantage of PAEA's grant-writing training to enhance your competitiveness in upcoming award cycles.

Putting Members at the Forefront of Our Strategy

In 2017, PAEA adopted a new three-year strategic plan, with three simple and powerful goals:

1. Identity diversity is demonstrated and inclusive throughout PA education
2. Program accreditation uses outcome measures that drive quality and innovation
3. The clinical education system has the capacity, flexibility, and quality to prepare practice-ready graduates

Goal #1: Identity diversity is demonstrated and inclusive throughout PA education

This year we prioritized two objectives:

1. Advocacy for a diversity standard that includes program and institutional accountability

We have held several conversations with our ARC-PA colleagues to help them understand the intent of a diversity standard, its potential impact on program outcomes, and the need for

member education and support. Language for a proposed standard, developed by our Diversity and Inclusion Mission Advancement Commission, and supported by the Board of Directors, was forwarded to the ARC-PA for consideration during the Standards revision process.

2. Ensuring identity diversity and inclusivity in our volunteer structure

PAEA's goal is for our volunteer structure to be inclusive and the members of its groups diverse. To this end, we reviewed and updated our volunteer application process this year, removing barriers and opportunities for bias in the application process, as well as expanding the breadth of opportunities for volunteering. In addition, each PAEA volunteer group discussed or acted on diversity and inclusion values as part of their work in 2018.

Goal #2: Accreditation uses outcome measures that drive quality and innovation

We believe that outcomes measures can be the driver of both quality and innovation in PA education. The rationale for an outcomes-based accreditation system was laid out in a [report from a PAEA task force](#) published in December 2017. This past year, we continued our conversations with the ARC-PA about outcomes-based accreditation, and several of their senior staff and commissioners attended our Leadership Summit in April. As partners in the PA education space, it is critical to have alignment (with appropriate firewalls) between the association that supports member programs and the organization that assesses program performance, based on standards. The upcoming draft of the revised Standards will drive the next steps in this process.

Goal #3: The clinical education system has the capacity, flexibility, and quality to prepare practice-ready graduates

PAEA has been strategic in approaching the issue of clinical education challenges. This year our focus has been on leadership. We recently secured a seat at the table of the influential Veterans Affairs National Academic Affiliations Council, which will give us input on decisions around clinical placements at the VA.

We have also spent significant effort in recent years defining what “practice-ready graduates” really means. Building on our work at the Stakeholder Summit, and with input from members, employers, PA regulators, and others, we have developed the first iteration of the [Core Competencies for New PA Graduates](#), which we are asking the membership to approve at this meeting. These competencies, along with other recent work on entrustable professional activities and other aspects of competency-based medical education (CBME), can be a springboard to innovation and to reclaiming our leadership seat in contemporary CBME.

Most significantly for this goal, in 2018 we put in place a strategy to address the issue of student documentation, a significant clinical education challenge. We dedicated both financial and human resources to meeting this goal, investing in a partnership with the Society for Teachers of Family Medicine and with our nursing colleagues. The goal is to relax burdensome regulations around PA student documentation in the medical record, which will enhance the

student learning experience, decrease the workload of preceptors, and benefit the broader health care system.

Earlier this year, while we were successful in getting key Medicare Manual language amended (including changing “medical student” to “student”), we then came up against the interpretation of the new language by administrators, which currently requires preceptors of PA students to redocument student records. Getting this issue corrected within CMS is our highest priority, as it is for nursing, family physician educators, and the AAPA, all of whom are actively partnering with us toward this end. While we await a response to a recent meeting with CMS staff, we have also requested that the HHS Secretary use their explicit statutory authority to define “teaching physician” to include NP and PA preceptors. CMS can utilize its waiver authority or issue a non-enforcement instruction to its carriers to reduce the burden on teaching physicians for NP and PA students. We also want to thank all of you who contributed to the more than 600 PA comments that CMS received on their recent Physician Fee Schedule proposed rule change.

Measuring Success: Member Service

How do we measure our service impact? We use numerous data points: product and event surveys, focus groups, and benchmarking, among others.

In order to innovate with intention, as well as provide the greatest value to you, we need to know you better than we currently do. So we have invested in a new strategy called “Listen and Learn” to meet programs where they are, to come to your programs and discover what makes you unique and learn about your challenges and opportunities.

This year our Board and staff have conducted nearly 20 Listen & Learn visits. We have visited large and small programs, programs with different missions and views of the world, and programs from all regions. We could not get to all 236 of you, but we wanted to. We would like to thank our 2018 program hosts and we hope to connect with many other programs in 2019.

Serving Our Members in the Larger PA Community

While our “members first” mantra holds true, our programs are part of a larger community both within and outside the profession, and we see providing leadership and unity within that community as one of the best ways PAEA can add value.

We strive to increase the visibility of profession whenever possible. In 2018 these efforts have included presentations at the National Press Club (an outcome of our involvement in the MAT Waiver Initiative; see below), presentations at the National Academy of Medicine on closing the gap between education and practice, a congressional briefing presentation on the National Health Service Corps, presentations at the AAMC Workforce meeting, engagement at the NIH on genetics, and presentations with leaders in higher education.

Finally, this year the PA education community took on a major role in a significant health problem facing our nation: the opioid crisis that currently takes more than 100 lives a day. With funding from a State Targeted Response-Technical Assistance (STR-TA) from the Substance Abuse and Mental Health Services Administration, we are working with programs to incorporate

medication assisted treatment (MAT) into their curricula, and to realize our vision of all PA students and faculty being waiver-eligible to prescribe buprenorphine for opioid use disorder.

We will continue to expand this outward-facing work and to show the nation and global community what PA education has to offer.

To the Future

Over the past year, PAEA has made tremendous strides in the work that impacts our members at the highest levels. Advances in research, government relations, faculty development, and in bringing our message to the wider community will help move all of us into the future. And as the theme of this conference states, that future starts now!

On behalf of PAEA leadership and staff, we thank you for the opportunity to lead and serve.

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