

2018 AARC ANNUAL REPORT:

# Adhering to the Mission

# MISSION

# RESEARCH

*2018 rendered plenty of progress toward  
the profession's ultimate goals*

# MARKETING



“The work we did last year on behalf of our members...  
laid the groundwork for their overall advancement in the  
health care system as a whole.”

The AARC’s mission is to encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients and their families, the public, the profession, and the respiratory therapist.

That mission was in full view throughout 2018 as Association leaders buckled down to deliver ongoing programs and services to the AARC membership while at the same time planning for the future needs of respiratory therapists and the profession. “From the AARC Congress and the annual Summer Forum, to our webcasts and other continuing education programs, to

our robust advocacy initiatives on Capitol Hill and more, we ensured that the needs of our profession were being met,” says 2017–2018 AARC President Brian Walsh, PhD, RRT, RRT-NPS, FAARC. “The work we did last year on behalf of our members provided them with the tools they need to deliver high-quality respiratory care and laid the groundwork for their overall advancement in the health care system as a whole.”

Here’s a quick look at some of the major new initiatives the Association embarked on in 2018. ■



## Onward and upward

For a number of years now, leaders in the profession have acknowledged the need for respiratory therapists to advance their education to keep pace with other clinicians working in health care today. What started with the “2015 and Beyond” conferences in the early 2000s has progressed to efforts to work toward an eventual bachelor’s degree entry for the profession.

2018 saw new developments on this front, with a directive from the AARC Board of Directors (BOD) to the Position Statement and Issues Paper Committee

in July to update the AARC’s “Respiratory Therapist Education and Issue Paper.” Initially released in 2016, these documents made a good first start on the goals of the Association in these areas, but the BOD felt strongly that it needed to take a more affirmative stance and also to offer a timeline that would assist the profession toward fruition.

As a follow-up, the BOD has also tasked the Position Statement and Issues Paper Committee to author a paper on “Future Educational and Credentialing Requirements for the Profession.” A draft of this paper was recently distributed to membership for comment. Expect to hear more on this paper later in 2019.

Association leaders believe that advancing the education and credentials of the respiratory therapist is necessary. To help demonstrate the value that could come with a bachelor’s degree entry, the Association also established the AARC Vision Grant to fund research by AARC members that compares outcomes among RTs with the associate degree and RTs with the bachelor degree.

Since establishing the Vision Grant, The AARC has funded two grant proposals.

# Telehealth takes **CENTER STAGE**

The AARC has been actively supporting telehealth legislation pending in Congress for several years in the firm belief that telehealth represents the future of health care and that respiratory therapists must be included as covered providers. The Association decided to get more specific during the 2018 Capitol Hill Advocacy Day and Virtual Lobby Campaign by asking Congress to support a Telehealth Pilot focusing solely on respiratory therapists.

“We want all patients to receive the best possible respiratory care, wherever they reside,” said President Walsh as the annual lobby events were getting underway in the spring. “And for some patients, physically getting to the clinic is not an option. We want to ensure respiratory therapists are included in telehealth services in order to meet the needs of all patients. The Telehealth Pilot is an important step in making this possible.”

More than 130 members of the AARC’s Political Advocacy Contact Team (PACT) from 43 states converged on Capitol Hill on May 1 to advocate for the pilot in 300 scheduled meetings with their representatives. The Virtual Lobby Campaign resulted in 33,595 messages sent to members of Congress in support of the “ask” that was taken directly to the Hill by the PACT members.

**PACT**

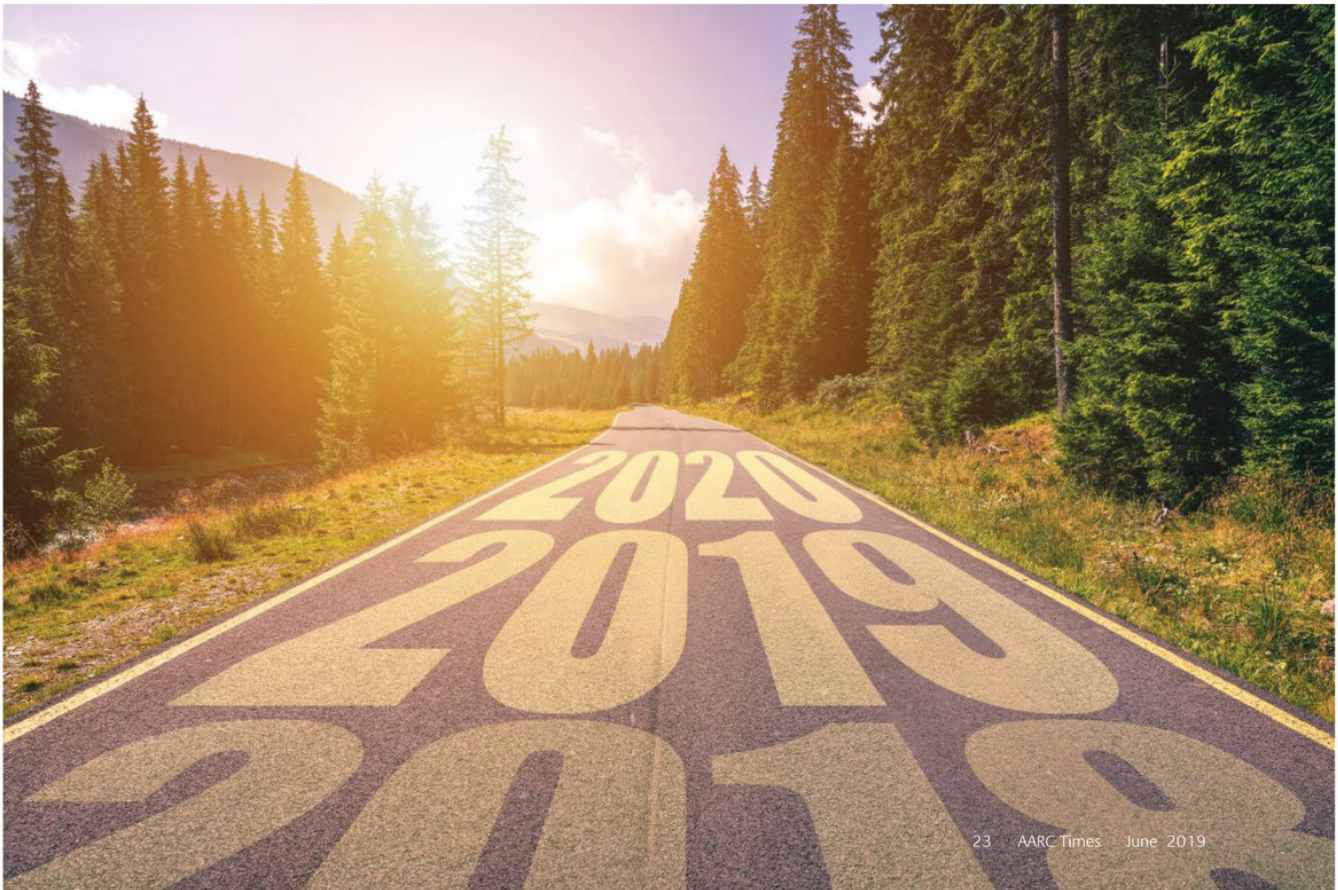
“With today’s technology, we have the tools and resources to give all patients — inside or outside the clinic — the care they need,” said President Walsh. “Through this Telehealth Pilot, we can show Congress the immense value and need for including respiratory therapists in telehealth services. This inclusion will enhance the health care options available to patients, and help them receive quality care at all times.” ■



# Horizon Goals

In keeping with the AARC's mission to advance the respiratory care profession, incoming AARC President Karen Schell, DHSc, RRT, RRT-NPS, RRT-SDS, announced the adoption of six Horizon Goals during her inaugural address at AARC Congress 2018 last December. The new goals were designed to be more "evergreen" in nature, creating a long-range timetable for the Association to follow that will proceed beyond the two-year term of the presidency to ensure the Association remains on track to achieve its most important objectives. The six Horizon Goals are:

- We need to advocate for our patients with respiratory therapists who are recognized and supported in all health care settings.
- We need to communicate our message to all stakeholders providing research-based outcomes and market the value of respiratory therapists.
- We need to grow our educational opportunities and become a valuable resource to the practice of respiratory therapy.
- We need to be recognized as the number one provider of respiratory therapy educational opportunities to all inter-professionals.
- We need to grow our membership and encourage all populations to be involved in promoting the profession for the best patient outcomes.
- We need continue to explore opportunities for the AARC to seek revenues to fund our mission and education, and to meet the needs of our patients and membership. ■



## Enhancing the Digital Experience

In the digital age we live in today, the vast majority of AARC members are now accessing the Association and its resources through their device screens, and a couple of new membership benefits upgraded the experience in 2018.

A novel membership interface called “MyAARC” debuted late in the year. Available at <https://my.aarc.org>, the membership database platform consolidated an array of outdated and disparate systems into a new and cohesive entity featuring one central system of record.

The system has improved data analysis and account management and is expected to significantly assist the AARC in serving the needs of its members. Now everything members need is available in one spot, from their renewal notices, to their CRCE transcripts, to the webcasts they want to view, and more.

Also debuting last fall was a new and improved digital version of *AARC Times*. Designed with reader-friendliness top of mind — it works great on any

screen or device — the new format features a wealth of innovative features, including:

- A front page presented in colorful and clickable blocks that lead to all the stories in the issue.
- The ability to scroll down the page and see past issues in the same colorful, clickable block format
- Articles presented in a more web-based format, making them easy to read on any device.
- Audio versions of each article.
- A “print” icon for anyone who wants to print out articles or even the whole issue.
- Links to social media that make it easy to share articles in your news feeds.
- An email icon to send specific articles directly to friends and colleagues.



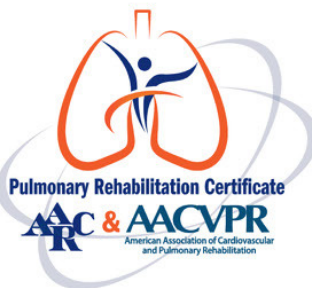
*AARC Times* will go all digital in 2020, and this new format bodes well for the transition because it delivers everything the print magazine did and much more. ■



## New Pulmonary Rehabilitation CERTIFICATE

Respiratory therapists have long staffed pulmonary rehabilitation programs, and those who work in this setting will be the first to tell you that it requires a significant learning curve for anyone coming from bedside hospital care. A new Pulmonary Rehabilitation Certificate Course developed in conjunction with the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) was launched in January and is expected to help more RTs get up to speed in this specialized area while also providing them with a certificate demonstrating their skills to employers.

“This course is a great opportunity for individuals who have been working in pulmonary rehab for some time and for those who are considering joining the pulmonary rehabilitation team,” said Shawna Strickland, PhD, RRT, FAARC, AARC associate executive director of member services. “The content was developed by leaders in the field and aligns with the AACVPR best practices.” The course carries 12 hours of CRCE credit and is offered in an online format, making it a convenient option for those interested in increasing their expertise in pulmonary rehabilitation. ■



# Just for STUDENTS

The AARC's iconic knowledge competition, the annual Sputum Bowl, saw a significant makeover in 2018 with the introduction of the first-ever all-student Bowl. This rite of passage at the AARC Congress had experienced dwindling participation from clinicians in recent years due to a range of factors — not the least of which is the increasingly busy lives being led by working RTs — and Bowl organizers decided



the future of the competition lay in the next generation of therapists.

The students-only Bowl was a big hit at AARC Congress 2018 in Las Vegas, with teams from across the country going head to head to see who would come out on top. First place went to the team from the Pima Medical Institute in Colorado. The Renegade Team from Collin College in Texas went home with second place. ■

## Other Initiatives of Note

- A Summer Disease Webcast Series featuring educational programs on cystic fibrosis, pulmonary hypertension, asthma, and Alpha-1 was made available free of charge to AARC members. The series was designed to highlight chronic pulmonary diseases and empower respiratory therapists to actively participate in the diagnosis, treatment, and education necessary for these patients to live their best quality of life.
- A survey of home respiratory patients using supplemental oxygen was conducted with the help of AARC members to better inform the AARC's efforts with patient advocacy groups and other medical organizations working to advise CMS as it considered significant changes to supplemental oxygen policies. Questions on the four-item survey were aimed at learning more about the types of equipment being used by patients and the problems they were having with that equipment or their home oxygen service.
- The AARC Career Pathways Committee began looking at ways to highlight the importance of earning a bachelor's degree and to develop strategies to help more respiratory therapists reach that goal. Ensuring a smooth transition between an AS degree and a BS degree for those seeking to advance their education was seen as "job one," with guaranteed transfer credits topping the list of must-haves.
- Revisions were made to the AARC Corporate Partner program to allow for a three-tiered system based on a fixed rate for partnership level. Silver, Gold, and Platinum levels were each assigned an established bundle of benefits, and a secure website was launched to allow respiratory care companies to review the various levels and provide a non-binding commitment to the program for 2019. The revised program is more in line with the industry partnership programs offered by other health care organizations.
- New and updated eligibility requirements for the Fellow of the American Association for Respiratory Care (FAARC) designation were put into place. The changes aimed to revise credentialing and licensure requirements for U.S. nominees and included new credentialing requirements for international nominees. Changes were also made to streamline the nominations and selection process. The changes went into effect for the 2019 program and were announced in January of this year.
- The AARC's Disaster Relief Fund was activated for members affected by a range of weather and other natural disaster situations, from wildfires in California, to the eruption of the Kilauea volcano in Hawaii, to Hurricanes Michael in Florida and Florence in Virginia, North Carolina, and South Carolina. ■

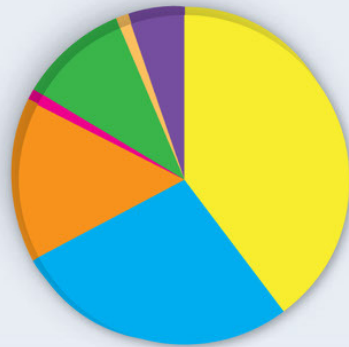


# 2018 AARC Annual FINANCIAL REPORT

In February 2019, the AARC engaged the public accounting firm Howard Inc. to conduct an audit of its financial operations. It issued an unqualified opinion stating that the AARC's financial statements were presented fairly and conform to generally accepted accounting principles.

In 2018, the AARC's total revenues (excluding investments) were \$10,157,472, and total expenses were \$10,105,437. Figures 1 and 2 highlight the sources of last year's revenues and expenses. Net assets at the end of 2018 were \$29,971,949. ■

**Figure 1.**  
Total Revenues in 2018 (Excluding Investments)



- Convention and Meetings – 39%
- Member Dues – 27%
- Publications and Advertising – 15%
- Grants – 1%
- Education – 10%
- Marketing – 1%
- Other – 5%

**Figure 2.**  
Total Expenses in 2018



- General and Administrative – 18%
- Fundraising and Development – 4%
- Convention and Meetings – 23%
- Member Services – 20%
- Contributions to State Societies – 5%
- Education – 11%
- Daedalus, Enterprises, Inc. (publications) – 17%