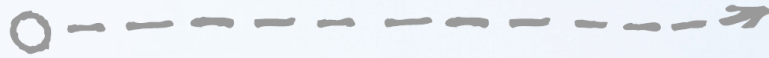


2015 AARC ANNUAL REPORT:

Moving the Profession *F* *rward*



The Association made significant strides last year in its efforts to help the profession move to a higher plane.



The health care system of the future will demand higher levels of education from clinicians. The AARC is working toward those goals for respiratory therapists today.

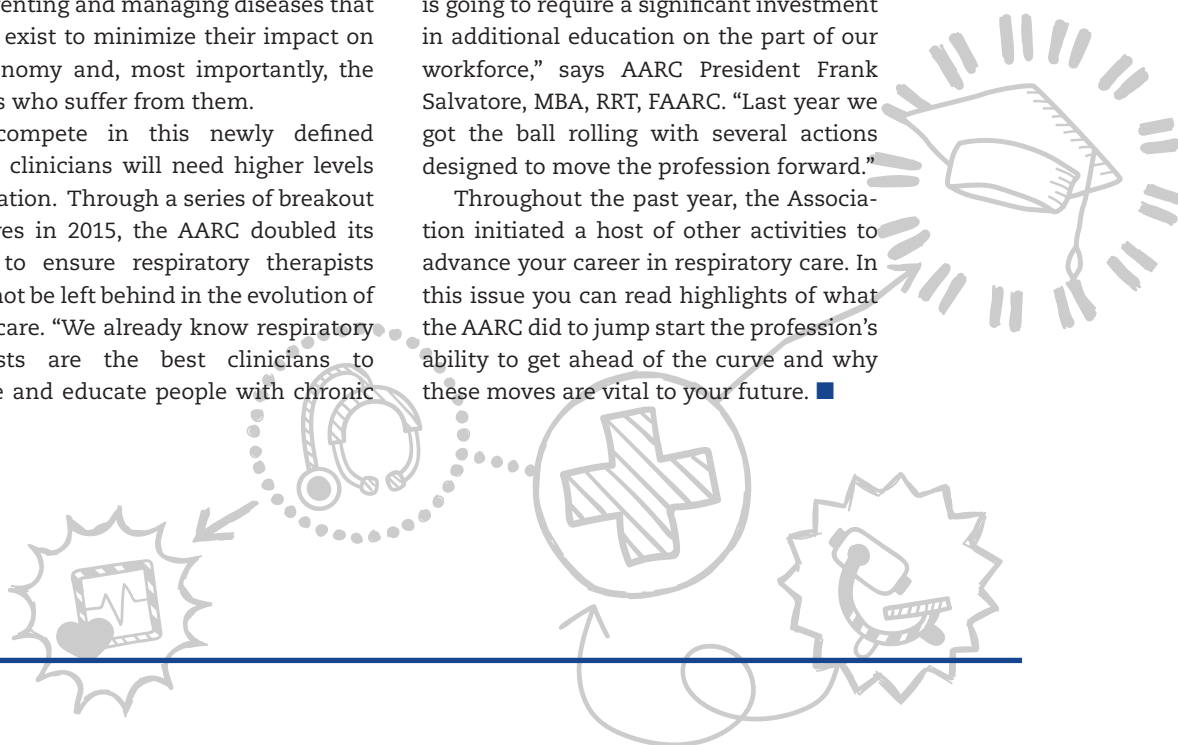
by Debbie Bunch

Health care in the 21st century is quickly being defined by new paradigms for preventing and managing diseases that already exist to minimize their impact on the economy and, most importantly, the patients who suffer from them.

To compete in this newly defined system, clinicians will need higher levels of education. Through a series of breakout initiatives in 2015, the AARC doubled its efforts to ensure respiratory therapists would not be left behind in the evolution of health care. “We already know respiratory therapists are the best clinicians to manage and educate people with chronic

respiratory conditions, but convincing payers and other thought leaders of this fact is going to require a significant investment in additional education on the part of our workforce,” says AARC President Frank Salvatore, MBA, RRT, FAARC. “Last year we got the ball rolling with several actions designed to move the profession forward.”

Throughout the past year, the Association initiated a host of other activities to advance your career in respiratory care. In this issue you can read highlights of what the AARC did to jump start the profession’s ability to get ahead of the curve and why these moves are vital to your future. ■



BOLD moves

The AARC's 2014 Human Resources Survey showed 65% of respiratory therapists hold a bachelor's degree or are working toward a bachelor's degree. But as value-based care takes hold, respiratory therapists could be at a disadvantage when trying to expand their scope of practice to be first-in-line chronic disease managers/educators if they do not have, at a minimum, a bachelor's degree that would put them on par with similar disciplines.

For that reason, the AARC Board of Directors issued two broad statements designed to bring the profession closer to the 100% bachelor's degree mark within the

next few years. At their meeting prior to the Summer Forum in Phoenix, Board members moved to upgrade the Association's previous goal for bachelor-degreed RTs, calling for 80% of therapists to either hold a bachelor's degree or be working toward one as the entry level into practice by the year 2020. In order to gauge progress toward that goal, the Board also launched plans to conduct another Human Resources Survey in 2017, with the hope of seeing a significant increase in bachelor-degreed therapists over the 2014 figures. At their next meeting, held in conjunction with AARC Congress 2015 in Tampa, the Board approved another statement



Even More Things AARC Did for You in 2015

What else did the AARC bring to you last year? In addition to publishing *RESPIRATORY CARE* and *AARC Times*, organizing the Summer Forum and AARC Congress, presenting 24 live Webcasts, and meeting the day-to-day needs of our members, the Association:

Activated the AARC Disaster Fund for members affected by deadly weather events in several areas of the country. These members could receive a grant of up to \$500 for damages they suffered.



Offered reduced membership dues to senior AARC members who have retired from full-time employment and to recent graduates who are just beginning their respiratory care careers.







calling for all new RT educational programs to be accredited at the bachelor's degree level or higher. It encouraged existing associate's degree programs to work toward upgrading to the bachelor's degree. Early this year, CoARC made it official by stating that it will no longer accredit *new* respiratory care programs that do not offer at least a bachelor's degree.


In concert with these efforts, the AARC Board initiated plans to establish an Advanced Practice Respiratory Therapist (APRT) role that would position RTs to take on a mid-level provider role in facilities. In addition to defining the term and setting up a committee of members from the AARC, NBRC, CoARC, and other organizations to look into performing a job analysis and needs assessment, the Association plans to (based on the outcomes of the job analysis, needs assessment and committee recommendations) request the NBRC explore development of an APRT examination and credential. Together with a move-

ment underway in some states to upgrade RT licensure to require the RRT credential for entry into practice (Ohio and California have already made the move), AARC leaders believe these initiatives will help place our profession on a level playing field with other clinical disciplines that already require a higher level of education and credentialing for their workforces. ■




 **Established** a more formal “on-boarding” program for new AARC committee chairs.

 **Approved** several measures designed to enhance educational and professional resources for students.

 **Launched** a “grassroots member initiative” to continue to engage members in advancing the respiratory care profession.



 **Approved** revised position statements on electronic cigarettes, RT education, ethics and professional conduct, licensure of respiratory care personnel, and continuing education. It also issued a new position statement on the pulmonary disease manager and one on using RTs to insert and maintain arterial and vascular lines.



Patients are why respiratory therapists do what they do, and patient advocacy is vital to all our interests. The AARC worked closely with a range of patient advocacy organizations in 2015 to learn more about what patients want from RTs and to spread the word about chronic lung disease to the general public and our fellow health care communities of interest. The main event took place at AARC Congress 2015 when we held our first Respiratory Patient Advocacy Summit. Taking place the day before the Congress began, the summit drew participation from AARC leaders, patient advocacy group members, Boehringer Ingelheim, Sunovion, GSK, and others who




gathered to discuss a range of issues important to both patients and practitioners.

The COPD Foundation, U.S. COPD Coalition, Allergy & Asthma Network, and pharmaceutical companies graciously lent their support to the event, providing speakers to talk about key areas of concern. They joined RTs in a roundtable discussion to offer solutions for people living with lung disease. A second annual summit is in the works for AARC Congress 2016 in San Antonio this October.


Patient advocacy didn't stop there. The Association partnered with the family of the late Leonard Nimoy on helping bring about a documentary film to show his battle

 **Encouraged** members to take advantage of a new Alarm Safety Compendium developed by the Association for the Advancement of Medical Instrumentation with input from the AARC and other organizations in the National Alarm Coalition.



 **Participated** in a ventilator alarm webcast sponsored by the Association for the Advancement of Medical Instrumentation that featured a respiratory therapist and a nurse discussing ways the two disciplines can work together to successfully handle ventilator alarms. The free Webcast was made available to AARC members.



 **Added** a number of new galleries to the AARC's Virtual Museum, an online resource housing historical artifacts of the profession. Among the new offerings is a series of videos featuring RTs explaining why they decided to become a respiratory therapist.

with COPD and his mission to ensure more people know about the condition. A trailer for the film debuted at AARC Congress 2015 during the Association's annual awards ceremony. Producers are aiming for a release this summer of "COPD: Highly Illogical — A Special Tribute to Leonard Nimoy," which plans to feature a leading RT talking about COPD care and treatments. It is expected to raise awareness of both the disease and the health care workers like respiratory therapists who help patients cope with the disease. Late in the year, the Association was approached by



the Centers for Disease Control and Prevention (CDC) to play an active role in promoting its new "Tips from Former Smokers" campaign, and the AARC was pleased to welcome CDC representatives to AARC Congress 2015. Their booth drew big crowds in the Exhibit Hall and AARC support of the campaign continued into the new year as Web stories were published urging RTs to review the campaign materials. The CDC issued a special "call out" to RTs recognizing the important role they play in tobacco cessation. ■



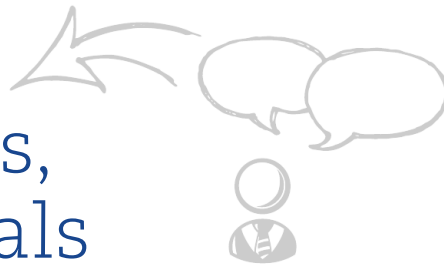
Participated in a #COPDChat sponsored by the COPD Foundation on Twitter to raise awareness of COPD during COPD Month last November.

Joined the Coalition for Respiratory Compromise Institute to represent RTs' interests to groups and organizations dedicated to advancing patient safety efforts addressing this preventable causes of death in the nation's hospitals.

Urged members to join the COPD Foundation's new online collaborative network known as The COPD PRAXIS. The network offers member discussion boards plus a wide range of resources designed to help clinicians reduce readmissions and remain informed on legislation related to COPD.



New Programs, Easier Renewals



The continuing education of respiratory therapists remains at the forefront of AARC objectives, and 2015 saw the addition of several new programs. Given the new focus on disease management and patient education for people with chronic respiratory conditions, the Association launched a new Pulmonary Disease Educator Course in Arlington, VA, in the spring and held a second session in Dallas, TX, in the fall. A third outing for the course took place in Chicago in March of this year. The course covers all the bases when it comes to educating patients about their lung disease and how to keep it under control.

Other new courses AARC launched last year covered pulmonary diagnostics and tobacco cessation, and work commenced on new courses for this year as well, including those dealing with neonatal pediatrics and sleep medicine.

The Association also delivered more than 100 on-demand courses through AARC University.

To make it easier for members to renew RT credentials, the Association also partnered with the NBRC to set up a system by which any CRCEs earned through AARC courses would quickly and easily transfer into the NBRC Continuing Competency Program renewal website; all you do is enter your AARC member number into the site, and your AARC CRCE transcript is automatically imported. ■

**Pulmonary Disease
Educator Course**

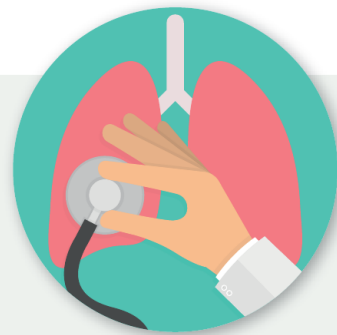
**Pulmonary Diagnostics
and Tobacco Cessation**

**NBRC Continuing
Competency Program**



Joined more than 100 other organizations in supporting transparency on out-of-pocket medication costs in a proposed cost estimator under development by the Centers for Medicare and Medicaid Services for the federally facilitated insurance marketplace.

Sponsored a booth at the Health Occupations Students of America conference that was hosted by students and faculty from California College in San Diego.



Published a new Aerosolized Medication Clinical Practice Guideline in *RESPIRATORY CARE* that questions the value of these medications for airway clearance. The guideline was developed by an AARC task force working with researchers from Vanderbilt University.

Your Success Is Our Success

Helping therapists thrive in the workplace is priority one at the AARC, and two initiatives last year targeted that goal.

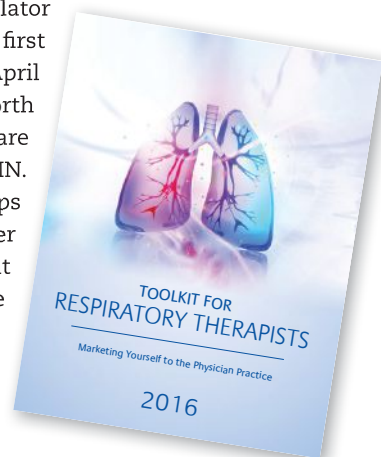
Bring it to life with **AARC** + **Edison NATION MEDICAL**

Early in the year, the Association partnered with Edison Nation Medical to help you bring your innovative ideas for new medical products and services to fruition. Equipped with the expertise necessary to navigate the entrepreneurial waters, Edison is helping a number of AARC members move their ideas forward, and we anticipate seeing some of their products on the market very soon.

The Association also published a new guide to help therapists get their foot in the door in the increasingly important physician office market. "Toolkit for Respiratory Therapists: Marketing Yourself to the Physician Practice" was developed with input from content experts in 2015 and was launched early this

year. The document specifically outlines the potential for expanded respiratory therapist services post-discharge that are included in new reimbursement programs from Medicare.

Our mission to ensure the respiratory care workforce is prepared to meet the needs of patients in the event of a national disaster continues. The CDC contracted with the AARC to provide three Strategic National Stockpile Ventilator Workshops this year. The first workshop took place in April in conjunction with the North Regional Respiratory Care Conference in Rochester, MN. The other three workshops are slated for this summer in California, Ohio, and at a tri-state meeting of the Alabama, Louisiana, and Mississippi Societies. ■



Supported patients' rights by joining more than 50 other organizations in asking the Equal Employment Opportunity Commission to withdraw a proposed rule that would weaken the right of patients to keep their health information confidential.



Supported the Texas Society for Respiratory Care in its efforts to maintain licensure for RTs in the state of Texas. Licensure was preserved after Gov. Greg Abbott signed legislation moving RT licensure from the umbrella state licensing agency to the Texas Medical Board.



Endorsed the new Accreditation Standards for Degree Advancement Programs in Respiratory Care put forth by CoARC.




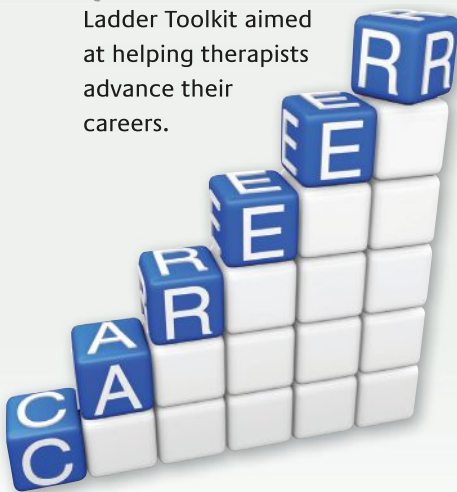
2015 Annual Financial Report


In February 2016, the AARC engaged the public accounting firm Salmon Sims Thomas 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 with generally accepted accounting principles.


AUDIT

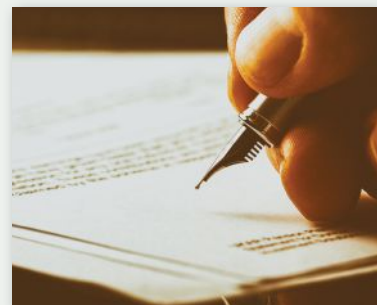
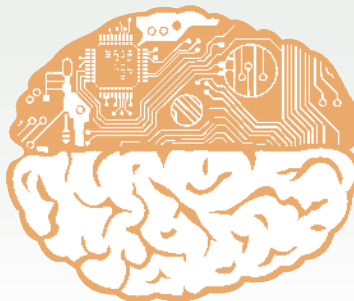
In 2015, the AARC's total revenues (excluding investments) were \$9,506,083; total expenses were \$9,137,194. Figures 1 and 2 highlight the sources of last year's revenues and expenses. Net assets at the end of 2015 were \$23,622,000. ■

 **Issued** a Career Ladder Toolkit aimed at helping therapists advance their careers.



 **Approved** six AARC Bylaws revisions aimed at enhancing the overall operation of the Association.

 **Published** a clinical simulations briefing paper that reviews the value of simulations in increasing critical thinking abilities among RTs.




 **Approved** the development of a Safe Initiation and Management of Mechanical Ventilation white paper to be completed in conjunction with the University Hospital Consortium.

Figure 1. Total Revenues in 2015
(Excluding Investments)

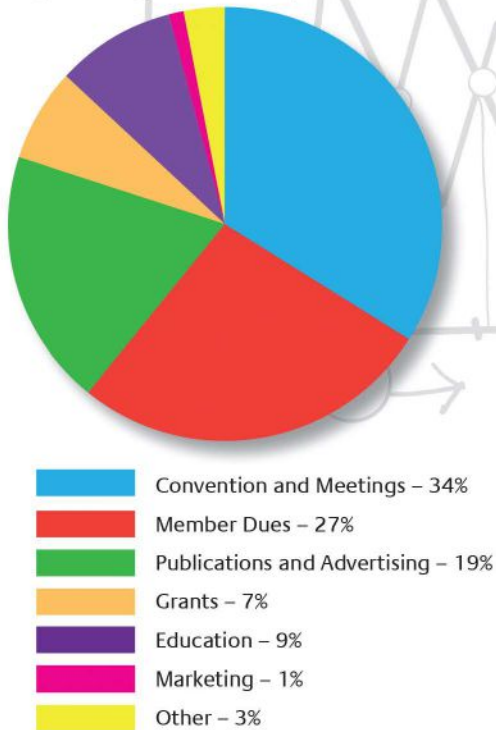
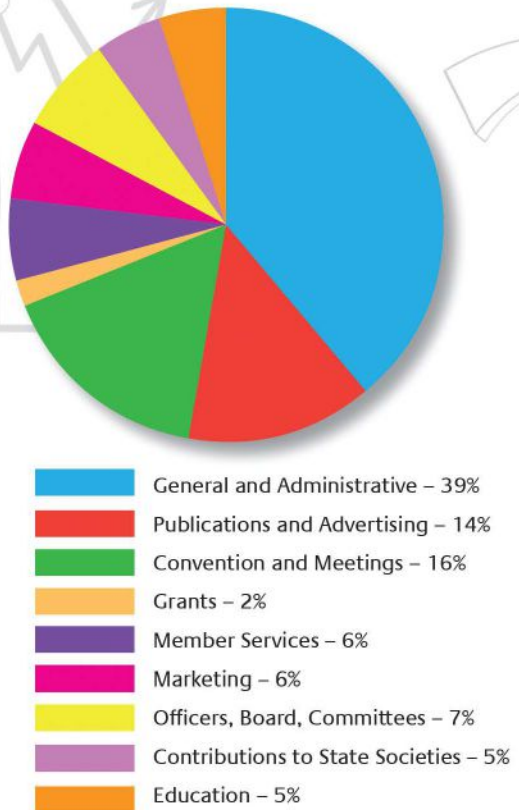


Figure 2. Total Expenses in 2015



Joined more than 30 other organizations in urging the Obama administration to support a proposed regulation to extend the U.S. Food and Drug Administration authority over all unregulated tobacco products, including e-cigarettes, hookahs, and cigars.



Offered free disposable peak flow meters to AARC members engaged in community events last spring.



Shared a new report from the National Health Council on the patient experience with the health insurance exchanges. As a member of the council, the AARC helped develop five principles considered vital to developing a better health marketplace for patients.

