

We're on the Right Track!



The road to a bright tomorrow for respiratory therapists and the patients they serve is full of twists and turns. Charting a steady course is the mission of the AARC.

Our Association continues to address issues of concern and move ahead with plans to position respiratory therapists for success

by Debbie Bunch

Almost every day in meetings, respiratory therapy events, and on social media, members and non-members alike ask the question “What benefits come with AARC membership?” For those in the know, and those who maximize their membership to the fullest, the answer is simple. After rattling off a laundry list of benefits, the comment “Wow! I didn’t know that” usually follows.

Sometimes as an organization, we don’t think about blowing our own horn and communicating the value and importance of AARC membership. In this issue and as we celebrate “We Are AARC”, we’ll try to do a better job of communicating to you what comes with professional membership, why it’s important, and why it benefits you directly as a respiratory therapist.



Improving care for respiratory patients

2017 was a challenging year for the nation's health care system. A rash of major weather events put hospitals in the crosshairs, and ongoing debate about the best way to insure Americans continued to unsettle providers across the continuum of care. The AARC kept tabs on it all while continuing to build on efforts to improve care for respiratory patients and make sure the profession was on solid ground for whatever lay ahead.

"As we march further into the 21st century, it is clear that health care will continue to face obstacles, and health care providers will be called upon to reinvent their services and reinvest in themselves to overcome them," says AARC President Brian Walsh, PhD, RRT, FAARC. "The AARC remains devoted to ensuring respiratory therapists are well positioned for the changes that are undeniably coming our way."

The Association's major accomplishments of 2017 show we are on the right track.



Finally, an action plan for COPD

The Association joined fellow organizations fighting for better care for people with COPD in celebrating a major victory mid-year with the release of the nation's first ever COPD National Action Plan. Developed by the National Heart, Lung and Blood Institute (NHLBI) with input from the AARC and other stakeholders, the plan was unveiled at the American Thoracic Society conference in Washington, DC, on May 23.

"Sixteen million Americans have been diagnosed with COPD, and many more have the condition but don't know it," said AARC Chief Business Officer Timothy Myers, MBA, RRT, RRT-NPS, FAARC, who attended the event on behalf of the AARC. "This action plan addresses many of their unmet needs in a systematic fashion and will assist clinicians and researchers working to address those needs."

NHLBI Director James Kiley, MD, officially recognized the AARC during the press conference held prior to the plan's release, noting the significant role the Association played in bringing the plan to fruition. He issued a special message to RTs about their role in implementing the plan during National COPD Awareness Month as well, saying, "Respiratory therapists and the AARC are critical for this initiative, for the vital roles you play in the diagnosis, treatment, and management of COPD."

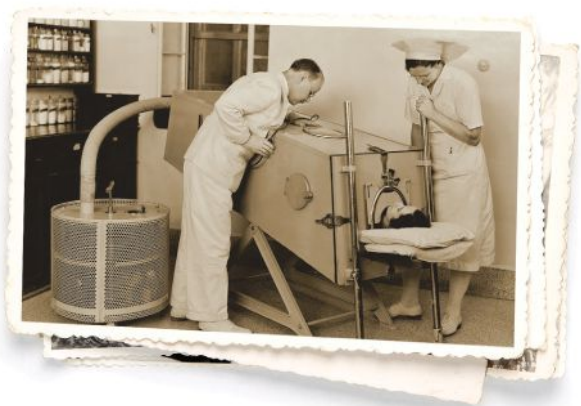
The plan includes five overarching goals focused on COPD awareness and understanding, the preparation of health care providers to deal effectively with COPD, data-driven efforts to create a better understanding of disease patterns, greater investments in COPD research, and collaboration on the part of federal and nonfederal partners.

AARC Executive Director Thomas Kallstrom, MBA, RRT, FAARC, urged members to lead the way in the implementation of these goals. "We encourage respiratory therapists everywhere to read the document and share it with their colleagues involved in the care and treatment of people with COPD," he said.

AARC 70th anniversary

On the home front, the AARC marked the 70th anniversary of the official filing of articles of incorporation for the Association on April 15th. Members used the occasion to showcase the history of respiratory care and the AARC at the Dittrick Museum of Medical History on the campus of Case Western Reserve University in Cleveland.

The museum came to host the event after long-time AARC member Steve DeGenaro, RRT, donated his collection of vintage photos of medical history, including the iron lung in action. “I have always been interested in history and have collected vintage photography related to medical history for decades,” said DeGenaro. “The iron lung photography — and vintage respiratory therapy photography in general — is the bridge between my career and my hobby.”



Spanning several decades, the photos offered a look back into a medical treatment that has become synonymous with the polio epidemic, which inspired fear across the nation in the first part of the 20th century. For many victims, the iron lung was the difference between life and death.

The photos were displayed in a special exhibit that ran throughout the month of April, with a special event scheduled for April 22nd that was attended by national AARC leaders and members from the surrounding area in Ohio. A special VIP reception for current and former leaders in the Ohio Society for Respiratory Care was followed by a day-long conference featuring talks on respiratory therapy protocols, the history of the AARC, mechanical ventilation, post-discharge respiratory care, and international respiratory care. The event culminated with a tour through the exhibit itself.

All proceeds from the conference registration went to benefit the American Respiratory Care Foundation’s Virtual Museum fund.

10 More Things the AARC Did for You in 2017

1 Disaster response: 2017 was a bad year for natural disasters in the United States and its territories, with major hurricanes striking several, tornadoes and severe weather affecting others, and wildfires devastating others still. The AARC opened up its Disaster Relief Fund on multiple occasions for members living in federally declared disaster areas.

2 Licensure challenge: When de-licensure of the respiratory care profession came up in the Iowa legislature, the Iowa Society for Respiratory Care, with the help of government affairs staff in the AARC Executive Office, was on the case. A week later, the de-licensure bill had not only been rejected, but it was torn in half by the subcommittee chair responsible for moving the bill any further.

3 Position statements/issue paper review: The AARC released revised position statements on Respiratory Therapy Education, Telehealth and Respiratory Therapy, and Home Respiratory Care Services for member review. Members were also asked to weigh in on the retirement of an issues paper on Utilization in Respiratory Care.

4 Sputum Bowl: Changes to our iconic annual knowledge competition were put into motion late in the year as the Board voted to discontinue the practitioner portion of the Bowl after years of declining participation. No need to worry though... the student competition is alive and strong and will be better than ever in 2018. (Stay tuned for more on the 2018 event in your July issue of *AARC Times*.)

5 “Go Visit” Challenge: Executive Office staff members launched a new “Go Visit” campaign by visiting RT staff at a local health care facility to learn about their concerns for the profession and answer any questions they might have about the Association or other respiratory care issues. Members in the state societies were quick to take on the challenge and soon began sending members out to do the same in hospitals, schools, and other facilities throughout their states.

6 Home oxygen abstract at ATS Conference: Attendees at the American Thoracic Society conference learned more about a survey conducted by the AARC on the role of the respiratory therapist in pre- and post-discharge practices specific to COPD. Findings from the Respiratory Therapist Home Oxygen for Chronic Obstructive Pulmonary Disease (RisOTTO) study were presented by Dr. Y.M. Tan and AARC Executive Director/CEO Thomas Kallstrom during the abstract presentations session at the meeting, letting everyone know that patients going home on supplemental oxygen could benefit from greater RT involvement in their care.



Moving forward

The AARC continued its ongoing mission to move the profession forward in 2017 by releasing a new guide for state societies looking to change their licensure laws to require the RRT credential for entry into practice.

Coming on the heels of licensure changes to that took effect in Ohio, California, and Arizona, the document, titled “Guidance Document Regarding RRT Entry to Licensure,” outlines the steps state societies should consider when changing their licensure laws to reflect an RRT credential minimum.

“All new RTs today graduate from at least an associate degree program, and that means they are all qualified to earn the RRT credential,” said Immediate Past President Frank Salvatore, MBA, RRT, FAARC. “The problem lies in the fact that our licensure laws were mainly enacted before all therapists could earn the RRT and thus were linked to the CRT. We want to help the states change their laws so that the RRT is linked to licensure.”

In an effort to avoid a negative impact on the workforce, which could lead to unintended consequences in patient care, the AARC reaffirmed its position that any state making such changes should allow for CRTs to be grandfathered into their laws or rules and the same consideration should be given to CRTs from out of state. Current therapists are grandfathered into the new laws in Ohio, California, and Arizona and are likely to be in other states that move in this direction.

The Association believes moving to an RRT license will bode well for the profession as a whole, as our colleagues in health care come to recognize that therapists are trained to work at the RRT level. Said Dr. Walsh, “It is the AARC’s belief that the complexity of the patients we serve has grown and requires a high level of competency. We have worked closely with CoARC and the NBRC to ensure those prepared individuals get the opportunity to obtain the highest credential. Individuals who obtain the

RRT credential exemplify the dedication to professional excellence and demonstrate that commitment.”

The Association proceeded with plans to investigate the need for an advanced practitioner role for RTs last year as well, inviting qualified organizations to submit bids for conducting a national needs assessment for a project titled, “Exploring the Status of Non-Physician Advanced Practice Provider Employment Density and Sufficiency of Educational Background in the Care of Patients with Cardiopulmonary Disease.”

The project’s key aim will be to determine whether an education and/or workforce gap exists within the current and predicted future employment of non-physician advanced practice providers caring for patients afflicted with cardiopulmonary disease. Updates on the progress of the needs assessment will be issued as they become available.

Telehealth legislation

A Summer Virtual Lobby event took place in July 2017 to reinforce the profession’s stance, and three telehealth bills that included RTs as covered providers were introduced into Congress. This mission has extended into 2018 with our most recent Capitol Hill Advocacy Day, which just wrapped up last month. Telehealth legislation took center stage during the AARC’s annual Capitol Hill Advocacy Day in April, as Political Advocacy Contact Team (PACT) members flocked to Washington, DC, to educate their members of Congress on the merits of telehealth and why RTs should be key providers in any legislation introduced in the House or Senate.

A virtual lobby campaign preceded the event, and the final results showed that 32,395 messages were sent,



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with participation from 7,340 activists and 124 PACT members from 41 states and the District of Columbia. All told, 318 meetings were scheduled with members of Congress and their Congressional staff.

“Our annual trek energizes our members and gives them an opportunity to educate leaders on the scope of the RT profession and to provide their personal stories on how their expertise has helped improve the outcomes of their patients,” said AARC Associate Executive Director for Advocacy and Government Affairs Anne Marie Hummel. “It is a tribute and acknowledgement of the value of respiratory therapists when our lobbyists conduct follow-up meetings and are told they remember our RTs and the issues they discussed in those meetings.” “Our annual trek energizes our members and gives them an opportunity to educate leaders on the scope of the RT profession and to provide their personal stories on how their expertise has helped improve the outcomes of their patients,” said AARC Associate Executive Director for Advocacy and Government Affairs Anne Marie Hummel. “It is a tribute and acknowledgement of the value of respiratory therapists when our lobbyists conduct follow-up meetings and are told they remember our RTs and the issues they discussed in those meetings.”

New award programs

Respiratory therapists go to bat for their patients every day on the job, but some go well above and beyond in helping patients manage their disease and recover their quality of life. The AARC joined The FACES Foundation in 2017, launching a brand new award called the National Respiratory Patient Advocacy Award to honor AARC members who regularly advocate for their patients in settings ranging from the hospital to the community. The winner, along with two runners up, was announced during the Respiratory Patient Advocacy Summit held in conjunction with the AARC Congress in Indianapolis.

Christine Hartling, MHM, RRT, RRT-NPS, took home the top honor for her commitment to preparing children with trachs and ventilators and their families for living at home rather than in a hospital or extended care facility. “I have had the privilege of working in the pediatric world for the last 25 years, and it is amazing to me how resilient kids are and how they don’t let a ‘little’ thing



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Congressional comments: The AARC spoke up for chronic lung patients in its comments to key members of the Senate during the debates that took place on the American Health Care Act, noting the legislation would increase the number of uninsured by 23 million. The Association’s bottom line: chronic lung patients need to keep their benefits.

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Fighting for home ventilation: Noting ongoing problems with outdated policies that impact federal reimbursement for home mechanical ventilation, the AARC, working with other pulmonary and patient groups, continued to educate members of Congress on the need to ensure adequate coverage for these device for patients who depend on them to stay healthy and out of the acute-care hospital. With new leaders in Congress, the Association and others were able to gain support from Rep. Chris Collins, from New York, who wrote a letter to the HHS secretary appealing to him to resolve the problems and act on the group’s formal National Coverage Determination Reconsideration request that had been submitted to the Centers for Medicare and Medicaid Services.

9

New coalition: The AARC was a key participant in a new complex technology coalition that began with a two-day session in Annapolis, MD. Spearheaded by the Association for the Advancement of Medical Instrumentation Foundation, the coalition will build a body of best practices around the procurement and use of this technology and user training. Coalition members have been assigned to teams to accomplish specific goals and two AARC members are leading one of the teams.

10

Staff enhancements: Two new leadership positions were created at the Executive Office, filled by long-time members of the staff. Timothy Myers was named chief business officer, a position reflecting his growing role in strategic, operational, and business aspects of the Association. Anne Marie Hummel stepped into the position of associate executive director for advocacy and government affairs.

like being on life support keep them from just being kids,” she said. She says there is nothing better than “helping convince a family that they ‘can.’”

Jeff Cain, RRT, was recognized for his 20 year involvement in bringing the summer camp experience to technology-dependent kids through the Trail’s Edge Camp, where he currently serves as camp director. Jamie Causey, BSRT, RRT, AE-C, was recognized for her work with her local asthma coalition.

The Apex Award was also established last year as to recognize hospitals, home care companies, and long-term care facilities that meet a strict set of criteria deemed critical by the AARC for the delivery of high-quality respiratory care. The program replaces the Quality Respiratory Care Recognition program operated by the AARC for many years.

The first facilities to receive the Apex Award were announced mid-year and have been featured in a special Apex Award column in a number of AARC Times issues in the past year. See the Apex Recognition Award column in this issue for more on the final award winner for 2017 to see what it takes to win this national recognition and how receiving the award boosts the stature of RTs in the facility and community as a whole.

Certificate program for pulmonary rehab RTs

Continuing education remained a top priority for the AARC in 2017, with a plethora of new programs offered through AARC University. A new certification program was also in development throughout the year.

Through a partnership with the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), the Association was pleased to make the Pulmonary Rehabilitation Certification Course available to the respiratory care community in January. “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 covers all of the key components of a pulmonary rehabilitation program and offers therapists interested in this area the chance to get up to speed with

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the latest thinking on how to best use these programs to enhance the quality of life for those with chronic respiratory conditions. Those who successfully complete the course earn 12 hours of CRCE.

Clinical practice guidelines get a makeover

A new clinical practice guidelines development program kicked off late in the year, as team members were assembled from all across the nation to work on six new guidelines dealing with these everyday aspects of respiratory care: oxygen administration for adults, oxygen administration for infants and children, tracheostomy care for adults, tracheostomy care for infants and children, suctioning of the artificial airway, and capillary blood gas sampling for infants and children.

Dr. Walsh explained how this new development process differs

from that used by the AARC for the development of previous clinical practice guidelines. “This new method still remains evidence-based; however, it allows us to be much more efficient. I believe we will produce quality products to help us improve patient care and demonstrate our value to the world.”

The new guidelines are expected to provide respiratory care departments with the tools they need to further the development of protocols in their facilities. “This effort will update a couple of older guidelines, provide new recommendations in areas of clinical practice, and serve the medical community with evidence-based recommendations to improve patient care and safety,” said Dr. Strickland.

Another successful year

These major new initiatives in 2017 were implemented by the Association as it continued to deliver ongoing member benefits in areas ranging from government affairs, to publications, to communications, to education, to meetings, and more. It all added up to another successful year for the AARC and the members it serves. ■



2017 Annual FINANCIAL REPORT

In February 2018, the AARC engaged the public accounting firm Salmon Sims Thomas and Associates 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 2017, the AARC's total revenues (excluding investments) were \$10,053,041 and total expenses were \$9,628,327. Figures 1 and 2 highlight the sources of last year's revenues and expenses. Net assets at the end of 2017 were \$27,022,993. ■

Figure 1.
Total Revenues in 2017 (Excluding Investments)

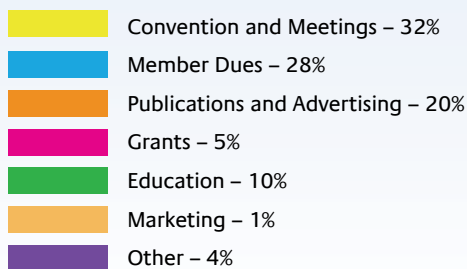
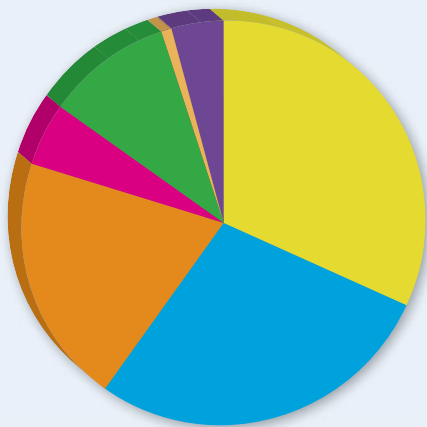


Figure 2.
Total Expenses in 2017

