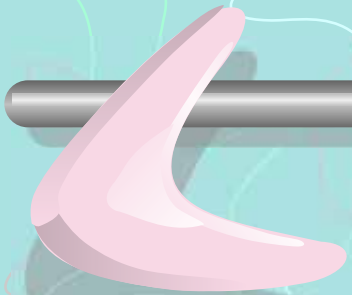


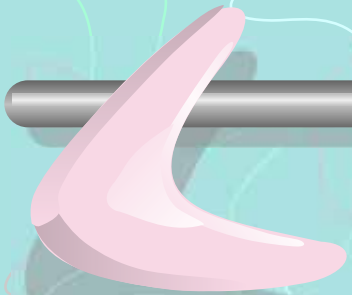
Good Morning Welcome



Ed Lopez
President/CEO

La Palma Medicine & Surgical Associates, LLC
Seattle, WA.

The Cardiovascular P.A. What Will the Future Bring?



The Case for Specialty Certification
in Cardiovascular Surgery
Why or Why Not?



In The Beginning...

The First 3 P.A. Graduates Receive their
Certificates on Oct. 6, 1967 at Duke





The Physician Assistant Profession Today


- 85,000 Practicing Nationwide
- Graduating 5300 per year
- 134 Basic Medical School Educational Programs
- 41 Post graduate training programs in 17 medical/surgical specialties
- PA's are licensed to practice in all 50 states
- DEA Certificates in 35 states




Today's P.A. Demographics

- 25.9% Work in "Family & General Medicine"
- 67% Work in the Specialties
- Median Age 29 y.o.
- 25.6% Male
- 64.4% Female
- 88.1% "White"
- 42.5% Masters earned
- 84.9% Practice in "Metro" setting >250K pop.

2008 AAPA Census Data N=27,568 Respondents



In its 2008 census report, the AAPA reported mean total annual income (MTI) from primary employer for clinically practicing PAs who graduated in 2007 and work at least 32 hours a week in the Specialties.



Specialty	MTI
Emergency medicine	\$83,951
Cardiovascular surgery	\$82,423
Radiology	\$81,300
Occupational medicine	\$80,932
Nephrology	\$80,633
Hospital medicine	\$80,181
Neurosurgery	\$79,789
Orthopedics	\$78,462
Urology	\$77,897
Pain management	\$77,031
Trauma surgery	\$76,935
Allergy/Immunology	\$76,740
Plastic surgery	\$76,698
U.S. Mean	\$76,232
Dermatology	\$75,003
General internal medicine	\$74,400
Family medicine	\$73,908
Psychiatry	\$73,581
Cardiology	\$72,134
General surgery	\$72,089
Neurology	\$71,468
Oncology	\$71,426
Gastroenterology	\$71,322
Pediatrics	\$70,815
Otorhinolaryngology	\$69,579
Obstetrics/Gynecology	\$69,564



Primary Care In America

- **“Overall, 55% of Americans made any visit to a primary care physician in 2004, a contact rate lower than that in many other developed countries. For comparison, the rates in the United Kingdom and the Netherlands, where there is population-based registration with primary care physicians, are, respectively, 78% and 77%.”**
Ferrer, et al, Annals of Family Medicine, 2007 5(6): 492-502



Today's Medicine Workforce Demographic

- **Long-term shifts in physician specialty choice and recent market trends in health care delivery have raised concern about the future of primary care in the United States.^[1]**
- **The Council on Graduate Medical Education has abandoned its goal of expanding the primary care physician workforce.^[3-6]**
- **Entry of US medical graduates into generalist residency positions is declining,^[3,7] and unlike the ground-shaking Institute of Medicine reports on quality of care that followed it, the 1996 report on "Primary Care in a New Era" seems to have not motivated much change.^[8] Ferrer, et al, Annals of Family Medicine, 2007 5(6): 492-502**



Our CT Surgeon's Workforce Data

Baseline CT Supply Calculations

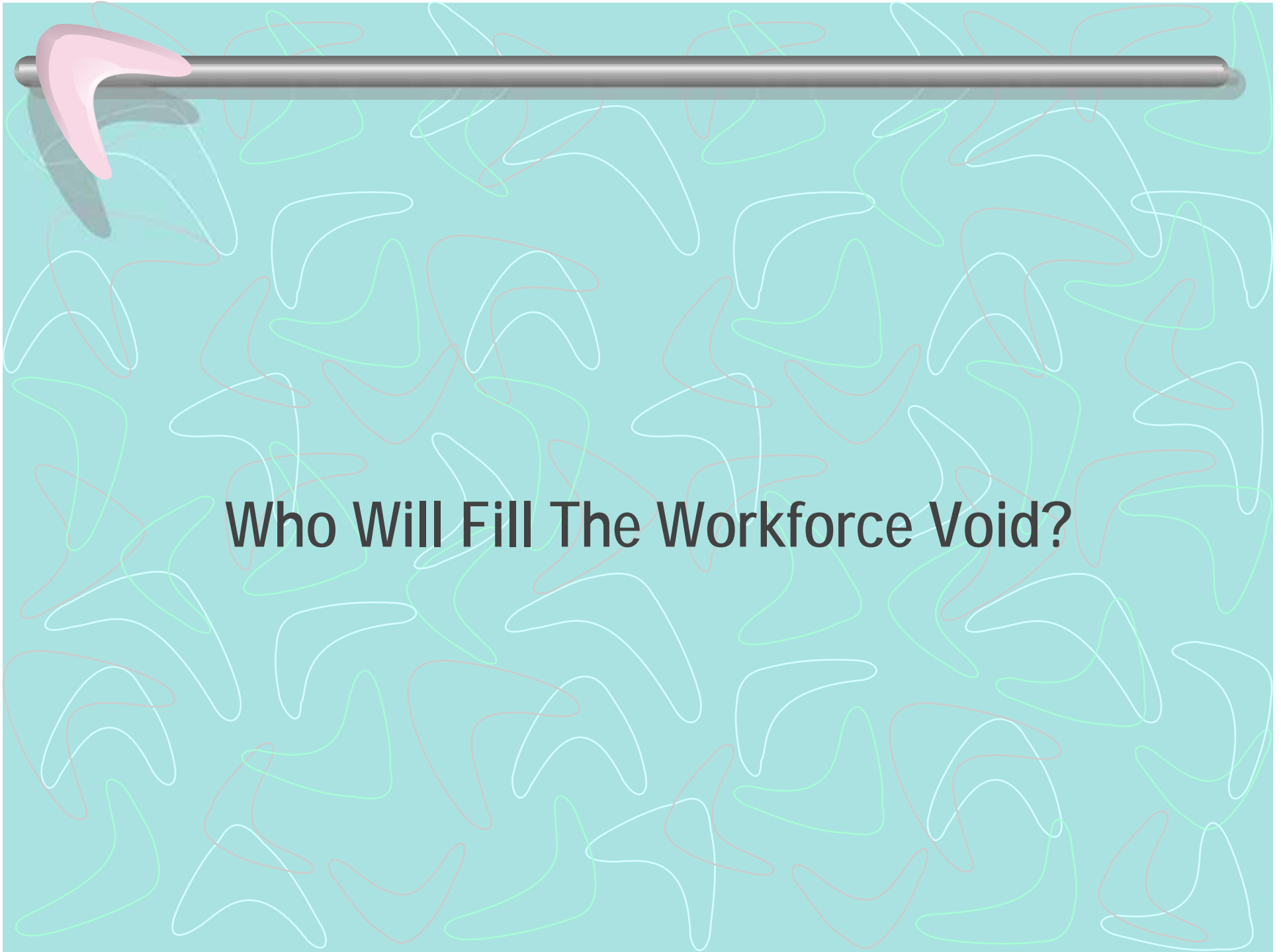
- 2,843 (51%) active surgeons are age 55 or greater and therefore likely to retire within 11 years (2020)
- AATS/STS Practice Survey data indicates that as many as 70% of practicing CT surgeons plan to retire by 2020

Baseline CT Supply Calculations

- By 2020, no more than 2,250 new TS could be trained even if 150 trainees graduated annually—no more than 1,100 new grads at 100/year
- This represents at least an 11% to 24% reduction in the aggregate supply of CT surgeons by 2020 serving a yearly increasing population of > 65 year olds.

What Will Happen in the Next 5 Years?

- 1,395 active CT surgeons will be age 70 and over
- No more than an additional 695 could be trained (if all spots were filled)
- If all were to retire at age 70, a net 700 positions could not be filled with new CT surgeons (about 13% fewer CT surgeons than in 2005)



Who Will Fill The Workforce Void?




The PA CV Specialist

- Must be able to transcend traditional care lines & work in:
 - Department of Medicine - Cardiology
 - Department of Surgery – Cardiac and Vascular
 - Department of Radiology – Interventional
- Must gain inter-disciplinary technologic expertise
- Must be willing to select this specialty early on in training
- Must be able to interact with physicians on a level playing field

(Dr. R. Chitwood, MD 2007 STS President)

Our Future Together

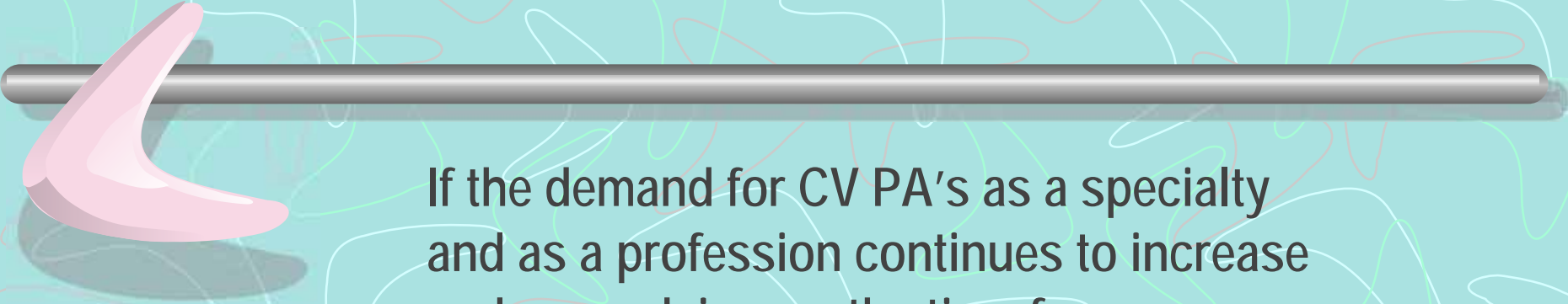


"Today, with the demands on academic training programs for Cardiac surgeons having limited funds and staffing, Physician Assistants are the greatest asset we have today to ensure the continued training of Cardiac surgeons."

Denton Cooley M.D.

Jan. 27, 2006, Chicago, Ill

So...Here's The Question!

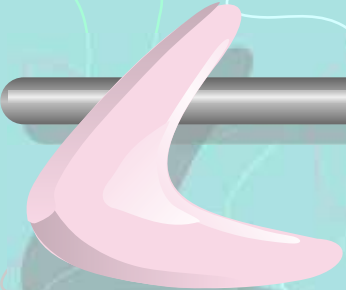
A pink hand is shown on the left side of the slide, holding a thick, silver horizontal bar that spans across the middle of the page. The background is a light teal color with a pattern of colorful, abstract scribbles in shades of red, green, and white.

If the demand for CV PA's as a specialty and as a profession continues to increase and expand, is now the time for professional specialty "Recognition" or "Certification"?

"Some believe that the premise of the current apprenticeship model of medical education are (is) so faulty in today's complex health care environment that they (it) needs drastic overhaul."



"Crossing the Quality Chasm"
1999 Institute of Medicine Report
Page 213



“We live in a complex society; therefore, one must specialize to compete in a society that creates specialization. That’s what it wants.”

“Just Say For Me”

Dr. Eugene Stead, M.D.

Founder of the P.A. Profession



The American Board of Medical Specialties-Speaks Out

- “Consumers have taken a more active role in their own healthcare decisions and are demanding greater transparency.
- “To meet these expectations, we must – as a cohesive ABMS Board Enterprise (ABMS and its 24 Member Specialty Boards) – enter into the next phase of healthcare leadership with the public’s interest as our foremost concern.
- “Called the ABMS 2008-2011 Enhanced Public Trust Initiative, its goal is to enhance the ABMS Board Enterprise’s role as a trusted private sector agent when it comes to *physician accountability* and to expand resource offerings for the public’s need.”

Kevin Weiss, MD, CEO of A.B.M.S. on the “Enhanced Public Trust Initiative.”

"American Nurses Credentialing Center" (ANCC), a subsidiary of the American Nurses Association is a specialty certifying board that sets professional & educational standards for a defined specialty and determines a mechanism for establishing continued competency through the re-certification process occurring every five years on a voluntary bases. But required by some states for licensure at advanced levels such as Nurse Practitioners."



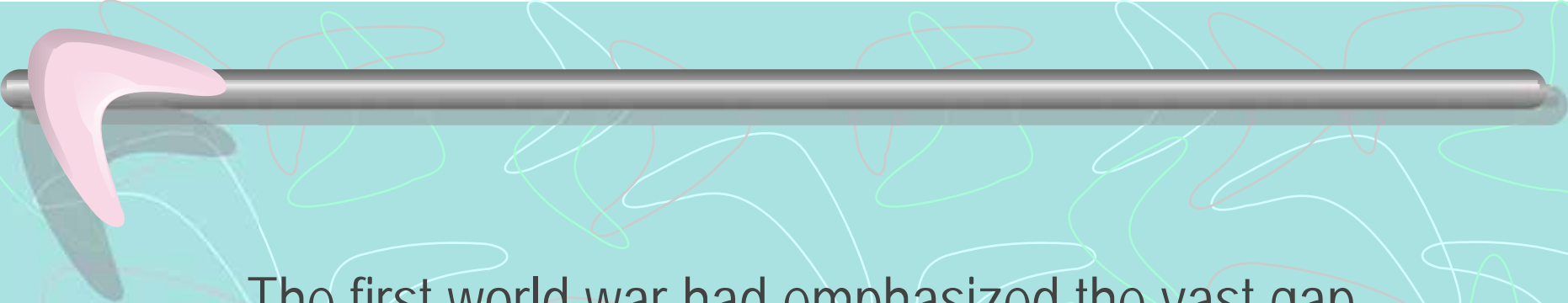
Ann Carey, RN

American Nurses Credentialing Center

July 20, 1999



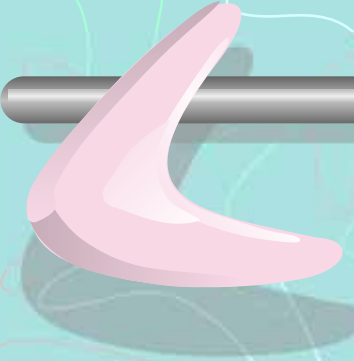
**So Is Specialty Recognition, Interest or Board
Certification Something New?**



The first world war had emphasized the vast gap between the average general practitioner trained years earlier and the young scientific specialists from the "reformed schools". As a result by **1920**, relations between GP's and specialists were strained. Nearly three of every four graduates in **1920** claimed they would limit their work to specialist practice.

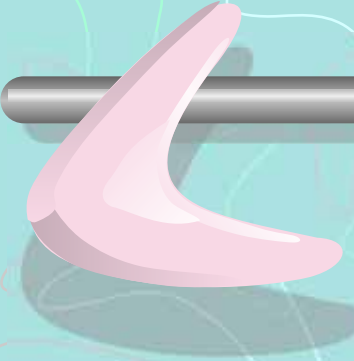
Horace Arnold, MD, AMA Bulletin 14 (1920), p.64-65

“Journal of the Medical Society of New Jersey”




“Specialist licensure would also imply basic levels of knowledge and skill which should be recognized before a physician could treat in certain areas. Ought the public to have this kind of protection?” No. 26 (1929), 326-327.

The Editor of J.M.S.N.J. Speaks Out




“...the public will not be asking anything unreasonable if it demands that surgeons, general and special, shall present evidence of fitness before being allowed to practice their respective fields.” J.of Medical Society of New Jersey, #26 (1929) p. 772

Why Board Certification?




"...if board certification were not to be used for accepting and denying entry to hospital staffs, what was it for? One answer was for delineating function *within* the hospital: that is, in assigning particular types of hospital privileges or activities. Another might be to enable the public to select a specialist known to be well trained. These functions were purely qualitative: they assumed the boards to be guides of competence rather than symbols of professionalism."

"American Medicine & The Public Interest" R. Stevens (1971) pp 163-164



How about the position that P.A.'s are not Physicians and thus somehow the need for professional recognition, certification or accountability is less than that of a Physician?




“The PA profession believes and many hospitals concur — that the prudent and appropriate route for determining a PA’s scope of practice in an institution is to require medical staff membership, along with the credentialing, privileging, and other quality measures that are part of medical staff oversight.”

AAPA Position Paper Brief on Hospital Credentialing (11/06)




“Many hospitals grant medical staff membership to PA’s, some as full voting members. In some cases, hospitals include PA’s in the “allied health” category of the medical staff. While this may be convenient, it is not clinically appropriate. PA’s are providers of medical care — that is, **physician services, not allied health services.**”

AAPA Position Paper Brief on Hospital Credentialing (11/06)



So then back to the original question...do PA's get a "bye" when it comes to the need for professional recognition, certification or accountability as providers of medical care — that is, **physician services,** and not allied health services." ?



And equally important, as we consider this topic, do WE as consumers ourselves of health services, what should be our expectations of credentialing of our Physician Assistant healthcare provider when the care is provided to us or to a member of our family?



Specialty Certification-The AAPA Concerns

- “The immediate result of specialty certification could be a multi-tiered job market in which PA’s without the extra credentials would be at an economic and professional disadvantage.”
- “Given the opportunity to require specialty certification, it is likely that some states would make it a prerequisite for licensure or for approval of a specific delegated scope of practice
- “The absence of certification for PAs in a particular specialty could prevent PAs from working in that field. Failure to maintain specialty certification could result in a restricted scope of practice or, in a worst case scenario, loss of licensure.”
- “One of the hallmarks of the PA profession is its flexibility. Specialty certification would undermine this flexibility, or at best make it extremely difficult to achieve.
- “Specialty certification would cause a cultural shift for the profession,” *(hasn’t that already happened & out of our control by our 67% Specialty employment rate?)*



Current PA Natl. Certification

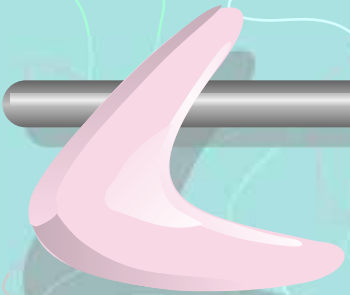
- “To attain certification, PAs must graduate from an accredited PA program and pass the Physician Assistant National Certifying Exam (PANCE). PANCE is a multiple-choice test that comprises 360 questions that assess basic medical and surgical knowledge
- “To maintain NCCPA certification and retain the right to use the PA-C designation beyond the expiration of their initial certification, documentation of continuing medical education (100 CME) hours every two years and successful completion of a recertification exam in the fifth or sixth year of a six-year certification maintenance cycle.”



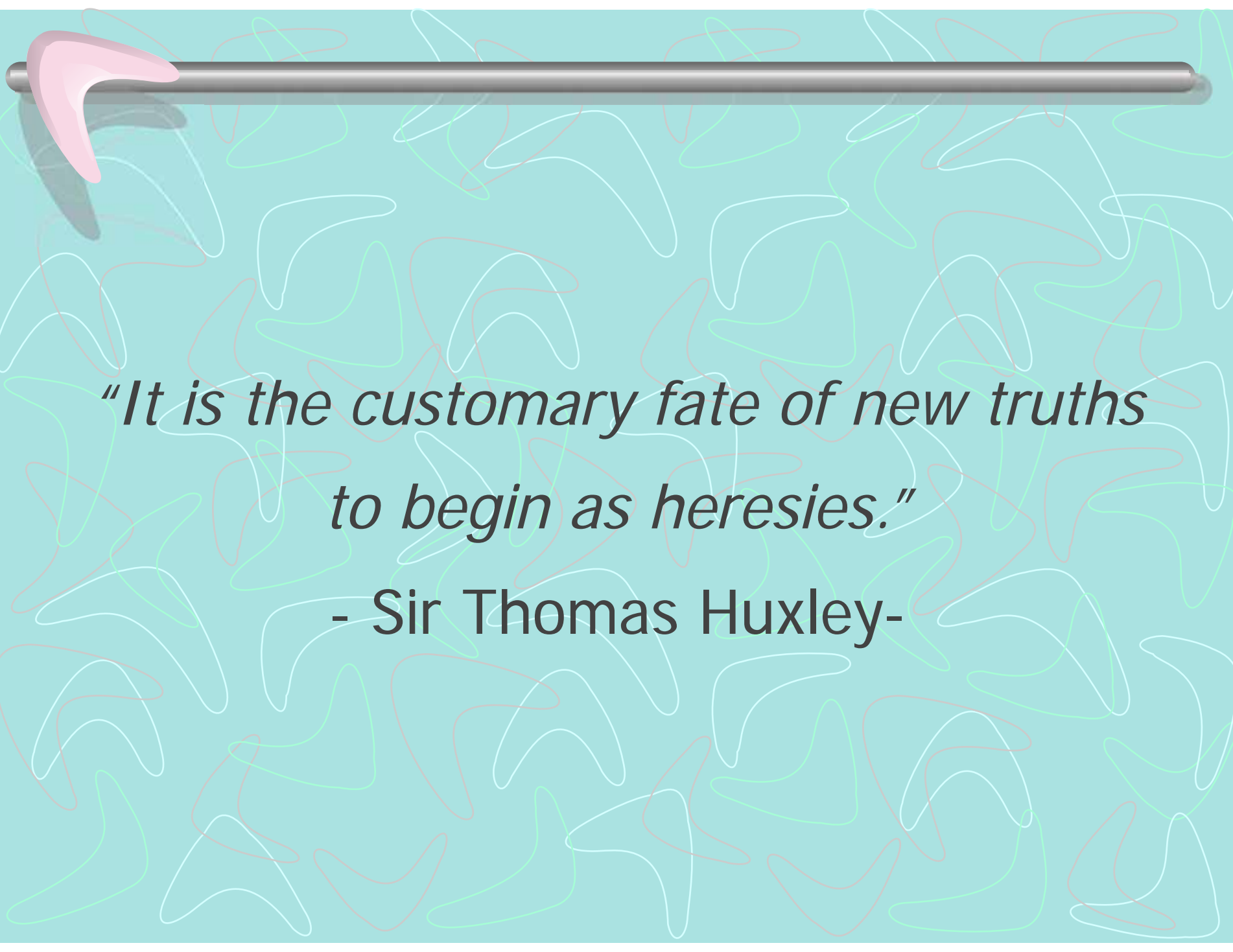
The NCCPA Purpose & Mission

- **“NCCPA is the only nationally recognized certifying body for physician assistants in the United States.**
- **“Dedicated to assuring the public that certified physician assistants meet established standards of knowledge and clinical skills upon entry into practice and throughout their careers.**
- **“...a collaborative effort jointly undertaken by four national PA organizations (NCCPA, AAPA, PAEA, and the Accreditation Review Committee) to establish a profession-wide definition of PA competencies that can be used as a map for further developing and evaluating those competencies throughout a PA's career is currently underway.”.**

“Finally, professional societies and groups should become active leaders in encouraging and demanding improvements in patient safety. Setting standards, convening and communicating with members about safety... will contribute to creating a culture of safety. As patient advocates, health care professionals owe their patients nothing less.”

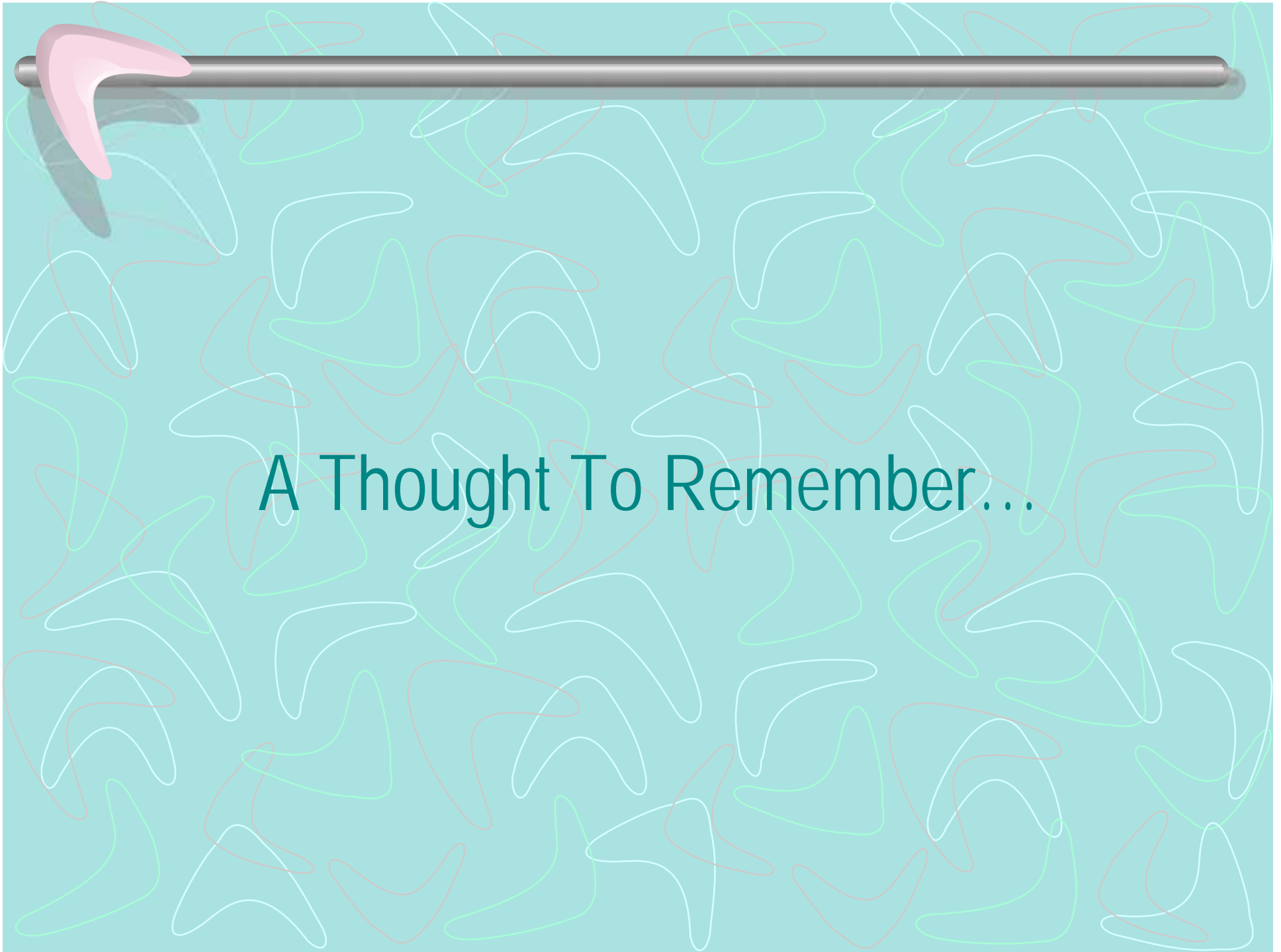


**“To Err Is Human
1999 Institute of Medicine Report”
Pages 135, 136**




*"It is the customary fate of new truths
to begin as heresies."*

- Sir Thomas Huxley-



A Thought To Remember...



“It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change.”

Charles Darwin, 1860



Thank You

