



Stephen H. Hanson, MPA, PA-C, is President of the American Academy of Physician Assistants.

## Using research to map a strategy for the future of the PA profession

One of the most valuable services AAPA has conducted for the profession over the years is its regular tracking of PA-related data. It is because of this service that we are able to answer numerous questions about the profession with a high degree of certainty. The demographic and economic information is a critical tool in our lobbying efforts and indispensable in our media outreach efforts. Without solid data to back up our words, any efforts we make to promote the profession would have a much lower chance of success.

As consistent and accurate as we have been in data collected during our regular AAPA Census and other research efforts, we still lag far behind other health care professions in their longtime commitment to workforce research. Gaps

**“Physician assistants must commit the same effort to learning about ourselves as we have to learning about our patients.”**

in our research into the characteristics of the PA profession diminish our effectiveness as advocates for the profession in the legislative and regulatory arenas at all levels of government, and with the media.

In 2008, research was named as one of seven key areas that would be addressed as part of the Academy’s strategic plan. A step in that process will be taken March 4-5, 2010, when AAPA leaders meet with leaders of other PA organizations as well as with PAs engaged in research, federal representatives, health economists, and members of think tanks, industry, and private foundations. The goal of this Research Summit is to identify key areas of research for the profession and build a framework for an action plan to address those areas. Within the next few years, AAPA will implement that plan to explore workforce issues, the impact of the profession on health outcomes, and other areas for which it is important to have research-based information.

The contributions and impact of the PA profession will be considered as a future research topic, specifically with regard to health outcomes. We know that approximately 257 million patient visits were made to PAs in 2008. It is critical that we study patient outcomes as well as the number of visits so that we may paint a more complete picture of the profession’s commitment to and impact on patient care.

We also will consider the positioning of the PA profession on the health care delivery team. As the profession continues to grow and evolve, we must learn how PAs in different settings are being utilized. That will be an important question as we look at another area that also happens to be a frequent item in the news these days: the current and future workforce needs of the profession. There already is a shortage of physicians, and if that shortage becomes more severe, as many project that it will, PAs will be called upon to ensure that patients still have access to quality, affordable care.

For the last six months, Congress has debated the issue of health care reform. As I write this, we still do not know exactly what will result from the debate or what shape health care reform will take, but we do know that it will alter the health care landscape in our country. We also know that PAs will play an important role. We will consider ways to determine how the changing face of care will impact the PA profession. PAs have done an excellent job of staying on top of and participating in the complex health care reform debate, and it is of the utmost importance that we stay agile and ready to move as reform efforts progress.

Our profession was founded to expand delivery of quality health care, and we must never lose sight of that. Cost remains an obstacle to expanding access to care, and an aspect of future research will look at issues surrounding utilization, cost, and financing issues related to the PA profession.

Like our past research, our new efforts are an ambitious undertaking. Given the great strides PAs have made in just the past few years, we cannot follow any other path. PAs possess a great deal of collective knowledge about patient care, and it is only appropriate that we commit the same effort to learning about ourselves as we have to learning about our patients. **JAAPA**

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