

## AARC Advocacy

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 Rainbow Babies & Children's & MacDonald Hospital for Women  
 Adjunct Faculty, Assistant Professor  
 Department of Pediatrics,  
 Case Western Reserve University  
 Cleveland, Oh*

**2009-10 AARC President**

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## A Visionary Beginning

- Dr. Edwin Levine's students and other interested doctors, nurses, and oxygen orderlies met at the University of Chicago Hospital to form the Inhalation Therapy Association in the Summer of 1946
- The AARC in its 6<sup>th</sup> iteration has had a proud and distinguished history over the past 60 years and now stands strong at almost 53,000 members.

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## A Visionary Future

- The future of the profession is indeed a bright one, with many opportunities across the continuum of care.
- The future of the profession is not unlike the proverbial blank canvas before an artist
  - AARC role: to provide the paint and brushes
  - Respiratory therapists need to paint the picture
    - Blank canvas
    - Beauties of a masterpiece

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## Are We Going Too Fast?



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## Changing Landscape

- Frequently in the hustle and bustle of daily activities or the ever evolving healthcare landscape, many organizations attempt to expand their scope and their resources and ultimately lose their focus and / or effectiveness.
- It is during those times that an organizational must utilize its Mission / Vision statement as a roadmap for both its decisions and its ultimate destination.

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## Six Year Momentum Ride

- My goal continues to be to maintain that momentum moving forward by:
  - growing the membership
  - expanding our services
  - improving access to respiratory therapists
  - national and international growth
  - recruitment of a young and energetic workforce
- Focus on these tasks and move forward through new and creative programs and initiatives

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## Goals & Objectives

- Will focus on AARC’s Core Values
  - Driven from our Mission / Vision Statement
- Will narrow our Focus to 7 Goals
  - Advocacy
  - Professional Excellence
  - Advancing the Science & Practice
- Same basic “roadmap” that we have travel through the prior 4 Presidencies

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## The Target of an Organization

**AARC Vision and Mission Statement**  
*The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care. The AARC will encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession and the respiratory therapist.*

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## Goal #1

- Continue to develop and execute strategies that will increase membership and participation in the AARC to:
  - Promote professional excellence
  - Advance the science and practice of respiratory care
  - Advocate for the respiratory care community

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## Growing the Membership

- A steady Rise:
  - 2003: 29,000
  - 2006: 43,000
  - December 2008: 47,000
  - Target for December 2010: **52,800**




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## Memberships Importance

FIGURE 1. TOTAL REVENUES IN 2008



FIGURE 2. TOTAL EXPENSES IN 2008



AARC Times June 2009

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## Win-Win for State Societies

- AARC member's **ARE** State Society members
  - \$12 per member of AARC dues goes back to the state societies
- Access to resources & educational opportunities
  - Access to true revenue sharing opportunities with signed affiliate agreement
- Influence of numbers in state, federal and regulatory affairs

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## Goal #2

- Promote patient access to respiratory therapists as medically necessary in all care settings through appropriate vehicles
  - Local
  - Regional
  - National venues




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## Grassroots Initiatives

- Vital to our patients and our profession and convey that support to the decision makers in Washington, DC
- Accessibility to our patients with respiratory diseases across the entire continuum of care
  - Services
  - Technologies
  - Care




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## Continuum of Care

- We will continue to be a primary care provider in the acute care sector of health care
- We need continue growth and expansion into:
  - Diagnostics
  - Disease management
  - Ambulatory care
  - Our patients' homes
- Legislative message to garner appropriate access and reimbursement for our services is vital to our continued growth as a profession

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See 2015 Manuscripts for specifics: *Respiratory Care*, March 2009 & May 2010

## Odds Stacked Against Us...



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## Respiratory Therapy Initiative

- Respiratory Therapist recognized under Medicare Part B
- HR 941
  - Congressman Ross (Ark)
- Not dropped yet
  - Senator Crapo (ID)

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## PACT 2010



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# Goal #3

- Continue to advance our international presence through activities designed to address issues affecting educational, medical and professional trends in the global respiratory care community.




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# Birthplace of an Idea



1990

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# Countries Where RT Exists Today where they didn't exist prior to 1990

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|---|---|
| <ul style="list-style-type: none"> <li>Argentina</li> <li>Columbia</li> <li>Costa Rica</li> <li>Guatemala</li> <li>Mexico</li> <li>Panama</li> <li>Venezuela</li> </ul> | <ul style="list-style-type: none"> <li>China</li> <li>India</li> <li>Japan</li> <li>Philippines</li> <li>Saudi Arabia</li> <li>Taiwan</li> <li>Turkey</li> <li>UAE</li> </ul> |
|---|---|

North America, South America, Middle East & Asia

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## International Activities



Vice Chair  
International Fellowship Program  
Debra Lierl, MEd, RRT, FAARC  
Cincinnati State  
Cincinnati, Ohio

Chair  
AARC International Committee  
John D. Hiser, MEd, RRT, FAARC  
Tarrant County College  
Fort Worth, Texas



Vice Chair  
International Relations  
Hassan Alorainy, BSRC, RRT, FAARC  
King Faisal Specialist Hospital  
& Research Center  
Saudi Arabia

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## International Respiratory Care

- Continual movement onto the international respiratory care radar will indeed lead us into new and exciting areas.
- International Fellow program's inception:1990
- We also our instrumental in the International Council for Respiratory Care (ICRC), a group that represents 19 countries
- Fastest growing segment of respiratory care lies in the Pan Asia and the Middle East

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## International Fellowship Program

- 20 years
- >1000 applicants
- 115 countries
- 130 Fellows
- 50 countries
  - 21% of countries worldwide (50/245)
- 87 Host Cities



2008 Fellows  
Rufus Adesoji Adedoyin, Nigeria  
Alberto Lopez Bascope, Mexico  
Susana Alcabes Lindenfeld, Peru  
Heidi Markussen, Norway  
Fiona Ng, Hong Kong  
Qixing Wang, China

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## Representation at International Meetings



European Respiratory Society



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## Attendance at International Meetings

European Respiratory Care Association



Taiwan Society for Respiratory Care

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## Sometimes....



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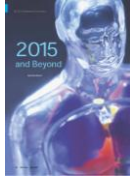
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## Goal #4

- Identify the clinical / non-clinical skills, attributes and characteristics of the “Respiratory Therapist for 2015 and Beyond” based on the expected needs of respiratory care patients, the profession and the evolving health care system.



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“When you change the way you look at things, the things you look at change.”

Heisenberg Uncertainty Principle



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## 2015 and Beyond

AARC Leadership has initiated a three-series conference to define the role of the RCP in light of future healthcare trends and to determine an effective strategy for achieving success as a profession based on the needs of the respiratory care patient and the evolving health care system

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## Respiratory Care 2015 & Beyond

- Conference 1 – Spring 2008
  - March 2009 publication – Respir Care
  - Identify the Healthcare vehicle and the Skill Set & Technologies of the RT
- Conference 2 – March 2009
  - May 2010 publication -- Respir Care
  - Focus on education / training necessary for KSA's
- Conference 3 – July 2010
  - Implementation

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## Kickoff Conference

*Special Article*

**Creating a Vision for Respiratory Care in 2015 and Beyond**

Robert W. Eckman MD, MEd, FAAC; Charles D. Fisher MD, FAAC; Thomas G. Stapp MD, MEd, FAAC; Charles S. Wagner MD, MEd, FAAC; John A. Wirth MD, MEd, FAAC; and Edward B. White MD

**Introduction**

**Abstract**

**Background**

**Methods**

**Results**

**Conclusion**

**Keywords**

**Introduction**

The respiratory care profession and the overall respiratory care field have experienced significant changes in the past few decades. These changes have been driven by a number of factors, including the aging of the population, the increasing prevalence of chronic respiratory diseases, and the advances in medical technology. As a result, the respiratory care profession has become an integral part of the healthcare system, and its role is expected to continue to grow in the future.

**Conclusion**

The respiratory care profession is facing a number of challenges in the future, including the need to expand the scope of practice, improve the quality of care, and address the workforce shortage. It is essential that the profession work together to develop a vision for the future and take the steps necessary to achieve it.

**Keywords**

Respiratory care, vision, future, challenges, workforce, quality of care, scope of practice.

**Respiratory Care**  
2009 ;54(3):375-389.




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## General Concepts in Conference 1

- Predicted Changes in Health Care
- Changes in the Health-Care Workforce
- Changes Expected in Respiratory Care
- Drivers of Health-Care Change
  - Cost of Care
  - Demographics
  - Shift in the Disease Burden
  - Technology
  - Health-Care Consumers

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## General Concepts in Conference 1

- Current and Future Human Resource Issues
  - Respiratory Care Education Programs: Graduates
  - Respiratory Care Education Programs: Educators
- The Role of the RT in Biomedical Innovation
- Disease Management
  - Three requirements of disease management
    - Able to identify patient population to be included in the program
    - Utilize accepted standards of care in its delivery of services
    - Able to measure outcomes and costs

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## What Should the RT Do in the Future?

- Price Waterhouse Coopers published in 2005 a report titled "HealthCast 2020: Creating a Sustainable Future"
  - 580 hospital executives, physician groups, payers, governments, medical supply companies, and employers, from 27 countries
- Report's consensus was that consumerism, wellness, prevention, pay-for-performance, information technology, and innovative flexible care models are what are needed

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## What Should the RT Do in the Future?

- Criteria for a Sustainable Future
  - Consumerism
  - Wellness and Prevention
  - Pay for Performance
  - Information Technology
  - Flexible and Innovative Care
- The RT is properly positioned to assume this role in the future health-care system, but there are many challenges that must be met before the role can be assumed.

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### **Educating the Future Respiratory Therapist Workforce- Conference Goals**

Identify the specific competencies required to fulfill the roles described in the first conference

Recommend options for providing the necessary education that respiratory therapists who are preparing to enter the workforce and those who are already employed will need to meet the challenges of this new and changing environment.

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### **Educating the Future Respiratory Therapist Workforce Competencies Required for Respiratory Therapists**

#### **Groups of Competencies:**

1. Diagnostics
2. Disease Management
3. Evidence-Based Medicine and Protocols
4. Patient Assessment
5. Leadership
6. Emergency and Critical Care
7. Therapeutics

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### **Consensus Statement**

Upon entry into practice, respiratory therapists should possess these identified competencies.

Therapists already in the workforce but lacking these competencies should acquire these competencies them through postgraduate education and training.

Advanced competencies should be acquired through postgraduate education and training and documented by additional testing.

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**Third (final) Conference  
To be held in Summer 2010**

Recommend educational and credentialing options for the workforce to acquire identified competencies

Develop a tactical road map to chart a thoughtful transition from the present to the future without negatively impacting on the workforce during the transition years and beyond.

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**Goal #5**

- *Develop a leadership and mentoring institute (process) to promote the advancement and growth of respiratory research, management skill sets and education curriculums and practices to meet the future demands of the profession.*



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**LEADERSHIP**

- *“A leader lives in each of us”*
  - What are the foundations for effective leadership?
  - What are current issues and directions in leadership development in respiratory care?



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## A Leadership Story:

- A group of workers and their leaders are set a task of clearing a road through a dense jungle on a remote island to get to the coast where an estuary provides a perfect site for a port.
- The leaders organize the labor into efficient units and monitor the distribution and use of capital assets – progress is excellent.
- The leaders continue to monitor and evaluate progress, making adjustments along the way to ensure the progress is maintained and efficiency increased wherever possible.
- Then, one day amidst all the hustle and bustle and activity, one person climbs up a nearby tree. The person surveys the scene from the top of the tree.

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## A Leadership Story:

- And shouts down to the assembled group below... **“Wrong Way!”**
  - (Story adapted from Stephen Covey (2004) “The Seven Habits of Highly Effective People” Simon & Schuster).
- **“Management is doing things right, leadership is doing the right things”**  
(Warren Bennis and Peter Drucker)

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*“In all the great companies, leadership was never left to chance. There was a clear process by which the future leaders were selected, trained and developed.. Mentoring was an important part of this process”*

Jim Collins –Author, Good to Great




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## Leadership Institutes

- AARC will embarked on another vital undertaking to develop an educational and training program of “Learning Institutes” that will focus on tomorrow’s leaders in:
  - Core Concepts
  - Management
  - Education
  - Research and science of respiratory care

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## AARC “Learning Institutes”

- “Post Graduate” Type of Training
  - Chaired by Dr. Toni Rodriguez
  - Steering Committee
  - Institute Coordinators
    - Management – Rick Ford
    - Education – Linda Van Scoder
    - Research - - Robert Chatburn

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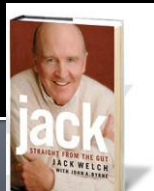
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“The effectiveness of a leader depends on their ability to create other leaders, and a true leader is never selfish. They share their experiences, convey and pass on their knowledge and teach others well. They do all these things without asking for anything in return....”



Jack Welch, Former Chairman & CEO of GE

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## Goal #6

- *Promote the access of quality continuing education to development and enhance the skill base of current practitioners to meet the future needs of our profession.*




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## 1946 Articles of Incorporation

- A key purpose of the newly chartered ITA was
  - "To advance the knowledge of Inhalation Therapy through institutes, lectures, and other means..."
- Contemporary amplification of that purpose is codified in Article II, Section 1 of the AARC Bylaws that reads, in part:
  - "The Association is formed to encourage, develop, and provide educational programs for those persons interested in respiratory therapy and diagnostics hereinafter referred to as Respiratory Care."

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## It's Our Mission

- In addition to offering a full range of services, programs, products, and money-saving opportunities to meet your needs
- AARC's major emphasis has been and will always remain the same—helping you grow and develop as a respiratory care professional through a multitude of educational programs and projects

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## How We Got Started

83+ Attend the first AAIT Convention  
Hotel Saint Claire  
Chicago, Illinois  
November 7 - 11, 1955



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## 5,600+ Attend AARC International Respiratory Congress

San Antonio, Texas, December 2009  
— including representatives from 40 countries —



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## Goal #7

- *Maintain and expand relevant communication and alliances with key allies and organizations within our communities of interest*

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## Are Organization Sponsors

- The AARC is sponsored by the **American Thoracic Society**, the **American College of Chest Physicians**, and the **American Society of Anesthesiologists**.
- Tripartite of Organizations
  - AARC
  - NBRC
  - CoARC

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## Professional Excellence - Networking

- BOMA & Sponsoring Organizations
- Strategic Partners
  - Liaisons
  - Ad-Hoc Committees
- Governmental Organizations
- Corporate Partners
- International Partners

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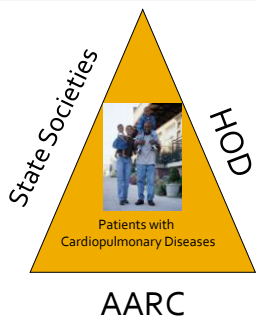
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## Cohesiveness - Teamwork



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“It’s not the strongest of the species  
that survives, nor the most intelligent,  
but the one most responsive to  
change”

Charles Darwin



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