

**1. Name**

Allen Nussbaum, MD, FAAP

**2. Chapter**

Pennsylvania

**3. District**

District III

**4. Chapter size**

Very Large

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**1. Among the list of topics below, check a maximum of 3 topics that most closely align with your chapter's top strategic priorities.**

Access to care

Health care reform

Practice management

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**1. Strategic Priority 1**

Assure access to quality health care services for all PA children. (Top priority in Chapter Strategic Plan, re-affirmed 2012)

**2. Measurable objectives (up to 3)**

A) Continue to address the drop in 2012 of 89,000 children from Medicaid with the goal of increased enrollment in 2013 B) Monitor and troubleshoot the Corbett Administration's decision to move the remainder of the state Medicaid population into managed care C) Examine Governor Corbett's Healthy PA initiative to assure no negative impact on children

**3. Activities**

A) Met monthly with our collaborative partners (PA Partnerships for Children, Phila Citizens for Children & Youth, Allies for Children Pittsburgh, Community Legal Services, PA Health Law Project) to monitor Medicaid/CHIP enrollment numbers, discuss strategy and share activities. Held the PA Dept of Public Welfare (DPW) accountable for dips in enrollment by consistently asking questions about the monthly enrollment numbers. Wrote letters of support to the PA Dept of Insurance for increased CHIP media

outreach funding. Encouraged legislative inquiries in the July budget hearings on the causes and remedies for such a dramatic drop in Medicaid enrollment. Advised Community Legal Services on DPW remedies as a result of the pending lawsuit against the state for the dropped children. Supported the Governor's appointment of a new Secretary of DPW. Met with the Governor's Office, PA Depts of Public Welfare and Insurance to offer input on the upcoming ACA move of children in CHIP to Medicaid. B) Through our representation on the state Medicaid Advisory Committee, participated in multiple discussions regarding the state roll-out of two new regions to mandatory managed care. Worked with the PA Dept of Public Welfare (DPW) to create helpful tools for practices in the 2 regions (e.g. chart of each children's hospital and which MCO plans they participate in for specialty care). Linked practices with concerns directly to DPW staff to resolve problems quickly. C) Unanticipated by most Capitol watchdogs, the Governor announced in Sept 2013 that he would propose reforms to Medicaid (Healthy PA) with assurances that the reforms would not touch children or the disabled population. The Chapter has been kept informed by the Governor's Office and the Secretary of Health and we have pro-actively discussed the protections for children with General Assembly leaders, the Secretaries of Health and Public Welfare as well as the Physician General.

#### **4. Outcomes / Results**

A) General upswing in enrollment numbers for children in Medicaid and CHIP. New CHIP media outreach campaign in the works at the PA Dept of Insurance. Consistent advocacy pressure from our collaborative group resulted in heightened sensitivity within the Governor's Office regarding the importance of enrollment of Medicaid and CHIP eligible children as evidenced by the commitment to not impact children in Healthy PA (proposed Medicaid reform). B) Managed care Medicaid roll-out in two remaining regions of PA was challenging. Partly because of the managed care plans not being completely prepared, partly because it occurred in rural regions of the state that had been previously managed directly by the state Medicaid office and partly because of the simultaneous roll-out of the ACA payment parity. The Chapter worked actively to manage the challenges through member communications, troubleshooting individual practice issues and partnering with DPW on practice tools such as the chart mentioned above. Because of the ACA payment parity most practices did not have to deal with sub-capitation from the MCO plans and maintained their FFS payment. Continued excellent relationship with the State Senior Medical Director who attends each of our Board/Leadership meetings. C) Continued assurance that Healthy PA will not impact children. As of 12/6/13, the detailed 1115 waiver was just released for public comment and it clearly states that Healthy PA is designed for 21 yrs and older. The Chapter will still carefully review the waiver during the next 30 days and will likely comment on protections still needed for post-partum women.

#### **5. Strategic Priority 2**

Support PA Chapter members with effective practice education and management services. (Top tier priority in chapter strategic plan, re-affirmed in 2012)

#### **6. Measurable objectives (up to 3)**

A) Collaborate with PA Interscholastic Athletic Association (PIAA) to address practice challenges with

annual sports exam timing requirements B) Continue to improve the collaboration with insurers via the Chapter's Pediatric Council C) Provide CME opportunities, staff support/technical assistance and EPIC (Educating Practices in their Communities) quality improvement education to practices

### **7. Activities**

A) Met with PIAA 2 times face to face and numerous times via phone, presented to the full PIAA Board, and drafted sample language that described the policy change desired regarding the timing of annual pre-participation sports exams. Also, searched for and recruited a community-based pediatrician who is also boarded in Pediatric Sports Medicine to serve as the first pediatrician on the PIAA Medical Advisory Committee. B) Held two Pediatric Council meetings in 2013 with 50% or more of the insurers present. Areas of discussion were vetted by Chapter Practice Management Committee. Every topic area discussed was presented in writing with a business case focus. The Fall 2013 Pediatric Council meeting involved members and collaborating partners presenting specific topic areas of mutual concern – asthma education and mental health screening (recognition and payment). C) Provided up to date Chapter communications via monthly e-News, faxes to practices, website postings and relevant CME webinars on numerous topics of importance to members. Continued support for the Chapters 5 EPIC (Educating Practices in their Communities) programs allowed us to deliver quality improvement education to over 4000 health professionals and realize practice change as documented by post training follow back to practice sites.

### **8. Outcomes / Results**

A) Successfully negotiated the sports exam policy change which had a direct positive impact on pediatric practice. Communicated the policy change to all 550 practices in PA with practice protocols for clinicians, sample letters to families and to school athletic directors. Worked to troubleshoot any problems (less than 10) with PIAA staff. B) Continued to sustain a group of insurance company medical directors (commercial and Medicaid) who commit to partnering with the Chapter on pediatric issues. While slow to achieve policy change, the relationships build trust and enable the Chapter to approach individual medical directors to resolve practices issues. C) Provided 13 CME webinars for 1,225 members and their staff. Some webinars included whole residency programs as participants. Provided 1,294 CME presentations to 4,708 pediatricians and their staff via our 5 EPIC quality improvement programs (immunization, breastfeeding, obesity, oral health and suspected child abuse and neglect) and our Medical Home Program conferences (2/year).

### **9. Strategic Priority 3**

Proactively involve the PA Chapter in cutting-edge health care initiatives such as National Committee for Quality Assurance (NCQA) - Patient Centered Medical Home (PCMH) certification, HITECH/EHR/Meaningful Use roll-out, state CHIPRA grant implementation, ACA implementation at the state level, disaster preparedness. (Top tier priority in chapter strategic plan, re-affirmed in 2012)

### **10. Measurable objectives (up to 3)**

A) Actively contribute to the roll-out of the ACA payment parity on behalf of pediatric practices B) Participate in the Corbett Administration's CMMI State Innovation Plan (SIM) planning grant to assure a quality pediatric component is included C) Monitor and engage in legislation impacting children and pediatric practice

## **11. Activities**

A) Through our relationships with the PA Dept of Public Welfare (Medicaid agency) and our pediatrician representative on the state Medicaid Advisory Committee, we were able to closely monitor the roll-out of the enhanced payment and keep practices informed about what was happening. This was critical as it meant a complete payment model shift from sub-capitation to fee for service for most practices in the state. Because of our Pediatric Council relationships with all of the Medicaid insurers it enabled us to troubleshoot practice problems. B) The Chapter was actively engaged in the plans for the CMMI SIM proposal. We achieved this by direct communications with the Secretary of the PA Dept of Health (DOH) and the project team leader (Dr. Marcela Myers). The Chapter had pediatricians represented on 5 of the 6 workgroups and successfully convinced the state to add a sub-group specifically centered on pediatrics. The Chapter collaborated with the 6 children's hospitals in the state to convene this pediatric sub-group which proved invaluable to a shared understanding of pediatric specialty consideration in the plan. Because the CMMI SIM must impact health care delivery to 80% of PA citizens, it was critical that the pediatric voice was heard. C) The Chapter has a contract lobbyist in the State Capitol. The Executive Director keeps in regular contact with him on bills impacting pediatrics. Our lobbyist also briefs the entire Board twice per year. The Chapter partners with the PA Medical Society, the PA Osteopathic Medical Association, the PA Academy of Family Physicians, the PA Chapter of the American College of Physicians, and others on bills in common. In 2013, we tracked over 20 bills related to scope of practice, regulation of tanning beds for youth, child abuse reporting and investigation reform and school health. We wrote letters to committee chairs and the full Senate or House for or against a bill as needed. We provide testimony on several bills and utilized Chapter members to sway key legislators. Through our partnerships with other professional societies, our lobbyists work together to make sure that pediatric issues are covered in Harrisburg. In addition, we keep our members informed and engaged through our monthly e-News and our website.

## **12. Outcomes / Results**

A) Members and their practices were informed on a regular basis about the payment enhancement progress. Most plans began paying at the higher rates for current claims in July/August with retroactive payments being paid through November 2013. Two insurers still struggle with their internal computer systems to accurately pay at the enhanced rate. We have spoken to the insurers and to the Medicaid executive staff. The methodology for retroactive payment calculation, as well as the unintended consequence of quality payments, still needs to be discussed which we intend to pursue with DPW. B) The CMMI PA State SIM plan was just released for public comment on 12/6/13. The Chapter attended the Governor's Office briefing on the plan where pediatrics was mentioned numerous times in the context of our recommendations. We will read the full 212 page report and offer our comments but we know from the project team leader that our input was valued and utilized. C) Our most important

legislative achievement this year was to hold the pharmacist immunization bill from a House vote. This bill has plagued us for 3 legislative sessions and we continue to push hard against its passage. Other bills that we have supported that are close to passage are a package of child abuse reform bills resulting from a 2012 Task Force on Child Abuse (we were successful in getting 2 pediatricians on the Task Force). We are also watching carefully a nurse practitioner independent practice bill (no action to date) and supporting a counter measure bill focused on physician-led patient-centered medical homes.

**13. Future Strategic Priorities: Discuss any strategic priorities planned for the upcoming year. DO NOT EXCEED 150 WORDS.**

The PA Chapter has credibility and influence in public policy forums across PA. Because 2014 is an election year, we will monitor the politics surrounding the Governor's race and seek campaign commitments on children's issues. We will work with our partners inside and outside of government to advance many issues we are active in such as CMMI SIM implementation grant (lead on pediatric component including standardized QI metrics across plans), NCQA-PCMH (coach practices to credential status), ACA payment parity (actively work on resolution of problems and state continuation), Pediatric Council (continued collaboration), disaster preparedness (convening of state Pediatric Advisory Council, partnership with EMS-C on preparedness) and medical home expansion. We are also planning opportunities to connect with the state Residency programs on the legal issues regarding social media, oral health (e.g. we trained 2 academic program attendings and residents in oral health risk assessment/ fluoride varnish application to date) and the 2014 legislative advocacy agenda.

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**1. Check all of the following other chapter activities (not the strategic priorities you have already indicated at the beginning of the report) in which your chapter is involved.**

Advocacy / legislation

Asthma

Child abuse / foster care

Child care health & safety

Child health finance

Children with special health care needs

Community outreach / public education

Disaster preparedness

Early brain & child development

Early hearing detection & intervention

Education / CME

Environmental health

Family engagement

Health information technology

Immunizations

Injury & violence prevention

Leadership development

Lead poisoning prevention

Medical home

Membership

Mental health

Obesity

Oral health

Pediatric councils

Public health

Quality improvement

Residents / young physicians

Other(s). Please specify. - Child Death Review, PA Premie Network

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### **1. 1) Other chapter activity**

One of the Chapter premier programs is our Medical Home Initiative (MHI). We have accomplished 150+ practices trained in medical home principles, monthly learning collaborative calls, over 50 practices utilizing mini-grants to support on-site care coordinators (CC), 2000 family surveys completed giving feedback to MHI practices on their improvements and 150-200 participants (MDs, RNs, CCs, parents) at 2 CME conferences/yr. In 2013, we increased outreach to practices via 2 practice coaching staff and 2 parent advisors, partnered with our Family to Family grantee and other statewide organizations, conducted 2 conferences (Mental Health 4/13 & emergency preparedness 10/13) and contributed significantly to the state CMMI State Innovation Model grant on medical home development for pediatric practices. Our MHI program director completed NCQA-PCMH coach certification preparing us

for additional practice support in 2014.

## **2. 2) Other chapter activity**

In 2013, the Chapter's newly formed PA Premie Network (PPN) accomplished: 1) a successful survey of all 100 PA birthing hospitals (n=98) to gather up-to-date contact information, learn the level of NICU care at each site and assess the services offered. Survey results drove a focused webinars discussion on hyperbilirubinemia in <1500 gram infant among 60 neonatologists and 100 newborn nursery/NICU staff. A second webinar was held on late pre-term birth. Other topics are planned for 2014. The PPN received a grant from the March of Dimes to conduct focus groups with NICU families in 6 hospitals across PA to assess family-centered care practices. The key achievement during 2013 was to acquire the contact information and utilize it to engage neonatologists and physician directors of newborn nurseries. Three neonatologists lead the PPN and 8 additional member physicians serve on the Advisory Committee.

## **3. 3) Other chapter activity**

The Chapter was the recipient of a successful Federal ECCS grant application. The work will focus on improving state infant/toddler child care quality initiatives (Quality Rating and Improvement Systems [QRIS] and professional development) in Pennsylvania by incorporating 10 or more standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd ed. (CFOC3) focused on care of infants and toddlers who are enrolled in child care centers. The study design was developed in collaboration with a longtime colleague Penn State University early childhood education researcher Richard Fiene, PhD and our Chapter ECELS – Healthy Child Care PA team.

## **4. 4) Other chapter activity**

In 2013, the Chapter continued its Disaster Preparedness (DP) activity by utilizing "A Communications Toolkit for Public Health Emergencies that Impact Children: Resources for Pediatric Practices, Schools, and Childcare Programs" published by the PA Dept of Health, PA Chapter AAP and the Drexel Univ School of Public Health. This toolkit was shared nationally via the ASTHO Preparedness News Update (11/13). In addition, DP was the focus of the Fall 2013 PA Medical Home CME conference sharing information and resources on continuity of practice operations, vaccine stock protections, mental health first aid, practice-based crisis communications and special preparedness for children with special health care needs. Evaluations from practices indicate that this was the most valued conference to date.

## **5. 5) Other chapter activity**

The Chapter was successful in securing funding to re-start the IEP (a 15 yr Chapter program closed in 2011 due to cuts in CDC funding to PA). The current program focus is improvement in storage and handling coupled with an immunization update delivered to practices throughout PA (50 practices completed to date). In addition, the IEP is conducting regional skills training for medical assistants and nurses to better prepare the workforce on immunization delivery. A collateral project has developed this year as a result of practice need – a brochure on HPV specifically targeted to boys. The brochure has

been widely reviewed and will be printed this month thanks to funding by the CHOP Vaccine Education Center (Paul Offit, MD, FAAP).

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**1. In any of the 3 strategic priorities or of the other 5 chapter activities, does the chapter engage parents and/or families?**

Yes

**2. If yes, please explain.**

All practices who participate in our Medical Home Initiative must engage parent partners (parents of CYSHCN patients). They serve as advisors to the practice and as mentors to other parents. 172 parent partners are currently working with pediatric practices. Also, we employ two parent advisors who support practices involved with our Transition Initiative (supports youth/families to transition from pediatrics to adult medicine) by interviewing families and youth, educating families on resources and providing technical assistance to practices. In addition, parent representatives serve on our advisory committees for the projects. Our PA Premie Network received a March of Dimes grant in 2013 to conduct a series 3 parent focus groups at each of 5 NICU sites across PA to assess family-centered care practices. Evaluation analysis and report to be completed in 2014. To date, 30 families have participated in the focus groups at 5 locations.

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**1. What was your chapter's single most significant state advocacy achievement OR program/project outcome for the year?**

Our most significant advocacy achievement on behalf of practices in 2013 was with the PA Interscholastic Athletic Association (PIAA). After many years of trying, we were finally successful in collaborating with the PIAA Board and their Medical Advisory Committee to change the requirements for pre-participation sports physicals to allow for physical exams done prior to June 1 in accordance with Bright Futures. Pediatricians must review the chart and the parent-completed form to assess any change in medical status and only repeat a physical exam as medically needed. Practices have applauded the chapter for this achievement which has significantly reduced the backlog of sports physicals during the summer months and alleviated extra payments by families for additional physicals not covered by their insurance. We now consider PIAA a partner and continue our dialogue on other sports medicine issues such as recent legislation on traumatic brain injury and sudden cardiac death. In addition, PIAA welcomed a pediatrician double-boarded in general pediatrics and pediatric sports medicine (a first!) to their Medical Advisory Board.

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**1. Is your chapter involved in any quality improvement (QI) projects? If no, skip to the CATCH section of the report.**



Yes

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1. Among the topics listed below, select "Yes" if your chapter has a QI project in the topic area or "No" if your chapter does not have a QI project in the topic area. Also indicate in the second column if the project(s) is/are approved by the American Board of Pediatrics for Part 4 Maintenance of Certification (MOC). Lastly, please indicate if the QI project is related to a chapter strategic priority that was previously listed in the top 3, earlier in the evaluation.

	Do you have a project in this topic area?	Do you offer MOC for the project in this topic area?	Is this project related to a chapter strategic priority that you ranked in the top 3?
Adolescent health	No	No	No
Asthma	Yes	Yes	No
Bright Futures	No	No	No
Children with special health care needs	Yes	No	No
CHIPRA	No	No	No
Developmental screening	No	No	No
Early brain & child development	Yes	No	No
Immunizations	Yes	No	No
Medical home	Yes	No	No
Mental health	Yes	No	No
Obesity	Yes	No	No
Oral health	Yes	No	No
Other	Yes	No	No

*Comments:* Breastfeeding

2. Provide a brief description of your quality improvement project(s). Feel free to copy and paste from other sections, if applicable. **DO NOT EXCEED 150 WORDS.** Please note: If you have already detailed a

**quality improvement project in the strategic priorities section of the report, feel free to skip unless there is additional information you would like to report.**

The PA Chapter quality improvement projects all focus on practice change. Each program has specific quality guidelines by which practices are educated and measured (e.g. Medical Home Index, HEDIS measures). CME, technical assistance and follow-back measurement is based on practical, incremental practice change toward key goal metrics. For example, our immunization, obesity, breastfeeding and oral health programs collect pre/post data at the time of training but also collect follow up data on implementation and behavior change. Our mental health work is in collaboration with the PA Dept of Health, Drexel University and Jefferson Medical College to test implementation of an adolescent depression screening tool in practices and link the positive patients with community-based referrals. The evaluation component tracks uptake and sustainability. Our Medical Home work utilizes the Medical Home Index as an annual measure of practice improvement and surveys families to assess their perception of the practices' medical home-ness.

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**1. Are there any pediatricians in your chapter that have been awarded any CATCH grants?**

Yes

In 2013, Danielle Gilbert MD (Pittsburgh) received a CATCH Resident Grant. Her project title is Little People, Big Hunger.

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**1. Provide the following details about your chapter's finances.**

Operating Budget (\$) - 4,645,230

Reserves (\$) - 216,037

Total Full Time Staff - 24

Total Part Time Staff - 16

**2. Does your chapter have a foundation?**

No

**3. Describe the process you use to develop your budget, including the process of allocation of funds to goals, present and future. If your chapter has a foundation, include the name of the foundation, financial information, governance and role in chapter / member activities.**

The PA Chapter is a 501c3 and as such does not have a separate foundation. Chapter priorities are discussed by the Board and funds are allocated based on cost and available resources. Resources are obtained from various sources - having built strong relationships with state government, foundations,

and other advocates and medical professional groups – all of whom collaborate with the chapter in funding and implementation of our initiatives. Chapter programs (14 statewide programs in 2013) are funded through grants/contracts/donations and are carried out in accordance with the contract deliverables and/or program Advisory Board goals. The Chapter annual budget is prepared by the Chapter Board Secretary/Treasurer, Executive Director and the Chapter Controller and presented to the Board for review and approval. The Chapter follows a specific set of internal controls and uses a fund accounting software program to assure correct allocation of revenue/expenses. A CPA prepares an annual A-133 single audit.

**4. Which of the following tactics does your chapter employ to generate non-dues revenue? Check all that apply.**

Federal grants

State grants

National and/or state agency contracts to carry out projects and initiatives

Chapter continuing medical education opportunities

Exhibit fees at chapter meetings

Pharmaceutical / corporate contributions

Personal / individual donations

Private foundation donations

Other(s). Please specify. - Book royalties, software subscriptions, fundraising activities

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**1. Check which retention and recruitment strategies your chapter employs. Check all that apply.**

Mailings / letters / emails to members and non-members

CME opportunities

General communications (ie, e-mails, Web site, general correspondence)

Personal contact by chapter officers and/or staff

Chapter newsletter

New member information packets

Resident outreach

Membership recruitment campaigns

Participation in advocacy efforts

Webinars

Social media

Focus groups

Other(s). Please specify. - Dues payment thank you notes to every member every year, member participation in chapter programs, sub-specialist Board liaisons, Resident Board liaisons, meetings with Academic Chairs.

**2. Briefly describe your chapter's success in retaining or recruiting members.**

The PA Chapter has maintained a stable retention rate over the years and continued to gain members in 2013 primarily due to personal outreach. Our experience is that most non-chapter members are not totally aware that they are not members and when reminded, generally express willingness to pay their dues. The engagement of several hundred chapter members in our statewide programs serves as a catalyst for member value and as an incentive to tell other pediatricians about the chapter relevance.

**3. Briefly describe your chapter's challenges in retaining or recruiting members.**

The PA Chapter has experienced some challenges with membership as a result of the economy and the subsequent squeeze on dues support. As a result of some perceived irrelevance to academicians, we recently met with two academic chairs to share chapter work, highlight faculty members who are active with the chapter and ask for stronger collaboration and encouragement towards membership. An additional challenge is the growth of owned practices and the resulting reduction of individual physician control and amount of their professional dues dollars. Currently we know that almost half of the 550 pediatric practices in PA are owned.

**4. Specify how your chapter demonstrates value to your members.**

We utilize every opportunity to remind members of the value – electronic newsletters, free CME opportunities monthly, websites, twitter, phone outreach & response. We began in 2011, and continued through 2013, an intentional column in our newsletter highlighting specific examples of the work their colleagues and chapter staff accomplished on their behalf in the month prior. In addition, many chapter members call the chapter office for technical assistance – with billing issues, clinical questions, practice management concerns, patient resources. In 2013, the PIAA policy change mentioned earlier in the report was a significant win and resulted in welcomed value. The Pediatric Council and our state-level advocacy demonstrate value as well. The responsiveness of the staff, Board, pediatrician advisors to each of our 14 programs and our vast collaborations with other agencies enables us to respond quickly to member needs. The cumulative effect of all of these demonstrations of an active chapter shows value to our membership.

**5. If applicable, describe how your chapter addresses diversity.**

The Chapter Nominating Committee has made a concerted effort to diversify our Board by region, race/ethnicity, independent vs owned practice, academic institutions, age, gender, etc. We strive for a balance although always have more to achieve. To date, we have achieved a good level of diversity among the chapter leadership and chapter staff. In addition, because of the opportunity to participate in so many statewide chapter programs and initiatives we are able to involve regionally and professionally diverse pediatricians in our activities.

**6. Check all of the following member types for which your chapter has recruitment activities.**

Medical students

Residents

Medical subspecialties / surgical specialists

Academicians

Other(s). Please specify. - Practice-based physicians

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**1. Medical students**

The Chapter has many members, including the Board President, that welcome medical students in their offices. Those students are mentored, by example, about both the state and national AAP. In addition, our Board Secretary-Treasurer is the Clerkship Director at Temple University School of Medicine and brings a strong voice to the value of AAP and the Chapter. Also, many Jefferson University medical students rotate through the Chapter for advocacy training and some choose to stay for a month long advocacy rotation. When medical students have expressed an interest, they are invited and attend our Leadership Meetings. Through these activities we are encouraging medical student interest and membership.

**2. Residents**

The Chapter holds a Resident Career Day each year which includes information on the AAP and the Chapter. Among many pediatrician speakers, young physicians share the value of membership and encourage residents to get engaged at the state level. Jefferson/Nemours sends a medical student and resident to the Chapter office every 6 weeks for a day-long advocacy rotation which is another opportunity for recognition of the chapter role in their professional life. The Chapter Executive Director and an involved member present a noon conference at Children's Hospital of Phila each year. In April 2013, the Chapter held a Resident Advocacy Day for residents in the state Capitol. This hands-on advocacy and leadership training exposes residents to advocacy at the macro level and demonstrates the leverage through the chapter connections.

### **3. Young physicians**

The Chapter has two young physician positions on our Board who participate in our Resident Advocacy Day and speak out on AAP/Chapter value to their colleagues.

### **4. Medical subspecialists / surgical specialists**

The recent addition of two subspecialists liaisons to the Board has sharpened our understanding of the specialist perspective. These subspecialists will be working with Board and staff in 2014 to recruit more specialist engagement in the chapter.

### **5. Academicians**

The Board Executive Committee's recent meetings with two of the academic chairs was a first step in reaching out for more collaboration with the children's hospitals in our state. Individual academic members have always been involved with the chapter but these meetings were an effort to get greater buy-in from the top.

### **6. Seniors**

The Chapter has many senior pediatricians who are actively involved in programs and activities and thereby set an example of active membership in the senior years. Susan Aronson MD is a prime example as she still serves as Pediatric Advisor to our ECELS program and is mentoring Beth DelConte MD to assume her role. We also invite Jerold Aronson MD (webmaster for the AAP Senior Section) to share section activities/updates with our leadership.

### **7. Underrepresented and minority physicians**

No Response

### **8. Other(s). Please specify.**

During this past year's District membership initiative, we purposely targeted practices where some but not all pediatricians are members. The personal outreach by pediatricians to their colleagues was the most successful in recruiting new members.

### **9. Describe your future plans or innovative ideas for retaining and recruiting members.**

The Chapter plans a specific member recruitment campaign to specialists from our specialist liaisons to the Board. We also plan to utilize our new member value video to recruit members via an email to all AAP members who do not currently belong to the Chapter. Lastly, we plan to offer a legal lecture (via our pro-bono law firm) on social media for residency programs. The lecture has been given at one residency program to date and at one of our Leadership meetings to rave reviews. We hope other residencies will be equally receptive. Coupled with the lecture will be a brief report on Chapter activities and an invitation to be involved.

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**1. Do you have a strategic plan?**

Yes

2012

**2. What is the mechanism that you use to measure your strategic plan (i.e. balanced scorecard)?**

Board Executive Committee monitors progress toward Strategic Plan objectives in their monthly call with the Executive Director.

**3. Date your bylaws were last reviewed:**

2010

**4. During the past year, have there been any changes in your chapter's infrastructure?**

Yes

In 2013, we added two residents and two subspecialists as liaisons to the Board bringing additional expertise and opinions to our discussion.

**5. Check all of the activities your chapter engages in to approach leadership development, mentorship and succession planning for its leadership and staff. Check all that apply.**

Implementation of Pediatric Leadership Alliance (PLA) principles

Succession planning

Sponsor attendance at AAP national leadership conferences

Support membership in professional organizations

Other(s). Please specify. - Encourage the heart (PLA)

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**1. Implementation of Pediatric Leadership Alliance (PLA) principles**

Inspire a Shared Vision: We convene 2 Board/Leadership meetings/yr with diverse participation from across PA to network and share successes/challenges and to engage others in PA AAP work. Enable Others to Act: We provide support for pediatrician interests by connecting them with others with like-minded interests and find ways for them to move forward with their advocacy passion through funding and staff support. We also provide significant member engagement via our 14 funded Chapter programs – by participating as a CME presenter or in a leadership capacity as a pediatric advisor. Model the Way: We partner with Jefferson/Al DuPont to provide advocacy training for medical students and residents. We also model the way by providing an interactive advocacy training day for residents in the state

capitol.

## **2. Mentor program**

No Response

## **3. Succession plan**

The President, VP and Sec-Treasurer participate in monthly Executive Committee conference calls keeping the entire executive team in close contact with chapter operations and external policy work. Due to the depth and breadth of member engagement in our programs, the Nominating Committee has a rich pool of candidates for selection.

## **4. Professional education seminars / teleconferences**

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## **5. Sponsor attendance at AAP national leadership conferences**

The Chapter regularly sponsors Board attendance at AAP Federal/State Advocacy Conferences

## **6. Support membership in professional organizations**

The Chapter supports staff membership in professional organizations relevant to their program area.

## **7. Other(s). Please specify.**

Encourage the Heart: What engages pediatricians to become leaders is to follow their passion for children and the profession. We strive to inspire that in our communications and in individual interactions with our members. One expression of “encouraging the heart” is our annual awards – Pediatrician of the Year and AAP Special Achievement Awards.

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**1. Provide a link to a video, up to 3 minutes in length, highlighting why someone would want to be a member of your chapter and/or how you would communicate member value. (OPTIONAL) See the following chapter videos for examples of chapters that have successfully utilized videos in their activities (Please note that the 2012 examples were not limited to 3 minutes):**

- Alabama Chapter: [click here](#)
- California Chapter 3: [click here](#)
- Indiana Chapter: [click here](#)
- Kansas Chapter: [click here](#)
- Texas Chapter: [click here](#)



PA Chapter AAP "Your Membership Matters" (1 minute 57 seconds)  
<https://www.youtube.com/watch?v=EaPp74OWXvU>

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**1. Individual: Briefly highlight a maximum of 3 - 5 individuals total to be considered for a Special Achievement Award due to their work on a new and innovative project in the past year or for their lifetime achievement. Include the reason that they should be considered for a Special Achievement Award. Individuals nominated must be a member of the Academy (including resident and candidate members). Please include the correct spelling and designation (ie, MD, FAAP) for each individual nominated as well as the exact wording that you would like to see on the certificate.**

William Cochran, MD, FAAP for his 20 year leadership of the PA Chapter Nutrition Committee Sarah Macdonald, MD, FAAP for her enthusiastic participation and invaluable contributions to the Medical Home Initiative, asthma education and resident advocacy training David Turkewitz, MD, FAAP for his leadership by example at the chapter and national level Cindy Christian, MD, FAAP and Rachel Berger, MD, FAAP for representing pediatrics on the state Task Force on Child Abuse that has led to significant reforms in PA law and practice.