

**AMERICAN ACADEMY OF PEDIATRICS
CHAPTER ANNUAL REPORT
Fiscal Year July 1, 2004 - June 30, 2005**

Chapter: Tennessee
District: IV
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GOALS

Please list the major goals/objectives of your chapter, and include information on how they are measured, as well as the status of each goal/objective. Please explain if there was an unexpected event that required significant chapter attention and affected your goals. (*Objective completed unless otherwise noted.*)

**GOAL(S)/OBJECTIVE(S)
MEASURE(S)
STATUS**

Goal Area: Membership

- | | |
|--------------------|---|
| Objective 1 | Connect with non-member pediatricians at Vanderbilt. |
| Outcome 1 | Enlist the support of the Chair of Vanderbilt's Pediatric Department. |
| Objective 2 | Communicate with members. |
| Outcome 2 | Members will receive regular e-mail communications from their Fellows-at Large. |
| Objective 3 | Create a meeting for the Knoxville Pediatric Society around a Chapter issue. |
| Outcome 3 | A successful program is exported to Tri-Cities and Chattanooga Pediatric Societies. (<i>Knoxville meeting was not replicated, but other types of meetings held in two areas cited.</i>) |
| Objective 4 | Have regional leaders review list of non-members |
| Outcome 4 | Leaders make personal contact with non-members. |
| Objective 5 | Assist member attempting to reactivate the Jackson Pediatric Society. |
| Outcome 5 | The member feels supported and the Jackson Pediatric Society is re-established. |
| Objective 6 | Use staff office visits as an opportunity to survey members for their needs. |
| Outcome 6 | Identify what members want and try to offer these services. |
| Objective 7 | Hold a meeting for young members. |
| Outcome 7 | Engage young members in being active Chapter leaders. (<i>YP Committee formed consisting of 15 members; CME meeting being planned for Oct, 2005.</i>) |

Goal Area :Foundation

- Objective 1** Research grant opportunities appropriate to the Foundation.
Outcome 1 Obtain three non-matching grants to do beneficial work for children. *(Obtained two.)*
- Objective 2** Identify and invite community members to serve as Board members.
Outcome 2 The Foundation Board with its new community members will have broader outreach capabilities. *(Three community members have been enlisted.)*
- Objective 3** Solicit members to donate to the Foundation.
Outcome 3 Receive a high number of donations. *(Grand division competition underway.)*
- Objective 4** Identify possible options for an event to raise funds.
Outcome 4 A fundraising event is planned. (Golf tournament planned as tag-along to an existing tournament.)
- Objective 5** Develop internal and external marketing materials, promoting the Foundation.
Outcome 5 Members and prospective funders are well-informed about the Foundation.
- Objective 6** Procure substantial funding through grants and donations.
Outcome 6 The Foundation will be financially self-sustaining with reserves. *(Currently self-sustaining except for staff time owed to TNAAP.)*

Goal Area :Technology

- Objective 1** Establish a Chapter Technology Advisory Group. *(Still under construction.)*
Outcome 1 The Technology Advisory Group will develop recommendations for the Chapter and will present these to the Board of Directors.
- Objective 2** Determine the Chapter's role in helping its members understand and utilize new technologies. *(Plan to address during 2005 Fall CME Meeting.)*
Outcome 2 Members receive education on electronic medical records, PDAs and other devices being used to reduce error and streamline communication. *(2005 Fall CME Meeting.)*
- Objective 3** Contact members who are nationally recognized as resources on technology.
Outcome 3 Enlist these experts in helping advance the Chapter's use of technology and enhance high-tech communication training and features for members.

CHAPTER FINANCES

Describe your chapter's annual budgeting process. Please indicate how you relate the budget to your defined goals (eg. allocation of your resources based on identified priorities).

Staff prepares our budget by program and/or project, prior to the beginning of the fiscal year. Our Financial Manager tracks expenses using a job costing system and analyzes actual to budget on a monthly basis with the Executive Director. Our Treasurer reviews our actual financial statements at least quarterly. We also try to allocate our staff time spent on specific projects, when reasonable.

Please describe in detail your chapter's efforts to secure non-dues revenue (e.g., grants, fundraising activities, etc.).

- ✚ Our EPSDT grant from the TennCare Bureau was renewed and expanded to include a developmental and behavioral (D/B) screening educational initiative (\$468,000).

- ✚ TNAAP's Foundation, Tennessee Pediatric Society Foundation (TPSF), received a \$26,000 grant from BlueCross BlueShield of Tennessee Foundation to develop a pilot walk/run program for middle school students in 5 public schools in the Nashville area.
- ✚ TNAAP/TPSF developed a campaign to raise money for the Foundation from TNAAP members by setting up a competition between the state's three Grand Divisions. Campaign is in progress and will run until our annual meeting in October.
- ✚ TNAAP used corporate sponsors to fund 2 educational CME meetings for members and an educational opportunity for Practice Managers. These sponsors also fund our newsletter, The Tennessee Pediatrician, and the Membership Directory, currently in production.

CHAPTER ACTIVITIES

Please describe ongoing chapter projects that specifically relate to Advocacy, Education, Research, Service, and Policy Implementation.

Advocacy for Children:

Our state legislative agenda this year included supporting a bill that prohibits 16 and 17 year olds from talking on cell phones while driving (passed), a bill requiring <16 to take a safety course before riding ATVs (stalled), and the Governor's Pre-K initiative for at risk 4-yr olds (passed). We also attended several press conferences statewide on the latter at the Governor's request. Lastly, we opposed a bill prohibiting adoptions by homosexuals, which was defeated.

Advocacy for Pediatricians:

- ✚ TNAAP operationalized the Pediatric Council and held the first meeting with MCO Medical Directors. Initial topics of discussion included immunizations, pay for performance in pediatrics, and Health Savings Accounts.
- ✚ Our state legislative agenda this year included defeating the psychologists' prescribing bill, defeating a bill which would allow only certain nurses (CRNAs) to administer anesthesia, defeating a bill that would prohibit vaccines containing thimerosal to be given to children, and defeating a bill which would require providers to report statutory rape victims. We were successful in defeating all of them.

Professional Education:

MEETINGS:

- ✚ • In Nov, 2004, TNAAP held an educational CME opportunity for pediatricians on the topic of "Improving Pediatric Development and Behavioral Health: Practical Solutions".
- ✚ In late June 2005, TNAAP held an educational conference for Pediatric Practice Managers, which focused on team building strategies, coding, legislative issues and contracting.
- ✚ In Sept, 2004, the 3rd annual "Advancing the Frontiers of Pediatric Emergency Care" was held, organized by the hosting children's hospital and TNAAP's Committee on PEM.

- ✚ The ED and Legislative Chair conducted Grand Rounds to faculty and residents of TC Thompson's Children's Hospital (Chattanooga) on the topic of legislative advocacy.

EPSDT & CODING & DEVELOPMENTAL/BEHAVIORAL HEALTH:

- ✚ TNAAP has on staff a Coding Educator and a Developmental Services Coordinator as free resources to assist members with EPSDT and coding compliance and with implementation of developmental and behavioral screening and identification of referral resources.
- ✚ Our Coding Educator was available as a resource regarding EPSDT and Coding questions and responded to over 350 emails and over 225 phone inquiries on these topics, and conducted over 100 office visits and/or trainings related to EPSDT and Pediatric Coding Education.
- ✚ We developed and/or updated various EPSDT resources (some of which are now being used in other states) including: age-specific EPSDT chart documentation forms; a detailed EPSDT manual; sample screening forms (e.g., lead, TB and cholesterol); a Pediatric Coding Manual; and a car seat safety brochure highlighting Tennessee's car seat and new booster seat requirements. (One panel of this brochure was dedicated to reminding parents about the need for preventive health visits in accordance with the AAP periodicity schedule.)
- ✚ Following expansion of our TennCare grant in July 2004, TNAAP developed a practice-based educational program to improve detection of developmental, behavioral, and emotional problems in primary care practices in the state, especially those caring for a high percentage of TennCare patients. The program, termed Screening Tools and Referral Training (START) is designed for primary care pediatricians, family physicians, nurse practitioners and their office staffs and can be delivered at the practice site or in a regional format. Attendees earn CMEs/CEUs in this interactive 2.5 hour program delivered by the program's medical director and Chapter VP, Quentin Humberd, MD, a board certified developmental/behavioral pediatrician. TNAAP adapted the program initially from similar projects in Illinois and North Carolina, and included expanded content from the AAP *National Center of Medical Home Initiatives* Surveillance and Screening Activities Program. Practices learn how to integrate the use of validated screening tools into routine health care, thus improving early detection and early treatment for children with special needs. Trainers from Tennessee's statewide early intervention program take part in the program, and providers are encouraged to develop a practice-specific template detailing implementation strategies. This is further supported by a training resource manual including detailed, community-specific referral resources. Since November, 37 practices have been trained and 5 outreach events have been conducted, resulting in a combined total of participants of over 375.

Public Education:

- ✚ Participated as exhibitor at numerous conferences to promote educational programs and resources available (examples include the annual meetings of the Minority Health Consortium, the Rural Health Association, and the Family Physicians as well as other programs such as the Tennessee Medical Association's Insurance Workshops and the National Immunization Conference).

- ✚ TNAAP/TPSF designed, printed and distributed 50,000 Bicycle Helmet Safety brochures offering important statistics, information on proper helmet fitting and an opportunity to order helmets at significantly reduced rates.
- ✚ TNAAP also created an educational brochure on the new child restraint law in TN, which also includes a well child visit schedule.

Research:

- ✚ • We identified a new PROS Coordinator this year, Dr. Debra Mills.
- ✚ • We identified a new CATCH Coordinator this year, Dr. Marian Hare.

Implementing Policy:

- ✚ Active involvement in the development of new EPSDT screening guidelines and revisions to the EPSDT audit tool used by the state in physician offices.
- ✚ Met monthly with TennCare and representatives from all other child-serving departments to discuss issues related to EPSDT and the delivery of other children's services.
- ✚ Chaired work group formed by the Governor to address issues related to provider education and participation in TennCare and participated in a work group addressing issues related to referral and treatment services.

Please describe ongoing chapter activities that relate to the following national priority areas: Mental Health, Obesity, Immunizations, Smoking/Tobacco, and Children with Special Health Care Needs.

Mental Health

The START program provides participants with information about screening tools to detect potential behavioral problems in children as well as referral resources for those children who may need further evaluation or intervention. Please see the summary of the START program under the *Professional Education* section of this report.

Obesity

- ✚ One of our members, Dr. David Thombs, serves on CityWatch, the Nashville mayor's obesity prevention program, and is also our representative on the Tennessee Healthy Weight Network coalition.
- ✚ TNAAP/TPSF received a grant to pilot Health In Progress, a middle school walk/run program, to five Nashville area public schools. The schools have been chosen, the program is currently being designed, and it will be implemented over the entire 2005-06 school year.

Immunizations

Dr. Joel Bradley testified in front of the House Commerce Committee regarding the legislation proposed to prohibit mercury-based vaccines from being given to

children. He spoke for TNAAP opposing the legislation due to the lack of sound medical findings linking vaccines to autism.

Children with Special Health Care Needs

[See *START* program under professional education.]

MEMBERSHIP DEVELOPMENT

Has your membership increased or decreased in the past year?

increased decreased

What do you consider to be the one activity, which has engendered the greatest participation of your chapter's membership?

The ability to access free coding training and/or advice from our Coding Educator. She responded to over 350 emails inquiries and over 225 phone inquiries this year, in addition to conducting 100 office visits and trainings. Our members see this as a truly tangible membership benefit!

Describe all membership recruitment and retention activities:

- ✚ This year, we updated our *Membership Benefits* brochure that is distributed to pediatricians at staff visits to offices, at regional and statewide conferences, and in our annual recruitment mailing. The brochure includes a membership application, describes the Chapter's programs, and identifies staff with contact information. A recruitment mailing is sent to non-members at least annually and includes a letter of invitation, Chapter fact sheet, membership brochure, a current Chapter newsletter, and identification of resources and programs available to members.
- ✚ When our Coding Educator conducts her office visits and trainings, non-members in these practices see first-hand the benefit to their practice and are encouraged to become members. All staff members promote the Chapter in their various roles, participating in activities statewide.
- ✚ Our ever-increasing accomplishments and member benefits are enhancing retention. Many new programs have begun over the past few years, as staff size has increased to 6. Benefits to members now include legislative advocacy, networking, coding education, mock audits, EPSDT resources, developmental/ behavioral health trainings and resources, educational conferences with CME accreditation, and Chapter publications.
- ✚ New members receive a welcome packet, which includes a letter, history of the Chapter, fact sheet and most recent newsletters. Before dropping members because of non-payment of dues, we send them a notice reminding them that they have not paid; this usually results in a fairly good return from those who had inadvertently overlooked the invoices from the Academy. We also distribute a list of the non-renewing members to Board members and ask them to contact those in their area of the state. Often, that personal contact results in membership renewal.
- ✚ Renewing members receive a thank you card with a handwritten note from either the Membership Chair or ED.

- ✚ The 2005 50th Anniversary Commemorative Membership Directory is currently being developed as a member benefit, and is being funded by member advertisements as well as corporate sponsors.

Please describe activities that engage the following member types:

Medical students

The ED is currently working with a medical student, as part of the student's research project, on the possibility of proposing legislation next year that would require hospitals to establish a protocol for treating children exposed to methamphetamine.

Residents

- ✚ Our ED/lobbyist provided legislative internships for three residents during this year's legislative session, and we sponsored two residents to attend the AAP Legislative Conference in DC.
- ✚ We sent 2 residents from East TN State University to the District IV Meeting.
- ✚ We offer a significant discount to residents registering for our CME conferences (\$20 registration rather than the \$75-\$100 regular fee), as an incentive to attend.
- ✚ AAP Resident Representatives from the four teaching institutions in the state are invited to attend each of our Board meetings.
- ✚ Our ED made a lunch presentation to the residents of TC Thompson Children's Hospital on what the national and AAP has to offer.

Medical sub-specialists

- ✚ The Chapter's CME conferences have concentrated on specialty areas of pediatrics, geared to the generalist pediatrician, with planning and presentation by member sub-specialists. The 2004 event topic was pediatric developmental and behavioral health.
- ✚ Many of our sub-specialist members serve in leadership and representative roles for the Chapter. Our current President is an academician and pediatric oncologist. Our immediate past president is a specialist in critical care, and our VP is one of the few board-certified developmental pediatricians in the state.
- ✚ Sub-specialist members have taken leading roles in the Chapter's educational publications and programs as well. Our Pediatric Emergency Medicine Committee produces its own newsletter, *The Pediatric Emergency Messenger*, three times a year that is sent to all of the membership. The content focuses on emergency medicine for the generalist pediatrician audience.

Academicians

The pediatric department chairs from the five academic medical centers in Tennessee serve as ex-officio member of the Chapter Board of Directors. Of those five, one is the current Chapter President, another is a past president who now serves as the President of our Tennessee Pediatric Society Foundation, and still another is the Foundation's Secretary/Treasurer.

Seniors

- ✚ Our new Committee on Young Physicians is currently recruiting seniors to serve as mentors to pediatricians just entering practice, and is incorporating them into our CME program this fall, the focus of which is YPs.
- ✚ As part of our 50th anniversary this year, we are planning a portion of our awards event to commemorate past Chapter presidents.

Minorities

We strive for diversity in our Board, committee chairs, and committee members. We have representation from women, young physicians, members of different minorities, and individuals from various countries of origin. Our Board and committees consist of general pediatricians in active practice as well as sub specialists and full-time academicians. The Chapter President makes an effort to include such diversity in committee appointments and in instructions given to the nominating committee for all elections to Chapter leadership positions.

CHAPTER ADMINISTRATION/STRUCTURE/GOVERNANCE

What activities does your chapter engage in to support the continued growth and development of its leadership and staff (e.g. implementation of Pediatric Alliance Leadership principles, mentor program, professional educational seminars, etc.)?

- ✚ Our VP attended the Pediatric Alliance Leadership meeting in Toronto.
- ✚ We sent 2 young physicians to the District Meeting, and 1 to the ALF as a stand-in for our VP.
- ✚ Two staff attended the NCE in San Francisco.
- ✚ Our Program Director attended an Event Planning Conference in Atlanta.
- ✚ The ED attended the ASAE Annual Meeting in Minneapolis, the ALF, and the District Meeting.
- ✚ All 6 staff attended the annual meeting and awards luncheon of the TN Society of Association Executives, where TNAAP received two awards.

SUMMARY

Please succinctly summarize, in 1 paragraph, your chapter's current initiatives – what the chapter is all about.

The Tennessee Chapter is a tremendous resource on TennCare, EPSDT, coding and developmental/ behavioral health. Our 501(c)(3) arm, the Tennessee Pediatric Society Foundation, seeks grants and donations to support projects benefiting the health and safety of Tennessee's children. The Chapter continues to be a leader on the legislative front, not only advocating for pediatricians and children, but training members and residents in legislative advocacy, and we provide educational conferences with CME credit to members. Our Child Health Finance, Emergency, Healthy Lifestyle, and Young Physicians Committees are particularly active in helping to carry out the work of the Chapter.

SPECIAL ACHIEVEMENT AWARDS

After reviewing all the reports, the District Vice Chairpersons (DVC) Committee identifies individual member achievements, as well as successful chapter projects, that they believe are innovative and worthy of consideration for a Special Achievement Award. Special Achievement Awards recognize outstanding AAP work of individuals or chapter achievements.

To assist the DVCs in their efforts, please briefly highlight projects below that you consider to be bright and innovative. Please indicate whether these are “chapter” projects, or projects spearheaded by an individual member. If it is a member project, please identify the member so that he or she can be considered for a Special Achievement Award.

- ✚ TNAAP received an award from Tennessee Society of Association Executives for “Best Seminar Series in the under \$500,000 budget category” for TNAAP’s EPSDT and Coding educational initiatives.

- ✚ TNAAP’s START initiative outlined under the *Professional Education* section of the annual report is a notable and unique effort for our Chapter. Inspired by the earlier and ongoing efforts of both the Illinois and North Carolina Chapters, TNAAP’s START program expands further the AAP’s goal of providing and improving medical homes for children with special health care needs. This is most evident in the way the program provides training at the office site and includes administrative and nursing support staff along with providers. In addition, barriers unique to our state are specifically addressed by involving trainers from Tennessee’s early intervention system (TEIS) to both teach a section of the program and respond to local practice concerns. In addition, the program led to an active coalition of advocates for early intervention around the state, including support from the Tennessee Interagency Coordinating Council responsible for Part C early intervention services for children birth to three. START has further expanded on earlier trainings by addressing recent changes in coding and reimbursement for children with special health care needs. This was a direct result of TNAAP’s successful advocacy with our TennCare administration to guarantee reimbursement for using validated screening tools when reported using the newly re-valued CPT code 96110. Chapter staff Developmental Services Coordinator Deborah Usry, along with EPSDT Director Ruth Allen and START Medical Director Quentin Humberd, MD, logged countless hours in developing, refining and delivering the message to each of the three Grand Divisions of Tennessee. The Bureau of TennCare, after reviewing the program, has renewed its support and wants to further target practices with high numbers of TennCare enrollees. TNAAP is both proud of this achievement and energized to further expand and develop the START program concept in Tennessee.