

AMERICAN ACADEMY OF PEDIATRICS
CHAPTER ANNUAL REPORT
January 1, 2007 – December 31, 2007

All AAP chapters should use this report format. The District Vice Chairpersons Committee will review all submitted reports to determine nominees for and winners of the **Outstanding Chapter Awards, Awards of Chapter Excellence** and the **Special Achievement Awards**.

Name of Person Preparing Report:	Quentin A. Humberd, MD & John R. Hill, MD
Chapter:	Tennessee
District:	IV

GOALS

Please list the major goals/objectives of your chapter (**maximum 5**), and include information on how they are measured, as well as the outcome/results of each goal/objective. Please explain if there was an unexpected event that required significant chapter attention and affected your goals.

GOALS/OBJECTIVES	
<p>1. <u>Collaboration with State Policy-Makers</u></p> <ul style="list-style-type: none"> • Be recognized as partners and invited to participate in groups/initiatives establishing policy decisions affecting children’s care. • Obtain policy-maker support to increase and improve models of practice-based behavioral/mental health care and expand additional opportunities to collaborate with mental health providers. • Maintain existing regular dialogue and grant activities, and expand joint initiatives. 	
<p>2. <u>Advocacy</u></p> <ul style="list-style-type: none"> • Advocate effectively for children’s issues at state and national levels. • Be recognized (and utilized) as a key resource by state policymakers, elected officials and media when new legislation is considered and throughout the process of its becoming law. 	
<p>3. <u>Foundation</u></p> <ul style="list-style-type: none"> • Operate a financially self-sustaining Foundation which effectively implements projects that improve the health of children. • Increase awareness within the membership and develop a broader base of community support. 	
<p>4. <u>Professional Education</u></p> <ul style="list-style-type: none"> • Provide state-wide professional education that increases the quality and efficiency of pediatric practice, including primary care and subspecialty members as well as their office staffs. • Maintain an infrastructure that can support educational programs at regional venues and at individual practice sites. • Where practical, offer CME for educational programs. • Retain staff dedicated to professional education. 	
<p>5. <u>Member Service, Recruitment and Retention</u></p> <ul style="list-style-type: none"> • Maintain the ability to make personalized office site visits, and to collect timely information on individual member’s needs. • Increase “user friendliness” of the web site and quality/usefulness of its content • Meet or exceed existing membership retention rate. 	

MEASURES	
1. <u>Collaboration with State Policy-Makers</u>	<ul style="list-style-type: none"> • Renewal and expansion of Medicaid (TennCare) grant. • Active participation in and appointment to state committees and work groups impacting policy • Maintain ongoing “one on one” dialogue of issues of importance to pediatricians
2. <u>Advocacy</u>	<ul style="list-style-type: none"> • Tracking of legislative issues/bills; contacts with state and federal legislative leaders. • Passage of legislation that advances the agenda for children. • Chapter members recognized and utilized by policymakers and media as resources.
3. <u>Foundation</u>	<ul style="list-style-type: none"> • Ability to sustain itself financially from an operational standpoint. • Composition/leadership reflects wide base of community representation. • Implementation of projects impacting children’s health. • Completion of multifaceted membership outreach/awareness campaign.
4. <u>Professional Education</u>	<ul style="list-style-type: none"> • Conduct educational programs at statewide, regional and individual practice levels and offer CME where practical. • Target initiatives of interest to general pediatricians, specialists and practice managers. • Continue and expand practice-based trainings statewide for developmental behavioral screening (Screening Tools and Referral Training – “START program”) EPSDT and coding education. • Expand programs/initiatives to include “hot topics”/key areas of focus, such as autism. • Staff members fully dedicated to professional education.
5. <u>Member Service, Recruitment and Retention</u>	<ul style="list-style-type: none"> • Increase in website usage by members and the public. • Increase membership retention rate, as well as new members. • Improved practice management networking and training.
OUTCOMES/RESULTS	
1. <u>Collaboration with State Policy-Makers</u>	<ul style="list-style-type: none"> • TennCare grant renewed for the 7th year, and for the first time, renewed as a two-year contract. Contract continues to fund individual office visits and trainings across the state along with our developmental//behavioral health screening program. • Contract was also expanded to include a new pilot project on autism training and detection for children under age 3. • Member appointments increased on statewide committees and workgroups for early intervention, pharmacy policy, and mental health care. • Continued dialog on such issues as immunizations, sports physicals, payor and regulatory challenges. • Representation on a collaborative workgroup within the Governors Office of Children’s Care Coordination regarding pre-participation sports physicals, mental health care, and early intervention services.
2. <u>Advocacy</u>	<ul style="list-style-type: none"> • Lobbying presence expanded with the addition of a part time contract lobbyist at the state Capitol; he and our ED/lobbyist attended the AAP Advocacy Summit along with our VP. • TNAAP sponsored 2 residents and 2 members to attend the AAP legislative conference; presentations on advocacy given regularly at grand rounds. • See section on Advocacy for Children and Advocacy for Pediatricians for legislative measures.
3. <u>Foundation</u>	<ul style="list-style-type: none"> • Foundation secured and administered new grants and projects and developed an Advisory Board plan, while also increasing the percentage of contributing members.

- Advisory Board established that represents corporate partners who financially support the Foundation and participate in its activities. This body will complement the Board and advance its objectives and public recognition, as well as make the foundation fiscally self-sustaining.
- The Advisory Board plan focused on including representatives from the children’s hospitals in the state, and we have received commitments from 5 institutions and corporations.
- Foundation Board determined that areas of focus would mirror those of the AAP, with Obesity as the highest priority.
- Annual campaign for members highlighted key aspects of the Foundation and its programs, and utilized “member to member” contact, mailings and email to reach new Foundation supporters, increasing the percentage of TNAAP members that have donated to the Foundation to 15%.

4. **Professional Education**

- Continued to provide office-based assistance in improving provision of EPSDT to children on TennCare, including coding education.
- Conducted 121 EPSDT/Coding educational activities throughout Tennessee through office visits, trainings and outreach events.
- Eighty-five physician practices, with over 200 attendees, participated in **Screening Tools and Referral Training (START)** conducted across the state. 8 were office-based trainings. We also provided training for the AAP Uniformed Services Section at Bethesda Maryland and for the Northern Virginia Pediatric Society at Fairfax INOVA hospital.
- Office visit questionnaires and program evaluations determine member interests which assist in further development of these initiatives.
- Statewide pediatric emergency medicine conference and state-wide practice management conferences were continued and expanded.
- Implemented autism pilot project training 5 pediatricians in the diagnosis of autism.
- Offered CME for START trainings and annual emergency medicine conference.
- Retained 3 staff members fully dedicated to professional education.

5. **Member Service, Recruitment and Retention**

- 121,000+ hits since the new web site went live in June 2006; headline of home page is changed weekly.
- State agencies and TennCare insurers link to us for EPSDT service requirements and resources.

CHAPTER FINANCES

Please describe how you relate the budget to your defined goals (eg. allocation of your resources based on identified priorities).

The chapter creates a zero-based annual operating budget, each year. The board does not allow the staff to create an unbalanced budget. The chapter has a goal of increasing cash reserves to be 25% of the annual budget. This goal will be achieved over multiple years by prudent management of the operating budget.

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

Grants

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

Chapter Continuing Medical Education opportunities

- Advertising space sold in the chapter newsletter and/or on chapter Web site
- Exhibit fees at chapter meetings
- Pharmaceutical/corporate contributions
- Personal/individual donations
- Private foundation donations
- Other(s) (please specify) _____

CHAPTER ACTIVITIES

Please indicate whether your chapter is involved in activities focused on any of the following national priority areas. (Check **all** that apply.)

- Children with special health care needs/foster care
- Oral Health
- Disaster preparedness
- Mental Health
- Obesity
- Immunizations

For those issues that you checked above, please then briefly describe your chapter’s activities in the space provided below.

Children with special health care needs/foster care

Representatives of the Tennessee Department of Children’s Services (TDCS) approached officers in December regarding having the chapter provide a review of the medical and mental health care of children in state custody in the five youth development centers. This includes, where necessary, helping recruit qualified providers of such care. The state is willing to provide funding for these efforts, most likely in the form of a grant. The chapter views this as an opportunity to improve trust and collaboration between itself and the TDCS and agreed to proceed with further discussions, planning and proposal.

Oral Health

Through collaboration with our Foundation, our chapter was awarded one of five Healthy People 2010 Oral Health grants from the AAP to address problems recognized in upper East Tennessee. The goal of the project is to develop an easy to replicate model allowing pediatricians, dentists and community organizations in rural communities to work together while increasing awareness of children’s oral healthcare needs. A plan to distribute 1000 Oral Healthcare Kits was developed by a chapter member and a dentist in the region. Children will receive the kits during Oral Health Month in February 2008. Oral health education and tools, along with a voucher for a dental screening exam are included in a convenient backpack for the child.

Disaster Preparedness

TNAAP's advisor for disaster preparedness is also the state-appointed coordinator for children's issues in disaster planning. He has continued to develop an agenda which, with the support of the governor, addresses the needs of children in a disaster. He developed 2 of the 6 web-based mini-courses on the Tennessee Emergency Medical Services for Children (TN EMSC) website. These address disaster preparedness for schools and for children with special health care needs. The remaining four courses deal with bioterrorism, explosions, radiation, and chemical calamities.

Mental Health

Our continued collaboration with state behavioral health organizations allowed us to expand further a model of mental health co location that began with the initiative of a single chapter member in 2005. This project pairs the largest pediatric practice in a semi-rural middle Tennessee community (Columbia) with the regional mental health provider. Pediatricians in the practice utilize screening tools for emotional and behavioral problems as part of routine health care, and children in need of further assessment are able to receive a triage evaluation on site by a mental health professional. This evaluation then integrates services for children and families, and includes all levels of intervention from simple counseling to referral for inpatient mental health services. Enhanced consultation by telephone with regional mental health providers is available for pediatricians in the practice, and communication and coordination of treatment records is now provided. Results include improved access to care and reduction in crisis care in the community, along with increased satisfaction of both providers and families. A statewide meeting of mental health organizations presented results of the project in July 2007, with our chapter hosting a panel discussion on the state of mental health services for children across the state. The middle Tennessee model has now been expanded to a second group of pediatric practices in upper middle Tennessee, continuing the partnership with the same regional mental health organization. Other mental health organizations are now in dialog with our chapter concerning ways to implement this or similar models in other regions of Tennessee.

Obesity

The Weight Management Scholarship program continued to provide lower and middle income families with access to the Fitwize 4 Kids exercise facility through 2007. At the end of 2007, participating families were referred to a local YMCA at which they received free six-month memberships. The Foundation donated \$10,000 of exercise equipment to the YMCA for the development of a permanent work-out center for children and teenagers.

Immunizations

Challenges to immunization supply, particularly flu vaccine, were addressed by coordination with state officials and updated information was provided to members in a timely fashion. Our EPSDT grant continued work in identifying immunization gaps at certain ages and focused our office-based education in this area to improve rates of immunization at preventive care visits. Vaccine storage and handling was an area of focus at our Practice Managers Conference.

Please describe ongoing chapter projects that specifically relate to the following and indicate which chapter goal(s) they address.

Advocacy for Children:

Received a Healthy People 2010 grant focused on Oral Health (discussed in "activities" above).
Supported the successful passage of the following legislation

- smoke free workplace
- increasing the age to purchase fireworks from 10 to 16
- increasing the penalty for rape of a child
- raising the cigarette tax, with monies earmarked for education.

Advocacy for Pediatricians:

Chapter leaders contacted the Medicaid (TennCare) pharmacy director to address and correct a burdensome provider “educational” review for mental health medications. We negotiated a pay raise for providers to children with special needs (those in state custody and SSI disabled children). We successfully proposed redirecting rule changes concerning pre-participation examinations for athletes that otherwise would have reduced access to medical homes. A bill addressing statutory rape victims requiring unrealistic reporting requirements for pediatricians was defeated. The annual attempt by psychologists to gain prescribing authority was likewise defeated.

Professional Education:

The 6th annual Practice Manager Conference grew to a \$20,000 event with 16 sponsors and 75 attendees. This year’s conference was the most successful to date. Educational topics included Motivation and Leadership, Vaccination Handling and Storage, EPSDT, Coding and other Office Management issues.

The 7th Pediatric Emergency Medicine Conference (PEM) was held in Memphis in conjunction with the chapter’s annual meeting. Topics relevant to both emergency medicine specialists and general pediatricians were discussed during the two-day conference. This was the most successful to date in both revenue and attendance (192 and \$41,000).

Our most tangible member benefits continue to be the EPSDT, coding, START, and autism programs. Three full-time chapter staff dedicated exclusively to these educational programs allows us to reach the greatest number of individuals and practices.

Public Education:

The Foundation partnered with our Breastfeeding Advisor to promote both new legislation and overall breastfeeding awareness among the public with a bus sign campaign highlighting the new law striking down a measure that had deemed breastfeeding in public as “indecent”. Placards were designed and printed featuring a mother breastfeeding her infant along with our Foundation logo and the tag line “Breast is Best”. Forty Nashville city buses display the placards, which are viewed by the public over a broad region of Middle Tennessee. Signs announcing "Babies Were Born to be Breastfed in Memphis, Too" utilized donated space on billboards and transit signs to support the National Breastfeeding Awareness Ad Campaign.

TNAAP disseminates brochures on car seat safety and appropriate use of bike helmets. These brochures also incorporate information about AAP's preventive health recommendations. The brochures are available in English and in Spanish and are free (funded through the Chapter's TennCare grant). The Chapter is currently developing an injury prevention brochure specifically targeted to teens addressing information regarding helmets and protective gear.

Quality Improvement/ Research:

Two of our chapter leaders participated in a PROS study to integrate questions about violence prevention into preventive care visits. Another member was lead author on the project and presented it at the 2007

Pediatric Academic Society's Annual Meeting.

Public Health:

Our chapter breastfeeding advisor, in conjunction with the national AAP breastfeeding coordinator, proposed and was awarded a CATCH visiting professor grant to raise awareness and explore public health policies concerning post partum depression. Presentations were given to pediatric academic centers in Middle and West Tennessee, and included informal meetings with stakeholders in public policy and mental health. This complimented our ongoing efforts to improve early detection of developmental, behavioral and emotional problems in children through practice based START trainings, and focused on the need to bring parity in mental health care to both children and mothers.

Please indicate whether your chapter is involved in activities related to smoking cessation and reduction in children's exposure to second-hand smoke.

- Yes
 No
 Not at this time, but plan to in the future

If yes, briefly describe those activities below.

TNAAP was involved in the successful legislative effort in 2007 to enact a "Non-Smoker Protection" law on the statewide level, significantly reducing the secondhand smoke exposure to children in TN.

Please describe your chapter's efforts aimed at reducing health disparities in the communities served by your members.

Addressing disparities in both oral health and access to care for children under EPSDT were ongoing chapter efforts. The oral health initiative is described above. Our grant to improve EPSDT services throughout the state, through our provider education and participation group (PEP), indentified and developed strategies to address disparities in preventive care and immunizations in specific regions of the state.

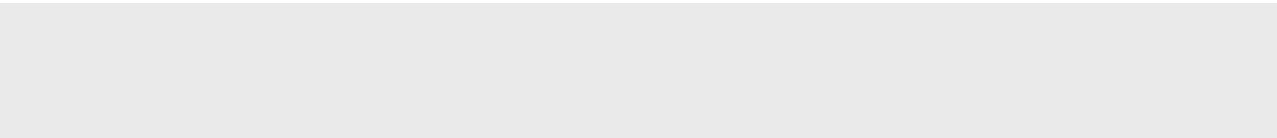
MEMBERSHIP DEVELOPMENT

Please indicate what recruitment and retention strategies your chapter employs. (Check **all** that apply.)

- Mailings/letters to members and non-members
 CME opportunities
 General communications (e.g. 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
- Chapter membership committee
- Recruitment of affiliate members
- Member surveys
- Other(s) (specify) _____

If you have a successful recruitment or retention strategy that you would like to share, please briefly describe it below. Please be sure to indicate, if at all, how that strategy addresses diversity. *Diversity may reflect values, beliefs, attitudes, principles and other attributes that define our culture. These may be personal attributes (e.g. gender, race, ethnicity, language spoken, age, sexual orientation, religion, family composition, etc.) or professional (e.g. type of community, site of practice, types of practice, administrative or research interests, etc.)*



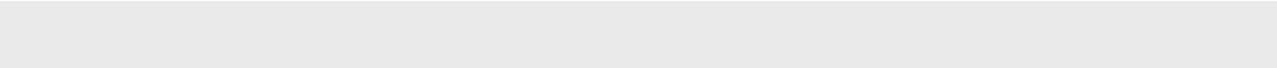
Please indicate whether you currently have specific activities that engage the following member types. (Check **all** that apply.)

- Medical students
- Residents
- Young physicians
- Medical subspecialists
- Surgical specialists
- Academicians
- Seniors
- Underrepresented and minority physicians
- Other(s) (specify) Pediatric

Dentists _____

For those types that you checked above, please then briefly describe your chapter's activities in the space provided below.

Medical students



Residents

Dr. Michael Warren, a postdoctoral fellow at Vanderbilt, was selected to serve as the AAP resident liaison to COFGA. He was sponsored by the chapter while a residents to attend the AAP National

Legislative Conference. The chapter paid registration fees for six emergency medicine fellows to attend our annual joint pediatric emergency medicine (PEM) conference. Board members continue to mentor residents and encourage their attendance at our Board meetings. Their participation has improved and resulted in more leaders following residency. Residents regularly attend our START trainings.

Young Physicians

Our chapter sponsored attendance of the co chair of our Young Physician Committee to the AAP Pediatric Leadership Alliance (PLA). Both co-chairs of the Young Physician Committee have now had the PLA experience and are active on our Board.

Medical subspecialists

One of our pediatric cardiology subspecialists was sponsored to attend the AAP National Legislative Conference. He provided updated information to our chapter on issues related to subspecialty care. The immediate past president is a subspecialty pediatrician who will remain involved as medical director of developmental and behavioral health.

Surgical specialists

Academicians

Two of our members are involved in our young physicians committee well as serving as advisors to the chapter in their respective academic fields. The chancellor of the University of Tennessee Health Sciences Center just completed his term as chapter Membership Chairman. The current chapter president and two past presidents are in full time academic pediatrics.

Seniors

The president and vice-president of our Foundation Board are retired pediatricians, as is our Legislative Committee Chair.

Underrepresented and Minority Physicians

Other

Pediatric dentists remain active advisors and continue to participate in our current Healthy People 2010 Oral Health grant.

CHAPTER ADMINISTRATION/STRUCTURE/GOVERNANCE

Please indicate what activities your chapter engages in to support the continued growth and development of its leadership and staff. (Check **all** that apply.)

Implementation of Pediatric Alliance Leadership principles

Mentor program

- Succession plan
- Professional educational seminars/teleconferences
- Sponsor attendance at AAP national leadership conferences
- Support membership in professional organizations
- Other(s) (specify) _____

SUMMARY

Please succinctly summarize (250 words or less) your chapter’s current initiatives – what the chapter is all about.

TNAAP gained momentum in 2007, and with the energy and commitment of our members and staff we kept the focus on our goals and met or exceeded our objectives. Our membership activities clearly demonstrated our mission: “We are the leading voice, advocate and authority for the physical, mental and social welfare of infants, children and adolescents, as well as for the pediatricians who care for them”. This was particularly evident in our increased input and collaboration with several governmental and non governmental agencies responsible for policies affecting children’s health. Our state grant was renewed for not one, but two years, validating the increased value we continue to provide in a wide number of state policy settings, from strengthening EPSDT and the medical home to formalizing collaboration between physicians and the statewide early intervention system. Our state Medicaid agency (TennCare) is the first to our knowledge to collaborate on a project that will improve time to diagnosis and treatment of young children with suspected autism, in advance of the national AAP initiative and toolkit. We continued our focus on practice based educational programs for developmental, behavioral and emotional screening, now in alignment with the AAP Bright Futures Initiative. Professional education activities for generalist and subspecialists set records for our chapter. Our Foundation development plan is showing success and working to create even better outcomes for children and pediatricians in Tennessee. With increased momentum comes increased opportunity, and the promise of greater achievements in 2008.

2007 Chapter Profile – TN Chapter Grant Summary

Chapter Grants/Contracts

Please complete the following if your **chapter** has been awarded grants or contracts *for the fiscal year you are reporting in your chapter profile* (July 1, 2006 – June 30, 2007).

Grant Name	Focus Area	Funds Received This Fiscal Year	Does the amount received during this fiscal year reflect total funding? Y/N	If No: Grant Period/Duration	If No: Total Grant/Contract Amount
TennCare	EPSDT	\$441,218	No-reimbursement of actual exps	July 1, 2006 – June 30, 2007	\$468,139
TennCare	EPSDT	\$0	No	July 1, 2007 – June 30, 2008	\$492,000
TennCare	EPSDT	\$0	No	July 1, 2008 – June 30, 2009	\$492,000

Total number of chapter grants: _____ 3 (grants awarded) _____

Chapter FOUNDATION Grants/Contracts

Please complete the following if your chapter **FOUNDATION** has been awarded grants or contracts *for the fiscal year you are reporting in your chapter profile* (July 1, 2006 – June 30, 2007).

Grant Name	Focus Area	Funds Received This Fiscal Year	Does the amount received during this fiscal year reflect total funding? Y/N	If No: Grant Period/Duration	If No: Total Grant/Contract Amount
Healthy People 2010 – AAP	Oral Health	\$0	No	July 1, 2007 – June 30, 2008	\$20,000
Breastfeeding Awareness	Breastfeeding Bus	\$ 810	Y		
Weight Mgmt.	Obesity	\$0	No	July 2005 – June 30, 2007	\$43,175

Total number of chapter foundation grants: _____ 3 _____