

**AMERICAN ACADEMY OF PEDIATRICS  
CHAPTER ANNUAL REPORT  
January 1, 2008 – December 31, 2008**

12/15/08

The final report should be emailed to [pstien@aap.org](mailto:pstien@aap.org), with copies to the respective district chairperson and vice chairperson.

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<b><i>Chapter:</i></b>	Tennessee
<b><i>District:</i></b>	IV

**GOALS**

Please briefly describe your goals (up to a maximum of 5), and include information on how they were developed (for example, part of your strategic plan).

**GOAL A:**

Strengthen and grow the Tennessee Pediatric Society Foundation.

**MEASURABLE OBJECTIVES**

1. Leader is identified, recruited; staff support is recruited and in place by year end.
2. A Board of Directors to include chapter and community (non-physician) leaders is recruited.
3. Foundation will have “brand identity” in the community as well as among chapter membership.

**ACTIVITIES**

1. Grant facilitation
  1. CATCH grant for practice in Middle TN – The Foundation received funding to assist in a grant project entitled “Barriers to Access in Rural Tennessee”.
  2. Healthy People 2010 oral health grant in East TN – Foundation received grant to provide oral health screenings to 128 children in Upper East TN. Program also

- provided education and awareness about proper oral health.
3. Breastfeeding poster on Nashville buses – This project printed 40 signs promoting breastfeeding. These signs are currently posted in 40 buses in the Nashville Metro Bus Transit System.
  4. Healthy Weight Management Program – Foundation acquired funding and partnered with Middle TN youth fitness groups to allow obese children to participate in exercise, nutrition counseling and life-skills coaching to attain and maintain a healthy weight and lifestyle.
2. Events
    1. July 2, 2008: Foundation co-hosted reception honoring Dr. Kevin Churchwell, CEO of Monroe Carrel, Jr. Children's Hospital at Vanderbilt.
    2. September 6, 2008: Annual meeting and awards ceremony held in Jubilee Hall, Fisk University, Nashville, TN, to benefit the Foundation. A record 150+ people attended the event.
    3. November 14, 2008: Foundation was honoree and recipient of proceeds from the first annual Centennial Pediatrics Golf Tournament in Nashville.
  3. Marketing/Identity
    1. Created new logo and tagline
    2. Created new letterhead, envelopes, remittance envelopes
    3. Created new brochure
    4. Created new display for events and trade shows
    5. Designed new website ([www.tnpedfoundation.org](http://www.tnpedfoundation.org))

## OUTCOME/RESULTS

1. Dr. Thombs as President and champion of obesity prevention and education; succession arranged for Dr. Humberd to assume the presidency January 2009.
2. Board members: TNAAP fellows from across state; interested community leaders, including an attorney on the Executive Committee.
3. Foundation now recognized by non-pediatricians for potential to implement initiatives benefiting children.

## GOAL B:

Improve the quality and quantity of EPSDT exams in TN.

## MEASURABLE OBJECTIVES

1. Raise awareness of the need for developmental and behavioral screening (including screening for Autism Spectrum Disorders) by training at least 26 practices per year.
2. Provide education about EPSDT requirements, best practices and ways to maximize

EPSDT reimbursement by reaching at least 12 practices each month and distributing at least 1,000 EPSDT-related pieces of educational materials each month.

3. Serve as a resource to practices about EPSDT and coding-related questions via phone calls and email (including through link on web site).

## ACTIVITIES

1. Continued to conduct developmental and behavioral (D/B) health screening education using 3 hour CME programs offered across the state. Topics covered included the science of screening, how to administer and score recommended tools (including the M-Chat), how to develop a protocol to implement screening in the practice, how and where to refer children whose screening indicates a potential problem, and how to be paid for it.
2. Continued to conduct office visits throughout Tennessee and offer mock EPSDT audits in physician offices (Pediatrics and Family Practice) and training programs to help providers understand what is required, how to do it, and how to be reimbursed for it. Also continued to exhibit at professional conferences.
3. Implemented new publication, *Prevention and Intervention News*. This semi-annual newsletter covers topics related to EPSDT (such as developmental assessment, immunizations, hearing and vision screening, coding and reimbursement, referral resources and how to access them, etc.) as well as communication of policy changes at the state level and other topics pertinent to practice management.
4. Distributed EPSDT-related educational materials and resources through office visits, trainings and exhibiting at professional conferences (materials include items such as comprehensive EPSDT manual, AAP periodicity schedule, sample EPSDT chart documentation forms, etc.) These materials and additional EPSDT information are also available on the TNAAP web site including bike helmet and car seat safety brochures for parents, which also include the recommended schedule for well child visits.
5. Worked with the Governor's Office of Children's Care Coordination to move the sports physicals for 7<sup>th</sup> and 9<sup>th</sup> graders out of the locker room and into the medical home, thereby increasing the quality and number of adolescent health supervision visits. The 7<sup>th</sup> and 9<sup>th</sup> graders were selected for an initial pilot, with the plan ultimately to implement this practice for all middle and high school ages.

## OUTCOMES/RESULTS

1. TennCare's (Medicaid agency) most recent EPSDT medical record reviews (conducted in March of each year) reflected a 90.8% completion rate; the adjusted rate was 82.4% that reflected a 13.7% increase from the previous year.
2. Conducted 12 D/B trainings across the state reaching over 45 practices with a combined total of over 130 participants.
3. Success of D/B training program recognized by other state chapters and policy-makers –resulting in requests to train/assist other states/chapters.
  - Oregon chapter: conducted “train the trainer” with Oregon representatives. They incorporated Tennessee's D/B program with little or no change for their state –

recently reported they have trained over 150 pediatricians in Phase I of their program. Upon the advice of TN, prior to implementing training, Oregon met with payers through their Pediatric Council and obtained commitment for reimbursement for screening from all payers.

- Armed Forces Section: Trained head of residency program at Wright Patterson Air Force Base in Ohio, who will in turn train residents on D/B screening
  - Virginia: Presented at program at Southwest Virginia Pediatric Conference
  - Recently received inquiries from Missouri and Kansas for training in 2009
4. Conducted approximately 150 (combined total of) EPSDT and coding office visits, trainings and conference exhibits
  5. Distributed over 40,000 pieces of EPSDT-related educational materials and resources
  6. Responded to 120 emails and 88 phone calls for EPSDT/coding related inquiries
  7. Had hoped to show measurable increase in number of adolescent EPSDT's done compared to previous year, but legislature stopped sport's physical rule change after partial implementation (resulting in little or no change). Chapter plans to continue to pursue this in the future.

#### **GOAL C:**

Decrease time required to render diagnosis of autism.

#### **MEASURABLE OBJECTIVES**

1. Phase I: Conduct pilot program to determine the feasibility of training pediatricians to diagnose ASDs accurately in a one-hour office evaluation (for children referred to them for further screening).
2. Phase II: If Phase I successful - find ways to expand /develop a community physician or practice (with referral centers) across the state and facilitate early diagnosis and prompt and smooth transition into services.

#### **ACTIVITIES**

1. During the first half of 2008, a pilot program (which began in 2007 and was funded under our TennCare grant) was concluded. In partnership with The Treatment and Research Center for Autism Spectrum Disorders (TRIAD) at Vanderbilt University, this project involved four pediatricians in middle Tennessee being trained in use of more sophisticated tools to diagnose ASD in a one-hour office visit. Tennessee's Early Intervention Services (TEIS) was also actively involved in this project and helped facilitate referrals into services.
2. TNAAP assisted two developmental disability referral centers in Tennessee (the Boling Center in Memphis and the Kennedy Center in Nashville) in developing applications to expand existing "Leadership Education in Neurodevelopmental Disabilities" (Lend) grants from the Maternal Child Health Bureau (MCHB) to include funding to train residents and

additional community providers to diagnose ASDs.

## OUTCOMES/RESULTS

1. The final report on the pilot project (based on follow-up evaluations of a subset of these children by TRIAD), illustrated that in approximately 70% of the cases, patients can be diagnosed appropriately without additional assistance and transitioned directly into treatment. Meanwhile, the other 30% requiring additional evaluation can be referred on to the tertiary center (then able to deal with the most difficult diagnoses in a more timely manner).
2. TRIAD and TNAAP co-authored a publication on the results of this project.
3. TEIS has hired a full time employee focused on facilitating ASD services.
4. The four pediatricians trained in middle Tennessee continue to provide these evaluations thereby, decreasing wait times at the Center in middle Tennessee and getting children into services more quickly.
5. The Boling Center and Kennedy Center both obtained expansions to their LEND grants to establish and sustain a community of practice. Residents and community providers will be trained in both communities; TNAAP will be actively involved in both projects.
6. A 2-day Autism Summit entitled “Act Early Regional Summit Project” involving representatives of CDC, TNAAP, the above-referenced centers, state policy-makers and other stakeholders is scheduled for January 2009. (Project is jointly sponsored by National Center for Birth Defects and Developmental Disabilities NCBDDD and Maternal Child Health Bureau MCHB.)
7. TNAAP has received inquiries from two states (Illinois and Arkansas) to help them facilitate similar projects in 2009.

## **GOAL D:**

Cultivate, maintain and grow membership.

## MEASURABLE OBJECTIVES

1. Increase number of residents and young physicians attending board meetings and involved in projects and committees.
2. Assist members in dealing with local problems and crises.
3. Assist practicing pediatricians in dealings with TennCare.

## ACTIVITIES

1. Board meetings are open; any member or interested guest may attend and be heard; Board members are encouraged to bring a resident or YP with them.
2. Promoted worth of AAP and state chapter to residents in state’s four pediatric training programs.
  1. Resident dinner being planned (Nashville)

2. Lecture/meeting with interns (“intern school”) at beginning of academic year (Memphis, Chattanooga)
3. Worked with University of TN Health Science Center in Memphis and other parties to take over and save the Speech and Audiology Clinic in Knoxville; it would otherwise have fallen to budget cuts, leaving TennCare (Medicaid) patients in East Tennessee with no speech & hearing services.
4. Helped TennCare Bureau to understand problems of dealing with children with special health care needs in private practice.
5. Having spearheaded the effort years ago, have paid for one of our young physicians to attend the District Meeting each year. Have sent at least one young physician each year to the AAP Legislative Conference. Have two of our residents and two Fellows accepted to the Richmond Conference to be second hand smoke prevention champion for Tennessee.
6. In the process of reactivating the YP Committee and the Membership Committee with plans and timeline to be determined before the end of this calendar year.

## OUTCOMES/RESULTS

1. Four residents attended last board meeting. Resident section more active. State coordinator is quite visible to her peers; District coordinator is also from Tennessee.
2. Increase in E & M fees by managed care organization covering children with special health care needs.
3. Increase in number of young physicians active at state level: Dr. Michael Warren, a fellow at Vanderbilt, is now medical director of the Governor's Office of Child Care Coordination and Resident Representative to the AAP's COFGA. Dr. Andrew Gregory has spearheaded our efforts to improve the quality of pre-participation sports physicals. Two of our 6 member at large representatives to the chapters Board are members of our Young Physicians Committee.
4. Speech and hearing services are available to TennCare patients in East TN, albeit under different leadership.

<b>OTHER CHAPTER ACTIVITIES</b>
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We realize that chapters often expend resources, both time and money, on initiatives that are important to the success of the chapter, but may not be specifically spelled out in the goals. The following are topic areas that have been noted in previous years' chapter annual reports. Please indicate whether your chapter is involved in activities focused on any of these areas, and briefly describe the activity. **Please only report on activities NOT reflected in the goals section of this report. PLEASE DO NOT EXCEED 50 WORDS PER TOPIC AREA.**

**Adolescent Health:** See Goal B, number 5 under Activities.

**Children with Special Healthcare Needs/Foster Care:** Continue to pursue contract with state to assess the medical care of children in state custody (i.e. at the 5 state training schools) Have identified a “champion” for this project and submitted proposal *re* scope and methods.

**Finance:** Our state EPSDT grant remains our largest budget asset. Leftover funds, with the permission of the grantor, are being used to set up a management of care/medical home project in Williamson County. See Goal A concerning re-energizing our Foundation to fund projects related to child health improvement.

**Improving Communications:** Published 1<sup>st</sup> 2 issues of *The Prevention and Intervention News*, concerning improving preventive care. Overhauled old newsletter, *The Tennessee Pediatrician*, emphasizing efforts of TNAAP pediatricians and spotlighting Foundation events. Redesigned main chapter website, [www.tnaap.org](http://www.tnaap.org), and the Foundation website, [www.tnpedfoundation.org](http://www.tnpedfoundation.org), with all new marketing materials and logo for Foundation.

**Immunizations:** Our state VFC official, a pediatrician, attends board meetings and EPSDT improvement meetings, thereby improving dialogue between the state’s VFC program and TN providers. Problems of reimbursement for vaccine administration have been addressed at monthly meetings with TennCare officials. Chapter is involved in efforts to upgrade state immunization registry.

**Increased Chapter Profile/visibility/expert recognition:** For the first time, non-pharmaceutical and non-healthcare related entities were willing to donate goods and services to the chapter to further its activities. Our Foundation had its first 3 events this fall, (see Goal A) and received donations from food, beverage and other corporate vendors.

**Managed Care/Medicaid:** Chapter is now recognized as a “friend” of TennCare and meets quarterly with its officials. We have helped the state deal with complaints and lawsuits by instituting programs to improve overall care to children. Chapter's pediatric council is being resurrected to work with private and public sector insurers.

**Medical Home:** Funds from TennCare grant are being allocated to help a regional care management project. This should lead to extending this concept to the rest of the state. In-office mental health services coordination project in Middle Tennessee has proven more successful than projects in major academic centers.

**Mental Health:** See Goal C. Also see above under medical home.

**Non-Dues Revenue Generation:** Our largest funding source is our TennCare grant to improve EPSDT services. It was expanded this year to improve the diagnosis and referrals of Autism Spectrum Disorders and to help pilot a care management project. Our Foundation has been organized and re-invigorated as noted in Goal A.

**Obesity:** This is a central theme of the Foundation's efforts. The present Chair of the Foundation has made this his own personal initiative. The incoming Foundation president has promised to do the same. Several demonstration projects have already been funded in Middle Tennessee.

**Oral Health:** A TNAAP fellow received an AAP Healthy People 2010 grant, which she used

to provide “backpacks” including toothbrush, toothpaste, floss, and a coupon for dental screening to children in a rural Appalachian area of East TN. Dental screenings were offered in a Wal-Mart parking lot on two weekends.

**Practice Management:** TNAAP has a full-time coding educator on staff. A coding manual for pediatrics is updated annually, and our new pocket coding flip chart received kudos at the NCE in Boston. Chapter website features a section entitled “Ask Janet,” where anyone can post coding questions.

**Professional Education/CME:** The chapter continued its collaboration with the state's Pediatric Emergency Medicine Physicians to produce a two day conference in Nashville this year. Profits were split between the two organizations. The START program (see Goal B) continues to be certified by the AAP to offer CME credits whenever it is presented.

**Quality:** START program is basically set up for this reason. See above. P.S. Do not tell membership that this is really about “quality.” This is a cliché that turns some people off, so we just call it improvement.

**Smoking Cessation:** The chapter has had 4 delegates approved to attend the Richmond Center conference in Anaheim, CA. Chapter has lobbied for smoke-free public areas in TN and is actively engaged in fighting the expected counter-attacks.

**OTHER—**

1. **Breastfeeding:** Speaker on perinatal depression in Nashville, Memphis. Speaker in Nashville and Memphis on providing human milk to babies in NICUs. Speaker on cultural biases against breastfeeding in Memphis. Breastfeeding promotion posters on buses in Nashville, funded through chapter's Foundation; posters in Memphis, funded by private donors.
2. **School Dropout Prevention:** TN was chosen as one of the chapters to send a delegate to the America’s Promise conference in D.C. next year; she has already begun work on plans to be implemented following the conference.
3. **Legislative Organization:** We outsourced with a lobbyist for the 2008 legislative session. The contract has been renewed for 2009. He considers himself part of TNAAP and of our staff team. We also sent 2 members to the AAP Legislative Conference in 2008 and have another 3 registered for 2009.

Typically, chapters’ goals and activities are reflective of the Academy’s Agenda for Children and focus on the same priority areas. Please indicate below which AAP priority areas, if any, are included in your goals and/or activities.

**GOALS**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>Activities</b>
Immunizations		X				X
Mental health		X	X			X

Oral health	X	X				X
Children with special health care needs/foster care		X	X			X
Access		X	X			
Quality		X	X			
Finance	X	X				X
Health care equity		X	X			
Medical home		X				X
Profession of pediatrics		X	X	X		X

**CHAPTER FINANCES**

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

Each year the annual operating budget is compiled using zero-based budgeting principles. We start with each program, analyze its impact on the organization's desired outcomes, and then adjust the budget accordingly. We must present a balanced budget to the Board for approval and then report actual vs. budget, throughout the year.

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) \_\_\_\_\_

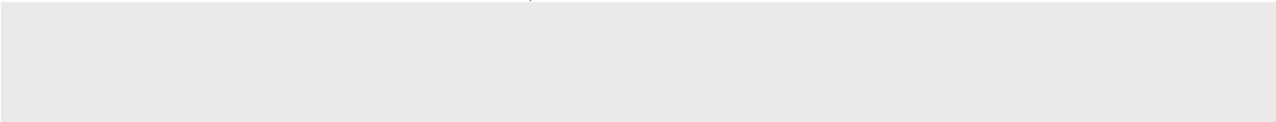
**MEMBERSHIP DEVELOPMENT**

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) (Please specify) \_\_\_\_\_

If you have a successful recruitment or retention strategy that you would like to share, please briefly describe it below. Specify how your chapter demonstrates value to your members. 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)

For those types that you checked above, please then briefly describe your chapter's activities in the space provided below. **PLEASE DO NOT EXCEED 50 WORDS PER CATEGORY.**

Medical students

Residents

See Goal D

Young Physicians

See Goal D

Medical subspecialists

Surgical specialists

Academicians

Academicians are integrated into the chapter. This year, the chapter President and Secretary/Treasurer are full time university employees. Many of the Chapter's advisors in areas such as immunization/infectious disease, emergency preparedness, sports medicine, are full time faculty members. Pediatric Dept. Chairs are all ex-officio board members and actively participate.

Seniors

Both our present Foundation Board president and our Legislative Chair are retired from practice.

Underrepresented and Minority Physicians

Other

**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) \_\_\_\_\_

For those types that you checked above, please then briefly describe your chapter's activities in the space provided below. **PLEASE DO NOT EXCEED 50 WORDS PER ACTIVITY .**

Implementation of Pediatric Alliance Leadership principles

We have used many of the Tools among both Boards (TNAAP and Foundation) and Staff. Our ED has served on the Leadership Committee and as a facilitator for the AAMSE's version of the PLA for the last 3 years and incorporates those trainings to Board and staff whenever possible.

Mentor program

Board members are asked to bring a young physician or resident to each board meeting. Young Physician board members are mentored by more senior members.

Succession plan

Vice President serves for 2 years, then automatically rises to president. Immediate Past President remains on board and its executive committee. Past presidents are ex officio members of Board and many continue to play very active role in chapter activities.

Professional education seminars/teleconferences

Sponsor attendance at AAP national leadership conferences

President, V-P, and ED attend ALF and District meetings. Chapter pays for one young physician to attend each district meeting. Chapter pays for ED, chapter lobbyist, and chapter legislative liaison to attend Chapter Advocacy Summit. Chapter pays for 2-4 members and residents to attend the Legislative Conference each year.

Support membership in professional organizations

Executive Director is member of American Association Medical Society Executives, has been vice

chair of its Leadership Committee, and is now on faculty of their PLA equivalent. She is now on the Board of the TN Society of Association Executives.

Other(s)

Chapter subsidizes part of cost for President, Vice President, and E.D., as well as some staff, to attend the NCE.

## SUMMARY

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

TNAAP continues to build on the foundation of an exceptional and stable staff with continuity between the past and present chapter presidents. We are clearly the leading advocate for child health and child healthcare providers in the state. Currently, we are focused on the development of our Foundation with successful fundraising efforts in the past year and an eye on greater recognition in the medical and non-medical communities in 2009. The Foundation will provide a vehicle for grants and statewide initiatives that will further benefit children. Tennessee became home to the nation's first Medicaid managed care initiative in 1994. We continue to lead the nation in innovative strategies that support the goal of 100% of our children in a pediatric medical home. The EPSDT grant continues to allow us to increase both the quality and the quantity of EPSDT screens. Our program is at the forefront of the creation and use of standardized tools to improve developmental and behavioral screening. We not only train practices, but we also create recognized experts in those areas to become the trainers of tomorrow. More recently, we were instrumental in getting our state leaders to recognize the importance of linking a comprehensive well child visit with the pre-participation sports exam.

## 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 chapter and individual 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.

### **Chapter Projects:**

1. Chapter's START, project described in Goal B, continues to be a force in quality improvement of care for children in the state. It was begun before the Bright Futures

efforts were available to the membership; it covers treatment and reimbursement issues as well. .

2. The Chapter's START-ED project (see Goal C) has decreased the time from screening detection to treatment initiation of children with Autism Spectrum Disorders. The principles of the project are now being extended to other areas of the state.

**Individual Projects:**