

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

10/24/08

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**. The template is a Word document and can be saved and shared between the chapter president, vice president, and executive director. The final report should be emailed to pstien@aap.org, with copies to the respective district chairperson and vice chairperson.

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| Name of Person Preparing Report: | <i>Virginia Keane, MD</i> |
| Chapter: | Maryland |
| District: | III |

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). **See example below:**

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| EXAMPLE GOAL: Promote optimal immunization of children. |
| MEASURABLE OBJECTIVES: |
| 1) Ninety percent (90%) of all of our state's 2-year olds will receive all recommended immunizations (4:3:1:3:3:1 schedule) on time. Immunization rates for 2 year olds will not vary by race/ethnicity. |
| 2) Thirty percent (30%) of the state's pediatric practices will engage in practice-based immunization quality improvement. |
| 3) Increase chapter-sponsored positive media attention on the issue of childhood immunizations by 40%. |
| ACTIVITIES: |
| 1) Track statewide immunization rates. |
| 2) Conduct "lunch and learn" sessions using one "peer coach" and one state immunization program staff member to provide practice improvement support. |
| 3) Send copies of Amanda Peet's PSA's to statewide radio and TV outlets. |

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| OUTCOMES/RESULTS: |
| 1) State immunization program chart audits revealed that statewide, 87% of 2-year olds received the recommended immunizations by 30 months of age. These rates did not vary by race or ethnicity. |
| 2) Twenty-eight practices received “lunch and learn” visits between 2/15/08 and 11/30/08. |
| 3) Three major TV and 12 radio stations statewide (many in underserved, under-immunized communities) received copies of the PSA, with a total of 438 airings in 2008. |

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| GOAL A: Continue to improve chapter visibility to members, the public health community, the medical center training programs and the public. |
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| MEASURABLE OBJECTIVES (up to 3): |
| 1) The chapter will be <i>actively</i> involved in five state and local public health initiatives. |
| 2) Conduct a second regional Leadership Development program. |
| 3) Open Executive Committee meetings to all members, increase attendance, and hold them in diverse settings that further increase our visibility to our community partners. |
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| ACTIVITIES: |
| 1) MDAAP members hold leadership positions and/or participate in the 1. State Immunization Task Force (chaired by Dr. Sharfstein, members Dr. Chaitovitz and Dr. Rice), 2. State Mental Health Task Force (Dr. Eric Levey, Dr. Larry Wissow, and others), 3. Maryland Office of Maternal Child Health’s Infant Mortality Forum, 4. Title V and Parents Place Community of Care Summit, a MCHB sponsored program to improve health care and outcomes for CYSHCN, (Dr.s Levey, Keane and others), 5. Leadership of the State Task Force on foster care (Dr. Lane), 6. State Oral Health Task Force (Dr. Levy), and 7. Maryland Rural Health Task force. Dr. Keane is on the state Medicaid advisory committee. We have projects with the Health Departments in Frederick county, the Eastern Shore, and Howard County, 8. Dr. Richard Lichenstein was on the state ATV safety task force and chaired the state child fatality review team for section A five state and local public health initiatives, 9. Dana Silver, MD and Edward Bartlett, MD have still been active with the Maryland Breastfeeding Coalition. Dr. Silver just gave Grand Rounds, November 14, 2008, at St. Agnes on "Tongue Tie." and Dr. Bartlett did a radio interview for the School of Community Health and Policy at Morgan State University, Our Health Watch, WEAA 99.8 Baltimore, Maryland, Dr. Allan Noonan, August 28, 2008. Additional members, including Drs. Sue Maehr, Sue Raver, Lani Wheeler and Nerita Estampador-Ulep have been active in statewide initiatives on Infant Mortality, Injury Prevention and Suicide prevention. |

2) A Leadership Development Program has been planned for February, under the direction of Dr. Dan Levy, with support from each Chapter in District III. Leadership skills will be taught with a focus on immunizations.

3) Over the past year we have held our Executive Committee meetings at three training centers (Sinai Hospital, University of Maryland and Hopkins) and two additional hospitals (Mount Washington and Saint Agnes). Our next meeting will be held at the offices of Maryland's largest pediatric home care provider, Hopkins Home Care, and the next at Maryland's Family Connections Chapter, Parent's Place of Maryland.

OUTCOMES/RESULTS:

1) The Maryland AAP is actively involved in more than five statewide health initiatives and many county health initiatives.

2) The Leadership project is scheduled and will be held February 20-21.

3) By diversifying the sites of our meetings we have increased our visibility and participation.

GOAL B: Initiate training programs and policies to help Maryland's Pediatricians implement the AAP guidelines on developmental and autism screening.

MEASURABLE OBJECTIVES (up to 3):

1) Develop and obtain funding to support and implement a variety of educational activities on developmental screening. These activities will include a "Grand Round", a one hour overview, a two to three hour workshop, and an office detailing program.

2) Work with Maryland Medicaid and private insurers to secure compensation for developmental screening.

3) Partner with community groups to improve developmental screening.

ACTIVITIES:

1) The Maryland Chapter participated in Maryland's ABCD project. Three practices piloted the use of standardized tools. A Grand Rounds presentation on developmental screening was developed, and funding to present this around the state was obtained from the state Maternal Child Health Office's Early Childhood Initiative Program. We have a subcontract with the Parent's Place MCHB grant titled "Creating Caring Communities" grant (to build systems of care for CYSHCN) to do regional workshops on developmental and autism screening in five state regions and office based detailing with the goal of reaching 400 pediatric care providers over three years.

2) Chapter leadership met with the EPSDT director of the Maryland Medicaid program

to develop policies on reimbursement and a timeline for implementation of mandatory developmental screening for EPSDT participation. Through the Pediatric Council we have met with other insurers and secured reimbursement from most, often because of national policy changes within their companies(thank you National!). We have also met individually with the medical director of Carefirst Blue Cross/Blue Shield to discuss this issue.

3) We are joined in our developmental screening efforts by Parents Place of Maryland, Pathfinders for Autism, the Title V office, and the Maryland office of Maternal Child Health.

OUTCOMES/RESULTS:

1) Six Grand Rounds presentations have been delivered, reaching an audience of several hundred, though not all were pediatric providers. Workshops are being prepared, and these will be submitted to the AAP for CME credit.

2) Maryland Medicaid has agreed to pay for up to two units of code 96110 (developmental screening limited) at any pediatric encounter when indicated. Many private insurers are also covering this code. Our biggest private insurer (Carefirst Blue Cross Blue Shield) continues to deny this code, though a few of the BC/BS programs are covering it based on employer/plan purchaser preference.

3) We are joined at our Grand Rounds presentations by a spokesperson for Pathfinders for Autism, and they provide the AAP Autism Tool Kit to each pediatric and family practice that attends. Our other partners are providing funding and guidance in our efforts.

GOAL C: Create and implement a user friendly chapter website that will function as a valuable resource for pediatricians and families.

MEASURABLE OBJECTIVES (up to 3):

1) Get the website up and active.

2) Populate the site with useful information.

3) Link to existing databases and resources to make the site a valuable resource.

ACTIVITIES:

1) After the company that previously was contracted to operate our website left town and shut the site with no warning, Kate Franklin, our Executive Director researched new website providers, selected a company, and worked with them on a template.

2) Kate has been loading health resources information onto the website.

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| 3) Kate has been adding links to other health resource and advocacy groups. |
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| OUTCOMES/RESULTS: |
| 1) Website resumed activity 6/20/08!!! |
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| 2) We have added important dates, local health department information, early intervention information, and WIC information. The next step is to organize this by county to simplify the identification of local information. |
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| 3) We have added links to the Maryland Healthy Kids Program(EPSDT), Parent's Place, Kennedy Krieger Institutes Resource network, and the Title V offices website which includes resources for CYSHCN. |
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| GOAL D: Work with public officials to improve Maryland Foster Care, with emphasis on the health care of children in Foster Care. |
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| MEASURABLE OBJECTIVES (up to 3): |
| 1) Chapter members will be included in statewide foster care improvement efforts. |
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| 2) The MDAAP will take a leadership role in the redesign of health care of foster care children. |
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| 3) The MDAAP will work with other stakeholders to identify strengths and weaknesses in current health care access and services for foster children throughout the state. |
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| ACTIVITIES: |
| 1) MDAAP members served on a committee, organized by the Annie E. Casey Foundation and the Baltimore City Department of Social Services, to re-work the health care system for foster children in Baltimore City. Committee members made recommendations regarding how to structure the new system, and provided feedback on the draft proposal. MDAAP members successfully fought off an effort to have a single managed care MCO take responsibility for the health care of all foster children not already assigned to a provider. This move would have forced many foster families to travel to the other side of Baltimore to obtain medical care for their foster children. Child Maltreatment have been working with the Department of Human Resources and the Foster Parent Association to develop a program that will improve the woeful state of health care delivery to foster children. |
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| 2) Dr. Wendy Lane obtained a two year \$10,000 grant from national AAP to provide a leadership role in the health area of statewide efforts to improve foster care. She is working with the MDAAP Maltreatment Committee, the Department of Human |

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| Resources, and the Maryland Foster Parent Association to identify key stakeholders and to solicit their input on how to improve the health care of foster children. |
| 3) |
| OUTCOMES/RESULTS: |
| 1) Dr. Lane has convened the leadership group for her State systems of Health Care for Children and Youth in Foster Care Grant. A list of goals and timelines has been developed. |
| 2) Stakeholders have been identified, along with representatives from each stakeholder organization. A member of the leadership group has been assigned to work with each stakeholder representative. The pairs will determine the best method of soliciting input from the various stakeholder organizations. |
| 3) |

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| GOAL E: |
| Address, in the public arena major health issues facing Maryland children, including immunizations, obesity, oral health, teen driving, and retail based clinics. |
| MEASURABLE OBJECTIVES (up to 3): |
| 1) Continue efforts of the Obesity Task Force to reduce childhood obesity in Maryland. |
| 2) Involve pediatricians in improving oral health in Maryland children. |
| 3) Develop one or more initiatives in teen driving. |
| ACTIVITIES: |
| 1) The Obesity task force continued its outstanding work to reduce obesity in Maryland children. |
| 2) As a result of the work of Dr. Dan Levy on the Eastern Shore of Maryland for the oral health CATCH grant, a state Oral Health Task force has been formed. In a separate effort, Maryland Medicaid is redesigning the oral health delivery system for Medicaid recipients, this will include compensation to child health providers for oral exams and application of fluoride varnish. Dr. Levy is working with the state task force to create an educational program to train pediatric providers to do these procedures. |
| 3) Dr.s Rossman and Lichenstein obtained a Healthy People 2010 grant to improve the safety of teen driving through a joint educational effort with Howard County schools. Dr. Levy has been working with the local children’s museum to bring a successful K-12 driving education program to Maryland called E-Cruisers. |

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| OUTCOMES/RESULTS: |
| 1) Dr. Alan Lake and the Obesity Task Force have completed over 18 Grand Rounds, and distributed BMI calculators and obesity tool kits to over 2000 child health care professionals. Legislation was passed to require a state health department committee on obesity and to create a one year task force on physical fitness in schools. Dr.s Lake and Paige have been asked to serve on the health advisory committee for Maryland WIC. |
| 2) A chapter Oral Health Task Force has been formed, led by Dr. Levy. The members will participate in a train the trainer methodology for the oral health education program. Regional trainings are planned for this spring. |
| 3) The chapter is participating in two teen driving projects. |

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| OTHER CHAPTER ACTIVITIES |
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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.**

Access

We have distributed information about SCHIP application and Maryland Medicaid expansion to members.

Adolescent health

We joined with other advocacy groups to pass legislation that brought HIV testing consent procedures in line with CDC recommended "opt out" methodology.

Chapter management issues

We are working to give our Executive Director the skills, and contacts she needs to represent us in the advocacy community. She has attended a non for profit grant writing course as well as many advocacy meetings and summits.

Children with special health care needs/foster care

Part of the Community of Care grant is improving medical homes. This was to be led by the Title V office, but the lead person is leaving, so this will be taken on by the chapter.

Community outreach

See above , "Visibility"

Disaster preparedness

Well, we are in the contemplation to action phase. We have done nothing yet, but we plan a meeting with the Secretary of Health to discuss this. Our experience with universal influenza vaccine (and lack thereof) has pointed out that we need a plan for disaster preparedness.

Finance

We have more members and many grants and contracts this year. Our finances look good.

Health care equity

Our biggest problem is geographic inequity. We are a small state with all of our specialty resources in one city. We wrote an open forum grant to hold meetings on the eastern shore and western Maryland to discuss how we could do a better job providing services in these rural areas. We did not get AAP funding, but we have been approached by a private funder who wants to support this effort. We will apply before 12/31.

Health care organization collaboration

Improving communications

We are really taking advantage of the “blast mail” capability, being careful not to blast out more than one message per day. By keeping our members informed of our activities we are getting more participation. We have gone green with our quarterly newsletter, making it electronic only.

Immunizations

We are trying to address the issue of equitable reimbursement for vaccines. We were approached by Delegate Pendergrass, who has offered to help us with this at the legislative level. The Chapter is also working with Dr. Josh Sharfstein, head of the Immunization Commission in Maryland.

Increase chapter visibility/profile/expert recognition

See above

Managed care/Medicaid

Our Pediatric Council is alive and well, and we continue to have representation on the Medicaid advisor committee. Dr. Rich Gorman has agreed to represent the chapter working with managed care organizations to make formularies more child and pediatrician friendly.

Medical home

We are partners in the Community of Care grant which will support medical home training. In addition we have been approached by Medimmune; they would like to sponsor a medical home model conference and training. We are planning a medical home summit for May, 2009, followed by a regional training and learning collaboratives using the NICHQ model.

Membership Issues/Member Participation

We are trying to increase participation by increasing communication, staying on the target with the issues, providing educational opportunities, and opening our Executive Committee meetings. It seems to be working: voting is up, meeting attendance is up, and chatter is up. The energy level among Maryland pediatricians is on the rise. People say yes when asked to join in our work.

Mental health

Members participated in a statewide Mental Health forum held in June, 2008 and continue to work with this group. We are forming a mental health task force with the goal of doing mental health training to increase primary care physicians’ ability to diagnose and treat “primary care” mental health diagnoses. Dr. Larry Wissow has agreed to head this task force.

Non-dues revenue generation

We have four CATCH grants, a Healthy People 2010 grant, a foster care grant, a state Health Department contract for developmental screening training, and a subcontract with Parents Place to work on medical home improvement including developmental screening training. Dr. Levy has secured \$17,000 to support the Leadership training, and is actively building the Foundation. We are finding money to do good work.

Obesity

See above and attached for the activities of our Obesity Task Force.

Oral health

see above

Pediatric councils

Our council had its most recent meeting on 12/10/08

Practice management

The Chapter has been working with Dr. Crossan O'Donovan on a Practice Management Seminar to be held on January 30th. We anticipate 50-100 attendees.

Professional education/CME

Our members won't come to an annual meeting. We are working on bringing CME to them through regional trainings on such things as developmental screening, oral health, and mental health.

Profession of pediatrics

We are continuing to support and develop our Young Peds group.

Public education

We continue to support efforts to reintroduce physical fitness into our public education system, and support physical education equity for handicapped children.

Public health

See above. We are working with the state health department and local health departments in our efforts to improve the immunization situation by emphasizing the pediatrician's role in the public health agenda. By doing this, we are fulfilling our role as agents of the public health goal of 100% immunizations.

Quality

Quality improvement will be on next years agenda.

Reach Out and Read/literacy

We have started to purchase books for the Baltimore City Reach out and Read Coalition, using the \$13,000 raised last year by our Foundation. Dr. Keane continues to be the Baltimore City Reach out and Read Medical Consultant/director.

Smoking cessation

Other(s) Please specify:

Legislative:

A large portion of our budget supports our legislative efforts. This year we will support one of our officers and one resident form each training program to attend the AAP Legislative conference. We are once again getting member participation in crafting our legislative agenda for 2009.

Infant mortality:

We participated in the Infant Mortality summit, and have formed a task force on infant mortality led by Dr. Renee Fox, which will continue this work.

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

| | A | B | C | D | E | Activities |
|---|---|---|---|---|---|------------|
| Immunizations | x | | x | x | | x |
| Mental health | x | | x | x | | x |
| | | | | | | x |
| | | | | | | |
| Oral health | x | | x | x | x | x |
| Children with special health care needs/foster care | x | x | x | x | | x |
| Access | | x | | x | | x |
| Quality | | x | | x | | x |
| Finance | | | | x | | x |
| Health care equity | | | | | | x |
| Medical home | x | x | | | | x |
| Profession of pediatrics | | x | x | | | x |

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Please describe how you relate the budget to your

defined goals (eg. allocation of your resources based on identified priorities).

Our operating costs and legislative efforts are covered by our members dues. Funds needed for additional projects must be obtained by the leader of the project.

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

Residents are invited to our Executive Committee meetings. This year we will be keeping the residency program directors notified of our legislative efforts, and will invite residents to join us at legislative hearings. We have also met with resident groups to discuss advocacy and opportunities with the AAP.

Young Physicians

Our young physician group continues to be active. We have asked them to help us develop an electronic networking capability. We feel this is the way young people can communicate, and if we don't do it their way we won't reach them.

Medical subspecialists

We have an active committee on Fetus and Newborn, mostly neonatologists, and involvement by infectious disease specialists. However, we have not had good involvement of subspecialists. We have tried to start a committee on hospital based medicine, to encourage hospitalists and subspecialists to join in our efforts.

Surgical specialists

Academicians

Executive Committee meetings have been held at our academic centers, and many academicians have participated. Dr. Joe Wiley, the Chair of Pediatrics at Sinai hospital, has agreed to chair our Membership Committee. Academicians are involved with nearly

all of our committees.

Seniors

Dr. Fayette Engstrom has agreed to try to reinvigorate our Seniors Section.

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 start our strategic planning process at our annual planning meetings with developing/inspiring a shared vision, we challenge the status quo, and we celebrate our successes at our annual awards and advocacy celebration.

Mentor program

We are mentoring our current ED to build her knowledge and skills in child advocacy.

Succession plan

While not official we have a tradition of having our Secretary Treasurer rise to Vice President and then President.

Professional education seminars/teleconferences

We have sponsored officers and our ED to attend conferences , and the ALF.

Sponsor attendance at AAP national leadership conferences

Yes, we sponsored our Secretary Treasurer to attend ALF last year, and will continue this tradition.

Support membership in professional organizations

Other(s)

SUMMARY

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

The vision of the Maryland Chapter AAP is that we will be the premier child advocacy organization in Maryland, an organization that anyone planning an initiative for children would want to include in their efforts. At our Annual Planning meeting in June we established our top ten agenda items: Infant Mortality, oral Health, Mental Health, Developmental Screening, Immunizations, Compensation, Access to children with special Health Care Needs, Fitness and Nutrition, Child Maltreatment and Foster Care, Healthy

Communities, and Compensation. This agenda can not be achieved by a single person or even a small group. It will take dozens or hundreds of active pediatricians working to strengthen the environment for children and the physicians who care for them. We are about building a coalition of pediatricians who will passionately pursue these issues through advocacy, professional education and training, and practice improvement.

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:

Oral Health

Developmental screening

Enhancing the Pediatric Foundation

Individual Projects:

Obesity Task Force: this is largely the work of Dr. Alan Lake, the task force report is attached.

Sexual Abuse Center of Excellence project: Dr. Scott Krugman

Foster Care Redesign: Dr.s Wendy Lane and Scott Krugman

Safe Teen Driving: partnering with schools to develop safe driving programs: Dr. Lichenstein and Rossman

Immunization Survey: Dr. Mel Stern

