

# AMERICAN ACADEMY OF PEDIATRICS ILLINOIS CHAPTER ANNUAL REPORT

January 1, 2013 – December 31, 2013

*The following report was prepared by the Illinois Chapter of the American Academy of Pediatrics (ICAAP) at the request of the national American Academy of Pediatrics on its form for Chapter reports. The report covers the calendar year 2013. Certain information specifically required by AAP but not of interest to other stakeholders has been removed.*

## DEMOGRAPHICS

**NAME:** Kay L. Saving, MD, FAAP  
**CHAPTER:** Illinois

**DISTRICT:** VI  
**CHAPTER SIZE:** Large

## STRATEGIC PRIORITIES

The Illinois Chapter, American Academy of Pediatrics (ICAAP) identified its three (3) highest strategic priorities to the national American Academy of Pediatrics (AAP) from a list of dozens of potential topics as follows:

**Advocacy/legislation**       **Medical Home**       **Public health**

**STRATEGIC PRIORITY 1:** Increase the role and visibility of ICAAP in children's health/pediatric policy in Illinois (primary goal of "Policy/Advocacy" section of strategic plan, approved June 2011)

### Measurable Objectives → Activities → Outcomes

**Obj)** Increase capability to do advocacy by increasing staff support to 1.25 FTE and securing 2 grants for advocacy work by FY15

**Act)** Submit grants for advocacy/policy work and reallocate/add staff positions to create advocacy/policy lead and support

**Out)** Secured 2-year, \$160,000 grant to hire Early Childhood Policy Fellow (new 1.0 FTE); secured 3-year federal grant on trauma with significant policy focus; maintained levels of advocacy involvement for Senior Director and Executive Director

**Obj)** Increase member involvement in advocacy by expanding the Committee on Government Affairs (COGA) and communicating 3 times/year to membership on advocacy issues

**Act)** Define and recruit for COGA, convene regularly, and report on advocacy activity to membership

**Out)** Sent 5 advocacy update emails and included advocacy updates in all monthly ICAAPlets general membership emails. Identified about 15 advocacy topic experts to serve on COGA and oversee 2014 general session activity.

**Obj)** Develop and convene a pediatric health coalition of 60 organizational members at least 2 times annually by FY15

**Act)** Survey advocacy partners to determine issues to address in pediatric health coalition, establish membership guidelines, and recruit organizational members

**Out)** Met with 5 (of 12) pediatric department chairs and confirmed interest in presenting as a coalition on high profile advocacy issues but did not coordinate with other advocacy organizations as planned.

# AMERICAN ACADEMY OF PEDIATRICS ILLINOIS CHAPTER ANNUAL REPORT

*January 1, 2013 – December 31, 2013*

**STRATEGIC PRIORITY 2:** Increase number of quality medical homes in Illinois (subgoal of “Programs to Improve Child Health” section of strategic plan, approved June 2011)

## **Measurable Objectives → Activities → Outcomes**

**Obj)** Recruit 200 pediatric and family medicine practices/clinics via CHIPRA Quality Demonstration project to complete NCQA Survey Tool (medical home self-assessment) (FY12) and commit to quality improvement (FY12-FY15)

**Act)** Develop outreach and enrollment process and recruit for medical home self-assessment using CHIPRA Quality Demonstration project funds and partners (NCQA, Medicaid)

**Out)** Completed NCQA Survey Tool with 51 enrolled practices and enlisted 18 of them for 2013 learning group. Established contract with Cook County Health System to provide facilitation and QI support in 17 clinics.

**Obj)** Enroll 30-40 providers annually in web-based, MOC-approved adolescent transition course

**Act)** Integrate feedback from 2012-2013 pilot of adolescent transition course, complete MOC Part IV application for adult medicine companion course, and promote courses

**Out)** Received American Board of Family Medicine and American Board of Internal Medicine approval for adult medicine course and opened both pediatric and adult medicine courses nationally; enrolled 20 providers in transition courses in 2013.

Responded to many national requests from provider/parent organizations for materials and presentations.

**Obj)** Develop 5 quality improvement programs aligned with CHIPRA Quality Measures and offer with Maintenance of Certification credit (FY12-14)

**Act)** Develop training, measures, data tools and ABP applications for courses on adolescent transition for adult providers, care coordination, developmental screening, obesity, oral health, and medical home

**Out)** Increased to 5 the number of approved ABP MOC programs (developmental screening, coordinating care with Early Intervention, and oral health in 2012; obesity, (transition to adult health care in 2013); submitted a 6<sup>th</sup> application (asthma) and secured funding for a 7<sup>th</sup> (influenza) in 2013.

**STRATEGIC PRIORITY 3:** Increase immunization rates in Illinois children (subgoal of “Programs to Improve Child Health” section of strategic plan, approved June 2011)

## **Measurable Objectives → Activities → Outcomes**

**Obj)** Increase immunization education opportunities for providers located in rural counties and increase participation and attendance rates

**Act)** Offer immunization education via regional in-person training events and webinars to providers throughout the state including physicians, nurses, nurse practitioners, medical assistants, and pharmacists and coordinate planning committees for these events to help promote the event and increase provider participation rates

**Out)** Convened seven regional immunization trainings and provided immunization education and resources to 481 providers in Illinois, offered eight immunization webinars with 1,077 participants, and hosted a two-day Centers for Disease Control and

# AMERICAN ACADEMY OF PEDIATRICS ILLINOIS CHAPTER ANNUAL REPORT

January 1, 2013 – December 31, 2013

Prevention Epidemiology and Prevention of Vaccine-Preventable Diseases Training Course in Chicago for 201 providers and public health employees from across the US

**Obj)** Promote and increase the use of the I-CARE immunization registry to increase shot records archived in the registry, and prepare Illinois Vaccines For Children providers for the new ordering module and inventory accountability

**Act)** Conduct I-CARE webinars and in-person learning sessions and promote I-CARE and protocols for the VFC ordering module through ICAAPlets, ROG e-newsletters, and newsletter

**Out)** Presented three I-CARE beginner webinars to 372 providers and office staff, an I-CARE webinar for Illinois Health Connect providers to 498 of their members, and an I-CARE webinar for 11 pharmacists, delivered I-CARE beginner and intermediate lab trainings in Chicago and rural counties of Illinois, and included I-CARE trainings and question and answer sessions at the seven regional trainings.

**Obj)** Develop an online influenza course to offer convenient and accessible learning opportunities for time sensitive information

**Act)** Update the online influenza course to reflect changes for the 2013-2014 influenza season and promote the course to Committee on Immunization, Reaching Our Goals (ROG) faculty, and IIPAL Champions and conduct public education

**Out)** Updated the online influenza course for ICAAP's Learning Management System to reflect guidance for the 2013-2014 influenza season and created a second module on influenza epidemiology; participated in Vaccinate Illinois Week (VIW) with statewide partners to increase influenza vaccination awareness throughout the influenza season via newsletter articles, e-mail blasts, a print ad in the Chicago Tribune, and social media

ICAAP will continue to implement its 2011-2015 strategic plan. We will continue to transition MOC courses from grant-funded to revenue generating and may develop new MOC-approved QI courses (medical home, other immunization topics). We will strengthen our policy/advocacy particularly in early childhood and trauma given new grants in those areas. We are strategizing about how to reverse our significant loss in membership and considering administrative changes (returning to national AAP billing, pursuing unified dues if allowed) and more importantly promoting member value (meeting with academic centers to promote ICAAP to faculty, reviewing activity to determine member benefits).

## ACTIVITIES

The Illinois Chapter, American Academy of Pediatrics (ICAAP) reported that the chapter also currently conducts activity in the following child health/pediatric topic areas from a list provided by the national American Academy of Pediatrics (AAP).

- |                                                                 |                                                                     |                                                                  |
|-----------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Access to care              | <input checked="" type="checkbox"/> CHIPRA                          | <input checked="" type="checkbox"/> Injury & violence prevention |
| <input checked="" type="checkbox"/> Adolescent health           | <input checked="" type="checkbox"/> Community/public education      | <input checked="" type="checkbox"/> Membership                   |
| <input checked="" type="checkbox"/> Asthma                      | <input checked="" type="checkbox"/> Developmental screening         | <input checked="" type="checkbox"/> Mental health                |
| <input checked="" type="checkbox"/> Autism                      | <input checked="" type="checkbox"/> Domestic violence               | <input checked="" type="checkbox"/> Obesity                      |
| <input checked="" type="checkbox"/> Breastfeeding               | <input checked="" type="checkbox"/> Early brain & child development | <input checked="" type="checkbox"/> Oral health                  |
| <input checked="" type="checkbox"/> Bright Futures              | <input checked="" type="checkbox"/> Early literacy                  | <input checked="" type="checkbox"/> Profession of pediatrics     |
| <input checked="" type="checkbox"/> Chapter visibility          | <input checked="" type="checkbox"/> Education/CME                   | <input checked="" type="checkbox"/> Quality improvement          |
| <input checked="" type="checkbox"/> Child care health & safety  | <input checked="" type="checkbox"/> Family engagement               | <input checked="" type="checkbox"/> Reach out & read             |
| <input checked="" type="checkbox"/> Child health finance        | <input checked="" type="checkbox"/> Health care reform              | <input checked="" type="checkbox"/> Residents/young physicians   |
| <input checked="" type="checkbox"/> Children with special needs | <input checked="" type="checkbox"/> Immunizations                   | <input checked="" type="checkbox"/> School health                |

# AMERICAN ACADEMY OF PEDIATRICS ILLINOIS CHAPTER ANNUAL REPORT

*January 1, 2013 – December 31, 2013*

Sports/fitness

Tobacco prevention & control

ICAAP elaborated briefly on five (5) of the above areas in its annual report per instructions from AAP.

## **1) Obesity**

ICAAP's Promoting Health Projects includes an 80+ member Committee on Obesity with three expert panels who each made major progress in 2013. The coverage and reimbursement panel successfully pushed Illinois Medicaid to clarify its payment policy for weight management visits. The MOC and physician education panel completed a 17-practice learning collaborative including educational sessions and online modules totaling over 15 hours and MOC credit. The community programs and coalitions panel expanded ICAAP's database of resources and oversaw ICAAP activity in dozens of coalitions and advocacy groups. In addition, the residency program at University of Illinois at Peoria received the AAP Healthy Active Living Grant to conduct education and other programming at area early childhood centers.

## **2) Oral Health**

ICAAP lost funding for its Bright Smiles from Birth training program but continued to support the online MOC module, which over 70 providers have taken. ICAAP received an Oral Health 2014 planning grant from the DentaQuest Foundation and convened stakeholders throughout 2013 to identify oral health literacy priorities. The resulting 2-year project will kick-off in February 2014 and include education of pregnant woman (via WIC offices, obstetricians and family physicians) and education of adult/general dentists about children's access to care.

## **3) Early Brain and Child Development**

ICAAP's Enhancing Developmentally Oriented Primary Care (EDOPC) was sunset in 2013 after 8 years. Final activity included revising all of the online training modules (developmental, S/E, perinatal maternal depression, and domestic violence screening, trauma informed practice, Bright Futures, and others). ICAAP received a three-year Maternal and Child Health Bureau grant in August 2013 to start the PROTECT (Promoting Resiliency of Trauma Exposed Communities Together) Initiative which will look at all early childhood systems (health care, early education, social services, EI, home visiting, child protective services, etc.) to determine standards for front line provider training, protocols for care coordination, and policy changes to ensure sustainability. ICAAP also completed work to develop a toolkit and training for home visitors on care coordination with medical homes.

## **4) Breastfeeding**

ICAAP started work on a 4-year contract as the technical assistance provider on Baby Friendly (breastfeeding model) to hospitals in central and southern Illinois. We conducted quarterly webinars and created an email newsletter to support the hospitals. We initially supported 6 hospitals to go Baby Friendly but were awarded \$280,000 mid-year to create a mini-grant program and recruit new hospitals, resulting in a total of 16 pursuing the designation. As part of this expansion we held multi-day trainings for teams from the 16 hospitals.

## **5) Children with Special Health Care Needs**

ICAAP held the fourth annual Autism, Behavior and Complex Medical Needs Conference in November 2013 for over 115 attendees and nearly 20 exhibitors

# AMERICAN ACADEMY OF PEDIATRICS ILLINOIS CHAPTER ANNUAL REPORT

*January 1, 2013 – December 31, 2013*

## FAMILY ENGAGEMENT

Engagement of families was considered a priority by the AAP in this year’s annual report. ICAAP reported that our medical home QI work requires that practices enlist parent partners. Our oral health and home visiting projects held community/stakeholder meetings, at which parents/caregivers were important contributors

## HIGHLIGHTED ACHIEVEMENT

ICAAP was chosen by the Centers for Disease Control and Prevention and Chicago Department of Public Health to be the local host and sponsor of a comprehensive, 2-day vaccine conference in October 2013. ICAAP handled all logistics and promotion, securing 250 registered attendees and exhibitors. CDC speakers canceled the week prior due to the government shutdown, suggesting that ICAAP cancel the event. Instead, ICAAP was able to replace them with 9 pediatricians and public health partners and secure four different forms of continuing education credits and conduct the event successfully

## QUALITY IMPROVEMENT

AAP requested information on quality improvement topic areas and which included programs approved for Maintenance of Certification (MOC) credit by the American Board of Pediatrics (ABP).

Topic	Activity/Project In This Topic Area?	Does the Chapter offer American ABP MOC credit?
Adolescent health	✓	✓
Asthma	✓	✓
Bright Futures	✓	
Children with special health care needs	✓	✓
CHIPRA	✓	✓
Developmental screening	✓	✓
Early brain/child development	✓	
Immunizations	✓	✓
Medical home	✓	✓
Obesity	✓	✓
Oral health	✓	✓
Other: Coordinating Care with Early Intervention	✓	✓

In 2011, ICAAP contracted with a vendor to develop an online learning management system (LMS). This system allows ICAAP to convert its many educational modules to online programs and provides both a CME only and a CME+MOC data collection track. The system is specially built to include data collection on QI measures as they are established. ICAAP appointed a QI leader (Dr. Jerry Stirling of Loyola) and developed measures and ABP applications for six programs as noted above, with more under development, and has also secured MOC credit through boards other than ABP. In addition, ICAAP is currently doing practice facilitation around medical home at about 20 practices and clinics.

# AMERICAN ACADEMY OF PEDIATRICS ILLINOIS CHAPTER ANNUAL REPORT

*January 1, 2013 – December 31, 2013*

## COMMUNITY ACCESS TO CHILD HEALTH (CATCH)

Pediatricians in Illinois who have recently been awarded CATCH Grants and their project names are:

- Sonrisas Saludables/Healthy Smiles (Alejandro Clavier, MD)
- Strengthening Medical Homes for Foster Children (Margaret Scotellaro, MD)

## FINANCES AND MEMBERSHIP DUES

Operating Budget (\$) FY14	\$2,604,209
Reserves (\$)	\$396,862
Total Full Time Staff	19
Total Part Time Staff	2

### **FY13 Figures**

Total Dues Income:	\$134,590
Total Non-Dues Income:	\$1,990,114
<u>Breakdown</u>	
Income from Registration Fees/Event Income/Exhibit Income:	\$28,594
Grants/Contracts/Contributions:	\$1,940,325
Income from publications/ads:	\$21,195
<b>TOTAL INCOME:</b>	<b>\$2,124,704</b>
Total Compensation and Consulting:	\$1,808,806
Occupancy (rent, telephone, Internet access, equipment):	\$127,333
Meeting Expenses:	\$115,697
Office Expenses:	\$145,521
Other (banking, credit card fees, interest, depreciation)	\$33,885
<b>TOTAL EXPENSES:</b>	<b>\$2,231,242</b>
<b>NET MARGIN:</b>	<b>&lt;\$106,538&gt;</b>

### **Chapter Membership - 2013/2014**

#### **Voting Fellows/Dues**

Fellows	671/\$150
Specialty Fellows	24/\$150
Emeritus Fellows	42/\$60
Retired Fellows	4/\$60
<hr/>	
Subtotal	741

#### **Non-Voting Members/Dues**

Associate Members	17/\$150
Candidate Members	21/\$100
Post-Resident Members	0/\$10
Resident Members	497/\$10
Chapter Affiliates	23/varied

# AMERICAN ACADEMY OF PEDIATRICS ILLINOIS CHAPTER ANNUAL REPORT

*January 1, 2013 – December 31, 2013*

Honorary Fellows	0/\$0
Subtotal	558

## MEMBERSHIP RETENTION AND RECRUITMENT

**Status:** ICAAP has continued to experience a decline in renewing members since establishing its own dues billing in 2011, losing about 100 full members per year. This is believed to be due to both the billing process (some members will not pay two invoices or ignore ICAAP's renewal notices, sometimes inadvertently) and due to lack of value. We have not been able to allocate substantial resources to membership outreach at the staff level and have only modestly engaged member leaders in personal contact with delinquent members. While we have improved our ability to collect and update member data, and have successfully established resident dues and now maintain accurate data on resident members and their programs/years, the drop off in full membership will necessitate major changes in 2014.

**Challenges:** The most substantial challenges relate to understanding and responding to the reasons that members are not maintaining membership. This has been the focus of many board discussions and input from pediatricians at large is needed. It is unclear if members do not value what ICAAP does (or do not value it enough to pay dues) or simply do not understand it or realize how they benefit. Logistically, we continue to get feedback that many still believe their dues payments to AAP cover chapter dues, or they are unable to get their institutions to pay multiple invoices. Also, despite multiple email and mailed letters/invoices, some members (even active leaders) require individual, personal follow up (at which time most gladly renew) and state they did not get or notice their renewal letters. Since we do not have dedicated membership staff and volunteer leader time to do outreach is limited, it is challenging to conduct retention and recruitment effectively

**Value:** We actively promote our advocacy efforts and work with Medicaid. To be responsive to members' needs, we have aggressively pursued developing MOC approved QI projects. We communicate via email and the newsletter regularly, passing on valuable information and opportunities. We are responsive to almost any question or need when members seek assistance, however communicating this broadly has been difficult. We meet with the pediatric department chairs to educate them about ICAAP activity and encourage them to promote membership and the value of what ICAAP does to their faculty. Specifically for certain groups:

- **Residents:** ICAAP has a "resident benefits" flyer. Residents attend monthly advocacy education programs, get a regular e-mail newsletter, and receive discounted registration fees. We lecture at programs often and spoke on advocacy at three programs in 2013. We also work on collaborative grants and senior resident projects.
- **Medical subspecialists/surgical specialists:** ICAAP has committees addressing neonatology, infectious disease, child abuse, disabilities, and others and calls on specialists for advocacy. The President appoints an academic center liaison as a voting Executive Committee member. ICAAP has discussed and made initial steps toward identifying large specialist categories, confirming leadership in each, and doing outreach.
- **Academicians:** As noted above, ICAAP convenes pediatric department chairs. We promote to them and to faculty how ICAAP involvement can advance their careers. In 2013 we discussed support letters from ICAAP/AAP for faculty when seeking promotions, and doing a new piece on how ICAAP involvement benefits academic centers.

# AMERICAN ACADEMY OF PEDIATRICS ILLINOIS CHAPTER ANNUAL REPORT

*January 1, 2013 – December 31, 2013*

**Diversity:** We mainly focus on assuring we have diversity in our leadership by geography (Chicago versus central and southern Illinois) and practice type (private, clinic, academic, etc.). In 2013, we adopted a diversity statement to ensure that practice of diversity is reflected in all aspects of the organization

## GOVERNANCE

ICAAP's strategic plan was last updated and revised in 2011. ICAAP measures its progress using a modified balanced scorecard maintained by staff. It is updated at least annually and plans are in place to review it in detail in 2014 and prioritize for 2014 action steps

Bylaws were last reviewed and updated in June 2010.

Other aspects of ICAAP's governance and leadership infrastructure reported on in the AAP Annual Report includes the following:

- **Succession plan:** The Vice Presidents becomes President. In addition, the Secretary is encouraged and supported to attend President/VP activities at the Chapter's expense; these include AAP national meetings. An Executive Transition policy was developed to prepare for Executive Director transitions, and an Executive Director review process developed last year incorporates board member and staff input.
- **Professional education seminars/teleconferences:** ICAAP holds "board education" calls a few times a year, during which the board is educated about nonprofit management and also approves new ICAAP policies. Fundraising and membership messaging were also specifically covered at quarterly board meetings.
- **Sponsor attendance at AAP national leadership conferences:** ICAAP supports two leaders to attend AAP advocacy conferences; supports its President and Vice President to attend the AAP National Conference; and supports its Secretary to attend District Meetings and ALF when available.
- **Support membership in professional organizations:** Leaders serve on boards of other child health. Organizational membership in the Illinois Public Health Association and Illinois Rural Health Association provides member benefits to all Executive Committee members. ICAAP staff are members in professional societies (ASAE, APHA/IPHA, NAEYC, others).

## OUTSTANDING CHAPTER AWARDS & SPECIAL ACHIEVEMENT AWARDS

ICAAP won the 2011 Outstanding Chapter Award in the Very Large Chapter category and as such is not eligible to win for its 2013 activity and report.

ICAAP nominated four individual members to receive AAP Special Achievement Awards, adding to the 24 members recognized since 2007. The 2013 recommendations included:

- **Kamala (Kay) Ghaey, MD, MPH, FAAP for her leadership in advancing obesity care in Illinois.** Dr. Ghaey has been an active member of ICAAP for over twenty years. She is the current Chair of the Committee on Obesity's Expert Panel on Coverage, Reimbursement, and Quality Measures. The work of this committee to examine state Medicaid policies has been

# AMERICAN ACADEMY OF PEDIATRICS ILLINOIS CHAPTER ANNUAL REPORT

*January 1, 2013 – December 31, 2013*

sought out nationally, and in Illinois her work in 2013 brought Illinois Medicaid to the table repeatedly to clarify and promote its payment policies. She has also been an educator for ICAAP's Reaching Our Goals: Immunization Provider Education program and participated in ICAAP research and pilot projects on tobacco, medical homes, and obesity.

- **Karen Walker, MD, FAAP for her leadership in advancing obesity care in Illinois.** Dr. Walker not only sits on the ICAAP Executive Committee but also chairs the chapter's 80-member Committee on Obesity and provides direction to the chapter's major obesity project, called Promoting Health: Improving Quality in Obesity Care. She represented pediatricians statewide at many meetings in 2013, and with Dr. Ghaey above led the effort to clarify Illinois Medicaid payment policies.
- **Julie Morita, MD, MPH, FAAP for her leadership in promoting vaccines and improving immunization rates in Chicago and Illinois.** Dr. Morita is the medical director for the immunization program at the Chicago Department of Public Health (CDPH). She has a long history of working with ICAAP and others on vaccine issues, however she is especially deserving of a 2013 Special Achievement Award because of the significant expansion that occurred in Chicago immunization activity this year. She secured additional resources and provided expert oversight for Chicago and ICAAP to educate pharmacists about vaccines, conduct a major HPV campaign, and be invited by the CDC and approved to host a two-day regional vaccine conference.
- **Jerold Stirling, MD, FAAP for his oversight of ICAAP efforts to establish board-approved quality improvement programs.** Dr. Stirling serves as ICAAP's QI Leader and provides consultation around Maintenance of Certification projects and web-based courses. In that role, he served as advisor and reviewer for ICAAP's Part 4 MOC applications to the American Board of Pediatrics, helping ICAAP establish 6 programs by the end of 2013, the most of any AAP Chapter.