

**AMERICAN ACADEMY OF PEDIATRICS**  
**CHAPTER ANNUAL REPORT**  
*January 1, 2009 – December 31, 2009*

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](mailto:pstien@aap.org), with copies to the respective district chairperson and vice chairperson.

<b>Name of Person(s) Preparing Report:</b>	<b>John R. Hill, M.D.</b>
<b>Chapter:</b>	Tennessee
<b>District:</b>	IV

**GOALS (30%)**

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).

<b>GOAL A:</b> Increase number of children diagnosed with Autism Spectrum Disorders (ASD) in Tennessee while decreasing the interval from initial referral from screening until initiation of services.
<b>MEASURABLE OBJECTIVES (up to 3):</b>
1) Number of referrals from Primary Care Providers (PCP's).
2) Waiting times at tertiary centers, which at present is 6 – 12 months
3) Decrease in the number of children requiring evaluation by tertiary centers
<b>ACTIVITIES:</b>
1) Four general pediatricians had been trained in 2007 in the Middle Tennessee area under a grant and project conducted jointly by Vanderbilt University's TRIAD program and the TNAAP (Warren, Zachary; Stone, Wendy; and Humberd, Quentin, "A Training Model for the Diagnosis of Autism in Community Pediatric Practice." <i>Journal of Developmental and Behavioral Pediatrics</i> , 30: 442 – 446 (2009).) These physicians were documented to be able correctly to diagnose and refer for initiation of services 70% of patients referred to them. This left the centers needing to see the 30% undiagnosed plus those with a definite diagnosis of ASD,

thereby, hopefully, “unclogging the gates.”

2) A second group of 4 pediatricians in West Tennessee began training in late 2009, and is now in the “internship” phase. Target Date for completion is 16 Feb 2010. This was done under a LEND grant to the University of Tennessee’s Bolling Center with the assistance from the Chapter and Vanderbilt’s Kennedy Center TRIAD program.

2) Additional providers in Middle and West Tennessee trained using funds from 2 separate LEND grants, one to the Bolling Center in Memphis (West TN) and the other to the Kennedy Center in Nashville (Middle TN).

3) A search has begun for partners to help in implementing such a program in the East Tennessee division.

**OUTCOMES/RESULTS:**

1) Assessment skills of the four pediatricians in Middle Tennessee have been validated and a total of 25 patients have been referred and processed.

2) Four pediatricians are in training in West Tennessee. An additional 8 providers (including four pediatricians) have almost completed training in Middle Tennessee.

3) The training process has been observed by a developmental pediatrician from Oklahoma, and the TN chapter is assisting that state with initiating a similar program

4) Too early to measure impact on waiting times for appointments with tertiary centers.

**GOAL B: : State Training School Initiative:** assure quality medical care for students committed to the state's four training schools. (once known as “reform schools”).

**MEASURABLE OBJECTIVES (up to 3):**

1) Assist the State of Tennessee in satisfying a court consent decree to have TNAAP or other qualified entity do ongoing audit of the quality of medical (including mental health) care rendered to students at the state’s four training schools.

2) Develop structure and mechanism for such audits, including protocols and recruitment of personnel.

3) Arrive at realistic cost assessment and budget as well as a proper time frame

<b>ACTIVITIES:</b>
1) “Champion” who had been identified last year, brought in a professional organization to assist with assessment and planning.
2) Criteria, standards and audit tool developed.
3) Formal proposal written and submitted to the TN Dept. of Children’s services
4) Several state chapter leaders involved in performing site visits and interviewing personnel on site.
<b>OUTCOMES/RESULTS:</b>
1) Written proposal has been presented to the state, including cost assessment.
2) State, citing budget crisis, has yet to respond. Of note, state is under court mandate and will have to have some entity do the audits. The state is not known to be in negotiations with any other potential auditor.

<b>GOAL C:</b> Enhance the establishment of pediatric practices as “Medical Homes” in Tennessee
<b>MEASURABLE OBJECTIVES (up to 3):</b>
1) Increase the number of practices which move at least one level higher on NCQH standard.
2) Enrollment of practices in data gathering effort across the state <i>re</i> tools, progress, etc.
3) Ability to assist practices in adopting constructive changes to meet criteria of the various medical home levels.
<b>ACTIVITIES:</b>
1) Grant money obtained from TennCare to fund efforts of one pilot practice (a faith-based not-for-profit clinic) in middle Tennessee to become a NCQH certified medical home.
2) Involvement of the three TennCare (Medicaid) managed care organizations (MCO's) in middle Tennessee in the process, in effort to result in payment for such things as care

management, improvement of access, community outreach and partnering.
3) Chapter is assisting clinic in analyzing strengths, weaknesses and in data gathering and data interpretation.
4) Pilot site developing processes, tools, care paths, protocols, etc. and identifying challenges to implementation.
5) Chapter working with Governors Office of Child Care Coordination (GOCCC) to pass on to all interested practices (not just pediatric) in the state the “lessons learned” by this clinic.
<b>OUTCOMES/RESULTS:</b>
1) Target practice has enrolled approximate 40% of its Children with Special Healthcare Needs (CSHCN's) in their medical home project.
2) Self-assessment of practices strengths and weaknesses has lead to improving community outreach and partnerships.
3) Cost/reimbursement analysis to date has showed that, even with given reimbursement schedules, the improved care for children with chronic conditions is economically feasible.

<b>GOAL D:</b> Reestablish (resurrect) the chapter's Pediatric Council in order to participate as a group in dialogue with all payers on matters of policy, regulation, and patient care, while avoiding potential anti-trust issues. [Until recently, TennCare has demanded most, if not all, of the Chapter's attention in this area, and the Council had to take a “back seat”].
<b>MEASURABLE OBJECTIVES (up to 3):</b>
1) Formation, establishment of leadership, development of agenda.
2) Development of statewide support
3) Ability to react swiftly to crises.
<b>ACTIVITIES:</b>
1) Council members recruited from diverse practices across the state.
2) Chapter membership surveyed <i>re</i> what pediatricians felt were most pressing issued involving payers.

<p>3) Decision made to include TennCare Managed Care Organizations (MCO's), since they are all owned by private insurance companies and all function as private entities.</p> <p>4) Major test: council and membership quickly mobilized when one MCO tried to retrospectively recoup payments (<i>ex post facto</i>)--i.e. changed rules, then tried to recoup payments going back before rule change.</p>
<p><b>OUTCOMES/RESULTS:</b></p> <p>1) Full council formed and has met on call by teleconference. Members recruited from across the state and represent practices with 1 to 40 pediatricians. Included are members with varied expertise-- practice management, CSHCN's, problems of access to name a few.</p> <p>2) TennCare MCO attempt to recoup payments retrospectively effectively stopped, and MCO has promised to work with physicians and chapter <i>re</i> coding rule changes, etc.</p> <p>3) Results noted in number 2 (above) communicated immediately to membership, demonstrating an added value to their membership in the chapter.</p>

<p><b>GOAL E:</b> Continue to improve the number and quality of EPSDT encounters in Tennessee. This is done through our EPSDT and Coding trainings and our Screening Tools and Referral Training (START) program, both of which are funded by a grant from TennCare (which represents the largest component of the Chapter's revenue).</p>
<p><b>MEASURABLE OBJECTIVES (up to 3):</b></p> <p>1) Audit outcomes: numbers of exams; numbers, types of audit deficiencies</p> <p>2) Renewal of grant by state.</p> <p>3) Expansion, export of START beyond Chapter and state.</p>
<p><b>ACTIVITIES:</b></p> <p>1) Continue office trainings related to preventive health screenings, developmental assessments, coding and compliance. Trainings are conducted by physician trainers and our certified coding educator. Additional coding assistance is offered online or by phone.</p> <p>2) Continue group and regional trainings, for which one may earn AAP CME credit.</p> <p>3) Last year the chapter assisted the Oregon chapter in training trainers and setting up the START program in that state. Oregon went on to develop a QI project/module for Maintenance</p>

of Certification (MOC) based on START. The TN chapter is working with Oregon to import and adapt this QI module for use in TN.

4) Program is expanding beyond pediatricians in Tennessee. A presentation was made by our START Medical Director to the TN Academy of Family Physicians at their annual meeting. Trainings have included Family Practice physicians, nurse practitioners, physician assistants and even a dentist.

**OUTCOMES/RESULTS:**

1) 119 EPSDT and Coding office trainings, involving 68 practices (225 participants, including physicians office-- staff (nurses, technicians, clerical workers, office managers).

2) Exhibited at 7 education conferences (promoting TNAAP's educational programs and resources.

3) State's data shows consistently increased rates of preventive health screens (including immunization rates) and improved audit scores.

4) Verbal commitment from state to renew grant.

5) Program embraced by family practitioners in state through their organization; START Medical Director asked to make presentations in other states.

**OTHER CHAPTER ACTIVITIES (30%)**

**PLEASE DO NOT EXCEED 50 WORDS PER TOPIC AREA.** 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..

Immunizations:       See Goal (specify)       No Activity  Activity (describe)  
State Immunization Director, Dr. Kelly Moore, has been present at board meetings and monthly TennCare meetings. She has also presented to annual Practice Managers' Conference. TN now ranks fourth in country in childhood immunizations. Also See Goal E.

Mental Health:       See Goal (specify)       No Activity  Activity (describe)  
See Goals A and E above. Mental Health is also integral part of Goal C above.

Oral Health:       See Goal (specify)       No Activity  Activity (describe)  
Conclusion of 2 year Healthy People 2010 grant to Dr. Jessica Tuberty, F.A.A.P-- introducing and offering dental services to low income children in upper East Tennessee (Appalachian area).

Children With Special Health Care  
Needs/Foster Care:       See Goal (specify)       No Activity  Activity (describe)

Successfully lobbied TennCare Bureau not to cease funding perinatal centers, at least for present fiscal year. Also, see Goal C above.

Access:  See Goal (specify)  No Activity  Activity (describe)  
Continued to work with TennCare Bureau through monthly meetings to address problems of access and quality for children on TennCare. Also, see Goals C and E above.

Quality:  See Goal (specify)  No Activity  Activity (describe)  
Collaborating with Governor's Office of Child Care Coordination to develop QI Maintenance of Certification modules for Chapter members and non-members (including Family Practice, nurse practitioners, physician assistants) and to assist practices in adopting the concepts of the Medical Home. See Goals B, C, and E..

Child Health Finance:  See Goal (specify)  No Activity  Activity (describe)  
Continued to pursue constructive partnership and dialogue with state TennCare Bureau as noted above. See Goals A,C, D & E.

Health Care Equity:  See Goal (specify)  No Activity  Activity (describe)

Medical Home:  See Goal (specify)  No Activity  Activity (describe)  
See Goal C. See above under "Quality."

Profession of Pediatrics:  See Goal (specify)  No Activity  Activity (describe)  
Group purchasing organization being developed for members. Also, see Goals C, D, and E.

Adolescent Health:  See Goal (specify)  No Activity  Activity (describe)  
Working with state to institute at least one required health supervision visit for all children in middle school and for all children in high school. This also assists state in increasing number of EPSDT visits by adolescents on TennCare. START program (Goal E) addresses specific developmental assessment tools for adolescents.

Breastfeeding:  See Goal (specify)  No Activity  Activity (describe)  
Billboards promoting breastfeeding in Memphis; bus advertisements in Nashville. Very active (and persistent) breastfeeding coordinators in each of these cities. Monthly meetings of breastfeeding coalition in Memphis.

Community Outreach:  See Goal (specify)  No Activity  Activity (describe)  
See Goals B and C. Note above activities by breastfeeding coordinators.

Disaster Preparedness:  See Goal (specify)  No Activity  Activity (describe)  
TNAAP's Disaster Preparedness Advisor continues to serve as Pediatric representative on State Disaster Preparedness board. He has developed, with the input and help of the state's children's hospitals, educational modules which may be viewed, studied and completed on line.

Early Brain Development  See Goal (specify)  No Activity  Activity (describe)

Chapter Liason to Tennessee Early Intervention Service State Interagency Coordinating Council convinced Dept. of Ed to incorporate screening with PediaVision System of all children eligible for services under Part C. Previous pilot study at Ft. Campbell: 100 screened, 3 found to have significant vision problems. Also See Goals A and E.

Early Hearing Detection &  See Goal (specify)  No Activity  Activity (describe)  
Intervention

Integrated into EPSDT program. State requires hearing screen before discharge from hospital of all newborns.

Health Care Organization

Collaboration:  See Goal (specify)  No Activity  Activity (describe)

See Goals A, C, D, and E.

Increase Chapter Visibility

Expert Recognition:  See Goal (specify)  No Activity  Activity (describe)

1) State asking/willing to partner with chapter in new projects, such as Medical Home and development of MOC part 4 module(s). 2) Chapter received awards from the Tennessee Society of Association Executives: best newsletters (2) and best website for its chapter webpage. 3) See Goal B.

Managed Care Medicaid:  See Goal (specify)  No Activity  Activity (describe)

See Goals C, D, and E.

Obesity:  See Goal (specify)  No Activity  Activity (describe)

Two obesity projects already funded through Tennessee Pediatric Society Foundation.

Pediatric Councils:  See Goal (specify)  No Activity  Activity (describe)

See Goal D.

Practice Management:  See Goal (specify)  No Activity  Activity (describe)

1) 1 day practice manager's seminar/contin ed. Meeting held in late spring. Most recent conference had 50 attendees and 18 vendors. 2) Mock audits offered to practices through EPSDT grant. 3). Group Purchasing Organization in developmental stage, and should be available as member benefit in first quarter of 2010.

Professional

Education/CME:  See Goal (specify)  No Activity  Activity (describe)

1). Joined with Pediatric Emergency Physicians to sponsor Pediatric Emergency Medicine conference in Chattanooga in Oct. 12 hrs of approved CME offered. 2) Regional START trainings offer AAP CME credit (Goal E).

Public Education:  See Goal (specify)  No Activity  Activity (describe)

1) Distribution of educational materials via medical practices and conferences on topics of car seats/seat belts, periodicity of well child visits, and bicycle helmets. 2) Billboards and public transportation ads advocating breastfeeding for all babies.

Public Health:       See Goal (specify)       No Activity  Activity (describe)  
Representatives of WIC Office, VFC coordinator, regularly participate in board meetings.  
Department of Health representatives are part of monthly meetings organized by TNAAP at the  
TennCare Bureau.

Reach Out and Read  
Literacy:       See Goal (specify)       No Activity  Activity (describe)  
Tennessee Pediatric Society Foundation exploring.

Smoking Cessation:    See Goal (specify)       No Activity  Activity describe)  
4 chapter members from Chattanooga sent to Richmond Foundation meeting in Anaheim, CA.  
Grand rounds program produced in Chattanooga—including physicians and the mayor. The 4  
attendees recruited as advisors to chapter.

Other(s) Please specify:

**CHAPTER FINANCES (10%)**

Please describe your budget process and how it relates to your defined goals (eg. 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

Operating Budget: \$631,000.00      Reserves: \$200,000.00  
Total Full Time Staff: 4      Part Time Staff: 2

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) \_\_\_\_\_

<b>MEMBERSHIP DEVELOPMENT (20%)</b>
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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, practice owner or employee, or research interests, etc.)*

**PLEASE DO NOT EXCEED 50 WORDS PER CATEGORY.** Please briefly describe your chapter's recruitment activities, if any, related to the following member types in the space provided below.

Medical students

Residents

Presentations by members at resident conferences and grand rounds. Residents invited and transportation provided for them to Board Meetings in Nashville.

Young Physicians

Actively recruited for board positions, projects. One board member is head of YP committee.

Use YP's to build contact with residents and students. YP committee coordinated 3 programs in one week for Vanderbilt Residents.

Medical subspecialists

**Specialists used as advisors in specialty areas. Involvement of specialists in work with state agencies (Education, Health, Children's Services), such as sports medicine, cardiology, violence prevention.**

Surgical specialists

Academicians

President and sec/treas both full time academicians. Chairs of all five Peds departments attend board meetings, and are ex-officio members of the board.

Seniors

Underrepresented and Minority Physicians

Other

**CHAPTER ADMINISTRATION/STRUCTURE/GOVERNANCE (10%)**

Do you have a strategic plan?  yes  no

Not in the formal MBA/AAP sense. Do we have a plan/agenda, and do we follow it—YES!

If yes, when was it last reviewed? \_\_\_\_\_

Do you use the balanced scorecard?  yes  no  
Date your bylaws were last reviewed: May 2009

**PLEASE DO NOT EXCEED 50 WORDS PER ACTIVITY.** Of the following choices, please describe what activities, if any, your chapter engages in to support the continued growth and development of its leadership and staff.

Implementation of Pediatric Leadership Alliance principles  
Board, committees set up with varieties (as in color palate), of personalities and outlooks.  
Tasking and brainstorming methods presented every 3 - 4 yrs.

Mentor program  
Older members expected to mentor younger board, committee members in their Grand Division of the State (East-Middle-West).

Succession plan  
Nominating committee of board chooses slate with attention to such items as interest, experience in chapter, diversity, and constituency. Tries to avoid even appearance of in-group.

Professional education seminars/teleconferences  
Tries to see that exec. comm. members attend at least one National Legislative Conference.  
President and Executive Director attend ASAE CEO symposium at beginning of each president's term. Exec. Dir. is on faculty of AAMSE Leadership Academy, adapted from AAP PLA.

Sponsor attendance at AAP national leadership conferences  
In addition to conferences paid for by AAP, Chapter pres and vice pres. receive stipend to attend NCE each year. Chapter pays travel and lodging for one Young Physician to attend annual District IV meeting. Sponsors Legislative scholarship to members and residents to attend Legislative Advocacy Conference.

Support membership in professional organizations  
Executive Director is member of American Association of 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 (TSAE). Finance officer is on finance committee of TSAE.

Other(s)  
Sponsored two annual retreats during past year for Chapter staff. President Elect addressed staff at most recent retreat.

<b>SUMMARY</b>
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In 250 words or less, please summarize the distinct reasons or accomplishments that your chapter should be chosen as an outstanding chapter, including any challenges that you had to overcome.

Like all Chapters, we build on the labors and successes of past years. We have established an enviable working relationship with state government. As the recognized leading advocate on issues involving child health and welfare in Tennessee, we have the respect of and access to such agencies as the TennCare Bureau, the Governors Office of Child Care Coordination. Our services have been solicited by the Department of Children's Services and the Department of Education.

We have received grants to fund improving the quantity and quality of EPSDT services (with concomitantly improved reimbursement to providers), detection and treatment of Autism Spectrum Disorders, and establishment of medical homes for Tennessee's children with special health care needs. The resurrection of our Pediatric Council, the development of a Group Purchasing Organization (GPO), and the building of Quality Improvement modules for ABP Maintenance of Certification (MOC) will add "value" to membership in our chapter.

Our successes with TennCare are a start in addressing the disparities in children's medical care among diverse economic groups. As with all states, Tennessee has far to go in this area—and the chapter stands ready to help. This will be one of the greater challenges the state (and thus, the chapter) must tackle in the coming years.

### **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:**

#### **Individual Projects:**

**Dr. Debra Bryant:** for her leadership in setting up a program to audit the medical care of children committed to the state's four training schools.

**Dr. Deanna Bell:** for her leadership in establishing a Medical Home, in cooperation with TNAAP, for children with special healthcare needs in the Mercy Clinic, Franklin, TN.

**Dr. Mark Gaylord,** for starting and coordinating the efforts to save the states perinatal

**center funds from state budget cuts.**