

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.

<i>Name of Person Preparing Report:</i>	David Turkewitz, MD, FAAP and Suzanne Yunghans
<i>Chapter:</i>	Pennsylvania
<i>District:</i>	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:**

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.

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. In particular, we are pleased with the result that the percentages 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.

GOAL A: Access/Quality of Care
MEASURABLE OBJECTIVES (up to 3):
1) Advocate for universal, fair and equal health care for all children and medical homes for children with special needs.
2) Offer a wide variety of CME opportunities intended to improve quality of care and practice management.
3) Continue to support the PA Medical Home Program and encourage practice participation.
ACTIVITIES:
1) In 2007, with PA AAP active support, PA expanded S-CHIP to cover all children in PA. PA AAP appointed members continues to participate in the state CHIP Advisory Committee and the state Medical Assistance Advisory Committee. PA AAP Board members meet 2 times per year with the state Secretary of Public Welfare (Medicaid) and the State Secretary of Health.
2) In 2008, PA AAP offered 10 CME teleconferences, 2 medical home statewide CME conferences and 150 practice-based CME presentations through our EPIC programs.
3) Dr. David Turkewitz gave 2 Grand Rounds presentations and used his monthly e-newsletter column to promote practice participation in the Medical Home Program. Dr. Turkewitz scheduled a meeting with the Secretary of Health to specifically highlight the PA AAP Medical Home work.
OUTCOMES/RESULTS:
1) PA AAP directly influenced Medicaid adoption of the Bright Futures schedule for EPSDT and coverage of developmental and autism screening.
2) In 2008, 2500 participants in the PA AAP CME activities.
3) The PA Medical Home program has recruited and involved 12 more pediatric practices in

their QI learning collaborative in 2008. This unique, progressive and research-based program has worked with 78 pediatric practices in Pennsylvania since the inception of the program.

GOAL B: Practice Management

MEASURABLE OBJECTIVES (up to 3):

- 1) Address the unique problems of rural/small practices/independent MD practices.
- 2) Provide resources and tools on practice management to physicians.
- 3) Offer a wide variety of CME opportunities intended to improve quality of care and practice management.

ACTIVITIES:

- 1) Re-activated the PA AAP Practice Management Committee with leadership delegated to a pediatrician (Dr. Kressly) who has shown tremendous business savvy and a strong interest in working with the Chapter.
- 2) Provided coding and practice management tips in each monthly e-newsletter which is distributed to all members. Chapter Executive Director fields practice concerns and advocates for resolution with payers.
- 3) The PA Medical Home program is both patient/family focused in the implementation of a medical home model of care and the program is designed to transform the business practice of pediatrics to not just survive but to thrive in the today's economic environment.

OUTCOMES/RESULTS:

- 1) Dr. Kressly successfully recruited member participation on the Practice Management Committee. The first task was to provide longitudinal focus to the Pediatric Councils. This was achieved through writing four position statements covering: adoption of the Bright Futures schedule, recognition of CPT 96110, recognition of telephone care, and immunization payment (purchase and administration fee). These issues were presented at our fall 2008 Pediatric Council meeting and we succeeded in re-directing the Pediatric Council process from one in which issues were recurrently discussed with little longitudinal progress to one in which we established a foundation for interim collaboration. Follow up meetings with individual insurers are scheduled for Jan 2009.
- 2) Member issues addressed and either resolved or passed on to AAP (Lou Terranova) for national action.
- 3) As Chapter President, I cannot understate the importance of the PA Medical Home program that could be a replication template for the National AAP. Under the direction of Dr. Turchi, we have measurable outcomes that support case management within a medical home as a means

to improve clinical outcomes at less cost for insurers.

GOAL C: Funding of Child Health Care

MEASURABLE OBJECTIVES (up to 3):

- 1) Impact Federal/State fiscal crisis as it relates to the future of Medicaid and CHIP.
- 2) Sustain on-going meetings with state officials to continue successful protection of children's Medicaid coverage from cuts in services.
- 3) Enter into a dialogue with the primary care specialties (family practice and internal medicine) to address common issues with regards to PA legislative attempts to develop independent practice of CRNPs.

ACTIVITIES:

- 1) Partner with other child advocacy organizations to maintain a unified mandate for children's coverage. Maintain pediatrician appointment to CHIP Advisory Committee and Medical Assistance Advisory Committee. Hire a part-time lobbyist to maintain a pediatric presence in the Capitol and address pediatric issues with key legislators and staff.
- 2) Drs. David Turkewitz and Bob Cicco met several times with the Secretary of Public Welfare and the Medicaid Chief Medical Officer. Suzanne Yunghans regularly communicates with the Medicaid Chief Medical Officer, the Director of Medicaid Quality Management and the Policy staff.
- 3) Primary Care Coalition hired lobbyist to represent the specialties on the CRNP independent practice issues and other health care reform efforts.

OUTCOMES/RESULTS:

- 1) Despite a deep deficit and cuts in adult services, Medicaid and CHIP services for children have not been cut to date.
- 2) PA AAP attributes numerous Medicaid pediatric achievements (EPSDT matched to Bright Futures, obesity management services, recognition of 96110, pediatric additions to the P4P program and soon-to-be coverage for fluoride varnish) to these solid relationships.
- 3) Legislative action is delayed due to partisan politics. PA AAP submitted comments to the state regulatory body regarding CRNP scope of practice in December 2008.

GOAL D: Payment of Pediatric Services

MEASURABLE OBJECTIVES (up to 3):
1) Work with third party payers and Medicaid to improve reimbursement for pediatric services.
2) Work with third party payers to support payment for medical home services.
3) Establish benchmark position statements to be used to guide discussions at our biannual Pediatric Council meetings and to lay the groundwork for continuance of these discussions with the insurance medical directors between meetings.
ACTIVITIES:
1) PA AAP conducts Pediatric Council meetings two times per year and has regular communications with insurer medical directors in between. See Goal A and C for other activities
2) PA AAP Medical Home program is engaged in an ROI analysis with the state Medicaid program to determine utilization before and after a practice engages in the medical home practice transformation.
3) The PA AAP Practice Management Committee has written 4 position statements on practice reimbursement (see above). These position statements will be used as a foundation for subsequent dialogue and this is just a start for future position statements that will aid pediatric practices in contracting with third party payers.
OUTCOMES/RESULTS:
1) Increased sensitivity to pediatric issues. Increased willingness to trouble-shoot pediatric problems as they arise. With the exception on one insurer, all have been supportive of pediatric practice involvement in the Governor’s Chronic Care Initiative. This is significant because the financial savings for adult chronic care issues far outweighs pediatrics. This initiative relies on the insurers to put significant dollars on the table for participating practices.
2) Through our Medical Home Initiative, we are working with individual practices to aid these practice in transforming to a true medical home with demonstrated improved patient outcomes and with a business model to support this transformation.
3) See above for PA AAP Practice Management Committee.

GOAL E: Member Benefits
MEASURABLE OBJECTIVES (up to 3):
1) Recruit and involve young pediatricians, residents, part-time pediatricians and Emeritus Fellows.

2) Improve communication between the Chapter and its membership.
3) Retain and increase the involvement of existing members including reaching out to academic centers, specialty interest groups and retired pediatricians.
ACTIVITIES:
1) Two young physician seats have been added to the Board (second seat added in 2008). Young Physician Board members planned and executed the Chapter's 22 nd Annual Resident Career Day in Philadelphia. Our overtures to participate with the Children's Hospital of Pittsburgh Career day were accepted. Dr. Turkewitz presented at both programs. Suzanne Yunghans and a PA AAP member provide monthly advocacy training to the residents at Children's Hospital of Phila. In 2008, the PA AAP partnered with Jefferson/AI DuPont Residency Program on a CPTI grant.
2) Undertook a complete overhaul of its website in 2008. The new and improved website will be launched on 12/30/08 at www.paaap.org . Continued monthly e-newsletter to all members (also faxed to each practice).
3) We recognize that practicing pediatricians are likely to have little time to read lengthy emails, in particular those with multiple attachments. Through our concise and timely PA AAP NewsFax/E-mail, we reach out to members with timely topics likely to be of interest to all pediatricians – younger and older; generalists and specialist; and those who work in academic settings or community practice.
OUTCOMES/RESULTS:
1) Young Physician involvement has increased. Chapter has an increased presence among the residents at CHOP, Children's of Pittsburgh and Jeff/AI DuPont.
2) Impact of new website to be determined in 2009.
3) Feedback from members on our PA AAP NewsFax/E-mail has been very positive. While this is anecdotal, the response has been consistent with many responders asking us to keep up the good work.

OTHER CHAPTER ACTIVITIES

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__ See Goal A above. _____

Adolescent health__ PA AAP received a grant from TRIAD (a PA adolescent research and education collaborative among four PA academic institutions. The collaboration produced a series of 5 CME teleconferences (150-250 participants/call) on adolescent smoking cessation and a new website <http://www.helpteensquit.com/>

Chapter management issues__The most challenging management issue the PA Chapter faced this year was an abrupt withdrawal of state funding for our immunization education program due to a reduction in CDC funds. Through financial and staff re-structuring, we have been able to sustain the program. _____

Children with special health care needs/foster care__ The PA Chapter was awarded a Task Force on Foster Care grant in 2008 – work is just beginning under the direction of Jodi Cohen MD. PA AAP has 2 representatives on the state CFSR Planning Committee working to infuse health in the state plan. _____

Community outreach__ The PA Chapter directs the statewide Child Death Review program through volunteer teams in each of the 67 counties. The teams are actively engaged in their communities on prevention efforts related to infant safe sleep, teen suicide prevention, teen driver safety and farm injury prevention.

Disaster preparedness__ We are in the discussion phase with Penn State Univ about partnering on a Federal grant application linking EMSC with rural disaster preparedness.

Finance_____

Health care equity_____

Health care organization collaboration__The PA Chapter continues its partnership with the PA Academy of Family Physicians and the PA Section of the American College of Physicians. This Primary Care Coalition received an Improving Performance in Practice grant in 2008 from ABMS and conducted 6 regional meetings on the NCQA – PCMH. The PA Chapter also worked with the Pennsylvania Medical Society in response to Governor Rendell’s Prescription for Pennsylvania.

Improving communications__ See Goal E above. _____

Immunizations__ Sustained Immunization Education Program despite abrupt state funding cut in June 2008. Conducted two CME teleconferences in 2008 – one immunization update with CDC staff and one with Paul Offit MD within days of the breaking news on the Poling case (held at 6 am with 120 participants) _____

Medical home__ Under the direction of Renee Turchi MD, the PA Chapter continues its funded statewide medical home program –with over 60 practices engaged in this quality improvement learning collaborative. This unique program is data intensive and designed as a real time research collaborative studying health care outcomes and return on investment.

Membership Issues/Member Participation___The PA Chapter is fortunate to have member involvement in all of the EPIC programs, 78 practices involved in the medical home program, 30+ practices involved in PROS, numerous members involved in chapter committees and state advisory committees and task forces.____

Mental health__ The PA Chapter participates in the state Suicide Advisory Committee and is a sub-recipient of the state's Garrett Lee Smith grant award. The PA AAP is also involved in a developmental screening pilot. Pennsylvania Child Death Review is coordinated through the PA AAP. Through studying patterns of child death, local communities have looked at replicating successful models of suicide prevention through improved mental health services.

Non-dues revenue generation___ In 2008, received new grant funding from the United Way (health consultation for early learning programs), The Commonwealth Fund (developmental screening), the PA Dept of Health (breastfeeding education), PA Dept of Public Welfare (suicide prevention), PA Dept of Health (state implementation grant for CSHCN), CJ Foundation (infant safe sleep mailing to MDs) and AAP (Foster Care and CPTI).__

Obesity_ PA AAP partnered with 1) the PA Depts of Public Welfare & Health to conduct a CME teleconference on the Medicaid pediatric obesity benefit, 2) the PA Medical Society on a CME monograph on pediatric obesity, 3) the PA Dept of Health to distribute AAP 5210 Decision Support Charts to pediatric practices._____

Oral health__ The PA Chapter has been working with the PA Dept of Public Welfare and the PA Dental Assoc. to develop a Medicaid PCP-based oral health program to include exam, fluoride varnish and referral to a dentist (scheduled to launch in 1/09). Two PA pediatricians received AAP Oral Health Preceptorship grants 2008._____

Pediatric councils___The PA Chapter has had a functioning Pediatric Council for 8+ years with good participation from the health plans. In 2008, Sue Kressly MD and our Practice Management Committee have focused work on 4 areas: recognition of Bright Futures schedule, immunization payment, developmental screening payment, and recognition of telephone care codes. _____

Practice management_____See Goal B above._____

Professional education/CME___See Goal A above._____

Profession of pediatrics___ The PA Chapter is addressing the need for pediatric practice transformation through efforts toward quality improvement, reimbursement, legislative reform and practice-friendly CME.

Public education___Via PA AAP programs: 1) Traffic Injury Prevention Program conducts public education across PA, 2) Child Death Review initiated Cribs for Kids programs in 50+ PA counties, 3) Started a Prevent Child Abuse America chapter in PA (only AAP chapter in country), 4) Partners with Penn State Univ on shaken baby public education program.

Public health__ In 2008, the PA AAP achieved enactment of a Public Health Child Death Review bill. We supported legislation to improve child fatality/near fatality reviews for children known to child welfare and a bill mandating education on infant safe sleep. Also, most Chapter grant-funded programs address public health issues. _

Quality__The two chapter initiatives most closely tied to quality improvement are the Medical Home program and ABMS Improving Performance in Practice (IPIP) grant. The IPIP work partners with the Governor’s Chronic Care Initiative – to date, in the first region to be launched, 6 of the 32 practices are pediatrics._____

Reach Out and Read/literacy__89 Reach out and Read sites exist in Pennsylvania. Continued partnership with PA Library Assoc with annual One Book/Every Young Child early learning initiative.

Smoking cessation__ See Adolescent Health section above. The PA AAP has a grant from the PA Dept of Health (via Penn State Univ) to develop a clinician tobacco education series and to pilot educational kiosks in 5 prenatal clinic settings. PA AAP was recognized as a contributor to the national Postpartum Protocol Script for Tobacco Quit-Line Counseling.__

Other(s) Please specify__

Increase chapter visibility/profile/expert recognition We are fortunate in Pennsylvania to have a cadre of talented pediatricians committed to child advocacy and who are willing and able to take highly visible leadership roles. These PA AAP chapter members include: Drs. Paul Offit, Cindy Christian, Scott Myers, Robert McGregor, Maryellen Gusic, and Ken Ginsburg. PA Chapter maintains a high profile via representation on all major child-related state forums such as: Attorney General Advisory Board on Child Abuse, CHIP Advisory Committee, Medical Assistance Advisory Committee, Task Force on HIV Planning, State and Local Immunization Coalitions, Medicaid Peer Review Committee, Medicaid Pharmacy & Therapeutics Committee, CFSR Planning Committee, etc. The PA AAP was at the forefront of a coalition of organizations that supported successful legislation that codifies Child Death Review in Pennsylvania. The Chapter also has statewide leadership recognition in the back to sleep initiatives and more specifically our successful Cribs for Kids program

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
Mental health						X
Oral health				X		

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

CHAPTER FINANCES

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

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) Book royalties; software subscriptions

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.)*

Demonstrating value is not rocket science. We have followed a multi-pronged approach which includes: listening to our membership (in particular regarding crisis in practice management) and responding promptly with specific action plans to inquiries and concerns; communicating effectively with our membership through personal calls, emails, monthly NewsFax/E-mails, and an enhanced website that we will soon roll out; letting our membership know that the PA AAP is a great Chapter only because of past, present and future participation of the talented pediatricians we have in our state; taking all opportunities to recognize pediatricians who aid in the development of the extraordinary depth and breadth of programs coordinated and funded through the efforts of the PA AAP.

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 bi-annual Leadership Meetings. For 22 years the PA AAP has conducted an annual Resident Career Days for PL2s. Residents have access to and have utilized information from the PA AAP funded educational programs. PA AAP provides advocacy training for 3 residency programs.

Young Physicians

PA AAP added two Board positions specifically representing the Young Physician members. Utilized YPs to plan and execute Resident Career Day. We welcome the involvement of young physicians in all of the eight educational programs of the chapter – many of whom are involved as physician presenters.

Medical subspecialists

Medical and surgical subspecialists and AAP Section officers were invited to the two Chapter Leadership Meetings in 2008. AAP Committee/Council members from PA are invited to attend as well. In 2008, the PA Chapter provided support for two AAP section-led resolutions submitted for the 2009 ALF.

Surgical specialists

See Medical subspecialists response.

Academicians

The Academic Chairs of the seven PA pediatric training programs are invited and attend (or send representatives) to the two Chapter Leadership Meetings per year. Dr. David Turkewitz has specifically reached out to several of the Academic Chairs in 2008 via personal meetings to continue to build relationships and to encourage faculty membership in AAP and PA AAP.

Seniors

The PA Chapter has a number of emeritus fellows involved in chapter programs both as advisors, presenters and participants. One senior member serves as the PA Chapter liaison to the PA Medical Society Board of Directors. However, there is no formal senior section that meets as a

group.

Underrepresented and Minority Physicians

The PA Chapter actively recruits all pediatricians for PA AAP activities. The Chapter has struggled to recruit a balance of age, race/ethnicity, geographic region, academic vs. practice and male/female leaders. The Nominating Committee has exercised special efforts to maintain gender and age balance on the Board.

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) Support PA member attendance at District III Leadership Training Conference

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

Inspire a shared vision: Twice per year, the PA Chapter brings as many people together as possible to showcase efforts and help all to see the collective impact of the chapter work.

Enable others to act: PA Chapter supports member interests and empowers individuals with resources, contacts and encouragement (e.g. TFOFC grant award to Jodi Cohen MD).

Mentor program

Succession plan

The PA Chapter utilizes a succession plan among the officers of the Board. The VP moves to the President position. Because of the complexity of the PA Chapter finances, programs and activities, it is important that the officers have multiple years on the board to understand the chapter.

Professional education seminars/teleconferences

The Executive Director attends AAP meetings (e.g. NCE, ALF, District meeting). All PA AAP staff attend seminars/meetings/webinars pertinent to their program area and/or to improve their skills.

Sponsor attendance at AAP national leadership conferences

The PA chapter has sponsored chapter member attendance at all AAP national leadership conference opportunities over the years.

Support membership in professional organizations

The PA Chapter supports the Executive Director's membership in ASAE and staff membership in professional organizations pertinent to their program areas.

Other(s)

The PA Chapter supports PA member attendance at AAP District III Leadership conferences.

SUMMARY

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

Our chapter is extraordinary in terms of: depth and breadth of programs (with a budget to match); our high level of member participation; our track record of developing truly innovative programs and our ability to sustain high performing programs. Our strength is the ability to respond rapidly and effectively to opportunities and challenges. We listen carefully to our membership. We benefit from a management approach that adheres to mission and employs a collegial yet principled style that has allowed us to cultivate functional relationships with organizations that share child agendas.

This year's accomplishments are many. Through new initiatives, we have further engaged members and diversified funding (United Way funding for health consultation in child care; EPIC - Breastfeeding Education grant; Task Force on Foster Care grant; The Commonwealth Foundation support for developmental screening project with The PA Health Law Project). We have expanded the role of young physicians through executive board appointment (two), involvement as planners/speakers in resident career day and participation in the majority of our programs. We have achieved legislative success with the enactment of SB 684 codifying child death review. We have addressed the fragile nature of pediatric business through: substantially enhanced EPSDT reimbursement (incorporating validated behavioral/developmental screening tools); expanding our medical home initiative (a practice transformation program); and through involvement of our newly reformed pediatric practice committee, we have taken our Pediatric Council discussions to a more productive level.

I am proud of what our PA Chapter is about and it has been my honor to serve as President.

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:

Robert Cicco, MD, FAAP for his role in aligning PA EPSDT with Bright Futures and crafting a successful financial analysis that led to increased payments.

Beth DelConte, MD, FAAP for her role in championing early childhood issues and **Susan Aronson, MD, FAAP** for mentoring the next generation to carry on the work she began many years ago.

Individual Projects:

Michael Goodstein, MD, FAAP for his implementation of infant safe sleep protocols at York Hospital.