

# THE SECTION ON PERINATAL PEDIATRICS LOOKS TO THE FUTURE: PROGRESS IN DEVELOPING A NEW STRATEGIC PLAN

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For the Section on Perinatal Pediatrics (SoPPE), the annual AAP National Conference and Exhibition represents the excitement of leadership succession accompanied by a valuable forum for education, networking, assessing the Section's progress toward its stated mission, and setting new priorities.

From the perspectives of reassessment and prioritization, the past 18 months have proven an even more exciting and active period than usual for our vibrant Section. Much of the upsurge in assessment, planning, and initiation of new activities is a direct result of the work of the SoPPE strategic planning group in a process facilitated by Academy strategic planning expert, Ken Slaw. I am very fortunate to have had the opportunity to participate in the strategic planning process along with Ken and the esteemed members of this group. This progress report is prepared on behalf of the entire group:

- Judy Aschner, Past Chair of the Organization of Neonatal Program Directors
- Carl Bose, Chair Elect of the Section on Perinatal Pediatrics
- Deborah Campbell, Past Chair of the Section on Perinatal Pediatrics
- Marilyn Escobedo, Liaison to the Neonatal Resuscitation Program and Past Chair of the Section on Perinatal Pediatrics
- Avroy Fanaroff, Of Counsel, Section on Perinatal Pediatrics Executive Committee
- Jeffrey Gould, Co-Editor (and Past Editor) of the Perinatal Section News
- Bill Keenan, Director of the AAP International Office, Co-founder of the Neonatal Resuscitation Program and Past Chair of the Section on Perinatal Pediatrics
- Jim Couto, AAP Director of Hospital and Surgical Services

Hundreds of Section members contributed to the strategic planning process through audience responses at the Spring Workshop and participation in the online strategic planning survey. Not only has the members' feedback and the strategic planning group's work resulted in implementation of exciting new initiatives, but these activities already have engaged more members than ever in Section activities, bringing new creativity and vitality to the work of the Section.

## The Strategic Planning Process

With only their knowledge of the current state of neonatal-perinatal medicine, its challenges and opportunities, and their best estimates of the future of the field, the strategic planning group members pursued the goal of developing a plan that would identify new areas of strategic focus to serve as a guide for Section initiatives over the next 5-10 years. Engaging in an in-depth process that identified the Section's strengths, limitations, opportunities, and challenges; envisioned in retrospect what we would like to claim as accomplishments; the group viewed options with respect to both coherence with the Section's mission and feasibility. Advocacy for babies and families and member value were considered integral domains that must be incorporated into all elements of the strategic plan. The process assumed preservation of the structure and activities that work well to accomplish the Section's mission. In evaluating potential new

strategic domains, the planning group sought to identify areas of focus that would: i) have the highest impact on the health of children, ii) be future trend focused and oriented to improving the next generation of neonatal-perinatal medicine, iii) have the greatest likelihood of success, sustainability, and feasibility, iv) provide the highest impact on member value, and v) be attractive to young neonatologists.

### Section Members' Provide Key Insights

Section members played an integral role in the strategic planning process through feedback at Section venues and participation in an online strategic planning survey that requested members' views on the current services provided by the Section, as well as their insights regarding priorities for the future of neonatal-perinatal medicine. The responses:

#### Survey results

More than 350 members participated in the survey and the division among respondents was approximately equal between neonatologists with a clinical versus academic practice focus.

Survey respondents identified the following as the five most valuable benefits of Section membership: advocacy for babies and families, clinical guidelines and statements, the Neonatal Resuscitation Program, publications, educational programs, and advocacy for appropriate neonatal coding.

Six open-ended questions sought insights regarding a number of key areas relevant to the future of neonatal-perinatal medicine. Many survey respondents expressed appreciation, providing kudos and compliments regarding the work of the Section. The survey results also provided a wealth of suggested improvements and potential new avenues for Section development.

**Top issues for babies and families:** Section members responding to the survey cited the health care cost crisis and challenges in access to care as the top concerns for babies and families in the coming era. Members also expressed concerns regarding the contributions of extreme preterm birth to chronic health conditions and diminished quality of life. Respondents called for better education of the community regarding the risks of advanced reproductive and neonatal care technologies. Social and maternal health aspects of neonatal outcomes, patient safety, and the need for more neonatal-perinatal research also were listed as factors with important implications for babies and families.

**Issues about which the Section must be proactive:** Responses to this question spanned the full spectrum of neonatal-perinatal medicine yet some common themes also emerged. The need for the Section to continue to reach out and to provide recommendations and education regarding evidence-based practice was the most prominent message. A need was recognized for Section advocacy to accomplish a number of goals: 1) improve access to care, 2) increase emphasis on quality of care, 3) enhance patient safety 4) reduce elective or iatrogenic late prematurity, 5) enhance regionalization of perinatal care, 6) increase funding for neonatal-perinatal research, 7) achieve appropriate balance in medical legal aspects, and 8) accomplish tort reform. The Section also was charged with remaining proactive in educating, not only neonatologists and trainees, but also families, the public, and general pediatricians. In addition, the need for attention to a number of practical challenges was raised,

including: evolving practice models, work hour limitations, reimbursement, pay for performance, and the progressive discrepancy between research and/or academic and lucrative private neonatology practices. Finally, the need was cited to recruit and involve younger neonatologists in Section initiatives.

**Efforts to enhance member value:** Suggestions for enhancing member value also were quite diverse. Many members called for an improved website and for better access to both the medical literature and continuing medical education opportunities. Specific website suggestions included adding: a Frequently Asked Questions section and interactive component for members, Section multimedia presentations and webcasts, journals (AAP and others) and links to websites within and outside the Academy. Section educational programs were another common focus, with members requesting a greater number of and enhancements to Section educational programs and additional sponsorship of local and regional meetings to provide both an affordable educational venue and the opportunity to network with local colleagues. The provision of resources for Board recertification was identified as another area of need. Reduced meeting registration fees and membership dues and free access to NeoPREP also were suggested as means by which member value could be enhanced. Finally, the Section was viewed, by some respondents, as a group that could benefit its members through renewed efforts to bridge and facilitate communication and collaboration between the private and academic neonatology communities and by providing easier and more transparent member access to involvement in Section organizational activities (e.g., committee work, international projects) and leadership opportunities.

**Section advocacy on behalf of babies and families:** Many survey respondents expressed the view that effective advocacy for babies and families will necessitate greater Section visibility at state and national levels, accompanied by increased outreach to parents, the public, the media, and legislators. These respondents suggested the Section should pursue national advocacy through partnerships with the Academy leadership and lobbyists, AAP component groups, and other organizations (e.g., the American College of Obstetrics and Gynecology, March of Dimes) to advocate for: 1) universal access to quality perinatal health care and 2) specific efforts aimed at identifying the causes and elimination of barriers to care and disparities in health outcomes. Respondents also argued in favor of approaches to enhance education and involvement of parents, as well as the broader public, on topics related to both general newborn health and acute issues and sequelae of preterm birth. They advocated for provision of multi-lingual educational programming and materials as well as for strengthening Section support of parents' rights. Production of materials for dissemination to the media and improving online access to parent education materials were offered as concrete ways in which the Section might better contribute to parent and public education. Section efforts to provide clinical guidelines and education to neonatologists, promote regionalization, and support and advocate for research also were recognized as approaches ultimately benefiting babies and families.

**Section advocacy on behalf of the neonatology community:** A number of recurrent themes were evident in responses to the question on Section advocacy on behalf of neonatologists, including: the well recognized value of Section educational programs, coding education, and guidelines and policy statements; also reiterated were the previously expressed needs for additional Section advocacy in favor of neonatal-perinatal research funding, legal issues and tort

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reform. Several new elements also emerged including: the importance of Section work in collaboration with the American Board of Pediatrics (ABP), advocacy regarding resident training in neonatology, and issues relevant to coding and reimbursement. Respondents advocated for closer collaboration between the Section and the ABP in developing a strong and appropriate recertification program; several respondents suggested that the Section also might develop an AAP-sponsored member QI initiative that would meet the ABP recertification requirement. Coding, reimbursement and insurance industry challenges also were identified as significant problems by many who, while expressing appreciation for past Coding Committee efforts, called for renewed Section involvement in advocacy efforts to improve reimbursement. They also supported Section efforts to assist in the development and adoption of appropriate and straight-forward coding requirements; and asked for more substantive interventions in to assist with challenges encountered in unreasonable insurer demands and reimbursement denials. A number of additional suggestions were offered for improved member support, including: providing website web-based access for clinical questions, developing a common repository for forms and protocols, and promoting dissemination and sharing of outcomes data. A few respondents expressed the need for the Section to increase efforts to recognize and support involvement of non-academic neonatologists. The expressed sentiments of a number of respondents were well summarized by one who offered, “We must work together closely to maintain an active organization through which we can come together and speak with one voice.”

### The Strategic Plan in Motion

Members’ responses to the strategic planning survey and the work of the strategic planning group revealed many worthy domains and potential Section initiatives. The strategic planning process necessitates restriction to just a few areas of simultaneous development and, thus, is an iterative process. The first domains emerging from the strategic planning process -- quality, education, global health and leadership -- have become the foundation for the Section’s initial implementation efforts.

**Quality: *Creating a Culture of Quality in Neonatal-Perinatal Medicine*** (Leaders: Carl Bose and Jeffrey Gould) Quality was identified by our membership as the single most important priority for the future of neonatal-perinatal medicine. We recognized two relevant aspects of this domain: 1) quality is of critical importance to all aspects of neonatal-perinatal medicine: education, recertification, reimbursement and, most importantly, provision of the very best care to infants and families, and 2) there are a number of existing organizations with substantial expertise in neonatal-perinatal quality. With the latter in mind, we set as a first objective to develop and launch a national Council on Neonatal-Perinatal Quality that could serve as a collaborative resource for information sharing, identification of appropriate quality measures, and education of neonatologists in effective approaches to ensure quality. In June, the Section sponsored an exploratory meeting of quality experts in Boston convened by Carl Bose. Representatives from a number of quality oriented groups participated in the meeting, including: the California Perinatal Quality Care Collaborative (Jeffrey Gould), Children’s Hospitals Neonatal Database Initiative (Jackie Evans), Ohio Perinatal Quality Collaborative (Ed Donovan), Pediatrix

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Medical Group (Alan Spitzer), Perinatal Quality Collaborative of North Carolina (Martin McCaffrey), Tennessee Perinatal Collaborative (Peter Grubb) and the Vermont Oxford Network (Jeffrey Horbar). The American Board of Pediatrics also was represented at the meeting by Mimi Safer and Paul Miles who voiced support of the effort. Each participant provided an overview of his/her group's activities and subsequent discussion focused on remaining challenges in quality aspects of neonatal-perinatal medicine, shared goals, and the unique contributions such a council might offer. Important considerations in the near term are: i) identification of additional organizations that are logical potential members and should be invited to join the council and ii) developing a collaborative statement of mission and goals. Through shared expertise and collaborative efforts among council members, we aim to meet our next quality objective, to develop and present teaching modules and tools on quality that will be of broad use to the neonatology community.

***Education: Developing new approaches and applying technological advances*** (Leaders: Marilyn Escobedo and Avroy Fanaroff). Progress is being made in the initial steps planned for the education domain: 1) to develop and implement an education plan that integrates needs with cutting edge learning theory and technology and to 2) to develop and launch a state of the art SoPPE website. Aim 1: The process of Section educational program reform began with reassessment of our three main educational venues: the NCE, the spring Workshop on Perinatal Practice Strategies, and NeoPREP. The newly reformatted NCE program represents the first of our efforts to incorporate current technologies and principles of adult learning theory to make the Section NCE educational experience both highly engaging and more effective. In addition, the Section recently purchased an audience-response system that will be available for use at each of our educational venues. Aim 2: Our new website is nearly ready for launch. DeWayne Pursley, Carl Bose, Jim Couto and I worked with Forum One website designers and AAP information technologists, Jaymes Nauta and Amy Newborn-Beschta, to give the website both a new look and added value. The new website groups resources by audience groups: neonatologists, trainees, pediatricians and families. For each user group, the site will offer selected content, updates on SoPPE activities, and useful links.

***Global Health: Optimizing the health of babies and mothers world-wide*** (Leaders: Bill Keenan and Deborah Campbell). Many Section members would like to make a personal contribution to improved global perinatal health yet have little knowledge of what help is needed or how to get involved in international efforts. Despite the enormous global success of the Neonatal Resuscitation Program, as a Section, we have much to learn about additional measures we can take to most effectively improve global perinatal health. With the launch of our website, we will accomplish our first goal: to develop and launch a database of international opportunities. We will accomplish this in two ways: first, to make available to Section members, access to perinatal medicine listings through the Academy's membership in Health Volunteers Overseas; we also will begin to collect listings of opportunities that will be listed on the website. In addition, we plan to incorporate regular sessions on global health opportunities into programming for one or more of our educational venues and to establish a global perinatal health interest group for section members. Further, we will continue outreach efforts to meet the 2nd objective: to establish liaisons with key international organizations. Deborah Campbell already has represented the Section as liaison to the March of Dimes' recently launched global health initiative. In addition,

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Bill Keenan worked with leaders of the AAP Section on International Child Health (SoICH)(Chair: Cliff O'Callahan) to establish of a new collaboration between SoPPE and the SoICH; Jonathan Spector will join the SoPPE Executive Committee as liaison representative to SoICH. Our first collaboration with SoICH is to provide Section support for one or two international CATCH grants that have a perinatal focus. Further, we hope to build a close and productive relationship with the World Health Organization through Dr. Keenan's collaboration on WHO's healthy baby project.

### ***Leadership: Identifying and strengthening leaders in Neonatal-Perinatal Medicine***

*(Leaders: Judy Aschner and Linda Van Marter).* Each member of the neonatal-perinatal medicine community is a leader and effectiveness in this realm is critically important in our efforts to achieve excellence in clinical care and research, enhance career development, and ensure a bright future for neonatal-perinatal medicine. Major goals of the Section include identifying and developing future Section leaders and we are restructuring our committee and educational programming committee operations to incorporate structured succession plans that will welcome new participants and provide mentorship as they progress in their roles. In addition, to strengthen skills of existing leaders, we will offer formal leadership training sessions at each of our educational venues. The Section program at NCE 2008 incorporates two such sessions for trainees: a session on negotiation presented by the Beth Israel Deaconess Medical Center's chief executive officer, Paul Levy, and a career development luncheon and program presented by Marilyn Escobedo and John Hartline. In addition, at the 2009 Workshop of Perinatal Practice Strategies, we will offer a 1-day optional leadership pre-conference based on the Academy's Pediatric Leadership Alliance training. Further, we recognize that trainees represent the future of neonatal-perinatal medicine. To invest in development of fellow leaders, at NCE 2008, we will take the first step towards development of a fellows' organization within SoPPE, at a meeting held in conjunction with the AAP NCE that will convene fellow representatives from each of the 10 districts in an effort to define how the Section can best meet the needs of trainees and what role fellows wish to play in leading these efforts.

### **What's next?**

#### **Section members, please come forward!**

This is just the beginning of the roll-out of the strategic plan that will guide the Section's progress over the next five years. There is much more to be done and we seek Section volunteers for the new strategic initiatives as well as other Section and activities. Every involved member moves neonatal-perinatal medicine forward in accomplishing our primary goal of providing every baby a lifetime of optimal health. We look forward to working together with each existing and potential new Section member as partners in the creation of a brighter future for babies, families, and the future of neonatal-perinatal medicine.