Welcome Fall!

We hope to see many of you at the NCE and especially at THE social event of the NCE, the now legendary SOAPM Party! Thanks to Elisha Ferguson and Drs Marconi and Cain for all their hard work on the party. I know they make it look easy, but there is a tremendous amount of work that goes into making the party happen. The party would be much less fun without the generous support of our sponsors, so please thank them!

This year at the NCE we will also have the inaugural SOAPM Booth on the NCE exhibit hall floor. Please come visit! We have lots of interesting projects planned at the booth as outreach to the docs who need SOAPM.
Welcome to the Fall issue of soapmnews!

We’ve prepared a great issue for you beginning with a guide to this year’s NCE in San Francisco with details about SOAPM and PPMA events. Included are locations for the events.

There are some great articles that will certainly interest you. Both AAP presidential candidates, Drs. Michael Brady and Colleen Kraft have written articles for us. Colleen about ACOs and the single pediatric practice and Michael about how to handle the new meningococcal B vaccine. Robin Warner, MD, discusses the benefits of the 2D vaccine barcoding and Dr. Patrick Hynes, MD, provides an interesting take on how we physicians get paid. Dr. Rick Oken, a former SOAPM Executive Committee member and a current member of the Committee on Medical Liability and Risk Management provides excellent information on how to minimize malpractice risk situations.

The SOAPM listserv receives accolades in an article by Dr. Sogol Pahlavan highlighting how her practice benefits from information received on the listserv and from other SOAPM members. Besides all the information provided on the listserv, laugh at this issue’s “Posts of the Day”.

Many awards are highlighted in this issue. Congratulations to Dick Schwartz, MD, who received a well-deserved SOAPM’s first Award for Research in the Pediatric Office. We all wish him well! Receiving the 2016 Ernst and Young Entrepreneur of the Year Award in Healthcare are Drs Albert Wolf and Todd Wolynn. We are pleased to announce this year’s Lynn Cramer Pediatric Manager Award winner, Donna Scowden, from PPMA and the Charles “Buzzy” Vanchiere Award recipient, Graham Barden, III, MD. Congratulations to all.

Plus, lots of other valuable SOAPM and AAP info. ENJOY!
Welcome to the New SOAPM and PPMA Members
(April 1, 2016 - August 1, 2016)

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<td>Fellow Member</td>
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<td>Tanya Drews, MD, FAAP</td>
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SOAPM Updates (Fall 2016)

By Elisha Ferguson
Manager, Practice Management (SOAPM Staff)

SOAPM Membership

As of August 1, 2016, SOAPM has a total of 1,369 members. Of these members, 242 are affiliate members, who are part of the Pediatric Practice Management Alliance (PPMA). This makes SOAPM the 8th largest Section the Academy has in terms of membership numbers. Please be sure to keep your membership is current to continue to receive the benefits of SOAPM membership.

As a reminder, membership includes access to members-only content throughout the AAP Web site, SOAPM Listserv®, newsletters, webinars, educational programs, and subscription to AAP News.

SOAPM-PPMA Practice Management Webinars

One of the many benefits of being a SOAPM member is the FREE practice management webinars. There are a wide range of topics covered; from social media and vaccine storage and handling, to addressing oral health in your practice, and NCQA certification. As an added member benefit, all practice management-related presentations sponsored by SOAPM and PPMA are archived. To view past webinars, slides and/or handouts, simply visit the Practice Management Archived Webinars on the SOAPM home page (Member log in is required for access).

SOAPM is always looking for new and cutting edge practice management-related information to share with its members. Should you have any suggestions for future webinar topics and/or would like to be a presenter, please contact Elisha Ferguson at eferguson@aap.org.

AAP Resources

The AAP has a number of other resources to assist you.

- **SOAPM-PPMA Listserv Online Archives** - Includes instructions on how to view the SOAPM & PPMA Listserv postings online and search by topic, email address, date/time, etc:

- **AAP Coding Hotline** - As a benefit of AAP membership, members or their staff can submit coding and payment issues for review by certified coders for free. AAP staff assists not only with correct coding, but also with payer denials. The AAP advises all members utilize this free resource as this is the only official AAP source for answers to your coding questions. Contact the hotline at apcodinghotline@aap.org for all coding or payer issues.

- **Hassle Factor Form** - This online form can be used to report administrative and claims processing concerns with payers. The information provided will be used to assist the AAP and chapters in identifying trends and facilitating public and private sector advocacy related to health plans.

- **AAP Webinars** - The AAP offers a variety of webinars. Use the scrolling feature to select from a variety of AAP webinars by topic, such as: Coding, Practice Excellence, Pediatric Care Online, Patient Safety, Medical Home, Mental Health, Red Book, Community Pediatrics, Genetics in Primary Care & Others.

- **Healthychildren.org** - The official AAP website for parents backed by 66,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. (Spanish Version: [http://www.healthychildren.org/spanish/paginas/default.aspx](http://www.healthychildren.org/spanish/paginas/default.aspx)).
The SOAPM Executive Committee 2016 Spring meeting occurred at the AAP headquarters in Elk Grove Village, IL, on March 17-18, 2016. The following items were discussed.

2016 Annual Leadership Forum Resolutions: The 2016 Annual Leadership Forum (ALF) took place on March 10-13, 2016. SOAPM provided background information and supported the following resolutions: Open Access Scheduling in Pediatrics (#5T), Improving Access to and Delivery of AAP Website Content (#35T), Trainee Education in the Business of Pediatrics (#55T). The late resolution (#7), Medicaid Parity for the Children of Puerto Rico and all United States Territories, was also supported by SOAPM and ranked number 1 on the list of top 10 resolutions.

SOAPM Membership & Benefits: The SOAPM is currently the eighth largest Section in terms of membership numbers. In addition to traditional marketing and encouraging attendance at the SOAPM section program at the 2016 National Conference & Exhibition (NCE), other ideas were developed.

The group discussed inviting 1-2 early career/young physicians to attend the NCE and Executive Committee meeting for additional experience. During the 2015 ALF, resolution #114 was passed which asked the AAP to conduct a survey to determine whether the medical and surgical specialty members of the AAP would be interested in the formation of a special practice management section. The Section Forum Management Committee worked with SOAPM to implement a portion of the resolution by creating a medical and surgical specialist survey. SOAPM will continue reaching out to younger physicians who are newer in practice administration, as well as members who are subspecialists and who have been traditionally overlooked as practice administrators.

Meeting with Dr Remley: AAP Executive Director and CEO, Karen Remley, MD, FAAP attended a portion of the Spring meeting and addressed concerns that the SOAPM EC had with the American Board of Pediatrics (ABP) as it pertained to Maintenance of Certification (MOC). Dr Remley suggested putting a work group together that could address MOC-related issues and identify the top issues that should be advocated for.

The SOAPM EC was pleased with the suggestion of an AAP work group and volunteered to assist. The group also expressed their concerns with the AAP.org and Gateway sites. Dr Remley agreed to share SOAPMs concerns.

Education: The group felt it was important to continue to provide educational opportunities for the general membership and explore leads from various discussions held on the listserv. It was suggested that the NCE 2017 Section H Program focus on various aspects of dealing with mental health in the pediatric practice.

The Executive Committee also recommended that practice management webinar presenters considered as possible future NCE faculty. The group also suggested that the AAP consider constructing a training webinar that would provide tips on how to become an effective speaker and to professionally present.

SOAPM Listserv Survey: In March 2016, an anonymous survey was disseminated via the listserv that asked members for their feedback on various topics such as their experience with searching the archives to how the listserv could be improved. The following results were discussed:

• Over 130 members participated in the survey
• 75% had been on the listserv for more than 3 years
• Most lurkers were content with being lurkers, although some lurked because of the dissatisfaction with volume of messages.
• Accessing the archives were still an issue and some people could not even access them.
• 70% thought the list “played” nicely most of the time, and 35% felt there had been personal attacks.
• 70% thought there was an appropriate balance of moderation
• Approximately 40% were in favor of the channel idea, 40% weren’t sure and 20% did not like the channel idea.
• The SOAPM EC decided to move forward with instituting the listserv “channel feature” based on the feedback received from the survey. The group suggested that 4-5 channels to be created that could be categorized by topic (eg Practice Management, Clinical, Referrals, and Social).

Next Meeting: The next SOAPM Executive Committee meeting will be at the 2016 NCE in San Francisco, CA on Friday, October 21, 2016 from 1pm to 6pm (Pacific).
SOAPM Appreciation: Richard “Dick” Schwartz, MD, FAAP

SOAPM is delighted to announce that the inaugural SOAPM Richard H. Schwartz, MD, FAAP Award for Research in the Pediatric Office was presented to Dr Schwartz by fellow community pediatrician and SOAPMite, Dr Russell Libby, on the evening of June 3, 2016 at the Life with Cancer House in Fairfax, VA. The celebration was to recognize his work and teaching at Inova Children’s Hospital.

During the dinner, Dr Libby presented Dr Schwartz with an appreciation plaque from SOAPM which read:

“The American Academy of Pediatrics
SECTION ON
ADMINISTRATION AND PRACTICE MANAGEMENT
recognizes
Richard H. Schwartz, MD, FAAP
for his continued excellence in the performance of clinical research in the pediatric office setting as it directly relates to outpatient pediatrics.”

SOAPM will continue to recognize individuals for their contributions to the clinical practice of pediatrics through the performance of clinical research in the pediatric office setting on an annual basis through this new award.

Welcome the Newest Member of the SOAPM Family!

Congratulations to SOAPM/PPMA staffer, Elisha Ferguson on the birth of a baby girl, Lennox Savoy Ferguson! Baby Lennox was born on October 5, 2016 at 7:02 pm. She weighed 8 lbs 2 oz and was 19 inches long. She is welcomed home by proud parents Elisha and Trae Ferguson, as well as big brother Karson.
Don’t Miss Out on This Year’s Practice Management Program Line-Up & Special Events!

2016 AAP National Conference & Exhibition

Registration and hotel reservations for the 2016 AAP National Conference & Exhibition (NCE) are still open (www.aapexperience.org)! We look forward to seeing you all in the ‘city by the bay’ - San Francisco, CA!

SOAPM-PPMA Practice Management Programs

Friday, October 21, 2016 (8:00am – 12:00pm) Marriott Marquis - Club Room

The Pediatric Practice Management Alliance (PPMA) 2016 education program will focus on various aspects of practice management that many practice managers and pediatricians will find themselves handling while running a pediatric practice. The session, "It's Not Your Fault, But It's Your Problem!", session will focus on and address relevant issues surrounding physician communication, mentoring and engagement, as well as harassment prevention and practice disaster preparedness. The session will conclude with an interactive panel and round table discussions between the faculty and attendees. Click here for additional information and to register: PPMA 2016 NCE Educational Program. (Supported by Pediatric Management Institute)

Saturday, October 22, 2016 (8:00am – 12:00pm) Moscone West – Rooms 2005/2007

This year, the SOAPM Section H Program, "Practice Environment Changes: Tips, Tricks, and Strategies to Maximize Pediatric Growth Opportunities” will focus on educating clinicians on how to establish an in-office moderate complexity lab to increase quality of care, patient satisfaction; office profit margin; and decrease health care costs. Click here for additional information and to register: SOAPM 2016 NCE Section H-Program. (Supported by Office Practicum)

Special Events

In addition to the numerous practice management programs, both SOAPM and PPMA have special events planned for this years’ NCE. Be sure to add these great events to your registration in advance – space is limited!

★ PPMA Networking Luncheon (sponsored by PedsOne)
Friday, October 21, 2016 (12:30pm – 1:30pm) Marriott Marquis - Club Room

2016 Lynn Cramer Pediatric Practice Manager Award

The inaugural Lynn Cramer Pediatric Practice Manager Award will be presented to Donna Scowden. This annual award recognizes a pediatric practice manager/administrator who not only exemplifies excellence in pediatric practice management, but also demonstrates a desire and willingness to share their successes and lessons learned with other pediatric practices. The award will be presented during the PPMA Networking Luncheon on Friday, October 21, 2016.

Donna Scowden

Donna is the Practice Manager of Peachtree Park Pediatrics in Atlanta, GA. She was nominated for the Lynn Cramer Award because of her outstanding leadership, ability to see above the fray and apply logical, creative thinking to issues and challenges within her practice. Her influential leadership helped to advance the values and mission of Kids Health First, an IPA representing over 35 Atlanta area private pediatric primary care practices.
Don’t Miss Out on This Year’s Practice Management Program Line-Up & Special Events!

Donna’s service as the Practice Administrator representative to the Quality Improvement Management Committee has made her the “go-to” for resources related to how policies and decisions can/will affect practices. Donna readily shares her knowledge and experience with continuous efforts to promote high quality care with patients, staff, pediatricians, and her community.

★ SOAPM Edward Saltzman Luncheon *(sponsored by Physician’s Computer Company)*
Saturday, October 22, 2016 (12:15pm – 1:30pm) Moscone West Room 2009/2011

2016 Charles “Buzzy” Vanchiere Award

This award recognizes a pediatrician who has made outstanding contributions toward helping pediatricians build effective managerial skills and providing training and tools for fellows to negotiate preferential use of pediatric care and appropriate payment. The award will be presented to Dr Barden during the SOAPM Edward Saltzman Luncheon on Saturday, October 22, 2016.

Dr Barden is a practicing pediatrician at Coastal Children’s Clinic in New Bern, NC, which is a large group serving more than 20,000 children in 3 locations. He was nominated for the Vanchiere Award because of the profound, national effect he has had on the quality of vaccine storage among independent pediatricians. Dr Barden took the time to act like a scientist and learn about the best practices for vaccine storage in order to maximize vaccine viability and effectiveness. His mission has been to teach other physicians, as well as various government agencies, about these best practices. His single-handed efforts have undoubtedly led to many more children receiving viable vaccines across the country.

5th Annual SOAPM Friends of Children Fund Social Fundraiser and Dinner *(sponsored by Physician’s Computer Company (PCC), PedsOne, The Verden Group, and Remedy Connect)*
Sunday, October 23, 2016 (7pm – 11pm) Jade Studios – Treasure Island

ADVANCE REGISTRATION IS REQUIRED:
https://soapm_2016_annual_fundraiser-dinner.eventbrite.com

SOAPM Exhibit Booth

New this year…SOAPM will have an exhibit booth inside the AAP Resource Center at the Moscone Center! The booth will have a display featuring SOAPM materials, interactive kiosks with SOAPM audiovisual presentations, surveys, special presentations, and opportunities for booth visitors to have one-on-one chats with SOAPM members to discuss their practice management headaches!

**Booth dates & times:**
- Saturday, October 22, 2016 (12:15pm – 4:00pm)
- Sunday, October 23, 2016 (10:00am – 4:00pm)
- Monday, October 24, 2016 (10:00am – 2:00pm)

Be sure to stop by to check it out and put faces to many names seen on the SOAPM Listserv®!

*continued on page 9*
Don’t Miss Out on This Year’s Practice Management Program Line-Up & Special Events!

2016 SOAPM NCE Young Physician Scholarships

Each year, the SOAPM awards three (3) $1,000 scholarships to a Medical Student, Resident, and/or Fellowship Trainee to attend the AAP National Conference and Exhibition. Please join me in congratulating the following recipients of the 2016 SOAPM NCE Young Physician Scholarships who will be recognized at the SOAPM Edward Saltzman Luncheon on Saturday, October 22, 2016.

Resident: Joseph Anderson, MD
Program: Cooper Medical School of Rowan University (Camden, NJ)
“I entered medicine with a background in information technology and healthcare human resources, and the skills I gained in my prior career has fueled an interest in how medical practices operate. I see myself becoming involved in the administration of my practice, and want to become an expert in how primary care pediatricians can provide the highest quality of care in the most efficient way possible. Not only is it in our own financial best interest, but it is in the best interest of the public to be able to provide excellent medical care more efficiently.”

Resident: Sunny Chang, MD
Program: Stony Brook University Hospital, Pediatrics (Stony Brook, NY)
After receiving a business degree at the Haas School of Business at UC Berkeley, I entered the business world to work for Google. Switching to medicine after working for the world leader in technology was a hard reality, as the gap in technology and its utilization in our daily practice of medicine is vast compared to the business world. Though medicine embraces technology for clinical use, medicine is slow and hesitant to embrace technology to make daily business improvements. Yet the inefficiencies of daily operations that I have experienced during residency motivate me to become actively involved in learning more about practice management, especially to maximize our use of technology.”

Resident: Melissa Van Cain, MD
Program: Children’s Hospital at Montefiore (Bronx, NY)
“My interest in practice management stems from my passion for clinical informatics and optimizing electronic medical records (EMRs) for physicians and patients. EMR development should be intimately linked to practice management so that EMRs integrate into current clinical practices. A big part of practice management is trying to improve existing systems and giving other people the tools to improve them.”
### 2016 AAP National Conference & Exhibition Practice Management Programs

**Visit web.aapexperience.org/planner for a comprehensive list of conference sessions or to search by topic, faculty, keyword, or physician attributes/competencies, create a conference itinerary, and access your session schedule and faculty handouts on the go using your mobile device. Be sure to visit the AAP practice management resources on the SOAPM Web site, PPMA Web Site.**

**Friday, October 21, 2016**

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| 8:00 am – 1:00 pm | Marriott Marquis – Club Room  
C0008 – Pediatric Practice Management Alliance (PPMA) Education Program, “It’s Not Your Fault, But it is Your Problem!” and Networking Luncheon with Lynn Cramer Pediatric Practice Manager Award |
| 9:30 am – 10:15 am | Moscone West – Room 2009/2011 SOAPM Edward Saltzman Luncheon and Vanchiere Award Presentation  
*Ticketed Event – Advance registration is required. Supported by Pediatric Management Institute (PMI) |
| 2:00 pm – 2:45 pm | Moscone South – Room 306  
F1108 – Practice Transformation: Organizational Change, Payment Reform, and Harnessing New Technology (Repeats as F2034 – 10/23/16 @ 8:30 am – 9:15 am) |
| 4:00 pm – 5:30 pm | Moscone North – Room 211  
J1211 – Diagnostic Imaging: How to Get Where You Want to Go with Timetracking, Analytics and Decision Support |

**Saturday, October 22, 2016**

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| 7:30 am – 8:15 am | Moscone West – Room 2005/2007  
H1019 – Section on Administration and Practice Management (SOAPM) Section H Program  
7:30 am – 8:15 am  
New Frontier in Healthcare Financing  
S1164 – Moving from Volume to Value: The New Frontier in Healthcare Financing  
Suzanne Berman, MD, FAAP | Jeffery Schiff, MD, FAAP |
| 9:30 am – 10:15 am | Moscone West – Room 3022  
F2079 - Integrating Mental Health Services in the Primary Care Office (Repeats from F3008 –10/24/16 @ 7:30 am – 8:15 am)  
Jay Rabinowitz, MD, FAAP |
| 2:00 pm – 3:30 pm | Moscone West – Room 3018  
I2131 – David vs. Goliath: Setting Up and Running a Pediatric Group without Walls  
Jesse Hackell, MD, FAAP | Herschel Lessin, MD, FAAP |
| 4:00 pm – 5:30 pm | Moscone South – Room 309  
S1164 – Moving from Volume to Value: The New Frontier in Healthcare Financing  
Suzanne Berman, MD, FAAP | Jeffery Schiff, MD, FAAP |

**Sunday, October 23, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 8:30 am – 9:15 am | Moscone West – Room 300  
F1106 - Linkage: How to Get Where You Want to Go with Timetracking, Analytics and Decision Support  
Andrew Olson, MD, FAAP | Emily Ruedinger, MD |
| 9:30 am – 10:15 am | Moscone West – Room 3022  
F2079 - Integrating Mental Health Services in the Primary Care Office (Repeats from F3008 –10/24/16 @ 7:30 am – 8:15 am)  
Jay Rabinowitz, MD, FAAP |

**Monday, October 24, 2016**

<table>
<thead>
<tr>
<th>Time</th>
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| 8:30 am – 9:15 am | Moscone North – Room 125  
F3040 - Shall We Play a Game? Patient Loyalty Rewards Program  
Robin Warner, MD, FAAP |

**Tuesday, October 25, 2016**

<table>
<thead>
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<th>Time</th>
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| 10:50 am – 11:10 am | Moscone West – 3rd Floor (Plenary)  
P4044 – Practice Transformation: Mastering the New Environment of Pediatric Practice  
James Perrin MD, FAAP |
| 2:00 pm – 3:30 pm | Moscone South – Room 304  
S4080 – Fined for Using Facebook: Law, Ethics, Professionalism and the Use of Social Media  
Jonathan M. Fanaroff, MD, FAAP |

**Continued…**

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| 8:30 am – 10:00 am | Moscone West – Room 3020  
S3057 - New Payment Models and Pediatrics  
Norman Harbaugh, Jr., MD, FAAP | Timothy Johnson, DO, MMM, FAAP |
| 8:30 am – 10:30 am | Moscone North – Room 122  
I3049 – Early Childhood Best Practice: Doing Great Patient Care and Getting Paid (Repeats as I3151 – 10/24/16 @4:00pm – 5:30pm)  
Deborah Greenhouse, MD, FAAP | Kevin Wessinger, MD, FAAP |
| 2:00 pm – 3:30 pm | Moscone West – Room 3018  
S3123 - How to Start a New Pediatric Practice in 5 Easy Steps  
Chip Hart | Suzanne Madden |
| 4:00 pm – 5:30 pm | Moscone West – Room 3019  
S3159 - Extreme Practice Makeover  
Jennifer Anderson, MD, FAAP | Amita Niki Saxena, MD, FAAP |
| 4:00 pm – 5:30 pm | Moscone North – Room 121  
I3149 - Improving Practice Quality: Lessons Learned from Military Medical Homes  
Christoph Diasio, MD, FAAP | William Toth, MD, FAAP |

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S4080 – Fined for Using Facebook: Law, Ethics, Professionalism and the Use of Social Media  
Jonathan M. Fanaroff, MD, FAAP |
| 4:00 pm – 5:30 pm | Moscone South – Room 306  
S4105 - The Business of Immunization: Protecting Kids without Destroying Your Practice  
Chip Hart |
The Medium Is the Message: How Electronic Media Are Transforming Our Patients’ World

During the limited time pediatricians have for health maintenance visits, we are asked to address brain development, school readiness, healthy weight, socialization, discipline, and high-risk behaviors. There is, however, a common thread running through all these topics: children’s electronic media use. Peds 21 attendees will hear from leaders in the field about the critical role that media use plays in many of the child health outcomes about which we care the most. Speakers will cover emerging data in an area that’s evolving so fast that many of us feel unable to keep up. Learners will return to their practices with new tools to help families establish a media use plan that will reinforce healthy behaviors for life.

LEARNING OBJECTIVES

1) Identify best-available evidence to counsel parents about introducing media to children under the age of 2 years.
2) Identify the powerful role that media play in the disruption of healthy sleep cycles.
3) Evaluate the most recent data on the relationship between media use and prosocial and antisocial behaviors.
4) Analyze the effects that media play in school readiness and academic success, obesity, and high-risk teen behaviors.

Sponsored by the Council on Communications and Media

PRE-CONFERENCE PROGRAM

Friday, October 21, 2016

11:30AM Networking Lunch and Poster Session
12:30PM Welcome/Introduction
   David Hill, MD, FAAP
12:35PM AAP President Remarks - Presentation of Gold Foundation Award
   Benard Dreyer, MD, FAAP
12:40PM Keynote Address: Health Impacts of Media on Children
   Michael Rich, MD, MPH, FAAP
12:55PM Screens and the Developing Brain
   Dimitri Christakis, MD, MPH, FAAP
1:25PM Chalkboards and Books? What Are Those?
   David Tayloe Jr, MD, FAAP
2:00PM A Weighty Matter
   Stephen Pont, MD, MPH, FAAP
2:30PM Abstract Presentations
2:40PM Question & Answer Session
   Drs Dimitri Christakis, Stephen Pont, David Tayloe Jr
3:00PM Break
3:15PM I’ll Sleep When My Battery Dies
   Sugay Kansagra, MD
3:45PM First Person Shooter – Video Game Virtual Violence
   Col Jeffrey Hutchinson, MD, FAAP
4:15PM Sex, Drugs, and Rock and Roll
   Megan Moreno, MD, MSEd, FAAP
4:45PM Abstract Presentations
5:00PM Question & Answer Session
   Drs Jeffrey Hutchinson, Sugay Kansagra, Megan Moreno

Supported by AAP Friends of Children Fund

AAPexperience.org
Peds 21 Program Track on Communications and Media
Saturday, October 22 – Tuesday, October 25

- Section on Obesity Program (H1018)
- Readers’ Choice: Published Studies That Could Change the Way You Practice (S1054/S1167)
- Council on School Health Program (H1066)
- Media as a Tool for Patient and Family Education: Innovative Solutions (F1070)
- Keynote Address: Promoting Children’s Health: From ABC to the Twittersphere (P1081)
- The Naked Truth: How Pornography and the Media Impact Youth Sexuality and Abuse (F1139)
- Joint Program: Section on Adolescent Health and Council on Foster Care, Adoption, and Kinship Care (H2026)
- Safe and Effective: HPV Vaccine – The Pediatrician’s Critical Role (P2087)
- Media’s Impact on Youth Sexuality (P2088)
- Marketing Your Value and Message: The Impact of Your Practice Website and Social Media (I2175)

1:30PM - 4:00PM
Council on Communications and Media Program (H1098)
Pediatric Media 2.0 – Your Message Matters

- Screen Time and the Developing Brain (S2181/S4082)
- ‘Improv’ Your Practice: Out of the Box Communication Tools to Enhance Clinical Interactions (I3047/I3150)
- Top 10 Medical Liability Myths (S3056)
- Practice Transformation: Mastering the New Environment of Pediatric Practice (P4044)
- The State of Coverage: Medicaid, CHIP, and Marketplaces (P4045)
- Fired for Using Facebook: Law, Ethics, Professionalism, and the Use of Social Media (S4080)
- Social Media: Counseling Families in a Digital Age (F4089)

Peds 21 - The Medium Is the Message:
How Electronic Media Are Transforming Our Patients' World
Friday, October 21 • 11:30AM – 5:30PM

Peds 21 again will offer the opportunity to earn 10 points of Maintenance of Certification (MOC) Part 2 credit from the American Board of Pediatrics through the AAP MOC Portfolio Program, in addition to CME credit.

You must attend Peds 21 and complete an associated self-assessment to be eligible to claim 10 MOC Part 2 points.

For more information, visit AAPexperience.org/peds21.

The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The AAP designates this live activity for a maximum of 48.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Check Out the Redesigned Practice Transformation Web Pages

AAP members seeking strategies, resources, and tools to help them thrive in the rapidly changing healthcare delivery and payment system can access free resources on the newly revised Practice Transformation Web pages found at [www.aap.org/practicetransformation](http://www.aap.org/practicetransformation).

The site features a wealth of resources for pediatricians and pediatric subspecialists, including:

- A [practice transformation implementation guide](#), which includes 5 modules on leading practice change, team-based care, population health, quality improvement, and alternative payment models. These 5 modules contain step-by-step strategies, practical tools, and training materials to advance your practice's staffing and operations for the future.
- Resources on [Managing Your Career](#), which includes extensive content for all career stages, from pediatric trainees making early career decisions, to those who are interested in opening a new private practice, to those who are making career transitions or retiring from practice.
- Practice management resources, such as for [Managing the Practice](#), [Coding](#) and [Getting Paid](#).
- Content to help members understand and respond to the changing demands of the health care system, such as the implementation of [telehealth care](#), [value-based payment](#), and [population health](#).

For additional information, contact [practicemanagement@aap.org](mailto:practicemanagement@aap.org).
The Section on Administration and Practice Management (SOAPM) could not be more proud of fellow SOAPMites, Dr Todd Wolynn and Dr Albert Wolf on receiving the 2016 Ernst & Young Entrepreneur of the Year® Award in the Health Care category for Western Pennsylvania and West Virginia.

The award recognizes outstanding entrepreneurs who demonstrate excellence and extraordinary success in such areas as innovation, financial performance, and personal commitment to their businesses and communities.

They now advance to the National finals in Palm Springs, FL this November.

*The following photos were taken at the David L. Lawrence Convention Center in Pittsburgh, PA*

Finalist Announcement: Kids Plus Pediatrics

Award Winners (left to right: Toddy Wolynn, MD, FAAP and Albert Wolf, MD, FAAP)

Celebrating with their “sensei,” Dr. Pai

Showing some love!
As a second generation immigrant, as I grew up I saw my parents struggle and build a successful business from ground up. My family immigrated across the Atlantic to live the American Dream. I know it sounds very cliché but all four uncles are now successful entrepreneurs. My older cousins followed the same path as well so I was certain that I was clearly off the hook. Honestly who would dare stand up to the ultimate force in town monopolized by the infamous Texas Children's Hospital and several other large entities. My training in residency nor my undergraduate bachelor degree in biology ever prepared me for an adventure in entrepreneurship. So why would I ever venture down that path? Some would say naivety or perhaps stupidity? My answer is my relentless pursue of challenge. I find the best way to expend off my energy is by challenging myself.

It has been six roller coaster years since I set off on this adventure. I have learned a lot about myself as well as people. But the most valuable experience are the people I have befriended through my journey.

I was introduced to SOAPM at an EHR conference I attended in 2013. I was appropriately warned about the volume of emails that would flood my inbox but being an iPhone addict, I took on the challenge. The same simile came to mind when I entered medical school - it's like trying to take a sip of water from a fire hydrant! Initially I could not digest the wealth of information that poured out but with time I got accustomed to it. I moved at my own pace and filtered through each post. Screen-organize- tackle- learn- learn- learn!

My first impression of SOAPM was very similar to high school. Even though there was no face to face interaction each personality radiated through individual conversations with every post. Group dynamics consist of: “popular” ones, the lurkers, the outspoken, and the disdained/jaded. Whatever their style each brings an invaluable amount of information to share.

Prior to SOAPM my questions were unanswered. They piled up on a massive growing stack on my desktop. I attempted to reach out to my local societies but most were driven and dominated by adult medicine and sub specialist which left me isolated and in the dark. Currently the answers to my questions are at the click of a button- the SEND button on my personal email! Within a few hours sometimes minutes of posting a question, replies pour in from all over the nation. Did I forget to mention there is no charge for these responses! It's FREE absolutely FREE. Only payment is $30 yearly membership which for most of us doesn't even surpass our monthly Starbucks bill! SOAPM has become my second family.

They often say: “He who walks the walk, talks the talk”. Who better to reach out to and get advice from that the people on the frontline? There are also excellent competent practice manager consultants that often share their wisdom for FREE!

You see, we in private practice have everything going against us and we can only get stronger and survive if we unite. Whatever our differences are, right winged, left winged, liberal, conservative - we all have one goal in mind: to protect and serve the future of our country - our children. Our platform serves the most precious and innocent minds and we must continue to fight to nurture, educate, and heal the present generation at hand. More importantly we must remember to uplift one another. In unity we can find strength which can translate into power. Power to face and defeat the powerful forces. Private pediatrics is not a dying breed, it is an opportunity to build a true medical home and connect and inspire your community.
Staying on Track with SOAPM

Through SOAPM I have learned to perform:

- Monthly recalls that has increased our revenue and eliminated gaps in our schedule.
- Front desk procedures that have streamlined check in and check out procedures.
- HR related office policies specifically PTO, and benefits including health insurance and maternity leave.
- Competitive physician compensation and packages that has attracted more competent providers to our practice.
- Ancillary services that have increased revenue and in turn decreased laboratory tracking.
- Implementation of social media which has in turn increased patient engagement and hence compliance.

As you can see SOAPM has affected every aspect of our clinic. This list just highlights a sample of the multitude of changes we learned and embraced through SOAPM. Our motto now at ABC PEDIATRIC CLINIC is EMBRACE CHANGE. So I ask each of you to get ready, buckle up, and go for a ride of your life - join SOAPM now.
Appearance Isn’t Everything...
...but it definitely leaves a lasting impression.

It has been said that “beauty is in the eye of the beholder,” but when it comes to the physical appearance of your practice, make sure that your idea of acceptable doesn’t leave a “dumpy” impression on your patients. Have you been meaning to fix the handle on the cabinet door or have that stain on the carpet cleaned, but you’ve just been too busy? Have you learned to live with some of the quirky things about your office? Even if you’re comfortable with the status quo, it may be time to take a step back and evaluate the appearance of your practice.

One important detail to remember is that patients notice the little things. Because you’re in your office every day, the little things may not stand out as readily to you as they do to your visitors. Consider the following items during your office evaluation. If they are things the building manager can handle, make the request.

- Parking area and walkways — Do you see potential safety hazards? Trash? Poorly maintained grounds?
- Entry way — Is the signage adequate for patients who are trying to find your office?
- Front desk — Is the area cluttered? Is it in good repair?
- Reception area — Is there enough seating for patients? Does any of the furniture need to be fixed? Is it clean? Are there magazines or other activities for patients?
- Bathrooms — Are all the bathrooms clean in appearance, or do they look like storage closets? Do any fixtures or cabinetry need repair? Are there adequate toiletries?
- Hallways — Are they clear of clutter and obstacles? Are there any crooked pictures on the walls?
- Exam rooms — Are they tidy and are the furnishings and cabinetry in good repair? Are there old magazines or items that should be replaced or removed?
- Staff lounge — Are there dirty dishes or clutter that patients may see as they walk by?
- Plants — Are there any dead plants that need to be replaced or removed? Or artificial plants that need to be dusted?
- Signage — Is all signage spelled properly and grammatically correct?
- Carpet — Are there stains that need to be cleaned?

Making the office experience a good one for your patients helps gain their loyalty and improves the possibility they’ll refer friends and family to you. Remember that your medical office is a reflection of you, so take the time to assess the image that you portray.

Content reviewed: May 14, 2016

Reprinted with permission from the Texas Medical Association. (www.TEXMED.ORG)
In 2011, the AAP released its initial guidance on using vaccine 2D barcodes to record and track vaccines given in the office. The FDA had given its blessing for manufacturers to include 2D barcodes on the units of use (syringes or vials) of vaccines. 2D barcodes contain all the required information needed to document a vaccine on a patient’s chart (vaccine name, manufacturer, lot number, and expiration date). Within a few years, all vaccines, with the exception of influenza, had a 2D barcode on their unit of use label.

In theory, this guidance should have been a victory for data accuracy and speed of entry, one which the majority of pediatric practices would rush to adopt. After all, the use of this technology should save time documenting the vaccine given, often in multiple locations; ensure that the correct vaccine identifiers are recorded; and ensure that the vaccine scanned matches the one ordered.

This, however, hasn’t been the case. Uptake has been sluggish for a variety of reasons. First, vaccine manufacturers were given a “range” of time to incorporated the 2D codes onto their product. Early adopters had to use more than one method of recording necessary identifying data. In addition, successfully scanning 2D codes on curved surfaces remains a challenge. Second, EHR and PMS vendors have been slow to adopt this new technology into their products. Those practices who are willing or interested in adopting this technology often face a dead-end when it comes to working with their vendors. Third, practices themselves have been hesitant to invest the money needed to utilize the technology. After all, if it doesn’t work, and there’s no way to incorporate, then why make the investment? The scanning units themselves cost between $200 and $400 each. And, many EHR/PMS vendors have an additional charge for this service.

These issues caused many to abandon the process.

What have we learned? I don’t think anyone will argue that the logic behind the need to use 2D barcodes for documentation purposes is solid. How often is a “B” mistaken for an “8” or a “Z” for a “2” or a “I” for a “1”, or an “O” for a “0”? How often are two identifying lot number digits transposed: 51723 instead of 51273? Probably more often than any of us would like to admit. Vaccine administration comprises a huge part of every practice’s day, and we need to streamline it, and make it as accurate and efficient as possible.

Where do we go from here?

In November 2017, all vaccine manufacturers will be required to include 2D barcoding on the unit of sale (box), including influenza. While the 2D barcode won’t contain identical data as the 2D barcode on the unit of use, it will contain manufacturer, vaccine name, lot number, and expiration date—the necessary ingredients for documentation purposes. This change will most assist with inventory management, but should also make it easier from a scanning standpoint, as the 2D code will be on a flat surface.

Scanning hardware has also improved. The challenge includes finding the one which works best to scan a small, curved vial or syringe. Thus far, the scanners used in CDC funded studies have been the lower cost, bulkier ones. Specific studies involving

continued on page 19
scanner “friendliness” need to be undertaken, so that the frustration factor, at the practice level, is minimized, and practices can avoid the costly mistake of investing in scanners which don’t get the job done.

EHR and PMS systems need to recognize the importance of accuracy, and develop software to assist pediatricians in this regard. In addition, though not directly related to the physical process of scanning itself, decision support needs to be integrated, such that: duplicate, unnecessary vaccines are avoided; vaccines aren’t given too early; expired vaccine isn’t mistakenly given; and the incorrect vaccine isn’t given—Tdap instead of DTaP.... to name a common mistake. Those systems who charge additional amounts for the integration need to make the charge reasonable.

Finally, practices have to embrace this technology. Staff need to understand the importance of what 2D barcode use does. All too often, we hear, “But my staff doesn’t want to learn this. They say it’s too hard.” Major changes in workflow are always challenging, whether it’s a new EHR, the introduction of a patient portal, or, an online screening program. Scanning bar codes has been the norm in the retail industry for many years now, and for good reason. It saves time, it ensures accuracy. It helps with inventory management.

The revised guidance with regard to 2D barcoding should be released by the AAP in the near future.

My advice, start planning, if you haven’t already. Check with your PMS or EHR vendor, and see where development stands, with regard to 2D integration. If they already have integration, see which scanners are compatible with their system. Let your staff help pick the scanner. After all, they will be the ones using them.

It takes time and perseverance. And, there will be “that” staff member who makes it miserable for everyone else. But, this is about documentation accuracy, and time savings. This is about reduction in vaccine errors. This is about patient safety. This is a best practice. Vaccines currently represent 20-30% of overhead in most practices. Thus, tracking them accurately on a clinical and cost level are vital to a practice’s success. Vaccines save lives. It is important for staff, and physicians, to understand this, incorporate it, and embrace it.

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**Join the Section on Epidemiology, Public Health and Evidence (SOEPHE)**

Do you have a passion for public health? Do you feel your knowledge in epidemiology, methodology or even your current research experience could be helpful within the AAP? then SOEPHE is your section! Join us. We are a group of over 300 pediatricians and public health professionals who use our knowledge and expertise to review AAP policies, guidelines, statements and other academic publications. Our members have opportunities for special seminars and training and are eligible for special awards, too! Be in the forefront of evidence-based medicine and public health and help us improve the health of children.

Please join now by clicking [here](https://example.com) or by calling AAP Division of Member Services at 800/433-9016 ext 5897.
SUBJECT: Cute ASQ answers:

in a 3-year-old:

communication question #6: When you ask “What is your name?” does your child say both her first and last names?

Parent response: “She says “Sophie Princess” - she doesn't want [family's long complicated last name] as her last name.”

personal-social #5: Using these exact words, ask your child, "Are you a girl or a boy?"

Parent response: “She says she is a princess.”

Fortunately, she passed everything with flying colors so I didn't have to decide if these were officially passing answers or not. 😊 - Laurel Schramm MD, FAAP

* * *

My favorite was from the old Denver II

Asked a 4-year-old.... what is a banana.... appropriate answer

Asked her “what is a ball”

Reply: Where you meet your prince so you can get married

My nursing staff asked me if I told her that prince isn't coming...of course I didn't. 4 year olds should dream...but maybe not watch Cinderella every day 😊 - Susan Kressly, MD, FAAP

* * *

In the Denver. What is a ceiling? It keeps my balloon from flying away! - Patricia Schneider, MD, FAAP

SUBJECT: Musings on MOC

Summary of needed changes:
1. Make MOC less expensive.

2. Make MOC less expensive.

3. Get rid of the proctored part 3 exam (I know the ABP is working on this)

4. Make MOC less expensive.

5. Allow hospital and departmental formal Q/I project attestation for MOC part IV.

6. Clinically relevant MOC part IV (this is happening through the AAP EQIPP modules that are free to members. There are some really good new modules)

7. Make MOC less expensive. - Colleen Kraft, MD, FAAP

Subject: Head Lice and Horses

This made my night: 

continued on page 21
Family calls for 4 kids with head lice.
I called in Sklice for them.
Pharmacy dispenses Ivermectin pills.
Mom confused and calls me.
I talk to pharmacist at a Chain pharmacy, explain the difference between topical Ivermectin lotion and ivermectin pills.
Pharmacist calls 1/2 hour later to let me know they do not have Ivermectin lotion in stock, feels bad on how the mom is so upset.
I tell the pharmacist to tell the family to go to Orscheln’s Farm Supply and get a tube of Ivermectin horse wormer, mix it with cheap conditioner and use it on the kids’ heads.
Pharmacist diligently writes it down like a prescription and then tells me that is the most amazing thing he has ever heard, will for sure remember this and take it back to St Louis with him.

Country doc 1, Walgreens pharmacy 0 – Claudia Preuschoff, MD, FAAP

Subject: Best Dr Note Request of the Day

Mother of 22 y.o. walks in.
Son in college. Wants to drop calculus. Needs Dr. note saying he has asthma.
It gets better:
Last seen here 12/14 for unrelated matter.
Last seen here 6/11 for PE. (I do see the sibling.) Last Albuterol Rx also at that time.
Total Albuterol Rx from this office since I started seeing him in 2008: 5.
No preventives from here.
And.....mother walks in at 4 PM for this, no consent from him. And he needs this for tomorrow.
I love my job.... - Stan Sack, MD, FAAP

Replies:
- Since when is asthma a contradiction to taking calculus? - Jesse Hackell, MD, FAAP
- Like Nancy Reagan once said: "JUST SAY NO"! - Herschel Lessin, MD, FAAP
- I guess these teach one course for a $350,000. salary tenured professors won't accept the dog ate my homework excuse. How about claiming a PBE or Religious Exemption? Calculus is the work of the Devil (and Isaac Newton) to try and prove the obvious fallacious notion that the Earth revolves around the Sun. - Jon Caine, MD, FAAP
- N to the capital O on the letter...
  -1  N
  ...which can also be expressed as f(x) = d/dx  O ... ;) - Glenn Schlundt, MD, FAAP
Calculus made me short of breath... – Jennifer Gruen, MD, FAAP

Subject: Open Payment Data

Top Ten List of what is important to patients:
1. Open 24/7/365

continued on page 22
2. Walk-in visits all day
3. Give antibiotics for every febrile illness
4. No CCOF Policy
5. Practice forgets to bill for deductibles, copays and coinsurance balances
6. Practice doesn't mind when I always show up 20 minutes late for my appointments
7. FAAP Status
8. PCMH Status
9. Open Payments Data
10. MOC Status

Jon Caine MD, FAAP

Subject: Mom of 3 Gets Naked, Squats in Stream, Gives Birth to Next Baby | New York Post

• Love that she’s “not a hippy-dippy mom” but she wanders around naked in the woods until a baby pops out, while her naked toddler with his amber necklace chills on the sideline. (There’s a graphic 22-minute video if you care to watch.) Good thing nothing ever goes wrong during the birthing process...What Billing code do you use? ;) - Chad Hayes, MD, FAAP

• She had lots of natural friends in the stream participate in her event! Like Naegleria fowleri. - Suzanne Berman, MD FAAP

• I'm just so glad she had the yoga mat for safety…Yikes! – Christine Booth, MD, FAAP

Subject: On the proper place of insurance companies, corporate medicine, and the government

“Medicine is about the sacred relationship between the family and the physician/practice. Everything else [is] like the mafia — they squeeze all the profit from the system but add no value.” – Xavier Sevilla, MD, FAAP

Subject: On why she is forgiving when first-time moms no-show and the sleep-deprived “Teflon brain:

While we have a strict policy that we do not reschedule “new pt no-shows”, we tend to give new mothers a break on missed appointments. We all realize that new moms have soooo many things on their sleep deprived “teflon brain.”

True story, I missed my 1st appointment with my firstborn - who was nursing about every 12 minutes all night long.....and I sure appreciated the non-judgmental call from the nurse who only chuckled when I said - but I thought Michael's appointment was on Wednesday and she responded, Honey, it IS Wednesday....ooops. I totally lost a day in my mind (or as some might have commented that I did actually lose my mind).

I also set my kitchen on fire when Michael was about 2 months old and nursing about every 15 minutes all night long and I was taking call and working full time. I was gonna make tea, turned on the burner, then the phone rang, went to the living room maybe fell asleep but woke up to the smoke detectors shrill beeping......a story I tell EVERY family when we talk about smoke detectors and home safety.

I guess what I am saying is that this mom who is not showing up may have more barriers than a (back then) 30-something upper middle class pediatrician who values well child care and has excellent transportation AND a supportive family but still had no idea it was Wednesday and almost burnt her house down. – Claudia Preuschoff, MD, FAAP

Subject: Words of wisdom about eating your dessert first- so tempting!

I'm beginning to think that market share is pretty ephemeral.

In 2002, another physician criticized me for our choice of Office Practicum (if you didn't know, OP was *tiny* back then.) They opined that we should have gone with a bigger company (their personal choice was NextGen) because "Visual Data [this is before Connexin] will be out of business in a few years.”
SOAPM Quote Corner “Post of the Day”

Well, lo and behold, three TennCare MCOs in Tennessee (all much bigger than Visual Data) went bankrupt in the next 18 months! Those same huge health plans that were “too big to fail” and served half a million Tennesseans collapsed! OP, of course, is still standing.

While it would have been devastating to have to migrate to a different EMR, lots of people have done it. But I will never, ever get back those two years of TennCare payments (they eventually liquidated for something like 7 cents on the dollar.)

There are no perfectly safe choices in health care. Eat dessert first. – Suzanne Berman, MD, FAAP

Thank you and Welcome!

Thank you!

On October 31, 2016 Herschel Lessin, MD, FAAP and Budd Shenkin, MD, FAAP will be rotating off of the SOAPM Executive Committee. We would like to thank them for their immeasurable contributions, dedication, and expertise in practice administration and management of the business of pediatrics.

Welcome!

Please join us in welcoming Suzanne Berman, MD, FAAP and Jesse Hackell, MD, FAAP who were elected as Voting Members of the SOAPM Executive Committee. Their 3 year terms as a Voting Members will begin on November 1, 2016.
How Should Pediatricians Handle the Meningoccal B Vaccines?

By Michael Brady, MD, FAAP
SOAPM Member

Dr Brady is a Pediatric Infectious Disease Specialist at Nationwide Children’s Hospital in Columbus, OH, as well as Professor of Pediatrics at The Ohio State University. He also was an Associate Editor on the 2015 AAP Red Book.

Three serogroups of Neisseria meningitides – B, C and Y – cause nearly all invasive meningococcal disease in the United States. While the MenACWY vaccines have long been available for serogroups C and Y, it’s only recently that two vaccines for MenB have been licensed.

Their newness, some well-publicized MenB outbreaks on college campuses and an unusual designation from the U.S. Centers for Disease and Control and Prevention have led to some confusion for pediatricians and their patients.

The American Academy of Pediatrics released its recommendations for the MenB vaccines at the end of August, and they agree with those of the CDC. Some questions can’t be answered without more data, but the recommendations can help guide pediatricians about when to administer the MenB vaccines and how to talk to families about them.

First, some background. Serogroup B is responsible for the majority of invasive meningococcal disease in infants and young children, though not in adolescents and young adults. Antibodies directed against the serogroup specific capsule provides protection against invasive disease due to serogroups A, C, W and Y. However, due to similarities of the serogroup B capsular polysaccharide and human molecules, a vaccine directed to prevent serogroup B meningococcal disease required the vaccine to contain non-capsular proteins from different serogroup B strains. Two MenB vaccines are now available.

MenB-FHbp is a bivalent vaccine that has two different recombinant antigens from diverse serogroup B strains. MenB-4C has four different protein antigens. Since there is significant variability of individual proteins among different serogroup B strains, using proteins from multiple strains may result in a broader immune response to the diverse serogroup B strains.

With that in mind, the AAP issued these basic guidelines:

• MenB vaccine is **routinely recommended** for all children 10 years of age and older who have an increased risk for invasive meningococcal disease – that is, they have complement deficiency, anatomic or functional asplenia or during serogroup B outbreaks.

• The MenB vaccine is **not routinely recommended** for those children 10 years of age and older who are not at increased risk for invasive meningococcal disease.

• A MenB vaccine series **may** be administered to adolescents and young adults 16-23 years of age (preferred age is 16-18) to provide short-term protection against diverse strains of Serogroup B meningococcal disease.

The first guideline is a CDC “Category A” recommendation, or a routine recommendation that applies to all members of a certain group, i.e. those at increased risk. The second and third guidelines are CDC “Category B” recommendations, which leave vaccination up to individual clinical decision making. The MenB vaccines are the first to receive this new Category B recommendation (a replacement for the previous “permissive” designation). The Affordable Care Act requires all federal and commercial insurers to pay for vaccines recommended by CDC, categories A and B.

Some additional information may help pediatricians as they consult with families about the MenB vaccine:

• Meningococcal disease of all serogroups is at historically low levels. The decline began in the late 1990s, even before MenACWY was available. We don’t have a good explanation for the decline. For that reason, cases could increase as unexpectedly as they declined.

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Despite a number of highly publicized serogroup B meningococcal outbreaks on college campuses, the incidence of serogroup B meningococcal disease is not higher in college students than the general population of the same age. The fact that outbreaks have been serogroup B probably reflects the impact of routine immunization of adolescents with MenACWY.

We do not know the duration of immunity or the long-term safety profile. But preliminary data shows that 60 percent of MenB vaccine recipients maintain antibody levels at two years’ post-vaccination, and we expect no unusual safety issues.

Initial estimates suggest MenB vaccines would protect against 91% of serogroup B strains in the United States. However, results from an outbreak published recently in New England Journal of Medicine suggest that this estimate might need to be revised downward. It is unclear if MenB vaccines provide "protective" antibodies against serogroup strains whose proteins differ from the protein antigens in the MenB vaccines.

Because of the few (though well-known) outbreaks on college campuses, young adults and their families may explicitly ask for the MenB vaccine. In those cases, it is reasonable to give it. Even if they don’t ask, notifying families of availability and then administering the vaccine if patients wish to have it is reasonable as well.

The challenge for pediatricians, however, is determining the priority of discussing the MenB vaccine when there are so many other important discussions to have with this age group surrounding management of ongoing health concerns, school performance, sexual activity, substance abuse, mental health and school physicals.

Discussing vaccines has its own set of challenges, especially with parents who are hesitant and need strong reassurance. Pediatricians are exceptional advocates for vaccines, but they may find that advocating for routine ones with clear proven benefits -- influenza, MenACWY and the HPV series, among others – is a better use of time than recommending a vaccine that comes with a number of unanswered questions.

Since the MenB vaccine is the first with a Category B designation, there remains some uncertainty about liability: if a pediatrician offers the vaccine, a family decides against it and then the child is infected with serogroup B meningococcus, is a pediatrician in any way legally responsible? At this point, pediatricians need to document discussions with the family if the vaccine is not given.

Over time, we will learn more about many of these issues and concerns. For now, though, recommendations and information from the CDC and AAP about the MenB vaccines can help primary care physicians provide the best guidance for their patients.
Many independent pediatric practices are currently being asked to join practice networks, Accountable care organizations (ACOs), or population health initiatives. Whether you participate or not, there are clear signals that the current payment environment will move away from pure fee-for-service and toward “value-based payment”, or a formula that promotes value for patients and efficiency for the system overall.

Accountable care organizations work at their best when they recognize the value of the relationship between pediatricians and their patients and families. It is in the context of that relationship that families follow medical advice, developmental promotion, and healthy life habits. In the best scenario, ACOs recognize and allow practices to do what they do well, and add services to help with proactive care, population risk stratification, data analysis, care management, and connection to community resources.

As an independent pediatric practice, you should ask about:

- How do you obtain individual physician and practice level data? How often is this data shared with the practice?
- Most ACOs care most about cost reduction in adult care. How does this ACO recognize building health in children, and define quality metrics that are relevant to pediatrics?
- How do you ensure that attribution of members to your practice is correct? Your data needs to be accurate with regard to which patients are actually in your practice population. If it’s not, then your quality metrics will never be accurate.
- What is the method for additional practice payment? Will there be “pay to play”, or dollars up front to help with practice engagement in population health management? Is there any downside risk to the practice (for example a “withhold” payment that you may get back if you hit defined quality metrics?)
- Is there access to other services that may help your patients? Will a care manager come to your office to meet with a family in need? Does the ACO contract with Home Visiting organizations?
- Are there any other central services that the ACO can offer (translation services, group discounts on vaccines, malpractice insurance, Medical Home recognition, connection to programs where there is additional payment for quality?)

Remember that it is the therapeutic relationship between the pediatric healthcare professional and the patient/family that can deliver a healthy grown child to the ACO adult healthcare system. Parents of your patients may also enter the ACOs adult network. Your services and this relationship are valuable, and any practice network needs to help you remain in the community and accessible to your patients and families.
Pediatricians, Malpractice and Prevention

By Richard Oken, MD, FAAP
COMLRM & SOAPM Member

Dr Oken, Clinical Professor of Pediatrics, UCSF, serves on the AAP Committee on Medical Liability and Risk Management. He is a previous member of the SOAPM Executive Committee and a past member of the Private Payer Advocacy Advisory Committee. Julie Kerstein Ake also contributed to the development of this article.

The role of Committee on Medical Liability and Risk Management is to educate pediatricians on preventive strategies to minimize malpractice risk situations. We are all educators who are in practice and trying to inform other pediatricians about best practices to avoid litigation. Pediatrics is distinct among medical specialties in what we do and how we do it. Likewise, pediatric medical liability is unique and specific risk management may require a different approach for prevention. A less famous philosopher once said: "What, me worry?" But the risk is real and the result may be painful.

Frequency of Claims
While pediatricians may not be sued as frequently as other specialists, their claims payouts are among the highest. Annually, 3.1% of pediatricians face a malpractice claim compared to 7.4% of all physicians. Data from 30 years of AAP Periodic Surveys indicate that 1 in 3 pediatricians will be sued in their career of practice and that 1 in 10 are sued for care provided during residency training.

Severity of Claims
According to the closed malpractice claims database of the Physician Insurer Association of America, pediatricians have the fourth highest indemnity payments of all physician specialties – only exceeded by neurologists, neurosurgeons and obstetricians/gynecologists. From 2003 to 2012, the average indemnity payment for pediatricians was 21% higher than that of all specialties ($394,700 v. $325,900). These statistics reflect 2012 dollars. Another source reports that the highest pediatric payouts were for the youngest patients. Malpractice indemnity payments for infants less than one month of age was over $900,000, patients 1-12 months was over $300,000 and those over 12 months was approximately $500,000.

Why are Pediatricians Sued?
The most common allegation is failure to diagnose or “missed diagnosis.” This factor was the issue in 48% of claims in 2012. The most common conditions cited were meningitis, appendicitis, pneumonia and pyrexia. Closed claims reveal that the average indemnity payment for “missed meningitis diagnosis” in children was $526,000. Yet failure to diagnose pneumonia was the most common claim involving patient death.

The second most common factor in closed pediatric claims in the past 12 years is “no medical misadventure.” Unfortunately, pediatricians are sued when they have done nothing wrong. Simply stated sometimes “bad outcomes” are not the result of “bad care.” Juries may fail to determine the presence of malpractice objectively when children are the plaintiffs, especially those that are severely disabled, such as technology-dependent children. Jury sympathy can motivate them to compensate plaintiffs even if their condition was not the result of malpractice. Although less than 9% of cases deemed to have “no medical misadventure” result in any payment, the average loss is $542,000.

How expensive is it to defend a pediatric malpractice claim?
Between 2003 and 2012, the average expense for defending pediatric malpractice claims was 19% more than the average for all medical specialties ($60,000 v. $43,000). If a settlement cannot be reached or the claim is not dropped, defense costs are considerably more. Most cases in California that go to trial easily exceed $100,000 in defense costs alone.

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Yet these defense expenses do not take into account other costs that result from defending a malpractice claim. These include lost practice time, the emotional and financial consequences of loss of reputation, the anxiety produced during the discovery and trial, and the effects on the mental and physical health of the defendant. Across specialties, the time to resolve a malpractice claim is greatest for pediatrics and obstetrics thus prolonging the defendant's stress.

Practice Pearls

• Obtain the best medical liability insurance available in your state with an insurer who has at least an A+ rating. Malpractice laws vary from state to state and your liability may vary with the absence of tort reform. Your medical society can provide advice on options.

• Chart carefully and accurately on paper or in your electronic record. This is your best way of providing contemporaneous proof of what occurred. In the discovery process the plaintiff may have a specific recollection of a different version of events.

• Use a logical clinical pathway to examine a sequence of possibilities in the differential diagnosis. Avoid “anchoring” or the tendency to frame a clinical problem around the first piece of information received. This is a major factor leading to errors in diagnosis.

• Attend pediatric specific risk management seminars. The upcoming National Conference and Exhibition offers four sessions: [https://www.aap.org/en-us/Documents/members_sessions.pdf](https://www.aap.org/en-us/Documents/members_sessions.pdf)

• Take advantage of AAP/COMLRM resources:

Another famous philosopher has observed that "Human beings, who are almost unique in having the ability to learn from the experience of others, are also remarkable for their apparent disinclination to do so." Risk management urges us to learn from the lessons of others.

It is foolish not to.
Overview
Mentorship is one of the most important tools for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. The AAP recognizes that mentorship is critical in helping to nurture and grow future leaders and that a mentorship program is a key opportunity to engage new and existing members. The AAP Mentorship Program seeks to establish mentoring relationships between trainees/early career physicians and practicing AAP member physicians.

What are the goals?
The AAP Mentorship Program aims to promote AAP career and leadership development. Physician mentors will have opportunities to further develop leadership skills and learn about emerging trends from the next generation of their peers. Mentees will gain a trusted advisor and learn methods to enhance career advancement. All parties will form professional relationships and share advocacy, professional, and research interests.

How does it work?
Participants will complete an online mentor/mentee profile form. The profile form collects information on education, training, subspecialty interests, practice/professional/clinical interests, and the amount of time the participant is willing to commit; these factors all facilitate the matching process. Mentor/mentee pairs will have the ability to meet traditionally in person (if they choose a local match) or use one of several online tools to meet virtually.

What is the time commitment?
Mentors are asked to commit at least one full academic year. However, the program offers opportunities for short-term “flash” mentoring, which includes responding to questions and participating in online forums. Mentors/mentees will be asked to set regular phone meetings to discuss mentee goals, objectives, and progress.

Who can participate?
All national AAP members in good standing are invited to participate. Click here for information about how to become a member or renew your membership.

How do I get involved?
Visit aapmentorship.chronus.com and log in with your AAP login and password. Once logged in, simply fill out the mentor and/or mentee profile form (you can be both if you’d like). The matching process will begin once you publish your profile. Please note that, given the nature of the process, we cannot guarantee all applicants will be matched during our initial launch of the program.
SOAPM members have expressed concerns about the NCQA PCMH process for many years. The certification process itself is cumbersome requiring hundreds of granular reports, documents, and analysis. Pediatricians have also complained that many of the standards do not apply well to a pediatric population, feeling they must contort their practices into artificial shapes to find ways to meet minimum requirements for certification.

In the past year, AAP leadership has taken several steps to advocate for a better, more pediatric-friendly approach to NCQA PCMH recognition, including:

- In October 2015, AAP members and staff met with NCQA leadership to discuss concerns about pediatrician participation in the NCQA process. NCQA invited the AAP to submit nominations to its newly formed PCMH Advisory Panel, who would provide review and input into the 2017 version of its PCMH recognition standards.

- Later that month, the AAP Board of Directors submitted several names to NCQA for consideration for the advisory panel. NCQA invited two pediatricians/AAP members to participate: Adriana Matiz, MD FAAP and Suzanne Berman, MD FAAP.

- In 2016, Drs Matiz and Berman participated in the advisory panel and gave the pediatrician’s perspective on the medical home standards. They both participated in about 20 hours of conference calls, reviewed hundreds of pages of documents, as well as attended two in-person meetings in Washington, DC. The two AAP representatives advocated for inclusion of pediatric-specific metrics and standards as well as ways to adapt more generic “adult medicine” reports to a parallel pediatric form. Virtually all members of the advisory panel indicated a strong opinion that NCQA would do well to make its certification process less cumbersome.

- In the summer of 2016, NCQA published draft standards for the 2017 edition of the PCMH program and invited specialty societies to comment. As expected, AAP members in general and SOAPM members in particular responded vigorously. AAP President Benard Dreyer reviewed the comments and personally contacted additional stakeholders within the AAP for clarification. He sent a letter to NCQA strongly advocating on behalf of pediatricians for a better process with a number of specific ideas for improvement.

- AAP leadership like Dr Dreyer and AAP Executive Director Karen Remley have also continued to communicate with NCQA leadership about the need to recognize the pediatric medical home as special and significant, so that it does not get lost in the Medicare-centric dialogue of payment reform.

- Additionally, the AAP had an official representative to the Patient Centered Primary Care Collaborative (PCPCC) Accreditation workgroup to identify opportunities and challenges of the current PCMH certification/recognition process. There are 4 organizations that offer these programs and all of them are slightly different. Anne Edwards, MD, FAAP was the Academy’s representative to this workgroup, which was convened in July 2015, and outlined their recommendations in November 2015. More information can be found at: https://www.pcpcc.org/2016/06/27/improving-patient-centered-medical-home-pcmh-recognition-board-endorsed-recommendations.

If you would like more information on how the AAP is serving you in the NCQA PCMH arena, please contact Suzanne Berman at sberman@plateaupediatrics.com or Sunnah Kim at skim@aap.org.
Opinions expressed are those of the authors and not necessarily those of the American Academy of Pediatrics. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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