

MINUTES
Federation of Pediatric Organizations
January 31, 2011
8:00 am – 1:00 pm EST

Organization	Representative
Federation of Pediatric Organizations	Dr. Theodore Sectish, Executive Director
	Dr. Maria Britto, SPR, Chair
	Jean Bartholomew, Administrator
Academic Pediatric Association	Dr. Janet Serwint
	Dr. Steven Selbst
American Academy of Pediatrics	Dr. Marion Burton
	Dr. Errol Alden
	Dr. Robert Perelman
American Board of Pediatrics	Dr. James Stockman
	Dr. Alan R. Cohen
American Pediatric Society	Dr. Judith Aschner
	Dr. Gary Fleisher via conf call
Association of Pediatric Program Directors	Dr. Ann Burke
	Dr. Susan Guralnick
Association of Medical School Pediatric Department Chairs	Dr. Dele Davies
	Dr. Bonita Stanton
Society for Pediatric Research	Dr. Tom Shanley via conf call
IIPE	Dr. Carol Carraccio via conf call
NACHRI	
AAP	Mark Del Monte
Guests	Laura Degnon, Degnon Associates Dr. Alan Guttmacher, NICHD Lisa Kaeser, Assistant to Dr. Guttmacher, NICHD

Dr. Maria Britto, Chair, of the Federation of Pediatric Organizations, called the meeting to order at approximately 8:10 am.

POLICY REPORTS/PRESENTATIONS

Special Invited Presentation, Dr. Alan Guttmacher, NICHD

Dr. Alan Guttmacher, Director, Eunice Kennedy Shriver, National Institute of Child Health and Human Development, attended the meeting and gave a presentation on the realignment and structural changes of the various centers NIH centers. At the NIH there seems to be some shifting of priorities/structure.

- Consideration is being given to merging alcohol and drug to be included under Substance Use and Abuse and if approved, could go into effect in October 2012.
- Realigning should not have an impact on pediatrics and NICHD.
- There is a proposal to establish a National Center for Advancing Translational Sciences (NCATS) and to abolish the National Center for Research Resources (NCRR). CTSA's would move into the new center for translational sciences; this new center could be very beneficial.

- NIH Web site now has a link for feedback (nih.gov).
- NICHD launched a search for a new technical director.
- Launched 30 new Vanguard sites (had 7) to provide data to meet with Congress later this year.
- There is talk of rolling back the budget to 2008 levels and would result in 4-5% reduction in funding and could result in a 50% reduction for the National Childrens' study.
- FY 2012 Budget request goes to Congress first week in February, but will be delayed; FY begins in October; may stay flat at 2010.

Dr. Sectish noted it is difficult to obtain funds for educational initiatives. There are number of programs out there, but are very specific.

Dr. Guttmacher thanked FOPO for supplying a list of names for workshops regarding the NICHD Scientific Visioning Process.

NACHRI Update

Larry McAndrews was not able to be present, but a report was included in the agenda. The information provided on Accountable Care Organization (ACO) was very helpful.

AAP Department of Federal Affairs, Mark Del Monte

Mark Del Monte, Director of AAP's Department of Federal Affairs, provided an update on current federal legislative issues.

The AAP has produced a document on ACOs echoing the principles in concert with other organizations. They developed a guidance document for AAP members on how to work with the integrated entities and how to evaluate opportunities to participate in an ACO. PHO is the forerunner of ACO and a number of hospitals have developed PHOs. Medicaid pilots are coming out in 2012 and it is uncertain how to move forward with those and their link to the medical neighborhood. There is an idea of what they should look like, but there are no details on legislation. There may not be a great deal of saving in pediatric ACOs.

It was suggested that advocacy take place at the state level as well since Medicaid is state based. Due to slashes in state budgets, the impact will be there and we will have to work harder to defend children's needs. Mr. Del Monte remarked that there are 94 new members of congress and that 35 of the 94 have never been elected before. This changes the tone and tenor of DC. The AAP will focus on where we need to engage: eg, pediatric provisions in the Affordable Care Act. We will have to make opportunities to talk about medical liability reform and the ways to improve care for children. We will need to educate 94 new members on children's needs and remake the case for research.

FQHC -- Federally Qualified Health Centers (FQHC) experienced growth and support. They serve as entities that are not governmental with a base federal grant to open doors, are organized as a 501-c-3, and are taking care of 10% of children of America and serving underserved areas or serving in areas where there is little healthcare provided. They serve as a strong viable primary care provider but have an issue referring children to subspecialists as there are not enough of them in the FQHC. There is the

need to integrate academic centers with community centers. It would be great if they adopted the Bright Futures Model.

Renewal of the term of the Executive Director

The term of Dr. Sectish was renewed for a five-year period, January 1, 2012, to December 31, 2016, by a unanimous vote of the FOPO Board of Directors. Dr. Britto thanked Dr. Sectish for his work and insights into making FOPO a working/viable organization.

Executive Director's Report, Dr. T. Sectish

A summary of the Executive Director activities covering September 2010 through January 2011, was included in the agenda. Dr. Sectish briefly touched upon some of the recent activities.

Action Items

1. Approval of minutes of September 13, 2010
The minutes were approved as written.

2. Financial summary

Drs. Shanley and Sectish presented the budget for 2012. Among new items in the budget is a strategic planning session; the last session was held in 2007. The question was raised whether there should be a facilitator from one of the organizations or whether this should be done without a facilitator. Having no facilitator did not appear productive neither did soliciting an outside facilitator. It was suggested that we get started on our own and perhaps develop an outline. Several FOPO members asked that Ken Slaw be asked again (he facilitated the session in 2007). Ken does a number of strategic planning for chapters and is intimately tuned into pediatric problems and has an insider perspective. Linking the strategic planning session to a FOPO meeting was also discussed as a possibility. A number of member organizations were in favor of this.

ACTION: A motion to approve the FY12 budget was seconded and passed. It is realized that the \$20K budgeted for the strategic planning meeting is just an estimate and could vary. Variables also include the number of task force meetings to be held and whether they materialize.

ACTION: A motion was seconded and passed to have officers explore other options for the Vanguard Money Market fund investment strategy. They will present options to BOD (via e-mail) and not wait until the next FOPO meeting) to allow this to be done in an expeditious manner.

3. Proposed Bylaws revisions

Dr. Sectish referred to a draft of the proposed Bylaws revisions. An operational example was noted in the letter to Dr. Nasca where the vote was unanimous to FOPO acting, but not each member agreeing in total. This would allow FOPO to sign off on the document. In order to be consistent in approval issues, a decision would be deferred until legal counsel is consulted. Dr.

Sectish would illustrate a policy decision to attorney and seek wording on the consensus process. Minor word changes were suggested:

- Delete age range and just say quality health care (birth to 21)
- His or her designee (changed #3)
- Allow each organization to determine Director (voter)

4. Proposed policies and initiatives

Among the items discussed in the Policies and Initiatives, it was mentioned that

- Currently there are no standing committees, but with investment strategy being considered, there could be a Finance Committee
- The structure of the Working groups from one strategic plan to the next
- Establish a Nominating Committee to make recommendations.

5. Options for selection of members of Task Forces/Working Groups

A detailed proposal was included in the agenda that described ways in which members of the task forces and working groups would be selected. Briefly stated,

- Task force chairs serve for three years; individual organizations would make the decision whether to appoint someone to a working group, task force, or committee.
- Each organization should have a representative on each committee, task force, etc., unless they choose not to participate.
- It was suggested that the process be left informal and open and each member organization submit one name if they choose to participate. Writing a process may tie your hands, maintaining the size but not attaching any travel expense to the individual. The option to modify this should be left to the discretion of the Executive Director should it be necessary.

6. Establishment of the FOPO Foundation and adoption of Bylaws and Articles of Incorporation

The process of creating the FOPO Foundation has begun. The foundation has an Employee Identification Number (EIN) number. The next step is to approve the Foundation Bylaws and establish Articles of Incorporation. The Foundation was created to support FOPO in its educational activities and particularly IPE. IPE will have a home within the FOPO Foundation as well as the St. Geme award. The Foundation will operate by simple majority and will not be a policy-making organization. It should be noted that FOPO requires a unanimous vote.

Selection of St. Geme Award Nominee

Information on the award and nominees was distributed to FOPO members previously. Each member organization took the opportunity to present their nominee of choice. Voting took place and each member organization was asked to prioritize the top three nominees. During the first round, the top three nominees were identified; on the second ballot, member organizations were asked to rank their choices. On the third ballot, a vote was taken for only one of the three nominees.

- Dr. Burton and Dr. Serwint spoke about Renee Jenkins
- Dr. Cohen and Dr. Stanton spoke about George Lister
- Dr. Aschner spoke about Abraham Bergman
- Dr. Ann Burke spoke about Gail McGuinness

It was subsequently determined that Dr. George Lister is the 2011 St. Geme Awardee.

Report on Innovation in Pediatric Education (IIPE)

Dr. Carraccio provided an update via conference call and a written summary was included in the agenda.

Discussion items

1. Update of FOPO strategic plan
The timing of a strategic planning meeting was discussed in the FY12 budget presentation.
2. Discussion of FOPO reserves
Discussion of this also took place during the FY12 budget presentation.

Other

Drs. Stanton and Sectish attended the recently held meeting of the Council of Pediatric Subspecialists (CoPS). One of the main concerns of this group is the dues structure. They discussed

- setting up tiers for dues via societies and/or departments
- the need to re-think the dues structure
- in addition to dues from the various societies, CoPS would expect some support from FOPO.

The meeting was adjourned at 12:45 pm.

Next Meeting: October 3, 2011.

Requirement to get 50K to establish an award –

- Should not specify amount

Should establish corpus of funding

The controversy continues over a proposal to establish an NIH National Center for Advancing Translational Sciences (NCATS) and to abolish the National Center for Research Resources. NIH has responded to last Sunday's NY Times story on the effort, insisting that "NCATS is not intended to be a drug company" and that "There are no plans to 'cannibalize' the budgets or programs of other NIH Institutes and Centers to form NCATS." HHS Secretary Sebelius officially notified Congress of the reorganization plan on January 14th. The National Journal reported that Sen. Richard Burr, R-N.C. told reporters after a hearing on Thursday with HHS Secretary Sebelius, "To say that they're going to start getting into drug development, regardless of what category, is a huge departure that needs debate..." A staff member for Chairman Denny Rehberg, chair of the House Appropriations Subcommittee that funds NIH, asked NIH to respond to 25 pointed questions on the plan, including, "What criteria or evaluation was used to determine the need to abolish NCRR and how do the other NIH ICs rank when applied to this criteria." The proposal also was heatedly discussed this week at both the NCRR and NIGMS advisory committee meetings. Comments on the proposals are being solicited on the NIH Feedback web site.

The [revolt](#) is spreading against a plan by U.S. National Institutes of Health (NIH) Director Francis Collins to create a new center on translational medicine by reassigning existing pieces of the \$31 billion agency. Today, the top advisory body to the National Institute of General Medical Sciences (NIGMS), the component scheduled to inherit many of those pieces, agreed to draft a letter expressing its unhappiness with Collins's plan, which would bust up the National Center for Research Resources (NCRR) in the course of creating the National Center for Advancing Translational Sciences (NCATS). And NIGMS Director Jeremy Berg, who opposed the new center when an NIH management board recommended it [last month](#), explained in greater detail why he thinks breaking up NCRR is a bad idea.

"I've never understood how dismantling NCRR solves more problems than it creates," Berg told members of the NIGMS council during its meeting on the Bethesda, Maryland, NIH campus. Berg compared NCRR to a city's department of public works, calling it an entity familiar with operating large facilities for the common good, and said it helps researchers from all disciplines. Folding its large programs into NIGMS "would be a big management challenge," added Berg, who is [leaving NIGMS in June](#) as the "trailing spouse" as his wife takes up a position at the University of Pittsburgh.

Collins says that NCATS will help spur the development of drugs and other treatments by industry. But as the NIGMS council discussion made clear, there's no consensus about where NIH should draw the line between

financing basic research to improve understanding of potential targets and helping the private sector push those targets through the drug-development pipeline. "If the reason [to create NCATS] is to derisk opportunities for industry, I think that's quite bizarre and contrary to the entrepreneurial spirit," said Yale University chemistry professor Scott Miller. James Stevens, a senior research fellow at Lilly Research Laboratories in Indianapolis, also questioned the rationale behind the new center: "If there is any organization that is slower and less agile than industry, it's the federal government."

Leaving aside that debate, the big issue facing NIH and the biomedical community is whether Collins's plan is the best use of NIH's large but still finite budget and the possible threat to existing research activities supported by NCCR that affect the rest of the 27 institutes and centers. "Is there a management logic to splitting them?" asked council member Howard Garrison, who heads up the policy shop for the Federation of American Societies for Experimental Biology in Bethesda, Maryland. "It seems wasteful and destructive without a vision of why."

Garrison volunteered to draft a letter describing the council's concerns about how NIGMS would be affected. It would be sent to Collins and the NIH management board as well as to Collins's boss, U.S. Health and Human Services Secretary Kathleen Sebelius, and to the congressional panels that set NIH's budget. A House of Representatives spending panel has already asked for information on the proposed changes, which would go into effect in 180 days unless Congress intervenes.