

MINUTES
FEDERATION OF PEDIATRIC ORGANIZATIONS
September 24, 2007, 8:00 am-1:00 pm (adj 12:45 pm)
AAP Washington, DC, Office

PRESENT: Theodore C. Sectish, MD, Executive Director
Peter Szilagyi, MD, Chair, APA
Jean Bartholomew, Administrator

AAP: Errol R. Alden, MD
Renee Jenkins, MD
Robert Perelman, MD

ABP: James A. Stockman, MD
H. James Brown, MD

AMSPDC: Aaron L. Friedman, MD
Marianne E. Felice, MD

APA: Kenneth B. Roberts, MD

APPD: Susan Guralnick, MD
Robert McGregor, MD

APS: Alan H. Jobe, MD
William Hay, MD

SPR: Phyllis Dennery, MD
Mark R. Schleiss, MD

AAP Staff: Karen Hendricks, JD

NACHRI: Larry McAndrews

NICHD: Duane Alexander, MD

1. Call to order

Dr. Szilagyi called the meeting to order 8:00 am and asked for introductions. All members of FOPO were present.

2. Executive Director's report

Dr. Sectish, the Executive Director of FOPO, included in the agenda, a summary of his activities since the January 2007 FOPO meeting. He has been working with staff to implement budgets and financial reports as well as meeting via conference calls to flesh out and build the strategic plan/initiatives. He has met with the members at the times of their Board or Council meetings and is scheduled to meet with the AMSPDC Executive Committee in early October. Members present from the APS/SPR recommended that he meet with their councils in the fall rather than at the time of the PAS meetings since there is more time to discuss issues at the fall meeting.

The Task Force on Women in Pediatrics has had three conference calls since convening in early July. Dr. Bonnie Stanton is chairing this task force and they selected two issues on which to concentrate. They are part-time/flexible training and employment and childcare. There is a plan to meet in either early March at the time of the AMSPDC meeting in Santa Fe, or meet at the time of the PAS in Hawaii in May.

3. Minutes of January 29, 2007

A query was raised about the statement in the minutes relating to “a transition from a non-profit to Chapel Hill based services provided by the ABP.” Dr. Sectish responded that this referred to the transfer of the Administrative office of FOPO to Chapel Hill since Dr. Behrman completed his services on December 31, 2006.

ACTION: A motion was seconded and passed to approve the minutes as written.

4. Financial statements, FY'07 (7/1/2006 – 6/30/2007)

Financial statements prepared by Sorensen and Holland were included in the agenda. It should be noted that this was the accounting firm retained by Dr. Behrman during his tenure as FOPO Executive Director (1/1/2002 to 12/31/2006). Since the transition occurred during '07 fiscal year, some of the expenses reflect those incurred by Dr. Behrman and will not pertain to the new structure in place.

ACTION: A motion was seconded and passed to approve the report.

5. Budget FY08

A new dues structure was implemented beginning January 1, 2007. Members were assessed for one-half their proposed assessment for the period January 1-June 30. It was noted that dues are lower with the new structure. Prior to 1/1/07, there were conferences sponsored by FOPO. Hosting future conferences will require securing funding either through grants, from members, or from foundations. Dr. Schleiss thought that there might be an R13 mechanism to apply for grants for conferences; however this may not be the case and will be researched. If conferences were held at the time of other organized meetings, costs may be able to be reduced. There appear to be limited opportunities of this though due to the great amount of activities planned for most meetings of pediatric societies. There will be the need to determine how to fund conferences. An amount was designated for the current FOPO Web site to be updated -- to gain more visibility and to post updates on the progress of the strategic planning initiatives. The balance on 6/30/2007 was higher than anticipated due to expenses being moved to next fiscal year. An account that bears better interest than the current checking account will be opened where at least $\frac{3}{4}$ of the funds will be kept and drawn from as needed. There is very little in the way of discretionary funds to cover the cost of conferences. Dues structure will be increased by inflation, but special assessments may have to be made if needed. All were in agreement with this method of securing additional funding. The question was raised about how agreement would be reached on special assessments for possible conferences in between meetings. Since the next FOPO meeting will be held in January, it is unlikely that anything will happen between now and then. An attempt will be made to lay out a time table for conferences and RFAs for the January meeting.

ACTION: A motion was seconded and passed to approve the budget.

6. Strategic Plan

A. Minutes of July 19-20, 2007

The minutes from the sessions were included. Dr. Sectish briefly described process utilized during the planning session and referred attendees to the Implementation Blueprint.

B. 2007-2010 FOPO Strategic Plan, Implementation Blueprint

Dr. Sectish further refined the blueprint as presented in the minutes from the July 19-20, 2007, meeting. The next steps are to discuss each objective and plan for carrying out the initiatives.

Objective 1 – Leadership Academy Planning Group

The AAP has funding for an online course but it is not developed at this time. The APA has a new program focused on academic general pediatricians; but focused areas will change. Outcomes of this objective are to prepare leaders to progress to leadership positions and track their movement. This could provide a better database than just those in the AAP resident section. Training should also be directed toward those who are research-based. The ABP requirements could include leadership building activities in their scholarly activity component. Tracking of all involved is a necessity. Diversity of women/minorities are an important element as well. There is a need to

- Identify individuals on certain issues and those already out there
- Have FOPO members identify individuals
- Allow individuals to self-nominate and well as be nominated
- Develop a core curriculum for different type positions, eg, Chair
- Identify existing courses that would be most useful
- Bring individuals in and introduce them to various programs, courses
- Bring individuals in and get them into the mode
- Catalog opportunities already available
- Track those who participate in this objective for purpose of moving into #2.

Purpose -- groom and educate pediatricians for leadership roles; segway into Objective #2.

Objective #2 – Position pediatricians in key leadership positions

Some of the organizations to consider for infusing leaders are: Commonwealth, RWJ, state medical societies, governing bodies, foundations, NIH (different sections), NICHD study sections (lists provided by AAP), AHRQ. Staff leadership positions in organizations and journals are also possibilities. Determining when these positions open up should be fairly easy to ascertain. These are just a few of the possibilities.

Mapping out organizations that are important, identifying individuals within these positions to determine what they are seeking and what is required, and identifying those within the pipeline will need to take place as well as prioritization.

It was suggested that this process begin by narrowing the information to be gathered to what's achievable, map out entry points, and use FOPO as a sort of clearinghouse. The Public Policy Council commented that pediatricians in key positions have a pediatric perspective and bring the

uniqueness of pediatrics. If several organizations nominate an individual, this would carry more weight. NIH Advisory Councils have a number of pediatricians, but there are gaps in some areas. Who should be keeping track of what will be available (active surveillance)? Tempering the voice of the representative to represent pediatrics should be considered. FOPO could keep a network of senior leaders.

Objective #3 – GME funding

All agreed that current funding is insufficient to do what will be needed. If a conference were to be held, and while not specifically focused at pediatric GME, a report could be written with the intent of looking at this area. Obviously the whole issue cannot be viewed, but pediatricians can play into the process and there is a need for them to become involved.

Ms. Hendricks referred to a 1993 statement on GME funding to make GME pediatric friendly. This statement was compiled within two months of inception and agreed to by Federation members. This statement ultimately led to an AAP statement in 1998. FOPO allowed all members to participate in a meaningful way, which started small, but grew. How do we influence members of congress? Dr. Sectish asked for another representative on this initiative. He will contact AAMC and discuss their efforts on GME funding. It may be, that pediatrics (or FOPO?) will have to take a wait and see attitude.

Objective #4 – Pediatric Research Funding Planning Group

The discussion began by asking how to appeal to trainees early to engage them in pediatric research, how to get more pediatricians into study sections, and leadership positions. There are a number of competing interests that are pediatrics oriented, but there is a need to find out what the competing interests are in pediatrics so we do not shoot ourselves in the foot. Much of the discussion centered on the Clinical and Translational Science Award (CTSA) program and the inclusion of pediatrics. Dr. Alexander noted that there was a bonus offered if there was a pediatrics component included in the application; that success is dependent on each pediatric department to be included; and that investigators are working to include a pediatric component. Ms. Hendricks related her 1994 experiences in getting NIH funding across the board, putting this into context, and getting a degree of interest around this issue. It collectively moved ahead to increase portfolio (with the help of NACHRI).

To begin with, an accounting of pediatrics research is needed and determine what has been allocated. Ms. Hendricks and Dr. Duane Alexander indicated there is a report of this available, but is not current. Ms. Hendricks and Dr. Hay agreed to assist Dr. Schleiss on this initiative. A white paper as a future position paper of where pediatrics needs to go would be prepared.

Objective #5 – Global Health Planning Group

There are a number of individual efforts out there:

- schools build this into residency but not enough residents participate
- speak to have pediatric component included in initiatives identified
- NICHD has an education program where a resident goes into an undeveloped area and communicates with a mentor

Questions were raised on

- how we could bring senior leaders into the country to discuss their needs

- holding a summit, where themes could be development of academic research, or education, or clinical care, or community
- the possibility of assembling a group to think about where to go
- consider areas where healthcare is developed and how to tap into that resource

Objective #6 – Health insurance for all Children and Youth in US

Drs. Sectish and Szilagyi drafted a position statement on this issue for reaction by FOPO members. There is a potential ability for FOPO to carry this out. What can FOPO do beyond policy statement and how should FOPO contribute to policy statements by other organizations should be considered.

It was noted that this statement should go to presidential candidates on FOPO letterhead, linked back to PPC and APA. The work and funding of PPC has taken leadership in direction from AAP; continuation of role of AAP, and Societies (as liaisons to that table). This statement should be vetted through each member organization, have the FOPO Board of Directors sign off (ABP could sign off on a political issue as being represented in/by FOPO); and be on a fast track. Time is of the essence.

ACTION: Dr. Szilagyi to send statement to FOPO members, to NACHRI, and request that their councils sign off, as expeditiously as possible..

7. Proposal for additional guests at FOPO meetings

Dr. Sectish gave some history of how the Pediatric Education Steering Committee (PESC) evolved and had representatives from COMSEP included and possibly other organizations. Eventually, the agenda items/discussion for PESC diminished and the PESC meeting was melded into the FOPO meeting. The question was asked if there is a benefit to having other organizations such as COMSEP and CoPS as members or guests at meetings when the agenda would require their input.

8. NICHD Update

Dr. Alexander presented an update on NICHD activities. He reported on NIH budgets, on funding for 1500 new investigators, on a number of career development awards, on planning for NCS with added new money, on recruitment sites, and on the pediatrics oversight committee of CTSA and the recently held workshops. Dr. Alexander also mentioned a proposal to name one of the institutes after an individual. Buildings are named after individuals, but not institutes.

9. Government Affairs update

Ms. Hendricks provided a very detailed summary for the agenda of PPC activities, pediatric drugs and medical devices, SCHIP legislation, and NIH peer review. Dr. Jenkins distributed talking points to “Keep SCHIP Strong.” Calls are critical and 290 votes are required by September 25. In May at the PAS meeting, there will be a focus on “Election 2008, Americans Agenda for Children & Adolescents.” Ms. Hendricks is trying to identify issues for the forum. A host of platform committee meetings to occur and proposed moderators will be identified. Ms. Hendricks asked if some time at the January meeting could be dedicated to this effort.

10. NACHRI update

Mr. McAndrews distributed a summary of the proposed NACH Federal Advocacy agenda.

11. St. Geme Award

It was noticed by many attendees at the PAS meeting that this award does not seem to have the recognition and attention it once had and especially at the time the nominee receives the award. There are very few attendees at the time of the award, and the question was raised on how this can be addressed. This will be brought to the attention of the APS/SPR council to discuss the whole program and awards. There is a need to communicate significance of the awards given during the PAS.

12. Adjournment at 12:50 pm.

Respectfully submitted,
Aaron L. Friedman, MD
Secretary-Treasurer

Jb
6/2/2008

**Next meeting will be held: Tuesday, January 22, 2008, 8 am to 1 pm
Dr. Peter Szilagyi of APA will Chair the meeting.**