

Association of Medical School Pediatric Department Chairs
Public Policy Council
2009-2010 Activities Report

The Public Policy Council is completing its 26th year of service to academic pediatrics, and has resumed its longstanding membership comprised of the American Pediatric Society (APS), the Association of Medical School Pediatric Department Chairs (AMSPDC) and the Society for Pediatric Research (SPR) - the founding members. The Academic Pediatric Association (APA) was a full member of the Public Policy Council for one year beginning in October 2008 and participated in the development of our new operating guidelines, but elected to withdraw, in large part for fiscal reasons. The longstanding informal arrangements, including joint planning of a PAS Public Policy Plenary Symposium continue, however.

This has been a year of significant personnel change and transition. Since the 2009 PAS meeting in Baltimore, the Public Policy Council has been functioning under new operating guidelines under which each sponsoring society appoints two representatives for up to two three-year terms which commencing after the annual PAS meetings. This past year, the American Pediatric Society has been represented by Steve Berman, University of Colorado and Rick Bucciarelli, University of Florida. I no longer serve also as an APS representative, but continue to attend the COFGA and AAMC Council of Academic Societies meetings. Tom Green and Elena Fuentes-Afflick have continued to represent the Society for Pediatric Research; Elena concluded her term with the 2010 PAS meeting and has been replaced by Leona Cuttler. Leona is Chief of the Section of Pediatric Endocrinology at Case Western and was an RWJ Health Policy Fellow, assigned to the Senate Finance Committee, a few years ago. Russ Chesney and David Clark, as chair of AMSPDC's Advocacy Committee, continued for AMSPDC, which adopted new policies at its 2010 annual meeting under which one of its PPC representatives will be its current president during the 2nd of their two-year term and continuing the following two years as past president. Thus Bonnie Stanton will be replacing Russ Chesney, who has served continuously since 1994.

There was also considerable transition in the Public Policy Council's staff support, which has been provided by the Academy of Pediatrics' Washington office since our founding in 1984. Our long-time Washington coordinator, Karen Hendricks, recipient of the 2009 SPR Distinguished Service Award, left the Academy on May 29, 2009 to take a position as Director for Policy Development with the Trust for America's Health. Subsequently, overall stewardship of the Public Policy Council activities was assumed by the Director of the Washington office, initially by Jackie Noyes, until her retirement January 1, 2010. After an extensive search, in late January Mark Del Monte, J.D., who for several years has been an Assistant Director in the Academy's Washington office, was selected as Director. As Assistant Director, Mr. Del Monte was responsible for monitoring pediatric drug and device legislation and regulations and is well known to the Public Policy Council. He will serve simultaneously as the Public Policy Council's Washington Coordinator and has brought renewed energy and enthusiasm to the position.

As a consequence of these staff changes, not to mention the intense activity in the Academy's Washington office relating to the healthcare reform process, which only culminated this spring, communications with members of the Public Policy Council and to the parent societies were suboptimal, notwithstanding continued efforts of Becky Fowler, who assisted all three Washington coordinators in staffing the Public Policy Council. Ms. Fowler herself departed prior to the 2010 PAS meeting to assume a position in her native South Carolina. Her position has been filled by James Baumberger, who has been working with Mr. DelMonte. In April the Academy appointed a new Assistant Director, Stan Gage, whose primary responsibility will be the federal appropriations process and thus he clearly will have many interactions with the Public Policy Council and our societies.

With all of the above changes in place, it appeared to be most appropriate to re-examine the Public Policy Council's activities, reporting alignments and relationships with various aligned interest groups and the pivotal role of the Academy of Pediatrics' Washington office and its staff in its progress. During the year I had a number of conversations with Dr. Errol Alden, AAP's Executive Director, regarding these issues. The Academy places great importance to maintaining and strengthening the relationships that have developed over the past 26 years, largely through the vehicle of the Public Policy Council, and offered to host a strategic planning meeting for the Public Policy Council, to include Public Policy Council members, leadership from the member societies, Academy leadership and staff and representation from aligned groups with overlapping interests such as the National Association of the Children's Hospitals and Related Institutions (NACHRI), the Academic Pediatric Association (APA), the Council of Pediatric Subspecialties (CoPS), Association of Pediatric Program Directors (APPD) and the Federation of Pediatric Organizations (FOPO). This meeting will be held in Washington June 27-28.

Though not optimally utilized during the past year for reasons outlined above, the Public Policy Forum remains in place as a communications vehicle with the membership of constituent societies and with academic pediatrics in general. The Forum is a loosely knit assembly of designated representatives at each major institution represented in AMSPDC and serves as a vehicle for the annual breakfast legislative forum at the PAS meeting. The legislative breakfast for this year's PAS meeting in Vancouver, the twenty-fourth annual, held on Monday morning, May 3, examined "Healthcare Systems for Children in Canada vs The United States" and was chaired by PPC member Rick Bucciarelli. Principal speaker was Astrid Guttmann, a faculty member at the University of Toronto and scientist at the Institute for Clinical Evaluative Science, Sunnybrook Health Sciences Centre in Toronto, who has studied the performance of health systems. Commentary was provided by two department chairs with extensive experience in both countries – Denis Daneman, chair at the University of Toronto and Physician-in-Chief at the Hospital for Sick Children and his predecessor, Hugh O'Brodovich, now chair at the Stanford School of Medicine and Physician-in-Chief at the Lucille Packer Children's Hospital. The session was highly successful and attracted a standing room audience.

The seventeenth annual Public Policy Plenary Symposium, a collaborative effort of the Public Policy Council and the APA Public Policy and Advocacy Committee, was held Saturday afternoon, May 1 on "Vaccine Public Policy". The symposium, organized and chaired by PPC member Steve Berman, discussed three current vaccine policy issues: 1) the rising rates of vaccine refusals; 2) fiscal concerns about the process for making vaccine recommendations and 3) public perception of vaccine safety. Speakers included Saad Omer, Rollins School of Public Health and Emory Vaccine Center in Atlanta; Walter Orenstein, Bill and Melinda Gates Foundation in Seattle; and Lance Rodewald, Immunization Services Division at CDC. Also highly successful and well-attended, the PowerPoint presentations from the speakers will again be posted.

For the sixth successive year, a special plenary symposium devoted to the National Children's Study was organized and moderated by PPC member Elena Fuentes-Afflick, also a member of NCS Federal Advisory Committee. The National Children's Study has had substantial leadership changes over the past year and the pilot phase of the study in the Vanguard Centers has now been extended to obtain experience to guide full rollout of the ambitious study. This Plenary Symposium reviewed the recruitment plan for the National Children's Study and experience to date, procedures for access to data and maintenance of data confidentiality and the consent and human subjects protection process. Speakers were Kenneth Schoendorf, Jennifer Park and Julia Slutsman, all from the NICHD.

One additional program, not officially conducted by the Public Policy Council, was a "Hot Topic" symposium organized and chaired by Public Policy Council member Steve Berman on Tuesday afternoon, May 4, on "Healthcare Reform: What Went Right and What Went

Wrong". The symposium included perspectives from Berman who is a past president of the American Academy of Pediatrics, Lisa Simpson from Cincinnati Children's Hospital, Charles Homer of the National Initiative for Children's Healthcare Quality in Boston, and Carol Berkowitz, also a past president of the Academy. PowerPoint slides from this session will also be posted on the Public Policy Council page.

We continued to conduct our Public Policy Council business primarily through the regular monthly conference calls, supplemented by mailings and e-mail correspondence from the Academy's Washington office. As the healthcare reform process moved into high gear, the Academy's Washington office also conducted a weekly Friday afternoon conference call to provide updates on the progress of legislation, especially as related to pediatrics and child health aspects. Public Policy Council members regularly participated in these sessions. Conference calls generally included the executive chair of the Federation of Pediatric Organizations (FOPO), on occasion the chair of the AAP's Committee on Federal Government Affairs (COFGA) and as an innovation this year, the Washington office's assistant directors with responsibility for specific areas of interest. Communications are also received regularly from the AAMC's Council of Academic Societies, in particular the most valuable bi-weekly "Tony Mail" listserve. Various materials, including minutes of the monthly conference calls, continued to be shared with the leadership of the three member societies to provide opportunity for input on specific issues and agenda items. The periodic legislative reports are routinely placed on the Public Policy Council page on the APS-SPR web site, though for reasons outlined above not as frequently as in past years. Operations of the Public Policy Council continued to be conducted from both the Academy's Department of Federal Affairs and my office at Yale's Child Health Research Center.

A comprehensive legislative report, prepared in February, appeared in the program book for the 2010 PAS meeting. Further materials, many focused on aspects of the healthcare reform legislation enacted this spring, were distributed at the PAS meeting and are also posted on the Public Policy Council page with an updated legislative report. Specific areas of federal policy, including budget and appropriations, healthcare reform and workforce/GME, are outlined in the updated April, 2010 legislative report, posted with this activities report.

AAP Committee on Federal Government Affairs (COFGA):

The Academy's Committee on Federal Government Affairs (COFGA) includes six members appointed by the Academy plus liaison representatives from the three societies comprising the Public Policy Council, the Academic Pediatric Association, the Society for Adolescent Medicine, the Academy's Committee on State Government Affairs (COSGA), the chair of the COFGA Subcommittee on Health Insurance Coverage and Access to Care (Jay Berkelhamer), the Federation of Pediatric Organizations (Ted Sectish), NACHRI, and representatives from the AAP's Sections on Seniors and Residents. Olson Huff, from Ashville, NC, continued to serve as COFGA chair for the second consecutive year. As per the new operating guidelines, members of the Public Policy Council serve simultaneously as liaison representatives to COFGA. As Public Policy Council Chair, I continue to participate and now have the distinction of being the longest continuous serving COFGA member.

COFGA met on only one occasion during the year - on September 14-15, 2009. The customary spring meeting was canceled, in part for fiscal reasons, but also because of the intense activity of the Academy and its Washington office in the ongoing healthcare reform process, which finally culminated in successful passage of legislation on March 25. Throughout the prolonged and contentious healthcare reform debate, the Academy's Washington office was intensely involved at both the Congressional and executive branch

levels. This included participation of Public Policy Council members who were updated on an ongoing basis during our monthly conference calls and on the weekly Friday afternoon COFGA conference calls devoted entirely to healthcare reform and review of legislative strategies. In addition, during the final week of debate when the ultimate outcome remained uncertain both Steve Berman and I visited a number of Congressional offices including House members who were uncommitted or regarded as potential swing votes. Detailed analyses of the legislation were continuously updated on the Academy's member site and a comprehensive summary of provisions of particular importance to pediatrics is posted on the Academy of Pediatrics member website.

Materials outlining provisions of the legislation were distributed at the 2010 PAS meeting and were available at the Public Policy Council's exhibit within the PAS resource center. Significant provisions include development of a loan repayment program for pediatric subspecialists who practice in regions of subspecialty scarcity with an allocation of \$30 million per year from 2010-2014 and a Federal commitment to improve Medicaid payments to 100% of Medicare for evaluation and management codes in primary care beginning in 2013. The Academy is seeking to have comparable specialty care E & M Medicaid payments included in the implementation regulations. The legislation extends the age of dependents' coverage to age 26 in 2010 and eliminates the exclusion of pre-existing conditions, a significant benefit to families and children with chronic disorders. The Children's Health Insurance Program (CHIP) will be extended through the end of FY 2015 when it is assumed that all children will be covered through the creation of state-based health insurance exchanges and availability of tax credits. The service standards outlined in the Academy's *Bright Futures* program are defined by legislation as the standard for pediatric well-child and preventive care.

Additional aspects of the healthcare reform package that are relevant to academic pediatrics include (1) funding for pilot studies in health innovation zones, legislation advocated by the AAMC to create models for systems of care centered on academic health centers and (2) establishment of an independent, non-profit Patient-Centered Outcomes Research Institute to fund studies on comparative effectiveness. The free-standing institute would assume funding established under the 2009 stimulus package and after 2012 will be supplemented by a trust fund established from fees on health insurance. In addition, a new program of competitive awards for development of therapies that are not sufficiently profitable to attract pharmaceutical companies was established within the NIH director's office – the Cures Acceleration Network (CAN). The healthcare reform bill authorized up to \$500 million a year for CAN, according to *Science Magazine*, but would require appropriations in order to be implemented. Finally, the legislation changed the NIH Center on Minority Health and Health Disparities to a full institute.

The Academy played an active role in development of a White House campaign to address the increasing frequency of childhood obesity under the leadership of First Lady Michelle Obama, whose "Let's Move!" campaign was launched in February at a press conference shared with Academy president Judith Palfrey. This is among a number of initiatives on childhood obesity in which the Academy has been engaged or played a leading role. Noteworthy in particular was an issue of *Health Affairs* devoted to obesity that included contributions from various Academy members, including John Klein, formerly from the University of Rochester, who has moved to the Academy's Elk Grove office as Assistant Executive Director.

AAMC Council of Academic Societies (CAS):

The Council of Academic Societies is one of three governing councils of the Association of American Medical Colleges (AAMC) together with the Council of Deans and the Council of Teaching Hospitals and Health Systems. CAS includes 89 academic societies devoted to biomedical and behavioral research, medical education and patient care. Three of these -

members of the Public Policy Council - represent pediatrics, together with the Academic Pediatric Association. The APA's representative to the Council of Academic Societies, Kathy Nelson, has been a member of the CAS administrative board or executive council for the past few years. Current CAS chair is Tony Meyer, chair of the Department of Surgery at the University of North Carolina, Chapel Hill, and chair-elect is Jim Crawford, chair of the Department of Pathology and Laboratory Medicine at the North Shore-Long Island Jewish Health System and founding chair of the Department of Pathology at the Hofstra University School of Medicine.

There has been a restructuring of the AAMC's governance with implementation of a new strategic plan and turnover of the full-time leadership over the past four years following the appointment of Darrell Kirch as the Association's president, succeeding Jordan Cohen in 2006. This now includes Carol Aschenbrenner as Executive Vice President and Chief Strategy Officer, John Prescott as Chief Academic Officer, Joann Conroy, Chief Healthcare Officer and Ann Bonham, Chief Scientific Officer as of July 1, 2009. The operations of the Council of Academic Societies fall within Dr. Bonham's portfolio though Tony Mazzaschi continues second in command and operationally is the principal staff support for the CAS. His bi-weekly listserve, or "Tony Mail", remains a valuable and useful source of information regarding all that is going on in academic medicine and alone is worth the price of admission.

The governance of the AAMC now includes a seventeen-member board of directors with designated slots for the CAS chair and chair-elect and an expanded AAMC leadership forum, which includes representation from 80 different constituents representing all of the AAMC councils, organizations, groups and advisory panels. Operating responsibility rests with the board in a more streamlined organizational structure.

The Council of Academic Societies met on two occasions during the academic year – November 6-10, 2009 in Boston as part of the annual general meeting of the AAMC, and March 4 -7, 2010 in Austin, Texas. Public Policy Council member David Clark and I attended the fall meeting, as did Bruder Stapleton and Marianne Felice on behalf of AMSPDC. One highlight from the November meeting was a rather perceptive and incisive analysis of the healthcare reform process by former Senate Majority Leader Tom Daschle at one of the AAMC plenary sessions. At the CAS meeting it was announced that an *ad hoc* membership committee had been appointed to review the current member societies, identify lapses in membership and define in more detail the benefits and responsibilities of the CAS member societies and their representatives. There were also a number of presentations by the AAMC's Center for Workforce Studies which included a prediction of a physician workforce deficit of 150,000 by 2020 with anticipated passage of healthcare reform, notwithstanding increases in medical school class size and development of new medical schools. This has been increasingly highlighted in the national press.

The CAS spring meeting in Austin, always a highlight of the year, was built on the theme of "The Role of Faculty Leaders in Aligning Priorities, Perceptions and Missions". The Public Policy Council was represented by Steve Berman and Elena Fuentes-Afflick, who also was a speaker in a plenary session devoted to faculty perspectives from various disciplines. The meeting also included a session on the multiple roles of medical schools and academic health centers with overlapping, at times competing missions of research, teaching and patient care and the challenges in maintaining these multiple functions with revenue derived from research grants and clinical income. Another session dealt with implications of health reform.

The 2010 AAMC annual meeting will be in Washington November 5-10 and the annual CAS spring meeting, always an excellent opportunity for interaction with leadership of other disciplines, will be in Providence, Rhode Island March 3-5, 2011. The 2011 AAMC annual meeting will be in Denver November 4-9 and the 2012 CAS spring meeting will be

in Santa Fe March 8-10.

Submitted by Myron Genel, M.D.
Chair
Public Policy Council