

soapm news

SECTION ON ADMINISTRATION AND PRACTICE MANAGEMENT

Volume 16, Number 1, Spring 2019

Section on Administration and Practice Management
The Curbside Consult for Practice Management

*A Section of the American Academy of Pediatrics*

MESSAGE FROM THE CHAIR



By Suzanne Berman, MD, FAAP
 SOAPM Chairperson

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Many of you know that I am something of a musical theater geek. Reading email (on SOAPM, or anywhere) is kind of like reading a script. You have to add your own intonations... but you have to know the whole story, or at least the scene, and what the characters are like before you can get the intonations right.

Like in this scene from *Ragtime* (one of my favorite musicals), most actors play Father irritable/angry here. But you could also play him bewildered, or curious, or askance:

FATHER What are you holding? MOTHER Sarah's child. THE LITTLE BOY We found him in the garden. FATHER Who's Sarah? What is that music? THE LITTLE BOY Coalhouse. He's courting Sarah. That's their baby. He comes every Sunday. MOTHER He's hoping Sarah will eventually take pity and come down to him.
--

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Message from the Chair

Mother usually plays it straight up. The Little Boy could be earnestly helpful, or kind of smarty pants.

You'll notice that scripts for professional actors often lack stage directions for HOW the characters are supposed to deliver their lines. This allows flexibility in how the actor interprets the character, without being too prescriptive.

SOAPM emails, especially for some of us (and I use the term advisedly) “characters,” often don’t contain a lot of meta-narrative about how to interpret our messages. The sarcasm or anger or winking witticism is sometimes clear, and sometimes not, and it’s sometimes left to you to figure out.

We have different gifts on the SOAPM stage. We have some awesome kickyface dancers who, understandably, get frustrated when this one gal keeps messing up the choreography measures 28-40. But the dancers need to be patient with that gal, because when she sings, it's HELLO, AUDRA. And people DO fumble their lines, from time to time. Some folks will be having a tragic Ibsen moment and someone with rotten timing leaps in appropriately with Noel Coward.

If you are having trouble responding to how another character is delivering his or her lines or doing the steps in this rousing great 4-dimensional passion play that we call the SOAPM listserv, I encourage you to speak with me, our stage manager (Elisha), our executive producers (Jess Hackell, David Horowitz, Gail Schonfeld, John Sutter, and Bill Zurhellen), or our emeritus director (Christoph Diasio.)

Till we reach that day.

SKB

SOAPM Executive Committee & PPMA Leadership Team Spring 2019



Top row (l to r): Jesse Hackell, MD, FAAP; Christoph Diasio, MD, FAAP; Holly Parlavecchio (PPMA Chair); Jill Venskytis, CMM, HITCM-PP

2nd row (l-r): William "Bill" Zurhellen, MD, FAAP; Suzanne Berman, MD, FAAP (SOAPM Chair); John Sutter, MD, FAAP

3rd row (l to r): David Horowitz, MD, FAAP; Kimberley Robbins; Gail Schonfeld, MD, FAAP

4th row (l to r): Rachel Bakersmith; Theresa "Terry" Cleveland; Janie Tebben, CMM

Bottom row (l to r): Alicia Senn, CMPE; Cheryl Arnold, MHSAs, FACMPE; Elisha Ferguson (AAP Staff)



Welcome to summer and another great issue of soapmnews! There is much news about SOAPM happenings and highlights from the 2018 NCE.

Two articles from SOAPM's Section H spotlight what to do to prepare for a disaster: Dennis Cooley, MD, FAAP writes How to be Ready to Prepare and Survive a Disaster and Jeanne Marconi, MD, FAAP tells us how to survive an in-office disaster. Brenda Campbell, a practice manager and PPMA member, discusses how a practice's mission, vision and core values can be used as a management tool. I know you will find this interesting.

Former SOAPM chair, Richard Lander, MD, FAAP, highlights significant considerations when entering into a practice contract. All of us who are signing contacts both as an employee or employer will find this article worthwhile. In his annual review of the Consumer Electronics Show, Mark Simonian, MD, FAAP, tells us what is coming down the "pike" in new equipment for both pediatricians and families. There is always something extraordinary among his findings. Longtime SOAPM member and Committee on Medical Liability and Risk Management member, Richard Oken, MD, FAAP, details how malpractice payments are recorded and listed in the National Practitioner Data Bank. This is truly eye opening.



Letter From the Editor

By Jerald L. Zarin, MD, MBA, FAAP
soapmnews Editor

There are three articles from SOAPM scholarship winners; two from resident physicians Angelina June, MD and Isabella Niu, MD who write about their NCE experience, and Sheila Palevsky, MD, MPH, FAAP, who received a SOAPM scholarship for the 2019 AAP Legislative Conference, discusses the conference, and her experiences both during and after the conference. We congratulate all the winners.

The SOAPM Quote Corner is fun to read and contains lots of words of interest. Our chair, Suzanne Berman, MD, FAAP, recaps NCE 2018 and education chair, William "Bill" Zurhellen, MD, FAAP, highlights upcoming SOAPM educational webinars. There are lots of other SOAPM news throughout the issue that is of value.

Please enjoy the issue, have a great summer and we'll see you in the Fall!

Jerry

Welcome Our New SOAPM Members

September 5, 2018 - February 28, 2019

As of March 1st SOAPM, has a total of 1,602 members, of these members, 226 are affiliate members, who are part of the Pediatric Practice Management Alliance (PPMA). Please be sure to keep your membership current to continue to receive the benefits of SOAPM membership.



Candidate Members (5)

Member	State/Country
Megan DeShazo, MD, FAAP	AL
Julie MacNeil, MD, FAAP	AR
Margaret Gilbreth, MD, FAAP	CA
Nivia Vazquez, MD, FAAP	FL
Bethany Caldwell, MD, FAAP	OH

Corresponding Fellow Members (1)

Sahar Al-Dossary, MD, FAAP	Saudi Arabia
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Fellow Members (134)

Member	State/Country
Jaidev Nath, MD, FAAP	Dubai
Christina Cordell, MD, FAAP	AL
Ryan Walley, MD, FAAP	AL
Susan Chung, MD, FAAP	AZ
Tien Nguyen, MD, FAAP	AZ
Natasha Agbai, MD, FAAP	CA
Tamara Battle, MD, MPH, FAAP	CA
Barsam Gharagozlu, MD, FAAP	CA
Marcella Hardart, MD, FAAP	CA
Laura Hutchison, MD, FAAP	CA
Anup Katheria, MD, FAAP	CA
Hilary Krause, MD, FAAP	CA
Jody Lappin, MD, FAAP	CA
Anika Sanda, MD, FAAP	CA
Manpreet Sarna, MD, FAAP	CA

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Welcome Our New SOAPM Members

Michael Frand, MD, FAAP	CO
Sarah Humphreys, MD, FAAP	CO
Cassana Littler, MD, FAAP	CO
Shafia Memon, MD, FAAP	CT
Zena Scates, MD, FAAP	CT
Jennifer Schwab, MD, FAAP	CT
Lee Beers, MD, FAAP	DC
Marcella Daniel, MD, FAAP	DC
Mary Jorgensen, MD, FAAP	DC
Charizza Sales, MD, FAAP	DE
Jag Ambwani, MD, FAAP	FL
Michael Baker, MD, FAAP	FL
Elizabeth Banks, MD, FAAP	FL
Julia Barriga, MD, FAAP	FL
Christina Canody, MD, FAAP	FL
Shahab Eunus, MD, FAAP	FL
Keith Krist, MD, MHA, FAAP	FL
Wilfred Lee, MD, FAAP	FL
Anthony Martell, MD, FAAP	FL
Monique Mondesir, MD, FAAP	FL
Phuong Nguyen, MD, FAAP	FL
Howard Rogers, MD, FAAP	FL
Muhammad Saleem, MD, FAAP	FL
Manish Shah, MD, FAAP	FL
Khizer Ahmad, MD, FAAP	GA
Devica Alappan, MD, FAAP	GA
Bridgette Dingle, MD, FAAP	GA
Deepa Jagdale, MD, FAAP	GA
W. James, MD, FAAP	GA
Vicki Knight-Mathis, MD, FAAP	GA
Salli Lehman, MD, FAAP	GA
Juliana Nahas, MD, PC, FAAP	GA
Jack Owens, MD, FAAP	GA
Erica Paez, MD, FAAP	GA
Sara Pickett, MD, FAAP	GA
Moneesha Sahgal, MD, FAAP	GA
Anuradha Sheth, MD, FAAP	GA
Kelly Wilburn, MD, FAAP	GA
Arjumand Farhana, MD, FAAP	IL
Jenny Kim, MD, FAAP	IL
Aysha Rafaquat, MD, FAAP	IL
Julie Brown, MD, FAAP	KS
Malana Kuiper, MD, FAAP	KS

Welcome Our New SOAPM Members

Darla Cahill, MD, FAAP	KY
Renee Heustis, MD, FAAP	KY
Andrea Johnston, MD, FAAP	KY
Allison Hatfield, MD, FAAP	LA
Andrew Baumel, MD, FAAP	MA
Beata Brzozowska, MD, FAAP	MA
Margaret Carolan, MD, FAAP	MA
Ndidi Agholor, MD, FAAP	MD
Tuere Hughes-Kapenzi, MD, MBA, FAAP	MD
Edisa Padder, MD, FAAP	MD
Zachary Schneider, MD, FAAP	MD
Stephanie Sisler, MD, FAAP	MD
Amy Sweeney, MD, FAAP	MD
Heather Cadena, MD, FAAP	MI
Colleen Carey, MD, FAAP	MI
Fatima Hassan, MD, FAAP	MI
Hanna Jaworski, MD, FAAP	MI
Stephanie Somers, MD, FAAP	MI
Salvatore Ventimiglia, MD, FAAP	MI
Rizwan Siwani, MBBS, FAAP	MN
Laura Hartman, MD, FAAP	MO
Shari Smith, DO, FAAP	MO
Margaret Goodwin, MD, FAAP	NC
Kathy Merritt, MD, FAAP	NC
Maria Caceres, MD, FAAP	NJ
Stephanie Dos Santos, MD, FAAP	NJ
Melissa Fox, MD, FAAP	NJ
Matthew McDonald, MD, FAAP	NJ
Jeffrey Merkle, MD, FAAP	NJ
Ellen Miele, MD, FAAP	NJ
Puthenmadam Radhakrishnan, MD, MPH, FAAP	NJ
Christopher Strother, MD, FAAP	NJ
Aaron Jacobs, MD, FAAP	NM
Rebecca Daniels, DO, FAAP	NY
Ashutosh Das, MD, FAAP	NY
Rosemarie Francisque-St Victor, MD, FAAP	NY
Chris Kjolhede, MD, MPH, FAAP	NY
Patricia Mena, MD, FAAP	NY
Kevin O'Gara, MD, FAAP	NY
Victoria Riese, MD, FAAP	NY
Vanessa Salcedo, MD, MPH, FAAP	NY
Charles Cavallo, MD, FAAP	OH
Omolara Dairo, MD, FAAP	OH

Welcome Our New SOAPM Members

Sarah Marshall, MD, FAAP	OH
Scott Melson, MD, FAAP	OK
Raquel Apodaca, MD, FAAP	OR
Eliza Bakken, MD, FAAP	OR
Zainab Abdullah, MD, FAAP	PA
Lisa Biggs, MD, FAAP	PA
Larissa Dominy, DO, FACOP, FAAP	PA
Michelle Karten, MD, FAAP	PA
Maria Mahoney, MD, FAAP	PA
Michelle Lefebvre, MD, FAAP	RI
Lisa Hughes, MD, FAAP	SC
Lena Sandifer, MD, FAAP	SC
Kristy Carter, MD, FAAP	TN
Cassie Hudson, DO, FAAP	TN
Jeanie Jung, MD, FAAP	TN
Shashirekha Shetty, MD, FAAP	TN
Delia Wessels, MD, FAAP	TN
Marcy Berry, MD, FAAP	TX
Eleonor Cajita, MD, FAAP	TX
Janie Doan, MD, FAAP	TX
Tina Leung, MD, FAAP	TX
Cherish Lorica, MD, FAAP	TX
Khozema Palanpurwala, MD, FAAP	TX
Shilpa Pankaj, MD, FAAP	TX
Jane Stones, MD, FAAP	TX
Saifuddin Tahir, MD, FAAP	TX
Justin Alvey, MD, FAAP	UT
David Dorbad, MD, FAAP	VA
Mona Hanna, MD, FAAP	VA
Ayanna Johnson, MD, FAAP	VA
Charles Stein, MD, FAAP	VA
Julia Kyle, MD, FAAP	WI
John Johnson, III, MD, FAAP	WV

Medical Student Members (34)

Member	State/Country
Juan Ijeoma Leon-Abarca Qogu	Peru
Elizabeth Adeyemi	AL
Kevin Chen	CA
Paul Cho	CA
Kenenth Hui	CA
Andrew Jacobsmeyer	CO

Welcome Our New SOAPM Members

Meghan Wiggins	CO
Griselda Potka	DC
Shaquavia Hardy	FL
Dickran Nalbandian	FL
Rena Ow	GA
Monica Ayala	ID
Rosemary Fuller	IL
Danyah Zayed	IL
Maria Anderson	IN
Allison Engelbrecht	KY
Thomas Diaz	LA
Barry Bryant, BS	MD
Alison Armstrong	MT
Madhia Ahmad	NJ
Soheila Sanchez-Molina	NJ
Alexandra Thompson	NM
David Pokorny	NY
Preksha Shukla	NY
Jonathan Von Reusner	NY
Clara Thomson	OK
Ryan Fox-Lee	OR
Brian Pink	PA
Maite Del Valle Rolon	PR
Carlos Goycochea	PR
Krista Robbins	SC
Donovan Hui	VA
Allyson Koh	WA

National Section Affiliate Members (3)

Member	State/Country
Jennifer Cantrell, CPNP	GA
Sonnie Owusu, CRNP	MD
Lynne Weissman, CPNP, DNP	NY

Post Residency Training Member (1)

Abdullah Khan, MD, FAAP	CA
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Resident Members (1)

Member	State/Country
Isabella Niu, MD, FAAP	CA

Welcome Our New SOAPM Members

Affiliate Members - PPMA (24)

Member	State/Country
Eric Markley	CO
Debbie Chavers	FL
Elaine Nichols, RN	FL
Janay Raines	FL
Jeffrey Mathis	GA
Sandra Emmel	IL
Melissa Graves, CPC	MD
Rachael Charach	MI
Pankaj Mavani	MI
Pat Nelson	MS
Fran Gallagher, Med	NJ
Laurie Liptrot, LPN	NJ
Jackeline Navarro	NJ
Alex Puma	NJ
Patrick Flynn	NY
Michele Merced-Torres	NY
Abby Scharrer	OH
Alecia Kellett	SC
Petro Oberholster	TN
Sherrie Dorow	TX
Jamie Llamas	TX
Lisa Jackson	VA
Brenda Reed	VA
Shannon Salinas	WI



SOAPM Updates (Spring 2019)

By Elisha Ferguson

*Manager, Practice Management
(SOAPM/PPMA Staff)***SOAPM in the News**

SOAPM would like to showcase the great work its members are doing within the community. Please find several items below that do just that!

We don't want to miss out on any of the SOAPMite awesomeness, so please be sure to let us know whenever you are have an article published and/or are interviewed for tv/radio/podcast. You can send this information to Elisha Ferguson at eferguson@aap.org.

- ❖ [‘Measles Alert in NYC and Rockland’](#); Jesse Hackell, MD, FAAP – NBC New York (October 17, 2018)
- ❖ [‘Trump Rule Hurts the Weakest’](#); Todd Wolynn, MD, FAAP – Los Angeles Times (November 23, 2018)
- ❖ [‘Can Wonder Woman Give Me the Flu Shot?’](#); Christoph Diasio, MD, FAAP – AAP Voices (December 3, 2018)
- ❖ [‘2018 HPV Vaccine is Cancer Prevention Award Winner Spotlights’](#); Various SOAPM members – CDC (December 18, 2018)
- ❖ [‘Standing Orders for Newborn Care in NY’](#); Jesse Hackell, MD, FAAP – AAP Chapter Leader Link: StateView (January 10, 2019)
- ❖ [‘Reaching Out to Rural Practices in Tennessee’](#); Amy Evans, MD, FAAP & Mary Heath, MD, FAAP – The American Board of Pediatrics website (April 2019)

SOAPM ‘Fireside Chat’ Webinars

Please visit the SOAPM Collaboration Site to find the [upcoming webinar schedule](#) and/or catch up on [previous webinars](#).

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SOAPM Listserv Analytics

Total number of SOAPM listserv messages between December 1-31, 2018

Most Popular Topics

- Magnesium? (33 posts)
- HPV vaccine (32 posts)
- New Year's Resolutions (29 posts)
- RSV infants <30 days old (26 posts)
- Design Thinking: WHY is there a problem with Timely, Complete Documentation and WHOSE Liability Risk should we study? (23 posts)
- Flu shots and coding for VFC and commercial patients (23 posts)
- Any docs give their own shots? (23 posts)
- Patient Aging Out (22 posts)
- NYS law about normal newborns finally signed!! (21 posts)
- Solution reach (20 posts)
- 2019 Medicare RVU change: 90460 (20 posts)
- Help with Labs (20 posts)
- Flu swabs, Tamiflu and other pleasures of the season (20 posts)
- Patient Portal Lab Result Problem- PCC specifically (19 posts)
- Resistant Otitis (19 posts)
- Bright futures pre-visit questionnaire (18 posts)
- Teen with chronic debilitating pain and school avoidance (18 posts)
- Call CPS or not? (18 posts)
- Emergency Generator (17 posts)
- New FLU guidelines (17 posts)

Most Frequent Posters

- Gail Schonfeld (215 posts)
- Vincent Iannelli (75 posts)
- Jesse Hackell (52 posts)
- Jeanne Marconi (45 posts)
- Herschel Lessin (42 posts)
- Seshan Ramchandra (37 posts)
- Ami Mavani (34 posts)
- William Zurhellen (34 posts)
- Michael Sachs (31 posts)
- Sonia Khan (30 posts)
- Gayle Smith (27 posts)
- Robin Warner (27 posts)
- Erica Paez (26 posts)
- Susan Kressly (26 posts)
- Sheila Palevsky (25 posts)
- Eve Switzer (25 posts)
- Sogol Pahlavan (23 posts)
- Suzanne Berman (22 posts)
- Mark Moncino (21 posts)
- Eliza Varadi (21 posts)



NEW

17 New Posters

(who had otherwise not posted since 04/01/2017)

- | | | | |
|----------------------|--------------------|-----------------|----------------------|
| • Khizer Ahmad | • Zena Scates | • Erica Paez | • Shashirekha Shetty |
| • Sandra Arce-Garzon | • Jennifer Johnson | • Puthenmadam | • Chuck Stein |
| • Charles Cavallo | • Chris Kjolhede | Radhakrishnan | • Josh Tardy |
| • Shahab Eunus | • Matthew McDonald | • Howard Rogers | • David Topa |
| • Ben Hester | • Jennifer Macia | | |

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AAP Resources

The AAP has several practice management resources to assist you:



Hassle Factor Form – This online form can be used to report insurance administrative and claims processing concerns. 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. (*Please note that completion of the following form is for data collection purposes only; information on hassles will be available to the national AAP and your chapter. You will not receive a reply when completing the Hassle Factor Form. By collecting data on issues pediatricians have with third party payers, the AAP at the national and chapter levels will be better able to identify common areas of concern and facilitate dialogue with payers. Please complete one form per carrier.*)



AAP Coding Hotline – Offers a member benefit where members or their staff can submit coding and payment issues for review by certified coders for free. AAP staff works to assist not only with correct coding but can assist with payer denials. The AAP advises all members to utilize this free resource as this is the only official AAP source for answers to your coding questions. Unfortunately, the AAP cannot support any other advice given through other channels, including AAP Listservs. Contact the hotline at aapcodinghotline@aap.org for all coding or payer issues.



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 & Other.



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 is also available: <http://www.healthychildren.org/spanish/paginas/default.aspx>).



Practice Transformation Webpages – These AAP resources are designed to help pediatricians stay up to date on healthcare trends, effectively manage their careers, practices, and patients; and succeed in a competitive environment.

Please sign your SOAPM messages with at least your name, preferably your name and location.



We want to know who you are and where you're from! When the only clue to the poster's identity is an email address like "kidsrock@aol.com" we're kind of at a loss. And if you ask a question where the answer depends highly on your location, like "Anyone know of a good contracts attorney?" or "Can you give VFC vaccines to patients with CHIP?" we can't help you.

Point of order: "your name" means your first and last name. (You are excused if you are one of the following individuals: Beyonce, Topol, Dolly, or RuPaul.) 😊

Unsigned messages add to the spam score. You can set your messages up to automatically put this information at the bottom in a "signature" or "sig." You can find out how to do this for your device by searching for, "automatic email signature Gmail" or "automatic email signature iPhone."

Feel free to check out the SOAPM Listserv Best Practice at: <https://collaborate.aap.org/SOAPM/Pages/FAQ-Series/ListServ-Etiquette.aspx>



SOAPM Education Corner



By William "Bill" Zurhellen, MD, FAAP
(SOAPM Executive Committee Member)

William "Bill" Zurhellen, is a retired pediatrician from Putnam Valley, NY with 43+ years of experience.

Welcome to the first edition of the SOAPM Education Corner!

The SOAPM Education Committee, through its long-term strategic plan, is committed to bringing timely and cutting-edge information to our members, and the Corner will be one of our means of keeping you informed and engaged. Included within the scope of our work is providing the SOAPM Section-H program at each NCE, working with the Planning Group to make sure SOAPM topics are woven into the seminars, short-subjects, and workshops given at the annual NCE and the periodic CME events the AAP conducts throughout the year. We are also tasked with developing and managing our monthly online Webinars and building the Webinar Archives into useable tracks for all our members, from students and residents to new and established practitioners. We are also trying to develop a Speakers Bureau to bring SOAPM topics to Chapter CME events.

Currently-scheduled Webinars include ***Making Bright Futures Work in Practice*** by Joseph Hagan, MD, FAAP (June). ***Asthma Care Management*** by Sogol Pahlavan, MD, FAAP (July), and ***Effective Employment Contracting in Early Years*** by Stephen Kaufman, (August).

We want YOU to pitch in! We are always in search of new ideas, new topics, and new speakers, and you will see periodic "*There Should Be CME for This....*" on the listserv—please submit your proposals to us!

Lastly...you do not have to wait! When that bright light-bulb pops on in your head...email it to me at:

SOAPMEducation@gmail.com

Questions about Measles?

The Red Book Online Outbreaks measles page provides a summary of information and resources for pediatric providers.



- [Measles – 2019 Outbreaks](#) website
- [Red Book Measles chapter](#)
- [Visual Red Book - Measles images](#)
- [AAP Measles and MMR Vaccine Speaking Points \(Log-in required\)](#)

Sharable Resources for Parents

- HealthyChildren.org articles: [Protecting Your Baby from a Measles Outbreak FAQs \[Spanish version\]](#) and [How to Protect Your Children During a Measles Outbreak \[Spanish version\]](#)
- Healthy Children Radio [Podcast](#) with Dr. Sean O'Leary offering information for parents about measles
- Healthy Children #AskThePediatrician video on measles—available on [YouTube](#), [Facebook](#), and [Instagram](#).

During an outbreak, contact your local or state public health department and the [CDC](#) for additional guidance.

CDC Resources

- [Increase in Measles Cases — United States, January 1–April 26, 2019](#)
- [Toolkit for practices](#)

2018 National Conference Recap - Orlando, FL



**Hey all, here's an NCE SOAPM RECAP for you:
Now in the Extended Data Dance Remix version!**



By Suzanne Berman, MD, FAAP
(SOAPM Chairperson)

Suzanne Berman is the co-founder and managing partner of Plateau Pediatrics, in Crossville, TN.

On Friday morning, the Pediatric Practice Management Alliance (PPMA) held its educational program "Size Doesn't Matter: It's About the Fit!" We got to hear from PPMA leaders about challenges managing pediatric practices and specifically about relationships: between managers and their docs, and managers and the staff. The session was well attended with approximately 141 attendees. The winner of the 2018 PPMA Lynn Cramer Award was Rachel Bakersmith. Rachel is the Practice Administrator at Children First Pediatrics in Rockville, MD and was recognized for her creative contributions and hard work in expanding her practice's services and reach, as well as her positive impact on other practices in the region.



On Friday afternoon, the SOAPM Executive Committee (EC) held its Fall meeting. We discussed future plans for SOAPM hegemony/total world domination! Highlights of our meeting included discussions of our current and future educational programs (led by Dr John Moore), our committee structure and compositions, SOAPM member engagement & finding ways to make new SOAPMites feel welcome. In addition to the usual posse, we were joined by Very Special Guest SOAPMites Drs Suzanne Powers and Dr Jen Favre whose contributions added greatly to our discussion... We had updates from Marielle Kress in Federal Affairs and Dan Walter from State Government Affairs. Of particular interest to the SOAPM crowd were some newly announced CMS regulations: 1) the intent to begin tweaking CMS documentation requirements for sick visits in 2019, 2) a flat payment amount for 99212-99214 in 2021, and 3) payment neutrality for hospital-owned outpatient clinic visits (i.e. goodbye, facility fee.) More to follow on these developments -- you can know now that the right people in the AAP, including COCN & PAAC, are all over this. We also had a meeting with the AAP's Executive Board --- acting CEO Mark Del Monte, Dr Pam Shaw from the BOD, and the Tres Presidentes (Immediate Past President Dr Fernando Stein, President Dr Colleen Kraft, and President Elect Dr Kyle Yasuda). After our meeting, we had our annual SOAPM EC dinner at which we gave a heartfelt thank you to our two EC members who were completing terms of service, Dr Jeanne Marconi and Dr Christoph Diasio. We also officially welcomed Drs Bill Zurhellen and John Sutter to their new terms on the Executive Committee.



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2018 National Conference Recap - Orlando, FL

On Saturday morning, we had our Section H Educational Program in the same lecture hall where I took organic chemistry at Rice (at least that's what the room's Feng Shui reminded me of.) About 80 people attended our informative presentations about disaster preparedness by incoming AAP Board



Member Dr Dennis Cooley and Dr Scott "Folsom Prison Blues" Needle. In our traditional Meet the AAP Board time, we set a record with 100% of the District Chairs AND interim CEO Mark Del Monte in attendance. We had a great Q&A session, including the opportunity for some brand-new pediatricians to get their issues heard by leadership. We concluded with a fabulous presentation by Dr Jeanne Marconi who spoke poignantly how her practice coped and became more resilient as a result of various disasters.

At the Edward Saltzman Luncheon on Saturday, Dr Christoph Diasio gave us his final State of the Section chair address which highlighted some interesting statistics about SOAPM's increasing diverse demographic as well as some high points of the previous Year in the Life of SOAPM. We then honored New Jersey pediatrician extraordinaire Dr Jill Stoller with the 2018 Buzzy Vanchiere Award, SOAPM's highest honor. Jill spoke frankly & fearlessly about the interweaving of her family, her health, her career, and her vision.



Our third SOAPM booth (open Saturday, Sunday, and Monday) hosted many visitors and we had lots of folks come visit us, as well as return visits from SOAPMites who needed to recharge (either feet or phones). We scanned about 151 badges and already have had 33 new members sign up for either SOAPM or PPMA. Thanks for making these new folks feel welcome on our listservs! Thanks also to all the folks who spent time staffing our booth - it's sometimes hard to be a constant handshaker to strangers, especially when you're tired, hungry, overstimulated, and introverted, but I so appreciate everyone who took a turn and helped talk up SOAPM in the Exhibit Hall.



The following days had some great SOAPM talks intercalated into the general sessions. Thanks to Dr Todd Wolynn for helping bat for practice management sessions at the Planning Group. I got to hear, or hear about, some awesome general sessions by Drs Jesse Hackell, Herschel Lessin, Mark Hudak, Angelo Giardino, David Kanter, and Linda Parsi as well as from SOAPM Superstar Sponsors Susanne Madden from the Verden Group and Chip Hart from PCC. I was honored to speak with SOAPM's Own ABC (Advocacy while Breastfeeding Child/Amazingly Brilliant Colleague) Award Winner, Dr Eliza Varadi. In a very #HamForPeds seminar, the SOAPM Sisters (she's Eliza, which makes me Peggy) discussed fixing your practice to make it work, or perhaps WERK.



On Sunday evening we had quite possibly the best SOAPM Social ever - at Disney Springs' House of Blues. We recognized 15 individuals and one very amazing group with our annual Razzie Awards. The venue was perfect, the food was great, & the adult beverages were sparkling, just like the company. There was plenty of space for both exuberant karaoke and quiet conversations. Color me awed AGAIN at Jeanne Marconi's skilled event planning. Our 92 attendees raised \$5,250 for the AAP's Friends of Children Fund at the door.

We are very grateful to sponsors whose financial contributions helped make this year's NCE program possible: Main Street Vaccines, Office Practicum, Pediatric Management Institute (PMI), Physician's Computer Company (PCC), Peds One, Remedy Connect, and The Verden Group.

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 2018 National Conference Recap - Orlando, FL

Finally, we are also grateful to SOAPM's AAP staff person, Elisha Ferguson, for her cheerful indefatigability in executing several complex events at NCE in the space of <72 hours.

If you have feedback on how SOAPM's NCE programs can better meet your needs, I hope you will email me or one of the other members of our Executive Committee: Jesse Hackell (runhack@aol.com), David Horowitz (davidhorowitz1954@gmail.com), Gail Schonfeld (gschonfeld@eastendpediatricspc.com), John Sutter (jisutter@optonline.net), and Bill Zurhellen (wmzurhellen@gmail.com).

For Our Future SOAPM Section - Reserved Seating at NCE Plenary

Congratulations to SOAPM member, Sogol Pahlavan, MD, FAAP as she was the recipient of 4 seats at the front of the Plenary Sessions each day of the Conference. The seats were auctioned off during the 2018 For Our Future SOAPM Auction.

To view the opening plenary session performance, AAP President's address, Peds21 sessions, and more click [here](#).



Left to right: Sogol Pahlavan MD, FAAP & Silen Pahlavan, MD, FAAP

SOAPM 2018 Razzie Awards

The complete list of 2018 SOAPM Razzie Award recipients can be found on the [Collaboration Site/Awards & Scholarships/Razzie Awards](#).

I'd like to give a big and hearty Thank you! to Suzanne, the Razzie committee, and anyone else who is responsible for my "Tray Chic" Razzie award. What a magnificent surprise!! When I first saw the cardboard box from the AAP on my desk, I thought it was another batch of new AAP brochures to hand out to a few lucky patients. I was completely stunned and happy to find the Razzie inside.

Seriously, it means a very great deal to receive such an award from the group of professionals I hold in the highest esteem, from whom I have learned and continue to learn so much, and from whom I have received so much help and guidance. I deeply appreciate it.

Thank you all again. – Glenn Schlundt, MD, FAAP



Photo from Vilma Junio, MD, FAAP



Photo from Amy Hardin, MD, FAAP

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2018 National Conference Recap - Orlando, FL Hey all, here's an NCE SOAPM RECAP for you: Now in the Extended Data Dance Remix version!

SOAPM 2018 Young Physician Scholarship Recipients Post-NCE Reports



Resident: Angelina June, MD
Children's Hospital of The Kings Daughters
(Norfolk, Virginia)

Administration and Practice Management are important competencies to achieve during training for all specialties. Since medical school and during residency thus far, I have felt that my medical education has been somewhat lacking in teaching me about either. In speaking with my colleagues across different specialties, it appears that this is a common experience among physicians-in-training of my generation. Ideally, our medical education should include basics of administration and practice management at all levels of training. We face many steep learning curves in our careers - learning how to successfully manage a practice should not have to be one.

I was thrilled to be a recipient of the SOAPM Resident Scholarship to AAP. This was also my first time attending an NCE and I was excited to be able to meet other pediatricians and pediatricians-in-training. The first program I attended was the Section Program on Saturday focusing on Disaster Preparedness. Coming from a program located in a known flood zone, this was a relevant and enlightening presentation. Prior to this, I had never considered what would happen if our resident continuity clinic suffered a major catastrophe such as a flood. How long would we be closed for? What would happen to perishable items such as vaccines? As a major safety net clinic for many patients who would otherwise not have access to care, this would have an enormous impact on our community. This lecture motivated me to investigate our clinic's contingency plan if such an event were to happen. The session on medical mission trips was especially relevant to me and my program as about a dozen residents will be travelling internationally this year. Sessions on coding (even the basics) were somewhat difficult to understand, but this only highlighted the gap of knowledge we as residents have on coding and reimbursement.

For the activity of my choosing, together, with other like-minded residents in my program, we are creating a lecture series on career development that includes practice management and administration basics that span all three years of residency. My aim is to take what I learned from SOAPM and to create lectures related to practice management and administration and to create a Blackboard page for our entire Career Development curriculum. These lectures will be presented during dedicated education time throughout residency but will also be available at any time online. In this way, residents can learn at their own pace irrespective of whether they can make it to an in-person lecture.

Physician burnout is a hot topic these days. In many op-eds, EHRs and insurance seem to be recurring themes as major contributors to burn out. While certainly not a cure-all, being adept at administration and practice management may help mitigate some of these frustrations. As residents, our primary goal is to learn how to take care of our patients. However, it does us a disservice to separate us from the inner workings of administration and practice management. If we are not taught the basics of billing and coding, how to manage a practice financially and administratively, or how to plan in the event of a disaster, it all eventually impacts our ability to provide care and services to our patients. Through this opportunity, SOAPM has provided me extra tools and knowledge to start changing the status quo of resident education relating to administration and practice management.



Resident: Isabella Niu, MD, FAAP
University of California (San Diego, California)

Helping Improve Efficiency and Accuracy in Our EHR Documentation

During the AAP 2018 National Conference and Exhibition, I was able to participate in many presentations, but one that truly stood out to me and has been a concern at my institution was a lecture titled, "When EHRs Go Bad:

Liability Traps and Using Electronic Documentation." I have always been interested in how physicians document their work and decision-making process, and how this has evolved over time with the development of the EHRs.

Since I was a resident, we have been using electronic health records, but as a medical student, I had the opportunity to utilize paper charts. Being brought up in a world where most students are faster at typing than writing, I am partial to being electronic health records and being able to type my notes, quickly access study results, and even being able to work from home. However, I am also very aware of the problems that have come with this transition to electronic health records. As I progressed through my residency, I was able to read many of my peers and consultants notes and realized that there were often unnecessary or incorrect information documented. Through residency, I was also told frequently that there were many things we had to write in a note for "billing purposes," but I did not know what those elements were and what should a note exactly include. Going to the EHR workshop really helped open my eyes to common mistakes that can happen from both over-documentation and under-documentation, as well as mistakes that come from utilizing tools like smart phrases that are meant to help improve efficiency. After the AAP national conference, I discovered that my hospital had a dedicated documentation committee known as the Clinical Documentation Improvement committee, and my co-chiefs and I signed up to be part of it.

We have also been enlisted by a hospitalist attending interested in EHR and informatics, to help with the initiation of creating formal note templates for H&P and progress notes to be used by all residents. Our goal is to help educate residents on what are the essential elements of a note, not only for billing, but also for ensuring adequate communication of the patient's care. The templates are significantly simpler than prior versions the residents were using and have helpful reminders for residents to update important areas daily. So far, we have already held a house-staff meeting to reach most of the residents and discussed the note template and started using them. Most residents have provided positive feedback that notes are easier to write and more streamlined. We plan on continuing to remind the senior residents at the beginning of each month when they start on wards regarding the note templates, and to have them remind their interns to utilize them.

As the year progresses, I hope to continue to build upon the note template project. Our goal is to provide resident feedback to the Clinical Documentation Improvement committee, and work together to make notes more effective, less cumbersome and more accurate. We are currently also working on creating discharge templates to help decrease variability and make them more concise. Hopefully by using the right combination of smart text and resident education, we can utilize the EHR to our advantage and improve documentation efficiency and accuracy.

Are You Ready? How to Practice and Survive After a Disaster



By Dennis Cooley, MD, FAAP

(AAP Board of Directors District 6 Chairperson)

Dennis Cooley is a past AAP President of the Kansas Chapter. In 2019, he was elected as Chair of District 6 and began serving on the AAP Board of Directors. From 2010 to 2018 Dr Cooley served on the AAP's Committee on Federal Government Affairs and was Chair of the AAP's Subcommittee on Access from 2016-2018.

Disaster preparedness for our practices may not be considered a high priority. Disasters are not everyday occurrences and other practice problems are more pressing. But we think nothing of getting insurance for our homes and cars on the off chance some rare event might occur. We should think of disaster preparedness and planning the same way- as a form of insurance that every practice and office should have in place.

As pediatricians we have many roles that we can play during disasters. Community planning, front line surveillance and volunteer medical care to name a few. In addition, our offices can be used as walk-in clinics or in some instances special care facilities. But our most important role is to maintain the function of our practice.

Maintaining a functioning practice in the time of a disaster serves the greater good of the community by doing what we do best- taking care of the needs of children. We are the experts. In addition, there are also other reasons to maintain our practices- personal reasons. Our families, our staff, and of course our patients all rely upon us for financial, medical, and emotional support.

Disasters that affect our practices can come in many forms. Too often we think of disasters in terms of only large, major occurrences. But in reality, most disasters occur on a smaller scale. For example, a building fire or power outage will have many of the same problems as the tornado that destroys large sections of your community. But one key principle to remember is that all disasters are local. Don't expect immediate help from your state or the federal governments. You need to consider how you will manage over the first few days or possibly longer. To be successful you must be proactive and not reactive. Just as you must obtain insurance before and not after an event you must prepare your office before these rare events occur and not just hope things will work out afterwards.

Disaster planning involves an all-hazards approach and when planning for your office response this should be followed. But all-hazards doesn't mean that every practice plan is identical. While basic planning frameworks can and should be used, each office is unique, requiring special thought and considerations when developing the plan.

First and foremost, in any disaster plan should be the safety of staff and patients. Planning with drills helps staff know evacuation routes and safety protocols. Building damage can be mitigated by knowing where shut off valves are located. Generators may help you stay in your office providing limited care. But you still should look at alternate practice sites in the event your building is so damaged you cannot use it. Above all get signed agreements with other facilities if you plan to use them in your disaster plans.

Make a list of important or expensive equipment. Maintain a place of storage that will provide maximum safety. For example, if you are in a flood plain the basement is probably not a good choice. Also maintain information on repair or replacement and know how to readily access it.

Determine what basic supplies you will need to manage over the first few days or weeks. How can you assure that these supplies will be available? One option is a 'go box' stocked with supplies that allow you to provide basic care to your patients. Again, it must be readily available so choose where you store it wisely.

In any disaster the first and most frequent breakdown is in the area of communications. Think about three questions when developing the communications section of your plan. Who will I need to communicate with? What information needs to be shared? How am I going to accomplish this?

Special mention should be made about vaccines. Vaccines are probably the single most expensive item in our inventories. Hundreds of thousands of dollars are involved. A separate vaccine recovery plan needs to be made. This is a requirement by the CDC if you do VFC. In my experience power outages are not uncommon. A word of warning- generators sometimes fail! Be prepared in these instances. Also, be sure to read the fine print on your vaccine insurance policy. Some may cover only 'acts of god' and not accidental losses due to a staff member.

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Are You Ready? How to Practice and Survive After a Disaster

It makes sense that during a disaster when your practice capabilities are limited your income most likely will suffer. Develop a relationship with a financial institution that will allow you to get a rapid line of credit should the need arise.

As physicians we forget to take care of ourselves. We are not immune to the stress of disasters. We too will be worried about our families in addition to the responsibilities we have to our patients and staff. In the immediate post disaster period we can suffer fatigue and physical and emotional strain. Self-care is not being selfish. Start by making sure you have your family's personal disaster plan in place. Consider making pre-arrangements to get relief from your practice responsibilities for brief periods of time during the recovery stages. Also look to your state AAP chapter. Many of them have plans set to assist their members during disaster situations. I think the hardest thing we have to do as physicians is ask for help.

Disasters are not uncommon. Hopefully you will never experience one of these events. But the benefits of having a well thought out disaster preparedness plan in place if your practice suffers a disaster are well worth the efforts. A proper plan takes time and thought to develop. The AAP has a number of resources to guide you in developing such a plan. Two of these Preparedness Checklist for Pediatric Practices and Pediatric Preparedness Resource Kit can be found online at www.aap.org/disaster.

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Are You Ready for An in-Office Disaster?



By Jeanne Marconi, MD, FAAP
(Former SOAPM Executive Committee Member)

Jeanne Marconi is a pediatrician President, managing partner, and Medical Director at The Center for Advanced Pediatrics, a multi-specialty pediatric practice in Norwalk, CT.

At the 2018 AAP NCE SOAPM Section H addressed many ways disasters can affect the children we see; our communities and even ourselves as disaster can have a direct hit on us as well. Following in the motto of the Boy Scouts, "Be prepared for a day when the unexpected happens". From the natural to the supernatural we heard it all. As I focused on the disasters that can affect you in your own here please find some of the highlights.

In office disasters come in many forms natural, external and internal. Natural can include those caused by hurricanes, external can be violence (mass casualty), community outbreaks (measles, flu), hazardous spills and fire. Internal can be administrative and facility related. Administrative can include embezzlement, sudden death of a key employee, an unexpected leave of a key player, HIPPA breach, internet or EHR access issue. Facility disasters may include internal floods, AMBER alert from your office, no electricity etc. Are you ready for all of these in your practice? Have you spent any time on a disaster plan? Do you have a plan of action if you could not work out of your office tomorrow? If not, please take this opportunity to seriously consider what you need to prepare and do to be sure you are as ready as possible for any of these unexpected disruptions.

First, be sure you and your office are well protected by insurance. General liability, business interruption, key man plans, cyber coverage; vaccine loss coverage, errors and omissions and the list goes on. Be sure you are in control of your inventory and property, have a list. Stay tuned as SOAPM is planning a webinar on all the insurances you should consider.

Second, create a communications plan. Have contacts handy and not in your old- fashioned rolodex. Landlords, vendors, staff, insurance agents, utilities, clean-up services, meet and hire an insurance adjuster just in case you need one. All of this will save so much time and stress.

Know what you might do if you cannot see patients in your space. If you do not have another office contemplate who you might call for assistance, the hospital, a colleague etc.

Know how to connect with your patients to keep them informed. Social media, email, local radio and cable companies.

Ensure safety of staff and do not touch or clean-up anything until your personal adjuster tells you to. Take photos and time and date them.

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Are You Ready for An In-Office Disaster?

Keep your financials up to date. Productivity, P/L statements become critical in any of these disasters.

Know all your log-ins to all your accounts and have and maintain an updated vendor list.

Make your bank a friend. Keep a line of credit for just in case scenarios. If you cannot see patients, you cannot bill or pay your bills. This is where business interruption insurance is CRITICAL especially if you do not have a fortress of available funds.

Assign a disaster champion. This does not and probably should not be your administrator/office manager or managing partner. This is someone who is a multi-tasker; calm; detail oriented and can easily follow directions. This person will need to know excel and have some knowledge of keeping lists, receipts. Open a disaster account so you can keep all of these things straight. This will be needed for your accountant to process the disaster properly in your books.

Did I say communication? This is an ongoing process and needs to be addressed maybe several times even in one day. All people respond differently in these situations and what you say may not be what they hear.

For those administrative disasters related to a quick departure or for embezzlement be sure there are checks and balances everywhere. Do not develop such strict routines that things can become impermeable to you. Do surprise looks at things and again always have a plan B. Keep a close eye on credit cards and access. Call your credit card companies now and be sure anyone who has one there is a signed communication with the credit card company that this person is only authorized to use them for office use only (please take this seriously).

After the event, be sure to de-brief and look at processes that you can improve. Be sure to review your disaster plan yearly and update accordingly.

Finally, do not underestimate the effect these events can have not only on you and your family but also on your staff. I can suggest a good debrief meeting perhaps by the hospital chaplain or a therapist you know. Many people do not know how to find closure, and some take longer than others.

I hope this information prompts you to consider a well-structured disaster plan for your practice so you are well prepared for any that may unfortunately come your way.

SOAPM 2019 Legislative Conference Scholarship



By Sheila Palevsky, MD, MPH, FAAP
(SOAPM Member)

Sheila Palevsky is the Immediate Past President for the New York Chapter 3.

Given the rapidly changing political landscape and the anticipated changes to the health care system, it is vitally important that pediatricians become effective advocates for child health, as well as for the profession of pediatrics at the local, state, and national levels. To address this need, SOAPM offered up-to two scholarships to attend the 2019 AAP Legislative Conference in Washington, DC.

Please join us in congratulating as the AAP SOAPM 2019 Legislative Conference Scholarship recipient, **Sheila Palevsky, MD, MPH, FAAP!**

Dr Palevsky's report on her "LegCon" experience is below.

This annual conference provides an opportunity for members of the AAP at all levels of experience to



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SOAPM 2019 Legislative Conference Scholarship

come together to learn the skills of advocacy and put those skills to a test by going up to Capitol Hill to meet with their own legislators. This year, a record number of attendees at all levels of experience attended...

To get us started, Mark Del Monte, a veteran of advocacy and a Master of Communication, gave an invigorating introduction and review of the legislative process and basic principles of the workings of the political system. His insights and guidance left all of us, experienced or novice, confidant of our potential in being successful advocates. This was the first Legislative Conference to include a specific track for subspecialists.

A selection of workshops was scheduled. Two stood out for me. ***Breaking Out of the Herd: Advocating for Vaccines to Protect Public Health*** seemed to speak to my passions. Here we reviewed some of the recent changes in public vaccine sentiment, the efforts of advocates like California State Senator, Richard Pan, MD, FAAP who has spearheaded California's legislation to ban all but medical exemptions to vaccines. There was a great deal of discussion of the challenges of passing similar legislation, the acknowledgment that such action must be at the state level, the perennial 'whack-a-mole' efforts that we face as the anti-vaccine cadres continually try to undermine existing legislation while we try to eliminate loopholes that permit exemptions. For me, this was a real opportunity to meet and support others from around the country who are dealing with their local legislators regarding immunization matters.

I also attended ***What's Cooking in Federal Child Nutrition Policies***. There were excellent presentations about various nutritional programs, funding, lengthy discussion about the relationship between these programs and the Public Charge. A number of handouts jointly produced by FRAC (Food Research and Action Center) and Feeding America provided key talking points about anti-hunger programs that can be used as leave behinds for legislators.

The luncheon plenary was dedicated to advocating for children in the child welfare systems. A preview of the film 'Foster' which will soon air on HBO, was introduced by the producer, Deborah Oppenheimer. This film, documenting the complexities of the child welfare system in Los Angeles interweaves compelling first-hand stories of those navigating the child welfare system with insights from social workers, advocates, and others in the justice system, offering a realistic but hopeful perspective on a community in need of support and understanding. An impassioned discussion followed.

The second day maintained the energy of the first and allowed us to role play. In small groups, we assumed the role of a freshman in congress. Using a progression of scenarios which were generated based on actions and responses of that member of congress as well as their party leadership, colleagues and constituents, we moved through the term of office, making political gaffes, dealing with PACs and lobbyists, and raising money for the real agenda - getting reelected. My group was acting as a difficult congressman who seemingly did everything wrong.

But we managed to put aside our own beliefs and got into the role playing and managed to get him re-elected with room to spare. We were told by the moderators (AAP staff, Ian Van Dither and Dan Walter) that acting as this freshman we won an election that few had done before. Alas, this game is not available to use at the chapter level.

The keynote speaker at the luncheon plenary was Marsha Griffin, MD FAAP, Co-Chair of the AAP Immigrant Health Special Interest Group. She is an inspiring pediatrician who began her training in pediatrics at an age when many of us are beginning to think of slowing down. She told her story of advocating for immigrant children. If she is not slowing down in her advocacy for children, none of us should.

This was followed by a discussion of gun violence prevention - the topic selected for us to focus on during our hill visits the last day. Data, background, inspiration and more were all provided by the speakers. We then broke into small groups by state to begin preparation and some additional role playing in advance of our hill visits the next morning.

I visited the AAP Washington Office for the John E Lewy, MD, FAAP, Advocacy Reception honoring pediatricians in public service. [I must add that as a recently retired government employee, this was a very special reception.] The offices are indeed fabulous, the building a gem and the staff are incredible.

The final day started on the hill with comments from Representative Kim Schrier, MD, FAAP, the first pediatrician (yeah!!!) ever elected to the House, and the first woman physician. She is the ultimate advocate for kids. We also heard from Senators Chris Murphy and Sherrod Brown. As impressive as they were, the pediatrician outshone them.

Then off to the hill to meet with our legislators - for me, Senators Schumer, Gillibrand, and Representative Nadler. All three are kid

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SOAPM 2019 Legislative Conference Scholarship

friendly. It was easy to thank Mr Nadler for and to ask the senators to support background checks for all for gun safety and for \$50 million in the budget for the CDC for research to address the gun epidemic. They are working hard to reach across the aisle to allow all kids to grow up without fears of gun violence.

This conference has renewed my energy and enhanced my advocacy skills. I recently participated in the NY AAP Advocacy Day in Albany, NY where the focus of the day was on immunization related legislation. Since my return from the Conference, and with new confidence, I have participated in conference calls and public speaking engagements regarding elimination of all non-medical exemptions from school requirements in NYS, working my local officials. I will continue to reach out to Senators Schumer and Gillibrand and Representative Nadler on matters of child health. And I am engaging reaching my mentees to join in the advocacy efforts.

I know that experiences I had at the 2019 Legislative Conference will continue to resonate and remind me that each pediatrician has the skill and power to move the agenda forward to improve the health and welfare of the kids and families we serve.

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Mission, Vision & Core Values as a Management Tool



By Brenda Campbell, Practice Administrator - The Pediatric Center of Frederick
(PPMA Member)

Brenda Campbell has worked for The Pediatric Center of Frederick since 2001 and became the Practice Administrator in 2006. The Pediatric Center of Frederick is a large independent practice in Frederick Co, Maryland with 16 physicians and 8 nurse practitioners across 6 locations.

Several years ago, after decades of a single managing partner managing the office, that partner stepped down and turned over the reins to the four remaining partners who split the responsibilities between them. The management structure stayed the same (practice administrator, clinical coordinator, front desk coordinator and operations manager) but now there was no clear “leader”. When the single managing partner was leading it was very clear to everyone who The Pediatric Center was, what things we stood for, what made us successful and under those circumstances it was very easy to run the business. His stepping down coupled with some unexpected turnover of providers and managers led us to a time that felt very chaotic.

Staff seemed to lack direction, managers were frustrated, and the four partners lacked a concrete plan for day-to-day operations. I asked that all of the partners and managers provide me with their top 5 long term and top 5 short term goals. As expected, there was plenty of overlap. We documented and synthesized the responses, coming up with a strategic plan in the form of an Excel spreadsheet. We meet monthly for a quick check in and twice a year for a day long retreat to examine and measure our strategic goals. The process was well worth the effort.

During this period, we also met with a local organizational psychologist who specializes in helping businesses manage change. He strongly believed that, in order to navigate the change in physician leadership, we would benefit from developing a mission and vision statement and core values for the practice. As he guided us through the process he emphasized that if we were going to spend the time and energy creating these guiding principles, that we would need to use them actively, refer to them often and make them part of our culture rather than creating a document that would just be filed away.

Because we felt that it was important to involve everyone in this process, we began by meeting with all the staff in small groups, asking open ended questions (ex. “What do we do that sets us apart from other practices?”), taking notes and, perhaps most importantly, listening to what they had to say.

After weeks of meetings we came together as a group, the partners, managers and me, to put all of the feedback into a mission and vision statement and set of core values. This is our final product:

It is our mission to partner with families to provide comprehensive, compassionate, high quality pediatric care in a respectful, friendly environment.

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Mission, Vision & Core Values as a Management Tool

Through empowered employees and engaged leadership we will achieve our mission by adhering to the following core values:

1. **Patient and Family Centered** – We place patients and their families at the center of our service model. We partner with families to achieve the optimal health outcomes for their children, striving to provide the highest level of service at every visit or point of communication.
 2. **Compassion** – We are committed to maintaining a kind, caring, and respectful environment, not only for our patients, but also for our staff and providers.
 3. **Quality** – We are committed to providing the highest standard of care in an accessible, comprehensive manner. We hold ourselves accountable by continually measuring and improving upon outcomes.
 4. **Teamwork** – We believe teamwork, collaboration, and communication are vital to good patient care. We promote a workplace where all members of the staff feel supported, valued, and respected.
 5. **Community** – In addition to serving patients who reflect our diverse community, we are committed to supporting cause that better the lives of all children and their families. We recognize our responsibility to be active participants in our local communities.

As a wrap up final exercise, we closed all of our offices for a practice-wide lunchtime meeting. We gave each table a list of common dilemmas for a pediatric practice and asked them how they would use our newly formalized core values to help them navigate these situations. This exercise helped us to operationalize our values and helped to illustrate to the staff how they could use these core values daily.

To further incorporate our core values, at our annual staff appreciation party, we give each attendee raffle tickets for Pediatric Center Core Value themed baskets. The teamwork basket contains sport-related items, compassion contains self-care items, patient and family centered is board games and movie tickets, community contains gift cards and items from local businesses, quality contains gift cards from national businesses recognized for providing quality products or services. Staff enjoy the baskets and it's another way to keep those core values front and center.

Our management team appreciates the way that the core values provide a structure in which to help guide their teams (i.e. "I heard you helping that mom with her school forms...nice job at being patient and family centered." or "I watched you jump in and assist your coworker. Great demonstration of team work!" "I heard you spend a few extra minutes on the phone listening to the upset mom today. Way to be compassionate"). They also appreciate that these core values serve as an anchor to reference when behavior is not ideal (i.e. "When you decide to leave early it impacts everyone negatively and does not support our core values of teamwork and compassion." or "Telling that mom you can't help her and to call back tomorrow is not being patient and family centered"). We introduce these core values during interviews and reference them during annual evaluations. They have helped to set expectations and to define our culture.

Speaking on behalf of the leadership and staff at our practice, I believe we all see the usefulness of this exercise and would recommend it to any practice struggling with the kinds of challenges that change can bring about.

Contract Considerations



By Richard Lander, MD, FAAP
(Former SOAPM Chairperson)

Richard Lander has practiced general pediatrics for over 40 years in Langston, NJ. He has served as the SOAPM Chair and most recently is the immediate past Chair to the PAAC.

For physicians joining an existing practice, any large question such as “Which employment option should I take?” is best divided into smaller questions to prevent lesser considerations like “Who bought me lunch?” and “Who has the newest facility?” having undue subconscious influence on your decision-making process. When evaluating an employment opportunity, here are some questions you should consider:

Your Responsibilities

What are the outpatient obligations? How many clinic hours, at how many sites, with how many anticipated patients per hour? How many nursing staff and exam rooms are allotted?

What are the inpatient obligations, including call rotation? What procedures are expected, e.g. circumcision? How do new inpatients (such as newborns) translate into new outpatients for follow up?

What administrative tasks are expected, with what administrative support given? How are billing and collections handled, and how do they impact your salary? (For example, if you are extremely productive in terms of patients seen, but the billing office does a lousy job of collecting on your work, does your compensation drop?)

How satisfied are current physicians with the Electronic Health Record(s) they are required to use? A good EHR, used appropriately by all staff, can make a huge difference in the quality of your work, the morale of the physician and staff, and the amount of documentation time required outside of direct clinical contact.

Your Compensation

How does paid or unpaid maternity/paternity leave interface with salary and vacation time? Do benefits such as insurance (including responsibility for paying premiums) change during such leave?

What is your earning potential – not in terms of salary, but also the buying power? San Francisco’s cost of living is twice that of Abilene. Does salary start with a “training period” rate and then escalate? How realistic are performance-based metrics which affect your income? Are there profit-sharing or other incentives, and what are their terms? What about one-time bonuses such as signing bonus or moving expenses? What institutional or governmental loan repayment programs are available?

What type of malpractice coverage will you have: claims made or occurrence? Who pays for “tail insurance,” and with what terms? Is individual or family health insurance included, on whose dime? Some employers pay for individual insurance and permit the employee to pay extra for family coverage.

Is there sick leave and how much time is given? What about disability leave -- do you have to maintain a disability insurance policy and if so for how much? How about vacation time -- how much time off do you get, in what increments can it be used, at whose discretion, and can you roll unused vacation time into the following calendar year? Do you have paid time off for continuing education and what is the monetary figure involved? Are there any requirements around continuing education -- is it mandatory, and do you have to present what you learned to the rest of the group?

As far as ancillary expenses, what is the rest of the “package”? Who pays for board certification fees (initial or repeat), hospital and society dues? What about journals, textbooks, computers, portable devices such as smartphones, tablets and laptops, continuing medical education, certifications (NALS, PALS, BLS, etc.) and conferences?

Contract Considerations

Your Contract

Are all the above terms spelled out in your contract, in the practice's policy handbook, or elsewhere in writing?

What is the term of the contract -- is it 1 year, 2 years, or more, with what renewal terms? What early termination provisions does the contract have for you or the practice, either with or without cause? What constitutes "cause"? Common reasons "for cause" include loss of your license or board certification, your provider status with the insurance companies or hospital privileges, substance abuse or abusive disruptive behavior, etc.

What restrictive covenants does the contract include? What other simultaneous employment is allowed or restricted? For how long, and over what coverage area do the restrictions extend? Are compensatory or punitive damages incurred for violation? Does the contract include a non-solicitation clause, or may you send notices to your patients when you leave the practice? Note that in underserved areas, courts frequently void such covenants as not in the public interest, but such a legal challenge has a cost in time, energy, and money.

Partnership or Not?

Partnership (partial ownership of the practice and its assets) may be a path of interest for physicians with managerial acumen. While an initial employment contract will not necessarily include partnership terms, does it make any provisions for possible partnership after a trial period?

For those hoping to become a partner in a practice, the partnership agreement is even more detailed. What ranks of partner exist, with what attendant managerial responsibilities? What is the price to become partner, how is it determined, and which business assets (accounts receivable balance, physical plant, office equipment, perceived value of patient goodwill, etc.) are included? What options to buy-in are offered: continued salary, discretionary, based on performance, immediate payment in full, interest-bearing internal loan, or non-interest-bearing internal loan? Is there a stockholders' agreement and does it cover retirement, death and disability? Are the corporate agreements and annual reports available for you to review at any time?

Final Thoughts

A lawyer familiar with physician contracts in your state should review the contract to ensure its compliance with all state rules and regulations. This is money well spent so that you do not inadvertently sign away your first child, so to speak. Consider the contract a first draft which can be perfected before you sign it, not an ultimatum that you must either take or leave "as is." A well worded contract that meets the needs of the situation helps physician and practice alike to function well together in an efficient and trusting environment.

SOAPM Quote Corner - Post of the Day (Spring 2019)



Having looked at the content of the AAP NCE for years I would like to propose a ban on talks with "Oh my" or "What's a Pediatrician to Do" in the title. Let's at least get the talks to the Millennial level and have "OMG" or "WTF" in the title instead. – **Davis Horowitz, MD, FAAP**

"Lurk and Learn!" – **Gail Schonfeld, MD, FAAP**

I opened my practice in April 2018 and have only been on SOAPM a couple of months. I consider this year my "fellowship" on learning to run a practice. SOAPM has been the best teacher. I really look forward to learning more from all of you and thank you for sharing your knowledge. – **Monique Mondesir, MD, FAAP**

The best work around is on the contracting side- be aware of this and try to fix your payment to a certain year Medicare (2017 maybe) while we hash this out c CMS.

I think knowing this info should make all of us reluctant to sign contracts for "current year Medicare times X multiplier" now that we know the payment for our #1 code is sinking over the next several years.

That tactic won't work forever, but it should give us time to fix this in DC.

I don't believe the payors have an interest in gutting payment for vaccine admin since it won't make a meaningful difference to their bottom line.

Take the Christoph Value Based Healthcare pledge- anytime someone says VBC, say "we can't talk about that until you pay fairly for vaccines since that has the greatest value in healthcare." – **Christoph Diasio, MD, FAAP**

Even data, it appears, may be negotiable. I guess the lesson here is "never be afraid to point out the obvious to an insco." – **Suzanne Berman, MD, FAAP**



Posted by Sogol Pahlavan – Cartoon drawn by Karen Foti, MD, FAAP

PA Marketing Himself as a Pediatrician Post

I believe the proper term for these folks is Noctor (not a doctor) – **Herschel Lessin, MD, FAAP**

Dude, I have never gone 36 hours without posting. If that happens, be worried, I am unconscious and need help! – Gail Schonfeld, MD, FAAP

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SOAPM Quote Corner - Post of the Day (Spring 2019)

I started my practice July 2014. My ex-sister in law draw my logo by hand around May 2014.

My 3rd son was born September 2016. He doesn't look like his older siblings.

Here picture of kid and picture of logo.



Funny how life does this sometimes. PS a patient pointed it out. – Eliza Agrest Varadi, MD IBCLC, FAAP

CDC Post

Why is it that when the CDC says to throw out your romaine lettuce everyone takes it as gospel yet when the same agency tells you vaccines save lives they're part of the Illuminati

6:09 PM · 20 Nov 18

Posted by Jill Stoller, MD, FAAP



Posted by Michael Sachs, MD, FAAP

continued on page 28

SOAPM Quote Corner - Post of the Day (Spring 2019)

Sometimes you have to admit it's time to retire.



Posted by Russell Libby, MD, FAAP

When is the end the flu season Post?

Almost beginning to feel perpetual. Like election season 😞 – Sonia Khan, MD, FAAP

Happy Birthday, Dr. Fe del Mundo!

Have you noticed today's Google Doodle? (It's the picture that appears where you put in your search terms on Google.)



It honors the birthday of Dr Fe del Mundo, the first woman admitted to Harvard Medical School, and a pioneer in revolutionizing pediatric medicine, who established the first pediatric hospital in the Philippines. Dr del Mundo was an honorary Fellow of the American Academy of Pediatrics and is a testament to the power of diversity and inclusion.

"Born in Manilla on this day in 1911, del Mundo was inspired to study medicine by her older sister who did not herself live to realize her dream of becoming a doctor. Also known as 'The Angel of Santo Tomas,' del Mundo devoted her life to child healthcare and revolutionized pediatric medicine in the process."

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SOAPM Quote Corner - Post of the Day (Spring 2019)

A gifted student who became the first woman admitted to Harvard Medical School, del Mundo returned home after completing her studies in the US. During World War II, she set up a hospice where she treated more than 400 children and later became director of a government hospital. Frustrated with the bureaucracy, she eventually sold her house and belongings to finance the first pediatric hospital in the Philippines. Del Mundo lived on the second floor of the Children's Medical Center in Quezon City, making early morning rounds until she was 99 years old, even in a wheelchair.

When she wasn't treating patients, she was teaching students, publishing important research in medical journals, and authoring a definitive 'Textbook of Pediatrics.' She established the Institute of Maternal and Child Health to train doctors and nurses and became the first woman to be conferred the title National Scientist of the Philippines and received many awards for her outstanding service to humankind." - via Google Doodle – AAP Staff Diversity and Inclusion Council

SOAPM Form of the Month (FOTM)

On January 1st, 2019 SOAPM launched the Form of the Month (FOTM) Award Program. The 4-month program garnered 65 useful forms. Thank you to all that participated! To view the monthly winners as well as all submitted forms, please visit the [SOAPM Collaboration Site – Forms](#).

Also, a HUGE thank you to the FOTM Committee:



Budd N. Shenkin, MD, FAAP, Chair



Lisa Baker, MD, FAAP



Vincent Iannelli, MD, FAAP



Glenn Schlundt, MD, FAAP



Consumer Electronic Show – Las Vegas, 2019



By Mark M. Simonian, MD, FAAP
(SOAPM Senior Member)

Mark Simonian is a retired pediatrician with special interests in health information technology. He has been working as a Google Developer Organizer and develops applications for the Google Assistant and soon Amazon's Alexa.

I have been traveling to Las Vegas for the Consumer Electronics Show (CES) since 2004 to evaluate trends in technology that could affect pediatricians or the families in our practices. 4,500 exhibitors and 1,200 startups from 155 countries, regions, and territories were promoting new hardware and software designed to sell or attract investors to buy into. On the three days I was there, attendees could walk through millions of square feet of conference space full of major and small vendors, large and small booths. Although most of the Show was dominated by large TVs, the Internet of Things (IoT) in your home or business like an interface that tracks the contents of your refrigerator, or even self driving technologies for the cars of the future, there were plenty of examples of tech that might show up in your practice.

Beyond the 3D printers and dancing robots, companies like IBM discussed how big data was going to be shaping our daily lives. **Ginni Rometty**, IBM CEO, "...we estimate less than 1 percent of the data that the world is emitting is actually collected and analyzed." We understand that statement, because of all the information pediatricians track. We can get lost in the data overload that we review or produce in our own routines. We are drowning in data that we all have trouble trying to manage and sift through effectively. Yet there was a promise at the show that Artificial Intelligence (AI) and quantum computing systems will be an avenue to better organize and understand that data. Rometty was also conscious of the need for trust and security we face in healthcare.

Samsung showed off their combination robotic interface that monitor medicine intake and vital signs, provide emergency care, and send daily health briefing to caregivers. Other large companies showed their versions.

One vendor (AEvice Health) looking for investors, showed off their Smart Wearables which not only track heart rate, and breathing, but can detect cough and wheezing especially designed for asthmatics. It was predicted to be available in June this year.

There was a substantial presence by Amazon and Google showing examples of Alexa (61% of market with more than 21,000 devices) and Google Assistant (34% of the market with 6,000 devices) interfacing their voice and conversation tools with products at the show. As a Google Assistant developer (<http://www.marksimonianmd.com/intro-health-apps/>), I was particularly interested to find out how Show participants were using a voice interface to find resources and references. At the Sands Eureka Park section of the show, I stumbled over a French company POSOS (<https://www.posos.fr/>) that used a voice interface with natural language processing (NLP) to process, analyze, and query medical documents. At this time, it was only in French. Yet, AI was ubiquitous, and you can expect NLP to touch families with health information which could help or influence parents decision to share with the pediatrician.

Tivic Health (<https://tivichealth.com/clearup-sinus-relief/>) showed a bioelectronic treatment called ClearUP Sinus Pain Relief, tested at Stanford Sinus Center which addresses facial pain from chronic sinusitis and allergic rhinitis that do affect 44 million people every year. The device was shown to decrease pain in the first treatment.

Eureka Park, an area of the Sands Convention Center was dedicated for startups and entrepreneurs' products, services and apps. Many new technologies see first light here. Two years ago, I ran into one developer, entrepreneur, and researcher at an American university, who described his research into association of airway sounds and asthma complications. He said he could predict risk of asthma severity by breath sound analysis. Now I see multiple products that are triggered through wearable devices that alert the user or parent about exacerbations of their illness.

An increasing number of vendors over the last few years showed their interest in tracking children's vital signs responding to parental anxiety about their child's well being like POMM at www.pommconnect.com saying they "help to ensure the safety of toddlers and children by preventing threats such as abductions, drowning, child abuse, and heat stroke." These devices measure heart rate, respiratory rate, temperature, pulse oximetry, and hydration. Kids wear disposable patches that are changed each day. One entrepreneur told me that millions of dollars a year in the U.S. are spent on alarm devices to alert the parent. Another vendor showed off their version <http://spatch.io/#project>.

Consumer Electronic Show - Las Vegas, 2019

One add-on device from <https://www.orcam.com/en/> called MyEye2 fits onto the side of your glasses to help sight-impaired persons to identify faces or read text. It uses technology similar to cameras that organizes pictures of persons already known from previous images on your phone. You can use your voice to add new face names. This is similar to the Google Glass-like device that programmers were challenged to find possible applications for. Several vendors showed off their updated devices like Vuzix Blade (www.vuzix.com) and some included applications designed for medicine and subspecialties.

Cardiart www.cardiart.com shows off how far digital stethoscopes have come, improving sound with an improved hearing experience and visualized phonocardiogram for cardiologists. It is designed to improve the telemedicine experience.

Each CES brings newer revelations about hardware and software to entice the consumer with the not-so-subtle goal of something you need to buy. Some of your patients and families will be using the latest tech. You will be presented with more data and situations to interpret. *Are you ready?*

“What’s Your IQ on Malpractice Payments to the National Practitioner Data Bank?”



By Richard Oken, MD, FAAP
(COMIRM & SOAPM Member)

Richard Oken, practices general pediatrics at East Bay Pediatrics, Berkeley California. He is a Clinical Professor of Pediatrics at UCSF and a member of the AAP Committee on Medical Liability and Risk Management. Julie Kersten Ake contributed to this article.

Health care practitioners have been dealing with the federal National Practitioner Data Bank (NPDB) since 1990. You may think you know all about the NPDB and how it impacts you. But do you really?

While many actions concerning health care practitioners are reported to the NPDB, this article zeros in on malpractice payments and what you need to know about what is and isn't reportable, how to find out what's in your NPDB file and how to dispute inaccurate reports.

I hope the following Questions and Answers excerpted from the 2018 [NPDB Guidebook*](#) dispel common misconceptions and empower you to maintain your professional reputation as it appears in the NPDB (*NOTE: *Text from the guidebook is in the public domain and may be reprinted without permission as long as the information is cited and not edited.*).

Q&A: Reporting Medical Malpractice Payments

Does a medical malpractice payment have to exceed a certain dollar amount before it is reportable to the NPDB?

No. There is no minimum payment amount threshold. Medical malpractice payments of any amount that meet the reporting criteria should be reported to the NPDB.

If an individual practitioner is not named, identified, or described in a medical malpractice claim or complaint, but the facility or practitioner group is named, should the payment be reported?

No, with one exception. If the named defendant is a sole practitioner identified as a "professional corporation," a payment made for the professional corporation must be reported for the practitioner.

A defendant health care practitioner agreed to settle a medical malpractice claim in exchange for dismissal from a lawsuit. All parties involved in the lawsuit agreed to the condition. Should the resulting payment be reported to the NPDB?

Yes. Because the payment is the result of the condition that the defendant health care practitioner be dismissed from the lawsuit, the

COMLRM Article

payment can only be construed as a payment for the benefit of the health care practitioner and must be reported to the NPDB.

If a stipulation of settlement or court order requires that terms remain confidential, how does a medical malpractice insurer report the payment to the NPDB without violating the settlement agreement or court order?

Confidential terms of a settlement or judgment do not excuse an entity from the statutory requirement to report the payment to the NPDB or from providing a narrative describing the payment. The reporting entity should explain in the narrative section of the reporting format that the settlement or court order stipulates that the terms of the settlement are confidential.

Know What's in Your NPDB File

Do you have a file in the NPDB? You probably should find out. If so, do you know what it says? You may contact the NPDB to find out has been reported to the NPDB about you. This can be done anytime using the NPDB Self-Query service. There are 2 ways to do this: online or via the mail. A modest fee (\$2) is charged for each Self-Query submitted.

When you receive your NPDB report from a Self-Query it belongs to you. However, medical licensing, credentialing, and insuring entities may require you to provide a copy as a condition of participating in their programs.

Disputes – Correcting Inaccurate NPDB reports

If you disagree with the factual accuracy of your NPDB report, you may dispute it at any time.

You (or your designated representative) may enter the NPDB report into Dispute Status. When this happens, the NPDB notifies the reporting entity and all those who have received the report within the past 3 years. Entities requesting a copy of your report in the future will be notified of its dispute status.

You'll be alerted if revisions are made. If you believe that the new version is also factually inaccurate, you may start over again and re-enter the report into Dispute Status. While it's not a simple process, it is an opportunity to set the record straight.

Attorney Access to the NPDB

A plaintiff's attorney is allowed to obtain information from the NPDB if a medical malpractice action or claim has been filed by the plaintiff against a hospital in a State or Federal court or other adjudicative body and the practitioner on whom the information is requested must be named in the action or claim. A plaintiff's attorney may also obtain an NPDB report in order to obtain evidence that a hospital failed to request an NPDB report on the named practitioner. In the latter case, the disclosed information may be used solely against the hospital---not the named physician.

Interestingly enough, defense attorneys are not permitted to access the NPDB directly, but the defendant practitioner may share a self-queried report with his/her defense attorney.

General Public Access to NPDB Reports on Individuals

The general public does not have the right to access to the NPDB to obtain any reports identifying a particular organization or practitioner. The general public may obtain cumulative NPDB statistical data for learning and analytical use.

Conclusion

I hope this information sheds some light on malpractice indemnity reporting to the NPDB. Just remember that other things are reported to the NPDB, for example:

- Adverse actions on clinical privileges,
- Medical licensing modifications,
- Exclusion from participating in federal or state health care programs, and
- Federal or state health care related criminal convictions.

If you have specific questions that do not appear on the NPDB FAQs, [you may pose a question to the program](#).



Opportunities & Resources

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN® 



Share Your Story: My AAP Experience

Everyone has a story...and the AAP wants to hear yours!

- Was your start in pediatric private practice like something out of a fairytale, or did it get off to a rocky start?
- How has membership in SOAPM helped with your career path?
- What would the “current” you wish to tell the “less seasoned” you?
- What were some of your pitfalls, turned triumphs?

Share Your Story

AAP Mentorship Program

Join to develop personal and professional relationships with others in the AAP who can help you learn and grow. Whether you're a mentor, a mentee, or both, you'll find mentoring to be a rewarding part of your experience as an AAP Member.

Don't think you have time to commit...? Whether you're a mentor or mentee, the overall time commitment will be dependent upon your goals for the Program.

For additional information/questions, contact Britt Nagy, Manager of Early Career Member Engagement at bnagy@aap.org.



AAP Mentorship Program

AAP Free Educational Resource - HPV Vaccine: Same Way Same Day™

The AAP has a free, educational resource: HPV Vaccine: Same Way Same Day™. This brief, interactive role-play simulation is designed to enhance healthcare providers' ability to introduce the HPV vaccine and to address HPV vaccine hesitant parents' concerns. It was developed by American Academy of Pediatric staff, immunization experts, the Academic Pediatric Association, and Kognito, a health simulation company. The simulation is available as a free App at the [Apple iTunes Store](#) and [Google Play Store](#).

For more information and if you would like to promote this free educational resource, please visit the AAP's HPV Champion Toolkit [here](#). Contact hpv@aap.org if you have any questions.

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Opportunities & Resources

Red Book Online Outbreaks

The landing page for Red Book Online Outbreaks features the Red Book logo and the text "The authority on pediatric infectious diseases from the American Academy of Pediatrics". It includes the website address redbook.solutions.aap.org and images of a laptop, smartphone, and tablet displaying the Red Book Online interface.

Pediatricians are advised to monitor three new infectious diseases outbreaks across several US states.

New entries have been added to the *Red Book Online* Outbreaks section, providing information about the following outbreaks and their impacts for the pediatric population:

- [Pre-Cut Melons – *Salmonella*](#)
- [Ground Beef – *E. coli*](#)
- [Frozen Raw Tuna – *Salmonella*](#)

In addition, updates have been made to other current outbreaks listed in the [Outbreaks section](#).

Overseen by members of the AAP Committee on Infectious Diseases, the [Outbreaks section](#) is intended to provide pediatric health care professionals with a quick resource to get up to speed on current outbreaks and how they affect children, along with links to explore further.

It is recommended that you bookmark the section for regular visits, and keep an eye out for emails from *Red Book Online* alerting you to updates.

Sign Up for CDC Alerts

<https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>

**Vaccines for Children Program (VFC)**

[CDC](#) > [VFC Home](#) > [For Awardees](#) > [Vaccine Management & Accountability](#)

CDC Vaccine Price List

[« Back to Vaccines for Children program](#)
[« Back to Immunization Managers Home page](#)

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soapm news

SECTION ON ADMINISTRATION AND PRACTICE MANAGEMENT

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