
The Section on

ENDOCRINOLOGY

Newsletter

Spring 2021



Chairperson's Column

Kupper Wintergerst, MD, FAAP

Dear Colleagues,

I hope you are all staying healthy and safe. We appreciate your membership and commitment to advocacy and the care for all infants, children, adolescents, and young adults. With the onset of spring, the warm weather has been a welcome change. It also brings hope that we will begin to see more smiling unmasked faces of our colleagues and friends as national vaccine efforts expand.

With the recent FDA authorization of the Pfizer-BioNTech COVID-19 Vaccine for Emergency Use in children 12-15 years old, the AAP board has published a policy statement recommending vaccinating all children 12 and older who are eligible for the federally authorized COVID-19 vaccine.

Press release: <https://services.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-calls-for-children-and-teens-age-12-and-up-to-get-the-covid-19-vaccine/>

New HealthyChildren.org article: <https://healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Getting-Your-Child-Ready-for-the-COVID-19-Vaccine.aspx>

For critical updates on COVID-19 and resources on preparing your office for the COVID-19 vaccine: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>. A COVID-19 discussion board is also available for members to connect with colleagues to share resources and discuss critical topics.

Recruiting and retaining a strong workforce of pediatric endocrinologists continues to be a main goal of the Section on Endocrinology. The AAP recently announced new advocacy resources on workforce issues facing pediatric subspecialists. In partnership with the American Board of Pediatrics (ABP), a series of **fact sheets on pediatric subspecialty shortages** has been developed. The **50 state-specific fact sheets** estimate how far children in each state need to travel to see different types of pediatric subspecialists and include a **series of maps** to graphically represent this distance for 17 different subspecialties. The maps can also be [found here](#).

These fact sheets have been instrumental tools to advocacy for the Pediatric Subspecialty Loan Repayment Program (PSLRP). As many of you are aware, the PSLRP was authorized by Congress for five years, but we need your help to secure funding for this important program! Once funded, the program will offer up to \$35,000 in loan repayment for up to three years for pediatric subspecialists who treat children in underserved areas. We will continue to reach out to SOEn membership when opportunities arise to help advocate for this critical issue. We encourage you to read the recent [Academic and Subspecialty Advocacy Report](#) and/or be involved in our advocacy efforts:

- Sign up to receive advocacy emails (email kids1st@aap.org with your name and AAP ID if known),
- Follow and engage with AAP on social media via @AmerAcadPeds, @AAPPres, @AAPNews, @healthychildren

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AAP Section on Endocrinology Executive Committee

Effective November 1, 2020

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- Subscribe to AAP's official #tweetiatrician list by visiting <https://twitter.com/AmerAcadPeds/lists/tweetiatrician> or request to be added by emailing AAP's Social Media Strategist, Helene Holstein at hholstein@aap.org
- Visit the Advocacy Action Center at <https://federaladvocacy@aap.org>

In addition, we are also working to increase medical student and resident exposure to pediatric endocrinology, as well as seeking ways to expand the diversity of the incoming workforce. We are excited to announce that the SOEn will be hosting a subspecialty webinar on pediatric endocrinology for medical students and residents in December 2021. We also encourage interested SOEn members to participate in the [AAP Mentorship Program](#). This can be a wonderful opportunity to connect with residents and/or medical students who have an interest in pediatric endocrinology, and members can serve as a mentor, mentee, or both!

It is also very important for our pediatric endocrine community to connect with leaders at the state level. We encourage members to connect with your AAP Chapter Executive Director and engage in chapter's state advocacy priorities. A quick email to introduce yourself as an advocate can be invaluable to our Chapter leaders when there is state legislation surrounding an area that affects pediatric endocrinology. This is extremely relevant as many state legislations are actively discussing bills to prohibit gender-affirming care for gender-diverse and transgender youth as well as legislation to prohibit transgender youth from participating on athletic teams according to their gender identity. Your voice

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is powerful! We would like to thank pediatric endocrinologists, Dr. Al Nofal, for his advocacy in South Dakota, and Dr. Cassandra Brady for her advocacy in Tennessee.

The AAP has released an Equity Agenda along with a year one work plan. Built on recommendations from the Task Forces on Diversity and Inclusion and Addressing Bias and Discrimination, the agenda is composed of five domains: internal process, education, workforce & leadership, clinical practice, and policy & advocacy. For more information, visit the website: <https://services.aap.org/en/about-the-aap/aap-equity-agenda/>.

We are also pleased to announce a new PediaLink Course: Fighting Racism to Advance Child Health Equity that is available free to members! The Fighting Racism to Advance Child Health Equity is a series of educational videos that explore what these concepts mean for pediatricians in our practices, institutions, and communities, and how we can advance child health equity by applying an anti-racist lens to the systems shaping health and medicine. The course is eligible for Continuing Medical Education (CME) and Maintenance of Certification (MOC) Part 2 credit. For more information and to register, visit: <https://shop.aap.org/fighting-racism-to-advance-child-health-equity/>

We hope that you will enjoy this issue of the newsletter! Please feel free to reach out to me if you have any questions, concerns, and/or suggestions for the Executive Committee. It is our pleasure to serve you!

Making Dollars and Sense of Physician Compensation

Jill Brodsky, MD, MBA, FAAP

Upon first glance, the new CMS E/M coding changes seem to be a win for cognitive specialists. We can account for our time outside of the encounter used to review records and coordinate care. The documentation burden was markedly reduced in the history of present illness section and we no longer feel the pressure to tally points to achieve a certain number of review of systems or to perform a full physical exam when a targeted one will do. While it is too early in the year to understand what additional fruits of our labors these changes may or may not bring, I think it is an ideal time to understand one basic question that will likely provide clarity on the impact to our specialty; how do you get paid?

Superficially, this seems like an easy question to answer, however in speaking to our colleagues working in multiple employment models across the country, I have come to learn that the numbers behind many of your paychecks are opaque at best. Generally, our income is derived from a measure of production. This can range from the billings and collections we receive for services rendered, an amount of dollars assigned to a relative value unit of work (wRVU) performed, or income based upon achievement of a specific wRVU percentile. The Medical Group Management Association (MGMA) and the American Medical Group Association (AMGA) benchmarks are the two most commonly used when setting physician compensation. There are different data sets based on academic vs non-academic positions and the information is available for purchase, usually through a membership fee to join their organization. In the spirit of transparency, you should ask your hospital or practice for the performance percentiles for our specialty, as they change annually. In addition, clarify that your data is appropriately prorated for your full-time equivalent (FTE).

Some of you may have been offered a salary without an understanding how that number was selected, may change over time, or correlates to your production. In addition, credit for trainee or advanced practice provider (APP) supervision may be allocated using varying methods. You may also use an infusion or Day Medicine suite to perform your stimulation testing or medication infusions but are unclear if the billings/collections or wRVU are credited directly back to you. Lastly, understanding criteria for achieving a production bonus is critical. Variations on this theme include personal thresholds based on billings/collections or wRVU, the need for the entire division to surpass a threshold, and a spectrum of caps ranging from low to none. However, for any of the above information to be meaningful, transparency is key. It doesn't make a difference if you have no cap to your bonus if the threshold is set too high and historically a minimal number of your colleagues have been able to attain the metric. Lastly, we need to acknowledge that there is a delta between what you produce and what you are paid that "goes to the house", whether that is your Division, Department, hospital, or practice labeled as overhead or some variation.

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While we await our production reports for the first and second quarters of the year to understand what the most recent CMS changes will mean for our specialty, start having these conversations with your ped endo colleagues, not just at your practice or institution, but across your professional network. Understand how your Division is handled compared to others in your Department and seek transparency in reviewing and understanding your own numbers. We wouldn't make medical decisions for our patients without careful scrutiny of the data. Why should we accept our pay using any less rigorous of a standard?

COVID-19 and Type 1 Diabetes in Children and Adolescents: Insights from the T1D-Exchange COVID-19 Surveillance Registry

Nudrat Noor¹, G. Todd Alonso², Mary Pat Gallagher³, Osagie Ebekozien¹, Manmohan K. Kamboj⁴

Now over a year into the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic, we have learned that the populations most at risk of experiencing adverse clinical outcomes with this virus include older adults, racial/ethnic minority groups, and people with underlying conditions such as diabetes and obesity. While COVID-19 related adverse outcomes are more common in adults, the pediatric population, specifically those with pre-existing type 1 diabetes (T1D), have also experienced hospitalization and Intensive Care Unit (ICU) admissions for diabetes related complications because of the COVID-19¹⁻³.

When it became apparent that this pandemic would severely affect life in the United States, T1D Exchange quickly leveraged existing research and quality improvement infrastructure to develop a national registry. The T1D Exchange (T1Dx) COVID-19 Surveillance Registry, a database of COVID-19 cases with type 1 diabetes (T1D) from 56 endocrinology clinics across the US, currently contains over 600 cases of people with T1D who suffered COVID-19. Analyses from this dataset have contributed to characterizing COVID-19 in pediatric and adult populations with T1D.

We have reported that minority racial/ethnic patients with T1D who experience COVID-19 have higher risk of diabetic ketoacidosis (DKA) than their non-Hispanic White counterparts. COVID-19 has also led to severe diabetes-related complications requiring hospitalization and ICU stays in patients with T1D¹⁻³. There has also been a high rate of DKA among children and adolescents with newly diagnosed with T1D and concurrent COVID-19.

COVID-19 and New T1D Diagnosis

That viral infections can trigger the autoimmunity of T1D is well established. It is also well documented that children often have viral infections at the time of T1D diagnosis, presumably because the increased insulin requirements that accompany illness unmask an already existing insulin deficiency. In this context, SARS-COV-2 has been suggested as a possible trigger and accelerator for T1D. Patients with newly diagnosed with T1D may present with DKA, either because people forego medical care during the pandemic to avoid COVID-19 exposure or financial concerns, or it may represent an accelerated phenotype. While there has been no clear change in the incidence of T1D during the pandemic, several reports have demonstrated high rates of DKA among patients with newly diagnosed T1D. In the T1DX COVID-19 surveillance registry, over 60% of patients who presented with new onset diabetes between April and August 2020 experienced DKA, an unexpectedly high rate for the US. Hispanic and non-Hispanic Black patients were more likely than non-Hispanic White patients to test positive for COVID-19.² Further, racial/ethnic minority patients and those with public insurance were more likely to test positive for COVID-19.

COVID-19 and DKA Hospitalizations

In the T1Dx COVID-19 Surveillance Registry, among those with previously established T1D who tested positive for COVID-19, Hispanic and non-Hispanic Black patients were also more likely to be hospitalized, be admitted to intensive care, and have other adverse outcomes than their non-Hispanic White counterparts. Diabetic ketoacidosis was present in 75% of all hospitalized patients, making it by far the most common adverse outcome. Minority patients were almost four times more likely to present with DKA in models controlling for age, sex, A1c, and insurance status. These trends were similar in pediatric and adult populations.

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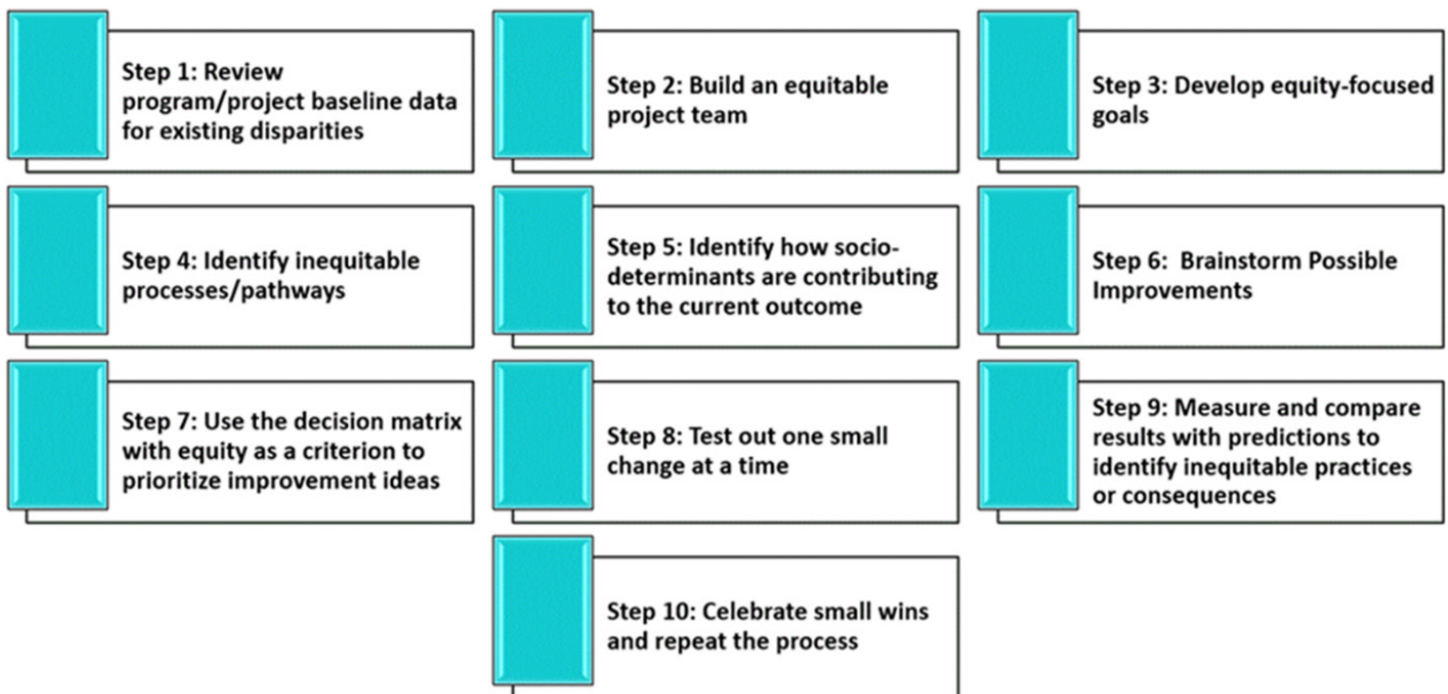
Health Equity Framework

Findings from the T1DX COVID-19 Surveillance Registry highlight racial/ethnic disparities in diabetes outcomes, underscoring the importance of targeted interventions to reduce inequities. With this context, T1DX, in collaboration with member sites, have established a health equity framework to provide an opportunity for all people with medical conditions to receive optimal care, thereby advancing health equity. This proposed 10-step framework is a guide to achieve improvement in diabetes care management. (4) It aims to identify opportunity gaps where providers can address inequities with the help of quality improvement principles. This framework describes identifying determinants of health, developing policies to expand access to care for the most vulnerable patients, distributing decision-making power, and training staff, by naming structural racism as a driver of health inequities as a model to address health inequities and racial injustice experienced by people of minority groups with chronic conditions, such as T1D. (Figure 1) The sustainability of these models however, needs to be tested at regional and national levels through pilot programs, and implemented by agencies such as Centers for Medicare & Medicaid Services, accountable care organizations and the Accountable Health Communities Model.

Summary

The T1DX COVID-19 Surveillance Registry has been instrumental in characterizing the pediatric population with COVID-19 and T1D. This registry shows that children, adolescents, and young adults with T1D and COVID-19 frequently experience DKA. We may postulate that COVID-19 presents an increased risk for hospitalization for those living with T1D, and this risk may be magnified in racial/ethnic minority groups. Relative to children and young adults with T1D and COVID-19 not hospitalized for care, those who experienced DKA hospitalizations DKA are also more likely to use public health insurance and less likely to use diabetes technology (continuous glucose monitors and insulin pumps), which in turn may also exacerbate their risk of poor diabetes outcomes because of this infection. These findings also have implications for patients diagnosed with T1D during the current pandemic. Further research work is needed to describe the incidence of DKA at diagnosis of T1D throughout the course of the pandemic and evaluate the roles socioeconomic and psychosocial factors have in the health and disease trajectory of this patient population.

Figure 1: Equity Framework



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2. Beliard K, Ebekozién O, Demeterco-Berggren C, Alonso GT, Gallagher MP, Clements M, Rapaport R. Increased DKA at presentation among newly diagnosed type 1 diabetes patients with or without COVID-19: Data from a multi-site surveillance registry. *Journal of Diabetes*. 2021; 13(3).
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Advocacy Resources

- **COVID-19 Response – Advocacy Report** – The report summarizes the AAP's advocacy activities at all levels of government. The report can be accessed [here](#) and is posted to the [advocacy subsite](#) of the AAP's main COVID-19 page.
 - Updates on COVID-19 AAP website including resources to prepare your practice for the COVID vaccine for children - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>
 - Discussion Board – AAP members can connect with colleagues on the COVID-19 Discussion Board to share resources and discuss critical topics - <https://collaborate.aap.org/COVID-19/Pages/default.aspx>
 - E-mail: members can contact AAP at COVID-19@aap.org
- **Academic and Subspecialty Advocacy Washington Report** April 2021 (log-in required) – a biannual publication providing the latest federal policy updates for pediatric medical subspecialists and pediatric surgical specialists.
- **Sign up for Advocacy Emails** – the Academy sends regular advocacy-focused communications to members including timely advocacy action alerts, policy updates and breaking child health news from Washington. To sign up for Advocacy Alerts, email kids1st@aap.org with your name, AAP ID (if known) and preferred e-mail address
- **Advocacy Training Modules** (log-in required) – information to assist you with becoming an effective advocate
- **Federal Advocacy.aap.org** - Federal Advocacy Online Resource Center (log-in required) find resources and tools for federal advocacy
- **Connect with Your AAP Chapter** – reach out to your [chapter executive director](#) and let them know about your interest and issues.
- **State Advocacy Resources** – Visit the [State Advocacy page](#) to access briefs on key state issues, advocacy action guides, infographics, advocacy planning and education guides, and the latest news from the states.
- **Become a #Tweetiatician** – stay up to date on child health news, follow and engage with AAP on social media via @AmerAcadPeds, @AAPPres, @AAPNews and @healthychildren.
- **Subscribe to AAP's official #tweetiatician list** on Twitter at: <https://twitter.com/AmerAcadPeds/list>

New Members

AAP Fellows

Marwan Bakhach, MD, FAAP
Priyanka Bakhtiani, MBBS, FAAP
Cassie Brady, MD, FAAP
Diana Miller, MD, FAAP
Sasi Penukonda, MD, FAAP
Sunil Sinha, MD, FAAP
Bhuvana Sunil, MD, FAAP
Muna Sunni, MBBCh, FAAP
Paul S. Thornton, MD, FAAP
Collen Wood, MD, FAAP
Stacy Zahanova, MD, FAAP

Candidate Members

Zoe González Garcia, MD
Stacey Johnson, MD

National Affiliate Member

Diana Perez, PA

Post Residency Training Members

Jennifer Apsan, MD
Lindsay Baldrige, DO
Kara Beliard, MD, FAAP
Jeremy Brown, MD, FAAP
Katherine Burgener, MD, FAAP
Pooja Choudhari, MD, FAAP
Samuel Cortez, MD, FAAP
Meghan Craven, MD, FAAP
Carolina Currais, MD, FAAP
Ian Marpuri, MD, FAAP
Guido Mora Calderon, MD, FAAP
Brooke Nguyen, MD, FAAP
James Pelham, MD, FAAP
Amira Ramadan, MD
Puja Singh, MD, FAAP

Jaclyn Tamaroff, MD, FAAP
Martin Thelin, MD, PhD
Sandra Vazquez Diaz, MD, FAAP
Erica Maris Wee, MD, FAAP
Maha Yousif, MD, FAAP

Resident Members

Allie Dayno, MD
Emma Gerstenzang, MD
Victoria Goldman, MD
Sandrine Kakieu Djossi, MD
Bhavapriya Mani, MD
Carmen Mezquite
Christian Molony, MD
Ilana Primack, MD

Medical Students

Amanbir Atwal
Alyssa Campanelli
Anthoula Christodoulou
Alexis Cohen
Nydia Correa Rivera
Evelyn Darden
Antoinette Farrell
Jacqueline Fezza
Kaila Fives
Grace Gallagher
Natalie Ganios
Nejla Ghane
Donna Gingras
Allyson Greco
Stephen Grote, BS, PhD
Maryam Hermez
Monique Huertas
Sumera Hussain
Alexandra Kreis

Meisui Liu
Matthew Lucito
Anna Neder
Abena Obeng
Lisandra Ochoa
Nathan Ostlie
Radhika Patel
Carly Pierson
Jemarie Remo
Megan Ren
Marina Sebastiano
Leslie Seby
Rhythm Sharma
Puneet Sran
Rajvi Trambadia
Alexa Viniotis, BS
Madeline Walker
Meredith Ware
Kyle Welhouse
Kayla Wilson
Amanda Winn
Stacy Young

Announcements

Section Election results

Congratulations Dr Kathleen Bethin and Lucy Mastrandrea on their re-election to the SOEn Executive Committee!

The AAP and PES Leona Cuttler Quality Improvement Award

Congratulations! Shoshana Tell, MD, FAAP for receiving the 2021 Leona Cuttler Quality Improvement Award for her abstract entitled "Improving Patient Access to Electronic Health Record Data and Reducing Disparities in Access."

Not a Member? Joining is Easy!

Current members of the Academy in good standing are eligible to join the Section on Endocrinology by visiting <https://services.aap.org/en/community/> or by contacting Member and Customer Care at mcc@aap.org or 866/THE-AAP1 (866-843-2271).

Endocrinology Meeting Schedule

2021 Meetings

[American Diabetes Association 81st Scientific Sessions](#)

June 25-29, 2021
Washington, DC

[AAP National Conference & Exhibition](#)

October 8-12, 2021
Philadelphia, PA

2022 Meetings

[American Diabetes Association 82nd Scientific Sessions](#)

June 3-7, 2022
New Orleans, LA

[AAP National Conference & Exhibition](#)

October 7-11, 2022
Anaheim, CA

Call for highlights, notices and special events

This newsletter is intended to highlight important articles, position papers, new guidelines and events for pediatric endocrinologists. If you would like to contribute, please forward your inquiries to Dr Manmohan (Manu) Kamboj at Manmohan.Kamboj@nationwidechildrens.org.

New PediaLink Course!

Fighting Racism to Advance Child Health Equity

Available: 04/15/2021 - 04/14/2024

<https://shop.aap.org/fighting-racism-to-advance-child-health-equity/>

Course Description: Structural racism, implicit bias, diversity, inclusion, and cultural humility are all concepts taking center stage in the medical community as we strive to end racism and improve health equity. Based on the Pediatrics for the 21st Century (Peds 21) program at the 2020 AAP National Conference, Fighting Racism to Advance Child Health Equity is a series of educational videos that explores what these concepts mean for pediatricians in our practices, institutions, and communities, and how we can advance child health equity by applying an anti-racist lens to the systems shaping health and medicine. By the end of the series, you will be ready, able, and inspired to help address the inequities that contribute to health disparities, create the conditions we know support healthier children and families, and ensure all children and adolescents have a fair chance at a healthy future. This online video series is eligible for Continuing Medical Education (CME) and Maintenance of Certification (MOC) Part 2 credit.

Faculty:

Maria Trent, MD, MPH, FAAP, FSAHM

Tiffani Johnson, MD, MSc, FAAP

Jyothi Marbin, MD, FAAP

Rhea Boyd, MD, MPH, FAAP

Registration Fees

AAP Member: FREE

Non-Member: FREE



**Conversations About
CARE
PODCAST**

NEW

EPISODE #8

Understanding the
New Nutrition Facts
Labels

A Conversation with Dr Tamara Hannon

For Pediatric Clinical Providers

American Academy of Pediatrics
Institute for Healthy
Childhood Weight
WHERE LIFELONG RESULTS BEGIN

Bright Futures.
prevention and health promotion for infants,
children, adolescents, and their families™

Seeking Members for New Early Career Leadership Programming Advisory Group (due 6/15)

The Section on Early Career Physicians (SOECP) is currently seeking passionate members to serve on a new Advisory Group that will provide guidance on SOECP leadership programming. Members of this advisory group will collaboratively reflect on the successes of the YPLA as they advise on the formation of new leadership training programming that aligns with the SOECP's and Academy's commitment to equity, diversity, and inclusion. The group will envision curricula, selection processes, and accessibility through an equity lens. The goal is to offer leadership training that is relevant and impactful for early career physicians, especially those that are underrepresented in pediatrics.

Early Career Leadership Programming Advisory Group Member

- **Application:** [Click here](#) (Link: <https://fs25.formsite.com/aapmembership/if4hkfhpdj/index.html>)
- **Deadline:** Tuesday, June 15, 11:59 pm Central Time
- **Openings:** 5
- **Term:** 7/1/2021 - 6/30/2023
- **Position Description:** [Click here \(PDF\)](#) Link: https://fs25.formsite.com/aapmembership/files/f-375-23-14995104_2BCGqnKi_SOECP_Leadership_Program_Advisory_Group_Member_Position_Description_2021.pdf
- **Estimated time commitment:** up to 30 hours per year; all meetings will be virtual and determined via best fit for most members
- **Eligibility:** Applicant must be a member of the American Academy of Pediatrics for the full duration of their term.

As part of the AAP Equity Agenda, the Board of Directors is committed to increasing the percentage of members from groups underrepresented in medicine that are serving in Academy leadership positions. Diverse candidates in terms of race, ethnicity, religion, sex, sexual orientation, gender identity, disability, or national origin are encouraged to apply.

If you have any questions about this position or are unable to complete this application due to a disability, please contact Britt Nagy at bnagy@aap.org prior to June 15.

Telehealth Tool Kit Available to Members

A new communications tool kit of telehealth resources is now available on AAP.org. Download graphics and videos and link to HealthyChildren.org articles to help parents and caregivers understand the basics of a telehealth appointment and how to get ready for one. Share these tools on your website, email, and social media to let them know telehealth is an option in your practice. The telehealth campaign is an AAP initiative supported by HRSA. Find the tool kit [here](#).