

*The information contained herein is privileged, proprietary, and considered confidential and may not represent AAP policy. The information, if transmitted, is intended only for the person or entity to which it is addressed. Any review, duplication, retransmission, distribution, or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is unauthorized by the sender and is prohibited. If you have received this information in error, please contact the AAP immediately by return e-mail and delete the original message from all computer systems.*

MINUTES  
BOARD OF DIRECTORS MEETING  
January 25-26, 2018  
Itasca, IL

**MEMBERS PRESENT:**

Colleen Kraft, MD, FAAP, President  
Kyle Yasuda, MD, FAAP, President-Elect  
Fernando Stein, MD, FAAP, Immediate Past President  
Karen Remley, MD, FAAP, CEO/Executive Vice President  
Wendy Davis, MD, FAAP, District I  
Warren Seigel, FAAP, MD, District II  
David I. Bromberg, MD, FAAP, District III  
Jane Meschan Foy, MD, FAAP, District IV  
Richard H. Tuck, MD, FAAP, District V  
Pamela K. Shaw, MD, FAAP, District VI  
Anthony D. Johnson, MD, FAAP, District VII  
Martha Middlemist, MD, FAAP, District VIII  
Stuart A. Cohen, MD, FAAP, District IX  
Lisa Cosgrove, MD, FAAP, District X

**STAFF PRESENT:**

Roberta J. Bosak, Chief Administrative Officer, Senior Vice President, Human Resources and Corporate Services  
DeeDee Cada, Senior Advisor to the CEO/Board Liaison  
Anne Edwards, MD, FAAP, Senior Vice President, Primary Care and Subspecialty Pediatrics  
Mark Del Monte, JD, Chief Deputy, Senior Vice President, Advocacy and External Affairs  
Judith C. Dolins, MPH, Chief Implementation Officer, Senior Vice President, Community & Chapter Affairs and Quality Improvement  
Mark Grimes, Vice President, Publishing, Membership, Marketing, and Publishing  
Robert Katchen, Senior Vice President, Information Technology  
John Miller, CPA, Chief Financial Officer, Senior Vice President, Finance  
Lynn Olson, PhD, Vice President, Research  
V. Fan Tait, MD, Chief Medical Officer, Senior Vice President, Child Health and Wellness  
Debra Waldron, MD, FAAP, Senior Vice President, Department of Child Health and Wellness  
Mary Lou White, Chief Product and Services Officer/SVP, Membership, Marketing, and Publishing, Membership, Marketing, and Publishing

**GUESTS PRESENT:**

Phyllis Agran, MD, FAAP, District IX National Nominating Committee  
 Betsy Anderson, AAP Family Partnerships Network  
 Sarosh Bativala, MD, FAAP, Section on Early Career Physicians Chairperson  
 Gregory Blaschke, MD, FAAP, District VIII Vice Chairperson  
 Stephen Church, MD, FAAP, Chapter Forum Management Committee Chairperson  
 Mark Del Beccaro, MD, FAAP Council Management Committee Chairperson  
 Jerry Eichner, MD, FAAP, Committee Forum Management Committee Chairperson  
 Patricia Flanagan, MD, FAAP, District I Vice Chairperson  
 Gary Floyd, MD, FAAP, District VII Vice Chairperson  
 Yasuko Fukuda, MD, FAAP, District IX Vice Chairperson  
 Matthew Garber, MD, FAAP, VIP Network Steering Committee Chairperson  
 Robert Gunther, MD, FAAP, District IV Vice Chairperson  
 Constance Houck, MD, FAAP, Surgical Advisory Panel Chairperson  
 Jay Ludwicki, MD, FAAP, District III Vice Chairperson  
 Steve Krug, MD, FAAP, Disaster Preparedness Advisory Council Chairperson  
 Claudia Preuschoff, MD, FAAP, District VI Vice Chairperson  
 Mobeen Rathore, MD, FAAP, District X Vice Chairperson  
 Ann Stark, MD, FAAP, Section Forum Management Committee Chairperson  
 Michael Terranova, MD, FAAP, District II Vice Chairperson  
 Gerald Tiberio, MD, FAAP, District V Vice Chairperson

AGENDA ITEMS	ISSUES DISCUSSED	ACTION BY WHOM/BY WHEN
<i>Thursday, January 25, 2018</i>		
<b>Call to Order and Introduction of Guests</b>	Dr. Kraft called the meeting to order at 8:30 am on Thursday, January 25, 2018. Guests were welcomed, and participants introduced themselves.	
<b>Statement of Voluntary Disclosure</b>	The Board of Directors reviewed the Academy’s policy on Conflict of Interest and Voluntary Disclosure. Board members were given an opportunity to disclose any direct or indirect financial interests, or any personal, family, or other relationships that conflict (or could have the appearance of conflicting) with their duties, responsibilities, or exercise of impartial and objective judgment with respect to the meeting’s agenda.	Conflicts were appropriately disclosed.
<b>Approval of Minutes from the November 2-3, 2017 Board Meeting</b>	The minutes of the November 2-3, 2017 meeting were reviewed, and approved as written.	<b>MOTION:</b> Made, seconded, and unanimously carried to approve the minutes of the Board of Directors’ meeting on November 2-3, 2017.
<b>Board Guest Reports</b>	<p><b>District Vice Chairpersons Committee Report (Gary Floyd, MD)</b></p> <ul style="list-style-type: none"> <li>• On January 1, three new members joined the committee: Jay Ludwicki, MD, FAAP (District III), Gregory Blaschke, MD, FAAP (District VIII), and Mobeen Rathore, MD, FAAP (District X).</li> <li>• The Request for Proposals for the Healthy People 2020 Grant Program for Chapters was sent to chapter officers and staff via the Chapter Leader Link on January 2. The 2018 grants will focus on empowering families and working with media or communities to address the mental health needs of children and youth. Five chapters will be awarded</li> </ul>	

\$20,000 each to develop and implement innovative programs. Applications will be due March 30. The Healthy People 2020 Grant Program for Chapters is sponsored by the Friends of Children Fund. The grantees will be selected by the DVCs at their May 15 meeting.

- The DVCs held a conference call on December 20 to discuss the 2017 nomination and selection process for the Outstanding Chapter Awards. A discussion ensued about the questions included in the chapter annual report template and that the Canadian chapters continue to have difficulty completing the report as the questions do not fit within their pediatric health care model. The DVCs agreed to provide a brief 3-5 question survey to the seven Canadian chapter presidents to determine if there is a desire to change the chapter annual report template questions to be more conducive to reporting Canadian chapter activities.

**Council Management Committee Report (*Mark Del Beccaro, MD*)**

- The CMC held a phone meeting in December to discuss upcoming 2018 ALF Council sessions on the following topics:
  - Policy implementation
  - Policy management
  - Early Career Physician involvement
  - Council strategies for management of outside relationships
  - Volunteer management
- The Council Management Committee has discussed implementing a mentorship program to help new councils become acclimated.
- Separately CMC leadership reviewed the submissions for council awards for the upcoming ALF and have finalized the recipients.

**Committee Forum Management Committee Report (*Jerold Eichner, MD*)**

- The Committee Forum Management Committee is currently working on planning ALF sessions on the following topics:
  - Balanced Scorecard planning, Disaster Preparedness, and best practices on new committee member orientation and mentorship.
- CoFMC is having its election for a single opening for a 3-year term beginning July 1, 2018.
- CoFMC ranked the candidates for new committee chairpersons and will be putting forth their preferences for committee member candidates when they are available in the Spring.

**Section Forum Management Committee Report (*Ann Stark, MD*)**

- Speakers representing Sections will be leading workshops at the 2018 ALF.
- The keynote presentation at the ALF will be on the opioid crisis and how it affects children and families across the life course. Neonatologist Stephen Patrick, MD, FAAP will discuss Neonatal Abstinence Syndrome.
- The SFMC developed feedback regarding the qualifications of the at-large members of the Board.
- The subspecialty sections represented by SFMC are interested in the new direction the ABP is taking with regard to MOC, and would like to know more about the AAP's input and role in this process.

<p><b>CEO/Executive Vice President Report</b></p>	<p>CEO/EVP, Dr. Karen Remley provided a report on AAP Finances, Membership and current programmatic initiatives. The following updates were included.</p> <ul style="list-style-type: none"> <li>• The For Our Future campaign has met 68% of its \$4 million goal. Dr. Remley thanked the leadership of the Campaign Steering Committee (CSC), children’s hospitals, Academy groups, and top prospects that have contributed \$2.72M, with \$2M raised in the last twelve months.</li> <li>• As of January 1, 2018, the AAP has 67,451 members, which is up 2.2% from January 2017. One of the 2017-18 AAP Organizational Goals is to reach a 55% conversion rate of newly graduated residents from the 2017 class to members. As of December 31<sup>st</sup>, 2017, 1,626 (45%) of residents renewed their membership. This is trending ahead of last year which was 42%.</li> <li>• The overall margin is currently trailing budget, with most of the variance related to timing of Grant revenues, Contributions and Advertising. Without grant revenue and expenses, the operating margin is \$570,000 better than budget. Grant indirect reimbursements are \$673,000 below budget and are expected to recover over the next 6 months. Investment gains are \$2.4 million greater than last year.</li> <li>• Dr. Janna Patterson will be joining the AAP as the new Senior Vice President, Global Child Health and Life Support in March 2018. Dr. Patterson comes to the AAP from the Bill &amp; Melinda Gates Foundation where she is a Senior Program Officer with the Maternal, Newborn, and Child Health (MNCH) team, managing a portfolio of grants on maternal and newborn health ranging from the prevention and treatment of sepsis to care of the preterm infant, including kangaroo mother care.</li> <li>• The AAP continues to attract an increasing number of qualified, diverse staff by networking with a variety of employment resources that are committed to placing diverse populations into the workforce.</li> <li>• Educational debt among graduating pediatric residents has leveled off in 2016 and 2017 following a steep and prolonged rise. Each year about ¾ of graduating residents report educational debt. Among these, the mean household educational debt was \$239,500 in 2017.</li> <li>• The Medical Spanish for AAP Members (which was approved for AAP Friends of Children Funding in September 2017) program targeted nearly 30,000 members in select sections across the Academy. To date, the program has enrolled over 800 members, many of which are medical student, in-training and early career members.</li> </ul>	
<p><b>AAP Financial Report</b> <i>(John Miller, CPA)</i></p>	<p>Chief Financial Officer, John Miller provided a Financial Report for the Board.</p> <ul style="list-style-type: none"> <li>• The repayment of the Headquarters of the Future loan depends on growth from the reserve fund. \$63M fund will generate approximately \$3.4M of growth annual. AAP plans to make annual loan payments of \$2.5M</li> <li>• The recommendation to the Board was to grow the reserve fund while paying off loan to allow the AAP to be debt free in 20 years and maintain a healthy approximately 50% reserve fund balance.</li> <li>• The particular recommendation offers the most protection in case of market downturn to pay off loan and not affect operating budget</li> </ul>	
<p><b>HOT TOPIC: VIP Network Presentation and Discussion</b> <i>(Matthew Garber, MD)</i></p>	<ul style="list-style-type: none"> <li>• Dr. Matthew Garber, Medical Director for the Value in Inpatient Pediatrics (VIP) Network presented to the Board on the mission and goals of the project. VIP seeks to improve the value of care delivered to any pediatric patient in a hospital bed by helping providers</li> </ul>	

	<p>implement clinical practice guidelines and other best practiced on eliminated harm and waste caused by waste and over utilization.</p> <ul style="list-style-type: none"> <li>• It was noted that quality is one of the principles on the agenda for children. VIP Network uses clinical practice guidelines, oftentimes developed by AAP or endorsed by AAP at the bedside. It is possible that as the network matures, the quality improvement initiatives could impact and reduce costs.</li> <li>• The core VIP principles are: <ul style="list-style-type: none"> <li>○ Metrics must have robust evidence</li> <li>○ Condition should be common (or costly)</li> <li>○ The provider has control over the intervention measured</li> <li>○ Overuse (value) metrics save money, promote convenience, and may prevent harm</li> <li>○ Target the places children are treated (community hospitals)</li> <li>○ Facilitate spread by publishing results</li> <li>○ Mentor the next generation of implementers</li> </ul> </li> <li>• Community hospitals should be prioritized for program implementation and mentoring should be giving way to the next generation of implementers.</li> <li>• For the reducing excessive variability in infant sepsis evaluation (REVISE) looks at revising hospital measures to make sure hospitalization length of stay (LOS) and work up is documents, uranalysis, chest x-rays, empiric antibiotic regimes, missed balancing measures.</li> <li>• VIP aligns with AAP mission and improves children’s health and aligns with the quadruple aim. It engages future leaders, can link to a clinical data registry.</li> </ul>	
<p><b>Board Guest and Liaison Reports</b></p>	<p><b>Chapter Forum Management Committee (<i>Stephen Church, MD</i>)</b></p> <ul style="list-style-type: none"> <li>• Ninety-seven resolutions have been submitted to the 2018 Annual Leadership Forum (ALF). The Chapter Forum Management Committee (CFMC) is currently reviewing all resolutions submitted and is determining whether some can be withdrawn based on the background information submitted which, in some cases, indicates that the AAP is already addressing the action requested by the resolution. They are also looking at whether some of the resolutions had been submitted in past years, and whether resolutions of similar intent can be combined.</li> <li>• The opportunity for all AAP members to comment on resolutions will commence on Wednesday, February 14 and will close on Wednesday, March 7. A report of the comments will be available to all ALF attendees as well as the members of each reference committee so that the feedback can be taken into consideration in reference committee deliberations.</li> <li>• A subcommittee of the CFMC is in the process of developing a five-minute video highlighting the resolution process to be shared with chapters to increase member engagement and participation in the resolution process.</li> </ul> <p><b>Surgical Advisory Panel Report (<i>Connie Houck, MD</i>)</b></p> <ul style="list-style-type: none"> <li>• Due to scheduling conflicts for many of the members, the Surgical Advisory Panel (SAP) did not meet in person at the 2017 National Conference. Instead a SAP conference call was held in September and Dr. Houck visited individual surgical section executive committees that</li> </ul>	

were meeting at the NCE. Surgical section membership chairs held a conference call in October.

- *Surgical Section Membership Task Force* – The membership chairs of all of the surgical sections in SAP have formed a task force to better define membership value and explore membership options.
- *Transitions of Care Task Force* - There is a growing cohort of patients needing structured and anticipatory guidance on long-term care for their surgically-corrected anomalies. The pediatric surgical community needs to better define the need and develop guidelines for transitional care plans (with input from all stakeholders), better understand the workforce, and establish the value of formalizing the transition of care.
- *Optimal Timing of Pediatric Surgery Task Force* – In response to the FDA warning about potential neurobehavioral toxicity of general anesthetic and sedation drugs, SAP has developed this task force to develop a policy statement describing optimal timing for specific surgical procedures. An intent has been prepared and work continues on development and refinement of this statement.

**Family Partnerships Network Report (Betsy Anderson)**

- As recommended by the AAP Board of Directors in May 2014, the Family Partnerships Network (FPN) continues its work to increase family engagement at all levels of the AAP.
- FPN Executive Committee (FPN-EC) members will participate in the 2018 Legislative Conference. Their spring 2018 meeting will also be held at that time.
- The FPN hosted a webinar presented by youth/young adults on November 13, which showcased models of youth engagement in advocacy, research, and practice. The archived webinar can be found at: <https://youtu.be/Pi78HNNsS3E>.
- A presentation on AAP family engagement work (co-presented with Dr Debra Waldron) was given at the CMSS Patient & Family Engagement Summit on November 16.
- Family liaisons have participated on 4 AAP committees as part of a pilot project, including the Committee on Hospital Care, Committee on Pediatric Emergency Medicine, Committee on Practice and Ambulatory Medicine, and Committee on Psychosocial Aspects of Child and Family Health. As the pilot is coming to a close, an evaluation will take place in the coming months. Anecdotally, the 4 groups believe the family liaison has been beneficial, and are interested in seeing this position continue.

**Section on Early Career Physicians (Sarosh Bativala, MD)**

- The Young Physician Leadership Alliance (YPLA) ([www.aap.org/ypla](http://www.aap.org/ypla)) offered a one day in-person session at each NCE with periodic conference calls.
- SOEC recently created Assistant District Coordinator positions to engage more ECPs in leadership, expand the executive committee to bolster productivity, and develop future SOECP leaders. Their responsibilities include the following:
  - Attend national/district meetings as alternate
  - Participate in SOECP strategic planning initiatives
  - primary liaison between SOECP Chapter Representatives and Executive Committee

	<ul style="list-style-type: none"> <li>• SOECP develops weekly emails and social media posts on the topic of financial wellness, disability insurance, loan repayment strategies, and life insurance considerations. They have also hosted webinars on student loan refinancing.</li> <li>• Through the graduating resident outreach program, SOECP members contact lapsed members and encourage re-engagement.</li> <li>• The group offers a free year of SOECP membership to newly boarded members and promotes the <i>PREP</i> for Fellowship Trainees benefit.</li> </ul> <p><b>National Nominating Committee Report (Phyllis Agran, MD)</b></p> <ul style="list-style-type: none"> <li>• The National Nominating Committee has been discussing key attributes of president-elect candidates. All potential candidates should have: <ul style="list-style-type: none"> <li>○ exemplary leadership and organizational skills</li> <li>○ able to represent pediatrics before a wide variety of audiences</li> <li>○ ability to commit the time and energy necessary to fulfill the responsibilities of the position.</li> <li>○ scientific background and achievements commensurate with the role of AAP President.</li> </ul> </li> <li>• NNC members have been working with staff on new ways to “get the word out”. The committee is considering how to integrate voting into the NCE app.</li> </ul>	
<p><b>HOT TOPIC: Disaster Preparedness Presentation and Discussion (Steve Krug, MD)</b></p>	<p>Disaster Preparedness Advisory Council (DPAC) Chairperson, Dr. Steve Krug reported on the council’s role in disaster response, especially as they impact children and families.</p> <ul style="list-style-type: none"> <li>• DPAC was appointed to strengthen AAP advocacy and policy, develop and implement an AAP strategic plan for disaster preparedness, oversee/support AAP initiatives, and to work in concert with AAP committees, sections, and councils and key partner organizations.</li> <li>• The mission of DPAC is to support pediatric readiness and ensure that children are resilient and remain healthy after a disaster, and to: <ul style="list-style-type: none"> <li>○ Sustain recognition of the Academy as a source of expertise.</li> <li>○ Implement AAP disaster preparedness initiatives.</li> <li>○ Work with key partners to improve health care systems, disaster response, and treatment for children.</li> <li>○ Support advocacy, policy, and education - pediatric preparedness.</li> <li>○ Increase pediatrician’s knowledge of pediatric disaster-related issues and ability to care for children.</li> <li>○ Maintain and grow an AAP contact network with identified subject matter experts to further increase pediatric presence and expertise in emergency and disaster planning at all levels.</li> </ul> </li> <li>• A disaster is an event of sufficient scale, asset depletion, or numbers of victims to overwhelm health care, other resources. Disasters often provide little to no warning and result in uncertainty with lasting impact.</li> <li>• When children are involved, the situation is beyond the capacity of most systems and communities. In major disasters, AAP and its members can anticipate business and practice disruptions.</li> <li>• The most critical aspect of disaster response involves communications and relationships. Due to hurricanes that took place in 2017, members had to endure long periods of time without power or phone connectivity. The Puerto Rico Chapter, with support of Friends of</li> </ul>	

	<p>Children funding, rented vans to drive to shelters to assess children’s needs.</p> <ul style="list-style-type: none"> <li>• The AAP partnered with the CDC during the 2009 H1N1 pandemic response. This led to a pediatric desk in the Emergency Operations Center and the development of the CDC Children’s Preparedness Unit. This provides not only a way for the AAP to connect with the CDC in an emergency, but also offers a “pediatric nexus” or group of pediatric experts within CDC.</li> <li>• DPAC has worked in partnership with the CDC and other agencies to produce clinical guidance focused on children. The H1N1 influenza pandemic was the first opportunity to influence guidance through stakeholder meetings. Because of the success, the CDC has asked for AAP input on guidance specific to anthrax, smallpox, and Zika virus. For Ebola, AAP not only reviewed clinical guidance, but helped the CDC to raise awareness about the need to consider parental presence when a child with suspected or confirmed Ebola needed to be transported to or cared for in a hospital.</li> </ul>	
<p><b>HOT TOPIC: Future of Pediatric Education Discussion and AAP/ABP Executive Committee Debrief</b> (<i>Fernando Stein, MD, Colleen Kraft, MD, Karen Remley, MD</i>)</p>	<p>A small group of AAP leaders from across the Academy met with the Executive Committee of the Board of Directors December 20-21 to discuss issues related to professionalism, lifelong learning and certification. During the one-and-a-half-day meeting, the following points were made.</p> <ul style="list-style-type: none"> <li>• Pediatricians believe in the quadruple aim: enhancing the patient experience, improving population health, and reducing costs.</li> <li>• Physician wellness and lifelong learning need to be at the core of future educational programs.</li> <li>• A system of learning should be accommodating to personal educational styles. There should be appropriate learning alternatives for special cases.</li> <li>• AAP leadership firmly believes that life-long learning is an integral component of the long-term success of pediatricians and essential to provide the best possible care to children. Once certified, the focus should be on optimizing education and learning.</li> </ul>	
<i>Friday, January 26</i>		
<p><b>Program Updates</b></p>	<p><b>Clinical Data Registry</b> (<i>Judy Dolins, MPH</i>)</p> <p>Chief Implementation Officer, Judy Dolins, MPH provided an update on the status of the Clinical Data Registry project which the Board of Directors approved Tomorrow’s Children Endowment funds for in November 2017.</p> <ul style="list-style-type: none"> <li>• The primary goals of the project are to: <ul style="list-style-type: none"> <li>○ create substantial improvements in child health and well-being using data</li> <li>○ Accelerate advances in child health</li> <li>○ Reduce variations in care and outcomes</li> <li>○ Demonstrate the trajectory of child health through adulthood</li> </ul> </li> <li>• Ms. Dolins, alongside Medical Director, Dr. Christoph Lehman have begun assembling the incubator group that will facilitate candidate interviews, and develop the tasks and charge of the group.</li> <li>• A request for proposals (RFP) has also been developed and will be sent out to potential vendors.</li> <li>• Next steps for the project are to: <ul style="list-style-type: none"> <li>○ Convene the Incubator Group</li> <li>○ Determine a minimal viable data set</li> </ul> </li> </ul>	

- Map out pricing models
- Develop a communications plan for members
- Hire a consultant to serve as the project director
- Seek out possible funding partners

**Digital Transformation Initiative (Mark Del Monte, JD, Mark Grimes, Rob Katchen)**

Chief Deputy, Mark Del Monte, JD, Vice President, Publishing, Mark Grimes, and Senior Vice President, Rob Katchen provided the update on the Digital Transformation Initiative. The team reported the following

- The new search platform has been informed by discovery interviews, with Dr. Suzanne Berman of SOAPM, Dr. Sue Kressly of SOAPM, Dr. Melissa Van Cain of COCIT/SOPT, Dr. Jennifer Chen of SOPT, Dr. Kriti Puri of SOPT, Dr. Alice Meng of SOPT, Dr. Deepa Mokshagundam of SOPT, and Dr. Justin Triemstra of SOECP.
- The team has designed a unified “My Account” hub with dedicated pages for frequently accessed user content.
- DTI team has created prototypes for “Member Profile,” “Contact Preferences,” “Login,” “Forgot Password,” “Account Creation,” “Order History,” and “Digital Library.”
- DTI team has created a vision for global navigation design for AAP sites, to enhance the member experience and align with current digital usability trends.

**Physician Wellness (Fan Tait, MD)**

Chief Medical Officer Dr. Fan Tait provided the Board an update on physician wellness, which is one of the strategic objectives on the AAP Agenda for Children.

- Dr. Tait explained several factors affecting clinician wellbeing which include institution and academic bureaucracies, data collection requirements, the level of support for all healthcare team members, workload, and compensation.
- Dr. Tait and Dr. Martha Middlemist have been participating on a National Academy of Medicine Collaborative to address physician wellness. Within the collaborative there are several working groups including research, data and metrics; messaging and communication; conceptual model; and external factors and workflow.
- Data collection regarding physician wellness is now underway in the Periodic Survey and PLACES. The survey asked the question, “How strongly do you agree that the strategy would be helpful in reducing burnout at you work site?” The most frequent responses were reducing administrative burdens, improving workforce efficiencies, and offering more flexible schedules.

**Practice Transformation (Anne Edwards, MD)**

Senior Vice President, Primary Care and Subspecialty Pediatrics, Dr. Anne Edwards provided an update on Practice Transformation.

- Population health helps physicians to understand the patient in the context of a larger community. AAP has a variety of programs that address population health such as the CATCH which engages the community in child health focused project.
- Many organizations are using big data to address population health and to identify children within communities.

	<ul style="list-style-type: none"> <li>• Children and Families may prefer telehealth because it allows access to healthcare immediately. ECHO project has been a great use of technology to telementor other physicians on best practices.</li> <li>• The AAP is currently recruiting for a Director of Healthcare Finance and Strategy.</li> </ul> <p><b>Association Management Services for Chapters (<i>Judy Dolins, MPH and John Miller, CPA</i>)</b></p> <p>The Board has asked staff to assess potential options and pricing for administrative services for chapters.</p> <p>Mr. Miller reminded the group of some key principles that guided their information finding project.</p> <ul style="list-style-type: none"> <li>• The AAP must adhere to the legal separation with each chapter.</li> <li>• The AAP emphasized the acknowledgment of chapter autonomy</li> <li>• AAP recognized the current chapter capacities and significant skill gaps <ul style="list-style-type: none"> <li>○ Executive directors work less than 40 hours/week; 7 work less than 10 hours</li> <li>○ 15 chapters are missing 2 or more of 10 essential financial controls</li> </ul> </li> <li>• Ms. Dolins and Mr. Miller presented three options to the Board of Directors for consideration. <ul style="list-style-type: none"> <li>○ Option 1 was to continue to provide consolation by national staff in the Division of Chapter and District Relations including joint sponsorship services, consultation for finance and human resources, and marketing support.</li> <li>○ Option 2 was to provide an opportunity to contract with association management company either half time or part time or a la carte services.</li> <li>○ Option 3 was to contract with AAP to provide association management services.</li> </ul> </li> <li>• The recommendation from senior staff was to preserve the legal separation between the AAP and chapters, thereby respecting the autonomy of chapters and provide the most cost-effective service. Therefore, staff will develop a request for proposal to various association management companies to bid on providing selected services to chapters based on identified needs.</li> </ul>	
<p><b>Advocacy Presentation and Discussion (<i>Mark Del Monte, JD</i>)</b></p>	<p>Chief Deputy, Mark Del Monte provided the advocacy report to the Board of Directors and Board guests.</p> <ul style="list-style-type: none"> <li>• CHIP has been reauthorized for an additional 6 years in part due to the advocacy efforts of members across the Academy.</li> <li>• Mr. Del Monte remarked that there has been a cultural shift in Congress that you only legislate as a last resort.</li> <li>• The Blueprint continues to engage the advocacy strategy at the AAP. Midterm elections are an opportunity to re-invigorate messages in the blueprint.</li> <li>• Julius Richmond model (social strategy, scientific knowledge and political will = changing public policy) continues to be the AAP model. Medicaid is off of the bullseye for 2018. Other organizations are using AAP talking points on CHIP. There is still some leftover business such as extending MIECHV funding, promote Family First (bipartisan welfare reform legislation), reauthorize the Pandemic and All-Hazards Preparedness Act, and a permanent solution for DACA youth.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Immigration is likely to be a huge debate in 2018. Possible negotiations may include funding for a wall as collateral.</li> <li>• Alex Azar in the new Secretary of Health and Human Services who a particular interest in operations and management.</li> <li>• Advocacy Strategy for Chapters: <ul style="list-style-type: none"> <li>○ Development of advocacy and educational resources</li> <li>○ Development of waiver principles</li> <li>○ Waiver webinars</li> <li>○ Consultation and support</li> <li>○ National comment letters to HHS</li> <li>○ Litigation support</li> </ul> </li> </ul>	
<p><b>Implementing Recommendations from the Task Force on Diversity and Inclusion (Fan Tait, MD)</b></p>	<p>Chief Medical Officer, Dr. Fan Tait provided a response to the recommendations put forward by the Task Force on Diversity and Inclusion in November 2017. The recommendations were to:</p> <ul style="list-style-type: none"> <li>○ Create an enduring structure addressing diversity and inclusion within the AAP to: a) Develop and advance initiatives around D&amp;I and b) Provide guidance, coordination, and oversight related to D&amp;I activities.</li> <li>○ Encourage, develop, and communicate D&amp;I initiatives for and with AAP membership.</li> <li>○ Explicitly promote and sustain a diverse pool of leaders throughout the AAP leadership structure.</li> <li>○ Track and evaluate AAP actions and outcomes related to diversity and inclusion to foster an environment of continuous reflection and improvement.</li> </ul> <p>Dr. Fan Tait presented information on how work associated with the recommendations are being implemented through groups such as the Task Force on Diversity and Implementation, the Section on International Medical Graduates and the Medical Spanish Program for AAP Members. Dr. Tait will present an implementation progress report at the May Board Meeting.</p>	
<p><b>Discussion of Governance Decisions and Report-outs by the Board Committees</b></p>	<p>The Chairpersons of the Board Committees presented several governance issues that were discussed and put forward for approval. recommendations were later voted on via the consent and non-consent calendars.</p>	
<p><b>Voting on the Consent and Non-Consent Calendars</b></p>	<p><b><u>CONSENT CALENDAR</u></b></p> <ol style="list-style-type: none"> <li>1. RECOMMENDATION: That the Board approve the revised policy on the Tomorrow’s Children Endowment in the Board of Directors Policy and Procedures Manual.</li> <li>2. RECOMMENDATION: That the Board approve the AAP Membership dues increases for Fiscal Year 18-19.</li> <li>3. RECOMMENDATION: That the Board approve exploration of extending opportunity for institutional memberships to corporate practice groups.</li> <li>4. RECOMMENDATION: That the Board approve the appointment of Dr. Carole Stipelman as the District VIII CATCH Facilitator.</li> <li>5. RECOMMENDATION: That the Board of Directors approve the re-appointment of the following Committee Chairpersons: <ul style="list-style-type: none"> <li>• Cora Collette Breuner MD, MPH, FAAP for the Committee on Adolescence (COA)</li> </ul> </li> </ol>	<p><b>MOTION:</b> Made, seconded, and unanimously carried to approve the Consent Calendar.</p>

	<ul style="list-style-type: none"> <li>• Robert C. Macauley MD, MDiv, FAAP for the Committee on Bioethics (COB)</li> <li>• D. Michael Foulds MD, FAAP for the Committee on Continuing Medical Education (COCME)</li> <li>• Bridgette Jones MD, FAAP for the Committee on Drugs (COD)</li> <li>• Lynda Marie Young MD, FAAP for the Committee on Federal Government Affairs (COFGA)</li> <li>• James J. Cummings MD, FAAP for the Committee on Fetus and Newborn (COFN)</li> <li>• Jennifer Ann Jewell MD, FAAP for the Committee on Hospital Care (COHC)</li> <li>• Jonathan Mark Fanaroff MD, JD, FAAP for the Committee on Medical Liability and Risk Management (COMLRM)</li> <li>• Shaquita Lynn Bell MD, FAAP for the Committee on Native American Child Health (CONACH)</li> <li>• Steven A. Abrams MD, FAAP for the Committee on Nutrition (CON)</li> <li>• Ellen Gould Chadwick MD, FAAP for the Committee on Pediatric AIDS (COPA)</li> <li>• Susan Guralnick MD, FAAP for the Committee on Pediatric Education (COPE)</li> <li>• Joseph Wright MD, MPH, FAAP for the Committee on Pediatric Emergency Medicine (COPEM)</li> <li>• Clifford Walter Bogue MD, FAAP for the Committee on Pediatric Research (COPR)</li> <li>• William Bernard Moskowitz MD, FAAP for the Committee on Pediatric Workforce (COPW)</li> <li>• Julia Richerson MD, FAAP for the Committee on Practice &amp; Ambulatory Medicine (COPAM)</li> <li>• J. Gary Wheeler MD, FAAP for the Committee on State Government Affairs (COSGA)</li> <li>• Sheryl Ann Ryan MD, FAAP for the Committee on Substance Use and Prevention (COSUP)</li> </ul> <p><b><u>NON-CONSENT CALENDAR</u></b></p> <ol style="list-style-type: none"> <li>1. That the Board approve the following Committee Chairperson appointments: <ul style="list-style-type: none"> <li>• Jonathan Price MD, FAAP for the Committee on Child Health Financing (COCHF)</li> <li>• Robert Corwin MD, FAAP for the Committee on Development (CODE)</li> <li>• Yvonne Maldonado MD, FAAP for the Committee on Infectious Diseases (COID)</li> <li>• Arthur Lavin MD, FAAP for the Committee on Psychosocial Aspects of Child and Family Health (COPACFH)</li> <li>• Susan Kressly MD, FAAP for the Private Payer Advocacy Advisory Committee (PPAAC)</li> <li>• David Kanter, MD, FAAP for the Committee on Coding and Nomenclature (COCN)</li> </ul> </li> </ol>	
The meeting was adjourned at 3:00 PM CT.		<b>Signature: DeeDee Cada, MA, Senior Advisor to the CEO/EVP</b>

--	--	--