Improving Organizational Health of the Chapter

Chapter 3 exists in an environment rich in media, public health, volunteer, and governmental organizations. The

Outreach to local institutions

leadership felt it was important to reach out to these institutions to alert them to the work of the chapter and to the importance of working with local pediatricians to advance child health.

Within our chapter, the dissemination of information about local activities is a key element to sustaining interest, generating

Enhanced communication

new ideas, and maintaining cohesion. The chapter will work to develop new avenues to communicate with members throughout the year.

Our principal sources of revenue include membership dues and external grants.

The grant portfolio

Grant funded revenue opportunities must be pursued more vigorously if we are to enhance the ability of the chapter to fulfill its mission.

The future of this chapter ultimately rests with the young physicians in our community. The challenges facing this

Young physicians

segment of our membership are significant and we must commit ourselves to an ongoing effort to identify, nurture, and support the new generation of pediatric leaders who will constitute the Chapter 3 of tomorrow.

AAP Chapter 3

District II

Strategic Plan 2010

On December 9, 2009 the leadership of Chapter 3 met in Westchester to construct a Strategic Plan for the chapter for 2010. This document summarizes those discussions.

Themes

The Strategic Planning working group identified 3 Thematic Areas of focus:

- *Advancing Child Health*
- *Enhancing Member Value*
- *Improving Organizational Health of the Chapter*

Advancing Child Health

The national AAP is placing increased emphasis on early brain development. In 2006 guidelines for practicing pediatricians were published regarding the use of validated screening instruments for infants and toddlers. In light of these

Infant and toddler screening

developments, the leadership group decided to commit the chapter to efforts that will enhance screening, identification, treatment and referral for developmental, behavioral, and social-emotional problems in infants and children 0 to 3 years of age.

Pediatric patients receive treatment in many venues outside the medical home including emergency departments, sub-specialists offices, urgent care centers, and

Flow of clinical information

schools. Improving the flow of clinical information to and from primary care providers was identified as a second priority area.

Transition planning to adult medicine for adolescents, particularly those with special

Transition planning

health care needs is a third patient care priority the leadership group chose to focus on.

Enhancing Member Value

It is vital that we continue vigorous advocacy through our Pediatric Council to apprise local managed care organizations of

Pediatric Council initiatives

concerns that practicing pediatricians have regarding payment for vaccines, for screening, for counseling and other features of high quality primary care practice.

As New York State will be offering enhanced reimbursement for practices that achieve the standards of a Medical Home, the

Medical Home standards

chapter will develop and disseminate practice tools to enable pediatricians to meet these requirements.

To comply with new requirements from the American Board of Pediatrics, the chapter

Maintenance of Certification

will work with the ABP to help members navigate the new maintenance of certification (MOC) process.

Recruitment and retention of young physicians is a priority so the chapter will

Mentoring

institute a formal mentoring program for physicians in training.