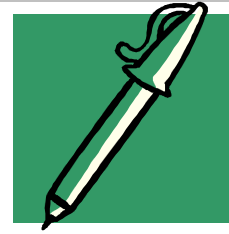


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Recap of Boston Events



President's Letter

*Hattie Portis-Jones, MPA
CHE
Senior Administrator
Morehouse School of
Medicine
Atlanta, Georgia*

Dear Fellow AAAP Members:

We ended another year with an outstanding annual educational meeting at the Omni Parker Hotel in Boston, Massachusetts. Kudos to Patty Adams as the 2007 Program Director who put together an excellent educational program and Patty Segerson for the superb exposure to Boston as the

2007 Site Host. The reviews from the meeting attendees were overwhelmingly positive. Excellent programming and networking opportunities continues to be the incentives for attending the annual meeting. The meeting also received high marks for the break-out sessions. First time attendees and new members continue to appreciate the efforts to make them feel welcome. Again, congratulations to Patty and Patty and all who assisted in the wonderful experience had by all at the Boston meeting.

A special thank you to our meeting sponsors for their unwavering support of AAAP. We want to continue to show our appreciation by sharing with the entire membership, via our newsletter who they are and to encourage your considering each of them if ever in the market for their services. Many AAAP members are using or have used their services and can provide first hand knowledge of their experience(s). AAAP depends on sponsorship to assist in keeping meeting costs reasonable. Again

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Residency Review and Redesign

*M. Douglas Jones, Jr. MD
Professor of Pediatrics
University of Colorado
School of Medicine*

The Residency Review and Redesign in Pediatrics (R³P) Project is well underway. A colloquium held in Durham, NC in August, 2006, considered the themes that pediatric education of the future will have to address. A second colloquium in February, 2007 acquainted participants with concepts of medical education and methodologies for assessing the six competencies of medical knowledge, patient care, communication and

interpersonal skills, practice-based learning and improvement, systems-based practice and professionalism. The colloquia are documented in detail at www.abp.org. A third colloquium will be held in August, 2007. One discussion topic will be how residents might better prepare for a growing list of career options. We will also finalize a set of basic principles that should underlie pediatric residency training. It will end with consideration of how innovations in pediatric residency education might be

encouraged and facilitated. A fourth meeting will be held in early 2008, specific topics to be determined. Ongoing conversations with the pediatric community will extend through 2008, with a final report in late 2008 or early 2009.

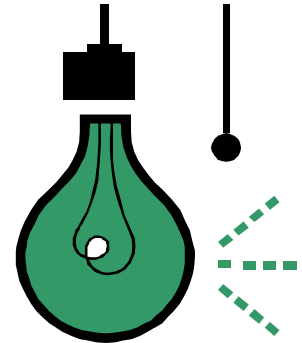
The Project has been exciting and humbling, exciting as we contemplate ways that improved pediatric education might improve the care of children, humbling as we confront the complexity of the task.

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Name that Administrator!

Clues:

One glass of wine and face gets numb
Loves lobster
Usually very prompt
Should be a Cardinals fan
Moved from Pathology to Pediatrics in 2001
Used to have a ferret



"Many of you like the intimacy of the regional meetings, the enhanced opportunity for exchange of ideas and really getting to know your fellow Pediatric Administrators. "

President's Letter, cont.

thank you to **Springfield Service Corporation, Universal Data Solutions, and Culbert Healthcare Solutions**. Also thank you to in-kind services provided by ECG Management Consultants, University of Massachusetts Medical School-Pediatrics and the University of Washington Medical School-Pediatrics.

Your 2007-2008 Board of Directors have established an aggressive agenda to continue the work of last year's Board and to further enhance and strengthen AAAP on behalf of and to benefit the membership. Work will continue: to

enhance the salary survey, AAAP website and newsletter; to define and value a CFE; to improve and maintain the cost and quality of annual and regional meetings; and continued review and enhanced operating guidelines, policies and procedures.

Patty Segerson, our 2008 Program Director, and Chris Castellano, 2008 Site Host, are working full speed to finalize the details for the 2008 Annual meeting in Tucson, Arizona. Please mark your calendars for May 18-20, 2008. Additionally, 2008 marks the

25th Anniversary of AAAP. Plans are developing to mark this momentous occasion. You do not want to miss this.

The AAAP 2007 regional meetings are scheduled: Canadian Region October 24-26, 2007 in Kananaskis, Alberta, Northeast/Southern Region November 9-10, 2007 Miami, Florida, and the Midwest/West Region, January 28-29, 2008 in Denver, Colorado. Please plan to attend! Many of you like the intimacy of the regional meetings, the enhanced opportunity for exchange of ideas and really getting to know your fellow Pediatric Administrators.

Thank you for making AAAP a great organization and a professional resource for Academic Departments of Pediatrics. It is because of your active participation in what we do your ideas, suggestions and recommendations that AAAP is second to none.

I look forward to seeing you at one of our future meetings.

Hattie

In the News

Nina Pickett, Administrator in the Department of Pediatrics at Memorial Sloan-Kettering Cancer Center shared news of the recent graduation ceremony honoring the 42 former and current patients with cancer graduating from high school this year. Click on Newsletters to see the posted PDFs from the local media at our website, aaaped.org.

Residency Review and Redesign, cont.

Initially, we hoped that detailed recommendations might be useful. As discussions within the R³P Committee and the colloquia have evolved, we are instead beginning to explore a model in which responsibility for education innovations would lie primarily at the training program level, ideally within collaborative groups of programs.

We have agreed on a list of themes that pediatric education must address. For example, the social and health care context of residency education has changed considerably in the past thirty years. Especially dramatic is the shift in causes of death and morbidity in children and adolescents from acute to chronic disorders of physical and mental health. The complexity of care for such patients requires expert pediatricians working closely with colleagues in health care and the community. Pediatricians must be effective members and leaders of teams. Pediatric practice has changed as well. The entry of almost a third of general pediatric residents into subspecialty training is not new. But recent years have seen increasing differentiation within general pediatrics. Hospital care in urban and suburban areas is increasingly delivered by hospitalists, neonatologists and other subspecialists.

Save the Date—Regional Meetings

The Canadian regional meeting is being held at Delta Lodge Kananaskis, Kananaskis, Alberta October 24-26, 2007. A link is on the AAAP website.

The Northeast and Southern Regional Meeting will be November 9th and 10th at the National Hotel on South Beach (all day Friday and half day Saturday).

Also, the date for the West/Mid-West meeting will be January 28-29, 2008, in Denver, hotel to be determined. Hold the date!

Thank you thank you thank you!

The 2007 Annual Meeting Sponsors were:

Springfield Service Corporation
Universal Data Solutions
Culbert Healthcare Solutions

In-Kind Contributors
ECG Management Consultants
University of Massachusetts Medical School-
Department of Pediatrics
University of Washington Medical School-
Department of Pediatrics

Subspecialists often play a major role in ambulatory care as well. This happens much less in rural areas or small cities, or in military medicine. The role of the general pediatrician differs accordingly. The pediatric community needs to consider whether children would be better served by more flexibility in general pediatric residency education so that residents might begin to differentiate according to their eventual general pediatric practice setting.

We must acknowledge that pediatric learning is a continuum, beginning in medical school and extending throughout a career. This has two implications. First, a continuum of learning needs to be served by a continuum of education. Segmentation into medical school, residency and post-residency career-long learning "epochs" must be overcome by better coordination. Second, what occurs at one point along a continuum affects every other point. Changes in medical school curricula and an increasingly robust and rigorous program of monitored lifelong learning, i.e. Maintenance of Certification, will eventually change residency training.

No change in residency education should occur without concurrent evaluation of the impact on the health of children and the wellbeing of families. Pediatric residency education has evolved over a century, buffeted by innumerable, sometimes contradictory, influences. The R³P Project offers an opportunity to supplement the best of what we have with changes that address clearly defined principles, with outcomes that are as clear and measurable as possible. In partnership with the pediatric community, we hope to be able to facilitate that process.

Doug Jones, MD, former department chair of the Department of Pediatrics at the University of Colorado School of Medicine, served on the Pediatric Residency Review Committee of the Accreditation Council for Graduate Medical Education from 1999-2005 and served as the Chair in 2004-2005. Dr. Jones is currently chair of the Residency Review and Redesign in Pediatrics project (R3P) committee.

Name that Administrator ANSWER:

Marcia Weis

Update - Director of Clinical Operations for five divisions in Pediatrics at Washington University: Hematology/Oncology, Infectious Diseases, Laboratory Medicine, Nephrology, and Rheumatology/Immunology
Department provides physician support to St. Louis Children's Hospital

Very busy right now working on moving to an outpatient electronic medical record (Touchworks) - first division up was Hematology/Oncology - quite a challenge due to having an active infusion center in addition to clinic
Born and reared (mostly) in St. Louis but spend 9 years at University of Alabama at Birmingham in the Pathology Department in between stints at Washington University
Husband, Jeff, who may actually accompany me to Tucson next year and two children -- Eric, 20 and Sarah, 15

Go to Israel for the first time July 15-30

Boston Meeting in May a Hit!

Patty Segerson
AAAP Program Director

The City of Boston will never be the same ... Approximately 60 members attended the 2007 AAAP annual meeting in May and it was a rich and energizing program.

Marianne Felice, M.D., chair of Pediatrics at the University of Massachusetts, spoke about the changing demographics of pediatric trainees and its impact on recruitment and staffing. The new trainees may have a different value system with regard to their careers including working less hours, a less formal approach to their work, and wishing for work/life balance. As a result of changing issues, as well as the business side of health care, chairs of departments of pediatrics are overwhelmed with their workload, the various missions they need to address, and the pressure to meet goals they may have established.

Susan Keane Baker walked us literally through a number of exercises aimed at learning how to network and sustain collegial relationships. We were all asked to establish some goals for the three days of our meeting and asked us to measure each day whether we had been successful in accomplishing any of them. We created a wall of goals which we could move from "desired" to "accomplished" throughout the length of the program. Our puzzle time showed how a team, in a very short period of time, can work and I would bet each team operated very differently!! It proved to be fun for all of us who attended.

Dr. Steven Joffe from Boston Children's Hospital provided us with an overview on ethical issues related to research. The "dilemma" in pediatrics surrounds issues such as consent and the fact that often drug trials do not include a component for children. It is then hard to realize any benefit from the gains made in research because of these challenges. There is potentially a greater risk when children are involved. There are also issues with regard to guardianship, insuring a fair and broad population is studied and getting assent from the children in addition to consent from the parents.

Pat Hagan, President and COO of Seattle Children's Hospital showed us how his hospital had adopted the values of Toyota to improve their safety, service, access, patient satisfaction and waste in their system.

Their focus is on the customer, including patient and family, engaging staff, using facts to drive their decisions and reengineering their system to implement continuous performance improvement.

Patty Adams planned three breakout sessions which were very well received by the attendees. She and Billy Newton facilitated a discussion on defining a clinical FTE. Elaine Gallagher and Dean Rapoza coordinated a group on physician comp plans, recruitment and retention. Gary Lawera conducted a conversation on various types of governance options for physician groups, including single practice plans to individual departmental models.

ECG sent Bob Wasserman to explain their resource management system for monitoring a program's overall operation. In essence, it is a mission-based management tool for effort reporting. Highlighting that not all of the productivity data is quantitative, there are obviously complexities to implementing and relying on the information. In addition, it is important to insure there is a thorough phase-in period, adequate infrastructure in terms of IS and staff, faculty buy-in and identification of quality measures to the program.

Jim Morgridge and a representative from SSC showed us ways to utilize the company's COGNOS tool for monitoring revenue for practice plans.

NACH representatives Aimee Osman and Peters Willson gave us an update on activity on a national level on behalf of children's hospitals.

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New Member Profile

Mike Bjoro, Associate Administrator, Pediatrics, University of Maryland

Education: BS, Accounting 1986, University of Maryland College Park, Certified Public Accountant, 1988, MBA with a concentration in Health Care

Management, University of Baltimore, 1999

Experience: 5 years Public Accounting, 16 years at University of Maryland School of Medicine including 5 years in Surgery as Finance Manager, 5 years in Ophthalmology as

the Senior Administrator and 6+ years as the Associate Administrator/ Director of Finance in Pediatrics

How you came to be in your current position: I was looking for a position with a larger department that was

more financially focused and fortunately found my ideal position in Pediatrics

Your job duties: Oversee: Divisional Operations and Management Staff,

Continued on page 6

New: Mount Sinai Affiliation

MORRISTOWN, NJ APRIL 9, 2007 – Atlantic Health, parent company of Morristown Memorial and Overlook Hospitals, today announced a new clinical affiliation with The Mount Sinai Hospital and a new academic affiliation with Mount Sinai School of Medicine, a medical school of national and international renown in New York City.

By allying with Mount Sinai, Morristown Memorial and Overlook Hospitals will become training locales for the school's medical students, and the hospitals' physicians will have access to new scientific research opportunities. These ongoing collaborations will potentially bring new clinical trials to patients at Morristown Memorial and Overlook Hospitals.

Additionally, Morristown Memorial and Overlook Hospitals' patients who require some advanced, specialized treatment, such as kidney and liver transplantations, will have swift and easy access to this care at The Mount Sinai Medical Center in Manhattan. This new

partnership expands the already-advanced patient care services provided through Atlantic Health's hospitals, and facilitates seamless healthcare coordination between Morristown Memorial, Overlook and Mount Sinai.

"The affiliation between Atlantic Health and Mount Sinai represents a dual opportunity — one on the academic front in terms of clinical trials and the latest advances in research, and the other in providing even more advanced care for our patients," said Joseph A. Trunfio, President and CEO, Atlantic Health.

"This is a great opportunity for Mount Sinai to establish an academic and clinical relationship with a leading hospital system in New Jersey," said Kenneth L. Davis, MD, President and CEO of the Medical Center. "This affiliation benefits both institutions and gives us a chance to assist Atlantic Health in making tertiary and quaternary care easily accessible to their

patients."

Beginning in July, medical students from Mount Sinai School of Medicine will use Morristown Memorial and Overlook Hospitals to train in a variety of medical specialties. Students will gain exposure and experience in the community-based hospitals, and also will have the opportunities to work in areas such as family medicine and trauma. Atlantic Health's faculty also will have opportunities to receive faculty appointments at Mount Sinai and to further develop their teaching techniques.

"The stellar reputation of Mount Sinai School of Medicine brings additional support and prestige to Atlantic Health's academic training programs, which already have a strong commitment and tradition of excellence," said Donald E. Casey Jr., MD, vice president, quality, chief medical officer, Atlantic Health. "By partnering with Mount Sinai, we are exploring exciting new opportunities for collaborative scientific research in areas such as pediatrics and orthopedics."



Boston Continued from page 4

Socially, we were busy as well. Sunday early evening the new member reception was well attended. How many of you got an invitation and card from John Sestito as our networking game??

Monday afternoon we boarded two duck boats to take a historical yet comical land and sea tour of Boston, complete with quacking. A fun way to see the city and get some facts on its rich history.

Later on, we headed over to Fanuil Hall for a clam bake that included lobster, corn on the cob, and Northeast specialties. Patty Adams planned a fabulous conference with lots of time to network and catch up with friends. We even managed to have spring-like weather in Boston.

AAAP Newsletter Editor

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We're on the Web!
See us at:
www.aaaped.org

Welcome New Members!

Allen, Erin (replacing Judy Wolf), Chief Admin Officer
University of CA, Davis
2516 Stockton Blvd
Sacramento, CA 95817

Bertoldi, Margaret "Margy"
Division Mgr.
Doernbecher's Children's
Hospital CDRC-P
3181 SW Sam Jackson Park
Road
Portland, OR 97239

Bjoro, Michael (replacing
Pete Gilbert)
Assoc. Administrator
Univ of Maryland Medical
Center
737 W. Lombard St.
3rd Floor - Room 341
Baltimore, MD 21201

Campopiano, John
Practice Admin.
Alfred I. duPont Hosp
1600 Rockland Road
Wilmington, DE 19803

Curtis, Tammy
Exec Dir of Operations
OU Physicians
825 NE 10th St.
Ste. 4500
Oklahoma City, OK 73104

Devenger, Nancy (replacing
Kevin Donovan)
Director
Children's Hospital at
Dartmouth
One Medical Center
Lebanon, NH 03756

Kuchler, Cathy
Asst. Administrator
University of Louisville
571 S. Floyd St., Ste. 300

Louisville, KY 40202-3830

Matar, MPA, Coral
Unified Director of
Administration
Children's Hosp at
Montefiore
3415 Bainbridge Ave
Bronx, NY 10467

Nido, Phil (replacing Al
Dunn)
Asst Exec Director
The Children's Hosp at Scott
& White
2401 S. 31st St
Temple, TX 76508

Turner, Scott
Administrator
Oregon Health & Science
University
707 SW Gaines Rd.
Mail Code: CDRCP
Portland, OR 97239

New member profile, cont.

Continued from page 4

General Accounting and
Auditing Functions, Financial
Reporting, Budgeting, Payroll
& Pension Matters,

**The most interesting aspects
of your job:** Working with
people who are committed
to the health and well-being
of the children of Baltimore
and surrounding
communities

**The biggest challenges of
your job:** Dealing with a
Medicaid system that ranks
last nationally in
reimbursement rates (50th
out of 50) and constantly

striving to achieve a
break-even budget.

**Anything else you would
like to share about your
job:** After working with
surgeons and
ophthalmologists, I've
come to the realization
that pediatricians are the
nicest bunch of docs to
work with.

**Anything that you would
like to share about
yourself outside of the job
e.g. hobbies, interests,
family:** Family includes:
Wife – Tracy and 3 sons –
Chris (15), Matt (13) and
Ryan (11)

Interests include coaching
baseball, long distance
running and martial arts
(currently preparing to
test for my black belt in
Taijitsu).

**How you heard about the
AAAP:** From previous
administrator