

**JANE FOY:** And I wanted you to have a little bit of information about what's happening in the national AAP. Well, in July, we underwent a pretty remarkable transition at the American Academy of Pediatrics. For many, many years, Errol Alden had been our CEO, a wonderful man who had contributed mightily not only to the AAP, but to pediatrics around the world.

But we have an absolutely wonderful new CEO in Karen Remley, who has a background in public health. She's an emergency department physician herself and practiced until very recently. She also has a background in business. She's had positions in very high levels in state government and in the insurance industry. So she brings lots of wonderful talent and lots of perspectives that I think the AAP can use in helping you to navigate the rather stormy environment that you're now experiencing, if you're like many of our members.

So Karen is really focused on three aspects of the AAP's work. One is promoting child health. One is promoting organizational health of our Academy. And then one is member health, and member health in its broadest sense, not just our physical well-being, but our well-being as practitioners on the front lines and in the institutions that serve our children with complex conditions. She knows that we have stressful lives, and she is very determined and has all the talent, I think, to help us in all of those spheres.

So a little bit of comment about the successes of the past year. You're probably aware that the AAP has a whole army of staff in Washington, DC monitoring federal legislation, interacting with our government officials, meeting with folks who come from a variety of other nonprofit organizations and professional advocacy groups to make certain that the agenda is as favorable as possible to children. And we've had some pretty striking successes over the last year, despite what is a very difficult political environment. I know that's not a secret to anyone who's been watching the latest election season in particular.

MACRA is the Medicare Access and CHIP Reauthorization Act of 2015. And this was a tremendous coup to get this passed in this environment. What this did is extend funding of the Child Health Insurance Program until September of this year, very thankfully. That's about \$40 billion. Through advocacy efforts like this, the AAP has seen a drop in the number of uninsured children in this country, and now it's at its all-time low at something like 7%. So really wonderful work.

This bill also does some other things that are important to all of us. It funds some state enrollment activities to get more kids on these insurance programs. It includes about \$20 million in quality improvement funding. It extends some early child home visiting programs, which have been shown to be very valuable, particularly for high-risk moms and infants. And then billions of dollars for community health centers that are at the front lines serving those who don't have other access to health care.

So a wonderful thing that happened with that piece of legislation is that the SGR, the Sustainable Growth Rate, which is a sort of antiquated method that had been used to calculate Medicare payment rates for physicians, and then, in turn, many of our Medicaid rates are indexed to that, this was finally put to rest.

It was an antiquated method that threw us all into disarray about once a year as we waited to hear whether these payment increases were going to be allowed and so forth. So very grateful to see that. None of this could have happened without years and years of relationship-building with government officials between our Academy and these other players. So kudos for that.

The Child Nicotine Poisoning Prevention Act of 2015 is another important step. This requires that there are child safety caps on that liquid that contains the nicotine that goes in e-cigarettes. You may not be aware that that poses another hazard that no one expected, and it is not regulated by our usual regulatory processes. So that was a welcome success.

And then the Protecting Our Infants Act of 2015. This relates to newborns suffering from neonatal abstinence syndrome. Alarmingly, about once every 25 minutes in the United States a baby is born with opioid dependency. And so this is an extremely important bill that will fund research and intervention to try to address these issues of neonatal abstinence syndrome. So very, very happy to see those successes.

I'll also just mention briefly that the Academy got a large Head Start grant. This is one of many, many grant activities of the Academy. So I mention it as an example. But it will help us to improve the health of children and Head Start all over the country, and so will be a great benefit in your community wherever you live.

And lastly, for those who are members of the AAP, I wanted to mention the AAP Gateway, which is a new platform that's going to be delivering your journals and AAP news. It's much more user-friendly than the old ones. And already we're seeing very good evidence that our readership is appreciating this new benefit.

I want to say a little bit about our early career physicians. I've tried to find a definition of this in the Academy, and I guess you just have to self-identify. I think I know one when I see one. But you all can decide what this-- we used to call this group our young physicians. But clearly that isn't as good a descriptor because some people come to pediatrics after careers doing other things, and not all of us are young.

But the important thing about this demographic is that these early career folks are experiencing lots of stresses-- I know that's not news to folks in this room-- and are not joining at the same rate and not participating in our mutual activities at the same rate as our other demographics. And that is worrisome for our future, frankly, and for engaging these incredibly valuable young people with their energy and interests and their IT savvy and all of these things that we really need for them to bring to us.

So this slide is just to say that Karen and groups from the Academy have been meeting with our early career physicians to find out what their needs are, to try to improve their experience as members in the Academy. And let me clarify that the AAP is growing in members. We have some 64,000 members, but there is not proportionate growth in this group. So that's why this is of concern to us.

We're looking at ways to improve the performance of our IT, our websites, and so forth. I know that is a desperate need-- I would concur with that-- to allow more flexibility and member benefits and perhaps even to restructure dues, because so many young people have high levels of debt that affect their ability to join professional organizations. So we hope all of these things will make a difference.

These various efforts toward fact-finding about young people's needs, early career physicians' needs, are going to be brought forward in the form of recommendations in early April. But in the meantime, those of you who appreciate AAP membership and who feel so inclined, I hope you will reach out to early career physicians and let us know how we can be more responsive to their needs. And I think nothing is more effective than your personally bringing folks along with you to membership, to activity, in our Academy.

The other area in which Karen Remley has really, I think, made a striking contribution is in her determination to be a very effective spokesperson, as an Academy, when there are children's issues that are unfolding around the world. She has an expression that's "Be first, be right, and be credible." And I have seen example after example of her being really on the mark.

I don't know if you all were watching one of the Republican presidential candidate debates in which some terrible misinformation about immunizations, for example, was transmitted. And during that debate, Karen and her staff were tweeting with accurate information to correct those misperceptions. And that has happened on a number of other issues, and I'll just mention a couple because you may have seen these in the news as well.

I guess everyone is aware of the crisis in Flint, Michigan with exposure of so many children to lead in their water supply. And the AAP staff and members have been all over this, providing support, helping with the interface with federal and state government. And now I think we're in the early stages of seeing some real intervention that has resulted from the Academy's advocacy in that area.

So I'm very proud of our stance to help Dr. Mona Hanna-Attisha, who's been really a hero, I think, in all this. She was able to track patterns in her EHR through some reporting, monitoring some reports, over time and saw that there was a rise in the lead levels of these children. Can your EHRs do that? I'm just curious, thought I would ask.

[LAUGHTER]

The other crisis that, I think, Karen has been particularly effective with is responding to the Zika virus outbreak. And I think this may not even be apparent through all of the news coverage. But at a very early stage, she was interacting with the CDC, making certain that guidelines for children and guidance to practitioners who were in the midst of handling these situations that were presenting themselves, that all of that had the most expert guidance that we could provide.

Here's an example of some of the educational pieces that have gone out to parents as well. This is an example of our [healthychildren.org](http://healthychildren.org) website that the AAP provides to parents. There is a Spanish language version. And in it there were explanations of exactly what the Zika virus situation is and what kind of responses parents could take to make their children safer.

I'll mention briefly that we've had a lot of turnover in senior-level folks at the Academy. Dr. Bob Pearlman, who had been the Director of the Department of Education for years and years, retired. And just this week, Dr. David Jaffe has taken on the role of Director of Education, and we have great aspirations for his tenure. I think he will do a phenomenal job.

So looking forward to the next year, we have CHIPRA reauthorization. I mentioned the Child Health Insurance Program Reauthorization Act. Well, it was funded through this year, but now it has to be definitively reauthorized. And that will take all of our efforts in a political season in which there are, needless to say, any number of distractions.

The Academy has decided to take a one-year pause in member dues. So whereas there's normally an automatic uptick every year, there will not be this year. And that's a special nod to our young members who let us know that dues matter, and that they want to participate, but that sometimes those are daunting barriers.

We are taking steps to radically improve our member experience on our website, aap.org, and all of our other websites. And there is also a task force in the Academy that is creating supports and new technical resources for the many of you who are experiencing changes in your practice and who are having to respond to system changes, buyouts, corporate conglomeration, all of these various things that are happening around you.

One in particular that I'm really pleased to see is a telemedicine support service. So if you are considering how to use telemedicine in a proactive, positive way in your practice and need technical support guidance, that is going to be available at the Academy and, I think, very, very important to you.

I think it's clear that there are those who would use telehealth to disrupt the relationship that you have with your patients. That's already happening in many parts of the country where they're appealing directly to your patients and I think, in some cases, very irresponsibly treating young children without seeing them as they should and using antibiotics inappropriately and so forth.

So I think we all need to be really on top of developments in telehealth around us, how to combat those irresponsible uses. But by the same token, meet parents' demand for some of these services, because it's clear that they are beginning to expect this from us.

And lastly, I'll just mention that the Academy has a really wonderful building in Elk Grove Village just outside Chicago, but it's had that building for many years. And we have now outgrown that building, and it cannot provide us with all the technical support and the flexibility in configuring the space that we need to meet our member's diverse needs.

So this is a picture of the headquarters of the future that now is being built in Itasca, which is just a short distance from Elk Grove Village. It will have increased meeting and conference space. It'll have a more advanced technical infrastructure. It'll have a multimedia communications center so that we can be right at the heart of all of these technologies going forward.

And importantly, for some of our international work it will have a life support simulation center. This is where some of these Helping Babies Breathe programs and other techniques, other programs, that are so useful in third-world countries and have saved so many countless lives in other parts of the world, where they can train folks and get those messages out and get trained folks back to these communities where they're so desperately needed.

I'll close my remarks there. But I would love to hear from you about what your questions and concerns are, and I'll also be very pleased to take back any ideas to the board. We're meeting again, actually, next week in the Annual Leadership Forum and then again in May. And I want to be sure that I'm representing you all in what you feel that you need to support your practice and take care of the kids in your communities. So would love to hear from you.