

Osteopathic Pediatricians



Comments from the Chair Provisional Section on Osteopathic Pediatricians

Lisa D. Ryan, DO, FAAP, FACOP, Chairperson



I wanted to take this opportunity to give you an update about things that have been going on with our Provisional Section. Our Executive Committee had the opportunity to meet at the AAP NCE in Boston.

It was a wonderful educational meeting and attendees had the opportunity to participate in the latest educational sessions. We held our first ever DO reception and had an excellent turn out. For those of you who stopped by, it was great meeting you and hearing about what you would like to see the

Section do for you. For those of you who were not able to attend the meeting, we will be hosting another reception at the 2009 NCE in Washington, DC so mark your calendars! We'll let you know the date, time and location for the DO reception as soon as we know. We want to thank Mead Johnson Nutritionals for sponsoring the event for us.

A persistent theme we hear from members is related to continuing medical education (CME) credits. The AAP Section staff is working to help delineate the state requirements for DO pediatricians for licensure. It looks like for the majority of stated DO pediatricians are required to have AOA approved CME credits to maintain their license. It has been difficult for some pediatricians whose state osteopathic meetings are geared more towards family practice and do not tend to have a pediatric focus. We will continue to work with the AAP CME staff and the ACOP to try to help alleviate this "burden" for DO pediatricians.

One such effort has been the joint ACOP and AAP *Future of Pediatrics* meeting. The first joint session was held in 2007 in Orlando and was a very successful meeting. Both AAP and AOA credits were granted and the topics were all pediatric care. The overwhelming success of this meeting has led to its continuation and the *Future of Pediatrics* meeting this year will be held in Anaheim, CA February 27 – March 1, 2009. This is an excellent educational opportunity and 18 CME credits are available. For more information or to register online contact www.pedialink.org/cmefinder or call 866-THE-AAP1.

You'll find in this edition of the newsletter a brief survey which we are asking your assistance to complete. As we move forward as a Section we feel it is vitally important for us to know what the members want the Section to do

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and how the Section can be of service to its members. Please take the time to complete this survey and get it back to us. Your input will provide the foundation of our discussions as we plan strategically for the future.

Please feel free to contact me with any suggestions, questions or concerns.

Hope to see you in Anaheim!

Lisa Ryan, DO, FAAP
Chairperson, AAP Provisional Section on Osteopathic Pediatricians

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Future of Pediatrics Conference: Quality Care for All Children

Anaheim Marriott | Anaheim, CA

February 27, 2009 - March 01, 2009

AAFP Elective Credit = 18.00
AAP Credit = 18.00
AOA Category 1-A Credit = 18.00
AMA PRA Category 1 Credit(s)™ = 18.00
NAPNAP Credit = 18.00
Pharmacology Rx = 0.00

Description:

What is the Future of Pediatrics Conference?

With the overall goal of improving child and adolescent health, this AAP/ACOP conference will provide current information on clinical and practice management topics. The conference will focus on strategies to advance medical homes and build partnerships within communities. Opportunities to present and discuss successful projects and strategies will be provided. Through a variety of educational formats, the conference will address basic issues and recent advances in pediatric medicine, and participants will learn in small group settings, through interaction with faculty, through online experiences, and by networking with peers.

Objectives:

The Conference is Designed to:

- Expand your ability to diagnose and manage complex or difficult cases in areas such as pediatric dermatology, infectious disease, and developmental/behavioral pediatrics
- Demonstrate the ease and benefits of integrating community health and family-centered care into practice by providing successful strategies, resources, and networking opportunities

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- Enhance your skills in providing effective systems-based care in a medical home
- Improve the quality and efficiency of pediatric practice by introducing new paradigms and approaches to practice management and proper application of coding guidelines
- Present current information, trends, and developments in caring for children with special health care needs (CSHCN) in a medical home
- Enhance your skills and effectiveness in providing healthcare to diverse populations
- Emphasize the value of a multidisciplinary approach to patient care
- Enable you to implement QI strategies compatible with Maintenance of Certification
- Help you devise an action plan for producing effective change in your practice

Features/Benefits:

Who Should Attend?

- Pediatricians in general practice
- Community pediatricians
- Faculty in general and community pediatrics
- Young physicians
- Pediatric residents or medical students
- Family advocacy and maternal and child health leaders
- Pediatric Nurse Practitioners
- Other pediatric health care professionals

DID YOU KNOW?

The American Academy of Pediatrics Provisional Section on Osteopathic Pediatricians has launched its website. It is a site filled with the latest policies and newsworthy events and provides a direct link to the parent AAP site which includes up to date information and releases.

The goal of the website is to inform both physicians and the public of current events and pertinent topics regarding the section as well as to provide assistance to those seeking membership. Its ease of use not only offers physicians and residents an opportunity to join the section but allows them to become directly involved with the section as well.

As always, the section's goals include:

1. Fostering collaborative working relationships between the state osteopathic associations and their allopathic counterparts to unite all pediatricians to become stronger advocates for children.
2. Provide medical students, osteopathic pediatric residents and young physicians the opportunity to take advantage of the AAP resources including education, publications, policy and child advocacy efforts to name a few.
3. Develop and coordinate with the American College of Osteopathic Pediatricians CME opportunities.
4. Educate both osteopathic and allopathic pediatricians on osteopathic principles.

Log on today and see what is waiting for you at <http://www.aap.org/sections/osteopathic/>

We're New and Need You!

How to Join . . .

It's easy! There are **NO DUES** to join the PSOOP. Send an e-mail to Jackie Burke at jburke@aap.org to request to be added to the Section

Announcements from the AAP

Members can receive liability insurance through new AAP program

Kenneth M. Slaw PhD

AAP Director, Department of Membership

The Academy is offering a new member benefit affinity program, through which members will receive exclusive discounts and exceptional coverage from the nation's leading provider of medical malpractice insurance, Medical Protective. In addition, the program offers consultative services through a partnership with Marsh ConsumerConnexions.

The AAP Members Liability Insurance Program will assist and educate members in evaluating medical malpractice insurance and provide them with a quality product and extensive coverage options available at a competitive price to the majority of members.

To promote continued risk management education, the Academy is providing members accepted by this program with a complimentary copy of the AAP's *Medical Liability for Pediatricians*, 6th edition, from the AAP Committee on Medical Liability and Risk Management. The manual provides up-to-date, practice-oriented guidance on recognizing and reducing legal risks associated with patient care.

The AAP Members Liability Insurance Program incorporates the key values members identified in a 2008 survey. AAP members rated the following products and services among the highest requirements in the selection of medical liability coverage: financial strength of carrier; competitive rates; services offered; occurrence and claims-made coverage options; tail coverage; inquiry resolution and defense results; risk management education; and an AAP-sponsored program.

As a Warren Buffett Berkshire Hathaway company, Medical Protective is the highest rated medical malpractice carrier, rated "A++" and "AAA" from A.M. Best and S&P, respectively.

Medical Protective coverage provides a safety net of protection and defense for pediatricians, offering experience in protecting assets and professional reputations. Its expertise in claims handling for pediatricians nationally has resulted in an 80% success rate in claims closed without payment, and a 100% national trial win percentage for pediatricians from 2003 through 2007.

Key features of the AAP Members Liability Insurance Program include:

- AAP member discount. A 2% credit is available exclusively to AAP members who purchase this plan.
- Competitive rates with credits.
- New-to-practice credits.
- Part-time practice credits (includes locum tenens arrangements, retirees and special circumstances).
- Claim-free credits.
- Group practice discount. Physician groups that make a single buying decision have the ability to receive additional discretionary credits.
- Risk management education and discount. Free access to risk management tools and education. Members who complete Med Pro qualified risk management programs receive a 5% reduction in net premium for three policy periods.
- Superior defense and claims handling. Medical Protective is trusted by almost 2,200 pediatricians and 70,000 health care providers nationwide, due in large part to its national pool of 7,500 expert witnesses and top local attorneys, capable of mounting an aggressive defense on your behalf.
- "Consent-to-settle." Provides doctors the right to refuse case settlement.
- Free tail coverage. Physicians receive their free tail coverage upon retirement at any age with just one year of cover-

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age at a mature rate.

- Occurrence, claims-made, convertible claims-made and prior acts coverage options.

The Academy understands the need to protect careers and livelihoods and encourages members to make informed decisions about liability insurance coverage and choose coverage to fit their practice situations.

RESOURCES

Information on the AAP Members Liability Insurance Program will be available in April. For a description of the benefits offered to AAP members, log onto the AAP Member Center at www.aap.org/moc and click on Member Community and Member Benefits and Services.

For a quick, customized premium estimate, call 866-281-7142.

Member participation in AAP affinity programs provides financial support to the Academy and its mission.

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The Quality Improvement Innovation Network (QuIIN)

QuIIN Mission

The QuIIN was established in 2005 to further enhance the Academy's efforts of transferring evidence based medicine into the daily routine of practice. In this effort, a network of practicing pediatricians and their staff teams have organized to improve the healthcare and outcomes for children and their families by volunteering to test new and revised tools, interventions and strategies identified to implement evidence into practice. This network provides "real-world laboratories" using the science of quality improvement to implement and test interventions that in the end, provide the pediatrician with tested tools to improve care.

QuIIN Pilot Improvement Project

In 2007-2008, QuIIN members and their staff participated in **Safe and Healthy Beginnings**, an improvement project conducted by the QuIIN in partnership with the Center for Health Care Quality (CHCQ) at Cincinnati Children's Hospital Medical Center and funded by the AAP, McNeil Consumer Healthcare, and the Centers for Research and Education in Therapeutics (CERTS). This improvement project was designed to ensure a safe and healthy beginning for all newborns by testing measures, strategies, and tools based on the three key aspects (ABC's) of the AAP's revised hyperbilirubinemia guidelines (*Pediatrics*. 2004;114:297-316):

- 1) Assessment of risk for severe hyperbilirubinemia prior to hospital discharge
- 2) Breastfeeding support
- 3) Care coordination between the nursery and primary care

Project Methodology

For this project, 22 clinical teams from the QuIIN (ten newborn nurseries and twelve primary care practices) came together in a face-to-face session to learn about the interventions themselves and the quality improvement methods needed to implement and test these changes. Quality improvement methods included providing practices with knowledge on the Model for Improvement, a QI method which 1) assists the physician in clarifying what they are trying to accomplish; 2) how to determine if the intervention or change to the intervention is an improvement; and 3) what changes can be made that would result in improvement. In order to achieve the aims each team set, teams learned about rapid-cycle testing (Plan, Do, Study, Act (PDSA) as well as the use of run charts in reporting and analyzing the data during the testing cycle. Safe and Healthy Beginnings teams implemented the interventions, made adjustments accordingly, and collected data on these improvements over a period of 5 months.

Project Results

The end result of this improvement project will be *Safe and Healthy Beginnings: A Resource Toolkit for Hospitals and*

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Physicians' Offices, a set of resources tested by the pediatrician, for the pediatrician, in delivering care for the newborn. The Joint Commission and Child Health Corporation of America have endorsed this toolkit. The Safe and Healthy Beginnings Toolkit is anticipated for release at the AAP 2008 National Conference and Exhibition. In addition, the specific data results and conclusions for this project are anticipated for publication at a later date.

Project Participants

Physician participants for Safe and Healthy Beginnings have the potential of earning credit towards American Board of Pediatrics (ABP) Part Four Maintenance of Certification for their participation in this, and future, QuIIN ABP approved projects. In addition, the QuIIN would like to recognize these physicians and their staff who volunteered their time and ideas for the first of what we hope to be many projects designed to improve care for children.

- Florida:* Atlantic Coast Pediatrics and Cape Canaveral Hospital (Merritt Island)
- Illinois:* Loyola University Medical Center (Maywood);
- Indiana:* Jeffersonville Pediatrics and Clark Memorial Hospital (Jeffersonville); Tippecanoe Community Healthy Clinic and Lafayette Home Hospital-Greater Lafayette Health Services (Lafayette)
- New York:* Long Island City Community Pediatrics, Resident Group Practice at Helmsley Tower 5, and NY Presbyterian Hospital-Komansky Center for Children's Health (New York)
- North Carolina:* Sandhills Pediatrics and Moore Regional Hospital (Southern Pines)
- Ohio:* Oxford Pediatrics and Adolescents and McCullough Hyde Memorial Hospital (Oxford)
- Pennsylvania:* Roseville Pediatrics/LGGMG (Lancaster)
- Texas:* Lyndon B. Johnson Hospital Pediatric Clinic and LBJ General Hospital Well Baby Nursery (Houston); FM 1960 Cypresswood (Spring)
- Wisconsin:* Aspirus Doctors Clinic and Riverview Hospital (Wisconsin Rapids)
- Utah:* Utah Valley Pediatrics and American Fork Hospital (American Fork)

For information on quality improvement or how you can become more involved in quality improvement efforts, visit <http://quiin.aap.org> or email QuIIN staff at quiin@aap.org.

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Countering Vaccine Misinformation - Free PREP Audiocast

Due to the magnitude of this hot topic, the AAP is releasing the January issue of PREP Audio, "Countering Vaccine Misinformation," free for a limited time only. Learn to discern the factors that contribute to vaccine hesitancy, why valid scientific information is needed but may not be sufficient to reassure immunization-hesitant parents, and formulate a tailored response to parental immunization concerns. This audiocast will be available for a limited time only. Visit <http://www.prepaudio.org> to download this issue.

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Tobacco Small Grants Available

The AAP Richmond Center announces the New Investigator Small Grants Program which provides up to \$12,000 for pediatricians and other child health researchers with innovative research proposals to protect children and eliminate exposure to secondhand tobacco smoke. Brief proposals are due March 16. Selected applicants then will be invited to submit full proposals by May 18 for awards to be made July 2009. For application information, visit the <http://www.aap.org/richmondcenter/fundingOpportunities.html>.

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Scholarship Program for Secondhand Tobacco Smoke Research

The Julius B. Richmond AAP/Flight Attendant Medical Research Institute (FAMRI) Scholarship Program provides postdoctoral fellowship support for academic general pediatricians and subspecialists working on children's secondhand tobacco smoke exposure and means to reduce such exposure, with the goal of training future leaders in research and community/advocacy tobacco related work. This program provides up to \$24,000 a year for two years to support postdoctoral fellows. Preliminary applications are due March 16. Selected applicants then will be invited to submit full proposals by May 18 for awards made in July 2009. For application information, visit the <http://www.aap.org/richmondcenter/fundingOpportunities.html>.

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New Resources for Culturally Effective Care in Pediatrics

The AAP Committee on Pediatric Education (COPE) Web site features two new resources for culturally effective care. One document has educational goals and objectives for culturally effective care for residents in pediatrics. The other features a listing of resources for medical education on culturally effective care. Both documents provide information for pediatric residency program directors and others interested in providing such care for the pediatric population. Visit <http://www.aap.org/visit/cope.htm> to view these resources.

Update Your Personal Profile

An important service is available on the AAP Member Center. A Personal Profile has been added to provide you with an opportunity to view your address, demographic, and subspecialty information and update it at your own convenience. Simply enter the changes into the form and our database will be updated the following day. This way, there will be no delay in receiving your member benefits.

The AAP online Member Directory, available through the AAP Member Center at , has recently been improved. The online Directory should be your primary resource to locate colleagues. Quite simply, it has the most accurate, up-to-the-minute contact information available.

With these new changes and enhancements, we believe we can further improve service to members and the public. However, it is also an important time for our members to check their address and demographic information for accuracy. Please take the time to visit the Member Center and click on "Update my Personal Profile". If you prefer to contact us by phone or e-mail, you can call 877/THE-AAP1, or send an e-mail to csc@aap.org.

*The following articles were submitted by members of
the Provisional Section on Osteopathic Pediatricians.*

Historic Perspective

Lee J Herskowitz, DO, FAAP, FACOP

It is exciting that the Provisional Section on Osteopathic Pediatricians has taken off successfully. It is interesting to examine the roots of the parent organizations that have spawned this group. The American Academy of Pediatrics opened its doors in June 1930 and the American College of Osteopathic Pediatricians began in 1940. The ACOP started with about 15 west coast pediatricians and the AAP with 35 fellow pediatricians. By virtue of the potential candidate pool, the AAP has grown significantly larger, but for years the ACOP was the only professional organization for osteopathic pediatricians. The first meetings of the ACOP were coordinated by the soon to become first president of the organization, Dr. James Watson (not of double helix fame – DNA). He led a group of general practitioners from the Los Angeles area to form the organization to attract and further the training of new pediatricians. In those days, osteopathic pediatricians got trained by mentoring MD “real pediatricians,” reading the *Journal of Pediatrics* and the classic pediatric texts by William Lucas or John Morse, attending rounds at many of the local children’s hospitals or actually sneaking in to the MD sponsored pediatric conferences. There is an interesting book available through the ACOP, [The Golden Anniversary History of the ACOP](#), published in 1990 that recounts much of the history.

Dr. Arnold Melnick, one of the ACOP’s Distinguished Fellows, relates several stories of DO’s being discriminated against because of their degree. He also relates how starting in practice in 1947, that pediatricians “expanded from taking care of children up to one year of age to taking care of children up to age two. It was also noted by the historians of the ACOP that in the early 1950’s the first Similac formula produced by a company that preceded Ross Laboratories was used at Doctors Hospital in Columbus, Ohio (an osteopathic hospital).

The times certainly have changed and not only are DO’s full Fellow members of the AAP but they are actively involved as residents, graduates and teachers in the ABMS as well as AOA sanctioned residencies. As general pediatricians, we are all taking care of even young adults in today’s practice. Formula companies and varieties of formulations provide an array of choices, but still none are any better than the natural product, breast milk.

DO’s have been given the opportunity to be involved at all levels of their professional organizations and the ACOP and AAP have been leaders in bridging the gap between the two “professions.” It is hard to realize the separation that has even existed in the past (especially for many of the younger members), but there was a time when many of the privileges that are now afforded to DO pediatricians were just not there. The “glue” between AAP and ACOP has been the realization that the mission of both organizations is essentially the same: to promote the best health for all infants, children, adolescents and young adults.

It is urgent to view both organizations as being important in our professional lives. The leadership of the Provisional Section on Osteopathic Pediatricians has made it clear that it is essential to have both groups to be successful in this movement. The ACOP has grown from an informal organization to one that continues to network and provide top quality CME as well as to promote public awareness of issues that are important to all pediatricians. Recent efforts have involved coordinating with both the AOA and the AAP to promote important public health issues of obesity, smoking cessation and adequate immunizations (Myth Busters). There is also an online effort with an eJournal (eJACOP) that is available to all pediatricians that request it (877) 231-2267, Fax (804) 282-0090 or via email at ejournalsignup@acopeds.org

The link and collaboration efforts of the AAP and the ACOP can become even more apparent if we can have a significant turnout at the upcoming joint AAP/ACOP *The Future of Pediatrics* session in Anaheim, California. Make sure you leave room in your schedule and see the other article in the newsletter for details about the meeting.

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**Update from June 2008 Annual Conference on Antimicrobial Resistance
Sponsored by National Foundation of Infectious Diseases (NFID)
Bethesda, Maryland**

Symposium on *Clostridium difficile* Epidemic Strain NAP1/027

David M. Berman, DO, FAAP
Pediatric Infectious Disease
All Children's Hospital

The epidemic strain of *Clostridium difficile* is responsible for human enterocolitis and remains a challenge to physicians. Historically, the current epidemic strain was uncommon. However, over the last several years, it has emerged as the predominant hypervirulent strain causing *C. difficile*- associated disease (CDAD). It has contributed to significant morbidity and mortality and has now been reported in populations previously at low risk for disease (patients without underlying medical conditions and patients without prior hospitalization or antibiotic use within 3 months of developing colitis). As of November 2007, there have been confirmed reports from 38 states to the Centers for Disease Control.

The epidemic strain, also known as NAP1 (North American pulsed-field gel electrophoresis type 1)/ribotype 027 produces excessive quantities of toxins A and B as well as Binary toxin (similar to iota toxin produced by *C. perfringens*). This excessive toxin production is caused by a gene deletion (*tcdC*) that is responsible for down-regulation of toxin production. Data in the literature suggests the presence of high levels of resistance to fluoroquinolone antibiotics. The risk of CDAD is highest with fluoroquinolones but other antimicrobial agents have been implicated including cephalosporins, clindamycin, and macrolides.

Recurrent CDAD has also a problem with the NAP1/027 strain of *C. difficile*. Typically, high toxin producing strains are poor spore formers. However, the epidemic strain not only has excessive toxin production but production of spores occurs more readily. Historically, with other strains, these factors have been inversely proportional. Recurrent CDAD is also related the host's own flora. One study suggested that patients with recurrent infection have a decrease diversity of fecal flora. Other data has suggested that serum antibody response against toxin A is a factor associated with protection against recurrent disease (60% population has circulating antibody to toxin).

C. difficile has been isolated in uncooked meat products as well as ready to eat meat products. In one US study, of those isolates that were typed, 28.2% were the epidemic strain NAP1/027 and 71.8% were NAP7/078 ribotype (another strain being closely monitored with increasing numbers of human isolates reported). NAP7/078 is a porcine and bovine epidemic animal strain. Don't think that you are safe if you are a vegetarian. NAP1/027 has also been isolated in raw spinach.

This epidemic again emphasizes the importance of judicious antimicrobial use. Our goal as physicians should be to use antibiotics judiciously. Always reevaluate why you are using an antibiotic (Is it necessary? Can I use narrow spectrum treatment vs. broad spectrum treatment? Have I educated my patients?). We need to realize there are significant consequences from our actions with antibiotics including CDAD, resistance, and other adverse effects.

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**We welcome contributions to the newsletter on any topic of interest to the pediatric community.
Please submit your idea or article to: Gary Freed, DO, FAAP at gary.freed@choa.org**

**The AAP Section on Osteopathic Pediatricians would like to thank Mead Johnson Nutritionals
for their contribution for the Section on Osteopathic Pediatricians reception at the 2008 NCE.**

AAP Chapter Membership: What Have You Done for Me Lately?

Michael Weiss, DO, FAAP
President, CA Chapter 4, AAP

The American Academy of Pediatrics regional leadership is divided into various districts. Most districts are comprised of a few neighboring states, but two states, New York and California, are actually their own districts. Most chapters encompass an entire state, except for CA and NY where there are numerous chapters in each state.

So what is a chapter all about? Chapters serve many functions, both nationally and locally. On the national front, chapters are the key purveyors of important AAP information. AAP publishes policy statements, clinical practice guidelines, reports from sections and specialty committees, and practice management tools that provide “real” information you can use today. Evidence-based handouts on various subjects are available through national AAP to help you educate your patients as well. The AAP.org website Members Only Channel, (MOC), is a valuable tool that can be used for clinical and practice management information on a daily basis.

AAP also is heavily involved in advocating for children on a national and local level. The Washington office is working, on a daily basis, to facilitate legislation that helps children obtain insurance coverage and better access to care. In addition, national AAP advocates for pediatricians to assure appropriate reimbursement. More important to you, on a local level, the AAP’s Office of State Government Affairs supports your local chapter’s work on issues relevant to children and pediatricians in your state. Each chapter has a committee directly involved in working with local legislators to support bills that positively effect children’s health and the practice of pediatrics.

On a more local level, each chapter provides continuing medical education programs for its constituents. These programs vary from large didactic sessions to small, more intimate dinner meetings. They offer you the opportunity to keep up to date on current pediatric trends as well as network with colleagues in your area. This is a perfect venue for young physicians to get to know people in the community and market their skills.

Most local chapters also sponsor programs for the community. In many instances the chapter serves as the conduit for a particular physician’s passion. If you have an interest in starting a program that will benefit children, the chapter can assist with grant writing through the CATCH facilitator. Many chapters have programs encompassing injury prevention, fitness and nutrition, literacy, developmental screening, and many others. These programs offer you the opportunity to get out into the community and make a difference in a one-on-one situation.

Some chapters will also offer you other tangible benefits like: movie ticket discounts, better rates on office supply purchases, amusement park discounts, and better rates from asset management firms.

With more involvement of osteopathic pediatricians at the chapter level, we will have the opportunity to be an integral part of the future of pediatrics in this country. We can also work toward the common goal of joint CME programs with ACOP and a better integration of osteopathic concepts into the AAP.

I encourage you to join your local chapter today. For more information, please check the AAP website at www.aap.org.