

**American Academy of Pediatrics  
Council on Community Pediatrics  
Rural Health Special Interest Group**

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MN AAP Rural Health Committee**

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**Introduction:**

The MNAPP Rural Health Committee was started five years ago to meet, what were felt to be, the unique needs of the rural pediatrician. We felt that our practices obligated a greater level of responsibility to our patients with chronic illness, not too mention those with special needs or the child with acute critical illness, as compared to our suburban and urban colleagues. Additionally we felt that many sub-specialists failed to recognize the size and breadth of our sub-specialty interests and obligations. Of the approximately 500 pediatricians in active practice in Minnesota, 80 of us actually work in a rural setting.

**The Issue:**

We decided to address our special needs by meeting once a year to discuss them. The meeting is from noon to 8:00 pm the first Thursday in May at a golf club or lakeside restaurant. We start with a casual lunch, and renew friendships and develop a "burning issues" agenda.

We start the formal part of our meeting with three consecutive 45-minute discussions with sub-specialists. We call them discussions because they are not allowed to bring slides or handouts. We provide them with several suggested topics and, through the use of a moderator, quickly enter into group discussion. This assures that our questions and issues get addressed and gives the guest a much greater understanding of the demands of our practice. The speakers initially are quite anxious about this approach but quickly get into a comfort zone and always wish they had more time. They also realize they are on the receiving end of the collected experience of a unique group of pediatricians.

The next part of our meeting is the "burning issues" discussion. This evolved over a few years from the usual conversations over call, reimbursement and practice management to recruitment to PROS, the Medical Home Project and State Advocacy issues. I believe this part of the meeting has engaged a population of pediatricians with special needs

and interests that we otherwise wouldn't involve.

Finally, we end the day with a nice dinner and continued conversation with our guest speakers.

**Questions:**

Are you or could you do something similar in your Chapter? Is there some other area of discussion we are missing? We have considered beginning a segment that deals with improving relationships with local WIC and Public Health Departments acknowledging that in small towns this can be problematic, any advice? We have also talked about developing a slide set to use to address the issues of day care from a pediatrician's perspective, has this been addressed formally anywhere?