AAP educational offerings aim to improve quality of care

Last month, I outlined my three major goals — access to health care for all children through a medical home, high quality health care and appropriate reimbursement for pediatricians. After participating in the exciting 2002 National Conference & Exhibition (NCE) in Boston, I want to expand on the Academy’s efforts to improve the quality of health care that infants, children, adolescents and young adults receive.

The NCE is a prime example of the quality educational products and services we provide our members. This year’s program was packed with a smorgasbord of educational offerings to whet any appetite. This is not something that just happens. During the NCE, I was privileged to attend the NCE Planning Group meeting, Chair Donald Greydanus, M.D., FAAP, and his colleagues carefully plan every NCE session and then monitor each for quality and appropriateness.

In addition to the NCE, we’re offering two new and exciting educational programs — Education in Quality Improvement for Pediatric Practice (eQIPP) and PediaLink.

An interactive tool, eQIPP (www.eqipp.org) allows pediatricians to enter data on actual patients in their practice and benchmark or compare practices with peers and national cohorts. eQIPP subscribers receive three-year access to modules targeting a single topic, allowing opportunity for in-depth learning and improvement. The American Board of Pediatrics also accepts eQIPP for Maintenance of Certification Part 4: Evidence of Satisfactory Performance in Practice.

PediaLink is an online learning system designed to help pediatricians direct, focus and manage their continuing medical education activities. Access to PediaLink (www.pedialink.org) is provided as an AAP member benefit.

The Academy also continues to publish AAP News, Pediatrics, Pediatrics e-pages, the PREP Program with Pediatrics in Review, Neonews, AAP Grand Rounds, as well as the e-Breaking News Listserv from the Executive Committee. These publications keep members educated and well informed.

The bottom line of these and all our educational efforts is how they impact the care pediatric patients receive. That’s the primary objective of our Steering Committee on Quality Improvement, chaired by Charles Homer, M.D., FAAP. This committee is looking at methods to assure that our educational offerings affect practice in a positive fashion. In addition, projects are under way to assist pediatricians in incorporating best practice models into actual patient care. One example is the new ADHD toolkit that debuted at the NCE and now is available online via the AAP Members Only Channel (www.aap.org/moc). Plans also are in place to measure whether we achieve our objectives.

On another front, several AAP departments are collaborating on two projects designed to promote the use of the Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents among pediatric health providers and the public. The projects, funded by the Maternal and Child Health Bureau, also aim to enable pediatricians to make progress toward achieving several of the Healthy People 2010 goals related to pediatric populations. Paula Duncan, M.D., FAAP; Joe Hagan, M.D., FAAP; and Jack Swanson, M.D., FAAP, are leading these efforts.

My bias based on more than 30 years of observation is that pediatricians already provide outstanding care. Still, no matter how good that care, there’s always room for improvement. I remember when my practice’s immunization records were assessed, I was surprised to learn that a significant number of children weren’t receiving the 18-month DPT booster. Once we had that information, however, we were able to modify our procedures to become more alert to opportunities to administer that vaccine and remedy this gap.

And that’s the intent of AAP quality initiatives: to supplement already good care … to improve it by filling in some of the cracks and glitches that challenge us all. Our goal is to assure that each pediatrician is doing everything possible to fine-tune and improve care. To that end, we invite your active participation in these efforts.

I welcome your thoughts. Please share them with me at sedwards@aap.org.

E. Stephen Edwards, M.D., FAAP
President, American Academy of Pediatrics

Those who don’t pay dues lose AAP benefits

If you are a member who has not paid your 2002-’03 membership dues, we need you! Your membership is appreciated and vital to the Academy and its mission. Please remit your dues payment and continue to receive all of the benefits and value the Academy has to offer. Please keep in mind that for the current fiscal year (2002-’03), we were able to deliver an exceptional complement of member benefits and services with a minimum increase in national dues.

In accordance with AAP policy, members who did not pay their 2002-’03 membership dues by Nov. 30, 2002, will be placed on “inactive status.” If you have not paid your membership dues, your membership benefits will be suspended. The January issues of AAP News and Pediatrics will be the last you receive. Further, you no longer will be eligible to receive any member benefits.

If you have not paid your dues and have been placed on inactive status, please consider reactivating your membership. If we have not met your expectations this year, please call us and tell us why so we can meet them in the future. If you sent in your payment and are still notified of the change of status, chances are, our notices crossed in the mail. We apologize for this inconvenience and ask that you call the AAP Division of Member Services at (800) 433-9016 to verify your status.

Thank you again for your support, and for all you do on behalf of the Academy and children.

AAP adoption policy advocates for children

The American Academy of Family Physicians (AAFP) governing body, the Congress of Delegates, adopted a new policy that advocates for children.

It calls for the AAFP to “establish policy and be supportive of legislation which promotes a safe and nurturing environment, including psychological and legal security, for all children, including those of adoptive parents, regardless of the parents’ sexual orientation.”

The decision was announced at the AAFP Annual Scientific Assembly in San Diego, Oct. 16.

Correction — thimerosal in flu vaccine

The article “Assure parents that flu vaccine is safe” (November 2002 AAP News, p. 230) listed incorrect measurements.

The first sentence in the second paragraph should be: “Thimerosal-containing flu vaccines yield 12.5 micrograms per dose.” The last sentence in the second paragraph should be: “It is well below the 200 microgram to 230 microgram level of acceptable exposure to an infant.”

Incoming AAP President E. Stephen Edwards, M.D., FAAP (left), accepted the President’s Pin from Immediate-Past President Louis Z. Cooper, M.D., FAAP, during the AAP Annual Business Luncheon.

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