Commentary: Leadership key to guiding pediatric practice change

by Budd N. Shenkin M.D., FAAP

Dr. Shenkin As the need for change in pediatric practices becomes more apparent, so too does the need for leadership to bring about those changes.

The AAP Task Force on Pediatric Practice Change (TFOPPC) was formed to help the Academy understand and promote needed changes. At a recent TFOPPC meeting, clinicians from small and large practices voiced their frustration with the hurdles they have faced in trying to forge change.

TFOPPC is devoted to helping the profession of pediatrics accept and guide change. Promoting leadership is a core part of its efforts.

Change is necessary because of our changing recognition of children's needs and our increasing abilities to help them - to practice prevention more fully, to treat chronic disease more comprehensively, to help children thrive even in the face of socioeconomic deficits, to work with groups of patients within and outside of the practice in the pursuit of population health.

Change is inevitable as technology progresses, not only with electronic medical records (EMRs) but also with practice automation and increased electronic communication with patients.

Change is mandatory as practices face new competitive forces such as retail-based clinics, independent telemedicine companies and other entities competing for a share of pediatric practice dollars.

Change is compelled if smaller groups want to remain independent from larger entities such as hospital groups that stand poised to absorb them into their corporate entities.

Practices and practitioners can react to the need for change with ostrich-like fear and denial, or they can be excited. We now have tools to help kids for whom we previously could do little. EMRs might be pesky, but they can be used to create patient registries, share medical records with patients and much more. We can connect low-income patients to social services; we can co-locate mental health services and introduce telemedicine within our practices. Of course, all of this can be done only if payment methods ensure practice innovations make business sense.

The fuel of change is leadership.

Leaders need to be nurtured and rewarded by their organizations. They cannot be impeded by colleagues and superiors whose fear of making mistakes prevents them from achieving progressive goals.

Leaders need both incentives and skills. Incentives can be an internal sense of achievement, financial recompense, professional recognition and organizational advancement. Skills include knowing how to excite others, organize efforts, and create achievement-based systems of care and organizations that work within
larger organizations to effect change.

Since pediatric practice change will be continuous, inculcating leadership and teaching the nature of organizations and organizational change needs to be part of every physician's education from medical school through the post-graduate period. Some physicians will want more education to become leaders and some won't, but even non-leaders need to appreciate the process and thus become better participants. If clinicians are to lead change and inject medical values into organizations, they need to understand those organizations and work well within them.

TFOPPC is considering what recommendations to forward to the AAP Board of Directors to help support education on leadership and organizations. It also is considering what recommendations to make on how payments can support innovation. Its goal is to make the practice of pediatrics more exciting for clinicians, patients and the world.

*Dr. Shenkin is a member of the AAP Task Force on Pediatric Practice Change.*