PHM TURNS 10!!

I recently returned from the Pediatric Hospital Medicine national meeting, which took place in New Orleans, August 1–4, 2013 (PHM 2013). The meeting, another record-breaker, left me with much energy, much to look forward to, and with many more memories of friends and colleagues to savor for yet another year. The numbers: 720+ attendees, 9 simultaneous tracks, expanded poster sessions with more than 200 posters, and a record number of presentations by hospitalists for hospitalists. It has been 10 years since that summer of 2003 when a group of forward-thinking pediatric hospitalists got together in San Antonio, Texas. Could they have imagined this growth?

The meeting opened with a timely talk by Dr Jeffrey Weise, a local adult hospitalist and former president of the Society of Hospital Medicine, who delivered an inspirational and at times emotional speech about the role of physicians, hospitalists, and physician leaders during the time of Hurricane Katrina in the city. Dr Weise tied it all into how effective leadership can help a program survive such a devastating occurrence. This presentation was followed the next day by the keynote speech of Dr Virginia Moyer, current vice president of Quality for the American Board of Pediatrics (ABP) and chair of the US Preventive Services Task Force, who spoke about the new focus on maintenance of certification at the ABP and the effect this may have on pediatricians and specifically hospitalists. Dr Moyer mentioned the high quality of the work presented at PHM 2013 and reminded many presenters that several projects presented at PHM could qualify for maintenance of certification credit in what will hopefully
be a much more streamlined process under her guidance at ABP.

In another highlight of the meeting, Dr David Zipes moderated a nostalgic yet forward-looking retrospective of the past 10 years by Drs Dan Rauch, Jack Percelay, Mary Ottolini, and Erin Stucky-Fisher. As with previous years, the much hyped and ever-popular Top Articles presentation lived up to expectations, and then some, with an entertaining yet highly informative session led by Drs H. Barrett Fromme and Ben Bauer. As usual, all 3 society presidents were in attendance and presented their society’s relevance for hospitalists and their vision for the future of hospital medicine. A packed 10 years’ anniversary reception highlighted by the performance of Dr Russel Steel and his “Dr Jazz” orchestra followed the president’s address.

The meeting ended with an extraordinary closing plenary about overuse titled “Safely Doing Less” by Dr Alan Schroeder. Dr Schroeder highlighted the issue of overuse of unproven medical tests and therapies, and he reminded us all why this topic should be the next chapter in the patient safety dialogue. Dr Schroeder also highlighted that in pediatrics, it has been the hospitalists who have led and spoken loudest on this otherwise neglected topic. He challenged us to do even more and proposed a path, with hospitalists at the forefront, to curve this silent epidemic. I have no doubt that, after experiencing PHM 2013, we are more than up to the task.

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The American Academy of Pediatrics (AAP) Section on Hospital Medicine (SOHM) offers a number of grant programs; visit http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Hospital-Medicine/Pages/Educational-Events-and-Awards.aspx.

The Academy’s Legislative Conference is held annually in the spring in Washington, DC. SOHM provides a travel grant for 1 SOHM member to participate in 1 of the most popular conferences that the AAP sponsors, as well as the opportunity to mingle with members of Congress and >2000 Academy leaders. If you are interested in being considered, please forward your CV and a ≤500-word essay to nalexander@aap.org by February 15, 2014. The essay should note why you think you should be selected to represent SOHM at the Legislative Conference and what you hope to gain from the experience.

INEXPERIENCE BECOMES INSIGHT AND INSPIRATION: A PEDIATRIC HOSPITALIST’S EXPERIENCE AT THE AAP 2013 LEGISLATIVE CONFERENCE IN WASHINGTON, DC

For me, being told that I would be speaking to our federal congressmen and senators at the end of our 3-day annual AAP Legislative Conference was like telling a beginner boxer that he would be stepping into the ring with Muhammad Ali. I possessed a passion in advocating for the rights of our country’s children and an enthusiasm to learn about the legislative process but had no experience discussing politics with legislators. In preparation for our visits to Capitol Hill, we first were introduced to our fellow conference participants from our home states via e-mail. Our ensuing correspondence demonstrated my fellow participants’ seeming comfort and experience with “legislative” planning and discussions. As the conference approached, I embarked on my trip to Washington, DC, with excitement but also admittedly with a modicum of trepidation.

Given my hesitation, I found the introductory remarks by AAP President Thomas McInerny, and Chair of the AAP Committee on Federal Government Affairs Marsha Raulerson to include some of the most insightful of the conference. A principal message of theirs was that none of us would be considered novices in a room full of professionals. As pediatricians, we possess valuable knowledge and opinions regarding children’s health and their rights. We are experts in our field, and legislators regard us as such. We can approach meetings with members of Congress with confidence and consider it as aiding them in optimally serving their constituents. The interrelationship between a pediatrician’s and legislator’s role in serving others was epitomized by the career path of Dr Richard Pan, our lunch speaker for that first day. He had been a practicing pediatrician but had since become an assembly member for the state of California. His words solidified that we had much to offer.

The workshops that I attended during the conference covered topics ranging from the Patient Protection and Affordable Care Act and physician payments to using social media for advocacy. My final workshop of the first day covered coalition building. Through a group exercise, we brainstormed and learned about the power of mobilizing personnel from different sectors of medicine and the government to promote preventative health projects for children. Dr Pan had initially emphasized how relationship
building was the key to getting things done. This theme of mobilizing coalitions would continue to resonate as the conference continued.

On the second day, we were briefed on talking points and statistics regarding gun violence among youths; this would be the topic that the 110 pediatricians who had gathered in Washington, DC, would discuss with our legislators. We conducted mock meetings to prepare for possible scenarios in which the legislator would be resistant or dismissive. Our workshop leaders from federal and state Departments of Federal Affairs encouraged us to be confident in our message, and we felt prepared.

Our contingent from New York broke off into groups to visit as many legislators from our state as possible. Because the senators and congressmen from New York were all gathered in New York for state affairs, my group met with staffers for Representatives Jerrold Nadler and Joseph Crowley. We imparted facts about the prevalence of gun violence, including that firearm injuries are 1 of the top 3 causes of death among youths. We emphasized the need for stronger gun safety policies, including those to ban assault weapons, improve background checks, and strengthen antitrafficking laws.

Before our meetings with the congressional staffers, we had researched their voting records. Both Representatives Nadler and Crowley had 0% National Rifle Association ratings, which meant that both had already been consistently voting for stronger gun safety. Although our group could not claim that we altered any future voting outcomes, we did participate in encouraging the legislators to continue to vote for stronger policies. Moreover, my satisfaction came from the experience itself of meeting with the congressional staff on Capitol Hill. It was eye-opening to see first-hand evidence that our keynote speakers had been right. Because of our experience as pediatricians, we do have the ears of our state and federal legislators to voice our convictions.

My last workshop of the conference provided the final important lesson for me to take home. The last activity was entitled Congressional Insight. Each team represented a newly elected federal legislator and participated in a mock simulation of our first term as congressperson. We were confronted with periodic checkpoints in our term in which we had to prioritize how we used our time and resources, such as meeting with constituents, fundraising, studying foreign policy, or attending congressional meetings. Depending on how we decided to use our limited time, our approval rating would go up or down depending how optimally we used our resources according to the simulation program. A mock legislator’s term would be considered successful if he or she was re-elected.

Even during this mock scenario, each team was intently focused on getting re-elected. Teams prioritized activities and were tempted to compromise on their legislator’s ideologies if it meant a stabilization of their approval ratings. The goal of re-election is even more important to real-life legislators; this compelling factor dictates their actions and how those actions will affect potential votes on election day.

The most important lessons I took away from the conference were simple yet extremely meaningful. As experts in the field of children’s health and rights, we definitely have access to meetings and discussions with our policy makers. Legislators value our insights on these matters. Our encouragements and exhortations will have added weight if delivered through a multidisciplinary coalition of unified voices. We need inspired pediatricians to enthusiastically advocate for fighting poverty and improving nutrition, access to care, and the safety and health of our nation’s children.

In addition, there are specific areas in which pediatric hospitalist input is needed. Cindy Mann, deputy administrator of the Centers for Medicare & Medicaid Services, highlighted the recent changes from the Patient Protection and Affordable Care Act that would affect our pediatric reimbursements. All the changes that encourage improved access and quality of care pertain mainly to the outpatient setting; these include improved Medicaid reimbursements, payments for medical home status, and increased reimbursements for preventative services such as immunizations. We as hospitalists need to advocate for a similar shift in the inpatient model for reimbursement so that pay is based more on quality of care rather than quantity of interventions. The goal would be less wasteful use of resources with concomitant improvement in patient care based on measures such as decreased readmission rates or increased compliance with care guidelines.

The 2013 AAP Legislative Conference was very fruitful for me. I was motivated as I interacted with many colleagues who had already been advocates for many years, advancing children’s health and safety. By the end of the conference, I was included among these advocates who had met
congressional staff. I am very thankful for this grant, which was provided by the AAP’s SOHM and which allowed me to attend the conference. I take away invaluable insight and inspiration. I know that anyone with a passion to further children’s health, that anyone with a willingness to take initiative, and work to mobilize others can play a fruitful role in affecting legislation that will improve the quality of our children’s health.

A helpful resource for those who would like to learn more and get involved is the AAP’s Advocacy and Policy Web page at http://www.aap.org/en-us/advocacy-and-policy.

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