



CoPS Communications

Winter 2010

Editor's Note:

Welcome to another edition of **CoPS Communications!** We hope that you find this issue informative. In an effort to spread the word about CoPS, we have placed a 10 slide [PowerPoint presentation](#) (that includes information in the Notes section) on the [CoPS website](#). This highlights CoPS' structure, accomplishments and activities. Subspecialists are encouraged to share this presentation with their colleagues and present it at faculty meetings.

This is the last CoPS Communications in which Vicky Norwood, MD will be Chair. On behalf of CoPS, I would like to thank her for her superb leadership and outstanding vision. Her skills were clearly instrumental in helping CoPS get off to a great start! Please read Dr. Norwood's comments [below](#) .

Richard Mink, MD

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Message from the Council of Pediatric Subspecialties (CoPS) Chair



Vicky Norwood, MD

My How Time Flies

As CoPS moves into its fourth year and I conclude my tenure as its Chair, it is appropriate for me to reflect on the accomplishments and achievements of our organization. We started with a shared belief that better communications between pediatric subspecialists, other facets of pediatric medicine, and the broader medical community would be of benefit to all. Largely self-appointed in the beginning, we now have strong representation from pediatric subspecialty societies, AAP sections, and liaisons with all the major organizations involved with the present and future of US pediatrics.

Our initial focus was to organize and simplify the fellowship application and acceptance processes throughout all of the subspecialties, a task that had been considered in the past but never effectively addressed. Driven by the desires of our future trainees, this process has made dramatic strides in a very short period of time. About half of the 20 member subspecialties are now involved in match processes and use ERAS as their common application. Match dates are now grouped in the spring and fall. On the whole, pediatric residents appear pleased with our progress, and we are hopeful that additional consolidation and streamlining will occur as the successes are lauded.

CoPS truly came into its own following the December 2009 IOM report suggesting additional modifications to the current duty hour regulations. We have been a public voice for the subspecialties in the medical literature and at the ACGME Congress on Duty Hours held last June. We are actively preparing our next steps in anticipation of ACGME's responses in the next several months.

Most recently CoPS has accepted a new role for its voice - that of advocacy in the legislative arena. Our initial agenda included joining in the recent healthcare reform constructions by advocating for additional loan repayment programs for pediatric subspecialists in order to attract more residents into subspecialty training. We have also helped spread the word about the widespread subspecialty physician shortages around the US that prohibit access to care for children. These issues are indeed vital to the future of our subspecialties. I am proud that CoPS has taken on this role.

As we move into 2010, we have been released from our previous agreements from APPD and AMSPDC and now embark on our own independent journey. This will require development and maintenance of an independent financial structure, but will also allow us to act as an independent body in all of our chosen work areas. This does not represent any kind of schism between our supportive liaison organizations, but is instead the appropriate recognition of our "coming of age."

All of this vision and its realization could not have happened without the energy and dedication of our founding representatives and those who have succeeded them. Let me thank the Executive Committee whose wisdom who has continually driven this process. A special note of thanks goes to Laura Degnon - her organizational management skills, creative thinking, and dedication to our cause have been keys to our success. To Jim Bale, who will take over the Chair's position this spring, I look forward to seeing even more from CoPS in the future. Best wishes and thank you for the opportunity to start this important ball rolling.

Update on CoPS Task Forces

Communications

This group, led by Richard Mink, MD, is working to develop an effective inter-subspecialty communications network. The task force has recently updated the organization's website and is now working to add descriptions of the pediatric subspecialties on the CoPS website. This will serve as a reference for residents interested in a pediatric subspecialty career but who need more information about the subspecialty. More information about this will be in the CoPS Spring newsletter.

Relationships with Regulatory Agencies

This task force, led by Chris Kennedy, MD, has been working with the ABP to develop a subspecialty program director's guidebook. This guide will provide support, background information, and timelines regarding the current regulations for fellowship training and duties of program directors. Work on this guidebook is nearly completed.

Advocacy and Workforce Task Forces

The Advocacy (interim chair Bill Schnaper, MD) and Workforce (chair Christopher Harris, MD) Task Forces have been working together to address recruitment and quality-of-life issues related to the pediatric subspecialties. Although its ultimate status is unclear, the groups have been campaigning for inclusion of a pediatric subspecialty loan

repayment plan in health care reform as a way to improve recruitment. The group also reports that, as required, the GAO has initiated its study of children's access to primary and specialty services under Medicaid and CHIP. The report is expected in February 2011.

CoPS to Begin Collecting Dues

The initial four years of funding for the establishment and maintenance of CoPS was generously provided by the Association of Pediatric Program Directors (APPD) and Association of Medical School Pediatric Department Chairs (AMSPDC). This initial support was designed to allow CoPS to organize and to design and implement its original projects. CoPS is in the process of applying to become an independent 501(c)(3) organization so that it can develop its own financial sustenance. At its fall meeting, CoPS voted to institute a dues structure that would seek support from the academic pediatric departments, children's hospital communities, liaison organizations, as well as subspecialty societies. It is expected that assessments to Department Chairs and subspecialty societies will begin July 1, 2010. CoPS is hopeful that this blending of academic pediatric departments, liaison organizations and subspecialty societies will strengthen the voice of CoPS and further enhance its abilities to address issues of importance to pediatric subspecialists, their home institutions, and the children for which they care. This step will make CoPS significantly stronger and truly an independent organization.

CoPS Reorganizes its Committees

At its annual meeting in October, CoPS reorganized its Task Forces into three standing Committees.

- The **Advocacy Committee**, chaired by Christopher Harris, will determine ways in which CoPS can be proactive in promoting child health and subspecialty activities and in increasing the subspecialty workforce. Its current activities include advocating for improved reimbursement for subspecialist activities, incentives to increase the subspecialist workforce and develop processes to become more involved in public policy affairs.
- Lead by Chris Kennedy, the **Training/Professional Development Committee** will develop educational materials and address issues that involve training and faculty development. The group has been working on a fellowship program director's guide, but will continue to promote a common application process and plan to formulate curricula for teaching, career development and leadership.
- Richard Mink will direct the **Communications Committee**. This group will continue to address the core needs of CoPS so that it can communicate effectively, including with its constituent subspecialties and with subspecialists. Activities include continual enhancements to the CoPS website, development of subspecialty descriptions, creation of newsletters and development of a more effective communication network.

Report from the Organization Of Program Directors Association(OPDA)

Representing CoPS, Vice-Chair Jim Bale attended the OPDA Fall meeting in Chicago. Representatives from the National Board of Medical Examiners reported that the USMLE examination will remain a 3 step examination leading to eligibility for licensure. However, in 2011, Step 2 will incorporate new item formats, including videos, multiple responses for vignettes, and construction of clinical plans.

The National Resident Matching Program reported that the post-match match ("managed scramble") will be fully implemented beginning with the categorical program residency match in 2012. There are currently no plans to implement a similar match for fellows, given that current systems works well and the number of unfilled fellow positions greatly exceeds the numbers of applicants.

Joe Gilhooly, MD, a neonatologist and Vice Chair for Education at Oregon Health Sciences University, will be the next Chair of OPDA.

IOM Duty Hours Update

According to Susan Day, MD, head of the ACGME Task Force on Resident Duty Hours, the Task Force continues to acquire data from many sources, including sleep specialists, astronauts, and others. Patient safety, the impact of hand-offs and flexibility in the rules between and within disciplines and programs are major focuses of the Task Force. Dr. Day anticipates that the first report will be presented to the ACGME Board sometime this month. However, June 2010 is the earliest date that information will be disseminated to the GME community.

A summary of the testimony presented by representatives of CoPS, APPD and AAP at the June 2009 ACGME Duty Hours Congress will be published in the April issue of *Pediatrics*. This article emphasizes 1) that the current "one size fits all" approach to graduate medical education does not meet the varied needs of pediatric fellowship programs, especially in areas of autonomy and flexibility, and 2) the current work force crisis in pediatric subspecialties must be considered carefully when implementing changes to resident supervision and duty hours.

More Subspecialties Utilizing a Match/ERAS

Additional pediatric subspecialties are now utilizing a match for fellow section and ERAS for their application procedure. CoPS *highly encourages* subspecialties to use these processes. It is also desired that subspecialties will eventually move their match data to coincide with either the spring or fall matches.

| <u>National Resident Matching Program</u> | <u>ERAS</u> |
|---|-----------------------------|
| Child and Adolescent Psychiatry | Child Neurology |

| | |
|--|---|
| Neonatal-Perinatal Medicine Pediatric Specialties Fall Match Pediatric Critical Care Pediatric Emergency Medicine Pediatric Rheumatology Pediatric Specialties Spring Match Pediatric Cardiology Pediatric Gastroenterology Pediatric Nephrology Pediatric Pulmonary Pediatric Hematology-Oncology | Child Psychiatry Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Dermatology Pediatric Emergency Medicine Pediatric Gastroenterology Pediatric Hematology-Oncology Pediatric Infectious Diseases Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology |
| <u>San Francisco Match</u> | |
| Child Neurology Pediatric Dermatology | |

Forum for Fellowship Directors/CoPS Open Forum at PAS Vancouver

The APPD is sponsoring a forum for Fellowship Directors entitled *Developing Leadership Skills in Pediatric Subspecialty Fellows: Curriculum for Future Physician Leaders*. Highlights include updates from national organizations, followed by three workshops and a panel discussion on site visits. CoPS representatives Vicky Norwood MD, Christopher Kennedy MD, and Patrick Leavey MD will be participating. This all-day session is scheduled for Friday, April 30 just prior to the PAS Meeting in Vancouver at the Fairmont Waterfront Hotel. For more information, go to <http://www.appd.org/PDFs/FellowshipMeeting.pdf>.

CoPS will be holding an *Open Forum* for anyone that would like to know more about the organization or would like to express share issues they'd like to see CoPS address on Monday, May 3 from 7-8 AM at the Fairmont Waterfront Hotel.

International Pediatric Association (IPA) Congress in Johannesburg, South Africa

Pediatric subspecialists who have an interest in international work, a desire to learn more about illness presentations and management in developing countries, or simply seek opportunities for international collaborations (regarding clinical, training or research) will find the 26th International Pediatric Association Congress of Pediatrics to be of particular interest. The Congress will be held in Johannesburg, South Africa from August 4-9, 2010. For many of the plenary sessions, presenters from developing and developed countries will provide complementary perspectives on the same condition or issue. For more information, [click here](#).

The APA Changes Its Name; Begins to Accredite Fellowship Programs

The APA, formerly know as the *Ambulatory Pediatric Association*, has now changed it name to the [Academic Pediatric Association](#). This change had been discussed by the APA membership for over 30 years. In addition, with the aid of a grant from HRSA Bureau of Health Professions, the APA has now established a curriculum for training in Academic General Pediatrics. This summer the APA accredited the first six programs for fellowship training in Academic General Pediatrics, a process that many hope will lead to the development of Academic Pediatric Generalism as an American Board of Pediatrics subspecialty.

AAP Advocates for Pediatric Subspecialty Issues

As Congressional leaders work to determine a strategy for passing final health reform legislation, pediatric subspecialty issues remain important advocacy and legislative priorities for the American Academy of Pediatrics (AAP).

Pediatric Subspecialty Payment Rates

The Academy has been advocating on multiple fronts to improve primary care, pediatric subspecialty and surgical specialty payment rates in Medicaid, recognizing that appropriate payment rates are needed to provide real access to care. This advocacy has led to success in two areas of the House of Representatives' health reform bill:

The first is that the new Medicaid and CHIP Payment and Access Commission (MACPAC) is mandated in the House bill to conduct a study on pediatric subspecialty and surgical specialty payment rates and their impact on access to care. This study, found in section 1784 of the House's bill, requires that the MACPAC conduct an analysis of the disparities in pediatric subspecialty payment rates and the resulting impact on access to services for children enrolled in Medicaid and CHIP.

Additionally, section 1721 of the House's bill provides a groundbreaking new federal commitment to the Medicaid program: a federally funded increase in Medicaid payments for Evaluation and Management (E&M) codes to a floor of 100 percent of Medicare rates within three years. If this provision is retained in the final health reform bill eventually signed by President Obama, it will have a significant impact on pediatric subspecialists and surgical specialists' ability to provide access to care.

Section 1721 would change payment for the following proportion of Medicaid codes commonly used by subspecialists and pediatric surgical specialists:

| | | | |
|--|---|--|---|
| | % | | % |
|--|---|--|---|

| | Payment for E&M Services* | | Payment for E&M Services* |
|--|---------------------------|---|---------------------------|
| All Pediatrics Total | 65.0% | Pediatric Orthopedics | 23.1% |
| General Pediatrics | 66.9% | Pediatric Emergency Medicine | 78.0% |
| Neonatal-Perinatal Medicine | 74.7% | Pediatric Otolaryngology | 35.1% |
| Pediatric Specialist (Undefined subspecialty) | 52.3% | Pediatric Ophthalmology | 34.2% |
| Pediatric Cardiology | 23.3% | Pediatric Urology | 31.0% |
| Pediatric Allergy & Immunology | 41.9% | Pediatric Radiology | 1.0% |
| Pediatric Hematology-Oncology | 45.8% | Pediatric Critical Care Medicine | 23.4% |
| Pediatric Pulmonology | 28.4% | Pediatric Nephrology | 74.1% |
| Pediatric Endocrinology | 84.5% | Pediatric Infectious Diseases | 49.7% |
| Pediatric Gastroenterology | 57.1% | Pediatric Rheumatology | 91.2% |
| Pediatric Surgery | 28.0% | Pediatric Sports Medicine | 62.1% |

*% payment of Medicare rates based on data from 2005

The Academy will continue advocating for Congress and the White House to keep the policies from section 1721 in any final bill signed by President Obama, as well as to raise payment rates to at least parity with Medicare for all Medicaid payments.

Pediatric Subspecialty Workforce

As health reform legislation was being debated last year, the AAP, along with many colleague organizations including CoPS, lobbied relevant committees and offices, including the Senate Committee on Health, Education, Labor and Pensions (HELP), to include pediatric subspecialty workforce provisions in draft health reform legislation. The final HELP bill allocated \$30 million per year for loan repayment to individuals who commit to pursuing full-time employment in pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care fields. Participants in this new program would be eligible for up to \$35,000.00 per year in loan repayment funds for three years.

The HELP committee's inclusion of these provisions in their health reform legislation represented a major victory in educating Congress about the workforce shortages facing many pediatric subspecialties, and paved the way for the Senate to include identical provisions in its final health reform bill passed on December 24, 2009.

While the final health reform bill passed out of the House of Representatives did not include pediatric subspecialty loan forgiveness provisions, the Academy continues to advocate for preserving pediatric subspecialty loan repayment language, along with the Medicaid payment provisions described above, as both chambers of Congress work to pass a final, unified health reform bill.

The AAP will continue its advocacy on pediatric subspecialty workforce and payment issues in the coming months as health reform negotiations evolve. Individuals are encouraged to [contact](#) the AAP's Washington Office if they become aware of similar efforts underway in

other organizations. The Academy works closely with many allied groups and seeks to ensure that child health advocates pursue a coordinated, consistent strategy so that Congress and the White House have a solid understanding of pediatric subspecialty issues at every stage of the legislative process.

New ABP Policy: Time-Limited for Initial Certification Examinations

The American Board of Pediatrics has established a new policy that places a time limit on acceptance for the certifying examination in both general pediatrics and the pediatric subspecialties. Applicants and registrants must have completed training within the seven years prior to the examination. The policy becomes effective with administration of the 2014 examination. For more information, [click here](#).

2010 Pediatric Subspecialty Certifying Examination Dates

GENERAL PEDIATRICS EXAMINATION:

Examination Date: October 18, 2010

SUBSPECIALTY EXAMINATIONS:

Adolescent Medicine

Examination Date: March 22, 2010

Allergy and Immunology

Examination Date: October 4-8, 2010

Medical Toxicology

Examination Date: November 1, 2010

Neonatal-Perinatal Medicine

Examination Date: March 22, 2010

Pediatric Cardiology

Examination Date: November 8, 2010

Pediatric Critical Care Medicine

Examination Date: November 8, 2010

Pediatric Dermatology

Examination Date: October 18, 2010

Pediatric Nephrology

Examination Date: March 22, 2010

Pediatric Pulmonology

Examination Date: November 8, 2010

Sports Medicine

Examination Dates: July 12-15, July 17,
July 19-24, 2010

For more information about dates and fees for the subspecialties,
[click here.](#)

**[2010 Certifying Examination Dates of the American Board of
Psychiatry and Neurology](#)**

[Click here](#) for the examination dates for **Child Neurology and Child
Psychiatry**