## WIAAP STRATEGIC PLAN 2016-2017

#### **Mission Statement**

The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) strives to:

- Assure optimal health and well-being for all of Wisconsin's children and their families
- Provide support and education to our members, enabling them to continue to be the most effective providers of healthcare to children

#### Vision Statement

Wisconsin children have optimal health and well-being and are valued by society. We practice the highest quality health care and experience professional satisfaction and personal well-being.

# The WIAAP 2016-2017 Agenda for Wisconsin's Children

Modelled after the AAP Agenda for Children, WIAAP has created a state agenda which combines its core alignments, core pillars, and strategic priorities for the year.



# Core alignments:

## **Medical Home**

All Wisconsin children belong in, and all Wisconsin pediatricians provide, a medical home. Medical homes provide medical care that is accessible, continuous, comprehensive, familycentered, coordinated, compassionate, and culturally effective. WIAAP, therefore, seeks to align its work with the core principles of the medical home.

## Collaboration

Collaboration between WIAAP and other child health interest groups is essential in order to accomplish our goals. WIAAP, therefore, seeks to align with other organizations when appropriate in order to advance its mission.

#### **American Academy of Pediatrics**

As a Chapter of the American Academy of Pediatrics, WIAAP has responsibility for connection of the Academy to our members and of our members to the Academy. WIAAP, therefore, aligns its mission, vision, and priorities with the Academy.

# Core pillars:

# Membership

WIAAP could not exist without its members, who contribute both financially and personally to the success of our mission. Therefore, support of and communication with our members is a core WIAAP pillar. Communication of the value of WIAAP membership remains an essential tool in growing and retaining our members.

#### Advocacy

Children are frequently affected by legislative and policy decision at the state and federal level, yet they do not have a vote. Children exist in the context of their communities and families as well, offering multiple opportunities for advocacy at many levels. Speaking up as a voice for children, therefore, is a core WIAAP pillar.

# Public (Population) Health

From its beginning the American Academy of Pediatrics has been focused on the health of all children. Issues of nutrition, development, and injury and disease prevention are cornerstones of both pediatrics public health. Supporting public health, therefore, is a core WIAAP pillar.

# **Strategic Priorities:**

# **Quality Improvement in Pediatrics**

The science of quality improvement (QI), when applied to health care, has been shown to positively affect adherence to best practice guidelines and reduce the variability of health care delivery. Pediatricians are increasingly called upon to use QI techniques in order to improve their own health care delivery, and the American Board of Pediatrics has made QI an integral part of Maintenance of Certification. Because our members need support in their QI activities, QI remains a strategic priority.

# **Brain Health (Mental Health)**

Brain health problems are frequently seen in pediatric practice. Pediatricians often report they are ill-prepared to recognize and appropriately treat the broad spectrum of brain health diagnoses that can present between birth and young adulthood. Yet, due to a shortage of child and adolescent psychiatrists, WIAAP members are called upon to provide more and more of this care. Brain Health, therefore, remains a strategic priority.

## **Poverty and Child Health**

Research evidence points to a direct link between poverty and health outcomes in children and adults. Poverty affects many aspects of a child's health. For this reason the American Academy of Pediatrics has made poverty and child health a national priority. Children in poverty have significant problems with access to dental care in Wisconsin as well, leading us to focus on this statewide problem. Given the amount of poverty in Wisconsin, both urban and rural, as well as significant racial disparities in our state, poverty remains a strategic priority.

#### 2016-2017 Strategic Plan Activities

#### **Quality Improvement in Pediatrics**

- 1. Continue to work with WCHQ to develop and improve pediatric measures
- 2. HPV QI Project
  - a. Extend project to a broader audience of Chapter members by June 2017
  - b. Need to identify Funding (if needed), Webinar platform, Continued MOC4 credit
- 3. Build on relationship with other MOC Portfolio holders (current or in process) in Wisconsin: UW, MCW, WMS, CHAW to expand MOC offerings to Chapter members

#### **Poverty and Child Health**

- 1. Hold a Food Security Open Forum on September 29 "Healthy Food for Families"
- 2. Second annual WIAAP Food Drive to be kicked off at the Open Forum and held in conjunction with Hunger Action Month. ®
- 3. Promote the AAP Hunger Policy and AAP Poverty Policy to members and offer practical help with how to screen and how to connect families with resources.

#### Brain Health

- 1. Child Psychiatry Consultation Pilot (CPCP)
  - a. Statewide expansion advocacy
  - b. Publicize the 1<sup>st</sup> CPCP report
  - c. ED to remain on the Critical Planning Committee
- 2. Office of Children's Mental Health (OCMH)
  - a. ED to remain on the Collective Impact Committee
  - b. ED to continue to co-chair the Trauma Informed Care subcommittee
- 3. Organize and Hold, in conjunction with the CPCP grantee (MCW), a Brain Health Symposium
  - a. Finalize funding through CPCP
  - b. Offer MOC2 credit

c. Explore MOC2 formatting

#### Advocacy

- 1. Actively participate in WMS Doctor Day
  - a. Hold a pediatrics track again
  - b. Improve resident recruiting
- 2. Take over leadership of the Pediatric Advocacy Council
  - a. Monthly meetings when legislature is in session
  - b. Keep an up-to-date Active issue Report on the chapter website
- 3. Advocate for CPCP funding
- 4. Explore the hiring of a Chapter Lobbyist

#### Membership

- 1. Communication
  - a. Expand communication about Chapter activities and issues to members through Social Media, Monthly e-newsletter, Quarterly print mailing, improved website capabilities
  - b. Improve Board of Director communication through a Board Listserve®
  - c. Cross-promote the themes of Open Forums, through a feature in print newsletter, social media, possible live webinar, archived talk from the open forum
- 2. Outreach to members
  - a. Welcome letter/packet to new fellows, new chapter members
  - b. Birthday greeting
  - c. Find key FAAP contacts at each of the large medical groups
- 3. Residents and Fellows
  - a. Identify and connect to the AAP Resident representatives at UW, MCW, Marshfield
  - b. Revise bylaws to allow resident representative(s) on the board
  - c. Congratulation letter on graduation from residency or upon passing boards

#### Public/Population Health

- 1. Organize and hold an Annual Immunization Summit
- 2. Develop resources for chapter members that will assist them in advocating for children within their own organizations as they transition to a population health mindset