

AMERICAN BOARD *of* PEDIATRICS



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ON THE COVER: Primary care pediatrician Dr. Rasheeda Monroe examines a young patient at WakeMed Children’s Hospital in Raleigh, NC.
Photo courtesy of WakeMed Health & Hospitals.

President’s Letter

Dear Colleagues,

Today is December 24, and my wife and I are flying to Baltimore to celebrate Christmas with our grandchildren, the youngest of whom arrived just six months ago. They remind me of how passionate we pediatricians are about trying to contribute to a healthy future for everyone’s children and grandchildren. The 2019 ABP Annual Report highlights how the ABP volunteers and staff have attempted to do our part.

NEW VISION AND MISSION STATEMENTS

In 2019, the ABP Board of Directors approved more concise vision and mission statements:

Vision: *Inspiring a lifetime pursuit of learning to improve child health*

Mission: *Advancing child health by certifying pediatricians who meet standards of excellence and are committed to continuous learning and improvement*

While the words we use have changed, the ultimate vision and mission of the ABP have remained the same since the Board’s founding in 1933.

LEARNING AND ASSESSMENT

The word “learning” now features prominently. One challenge for any certifying board is to assess whether a resident has learned and can apply the competencies needed in a rapidly changing health care landscape. The parents and other public members on our committees regularly report that competencies in communication and managing the health care system are as critical to them as medical knowledge. Therefore, the annual report describes ongoing collaborative research with pediatric training programs to determine if entrustable professional activities (EPAs) provide a more meaningful framework to assess resident performance. EPAs focus on what really matters — the impact of the care on the patient.

The ABP also has prioritized enhancing learning for practicing pediatricians. MOCA-Peds and Question of the Week (QOW) remain popular as online tools to enhance learning. QOW



ABOVE: Dr. Nichols (center) relaxes with his grandchildren: Iliana (left, 8 years old), Nore (center, 5 months old), and Jaxon (right, 5 years old).

has 25,000 pediatricians registered. Over 78% of MOCA-Peds participants report they have made, or plan to make, a change in their practice because of something they already have learned through MOCA-Peds. Three recently published articles provide the data on MOCA-Peds outcomes (see page 24).

THE ROADMAP TO BETTER MENTAL HEALTH CARE

Given population health statistics, it is likely that every extended family has been touched in some way by the behavioral and mental health (BMH) crisis affecting America’s children and their families. Together with several other pediatric organizations and the National Academies of Science, Engineering, and Medicine, the ABP has been working to improve training and care in BMH. The problem is complex, as described in the report and various articles published by ABP volunteers (see page 24). The families of children with complex chronic conditions have special BMH needs. The Roadmap Project (www.abp.org/foundation/roadmap) was the brainchild of these families. The project has now expanded to a full-fledged national learning collaborative.

Please help us keep improving certification as you keep improving your practice. We welcome your feedback. Consider volunteering to write exam and MOCA-Peds questions. Share your practice improvement projects with others.

I suspect everyone’s children and grandchildren are counting on all of us.

Sincerely,
David G. Nichols, MD, MBA
President and CEO



Minding the Gap — Individually and Collectively

ABOVE: University of Colorado first-year resident Dr. Grace Huh (left) consults with Megan Louderman, postdoctoral fellow in Colorado's Irving Harris Program in Child Development and Infant Mental Health.

Anyone who has stepped onto a train, subway, or airplane has noticed the space between the platform and the transport. In the London Underground, prominent signs warn subway passengers to “Mind the Gap.” Pediatricians face gaps, too — in their own knowledge and medical practice. But through their commitment to continuous learning and improvement, these dedicated physicians also strive to “mind the gap.”

Certification activities can help.

A major goal of the American Board of Pediatrics (ABP) is to help identify and fill gaps faced by pediatric trainees, faculty, practitioners, programs, and the profession as a whole. Over the past few years, the ABP has made significant changes to better reflect the needs of pediatricians and their patients and to support efforts to share best practices and medical innovations that are relevant today. The ABP is committed to continuous improvement.

This issue of the annual report focuses on ways the ABP is helping mind the gap in pediatric practice on numerous levels.

ARE THERE GAPS IN TRAINING? The ABP works with numerous organizations, including the Association of Pediatric Program Directors (APPD), the Accreditation Council for Graduate Medical Education (ACGME), and the Council of Pediatric Subspecialties (CoPS), to identify them. Are the requirements of residency and fellowship programs adequately preparing trainees to practice without supervision? In 2018, in collaboration with the National Academies of Sciences, Engineering, and Medicine (NASEM), the ABP Foundation sponsored a two-day meeting about “Preparing Future Pediatricians to Meet the Behavioral and Mental Health Needs of Children.” Since that meeting, many of the pediatric training programs who were represented have planned and/or implemented new strategies to fill this gap (see page 8). Several other stories in this report talk about how programs are identifying areas where trainees lack confidence and/or competence and how these efforts are helping strengthen training (see pages 6 and 10).

DO INDIVIDUAL PEDIATRICIANS HAVE GAPS IN THEIR KNOWLEDGE? Advances in medical care grow exponentially every year. New diseases and conditions are discovered. Others, like measles, re-emerge or develop

resistance to treatment. It's nearly impossible to keep up with everything. One way the ABP can help is through MOCA-Peds, the ABP's online nonproctored assessment platform. It allows individual pediatricians to identify gaps in knowledge each time they answer questions (up to 20 per quarter). Participants find out immediately whether their answer was correct and are provided with a rationale and supporting references that offer a learning opportunity. Surveys of MOCA-Peds pilot participants (2017 and 2018) show that many appreciate these learning opportunities, and over 78% say they have made a change or plan to change some aspect of their practice because of something they learned through MOCA-Peds (see page 18).

ARE THERE GAPS FACED BY THE WHOLE PROFESSION? The ABP also partners with many groups, including the American Academy of Pediatrics (AAP), to consider what those gaps might be and how to fill them. For example, the ABP, the AAP, and many other groups have identified gaps in pediatric mental health care. Some are in access to care, while others are in pediatricians' confidence in recognizing mental health conditions and then treating and/or referring patients.

Routinely, the ABP reaches out to pediatricians and subspecialists to determine what topics ABP exams should cover. Every five or six years, for General Pediatrics and for

each of the subspecialties, the ABP recruits a special practice-analysis panel of 10 to 12 pediatricians in active practice who identify the knowledge areas that are required to care for patients. Then, the ABP sends (via online survey) the list of knowledge areas to all pediatricians certified in the appropriate area to rate each area based on how frequently the knowledge is required in their practice and what harm could occur if the knowledge is lacking. This way, all pediatricians can contribute to keeping exams relevant to practice.

Periodically, pediatricians see gaps encompassing an emerging field and ask for new certifications. The newest is Pediatric Hospital Medicine. The first certifying exam for this subspecialty was administered in November (see page 16).

Each year, the ABP shares data on the pediatric workforce across the United

States at www.abp.org/content/workforce. The data show where there are gaps in access to general pediatric and pediatric subspecialty care, among other demographics.

Certification is recognition of the commitment of pediatricians and pediatric subspecialists to continuous learning and improvement to meet the highest standards of care — from residency to retirement. The ABP aspires to support and nurture a lifetime of learning, practice improvement, and adherence to high standards of care.

Together, we can see the gaps and ensure that no one — physician or patient — falls through them.



ABOVE: Drs. Clifton Lee, Doug Carlson, Jennifer O'Toole, Vineeta Mittal, and Neha Shah discuss safe and effective care in the field of pediatric hospital medicine during a Pediatric Hospital Medicine Subboard meeting.

WHAT ABOUT GAPS IN PEDIATRICIANS' CARE? Often quality improvement (QI) activities can help fill those. The many approaches pediatricians develop to measure and improve their practice standards and processes inspire others to make similar changes and share best practices. One example is the Children's Health Alliance of Wisconsin's “shared plan of care” QI project, designed to help advance family-centered care coordination (see page 14). Another is the work of the New Jersey Pediatric Psychiatry Collaborative in creating a statewide mental health care program to address the gap between patients' needs and the shortage of child and adolescent psychiatrists (see page 12).

Study Identifies Gaps in Training

ABOVE: Dr. Matt Waters (left) a fourth-year Med-Peds resident, and Dr. Laura Parente, now a board-certified pediatrician, participated in the study at the University of North Carolina at Chapel Hill School of Medicine. Photo by Tom Fuldner Photography.

Pediatricians routinely monitor a child's growth and development at well-child visits. Similar checks are part of a pediatrician's training. The traditional way to track a resident is through knowledge tests and time in training — usually three years of supervised clinical rotations.

But pediatric program directors, among others, have been searching for a better measure of readiness for unsupervised practice.

“We have to think about the essential activities residents need to perform safely and effectively by the end of training and then make a judgment about whether they are ready to practice unsupervised,” says Carol Carraccio, MD, MA, ABP Vice President for Competency-Based Medical Education. Dr. Carraccio has been implementing and studying competency-based medical education for almost two decades.



Dr. Carol Carraccio

While the pediatric community developed milestones and introduced entrustable professional activities (EPAs) about a decade ago, meaningful assessment has been an ongoing struggle. Recently, however, Dr. Carraccio and Daniel Schumacher, MD, MEd, Chair of the Education Research Group at Cincinnati Children's, along with 22 training programs throughout the country, conducted a three-year study to determine whether general pediatric residents were ready to

practice all 17 EPAs without supervision when they finished training, and if not, to identify their training gaps. Results from the study will be published in 2020.

Drs. Carraccio and Schumacher worked with the Association of Pediatric Program Directors' Longitudinal Educational Assessment Research Network (APPD LEARN) to enroll pediatric residency program directors in the study and to help with data collection and analysis. The

participating program directors committed to implementing EPAs and collecting performance data on their residents.

“We have to think about the essential activities residents need to perform safely and effectively by the end of training and then make a judgment about whether they are ready to practice unsupervised.”

—CAROL CARRACCIO, MD

“Program directors [involved in APPD LEARN] are really interested in the assessment of residents,” says Alan Schwartz, PhD, director of APPD LEARN. “They want to understand how to know what residents are good at and what they need to get better at.”



ABOVE: Dr. Ketan Nadkarni, now a board-certified general pediatrician, participated in the study while a resident at UNC's School of Medicine. Photo by Tom Fuldner Photography.

The ultimate goal, he says, is to know “what residents can be allowed to do with minimal supervision, what they need more supervision for, and how that changes as they go through residency and eventually graduate.”

The study followed nearly 2,000 trainees throughout their three years of training. The study found that two of the lowest-performing EPAs were treating behavioral and mental health and understanding the science behind quality improvement (QI).

“Training programs are really struggling with how they are going to teach this. They say, ‘We need resources to help us do a better job.’”

—CAROL CARRACCIO, MD

Dr. Carraccio says several factors might have contributed to the gap in training for the treatment of behavioral and mental health. The number of children with behavioral and mental health problems is escalating, and most pediatric faculty members are not well-equipped to teach students and residents in this area because they themselves were not trained to diagnose and treat these conditions. To make the problem worse, there are not enough child psychiatrists to care for all the patients who need them.

“Training programs are really struggling with how they are going to teach this,” Dr. Carraccio adds. “They say, ‘We need resources to help us do a better job.’”

“Program directors [involved in APPD LEARN] are really interested in the assessment of residents. They want to understand how to know what residents are good at and what they need to get better at.”

—ALAN SCHWARTZ, PHD

The other gap identified in the study is the trainees' understanding of QI science. After pediatricians pass their initial board certification examination, one requirement for continuing certification is to engage in ongoing practice improvement.

“If you don't know how to do a quality improvement project, it [the QI requirement] becomes a real problem,” says Dr. Carraccio.

Now that the data has shown gaps in training, Dr. Carraccio says the next step is to disseminate the findings to all the programs.

Some program directors who participated in the study are beginning to address these gaps (see page 10). They have begun to present their ideas at national meetings, sponsored by groups such as the APPD and Pediatric Academic Societies, to share their progress and lessons learned with other training programs.

“Our hope is to partner with even more pediatric organizations to create learning activities for trainees and faculty,” says Dr. Carraccio. “Then we'll disseminate the learning activities that have been created and look at the impact of those learning activities on performance over time.”

Read what training programs and health organizations are doing for residents and primary care providers to fill mental health training gaps on pages 8 through 13.

Preparing Pediatricians to Treat Behavioral and Mental Health

ABOVE: CAP fellow Dr. Rebecca Fein (left) discusses a case at Weill Cornell Medical College with pediatrics resident Dr. Eric Wilsterman.

As behavioral and mental health problems become more prevalent among children and adolescents, pediatricians have an increasing responsibility to meet their needs, say the authors of “Preparing Future Pediatricians to Meet the Behavioral and Mental Health Needs of Children,” a special article in the December issue of *Pediatrics*.¹

“Behavioral and mental health concerns are the most common complaints raised by parents and patients during office visits,” says Dr. McMillan, MD, Professor Emerita of Pediatrics at Johns Hopkins School of Medicine. “Yet pediatricians themselves acknowledge that they have had limited training to address those problems.”



Dr. Julia McMillan

Dr. McMillan was one of the organizers of a two-day meeting in Washington, DC, sponsored by the ABP and the National Academies of Sciences, Engineering, and Medicine in April 2018. The 70 attendees included parents, young adult patients, pediatric trainees, leaders of pediatric training programs, and health care organizations.

“Attendees committed in writing to making a change within their department or organization to improve training,” Dr. McMillan and her co-authors wrote.

One year after the meeting, most programs reported progress toward their commitments. The article delves into the themes that arose from the meeting and case studies of new programs.

“The wide array of commitments coming out of this meeting was inspiring,” says Marshall Land Jr., MD, a general pediatrician in South Burlington, VT, and a co-author of the article. “They reflect the passion, dedication, and determination that training programs, national organizations, parents, patients, and trainees have to work collaboratively to help improve the behavioral and mental health care of children and adolescents.”

Here are just a few of the projects being pursued.

Michigan State University: MSU works to improve behavioral and mental health competencies along the continuum from medical students and residents to practicing physicians.

The pediatric residency program in Lansing has begun training residents in Mental Health First Aid (MHFA), a national program managed by the National Council for Behavioral Health. Residents were enthusiastic about the training and asked that it be added to the curriculum as mandatory training.

In Grand Rapids, the program optimized training in behavioral and mental health with a number of programs and initiatives. For example, they set up an immersive primary care rotation for interns in their first or second month that focuses on well-child care and anticipatory guidance, using the Keystones of Development curriculum. They also developed a new senior rotation that combines developmental-behavioral pediatrics (DBP) and child psychiatry components. This rotation is in addition to the required DBP rotation and electives in DBP and child psychiatry.

To help practicing pediatricians, pediatrics trainees, and family medicine trainees in the Upper Peninsula of Michigan, MSU child psychiatrists provide virtual office hours for physicians based in Marquette.

“Our premise is that increasing the knowledge base, awareness, and skill set of pediatricians can lead to increased recognition and treatment of mental health conditions,” says Zakia Alavi, Assistant Professor of Pediatrics and Human Development at MSU’s College of Human Medicine. “We began providing virtual peer-to-peer consultation to physicians in November, and the response has been robust and highly encouraging.”



Dr. Marshall Land Jr.

Weill Cornell Medical College: Weill Cornell teams have embedded psychologists both in ambulatory and inpatient settings. The new addition to the inpatient setting helps each team address issues such as anxiety and adjustment disorder in patients with chronic illness. Additionally, they have developed a buddy system that pairs a pilot group of pediatrics residents with child and adolescent psychiatry (CAP) fellows. Each CAP trainee is assigned to four

or five pediatric trainees. Buddies are available to each other for informal consultations, handoffs for shared patients, shadowing experiences, and leading collaborative case conferences. Ten collaborative case conferences, facilitated by general pediatrics and CAP trainees, have been held or scheduled during the year.

Children’s Hospital of Colorado: The Children’s Hospital of Colorado teaches residents about common behavioral issues through a longitudinal thread over the three years of training. A formal curriculum on adolescent behavior and mental health issues is built into the adolescent rotation in the first year and in one of their inpatient rotations (primarily patients with eating disorders) during years one and three. Initial exposure to psychiatry intakes takes place in the DBP rotation in the first year of training. Mental health providers have been embedded into the clinics, giving residents frequent exposure through consultation on patients in their panels as well as dedicated time with the mental health providers during years one and two. Residents are exposed to behavioral and mental health screening tools in the clinics. This past summer, the pediatric residency program began an elective with the Child Psychiatry Department of a one- or two-week consolidation experience for all third-year residents.

The Colorado team also established a working group that comprises program directors, psychologists, faculty from the departments of Child Psychiatry and Adolescent Medicine, and a behavioral and developmental specialist. This group coordinates the many elements of behavioral and mental health training in the residency program.

1. McMillan JA, Land M Jr, Tucker AE, Leslie LK. Preparing future pediatricians to meet the behavioral and mental health needs of children. *Pediatrics*. 2020;145(1):e20183796. doi: 10.1542/peds.2018-3796.

Minding the Mental Health Gap in Minnesota

ABOVE: Dr. Emily Borman-Shoap (right) shares her expertise with Chief Resident Dr. Vishal Naik (left) and third-year resident Dr. Sandy Liu (center). Photo by Aaron Lavinsky.

At any given time in the United States, about one in seven children has a mood or anxiety disorder — or both — that could be improved with medical intervention and treatment.¹ Yet, with only 8,300 practicing child psychiatrists in the country, it can take months for these children to get an appointment with a mental health professional.² And many pediatricians, who are often the first to see young patients, do not feel adequately trained to identify or treat these conditions.³

The pediatric residency program at the University of Minnesota wants to change that. The residents are participating in a nationwide program, funded by the U.S. Department of Health and Human Services' Maternal and Child Health Bureau, that strives to fill the gaps in mental health training for primary care providers. Through "collaborative office rounds," the trainees learn ways to better address routine psychosocial issues for children and their families.

"Collaborative office rounds is a concept that's been in place for about 10 years, and the intent [of ours] is to create opportunities for residents and pediatricians in practice to come together with mental health professionals to discuss some of the cases they're seeing and get ideas for how to best help their patients," says Emily Borman-Shoap, MD, Assistant Professor, Director of the Pediatric Residency Program, and Vice Chair for Education in the Department of Pediatrics at the University of Minnesota School of Medicine.

Pediatric residents, local pediatricians, and mental health professionals participate in these monthly collaborative office rounds to understand the impact of mental health issues on their patients and to learn how to spot mental health problems. If they cannot attend in person, they can join virtually. The main goals of the program are to:

- Enhance understanding of psychosocial concerns related to child development;
- Increase provider availability to help children and families address these issues;

- Expand the provider ability to distinguish between transient disturbances and more serious referrals;
- Promote collaboration among primary care providers with mental health professionals; and
- Facilitate a comprehensive approach to health supervision.

"A patient with a behavioral or mental health complaint is like any other patient. You just talk about their presenting symptoms. You take a thorough history. You make a plan, and then you follow up and see how things are going."

— EMILY BORMAN-SHOAP, MD

"Discussing cases with providers provides rich opportunities for shared learning for the residents because we know they need to be ready to do some of the initial steps in helping a young person who is experiencing mental health concerns," Dr. Borman-Shoap says. "We'd like to get to a point where all pediatricians who graduate from our program and other programs can recognize and diagnose common behavioral health and mental health concerns and initiate the first next steps, whether that be recommending therapy or starting a medication."

She says the benefit of the conferences is that they help demystify mental health for residents.



ABOVE: Participants at collaborative office rounds at the University of Minnesota discuss a pediatric case. From left to right: Danielle Vrieze, child psychologist and Assistant Professor of Psychiatry; Dr. Emily Borman-Shoap; Dawson Hill, psychiatry research fellow; and Dr. Andrew Barnes, Assistant Professor of Pediatrics and Developmental Behavioral Pediatrics Fellowship Program Director. Photo by Aaron Lavinsky.

"A patient with a behavioral or mental health complaint is like any other patient. You just talk about their presenting symptoms. You take a thorough history. You make a plan, and then you follow up and see how things are going," Dr. Borman-Shoap says. "We're trying to get them thinking about behavioral and mental health concerns through that same rhythm that they would think about any other medical problem."

"We'd like to get to a point where all pediatricians who graduate from our program and other programs can recognize and diagnose common behavioral health and mental health concerns and initiate the first next steps."

— EMILY BORMAN-SHOAP, MD

During collaborative office rounds, a presenter summarizes a case for about 15 minutes. After the case is presented, participants can ask clarifying questions before dividing into facilitated small groups of four to six people to discuss the case and to address the questions brought forth by the presenter. After 15 to 20 minutes of small group discussion, the entire group reconvenes for a larger discussion of the case for the remainder of the time. At least one representative from each small group summarizes the points discussed and offers any recommendations or resources for the presenter to consider for ongoing care of the patient.

- 1 Whitney DG, Peterson MD. US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatr.* 2019;173(4):389–391. doi: 10.1001/jamapediatrics.2018.5399.
- 2 Workforce Issues. American Academy of Child & Adolescent Psychiatry website. https://www.aacap.org/AACAP/Resources_for_Primary_Care/Workforce_Issues.aspx. Accessed December 3, 2019.
- 3 Horwitz SM, Storfer-Isser A, Kerker BD, Szilagyi M, Garner A, O'Connor, KG, Hoagwood KE, Stein RE. Barriers to the identification and management of psychosocial problems: changes from 2004 to 2013. *Academic Pediatrics.* 2015;15:613–620. doi: 10.1016/j.acap.2015.08.006.

New Jersey Minds the Gap Between Symptom Onset and Intervention

ABOVE: NJAAP staff attend a collaborative learning session. From left to right: Kyle Shupp, Harriet Lazarus, Marcela Betzer, Krista DeFilipo, Lindsay Caporrino, and Bethany Kondavaty. Photo by Andrew Miller Images.

When behavioral and mental health treatment is delayed for children and adolescents, disorders become more difficult and costly to handle.

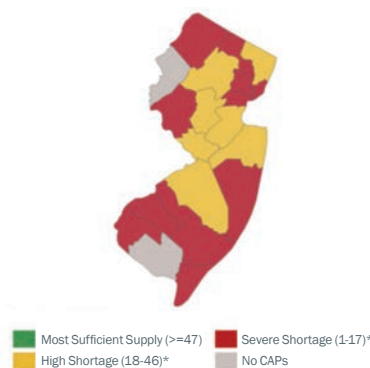
Yet, the average delay between the onset of symptoms and intervention is eight to 10 years, in part because of a nationwide shortage of child and adolescent psychiatrists.¹

To increase early identification and close the intervention gap, New Jersey is one of many states working to integrate mental health services with primary care.

“Our state, depending on which county you look at, has either a high shortage, a severe shortage, or no child and adolescent psychiatrists,” says Harriet Lazarus, MBA, Chief Operating Officer of the New Jersey Chapter of the American Academy of Pediatrics (NJAAP). “This problem is not going away anytime soon.”

With support from the New Jersey Department of Children and Families, the NJAAP collaborated with Hackensack Meridian Health, Cooper University Health Care, Atlantic Health Systems, and other partner hospitals to build the Pediatric Psychiatry Collaborative (PPC). The collaborative aims to:

Practicing Child and Adolescent Psychiatrists by NJ County —
Rate Per 100,000 Children Age 0–17*



*Visit <http://bit.ly/CAP-workforce> to see how your state compares with New Jersey.

- Increase mental/behavioral health screening in primary care settings;
- Provide pediatricians with quick access to psychiatric consultation and evaluations for patients when needed;
- Assist pediatricians with care coordination; and
- Refer families to community services as needed.

“Pediatricians might not have the resources, time, or comfort level to screen or treat behavioral and mental health issues,” says Marcella Betzer, MPH, Program Director of NJAAP’s Mental Health Collaborative MOC Part 4 Program. “It’s often not something they learned in medical school.

And many practices don’t have the ability to hire a child psychologist or a social worker.”

To implement the goals of the PPC, the partners established eight regional mental health “hubs” in 20 counties. A ninth hub, located in Essex County and managed by Rutgers University Behavioral Health Care, means that every county in New Jersey has access to an integrated child mental health delivery system.

“Hubs have two purposes,” says Lazarus. “They provide a direct service to children who have immediate behavioral or mental health needs, and they coordinate care for other children by connecting their families to appropriate community services.”

For example, a hub psychiatrist might provide a one-time evaluation of a child at no charge to the patient or assist a primary care pediatrician with diagnostic clarification or medication management.

To increase behavioral and mental health screening in primary care settings, clinicians who participate in a regional hub agree to conduct behavioral and mental health and substance use screenings at all well visits, submit a weekly screening log, and complete demographic surveys. They also are encouraged to view monthly webinars and participate in an optional, ABP-approved, Quality Improvement (QI)

Maintenance of Certification (MOC) Part 4 program to support their continuing certification (see below).

“The PPC offers an efficient pathway for children to receive the behavioral or mental health services they need,” says Lazarus. “PPC participation increases the capacity of practices to provide care, and then families feel their primary care office is a trusted place where they can share their concerns.”

In the last four years, more than 500 pediatricians or pediatric clinicians have participated in the PPC by screening about 146,000 patients. Nearly 9,000 of those screened needed support from one of the hubs.

1 Workforce Issues. American Academy of Child & Adolescent Psychiatry website. https://www.aacap.org/AACAP/Resources_for_Primary_Care/Workforce_Issues.aspx. Accessed December 3, 2019.

NJAAP EXTENDS MENTAL HEALTH SUPPORT WITH MOC ACTIVITY

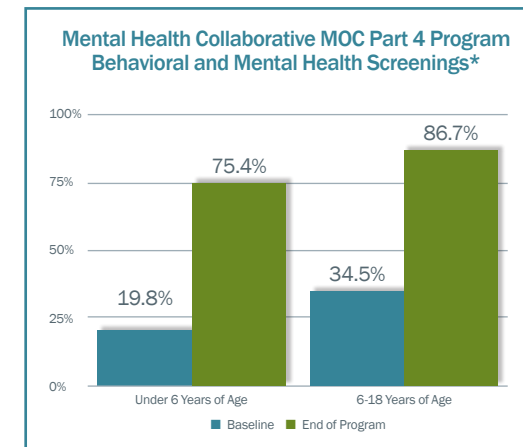
Like the PPC, the NJAAP’s Mental Health Collaborative MOC Part 4 Program aims to increase behavioral and mental health screening, referrals, and care coordination in primary care settings.

But the program also provides educational and training opportunities for pediatricians.

“Those who join the MOC Part 4 program participate in collaborative learning sessions and receive technical assistance office visits and calls,” says Marcella Betzer, MPH, Program Director of NJAAP’s Mental Health Collaborative MOC Part 4 Program.

The learning sessions and technical assistance activities offer participants additional tools and resources and opportunities to network with mental health experts and other clinicians.

“I was not routinely screening, and now I am 100%,” says Maria Pineda-Ramos, a general pediatrician at Pineda Pediatrics in Forked River, NJ, and a former program participant. “This process has brought up some concerns in my patients and families that I did not know about previously.”



*Aggregated results from 76 practices who participated during the program’s four years

Using validated, standardized instruments, the program also helps pediatricians demonstrate competency in QI. The QI teams must submit monthly data and progress reports and complete pre- and post-program surveys to earn 25 MOC Part 4 points upon completion.

“The Part 4 activity helps them develop a system in their practice,” says Harriet Lazarus, MBA, Chief Operating Officer of the New Jersey Chapter of the AAP (NJAAP). “They look at the data, reflect on their success or shortcomings, and then determine how they can improve. It

meets the practices where they are, both figuratively and literally.”

The six-month MOC activity is available to hub participants in all New Jersey counties. In four years, 76 practices with about 150 pediatricians received MOC Part 4 credit by participating.

“Seeing monthly success throughout the MOC project really helped to reduce staff hesitancy and even resulted in them wanting to make larger screening goals,” says Theresa Giannattasio, DO, a general pediatrician at the Pediatric and Adolescent Center in Ledgewood, NJ, and a former program participant.

WINNING IN WISCONSIN:
**Advancing
Family-Centered Care**

Nearly one in five children in Wisconsin has a chronic physical, developmental, behavioral, or emotional illness or condition, such as ADHD, autism, cancer, diabetes, or heart disease. But less than half of those children consistently receive care in a “medical home” that focuses on all aspects of their physical and mental health care needs, ensures that they and their families make informed decisions about their health, and coordinates the child’s care across disciplines and health care systems.¹



“Family voices are central to our work and strongly represented in everything we do,” says Dr. Keil. “Participating providers also are required to have a family as part of their quality improvement (QI) project team. The families are involved in team meetings and participate in the decision-making process.”

A recent national survey of maternal and child health and CYSHCN directors supports the Alliance’s requirements.

Survey respondents chose their top three benefits of family engagement: heightened understanding of family issues and needs, increased family–professional partnerships and communication, and more services directly responsive to family needs.³

“It’s been satisfying to see intentional representations of family voices within the project teams,” adds Dr. Keil.

“This year we have 14 different pediatric primary care practices and tribal health centers from across the state working to advance family-centered care by developing shared health care plans,” says Arianna Keil, MD, Quality Improvement Director, Children’s Health Alliance of Wisconsin and Wisconsin Department of Health Services’ Family Health Section. “The plans are living documents, developed jointly and shared among families and medical teams.”²

- Plans developed by the participating Wisconsin medical teams contain three essential elements:
- A medical summary that details the child’s condition, treatments, and team members;
 - A family strengths and preferences section; and
 - A negotiated action section with goals, action steps, and timelines.

The Wisconsin teams must identify a specific patient population when they apply to participate in the shared plan of care project.

“We have some teams who are focusing on kids with medical complexity, others focusing on kids with behavioral or mental health challenges, and others focusing on kids with ADHD,” says Dr. Keil. “Our aim in 2019 was that 85% of the families served by those 14 practices say the shared plan of care ensured that more of their child’s needs were met.”

In Dr. Keil’s joint role with the Children’s Health Alliance of Wisconsin and the Wisconsin Department of Health Services’ Family Health Section, she provides QI support to her colleagues by helping them use QI methods to accelerate learning. Although the Alliance has been providing health care improvement services for more than 25 years,

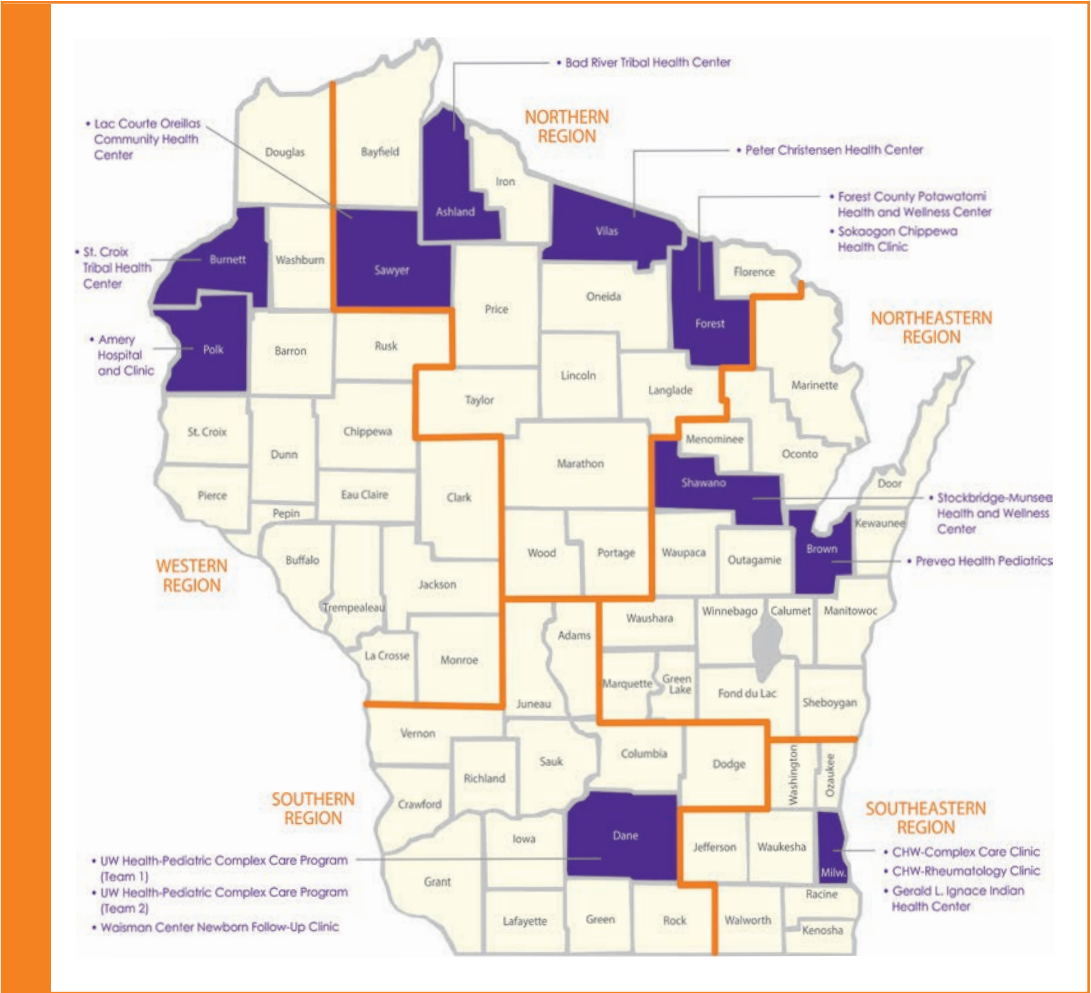
the shared plan of care project is the first to offer Maintenance of Certification (MOC) Part 4 credit.

Dr. Keil was inspired to apply for MOC Part 4 credit on behalf of the Alliance after hearing David Nichols, MD, MBA, President and CEO of the ABP, speak in 2016 at the Wisconsin American Academy of Pediatrics Chapter Open Forum about the ways the ABP had expanded what kinds of projects qualify for MOC Part 4 credit.

“When I heard him speak, I thought this might be an opportunity for us to partner with the ABP to offer MOC Part 4 credit to Wisconsin pediatricians who are already engaged in this work,” says Dr. Keil. “Giving MOC credit is a way to tell clinicians that we value the time and effort they put in to improve their practice. It’s an important way to acknowledge the additional work they do to ensure high-quality care.”

The shared plan of care project in Wisconsin began in 2016 and was approved by the ABP for MOC credit in 2018. Pediatricians who participate in the project can receive 25 points of Part 4 credit.

Other Alliance projects focus on asthma, early literacy, emergency care, grief and bereavement, injury prevention and child death review, medical homes, and oral health. Common threads among the projects include managing health instead of illness, an emphasis on quality of life, and



ABOVE: Pediatric primary care practices and tribal health centers from across Wisconsin participated in the shared plan of care project in 2019.

injury prevention. The Alliance hopes to pursue another MOC Part 4 project this year.

“The MOC Part 4 application process was straightforward and not onerous at all,” says Dr. Keil. “It’s a valuable partnership that benefits all involved.”

1. Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children’s Health. Data Resource Center for Child and Adolescent Health website. <https://www.childhealthdata.org/>. Accessed December 3, 2019.

2. Achieving a Shared Plan of Care with Children and Youth with Special Health Care Needs. Lucile Packard Foundation for Children’s Health website. <https://www.lpfch.org/publication/achieving-shared-plan-care-children-and-youth-special-health-care-needs>. Accessed December 3, 2019.

3. Family Engagement & Leadership: Family Engagement in Title V Programs. AMCHP website. <http://www.amchp.org/programsandtopics/family-engagement/Pages/default.aspx>. Accessed December 3, 2019.



ABOVE: Registered nurse Ebony Cunningham (left) listens as Drs. Sara Horstmann (center) and Joe Sechler (right) discuss their new Pediatric Hospital Medicine certification. Photo by Nancy Pierce.

First Pediatric Hospital Medicine Certification Exam Given

In November, almost 1,500 pediatricians took the first Pediatric Hospital Medicine (PHM) certifying examination at nearly 200 testing centers across the United States and in eight other countries. The pass rate was 84.2%.

Hospital Medicine is the 15th pediatric subspecialty certification offered by the ABP. Certificates in another five subspecialties are offered in conjunction with other boards.

“Children who are hospitalized today generally have more complex medical problems or are more seriously ill than those who can be treated as outpatients,” says Suzanne Woods, MD, ABP Executive Vice President for Credentialing and Initial Certification. “This new subspecialty sets standards for training and recognizes the expertise of pediatricians working primarily in hospital settings. It also recognizes the role of hospitalists in improving hospital systems, ensuring patient safety, and striving for quality improvement.”

“This new subspecialty sets standards for training and recognizes the expertise of pediatricians working primarily in hospital settings.”

— SUZANNE WOODS, MD

Establishing a new subspecialty is an involved process. Interest in PHM certification started more than seven years ago. In 2014, a group from the Joint Council on Pediatric Hospital Medicine petitioned the ABP for a subspecialty certification in their field. After it was approved by the ABP Board of Directors and then by the American Board of Medical Specialties (ABMS), the ABP appointed a PHM subboard (a committee of subspecialists in a particular field). The pediatricians on the new subboard established eligibility criteria for three pathways (practice, training, and a combination). The Accreditation Council for Graduate Medical Education (ACGME) then approved the PHM training program requirements. And finally, the PHM subboard wrote questions for the initial PHM certifying exam.

In February 2019, the ABP started accepting applications for the first PHM exam. Pediatricians certified in general pediatrics who currently work in a hospital as a general pediatric hospital medicine specialist may qualify to take the exam through a practice pathway.

After the PHM exam in 2023, however, all pediatricians taking the PHM certifying exam must meet the requirements for the training pathway, which includes



completion of a fellowship in a PHM program.

Sara Horstmann, MD, who leads the pediatric hospitalist group at Atrium Health/Levine Children's Hospital in Charlotte, NC, was among the first to take her PHM exam, along with several of her colleagues. She says she thinks board certification will help pediatricians who work in hospitals better define what they do and be prepared for challenges unique to the setting.

“The field of hospital medicine requires skill in certain areas, including quality improvement, system administration, and leadership,” she says. “These are all areas of expertise that set our subspecialty apart. It’s important to have these skills when you are in a hospital setting, especially as an educator, researcher, or administrator.”

She doesn’t think every pediatrician working in a hospital needs the PHM certification, though.

“The field of hospital medicine requires skill in certain areas, including quality improvement, system administration, and leadership. These are all areas of expertise that set our subspecialty apart.”

— SARA HORSTMANN, MD

“There’s a tremendous amount of hospital medicine work that needs to be done,” she says. “You can be an excellent clinician without having hospitalist training.”

PHM APPLICATION CONCERNS ADDRESSED BY THE ABP

In the summer of 2019, a group of pediatricians working as hospitalists shared concerns about the experience requirements for taking the exam. They petitioned the ABP for additional information regarding the practice pathway criteria. The petitioners said they had collected anecdotal reports that might indicate the practice pathway criteria disadvantaged women.

In its response, the ABP explained that it had approved 93% of the 1,627 applicants by that time. About 70% of applications

were from women, which mirrors the demographics of the pediatric workforce. A careful analysis of the preliminary numbers showed that applications from 4% of women and 3.7% of men were denied — a statistically insignificant difference. The ABP also acknowledged that the petitioners did not find the guidance on the ABP website sufficiently transparent and revised the language for greater clarity. That guidance may be found at <http://bit.ly/PHM-cert>. The ABP’s response to the petition may be found at <http://bit.ly/PHM-response>.



New Assessment Platform Changes How Pediatricians Think About Exams

ABOVE: Dr. Sinda Althoen (left) with her patient, Nishant Patel. Photo by Tony Kawashima Photography.

From the beginning, the ABP hoped that MOCA-Peds, its new online assessment platform, would not only satisfy a pediatrician's continuing certification examination requirements, but would also foster learning. It was to be "assessment for learning" instead of only "assessment of learning." The questions would help pediatricians identify gaps in their knowledge, and the rationales that accompany the answers would help them fill those gaps.

However, no one anticipated how many pediatricians would find that MOCA-Peds questions would help them identify and fill gaps in their professional knowledge.

In a voluntary and anonymous survey sent to all pediatricians who completed the 2017 pilot and met the passing standard, nearly all (97.6%) who responded said they had learned, refreshed, or enhanced their medical knowledge. Of those, 62% had made a practice change related to something they learned while participating in the pilot.¹

As one pediatrician noted, it's about "keeping up to date in real time rather than cramming for a test."

"I think MOCA-Peds is great," says Sinda Althoen, MD, a board-certified pediatrician at Providence St. Joseph Health in Santa Ana, CA. Her experience with the platform began in 2019 when MOCA-Peds became available for General Pediatrics, Child Abuse Pediatrics, Pediatric Gastroenterology, and Pediatric Infectious Diseases for pediatricians who enrolled in a Maintenance of Certification (MOC) cycle in 2018.

"The number of questions is reasonable," adds Dr. Althoen. "The time allotted is reasonable and five minutes [per question] is easy to find in my day."

Dr. Althoen also credits MOCA-Peds with refreshing her memory and updating her knowledge in certain areas. "As a general pediatrician, I appreciate that the questions are relevant to the patients I see every day in my office. I find the questions on rarer syndromes to be a helpful reminder."

M I N D I N G T H E G A P

For Linda Althouse, PhD, ABP Vice President for Assessment, helping pediatricians identify gaps in their knowledge was one of the primary goals of the new platform. "MOCA-Peds allows the pediatrician to be more of an active participant in their learning," says Althouse. "By participating in MOCA-Peds, pediatricians are able to continually obtain feedback on how they are performing in a number of content domains. These data are stored within the platform and accessible to the pediatrician. When participants assess their own learning needs, they are more likely to change their practice."



HOW PEDIATRICIANS ARE FILLING THE GAP

From anonymous survey responses:

"MOCA-Peds helps you realize what has changed in medicine and put it into practice."

"It's really just refreshing general knowledge about things and in reinforcing things that I maybe haven't

thought about in a while. I am a subspecialist, and so there are many [General Pediatrics] items I don't really look back on. However, I feel like refreshing my [General Pediatrics] knowledge makes me a better physician in general."

"[Now] I routinely access clinical guidelines during chart review for conditions that I see less frequently, because the MOCA-Peds pilot highlighted areas of practice where my knowledge was not as strong."

"By not studying endless hours of minutiae for a sit-down exam, I was able to [answer] these questions faster and immediately learn from the discussions and focus my extra time on practical continuing education for my patients."

"I had gotten out of the habit of reading to stay current and MOCA-Peds was a great jump start to get going again."

The hope is that as more pediatricians gain access to the platform and participate, they will leverage MOCA-Peds as a tool to keep up with the ever-changing world of medicine.

"I think the best aspect of MOCA-Peds is the ongoing nature [of it]," says Dr. Althoen. "For general pediatrics [and subspecialties], there is great value in touching up on skills quarterly."

The ABP recommends participants review learning objectives before starting MOCA-Peds each year, access resources while taking questions, and review the rationale and references supporting the correct answers.

Also, Althouse encourages pediatricians to visit the "Question History" page within MOCA-Peds, where they can get detailed information about the questions and answers, including rationales on which the answer is based. This information may help pediatricians identify and fill gaps in their knowledge.

¹ Turner AL, Olmsted M, Smith AC, Dounoucos V, Bradford A, Althouse L, Leslie LK. Pediatrician perspectives on learning and practice change in the MOCA-Peds 2017 pilot. *Pediatrics*. 2019;144(6):e20192305. doi: 10.1542/peds.2019-2305.

MOCA-PEDS FOR SUBSPECIALTIES: ANTICIPATED AVAILABILITY

In 2019, MOCA-Peds was available for pediatricians in General Pediatrics, Child Abuse Pediatrics, Pediatric Gastroenterology, and Pediatric Infectious Diseases. Exam due dates for all subspecialties have been postponed until MOCA-Peds is available in those areas.

Other pediatric subspecialties certified by the ABP:

- 2020 — Developmental-Behavioral Pediatrics, Neonatal-Perinatal Medicine, Pediatric Nephrology, Pediatric Pulmonology
- 2021 — Pediatric Critical Care Medicine, Pediatric Endocrinology, Pediatric Hospital Medicine, Pediatric Rheumatology
- 2022 — Adolescent Medicine, Pediatric Cardiology, Pediatric Emergency Medicine, Pediatric Hematology-Oncology



ABOVE: From left to right: Ava, Layla, William, Brandon, Landon, and LaToshia Rouse. Photo by Tom Fuldner Photography.

Presenting the 2019 Stockman Lecture at the American Academy of Pediatrics (AAP) National Conference and Exhibition in October, LaToshia Rouse, mother of four, told some 4,000 pediatricians how much it can mean for a doctor to ask, sincerely, “How are you?”

“One pediatrician can make such a difference,” she said. “One pediatrician can help a family feel resilient and able to cope with their children’s challenges.”

Rouse has faced numerous challenges with her children.

Although her first child, Brandon, could count backwards from 10 at 2 years old, she soon noticed that his language skills lagged behind those of other children on the playground.

When Brandon was 3, Rouse gave birth to triplets. Born at 26-weeks’ gestation, the babies spent more than four months in the hospital.

“I personally found that I gave everything I had to everyone else, and I was not on the list,” she said. “I thought eventually I would break, but I couldn’t.”

When Rouse and her husband, William, started caring for the triplets at home, her concerns about Brandon continued. “I wanted to know why this kid could do complex things like read at a first-grade level but not hold a conversation with me,” she explained.

So, Rouse made an appointment with her pediatrician and arrived pushing two babies in a double stroller, holding one in a carrier on her chest, and holding Brandon’s hand. One of the babies had a gastrostomy tube in place to deliver nutrition directly to his stomach. And in the pediatrician’s office, Brandon was mimicking the beeping of a machine in the room.

Rouse said she felt near the breaking point — until the pediatrician stopped her work, turned toward Rouse, and asked, “How are you doing?”

“No one had asked me that before,” she told the audience. “My pediatrician helped make me feel like I was not alone ... I had a teammate in her.”

Shortly after that, Brandon was diagnosed with mild to moderate autism, while the whole family received the support they needed.

Checking Up on Emotional Well-Being of Families

“We don’t expect you to solve all our problems,” Rouse told the pediatricians at the AAP meeting. “But just having a conversation is supportive. Even if resources are not available, listening helps.”

Watch her presentation at <http://bit.ly/stockman2019>.

With funding from the American Board of Pediatrics Foundation, Rouse and other parents and pediatricians have created a Roadmap Project that supports pediatric patients living with chronic conditions, their families, and the medical teams who care for them. The Roadmap Project aims to increase awareness about the need and urgency to provide support for emotional health and resilience for children with chronic conditions and their families. A video about the project is available at www.abp.org/foundation/roadmap.

The Stockman Lecture, honoring former ABP President and CEO James A. Stockman III, MD, focuses on patient and family partnership in pediatrics.



ABOVE: Dr. Gary Frank (center) discusses patient safety with Children’s Healthcare of Atlanta colleagues.

Eliminating Harm in Health Care

One is not zero. These words are a mantra for Gary Frank, MD, MS. Zero medical errors causing harm to children is his goal.

Dr. Frank, Chief Quality and Patient Safety Officer and Pediatric Hospitalist at Children’s Healthcare of Atlanta, received the ABP 2019 Paul V. Miles (PVM) Fellowship Award, given annually to an accomplished mid-career pediatrician dedicated to improving the quality of health care for children.

Dr. Frank developed the “One is Not Zero” initiative at Children’s, engaging physicians, staff, and administrators to work together to eliminate preventable harm to hospitalized children. Speaking to ABP staff as well as faculty and trainees at the University of North Carolina at Chapel Hill and Duke University schools of medicine in September, Dr. Frank explained how the program investigates behaviors, systems, and processes; finds areas for improvement; and facilitates open communication to help physicians and providers learn from errors and identify problems before they lead to mistakes.

To eliminate harm in health care, Dr. Frank says, everyone on the team has to be committed to patient safety. Each person has to speak up when he or she sees or hears something that seems wrong. He also emphasizes the importance of not punishing people for making mistakes.

“We all make mistakes,” he says. “We have to design our systems of care so that simple human errors do not reach our patients.”

He also emphasizes the value of learning from excellence.

“Safety in health care has traditionally focused on avoiding harm by learning from error,” he says. “This approach may miss opportunities to learn from excellent practice. Excellence in health care is highly prevalent, but there is no formal system to capture it. We tend to regard excellence as something to gratefully accept, rather than something to study and understand. Our preoccupation with failure in health care may cause us to ignore the outstanding care that we deliver every day. It is time to redress the balance.”

“Dr. Frank has done an incredible job applying high-reliability principles to Children’s Healthcare of Atlanta to improve the health and safety of children in the region,” says Keith Mann, MD, MEd, ABP Vice President for Continuing Certification. “He has applied the same principles across the nation as a leader with Solutions for Patient Safety, a network of more than 135 children’s hospitals committed to eliminating harm in pediatric health care. He shared his journey openly with the ABP in a way that all employees could relate to patient safety, and he challenged us all to do our part in eliminating harm.”

Colleagues who nominated Dr. Frank for the PVM Award credit him with building a culture of safety at Children’s. Through the more than 20 peer-reviewed manuscripts and chapters and numerous abstracts he has authored or co-authored, Dr. Frank is building that culture throughout the world.

“I know that zero harm is probably a ludicrous, outrageous goal, but we made this personal,” he says. He keeps his own three children in mind when considering health care safety. “What goal other than zero is acceptable?”

ABP's Lean Way to Quality



ABOVE: ABP staff members from different departments collaborate to improve the experience of ABP volunteers.

While board-certified pediatricians work to improve the care they provide children, the ABP also seeks to improve the certification process for pediatricians. The ABP staff uses a systematic, yet rapid-change, approach called lean. Lean activities — such as process-mapping exercises, root-cause analysis, and standardization of work — help identify and eliminate wasteful steps in any process and maximize value for the pediatricians the ABP serves.

“As the Board transforms to a lean culture, we are making a fundamental change in the way we think, what we value, and how we complete our work,” says Keith Mann, MD, MEd, ABP Vice President for Continuing Certification. “Following the spirit of the ABP mission, the staff is committed to continuous learning and improvement, knowing the approach will help improve the

certification process for pediatricians, which can positively impact the health outcomes for children, adolescents, and young adults.”

In 2019 the ABP held lean workshops to improve the following processes:

- Orienting volunteers who are new to writing examination questions
- Reviewing, revising, and approving potential exam questions
- Sending customized, informational emails to candidates and pediatricians
- Promoting volunteer opportunities and efficiently collecting and synthesizing application information

Each workshop is a four-day immersive experience with cross-functional teams dedicated to improving a given process with the idea of eliminating unnecessary or redundant steps and maximizing both the efficiency and the quality of what

we are setting out to improve. Most teams accomplish in four days what would usually take a year or more of monthly meetings. More than half of the ABP staff has participated in at least one workshop.

“In each workshop, we work on making our processes more efficient and effective,” says Travis Dodson, MBA, ABP Operations Manager and lean facilitator. “By equipping our staff members to identify problems and inefficiencies in the way we do things, we can provide a better certification experience for pediatricians.” Dodson and Amy Hodak, ABP Director of MOC Administration, have led the lean effort at the ABP since 2016.

This year, an additional 15 ABP staff members were trained as lean facilitators, demonstrating the priority the ABP places on process improvement.

Vision Commission Report: A Watershed for ABMS Boards

For the 24 member boards of the American Board of Medical Specialties (ABMS), 2019 was a watershed year. In February, after a year of study, the Continuing Board Certification: Vision for the Future Commission released its final report, which outlined recommendations for improvements to certification that should be made by all boards.

Some of the main themes of the report are:

- Boards need to bring value to physicians in supporting their relevant learning and improvement needs.
- Boards need to bring value to the profession (and other stakeholders) by offering a meaningful credential.
- Meaningful self-regulation requires a system of engaged stakeholders to ensure a collaborative solution to concerns about certification.

After reviewing the Commission's report, the Federation of Pediatric Organizations (FOPO) released a statement, confirming that, “The conclusions of this Commission align closely with the work that FOPO conducted four years ago and which has allowed the ABP [American Board of Pediatrics] to have an early start in improving continuing certification. These events illustrate the importance of all pediatric organizations working together through FOPO to advance child health.”

As FOPO stated, many changes that aligned with the Commission report were already underway. The ABP reported to the Vision Commission that its alternative continuing certification assessment for General Pediatrics

CONTINUING BOARD CERTIFICATION

ACHIEVING the VISION

and three subspecialties, replacing the proctored examination, had been launched. The new assessment, called MOCA-Peds (Maintenance of Certification Assessment for Pediatrics), is an online longitudinal assessment platform that allows test takers the flexibility to answer questions on their personal computers, tablets, or smartphones. The ABP is on track to make MOCA-Peds available for all 15 pediatric subspecialties by 2022 (see page 19).

The ABP also is working on ways to follow other recommendations, including an exploration of ways to integrate the various parts of continuing certification and to provide

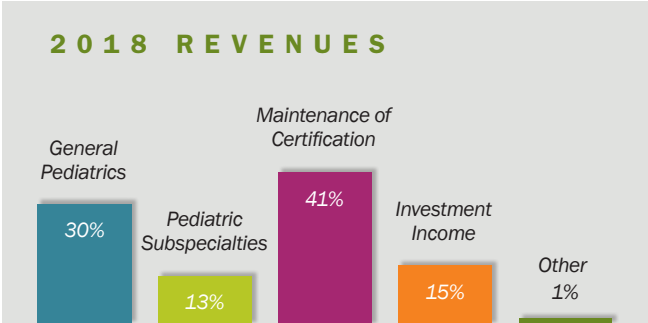
more ways for pediatricians and pediatric subspecialists to participate as volunteers in the work of the ABP.

The 27 commissioners represented various groups with a stake in certification, including practicing physicians; health care leaders; representatives of state and national medical associations, specialty societies, and health advocacy groups; and the public. For more than a year, they gathered feedback through surveys and oral and written testimony, before making their recommendations. Their work led to a consensus on the future direction to collaboratively improve certification for the benefit of patients and physicians.

- **VISION COMMISSION FINAL REPORT:**
<https://visioninitiative.org/commission/final-report/>
- **PROGRESS UPDATES:**
<https://www.abms.org/initiatives/achieving-the-vision/>

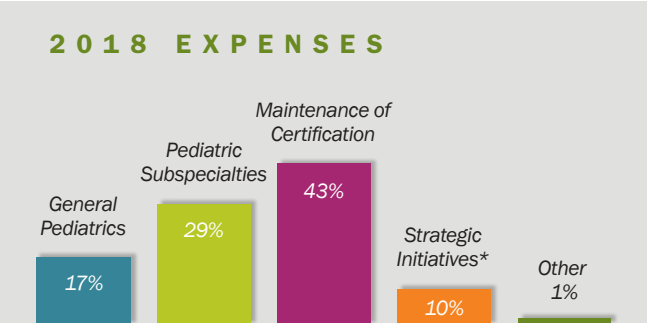
Fiscal Year 2018* Financials

* 2019 financial information was not available at press time, but will be available by April 2020 at www.guidestar.org.



• General Pediatrics	\$10,765,200	30%
• Pediatric Subspecialties	4,769,750	13%
• Maintenance of Certification	14,900,401	41%
• Investment Income	5,247,339	15%
• Other	208,269	1%
Total Revenues	\$35,890,959	100%

* Funding for Research and other Pediatric initiatives to ensure excellence in the education of pediatricians and the delivery of pediatric care



• General Pediatrics	\$5,537,055	17%
• Pediatric Subspecialties	9,256,773	29%
• Maintenance of Certification	13,707,149	43%
• Strategic Initiatives*	3,230,000	10%
• Other	162,218	1%
Total Expenses	\$31,893,195	100%

2019 Publications

The following research papers, reports, and commentaries were authored by ABP staff members or supported in part or in full by the ABP or the ABP Foundation. They were published in major journals or as reports from national organizations from November 2018 through December 2019.

- Arscott-Mills T, Ter Haar B, Firth J, Batra M, Githanga D, Moyer VA; Global Health Task Force of the American Board of Pediatrics. Maintenance of certification: you can make your global health work count. *Pediatrics*. 2019 Jun;143(6). pii: e20183887. doi: 10.1542/peds.2018-3887.
- Cull WL, Frintner MP, Starmer AJ, Leslie LK. Longitudinal analyses of pediatrician burnout. *Acad Pediatr*. 2019 Apr;19(3):256-262. doi: 10.1016/j.acap.2018.11.006.
- Dwyer AC, Althouse LA. Validity evidence for the general pediatrics board certification examinations: a practice analysis. *J Pediatr*. 2018 Dec;203:4-6.e3. doi: 10.1016/j.jpeds.2018.09.039.
- Freed GL, deJong N, Macy ML, Van KD, Leslie LK. Pediatricians’ participation in quality improvement at the time of enrollment in MOC. *Pediatrics*. 2018 Nov;142(5). pii: e20180712. doi: 10.1542/peds.2018-0712.

- Gladding SP, Suchdev PS, Kiguli S, Lowenthal ED; Global Health Task Force of the American Board of Pediatrics. Increasing impact: evaluation in global child health education, clinical practice, and research. *Pediatrics*. 2019;144(6):e20183716. doi: 10.1542/peds.2018-3716.
- Krowchuk DP, Frieden IJ, Mancini AJ, Darrow DH, Blei F, Greene AK, Annam A, Baker CN, Frommelt PC, Hodak A, Pate BM, Pelletier JL, Sandrock D, Weinberg ST, Whelan MA; Subcommittee on the Management of Infantile Hemangiomas. Clinical practice guideline for the management of infantile hemangiomas. *Pediatrics*. 2019 Jan;143(1). pii: e20183475. doi: 10.1542/peds.2018-3475.
- Leslie LK, Olmsted MG, Turner A, Carraccio C, Dwyer A, Althouse L. MOCA-Peds: development of a new assessment of medical knowledge for continuing certification. *Pediatrics*. 2018 Dec;142(6). pii: e20181428. doi: 10.1542/peds.2018-1428.
- Leslie LK, Turner AL, Smith AC, Dounoucos A, Olmsted MG, Althouse L. Pediatrician perspectives on feasibility and acceptability of the MOCA-Peds 2017 pilot. *Pediatrics*. 2019;144(6):e20192303. doi: 10.1542/peds.2019-2303.
- Macy ML, Van KD, Leslie LK. Freed GL. Engagement in research

Publications continued on page 25

At a Glance

SINCE THE ABP BEGAN IN 1933:

- More than 128,000 have been certified in General Pediatrics, 3,212 newly certified in 2019
- More than 33,000 of those also have been certified in a subspecialty, 2,510 newly certified in 2019

2019 INITIAL CERTIFYING EXAMS Pass Rates (First-Time Test Takers)

Not all subspecialty exams are given every year. Additional subspecialty certificates awarded by the ABP are Adolescent Medicine, Cardiology, Child Abuse Pediatrics, Critical Care Medicine, Neonatal-Perinatal Medicine, Nephrology, and Pulmonology.

Examination.....	First-Time Takers.....	Pass Rate (%)
• General Pediatrics	3,385.....	87.4
• Developmental-Behavioral Pediatrics	62.....	91.9
• Emergency Medicine*	337.....	87.2
• Endocrinology	159.....	83.7
• Gastroenterology	205.....	94.2
• Hematology-Oncology	347.....	89.1
• Hospital Medicine	1,491.....	84.2
• Infectious Diseases	96.....	84.4
• Rheumatology	57.....	89.5
• Sleep Medicine**	41.....	97.6
• Sports Medicine**	30.....	100.0

* Emergency Medicine includes 42 candidates from the American Board of Emergency Medicine. ** Sleep Medicine and Sports Medicine certificates are awarded in collaboration with other specialty boards.

Publications, continued from page 24

- among pediatric subspecialists at the time of enrollment in maintenance of certification, 2009–2016. *Pediatr Res*. 2019. doi: 10.1038/s41390-019-0703-2.
- McMillan JA, Land M Jr, Tucker AE, Leslie LK. Preparing future pediatricians to meet the behavioral and mental health needs of children. *Pediatrics*. 2020;145(1):e20183796. doi: 10.1542/peds.2018-3796.
- Murray KE, Lane JL, Carraccio C, Glasgow T, Long M, West DC, O'Connor M, Hobday P, Schwartz A, Englander R; Education in Pediatrics Across the Continuum (EPAC) Study Group. Crossing the gap: using competency-based assessment to determine

2019 PROCTORED MOC EXAMS

Examination	First-Time Takers	Pass Rate (%)
• General Pediatrics	329	86.6
• All Subspecialties Combined*	22	90.9

* Excludes candidates certified by other boards and examinations administered by other boards: Hospice and Palliative Medicine, Medical Toxicology, Pediatric Transplant Hepatology, Sleep Medicine, and Sports Medicine.

2019 MOCA-PEDS ASSESSMENT

MOCA-Peds has launched for General Pediatrics and the three subspecialties shown below. Participation data for the remaining subspecialties will be provided once MOCA-Peds has begun in those areas.

Because MOCA-Peds is a continuous assessment spanning the first four years of an MOC cycle, pass rates cannot be determined at this time.

Practice Areas	Eligible to Participate	Participation Rate*
• General Pediatrics	3,852	76.9
• Child Abuse Pediatrics	48	81.2
• Pediatric Gastroenterology	121	76.0
• Pediatric Infectious Diseases	108	81.5

* Participation is defined as answering at least 80% of MOCA-Peds questions in 2019.

Visit www.abp.org/content/workforce for more data about the pediatric physicians workforce.

2019 Committees

The ABP appreciates the excellent work of pediatricians and members of the public who volunteer their time, energy, and expertise to our committees and subboards that provide direction for certification activities and produce examinations.

We also thank the volunteers who served as subspecialty content development experts or on practice-analysis panels, standard-setting panels, and other user panels in 2019.

We appreciate the dedication and commitment of all ABP volunteers to the ABP vision and mission.

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DR. CAROLYN BRIDGEMOHAN, 1961-2019

ABP volunteers and staff mourn the loss of Carolyn H. Bridgemohan, MD, who was chair of the Developmental-Behavioral Subboard when she died on Aug. 16, 2019. An international leader in developmental-behavioral pediatrics, Dr. Bridgemohan was one of the first certificate holders for the subspecialty. She also was co-director of the Autism Spectrum Center at the Boston Children's Hospital and helped fill the gap in the treatment of children with autism through her research, teaching, and care.

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ABOVE: Drs. John Co (left) and Anna Kuo attend an ABP Foundation Board of Directors meeting.

VISION

Inspiring a lifetime pursuit of learning to improve child health

MISSION

Advancing child health by certifying pediatricians who meet standards of excellence and are committed to continuous learning and improvement

VALUES

- *Consistency:* Making unbiased decisions based on published ABP policies
- *Excellence:* Striving to do our best work
- *Reliability:* Living up to responsibilities and commitment
- *Transparency:* Sharing non-confidential information openly

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Overarching Principle: The “North Star” for the ABP is and will remain the improvement of health outcomes for children, adolescents, and young adults.

- The ABP is primarily accountable to children, from infants to young adults, and their families as it guides professional self-regulation and certifies pediatricians.
- ABP certification recognizes pediatricians who meet rigorous standards for competencies essential to improving child health.
- The ABP supports best practices for the assessments of all core competencies using tools that are fair, valid, reliable, and contribute to lifelong professional development.
- The ABP prioritizes work that the organization is uniquely positioned to do.
- The ABP strives to align opportunities for continuing certification with pediatricians’ professional practice.
- The ABP continually evaluates and improves its work based on changing trends in child health, stakeholder feedback, and advances in knowledge, assessment, technology, and care delivery.
- The ABP engages in open dialog with pediatricians, patients and families, and other members of the public.
- The ABP seeks out and respects diverse backgrounds, experiences, and perspectives to inform its work.
- The ABP collaborates with other regulatory bodies, medical organizations, and professional societies to align accreditation and certification across the continuum from training through practice.

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