

Workshop: So you are considering working for government or a not-for-profit organization?"

PEDIATRIC ACADEMIC SOCIETIES 2005 ANNUAL MEETING

WORKSHOP: SO YOU ARE CONSIDERING WORKING FOR GOVERNMENT OR A NOT-FOR-PROFIT ORGANIZATION"

(Sponsored by the American Pediatric Society)

Pediatricians are needed in all types of government and non-for-profit organizations. Their first hand knowledge and experience are important for work ranging from advocacy to policy making. The work style and ambience may be very different from patient care yet just as rewarding. Learn more about the spectrum of experiences pediatricians are having and how you can consider and apply for part-time or full-time work. The workshop faculty will provide handouts and opportunities for discussion and questions.

Sunday May 15, 2005, 8 am - 10 am

Presenters:

Duane Alexander, MD--(WORKING FOR THE US GOVERNMENT)
Director for the National Institute of Child Health & Human Development

Michael Katz, MD--(WORKING FOR NOT-FOR-PROFIT ORGANIZATION)
Senior Vice President of Research and Global Programs, March of Dimes Birth Defects Foundation

Nancy Fisher, MD--(WORKING FOR STATE GOVERNMENTAL ORGANIZATION)
Medical Director of Washington State Health Care Authority

Richard Berhman, MD--(WORKING FOR PEDIATRIC ORGANIZATION AND PRIVATE FOUNDATION)
Executive Chair Federation of Pediatric Organizations, Pediatric Education Steering Committee

Jane Schaller, MD--(WORKING FOR INTERNATIONAL PROFESSIONAL ORGANIZATION)
Executive Director of the International Pediatric Association

Leader—Judith G. Hall, OC, MD--on behalf of APS Council
Professor Emeritus, Departments of Pediatrics and Medical Genetics,
University of British Columbia

Co-Leader—Nancy Fisher, MD

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Duane Alexander, MD
Director for the National Institute of Child Health & Human Development

WORKING FOR THE US GOVERNMENT

- I. Types and Times
 - A. Career
 - B. Short term (Sabbatical)
 - C. Post-Retirement (Expert)

- II. Locations
 - A. NIH
 - B. CDC
 - C. HRSA
 - D. FDA
 - E. IHS
 - F. AHRQ
 - G. Other (e.g., SG, Richmond, Novello, Elders)

- III. Activities – What Would you do?
 - A. Relation to Agencies
 - B. Relation to Career Stage and Time

- IV. Hiring Mechanisms and Pay
 - A. GS/Title 42/IPA
 - B. Salary Ranges
 - C. Benefits and Relation to Academic Systems (TIAA/CREF)

- V. Examples

- VI. Contacts and Applications

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Michael Katz, MD
Senior Vice President for Research and Global Programs of the March of Dimes Birth Defects Foundation

WORKING FOR NOT-FOR-PROFIT ORGANIZATION

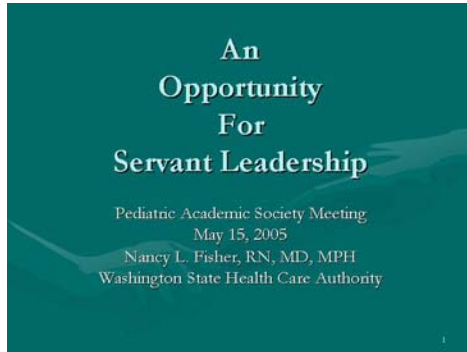
An unknown philosopher coined the phrase "Whether to Wither," and thus had encapsulated the question we are considering in this symposium. Should one retire at some predetermined age, continue on the original trajectory, or undertake something new? There really are no principles that govern this issue, because the answers are personal and idiosyncratic. They depend to some extent on choice, but in an important way, also on one's abilities and one's health. Just as we pediatricians are clearly aware of the tremendous variability in the somatic and psychological development of children, so have the geriatricians learned that chronological age is not a blueprint of body age. Why then do we expect – or are we expected – to fold out tents and slip away into some oblivion. "Yes," we want to do this, say some who drool as they anticipate hours on end and day by day on the golf courses. "No," say others; "our work is not yet done." "What," say a few, "why stop now, when we are gearing to change a career into something entirely different?" Society is not quite ready to deal with the growing number of potential *rentiers*. Indeed, is there useful employment for all this aged protoplasm? And – indeed – the old ones need to vacate the receptor sites and allow the younger generation to step in and take over.

These are my musings in response to Judy's request. I chose to continue, selected a new career, and have been fortunate to be able to remain active, maintain good health, and – insofar as any one can tell – a rational mind. Finding useful things to do is not generally easy. There is clearly a preference for younger candidates in any circumstance, but there are some occupations that truly benefit from experience and are not necessarily attractive to the younger generation. Working for a not for profit foundation seems to be one such. What I do now -- I manage a \$30 million of annual grants, their awards, and their maintenance – requires experience, but it is a responsibility that would not advance a career of a younger person. The point that my experience illustrates is that there are important jobs requiring substantial expertise that could not lead to future advancement. Therefore they are not the sort of jobs that would be suitable for a younger person.

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Nancy Fisher, MD
Medical Director of the Washington State Health Care Authority

WORKING FOR STATE GOVERNMENTAL ORGANIZATION



Servant Leadership

Act on What You Believe.

Be an Affirmative Builder of Society.

Use Your Life Well.

2

Health Care System

Plans - Health Insurance Companies & Self Insured

Purchasers - Employers

Providers - Facilities & Programs & Practitioners

Patients - Potentially All of Us

3

Washington State



4

State Programs

Medical Assistance Administration

- o Medicaid
 - HMO
 - Fee For Service

Health Care Authority

- o Basic Health - Safety Net
 - HMO
- o Public Employees, K-12, Universities, Employer Groups
 - HMO
 - PPO - "self insured"
- o Community Clinics

5

The BIG DIFFERENCE

LEGISLATURE

CONTRACTS

6

State Legislature

Budget

- Health Care Authority -
 - o Basic Health & Public Employees
 - o Co-pays
 - o Co-insurance
 - o State Funds
- Medical Assistance Administration - Medicaid
 - o State & Federal Matching Dollars
 - o Entitlement

Bills (January - April)

7

Legislation Impact

State

- RCW - Revised Code of Washington
- WAC - Washington Administrative Code
- Mandates
 - o Patient Bill of Rights
 - o Every Category of Provider
 - o Joint Purchasing - HCA & MAA

Federal

- Balanced Budget Act

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Basic Systems

Medical

Medical Policy
Health Policy
Quality Improvement
Utilization Management
Credentialing
Benefit Design/Mgmt

Operations

Customer Service
Reimbursement/Risk Mgmt
Actuarial Services
Fraud and Abuse
Budget
Legal Issues

9

Medical Director Responsibilities

Medical Policy

- Evidence-based Research
- Medical Necessity

Quality Improvement

- Clinical Outcomes Assessment Program - COAP, SCOAP
- National Quality Forum
- NCQA

Clinical Coverage

- Benefit Design - bariatric surgery
- Benefit Management - prevention - colonoscopy

Contract Compliance

Practitioner Oversight

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Other Duties As Assigned

Liaison

Medical Societies, Hospital Association
State Agencies - L & I, DOC, MAA, DOH
Puget Sound Health Alliance
AHRQ

Patient Safety

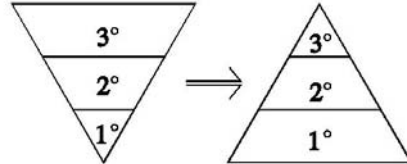
Leapfrog
State Coalition

Priorities of Government

Obesity
Disparities in Health

11

Create the Future



12

Leave a Legacy

Live	Love
Listen	Laugh
Learn	Lead

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Richard Berhman, MD
Executive Chair Federation of Pediatric Organizations, Pediatric Education Steering Committee

WORKING FOR PEDIATRIC ORGANIZATION AND PRIVATE FOUNDATION

- I. Mission of the Foundation
- II. "Think Tank" activities
- III. Grant making
- IV. Management
 - A. Differences from academic institutions
 - B. Trustee relationships
 - C. Grantee relationships
 - D. Community relationships
- V. Lobbying
- VI. Satisfactions and frustrations

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international pediatric association
association internationale de pédiatrie
asociación internacional de pediatría

Jane Schaller, MD
Executive Director for The International Pediatric Association
J.G. Schaller, Executive Director

WORKING FOR INTERNATIONAL PROFESSIONAL ORGANIZATIONS

The International Pediatric Association (IPA) is a non-governmental professional organization which includes the National Pediatric Societies of 143 countries of the world, the large regional pediatric societies of all areas of the world (North America, Latin America, Europe, the Mediterranean and Middle East, Sub-Saharan Africa, Central Asia, and Asia), and eleven international pediatric specialty societies including the World Federation of Pediatric Surgeons and the International Pediatric Chairs Group. The IPA currently does not have an individual membership category; our members are associations which all together include some 500,000 pediatricians from countries all over the world. We are governed by officers (the President and President-Elect, Executive Director, Treasurer, and Coordinator), Executive and Standing Committees, and a Council of Delegates (which includes a representative of each Member Organization). We are a nonprofit organization, and aside from administrative secretarial positions, we do not provide employment or remuneration for officers or committee members.

The original purpose of the IPA was to foster relationships among pediatricians, thus promoting education, sharing of information, and friendships. The chief activity of the IPA over most of its years has been to conduct an International Congress of Pediatrics every three years, excluding the years of the First and Second World Wars. The most recent of these Congresses have been in Amsterdam in 1998, Beijing in 2001, and Cancun in 2004. Our next International Congress will be in Athens, Greece, in August 2007. In addition to these International Congresses, our regional member societies hold meetings every two or three years which attract several thousand pediatricians from their own regions. Upcoming regional meetings during the next two years will be in Benin (Union of African Pediatric Societies, December 2005), Istanbul (Union of Mediterranean Pediatric Societies, September 2005), Sri Lanka (Asia Pacific Pediatric Society, September 2006), and the Dominican Republic (Latin American Pediatric Association, November 2006).

Pediatricians in North America are generally well-trained in broad aspects of pediatrics including both physical and psychosocial health. We provide both primary and specialty care for children, and have access to high tech and well equipped medical systems, although there are continuing health problems for some American children occasioned by poverty and disadvantage. Despite our advanced systems, our child health statistics are surpassed by a number of other industrialized countries.

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Many North American pediatricians do not fully realize that severe problems in global child health persist and are worsening in some areas even though the knowledge and the skills to remedy them exist. Each year at least 11 million children under the age of 5 die from simple conditions which could have been prevented or readily treated, and countless millions of others survive with impaired health and diminished abilities which will last a life time. Of the 11 million under-five child deaths, 4 million are of babies who do not survive the first month of life. In addition, the same diseases which plague our children in North America also exist in the developing world, and facilities for their care are generally lacking.

The International Pediatric Association, with its worldwide reach of pediatricians, is well positioned to address these issues. In doing so, we can learn first hand about the problems from our pediatric colleagues in other parts of the world. One of our chief objectives has been to empower our pediatric colleagues to act on behalf of their own children. Most global child health policy has been made without consultation or participation of pediatricians who live in the countries where the problems exist. We of the IPA think this is one of the principle reasons for lack of sustainability and ultimate success of child health programs. We have been working to bring the voices of the International Pediatric Community to the agencies who traditionally have made global policy, including WHO, UNICEF, the World Bank, and a number of donors such as government and bilateral donors (like USAID) and foundations (like the Gates Foundation). We are also concerned with strengthening the child health infrastructure in the developing world.

In addition to general advocacy work for global child health and for the role of our profession in global child health, IPA has been active in a number of program areas including Child Survival, Child Health in Sub-Saharan Africa, Childhood Tuberculosis, Children's Environmental Health, Child Health in Humanitarian Emergency, Essential Medicines for Children, Universal Immunizations, Newborn Survival and Health, Adolescent Health, Quality of Care, and Neuroprotection/Early Childhood Development.

One problem with a not-for-profit professional organization like the International Pediatric Association is that we do not offer opportunities for employment, and we have limited spaces on our governing committees. So if you are looking for a paying job after retirement to keep you interested in life, the IPA is probably not the best place to look. If, however, you are looking for new knowledge, understanding of the big issues in global child health, and an opportunity to get to know and to learn from your pediatric colleagues throughout the world, the IPA offers rich opportunities. It has been the observation of many of us that younger people who are busy making their careers and supporting their families do not have the leisure or the option to devote much energy to non-paying endeavors. However, retired people still have years of enthusiasm backed by years of knowledge and wisdom to devote to causes that matter to them.

This session will describe the global child health scene, the organization and activities of the IPA, and the major global health players. Hopefully there will be time for discussion of how interested people can get involved in advancing the causes of global child health. The work is very satisfying, and clearly addresses one of the most urgent issues in the world today: that of the health of the children and families of the disadvantaged world.

Additional handouts will be available.