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### **NASPGHAN strategic plan report - Overview**

**I. Background:** On September 12-14, 2014, approximately 30 attendees (NASPGHAN executive council, NASPGHAN councilors, committee chairs, and a subset of vice-chairs), met to chart priorities for the society for the next four years. The full list of attendees is available in appendix 1, and included members from academia, clinical practice, and hospital based practice. Both researchers and clinicians attended. William Balistreri, past NASPGHAN and NASPGHAN Foundation President, was moderator and facilitator for the meeting.

Prior to the conference, a strategic planning survey was disseminated to all NASPGHAN members, and responses from the survey helped us identify areas of interest to the membership as well as the content areas for 10 working groups, who were charged with identifying priorities. Before the meeting, a series of conference calls organized and moderated by councilors laid the groundwork for discussion of these 10 topic areas (appendix 2).

The meeting began Friday night, with an overview of the history of NASPGHAN by Margaret Stallings and William Balistreri. Athos Bousvaros presented the achievements and accomplishments of NASPGHAN in the past four years, most notably the high powered magnet advocacy and education program, the development of part 4 Maintenance of Certification for our members, the expansion of Gkids.org, the revision of our website, and the creation of the Council for Pediatric Nutrition Professionals. Dr. Carlo Di Lorenzo presented his vision for the future of NASPGHAN, including increasing collaborations with other societies, development of a board review course, plans to assure more society member involvement, and increasing the amount of content offered at the Annual Meeting.

Matthew Riley of the Clinical Practice Committee established the theme of the planning meeting: ***inclusion and engagement***. While a significant proportion of our members are active in NASPGHAN, another group is less engaged, and perceives the organization to be academia-centric. A large proportion of our the meeting was devoted to planning more initiatives for members in clinical practice, and also discussing ways to more actively engage practitioners in the leadership of NASPGHAN. On Saturday, individuals from the working groups met, established agendas, and proposed action plans. These agendas were presented to the entire group on Sunday, and priorities were established. Priorities are summarized on the following page. Many of these are inexpensive and simple, and can be easily implemented. Other more complex and expensive items will be implemented over the next 2-4 years, or as funding becomes available.

## II. Strategic Plan Overview

### A. Professional education and maintenance of certification (MOC)

#### Aims:

- Improve professional education for all NASPGHAN members.
- Develop education programs to facilitate studying and passing American Board of Pediatric Examination, and for maintaining certification (MOC).

#### Action Plans:

1. Establish stand-alone Board Review course for NASPGHAN members in 2015 or 2016.
2. Increase nutrition education at annual meeting at stand-alone meetings, and online.
3. Increase part 2 and part 4 MOC offerings:
  - Develop activities eligible for part 2 MOC credit
  - Work with AAP to establish AAP-NASPGHAN PREP GI module
  - Increase awareness and enrollment in NASPGHAN part 4 MOC activities

**Responsibility:** Professional Education Committee, MOC Task Force.

### B. Clinical Practice

#### Aims:

- Help physicians in clinical practice adjust to changes in the current healthcare environment.
- Increase training for fellows interested in a clinical practice career.
- Reduce administrative burden in obtaining medications for patients (see advocacy).
- Ensure access to children in need of pediatric GI care, by preventing reimbursement cuts by Medicaid and private payors (see advocacy).

#### Action Plans:

1. Perform a **membership practice survey** to determine the differences between academic practice, hospital practice, and private practice, to determine the needs of each group.
2. Change the “billing and coding session” at NASPGHAN meeting to a more comprehensive session involving other practice issues, including contracting with insurance companies, negotiating with hospitals, and practice management.
3. Provide additional training in clinical practice to fellows at the third year conference.
4. Develop a stand-alone one day session on clinical practice.

**Responsibility:** Clinical Practice Committee, Clinical Care and Quality Committee, Training Committee

### **C. Advocacy**

#### **Aims:**

Ensure pediatric patients with diseases of the digestive system have timely access to the best and most appropriate therapeutic options

Advocate for our profession by ensuring adequate reimbursement, which in turn will provide access to pediatric care for children.

#### **Action Plans:**

1. Develop a survey of our physicians, nurses, and dietitians to determine the prevalence of “off-label use” of therapies in pediatric GI. Characterize the difficulty in obtaining access to such medications (e.g. biologics, nutritional therapies, motility agents).
2. Develop a list of formal FDA approved indications for medications.
3. Provide resources for NASPGHAN members to most effectively advocate on behalf of their patients with payers
4. Begin a dialogue with third party payors regarding access to medications.
5. Partner with other societies on reimbursement issues, which will facilitate NASPGHAN having a voice with CMS and private payors.
6. Advocate to Congress for insurance coverage of “medical foods”

**Responsibility:** Advocacy Committee, Clinical Care and Quality Committee, APGNN, CPNP.

### **D. Training**

#### **Aims:**

- Improve training for all pediatric gastroenterology trainees

#### **Action Plans:**

1. Devise a survey of fellows who have recently completed their training to identify gaps in their training.
2. Continue to support programs currently in place (e.g. Teaching and Tomorrow).
3. Revise third year fellow conference to include information on clinical practice issues.
4. Prepare a policy on cross- institutional training.
5. Advocate for a NASPGHAN members to have representation at ACGME.
6. Continue to develop Entrustable Professional Activities.

**Responsibility:** Training Committee

## **E. Research**

### **Aims:**

- Increase the proportion of NASPGHAN members choosing a research career.
- Increase the proportion of NIH funded investigators who are NASPGHAN members.

### **Action Plans:**

1. Raise funds through NASPGHAN Foundation to develop a mid-career NASPGHAN research grant.
2. Increase research presentations at the Annual Meeting.
3. Establish inter-institutional research mentorship through NASPGHAN.
4. Increase NASPGHAN members' presence in NIH Study Sections

**Responsibility:** Research Committee, NASPGHAN Foundation

## **F. Partnerships with other societies**

### **Aims:**

- Improve partnerships with other societies in areas such as professional education, MOC, and advocacy.

### **Action Plans:**

1. Establish a "liaison committee" of NASPGHAN individuals who are well connected with other organizations (both professional and patient) that will meet periodically to discuss synergies with other societies.
2. Establish a catalogue of key contacts (executive directors, physicians, and allied health professionals) at other organizations.
3. Develop additional memoranda of understanding with other organizations in the pediatric, gastroenterology, hepatology, and nutrition fields.
4. Increase NASPGHAN recognition at other conferences (AGA, PAS, etc)

**Responsibility:** President, President-elect, Executive Council.

## **G. Collaboration with the Association for Pediatric Gastroenterology and Nutrition Nurses (APGNN) and the Council for Pediatric Nutrition Professionals (CPNP).**

**Aim:** Strengthen and partner with our two "sister organizations"

### **Action Plans:**

1. Increase membership in both APGNN and CPNP.
2. Continue to collaborate with both groups on all relevant activities including the Annual Meeting and website content.
3. Increase the activity of NASPGHAN physician members on CPNP and APGNN committees.
4. Expand outreach into Mexico and Canada.

**Responsibility:** Nutrition Committee, CPNP and APGNN leadership, Executive Council.

## **H. NASPGHAN Foundation**

### **Aims:**

- Ensuring the growth of the research and educational initiatives of the Foundation.

### **Action Plans:**

1. Raise awareness of the Foundation's activities among NASPGHAN members.
2. Continue public education "campaigns" on areas such as IBD, obesity, and reflux.
3. Establish a legacy program for NASPGHAN members.
4. Continue to collaborate with our industry partners.

**Responsibility:** Foundation Board in collaboration with NASPGHAN committees.

## **I. International outreach and world congress**

### **Aims:**

- Ensure a well-attended and successful 2016 World Congress.
- Enhance the impact of NASPGHAN educational programs worldwide.
- Facilitate collaboration with international physicians in training and research.

### **Action Plans:**

1. Work closely with the Montreal local organizing committee to actively market and fundraise for the 2016 World Congress.
2. Increase the dissemination of NASPGHAN guidelines through translation into other languages.
3. Establish a list of US institutions that will provide training for international physicians, and the requirements of those programs.

## **J. Public education, technology, and social networking.**

### **Aims:**

- Improve and disseminate NASPGHAN's public education materials.
- Use technology to support NASPGHAN's mission.

### **Action Plans:**

1. Place additional content on the GIKids website, with illustrations and videos, if needed.
2. Modify website as needed to make material easier to find.
3. Translate GIKids materials into other languages, including Chinese and Arabic.
4. Increase NASPGHAN participation on our Facebook and Twitter accounts.
5. Increase social media use at our Annual Meeting.

### **III. Strategic plan priorities**

Members of the strategic planning committee met on the final day of the retreat to identify priorities for NASPGHAN in the next four years. The following recommendations for priorities in the strategic plan were identified.

#### **1. Assisting members in obtaining and maintain Board certification.**

- NASPGHAN will establish a board review course by 2016.
- The fellow's board review book will be updated by 2016.
- NASPGHAN modules and support for MOC part 4 will continue.

#### **2. Ensure our patients have access to needed therapies**

- Perform a survey of off-label medication use by pediatric gastroenterologists.
- Advocate for access of our patients to medications and nutritional therapies if medical evidence supports their efficacy, even if they have not received a formal FDA label for use in the pediatric population.
- Work with the FDA to educate physicians about drug development, and to help perform the clinical trials that will determine whether medications are safe and effective in children.

#### **3. Provide additional support for our community of physicians in clinical practice**

- Expand our sessions at our NASPGHAN annual meeting by providing additional information on contracting, reimbursement, and practice management.
- Increase knowledge of clinical practice issues among our trainees.
- Advocate for access to pediatric GI care by opposing CMS cutbacks.

#### **4. Support career development in research in an era of reduced funding**

- Raise additional support for research grants through our Foundation.
- Provide additional mentoring opportunities, both through our annual meeting, and by linking trainees and junior faculty to more experienced investigators.

## Appendix 1 – List of attendees of strategic planning meeting and working groups.

### A. Advocacy

**Chairs** Mark Gilger, Camille Bonta

**Councilor:** Norberto Rodriguez

*William Balistreri*

*Athos Bousvaros*

*Rick Caicedo*

*Adam Noel*

*Kim Rose*

### B. Partnerships with other societies

**Chairs** Carlo Di Lorenzo, Leo Heitlinger

**Councilor:** Jenifer Lightdale

*Udeme Ekong*

*James Heubi*

*Diane Kocovsky*

*Margaret Stallings*

### C. Professional Education, Quality, Maintenance of certification

**Chairs:** Jennifer Strople, Jeannie Huang

**Councilor:** Maria Mascarenhas

*Praveen Goday*

*Chris Liacouras*

*Matt Riley*

*Tom Sferra*

*Jon Teitelbaum*

### D. Training -

**Chairs:** Doug Fishman, Michael Narkewicz

**Councilor:** Kara Margolis

*Joseph Croffie*

*Alfredo Larrosa-Haro*

*Vicky Ng*

*Barry Wershil*

*Ben Zaitz*

### E. Research

**Chair:** Neera Gupta

**Councilor:** Glenn Furuta

*John Barnard*

*Eric Benchimol*

*Sylviane Forget*

*Amy Manela*

*Veronique Morinville*

*Kathy Schwarz*

### F. Clinical Practice issues, reimbursement, health care reform

**Chair:** Adam Noel

**Councilor:** Jenifer Lightdale

*Camille Bonta*

*Athos Bousvaros*

*Mark Gilger*

*Leo Heitlinger*

*Chris Liacouras*

*Michael Narkewicz*

*Matt Riley*

*Jon Teitelbaum*

### G. APGNN and CPNP

**Chairs:** Praveen Goday, Diane Kocovsky

**Councilor:** Maria Mascarenhas

*James Heubi*

*Sylviane Forget*

*Neera Gupta*

*Kim Rose*

### H. NASPGHAN Foundation

**Chair:** Carlo Di Lorenzo

**Councilor:** Kara Margolis

*William Balistreri*

*John Barnard*

*Doug Fishman*

*Glenn Furuta*

*Amy Manela*

*Geoff Werth*

*Barry Wershil*

### I. International Outreach/World Congress –

**Chair:** Norberto Rodriguez-Baez

**Councilor:** Alfredo Larossa Haro

*Udeme Ekong*

*Sylviane Forget*

*Veronique Morinville*

*Kathy Schwarz*

*Jennifer Strople*

*Ben Zaitz*

### J. Technology, public education, social networking

**Chair:** Eric Benchimol, Tom Sferra

**Councilor:** Vicky Ng

*Rick Caicedo*

*Joe Croffie*

*Jeannie Huang*

*Margaret Stallings*