2015 was a year of new energy and growth for the Chapter. We welcomed several new Board Members and two new staff including Sarah Rafton, our Executive Director and Edna Maddalena, our Project Coordinator. Through the combined efforts of highly engaged Chapter members, talented staff, and committed partners we were able to accomplish important legislative advocacy work and statewide trainings, and also establish a strong presence within the state’s health transformation efforts and connect with and engage many more Chapter members.

There is no more important work than speaking up for children to ensure they can enjoy a lifetime of health and achieve their potential. Our Chapter is fortunate to have so many dedicated members and collaborators committed to accomplishing these goals. As 2016 gets underway, I eagerly look forward to continuing the work of ensuring all children have access to the highest quality of care within our state.

Sincerely,

Michael Dudas, MD, FAAP
President, Washington Chapter of the American Academy of Pediatrics

Learn more about WCAAP – watch our video!

Click above or visit: https://youtu.be/umuTBrHpuWI
Strategic Priorities

**AT OUR ANNUAL RETREAT IN JULY**, we focused on Washington’s changing health care environment and the ways we can work with our state to ensure we have a system that supports children’s health and development. Our guest speakers discussed health transformation at the state and national levels as well as how the AAP and our Chapter can ensure that we achieve the best health outcomes for children.

We adopted 4 strategic priority areas to accomplish our goals:

**ONE** LEGISLATIVE ADVOCACY

**TWO** HEALTH CARE TRANSFORMATION

**THREE** MEMBER ENGAGEMENT

**FOUR** EARLY LEARNING

For each of these priority areas, we established and populated committees with an activated group of team members who developed charters and focused work plans. Throughout the rest of the year, these committees have been doing an incredible job turning the Chapter’s vision into action by moving these work plans forward. We invite everyone reading this report to join or partner with a WCAAP committee and help us go farther and faster.

The Chapter’s Mission and Vision serve as a framework for our role in the state and inspire us to embrace new challenges.

**OUR VISION**
We nurture human potential. As pediatricians, we aspire to ensure a foundation of lifetime health and improve the well-being of future generations.

**OUR MISSION**
To optimize the health and well-being of children and their families while supporting pediatricians in their development and practice. To accomplish our mission, we will:
- Empower pediatricians to provide quality medical care
- Advance public policy to benefit children
- Advocate for communities that support children and their families
- Collaborate with other child health advocates
- Frame and lead the public discussion on child health issues
Who We Are

OFFICERS
President
Michael Dudas, MD, FAAP
Chief of Pediatrics, Virginia Mason, Seattle
Vice President
Erin Harnish, MD, FAAP
General Pediatrics, PeaceHealth Medical Group, Longview
Treasurer
James Polo, MD, MBA, CPE, FACHE
Chief Medical Officer, Western State Hospital, Tacoma
Secretary
Rupin Thakkar, MD, FAAP
General Pediatrics, Swedish Children’s Clinic, Edmonds
Past President
Maggie Hood, MD, FAAP
Pediatric Hospitalist, Sacred Heart Children’s Hospital, Spokane

TRUSTEES
Frances Chalmers, MD, FAAP
General Pediatrics, Mt. Vernon
Kerry Harthcock, MD, FAAP
Pediatric Hospitalist, Yakima
Kimberlee Hauff, MD, FAAP
Pediatric Hospitalist, Seattle
Bradley Hood, MD, FAAP
Developmental and Behavioral Pediatrics, Tacoma
Meta Lee, MD, MSED, FAAP
General Pediatrics, Renton
Elizabeth Meade, MD, FAAP
Pediatric Hospitalist, Seattle
Christine Ramirez, MD, FAAP
General Pediatrics, Centralla

Matthew A. Thompson, MD, FAAP
General Pediatrics, Spokane
Blaine Tolby, MD, PhD, FAAP
General Pediatrics, Longview
Greg Welsh, MD, FAAP
Pediatric Hospitalist, Bellingham

EX-OFFICIO BOARD MEMBERS
CATCH Facilitators
Diane Liebe, MD, FAAP, Yakima
Traci McDermott, MD, FAAP, Seattle
Chapter Child Care Contact
Danette Glassy, MD, FAAP

STAFF
Sarah Raffon
Executive Director
Laurie Lippold
Legislative Liaison
Jennifer Donahue
Communications Manager
Edna Maddalena
Project Coordinator

WCAAP members shape every facet of our work. Washington is a diverse state and we represent members with diverse needs, from a general pediatrician in Yakima to a hospitalist in Tacoma, and everyone in between. We serve 761 voting members and 194 non-voting members, representing 958 pediatricians from throughout the state.

To better connect with our members the WCAAP launched a program of listening sessions in the fall of 2015. Our first listening sessions, held in Yakima and Spokane, were valuable opportunities for us to learn from our members as well as a great chance for pediatric health professionals to network with others in their community.

We are looking forward to continuing this outreach in 2016!

Our regular communications channels include the monthly e-newsletter, Developments, social media platforms including Facebook and Twitter, direct email outreach to members and regular updates on our website, wcaap.org. We encourage you to get in touch with your ideas for improvement!

Do you have ideas to help strengthen member engagement? Email admin@wcaap.org to get involved with the Sustainability and Engagement Committee.
Your partner for exceptional care

From childhood injuries to complex conditions, we are here for you and your patients. Mary Bridge continues growing and providing the leading care children need closer to home. We are your partner for all things pediatrics.

4,700 Inpatient/observation Discharges
160,000 Outpatient Visits
5,800 Surgeries
42,000 Emergency Visits
20+ Pediatric Sub-specialties
140+ Pediatric Specialty Providers

*2015 Data

Mary Bridge Locations
Auburn • Covington • Gig Harbor • Maple Valley
Olympia • Puyallup • Silverdale • Tacoma

marybridge.org
INCREASED MEMBER INTEREST IN 2015

The Early Learning Committee’s goals for 2015 were to increase membership and engagement, and advocate for our priority initiatives both in the legislature and with agencies. During 2015 we were excited to have increasing member interest in many areas of Early Learning including child care access/quality, developmental screening, social-emotional development, and early literacy. Members were active in specific groups related to these areas including the Coalition for Safety and Health in Early Learning (CSHEL); the Help Me Grow/Universal Developmental Screening Partnership; Promoting First Relationships®; and Reach Out and Read. Members also serve in leadership related to the Essentials for Childhood grant and the Birth-3 subcommittee for the Early Learning Committee. Members participated in the Legislative Committee and in legislative advocacy. Strong budget outcomes for early learning and health included Medicaid payment for developmental screening; increased funding for the Early Support for Infants and Toddlers (Birth-3) Early Intervention system; and increased funding for Reach Out and Read.

Collectively we are striving to assure that pediatric primary care is leveraged and connected within Washington’s Early Learning system. We ended the year with an in-person committee meeting with in-depth sharing of individual passions and the beginnings of conversations of ways we might move work forward. In 2016 we will further connect as a committee, starting by participating in WCAAP Advocacy Day together. We will share information about opportunities for advocacy and participation within the committee, and to the broader membership of the WCAAP. We welcome new members at any time. To join the committee or learn more, contact us at elc@wcaap.org.

I recently joined the Early Learning Committee with the interest in promoting both ACES and universal developmental screening. Standardized inclusion of ASQ questioning in our clinic has resulted in countless Early Intervention referrals that verbal inquiry of developmental milestones may have missed. Similarly, I believe ACES screening would serve to highlight significant and unspoken challenges that burden our patients. A robust medical home model will be imperative to support our most venerable families. I hope to participate in both of these efforts in the coming year.

Thatcher Felt, DO, FAAP
Yakima
GREAT MINDS IS A PROJECT OF WASHINGTON STATE DEPARTMENT OF HEALTH IN COLLABORATION WITH THE WCAAP. All children in Washington State should have access to high-quality, comprehensive, family-centered medical homes that include regular developmental screenings. The project aims to:

- Empower pediatric providers to systematically provide developmental screenings in their practice utilizing a peer-to-peer training approach.
- Increase medical homes for children through collaboration with community and state partners.
- Promote state policies that support medical homes, reimbursement for developmental screening and the feasibility of a universal developmental screening (UDS) system.

In 2015 we provided live training to multidisciplinary providers in Longview, Ritzville, Othello, Colville, Wenatchee, and Moses Lake. More than 140 care providers were trained, including family practitioners, PAs and RNs, and representatives from Early Intervention and Head Start were in attendance. Additionally, several providers participated in the Colville training from remote sites via telehealth. We will continue to explore telehealth in 2016 as an avenue to reach more providers.
For not-quite-emergencies and can’t-wait-’til-tomorrows.

Whether it’s a rash, tummy ache or an ear infection, kids don’t always get sick during doctors’ hours. That’s why Seattle Children’s now has Urgent Care Clinics in Bellevue, Federal Way, Mill Creek and Seattle. No appointment is necessary. Your child will be treated by the same caring and professional medical experts that you’ll find at the main Seattle Children’s campus. Hours are Monday through Friday, 5 p.m. to 10:30 p.m. and Saturday, Sunday and holidays, 11 a.m. to 8 p.m. By choosing Urgent Care, you’ll typically have a shorter wait and lower out-of-pocket expenses than a visit to the Emergency Department. In case of an emergency, please go to Seattle Children’s Hospital Emergency Department or call 911. To learn more or view current wait times, visit seattlechildrens.org/urgentcare.
Our committee includes community-based primary care providers, hospital-based specialists, managed care representation, and academic partners. We invite you to join us and share your experiences and skill in transforming care to improve child health.

In July 2015, the WCAAP Health Care Transformation committee formed to ensure the voices of pediatricians inform health system transformation efforts underway and that children’s health improves under health care transformation. We work with pediatric practices, hospitals, the Health Care Authority, Department of Health, managed care plans, and other child health stakeholders to help shape health care transformation in Washington State.

Our goals include engaging our membership at the regional level to inform state transformation efforts and working with early adopter practices to employ transformation and quality improvement efforts to improve the future of pediatric care in our state. We are working to ensure that pediatric outcome measures are available and meaningful and that data from plans and the Health Care Authority regularly reaches the practice level to help improve care. We are also working to improve the quality of care for Washington children, including increasing practice-based care coordination, improving transitions between primary and specialty care, and increasing access to timely behavioral health care.

Health care transformation is coming down the pike no matter what, for my practice personally and for pediatricians as a whole. Rather than run and hide, being one of the Transformers on the WCAAP Health Care Transformation Committee allows me to both learn about and play an important role in guiding the process towards better health and behavioral health outcomes for our Washington children and youth.

Francie Chalmers, MD, FAAP
Mt. Vernon

The health care transformation committee’s two major accomplishments in 2015 were 1) assuring behavioral health care metrics for the Washington State Common Measure Set are meaningful for improving child health, and 2) partnering with the Department of Health and Molina to launch a 4-year, CMS-funded pediatric health care transformation grant, the Pediatric Transforming Clinical Practice Initiative.

LOOKING FORWARD, OUR GOALS FOR 2016 INCLUDE:
• Recruit 500 pediatric providers in transforming care to further improve child health, including improved access to primary care and improved immunization rates.
• Partner with pediatric providers and Medicaid contracted managed care organizations to prepare for value based payment.
• Ensure care coordination for children on Medicaid with complex social and medical needs is reimbursed in Washington pediatric practices.
• Increase access to behavioral health care services for Washington children.
Level IV neonatal intensive care serves the Inland Northwest

“Babies who are born prematurely or with critical illnesses have immediate needs for highly specialized physicians, advanced technology and experienced staff for optimal outcomes. Sacred Heart Children’s Hospital is pleased to offer this highest level of complex neonatal care.” — Keith Georgeson, MD, pediatric surgeon, Division Chief Children’s Hospital

Our Level IV NICU — the highest designation under the Washington State Perinatal and Neonatal Level of Care Guidelines — serves families throughout the Inland Northwest. The 61-bed NICU, staffed by experienced physicians in all pediatric subspecialties, have the most advanced imaging services available. The highly-trained anesthesiology, pharmacy, nutrition and nursing staff round out the multidisciplinary team prepared to handle even the most complex infant care.
The Sustainability and Engagement Committee was created in 2015 to grow membership, improve member engagement and increase Chapter value for individual WCAAP members. To better understand what WCAAP members need, we began chapter “listening sessions” across Washington State. At these casual networking sessions, which will continue in 2016, chapter leaders interact with members and engage in constructive dialogue about practice-related issues, opportunities for growth and engagement, and member needs. The committee also spearheaded a member networking social hour at this year’s AAP National Conference and Exhibition (NCE), and created a guide to the NCE for members highlighting issues pertinent to Washington pediatric physicians as well as speakers from our state.

THE COMMITTEE’S GOALS FOR 2016 ARE TO:
1. Increase our engagement and membership both among pediatric physicians and advanced practice providers (Nurse Practitioners and Physician Assistants) in Washington;
2. Plan for and support WCAAP’s financial sustainability;
3. Identify “chapter champions” at locations across the state that interact with pediatric residents and other trainees; and
4. Continue to increase and expand member value as well as member engagement in leadership activities.

We invite you to join the Sustainability and Engagement Committee if you are interested in helping us find ways to increase the value of our membership, engage other pediatricians in your community or help develop new strategies for the financial health of our chapter!

As a new trustee, I was uncertain what my role would be and how I could help with the improvement of medical care to kids in our state. I joined the Sustainability and Engagement Committee and found myself surrounded by forward thinking pediatricians. This led to me helping to host a “listening session” event in Yakima where I was able to connect with local pediatricians in the Yakima area with similar interests in the delivery of medical care to those children in need. I also had the opportunity to meet with our local state legislator and discuss pediatric care issues. And all this in just the first three months.

Kerry Harthcock, MD, FAAP
Yakima
Working on the legislative committee gives me added purpose to my work as a pediatrician. The legislative committee offers a rewarding and concrete way to advocate for kids outside the office walls. It also keeps me up to date on policy decisions being made in Olympia that impact the kids I care for and the practice of medicine in our state.

Julian Ayer, MD, FAAP
Tacoma

The Legislative Committee celebrated some big successes in 2015 while some of our priorities didn’t gain enough traction to pass. Sometimes the process of policy change is two steps forward and one step back, and the past legislative session was no exception.

The big victory of 2015 was the passage of legislation so that Medicaid in Washington will pay for universal developmental screening at 9, 18 and 24-30 months and autism screening at 18 and 24-30 months. Lawmakers understood that this was an issue of equity and access to the standard of care and that early detection leads to early intervention services and ultimately better outcomes. Money to fund Reach Out and Read for the biennium was also secured.

Unfortunately, a broad coalition including WCAAP was unsuccessful in an attempt to maintain the Medicaid rate bump initially instituted with the passage of the Affordable Care Act. Legislation to minimize child and adolescent injuries and deaths through safe storage of firearms failed to move forward. There was also a stalemate on legislation to prevent distracted driving and legislation to regulate e-cigarettes and decrease youth access to tobacco products by raising the minimum age for purchasing tobacco to 21. (continued on next page)
As the committee prepares for the 2016 legislative session, our 2015 priorities that did not move forward remain goals. This year, the WCAAP will ask the legislature to increase the Medicaid rate for children, as increasing access to care for children is relatively inexpensive and reduces health care costs in the long term. WCAAP is also working toward better Behavioral and Mental Health Care for children in Washington including paying primary care physicians for depression screenings, ensuring that the plans have an adequate provider network, improving access to inpatient psychiatric beds and partial hospitalization programs, and establishing support for families awaiting access to ongoing therapy for their children. To improve immunization rates in the state, we are supporting an infrastructure investment for schools to access the state immunization registry. This will allow schools to efficiently identify children in need of immunizations and improve compliance rates.

The Legislative Committee is open to all WCAAP members and meets by phone weekly during the legislative session and monthly during the interim. All of you can help advance these goals, regardless of involvement in the committee, by calling, writing and speaking with your legislators. Watch your e-mail for Action Alerts that are sent out periodically throughout the session. We encourage you to get involved!

Are you interested in joining the Legislative Committee? Email admin@wcaap.org.
THE EXECUTIVE DIRECTOR, PRESIDENT AND TREASURER develop the initial draft of the budget. It is then shared with the Board for approval and to ensure that each board member has a thorough and detailed understanding of the Chapter’s finances. The budget for 2015 was approved in December 2014. Any significant new income and expense changes to the budget are discussed during quarterly Board meetings. Year-end financial reporting takes into account any grant carry-forward revenue and any revenue savings that go into reserves.

### Revenue and Support

- **Membership Dues**: $103,093 (66%)
- **Grants**: $33,740 (22%)
- **Sponsorships & Other Income**: $20,001 (13%)

**Total Revenue**: $156,834

### Expenses

- **Contract Services**: $98,441 (63%)
- **Travel and Meetings**: $33,951 (22%)
- **Operations**: $31,136 (20%)

**Expenses**: $163,528

**Change in Net Assets**: $(6,694)

### Statement of Financial Position

**Assets**: $253,949

**Liabilities and Net Assets**

- **Liabilities**: $60,947
- **Net Assets**: $193,002

**Total Liabilities and Net Assets**: $253,949
Swedish is recognized in our community for providing extraordinary care to children and their families.
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