Ten Weeks In...from The President

May 26, 2020

Today marks the end of the 10th week since our worlds changed due to the COVID-19 pandemic. I like to think of this as the “end of the beginning.” While most of us can completely exhale, the continued trajectory of COVID-19 presents unexpected challenges. We have all endured and continue to learn about detecting and managing patients with COVID, appropriately utilizing our efforts, and protecting patients and staff with PPE, standing up telehealth, and keeping practices afloat. While we are seeking to return to normalcy without guarantees, we have armed ourselves as best we can to face the uncertainty.

So, as we collectively seek our footing and prepare for the next phase, I want to take some of this authorship on our Chapter has been involved over the past several months. As our leaders and staff have worked to help patients and members with the most up-to-date information on the many facets of the pandemic, whether clinical, operational, practice management, telehealth, reimbursement or other. And we have also focused on advancing for children, families and pediatricians at every level possible.

1. Created a Chapter COVID-19 Task Force comprised of experts around the state in Infection Control, Emergency Medicine, and Infectious Diseases from the national AAP, CDC, and the Georgia Dept. of Public Health. The task force meets regularly and ensures we have the most accurate information available. The task force will address the looming academic gap as some families have limited access to broadband, and to answer members’ questions re the many issues around COVID-19. Our goal is to connect members with resources, including care, as quickly as information becomes available. This is often accomplished due to the constant vigilance of staff as they check in with members daily to learn about the latest information available.

2. Responded to Member Concerns Re Financial Hardship for Practices. A great many of the practices have been huge drops in patient visits and the financial hardship that has ensued. We have been providing information on programs like PPP and EIDL loan programs and practice management returns. As part of our advocacy, we’re making sure our state legislators and the governor recognize the critical state of diverted and keep Medicaid payments must be sustained during this crisis. We recognize that new cost to maintain the healthcare infrastructure and keep practices viable throughout the state.

3. Activated our Statewide Committee to marshal resources and education for members about this perhaps more critical aspect of pediatric care. We convened our first webinar, solicited input from members into the planning, and established a priority for ongoing advocacy for telehealth during and after the pandemic.

4. Provided twice weekly Updates to members in a familiar and helpful, and set up Template Responses to common member’s questions to issues around COVID-19. Our goal is to connect members with resources, including care, as quickly as information becomes available. This is often accomplished due to the constant vigilance of staff as they check in with members daily to learn about the latest information available.

5. Created a Communications/Media Committee to craft a strategy to get children in to see their pediatrician. This includes press releases, print media stories, TV and radio spots, and social media campaigns including the continuous onslaught of COVID-19, we have managed to endure! We have worked day and night to learn about detecting and managing patients with COVID, appropriately utilizing our efforts, and protecting patients and staff with PPE, standing up telehealth, and keeping practices afloat. While we are looking to a future that comes without guarantees, we have armed ourselves as best we can to face the uncertainty.

6. Appointed to the Governor’s COVID-19 Task Force. I’ve been pleased to serve on the Executive Committee for the Georgia Governor’s COVID-19 Task Force and look forward to working with this distinguished group of leaders.

7. Worked with National AAP for Advocacy in Washington, DC and at the State Capitol. The national AAP is pushing for federal relief for Medicaid providers, who have been left out of the stimulus packages. While Medicare physicians were granted extra payments through the CARES Act, Medicaid physicians were completely left out of this plan. We are working continuously with the national AAP to support increased federal payments for state Medicaid programs.

8. Convened other Chapter committees such as Inflammatory Child Health, School Health, Communications, and Advocacy to address other problems that have been produced by COVID-19. Our committees are engaged, dedicated and working hard.

9. Reached out and collaborated with Critical Partners. We’ve had the benefit of Sally Green’s wonderful connection to the AAP. Additionally, we have members at CDC who have worked as virtual liaisons for our hospital leaders. The task force meets weekly with DPH Commissioner Kathleen Toomey, MD. We are working with other critical partners such as the Georgia Child and Adolescent Health Coalition, TCCHC, DECAL, WIC program and GEEARS to prioritize both the health and educational needs of our children in to see their pediatrician. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

10. Converted all of the Chapter’s Educational/CME offerings to virtual status. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

11. Created a Chapter COVID-19 Task Force comprised of experts around the state in Infection Control, Emergency Medicine, and Infectious Diseases from the national AAP, CDC, and the Georgia Dept. of Public Health. The task force meets regularly and ensures we have the most accurate information available. The task force will address the looming academic gap as some families have limited access to broadband, and to answer members’ questions re the many issues around COVID-19. Our goal is to connect members with resources, including care, as quickly as information becomes available. This is often accomplished due to the constant vigilance of staff as they check in with members daily to learn about the latest information available.

12. Converted our Educational/CME Programs to virtual status as well. The move to virtual has extended our popular Education/CME programs in both in-person and virtual formats.

13. Responded to Member Concerns Re Financial Hardship for Practices. A great many of the practices have been huge drops in patient visits and the financial hardship that has ensued. We have been providing information on programs like PPP and EIDL loan programs and practice management returns.

14. Created a Communications/Media Committee to craft a strategy to get children in to see their pediatrician. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

15. Converted all of the Chapter’s Educational/CME offerings to virtual status. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

16. Converted our EPIC® Programs to virtual status as well. The move to virtual has extended our popular Education/CME programs in both in-person and virtual formats.

17. Worked with National AAP for Advocacy in Washington, DC and at the State Capitol. The national AAP is pushing for federal relief for Medicaid providers, who have been left out of the stimulus packages. While Medicare physicians were granted extra payments through the CARES Act, Medicaid physicians were completely left out of this plan.

18. Convened other Chapter committees such as Inflammatory Child Health, School Health, Communications, and Advocacy to address other problems that have been produced by COVID-19. Our committees are engaged, dedicated and working hard.

19. Reached out and collaborated with Critical Partners. We’ve had the benefit of Sally Green’s wonderful connection to the AAP. Additionally, we have members at CDC who have worked as virtual liaisons for our hospital leaders. The task force meets weekly with DPH Commissioner Kathleen Toomey, MD. We are working with other critical partners such as the Georgia Child and Adolescent Health Coalition, TCCHC, DECAL, WIC program and GEEARS to prioritize both the health and educational needs of our children in to see their pediatrician. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

20. Appointed to the Governor’s COVID-19 Task Force. I’ve been pleased to serve on the Executive Committee for the Georgia Governor’s COVID-19 Task Force and look forward to working with this distinguished group of leaders.

21. Worked with National AAP for Advocacy in Washington, DC and at the State Capitol. The national AAP is pushing for federal relief for Medicaid providers, who have been left out of the stimulus packages. While Medicare physicians were granted extra payments through the CARES Act, Medicaid physicians were completely left out of this plan.

22. Convened other Chapter committees such as Inflammatory Child Health, School Health, Communications, and Advocacy to address other problems that have been produced by COVID-19. Our committees are engaged, dedicated and working hard.

23. Reached out and collaborated with Critical Partners. We’ve had the benefit of Sally Green’s wonderful connection to the AAP. Additionally, we have members at CDC who have worked as virtual liaisons for our hospital leaders. The task force meets weekly with DPH Commissioner Kathleen Toomey, MD. We are working with other critical partners such as the Georgia Child and Adolescent Health Coalition, TCCHC, DECAL, WIC program and GEEARS to prioritize both the health and educational needs of our children in to see their pediatrician. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

24. Converted all of the Chapter’s Educational/CME offerings to virtual status. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

25. Converted our EPIC® Programs to virtual status as well. The move to virtual has extended our popular Education/CME programs in both in-person and virtual formats.

26. Responded to Member Concerns Re Financial Hardship for Practices. A great many of the practices have been huge drops in patient visits and the financial hardship that has ensued. We have been providing information on programs like PPP and EIDL loan programs and practice management returns.

27. Created a Communications/Media Committee to craft a strategy to get children in to see their pediatrician. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

28. Converted all of the Chapter’s Educational/CME offerings to virtual status. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

29. Converted our EPIC® Programs to virtual status as well. The move to virtual has extended our popular Education/CME programs in both in-person and virtual formats.

30. Responded to Member Concerns Re Financial Hardship for Practices. A great many of the practices have been huge drops in patient visits and the financial hardship that has ensued. We have been providing information on programs like PPP and EIDL loan programs and practice management returns.

31. Created a Communications/Media Committee to craft a strategy to get children in to see their pediatrician. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

32. Converted all of the Chapter’s Educational/CME offerings to virtual status. This includes press releases, print media stories, TV and radio spots, and social media campaigns.

33. Converted our EPIC® Programs to virtual status as well. The move to virtual has extended our popular Education/CME programs in both in-person and virtual formats.

34. Responded to Member Concerns Re Financial Hardship for Practices. A great many of the practices have been huge drops in patient visits and the financial hardship that has ensued. We have been providing information on programs like PPP and EIDL loan programs and practice management returns.

35. Created a Communications/Media Committee to craft a strategy to get children in to see their pediatrician. This includes press releases, print media stories, TV and radio spots, and social media campaigns.