**Background and Overview**

In response to a charge from the boards of both AMSPDC and AAAP, a group of three chairs (Stephen Daniels, Brent Polk and Hugh O’Brodovich) and three AAAP member-leaders (Erin Allen, Elaine Gallagher and Alison Marx) met in August 2014 to explore ways for the two groups to collaborate more closely.

In October, 2014, the AAAP and AMSPDC distributed a survey to identify potential topics for collaboration. The survey was completed by 51 chairs and 60 administrators. The identified priorities, each of which had at least 14 #1 survey votes included:

- effort definitions
- compensation methodology
- best practice compilation
- value-based health care

After reviewing the top priorities, the Steering Committee selected faculty effort as the first topic to be investigated. Workgroups were formed for each category of effort (clinical, teaching, administrative and research), with co-chairs appointed from each organization. Members from each group volunteered to serve on each of the workgroups. Co-Chairs included: Rob Lane, Beth Kalberg, Judy Aschner, Sandie Bolina, Bob Vinci, Patricia Segerson, Bruder Stapleton and Gail Cohen. General Members included: Michelle Barnett, Wesley Burks, Norman Christopher, Loretta Cordova de Ortega, Bryan Downey, Allison Eddy, Tina Gray, Michael Probst, Wade Clapp, Sherin Devaskar, Kerstin Hildebrandt, Liz McCarty, Robin Steinhorn, Rick Barr, Alicia Gacharna, David Ingram, Phil O’Brien, Teresa Welch, Jackie Burczyk, Steve Czinn, James Dimond, Steve Lipshultz, Teresa Quattrin, Tracey Wallace and George Weiss.

**Framework for Project**

In recognition of the diversity of institutions represented in both organizations, the Steering Committee charged the workgroups with offering some guidelines on each of the effort categories, rather than seeking consensus for definitions or funding approaches to faculty effort. The primary intent of the work was to test the model of bringing chairs and administrators together in a collaborative activity. Specifically, each workgroup was asked to identify key principles associated with effort definition in their category, and then to share their institutional practices with other workgroup members, identifying advantages and challenges associated with each approach. Finally, the workgroups identified unresolved issues or questions that may benefit from further consideration in a “phase II” project.

The preliminary summaries were shared with the AAAP membership at the May 2015 annual meeting. Subsequent to that meeting, the feedback of the AAAP members was incorporated into the summaries. In October of 2015, AMSPDC board members reviewed the documents and provided additional feedback.

**Summary**

The Steering Committee is pleased to present the membership of both organizations with the results of this work via this joint newsletter which we plan to share on each organization’s
website. In addition to sharing the results of these efforts, information on each of the participating team members is included, in an effort to further build a foundation for collaboration and communication. The Steering Committee looks forward to hearing suggestions and feedback from the membership of both organizations on future opportunities for shared initiatives and partnership.
### Key Principles and Current Practices

<table>
<thead>
<tr>
<th>Principle</th>
<th>Current Practice</th>
<th>Advantages</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-wRVU generating activities</td>
<td>Varied with numerous workarounds. Providing credits either in the CFTE or wRVU or benchmarked targets.</td>
<td>Flexible. Provides a method of fairness for the individuals.</td>
<td>Benchmarking becomes problematic. Process and means can overshadow the end product.</td>
</tr>
<tr>
<td>Indirect care</td>
<td>Reducing the CFTE and increasing admin effort to incorporate additional time for the EMR. Assume after hours/call is part of the CFTE. Workarounds as described above.</td>
<td>Flexible. Provides a method of fairness for the individuals.</td>
<td>Heterogeneity between institutions. Creates a conflict between enterprise components over accountability. Likely to erode financial sustainability in the FFS model.</td>
</tr>
<tr>
<td>Team productivity</td>
<td>Division chief provided picture of whole section – per CFTE and in total.</td>
<td>Better overall assessment of efficiency.</td>
<td>Requires leadership resource to ensure equity of effort within team.</td>
</tr>
<tr>
<td>Adjusting the benchmarks</td>
<td>Local market pressures in both salary and wRVU require a local market approach to setting targets.</td>
<td>Allows adjustment to local market conditions.</td>
<td>At risk for focus being local fit versus applying an industry wide standard process.</td>
</tr>
<tr>
<td>Ability to measure fee for service and population health impacts</td>
<td>Population health based reimbursement has not yet taken hold in pediatrics.</td>
<td>Allows programs to maintain the wRVU productivity model...for now.</td>
<td>Output of the CFTE will need to be redefined. wRVU’s will not be a sustainable model in population health based reimbursement.</td>
</tr>
<tr>
<td>Outreach</td>
<td>Provide wRVU or CFTE credit for off-campus work.</td>
<td>Flexible. Provides a method of fairness for the individuals.</td>
<td>Asymmetric benefit between different enterprise components requires greater transparency.</td>
</tr>
<tr>
<td>Downstream referral impact</td>
<td>Included in pro formas for new business development.</td>
<td>Transparency between the Department and Hospital.</td>
<td>Difficult to establish gain-sharing opportunities.</td>
</tr>
</tbody>
</table>
AAAP/AMSPDC Faculty Effort Definition
Clinical Workgroup

Unresolved Issues/Questions
- Population health – the financial model is becoming more hybrid
- Modeling for drastic changes in macro and micro economics
- Vulnerable populations
- Standards for defining cFTE (sessions, attending weeks, shifts, hours)
- How does cFTE definition impact academic time/expectations? Teaching time/expectations?
- Incentives
- Analytics – under delivered and complicated by multiple organizations
- Factors that impact cFTE:
  - Market conditions/need
  - Procedure time
  - Rounding time/on-call
  - Number of trainees
- Relationship of cFTE to wRVU expectations:
  - Impact of non-physician practitioners on productivity
  - Impact of fellows/teaching on productivity
  - Impact of various institutional models on AAAP salary/productivity survey validity
AAAP/AMSPDC Faculty Effort Definition
Research Workgroup

Co-Chairs: Judy Aschner, MD (Albert Einstein/Montefiore) and Sandie Bolina (Vanderbilt)
Members: Wade Clapp, MD (Indiana); Sherin Devaskar, MD (UCLA); Kerstin Hildebrandt (Children’s National), Liz McCarty (Emory) and Robin Steinhorn, MD (UC Davis)

Key Principles Considered When Defining Effort (see table on next page)
• Clinical Educator vs. Physician Scientist
• Early Career vs. Mid-Career vs. Established

Unresolved Issues/Questions
• Funding sources
  o Relationship to research effort protection
  o Cost share funding sources
  o Philanthropy vs. extramural (competitive) funding – defining any distinction for effort protection
• Clinical salary, research salary – are there examples of how institutions are handling (some have one base salary; others have different salaries for clinical and research components)
• How is effort impacted when there is need for bridge support
• How is effort allocated for writing new grants unrelated to existing funding, serving on study sections, mentorship in the lab, generating pilot data for new projects, etc.
• Expectations for productivity to maintain research effort protection (# of grants, award dollars, etc.)
• Does department of institution-supported academic time apply to the physician scientist
• Research RVU concept - any existing models?
• How do we provide financial incentive for conducting research similar to wRVU clinical productivity?
## AAAP/AMSPDC Faculty Effort Definition
### Research Workgroup

### Current Practices: (Sample data fields)

<table>
<thead>
<tr>
<th>Sample Institution</th>
<th>Response</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average weekly work hours</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Educator</td>
<td>50-80% clinical</td>
<td>Annual goals set/must self-report progress annually</td>
</tr>
<tr>
<td>Physician Scientist</td>
<td>20-25% clinical</td>
<td>Annual goals set/must self-report progress annually</td>
</tr>
<tr>
<td>Early career</td>
<td>1-5 years post-fellowship</td>
<td>Annual goals set/must self-report progress annually</td>
</tr>
<tr>
<td>Mid-career</td>
<td>6-10 yrs post-fellowship, 1 RO1</td>
<td>Annual goals set/must self-report progress annually</td>
</tr>
<tr>
<td>Established</td>
<td>&gt; 11 yrs post fellowship; 2 RO1s/Independent Lab</td>
<td>Annual goals set/must self-report progress annually</td>
</tr>
</tbody>
</table>

### Definitions

- **Clinical Educator**
  - Early career: Attribute 20% for academic time
  - Annual goals set/must self-report progress annually

- **Physician Scientist**
  - Early career: Attribute 70% for 3 years
  - Annual goals set/must self-report progress annually
  - Mid-career: Attribute up to 80% but only supported if external funding secured for this effort
  - Annual goals set/must self-report progress annually
  - Established: Attribute up to 80% but only supported if external funding secured for this effort
  - Annual goals set/must self-report progress annually

### Unfunded research effort

- **Early career CE**
  - Attribute 20% for academic time, of which 10% is research
  - External funding is applied to 10% unfunded research effort first; funding beyond 10% allows additional effort protection

### Initial Track Assignment for Faculty with Research Effort > 20%

- Clinical Educator: Incoming faculty conducting clinical research

### Academic vs Research Time

- Clinical Educator: 10%: research, 5%: education and 5% administrative/advocacy

### Physician Scientist Research Effort Definition

- Early career
  - Attribute 20% for academic time
  - Annual goals set/must self-report progress annually

- Mid-career
  - Attribute up to 80% but only supported if external funding secured for this effort
  - Annual goals set/must self-report progress annually

- Established
  - Attribute up to 80% but only supported if external funding secured for this effort
  - Annual goals set/must self-report progress annually

### Junior Research Faculty (immediately post fellowship)

- 4th Year Research Fellow
  - If paid on NIH stipend (T32/F32)

- Instructor
  - Majority of income fellows with established research plan

- Asst Professor
AAAP/AMSPDC Faculty Effort Definition

Education Workgroup

Co-Chairs: Bob Vinci, MD (Boston Med Ctr) and Patricia Segerson (U Mass)
Members: Rick Barr, MD (U Miss), Alicia Gacharna (TTUHSC), David Ingram (U Alabama), Phil O’Brien (UCSF) and Teresa Welch (U Florida)

Key Principles Considered When Defining Effort
- Define teaching effort, including: Undergraduate Medical Education; Graduate Medical Education; Allied Health Professional Education (including PhDs, NPs, Genetic Counselors, Speech Therapists, etc.) and Other Educational Efforts (CME, Scholarly Projects, etc.)
- Assess teaching in the clinical setting

Current Practices

<table>
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<tr>
<td>Defined teaching effort</td>
<td>Each faculty member is expected to devote ___ hours per week to UME, GME, etc.</td>
<td>Establishes a baseline expectation for department faculty</td>
<td>Requires monitoring</td>
</tr>
<tr>
<td>Teaching in the clinical setting</td>
<td>Many models and different effort involved with teaching students, residents, fellows, allied health professionals</td>
<td>Allows for flexibility based on the need and skills of the educator</td>
<td>May impact clinical productivity. Some types of teaching are more important or required versus optional teaching</td>
</tr>
</tbody>
</table>

Unresolved Issues/Questions
- Funding methodologies for teaching and whether they are sufficient
- How number of trainees/size of programs, structure of teaching programs influences education effort demands
- Consideration of different types of teaching/learning: didactic, experiential, community
- Scope of mentoring programs and roles
- Metrics for success in teaching and education
- Overlap with other effort areas (clinical/research)
- How is the value of education defined (given that this is what sets academic medical centers apart from others)
AAAP/AMSPDC Faculty Effort Definition

Administrative Effort

Co-Chairs: Bruder Stapleton, MD (Univ Washington) and Gail Cohen (Colorado Children’s)

Workgroup Jackie Burczyk (Kansas Univ Med College), Loretta Cordova de Ortega, MD (Univ New Mexico), Steve Czinn, MD (Univ Maryland), James Dimond (Univ Michigan), Steve Lipshultz, MD (Wayne State), Teresa Quattrin (Children’s Buffalo), Tracey Wallace (Univ Rhode Island) and George Weiss (CHLA)

Key Principles Considered When Defining Effort
- Determining what activities are considered administrative; who decides?
- What is administrative activity funding source?
- How is time/support for activity determined?
- Is administrative effort counted towards promotion? If so, how?

Current Practices

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</thead>
<tbody>
<tr>
<td>Define List of Administrative Work</td>
<td>Allocated ranges of support per activity</td>
<td>Data demonstrates wide range of activities supported; high-level ability to assess similarities and differences</td>
<td>Likely not comparing apples to apples; need additional detail to ensure that comparisons are relevant</td>
</tr>
<tr>
<td>Identified various funding sources</td>
<td>Obtain support via %fte or flat amount for each administrative activity</td>
<td>Ability to compare % or amount of support and determine if funding sources are similar</td>
<td>Not having enough detail to understand similarities and differences (for ex: annual work requirements differ)</td>
</tr>
<tr>
<td>Process for determining if activity qualifies for support</td>
<td>Review of work; budget review process</td>
<td>Identified similar roles/activities that are supported at various institutions</td>
<td>Also identified wide range of activities supported; differences may be unique; requires further insight and discussion</td>
</tr>
<tr>
<td>Promotion Eligible</td>
<td>Varies amongst departments</td>
<td>Credit towards promotion results in greater participation; better quality of work</td>
<td>Limited number of roles at some institutions; people stay in roles for long periods of time</td>
</tr>
</tbody>
</table>

Unresolved Issues/Questions
- Need to seek additional clarity regarding differences in reporting categories (for ex: title/scope; cfte work weeks; paid time off, etc.)
- Need to understand differences if we are to standardize approach.
- How do activities listed play a role in promotion at your institution?
- How can we raise awareness/respect/value for these types of activities?
Workgroup Members and Bios: STEERING COMMITTEE

Stephen R. Daniels, MD, PhD, FAHA, held numerous academic and clinical appointments at the University of Cincinnati College of Medicine and Cincinnati Children’s Hospital before joining the University of Colorado School of Medicine in 2006 as Professor and the Chair of the Department of Pediatrics. Dr. Daniels is also Pediatrician-in-Chief and L. Joseph Butterfield Chair in Pediatrics at Children’s Hospital Colorado. He received his MD from the University of Chicago; his MPH from Harvard University; and his PhD in Epidemiology from the University of North Carolina.

Dr. Daniels’ area of expertise is preventive cardiology, with a longtime interest in the application of sophisticated epidemiologic and biostatistical methods to pediatric clinical research problems. His studies have focused on better understanding the causes of blood pressure elevation and cholesterol abnormalities in children and adolescents, particularly the role that obesity may play in these health issues. He has also researched the development of structural and functional abnormalities in the heart and vascular system, including cardiovascular abnormalities occurring in pediatric patients with diabetes mellitus, as well as the relationship of left ventricular hypertrophy to obesity and hypertension. The role of lifestyle factors, such as diet and physical activity, is central to many of Dr. Daniels’ studies.

Dr. Daniels has served as Associate Editor for the Journal of Pediatrics since 1995. He is co-author of Medical Epidemiology, an introductory textbook for medical students, and co-author and editor of the book Pediatric Prevention of Atherosclerotic Cardiovascular Disease. In 2015, he was awarded the Gold Heart Award by the American Heart Association, which is the AHA’s highest volunteer honor.

Elaine Gallagher has been a member of the management team in the Department of Pediatrics at The Children’s Hospital of Philadelphia (CHOP) since 1991. She was hired as the Budget Manager for the Department and later became an Administrative Director for several divisions. In her current role as the Planning Officer, she is responsible for financial and strategic planning; faculty compensation; and academic appointments and promotions. Ms. Gallagher also provides leadership for the reimbursement, compliance, abstraction and credentialing functions of the Departments of Pediatrics and Radiology. Ms. Gallagher has recently assumed a new role as Executive Sponsor for Population Health at CHOP.

Prior to her tenure at Children’s Hospital, she worked in the financial analysis department at the Geisinger Clinic in Danville, PA. Ms. Gallagher holds an MBA from the Erivan K. Haub School of Business at St. Joseph’s University.

Ms. Gallagher has been a member of the Association of Administrators in Academic Pediatrics (AAAP) since 1999. She has served in various board positions and is currently the Past President of the AAAP. In addition to the AAAP, she is also a member of the Medical Group Management Association (MGMA) and the American College of Healthcare Executives (ACHE). Ms. Gallagher has presented extensively at both regional and national levels on faculty compensation and productivity.

Ms. Gallagher and her husband Larry enjoy traveling in exotic locations since their children are now adults; among their ventures they have gone scuba diving in the Galapagos and slept in a treehouse in the Amazon rainforest.

Erin Allen is the Director of Administration and Finance in the Department of Pediatrics at University of Washington. Her office is located at Seattle Children’s Hospital, a close affiliate of UW. Erin received her undergraduate degree in Biology from Purdue University in 1987. She served in the Peace Corps (Nepal) as a teacher and teacher trainer from 1987 to 1989. Upon returning to the US, she completed her MHA at UNC, Chapel Hill and subsequently was an Administrative Fellow with the Los Angeles County Department of Health Services. Upon completing the 18-month administrative fellowship, she was promoted to Assistant Hospital Administrator at Olive View-UCLA Medical Center and the San Fernando Valley Health Centers. She moved from the LA area to San Francisco to accept the position of Clinical Operations Manager in the Medical Services Department at University of California, San Francisco/San Francisco General Hospital. She later became the Department Manager for Medicine/SFGH with UCSF. Erin moved from San Francisco to Davis, CA and became the
Chief Administrative Officer for the Department of Neurology. In 2006, she joined the UC Davis Department of Pediatrics as the Chief Administrative Officer and became an active member of AAAP. During her AAAP tenure she has served on the site selection committee (2011), as Program Director (DC, 2013). Erin currently lives in Woodinville, Washington with Scott, her husband and two children Emily, and Jeremy.

Alison Marx has been a member of the management team of the Department of Pediatrics at The Children's Hospital of Philadelphia since 1990. She serves as the Operating Officer, working closely with clinical leaders, the Department’s administrative team, hospital leadership, and other stakeholders on numerous issues related to the patient and provider experience, quality and safety, faculty development, clinical operations, and the administrative functions that support them. She supervises the Administrative Directors of the Department’s divisions and participates in the oversight of the institution’s patient access and physician referral functions, in addition to coordinating an internal grant funding program to support innovation, quality, safety and child health. She has also served as the Administrative Director of the Division of Gastroenterology, Hepatology and Nutrition since 1990. Prior to her tenure at The Children’s Hospital, she worked at the Harvard Community Health Plan in Boston, in the Quality of Care Measurement Department. Ms. Marx holds an MBA from the Wharton School of Business and an undergraduate degree from the University of Pennsylvania.

Hugh O’Brodovich, MD FRCP(C) assumed the positions of chair of the Department of Pediatrics at Stanford University School of Medicine and the Adalyn Jay Physician in Chief at Lucile Packard Children’s Hospital in January 2008. Previously he was the Chair of Paediatrics at the University of Toronto and the Paediatrician in Chief at the Hospital for Sick Children (SickKids) during which time he was the inaugural President of the Pediatric Chairs of Canada. In 2010 he was appointed as the inaugural Director of the Stanford Child Health Research Institute.

His laboratory has conducted research on how the lung’s airspaces become fluid filled (mechanisms of pulmonary edema) and how airspace fluid is cleared under both physiologic (fetal lung liquid at birth) and pathophysiologic (pulmonary edema) conditions. His current research involves population-based studies to discover the genetic influences on the development of bronchopulmonary dysplasia and the long term outcomes of neonatal lung disease.

Dr. O’Brodovich has been the Chair of the Pediatric Pulmonology Sub-Board of the American Board of Pediatrics, an Associate Editor of the American Review of Respiratory Disease, Editor of Pediatric Research, member of the editorial board of the American Journal of Physiology and President of the Fleischner Society. He currently serves on the Council of the American Pediatric Society. He has published 174 peer reviewed manuscripts and 21 book chapter and has been elected as a Fellow of the Canadian Academy of Health Sciences and of the American Association for the Advancement of Science.

Hugh is an avid road biker and his wife, Karen, is an equestrian who competes in the jumper class.

D. Brent Polk, MD, is Chair of the Department of Pediatrics and Vice Dean for Child Health at the Keck School of Medicine (KSOM) of University of Southern California (USC) as well as Chief of Pediatrics, Physician-in-Chief and Vice President for Academic Affairs and Director of The Saban Research Institute (TSRI) at Children’s Hospital Los Angeles (CHLA).

Dr. Polk previously served as Chief of the D. Brent Polk Division of Pediatric Gastroenterology, Hepatology and Nutrition, Director of the Digestive Disease Research Center and a tenured Professor of Pediatrics and Cell and Developmental Biology at Vanderbilt University Medical Center. He received a bachelor’s degree in biology and chemistry from Ouachita University in Arkadelphia, Arkansas, and his medical degree from the University of Arkansas for Medical Sciences.

With 25 years of experience as a pediatric physician-scientist focused on the care of patients with inflammatory bowel disease (IBD), he has pursued laboratory studies that may be translated to disease risks and targets for prevention or treatment. His laboratory is focused on the regulation of growth and development as it relates to health and disease, with a long-standing interest in tumor necrosis factor (TNF) and epidermal growth factor receptor (EGFR) family members; his
lab was the first to identify that TNF directly regulates intestinal epithelial cell biology in a TNF receptor-dependent manner and that TNF also mediates epithelial cell responses via transactivation of EGFR family members. These findings have been extended to understanding the relationship between commensal and pathogenic enteric bacteria through bidirectional regulation of intestinal mucosal biology with implications for health and disease.

He serves on the Boards of CHLA and the Los Angeles Chapter of the Crohn's and Colitis Foundation of America (CCFA). Dr. Polk and his partner, Terry Carr-Hall, own Provence Breads & Café in Nashville, Tennessee and raise miniature dachshunds.

Workgroup Members and Bios: CLINICAL WORKGROUP

Robert H. Lane, M.D., M.S., is chair of the department of pediatrics at the Medical College of Wisconsin (MCW) and pediatrician-in-chief at Children’s Hospital of Wisconsin. Previously, Dr. Lane was chief of neonatology and associate chair for basic research in the department of pediatrics at the University of Utah School of Medicine in Salt Lake City. Certified by the American Board of Pediatrics with a subspecialty in neonatal-perinatal medicine, Dr. Lane is a prominent researcher in the fields of epigenetics (the study of heritable alterations in gene expression caused by mechanisms other than changes in DNA sequence) and uteroplacental insufficiency (insufficient blood flow to the placenta during pregnancy). He has received several national grants, including awards from the National Institutes of Health’s National Institute of Child Health and Human Development, and the National Heart, Lung and Blood Institute, and from the American Diabetes Association.

Dr. Lane earned his M.D. from Northwestern University School of Medicine in 1989 and served an internship and residency in pediatrics there between 1989 and 1992. He was a fellow in the pediatrics scientist training program at the University of Chicago from 1992 until 1994 and earned a Master of Science degree in healthcare administration from the University of Texas – Dallas in 2011.

Beth Kalberg is the Senior Administrative Director in the Department of Pediatrics at Children’s Mercy Hospitals and Clinics, a position she has held since 2011. She is responsible for all financial and personnel functions within the Department of Pediatrics, consisting of 28 divisions and centers, 500 faculty and 250 additional administrative and research staff. Additionally, while at Children’s Mercy Beth has served as both the Senior Director of Ambulatory Operations as well as the Director of Managed Care. Beth is originally from rural Paola, Kansas. Upon completing her Bachelor’s Degree in Industrial Engineering at Kansas State University, she transferred across state lines to St. Louis, Missouri. There she received her Master’s Degree in Business Administration from Washington University. Beth has been a proud member of AAAP since assuming her first department administrator role in 2011. She is a member of the Finance Committee, Chair of the Joint AMSPDC/AAAP Clinical Effort Committee, and hosted the AAAP West/Midwest Regional Meeting in 2014. All of Beth’s free time is devoted to her family, husband Chris and son Michael. Michael is the cutest 6 year old boy on the planet.

Dr. A. Wesley Burks is Executive Dean for the UNC School of Medicine. In this role he assists the UNC Dean and Health Care CEO Dr. William L. Roper in providing overall academic leadership for the School of Medicine and the UNC Health Care System, working in close partnership with the leadership of the School of Medicine and the Health Care System. He is also the Curnen Distinguished Professor and Chair of the Department of Pediatrics, and the Physician in Chief of the North Carolina Children’s Hospital. Dr. Burks joined the UNC system in November 2011.

Dr. Burks’ research interests are in the allergic diseases, particularly adverse reactions to foods. Dr. Burks’ heads a research team whose work centers on the molecular identification of the allergens in specific foods, a better understanding of the mechanism of adverse food reactions, and the development of treatment for food allergy in animal models and in clinical studies. Dr. Burks and his colleagues have several ongoing clinical studies with different types of mucosal immunotherapy. His laboratory funding comes from many sources, including the National Institutes of Health and private foundations. Dr. Burks has been published in many distinguished journals and has authored or coauthored numerous articles, chapters and abstracts. He is a past Chair and member of the NIH Hypersensitivity, Autoimmune, and
Immune-mediated Diseases study section and is Past President of the American Academy of Allergy, Asthma and Immunology.

Dr. Burks graduated from the University of Central Arkansas and then the University of Arkansas for Medical Sciences. He completed a pediatric residency at the Arkansas Children’s Hospital. Dr. Burks subsequently completed a fellowship in allergy and immunology at Duke University Medical Center. He was previously on the faculty at the University of Arkansas for Medical Sciences and Arkansas Children’s Hospital and Duke University Medical Center.

Dr. Burks and his wife Jan enjoy traveling to Arkansas to visit their two new granddaughters as well as spending time attending as many UNC sporting events as possible.

Bryan Downey is the Clinical and Business Administrator for the Department of Pediatrics at University of Colorado. His office is located at Children’s Hospital Colorado. Prior to this role, he served as the Business Manager for Critical Care/Hospitalists, as well as Pediatric Psychiatry. He has been with the Children's Hospital Colorado since 2010 and a member of AAAP since 2013. Bryan received his MBA from the Daniels College of Business at the University of Denver.

Dr. Allison Eddy is a graduate of McMaster University Medical School. After completing a Pediatric Residency at Montreal Children’s Hospital, McGill University and a fellowship in Pediatric Nephrology at the University of Minnesota in Minneapolis, she became a member of the faculty at the University of Toronto and a nephrologist at Sick Kids for 12 years. In 1997 she was recruited to Seattle as Professor of Pediatrics at the University of Washington and Head of the Division of Pediatric Nephrology at Seattle Children’s Hospital. Dr. Eddy also served as the first Director of the Tissue and Cell Sciences Research Center at Seattle Children’s Research Institute from 2007-12. In 2012 Dr. Eddy returned to Canada as the Professor and Head, Department of Pediatrics, University of British Columbia and Chief, Pediatric Medicine, BC Children’s Hospital.

Dr. Eddy has been an independent basic science investigator since 1985 and is internationally recognized for her work on the cellular and molecular mechanisms of kidney fibrosis, the final common pathway leading to chronic and end-stage kidney disease. Her work has been funded by the Medical Research Council of Canada, the NIH and several research foundations. She has published 100 peer-reviewed manuscripts. From 2001-2007 she was the Deputy Editor of the Journal of the American Society of Nephrology and recently completed a term as an Associate Editor for the journal Pediatric Nephrology.

Dr. Eddy has had a long-standing interest in training nephrology subspecialty residents and fellows. She has directed Pediatric nephrology fellowship programs for over 20 years, overseeing the training of more than 60 fellows. In Seattle she was the principal investigator of a NIH-funded research-training grant in Pediatric Nephrology and the program director of a NIH-funded Child Health Research Center. In 2015 became the Chair, Fellowship Committee for the International Society of Nephrology.

In her spare time Allison enjoys skiing, squash, hiking, travel, walks with her dog Porter and spending time with husband Patrick and son Jamie, especially at their camp in the Adirondack Park.

Tina Gray is the Director of Pediatrics at Saint Louis University. The Department is comprised of 19 clinical divisions with 185 faculty, 100 staff and 75 residents and fellows. Her responsibilities include being the chief liaison between Saint Louis University’s School of Medicine and Cardinal Glennon Children’s Hospital, budgetary planning and fiscal management, new program development, research administration, human resource management, and much more. With over 35 years of healthcare administration experience, and over 20 years in Pediatrics, Tina has continued to oversee the growth and development of the department as it has doubled in size. Tina is a dedicated member of the AAAP, MGMA, HFMA and AAMC. She is married with two grown children, with whom she loves spending her free time.
**Michael Propst** is the Director of Finance for the Department of Pediatrics at Stanford University. He has been in at Stanford for 11 years, serving in various other finance roles, mostly in the Department of Pediatrics. Michael has been a member of the AAAP for nearly five years.

Other members of the Clinical Workgroup include: Norman Christopher, MD Loretta Cordova De Ortega, MD and Michelle Barnett.

**Workgroup Members and Bios: RESEARCH WORKGROUP**

**Dr. Judy Aschner** is the Michael I. Cohen Professor and University Chair of Pediatrics at Albert Einstein College of Medicine and Physician-in-Chief at the Children’s Hospital at Montefiore. Dr. Aschner completed her medical training, including pediatric residency and neonatology fellowship, at the University of Rochester School of Medicine in Rochester, NY. Her laboratory research focus is the regulation of the neonatal pulmonary circulation and the factors contributing to pulmonary hypertension in infants with lung and heart disease. Her clinical research interests include optimizing management to prevent chronic lung disease, treatment of infants with pulmonary hypertension and the nutritional management of premature infants.

Dr. Aschner holds a number of leadership roles in state and national organizations. She was the founder of the Tennessee Initiative for Perinatal Quality Care (TIPQC), and is serving a 5-year term as Secretary-Treasurer of the American Pediatric Society. Dr. Aschner has a long-standing interest in fellowship training, education and mentorship, having served as Chair of the Organization of Neonatology Training Program Directors (ONTPD), as a member of the American Board of Pediatrics Subboard of Neonatal-Perinatal Medicine and as co-founder/mentor of the TECaN (Trainee and Early Career Neonatologist) group of the AAP Section on Perinatal Pediatrics. On the international scene, Dr. Aschner is Vice-Chairperson and a member of the Board of Directors of IPOKRaTES Foundation, an organization dedicated to continuing medical education in the developing world, a role she has served since 2002. She lectures widely on topics related to neonatal lung disease in the US and abroad. As Chair of the Department of Pediatrics at Einstein/Montefiore, she has the overall responsibility for its patient care, research, advocacy and educational missions.

**Sandie Bolina** is the Chief of Finance and Administration for the Department of Pediatrics at Vanderbilt University Medical Center and Monroe Carell Jr. Children’s Hospital at Vanderbilt. Prior to Vanderbilt, Sandie was the Administrator for the Department of Pediatrics at the Ann & Robert H. Lurie Children’s Hospital of Chicago and the Feinberg School of Medicine (FSM) at Northwestern University from 1999-2014. Between 1994 and 1999, she held roles as the Administrative Director for Hematology/Oncology and Administrative Director for the Adolescent & Maternal HIV program/ Infectious Diseases.

Before Lurie Children’s, Sandie was the Educational and Personnel Director for the Department of Obstetrics/ Gynecology at the University of Chicago. Sandie has a Bachelor’s Degree of Science from University of Illinois, Champaign/Urbana and a Master’s Degree in Health Systems Management from Rush University, Chicago.

Sandie has been an AAAP member since 2008 and served as site co-host for the Annual Meeting in Chicago in 2011. She has served on the AAAP Board of Directors as the Salary Survey Director since 2013.

**Kerstin Hildebrandt** is Executive Director of Research Administration of Children’s Research Institute (CRI) at Children’s National Health System where she has worked since 2001. As member of the institute’s leadership team, she is responsible for research operations, safety, facilities, communication, strategic planning, HR and regulatory affairs. She has been a member of the Association of Administrators in Academic Pediatrics (AAAP) since 2012 and served as site host of the Annual Meeting that year. Prior to her tenure at Children’s National, Kerstin was the Administrative Director, of the General Clinical Research Center at Georgetown University from 1998-2001. From 1983-1998 she has held research administration positions with increasing responsibilities at the Dana-Farber Cancer Institute including serving as Disease Center Administrator for Center of Hematologic Oncology/Bone Marrow Transplantation from
Liz McCarty is currently the Executive Administrator and Vice Chair for Administration for the Department of Pediatrics in the School of Medicine at Emory University, where she has worked for the past 10 years. As such, she is responsible for business & finance, research administration, and HR for this department of 400 faculty in 17 divisions, and multiple clinical sites. She partners with the VP of Research and Academic Administration at Children’s Healthcare of Atlanta in administration of The Pediatric Center which teams the university with its pediatric hospital partner in clinical care, research, and teaching. Ms. McCarty’s prior work experience includes research and department administration in the School of Biology and also in the Office of Sponsored Programs at Georgia Tech, and as Executive Assistant to the Chair in the Division of Biological Sciences at Caltech. Educational background includes a BS and MS from Yale in Geology and Geophysics, and CRA certification. Ms. McCarty has been a member of AAAP since 2010.

Other members of the Research Workgroup include: Wade Clapp, MD, Sherin Devaskar, MD, and Robin Steinhorn, MD.

Workgroup Members and Bios: EDUCATION WORKGROUP

Patricia Segerson has been with UMass Memorial Medical Center and the University of Massachusetts Medical School since 1996. Her original position was as the Director of their affiliated medical practice corporation, recruiting primary care and specialty practices into employed sites for the Central Massachusetts system. In 1998, she joined the Department of Pediatrics as the Academic Administrator, working with a newly recruited chair. In this role, she oversees the areas of finance, operations, contracting, strategic planning and “other duties as assigned”. While it had not been her intention to devote so many years to Pediatrics, it has been an honor and privilege to help the providers, clinical and administrative staff in helping the children of Central MA.

Prior to her time at UMMMC, Ms. Segerson was with another Massachusetts hospital system leading their medical practice development, with a practice management/consulting company serving MA, CT, RI and NH as regional vice president, and with a startup capitated health maintenance organization with Prudential Insurance.

Patty received her MBA from Boston University, concentrating in health care management, and her Bachelor’s degree from Manhattanville College. She has been a member of the AAAP since 1999, and the MGMA since 1986.

Outside of work, she enjoys traveling, hiking and spending time with family and friends.

Alicia L. Gacharna is an experienced healthcare administrator who has worked at Texas Tech University Health Sciences Center El Paso for over 20 years. She began her career as the administrator for the Neurology Department, moved to the Internal Medicine Department followed by the OB/GYN Department. Additionally, she has been asked to serve as interim Administrator in numerous Departments during her tenure at Texas Tech. She is currently with the Department of Pediatrics and has been actively involved in establishing new pediatric specialties for the new El Paso Children’s Hospital. She holds a Bachelor’s Degree in psychology and an M.B.A. from the University of Texas at El Paso. Alicia is an active member of the AAAP and the Medical Group Management Association (MGMA).

She is currently involved in many community activities, including the Annual Sun Bowl Parade. I got into Pediatrics because she was excited about the opening of the only Children’s Hospital in El Paso on February 14, 2012. El Paso was the largest city in the country without a dedicated separately licensed children’s hospital and she wanted to be part of that growth. TTUHSC partnered with the El Paso Children’s Hospital and has been recruiting specialists to care for the children of El Paso. It’s been a great experience and she’s looking forward to seeing the services in El Paso for children expand.
David Ingram has been a member of the management team in the Department of Pediatrics (University of Alabama @ Birmingham) at Children’s of Alabama since 2005. He was hired a Financial Officer for the Department and later became Director of Administrative and Fiscal Affairs. In his current role, David is responsible for overall fiscal management of the clinical finances, as well as the research/education/philanthropic finances of the Department. Mr. Ingram also provides leadership in faculty compensation, grant management, clinical productivity, and strategic planning. David received his Bachelors in Accounting from the University of Alabama and later an MBA from the University of Alabama @ Birmingham. Mr. Ingram is also a member of Alabama MGMA and the Society for Research Administrators.

Other members of the Education Workgroup include: Bob Vinci, MD, Rick Barr, MD, Phil O’Brien and Teresa Welch.

Workgroup Members and Bios: ADMINISTRATIVE WORKGROUP

F. Bruder Stapleton, M.D. is the Ford/Morgan Endowed Chair and Chairman of the Department of Pediatrics and Associate Dean at the University of Washington School of Medicine, as well as the Chief Academic Officer and Senior Vice President at Seattle Children’s.

Dr. Stapleton received his undergraduate and medical degrees from the University of Kansas. In 1979, Dr. Stapleton joined the faculty at the University of Tennessee Center for Health Sciences in Memphis, Tennessee. While at the University of Tennessee, he founded a pediatric General Clinical Research Center and served as its Director of Research at the LeBonheur Children’s Hospital. From 1989-1995, Dr. Stapleton served as the A. Conger Goodyear Chair of the Department of Pediatrics as well as the Pediatrician-in-Chief for the Children’s Hospital of Buffalo.

Dr. Stapleton has served as President of the American Pediatric Society and President of the Association of Medical School Pediatric Department Chairs. He chairs the Data Safety Monitoring Board for the National Study of Kidney Disease in Children for the National Institutes of Health (NIDDK). He also has served as Secretary-Treasurer and President of the American Society of Pediatric Nephrology; Assistant Secretary-General and Treasurer of the International Pediatric Nephrology Association; President of the Southern Society for Pediatric Research; and Chairman of the Sub-Board of Pediatric Nephrology of the American Board of Pediatrics. He is the founding Editor-in-Chief of NEJM Journal Watch Pediatrics and Adolescent Medicine and is Co-Editor-in-Chief of UptoDate, Pediatrics. He has been honored with the Distinguished Medical Alumnus by the University of Kansas, American Society of Pediatric Nephrology Founder’s Award and the Ira Greifer MD award for lifetime contributions to the International Pediatric Nephrology Association.

Dr. Stapleton’s passions include following KU Jayhawk and Washington Husky athletics, as well as spending time with his grandsons.

Gail Cohen has served in the role of Director, Finance & Administration for the Department of Pediatrics for the past 13 years at the University of Colorado. During that time, Gail has seen the faculty within the Department triple in size, and they now have approximately 750 total faculty. During her tenure, Gail has previously served on the AAAP Board of Directors twice; once as Communications Director (2008-2010) and once as Program Director (2009-2011). Gail is also currently slated to host the 2016 AAAP Annual meeting in Denver. Gail received both her undergraduate (B.S - Mathematics/Accounting) and MBA from Regis University in Denver, and has spent the last 20 years of her career in healthcare. Personally, Gail is devoted to her husband of 27 yrs (Steve) and her three boys (Doogie, Andrew, and Patrick). They enjoy vacationing together – their favorite destination is Maui. Gail also loves to read, walk, and most recently, learning to line advance in anticipation of the 2016 meeting!

Teresa Quattrin has been Chair of the Department of Pediatrics at Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo, Chief of Service for Pediatrics at Women and Children Hospital of Buffalo and Kaleida Health and President of UBMD Pediatrics since 2010. She is also Chief of the Division of Endocrine-Diabetes, a role she started in 2002. Teresa is also engaged in research with a focus in pediatric obesity, pediatric diabetes and pediatric endocrinology. She serves as a reviewer for several national and international journals and reviews grants for the National Institutes of Health,
the Diabetes Research Office of the United Kingdom, the Diabetes Clinical Trials Network in Ireland and the Italian Ministry of Health.

Teresa is a member of many national medical societies, including the Society for Pediatric Research, the Endocrine Society, the American Academy of Pediatrics, the Pediatric Endocrinology Society and the American Diabetes Association. She has been a member of AMSPDC since 2007 and is currently serving on the board of the association.

Teresa is married with Robert and has three grown-up step children and four grandchildren. Teresa and Robert enjoy golfing.

Other members of the Administrative Workgroup include: Jackie Burczyk, Loretta Cordova de Ortega, MD, Steve Czinn, MD, James Dimond, Steve Lipschultz, MD, Tracey Wallace and George Weiss.