



# Pediatric Developments

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## Department of Pediatrics

### Sharing A Vision for the Department of Pediatrics

#### Dayton

#### Children's

#### Values

- *Safety*
- *Compassion*
- *Ownership*
- *Collaboration*
- *Innovation*
- *Value Creation*

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#### Special Edition

In our second issue of **Pediatric Developments**, I have chosen to share the vision I have for what we can accomplish together in the coming years. I hope you'll offer me your feedback and suggestions. As you read, think about what ignites a fire in you, or better yet, where you can help expand the vision. Let me know how I can support you to reach your goals!

Best wishes for a Happy New Year!

The American Academy of Pediatrics Task Force on the Vision of Pediatrics 2020, which I was privileged to chair, identified megatrends that would influence the profession and the field of Pediatrics. At the midpoint of the decade since that work was published, these megatrends continue to shape our future.

Based on external and internal interviews, literature review, and strategic planning activities, the Task Force identified 8 megatrends that will have significant impact on the future of Pediatrics. (see Table on p.2)

The Task Force challenged every pediatric provider to identify a megatrend that sparked personal passion, and then to develop a plan to impact that trend in a positive way. I encourage each of us to do the same.

The Department of Pediatrics must embrace all of these trends, and work with colleagues in Pediatrics and multiple related fields to influence the future and work toward the ultimate goal of optimal physical, social, emotional, and educational wellbeing. To reach that goal, we must work together to continue to develop innovative models of clinical care, learning from the fields of quality improvement and implementation science, weaving these principles into all of our education, research, and advocacy activities.

As we move toward a value-driven, outcome based

health care delivery system, we have a tremendous opportunity to transform the practice of **John Duby** pediatrics.

The strategic plans for Boonshoft School of Medicine and Dayton Children's Hospital are focused on leading this transformation, and will guide our work.

These efforts should be grounded in an eco-bio-developmental model of child health. That is, each of us is a product of the interactions between our genetic makeup and biology, our social environment, and life experiences, which together will determine our developmental trajectory. Early experiences set the stage for adult health, and adverse childhood experiences are the precursors for many adult chronic conditions.

(Continued on p.2)



**John Duby**



## Vision of Pediatrics 2020: 8 Megatrends

|   |
|---|
| The clinical and societal demographic of the patient population will be more and more complex.    |
| Advances in information technology applied to health care and pediatrics will grow exponentially. |
| Advances in medical knowledge, diagnostics and treatment will continue to progress rapidly.       |
| The form of the healthcare delivery system will change.   |
| There will be continued movement toward a consumer driven nature of society and healthcare.       |
| The workforce in the profession of pediatrics will require interprofessional collaboration.       |
| Disasters (natural, environmental, man-made) will affect preparedness and systems of care.        |
| The field of Pediatrics will have global reach and responsibility for the health of all children. |

Starmer, AJ, Duby, JC, Slaw, K, Edwards, A., Leslie, LK and the members of the Task Force on the Vision of Pediatrics 2020. Pediatrics in the Year 2020 and Beyond: Preparing for Plausible Futures. Pediatrics, November 2010.

Leslie, LK, Slaw, K., Edwards, A., Starmer, AJ., Duby JC, and the Members of the Task Force on the Vision of Pediatrics 2020. Peering into the Future: Preparing, Envisioning, Engaging, and Reshaping Pediatrics in a Changing World. Pediatrics, November 2010.

## More on the Vision

By expanding the vision of the pediatric family centered medical home to include interprofessional practice, seamless collaboration between the primary care, specialty, and inpatient hospital services, and strong community connections, we can achieve our goal of optimal wellness for all children.

To transform pediatric practice will require strategic focus on 4 main areas across all settings:

- Promoting healthy growth and development from conception through young adulthood
- Promoting healthy social and emotional development, including recognizing the impact of the social determinants of health
- Embracing best practice in chronic condition management for physical and emotional concerns

- Strengthening connections with community partners, including community pediatric providers and child serving agencies.

Focus on these 4 areas can guide innovation in clinical care, education, and research while steering our priorities for advocacy for the individual child and family, our community, our region, and our state.

Imagine that every child has a "Wellness Action Plan" that emphasizes healthy nutrition, physical activity, healthy sleep practices, access to high quality education, and opportunities to thrive in a safe, nurturing environment with caring adults. Such a plan would be developed with the family in the lead, building on strengths and identifying goals for improvement. This might be initiated in the primary care setting, but updated at all points of contact in the specialty and inpatient

settings as well. It would be developed in the context of ongoing, repeated surveillance and screening that would include assessing the social determinants of health such as income, housing, utilities, food security, trauma and safety as well as caregiver well-being, family functioning and social support, and the child's growth and development, including social and emotional development. Early literacy programs and health literacy programs can be expanded across the continuum of care.



<http://dennismike.net>

## Continuing the Vision

About 15- 20 % of children will also require a “Chronic Condition Action Plan” that establishes goals and measurable outcomes, including measures of quality of life, that assure that children with chronic illnesses, including mental health concerns and developmental disabilities, reach their optimal potential.

This work will not be done by the pediatrician alone. As we move to a value driven system of care, there will be less emphasis on units of service, and more emphasis on health outcomes. This will allow us to further develop integrated, interprofessional models of care that include not only pediatric providers, but child life specialists, early childhood educators, psychologists, social workers, dietitians, pharmacists, schools, and legal specialists. Medical-legal partnerships are in place at Dayton Children’s and have been found to positively impact health outcomes.

In addition, we must expand the use of information technology to respond to our consumers, but also to improve communication between the primary care, specialty, and inpatient settings. Imagine family-centered rounds on the inpatient service that includes

all of the professions just mentioned, but also includes the child’s primary care provider through video conferencing in the patient’s room. Imagine using similar technology for real time peer to peer consultation between the primary care provider and the specialist, and for virtual visits from satellite sites to the main campus.

To achieve this vision will require collaboration across the University, the School of Medicine, Wright-Patterson Air Force Base, the hospitals in the region, and all sectors of Dayton Children’s Hospital, while forging strong relationships with families, community pediatricians, and child-serving agencies.

These efforts can be supported by continuing the School of Medicine’s commitment to interprofessional education. In particular, an interprofessional approach to teaching human development, and especially for pediatrics, child development will be vital. Bringing together students in medicine, psychology, education, social work, nutrition, rehabilitation, and law, among others, will set the foundation for developing a growing respect for the unique perspectives each discipline offers, and will promote teamwork in

clinical practice, research, and advocacy.

Interprofessional models for residency education should be assured in their primary care and specialty experiences, with health promotion, wellness, and chronic condition management for physical and emotional concerns as core components.

It will be important to determine the feasibility of establishing fellowship programs in the Department of Pediatrics. Potential opportunities might include General Academic Pediatrics, Gastroenterology, and Child Neurology, especially given the Wright State commitment to the Neuroscience Institute.

Grand Rounds and other continuing education offerings should include interprofessional faculty when appropriate and assure continuing education credits for a wide range of professions.

Opportunities for expanding the research impact in the Department of Pediatrics should be rooted in evaluation and dissemination of innovative models for care and medical education. The principles of quality improvement science and implementation science can drive those research efforts.

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## Transforming Pediatric Practice

Promoting healthy growth and development from conception through young adulthood

Promoting healthy social and emotional development, including recognizing the impact of the social determinants of health

Embracing best practice in chronic condition management for physical and emotional concerns

Strengthening connections with community partners, including community pediatric providers and child serving agencies.

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right reasons*

### Wrapping Up the Vision

In order to achieve this vision, it will be important to make a commitment to what Dr. Arthur Pickoff has termed "balanced divisions." That is, every Division within the Department of Pediatrics should have a blend of members whose primary focus is clinical care, while also including members who have a passion for education and/or research. Faculty must have a performance model that not only recognizes clinical productivity, but also recognizes contributions in education, research, and advocacy. Junior faculty with research interests will require time earmarked for those activities, with the expectation that this may need be to be funded internally for up to 3 years before external funding can be ob-

tained to support continued research activities.

Areas of research that should be emphasized might include:

Health Service Delivery Research

Quality Improvement Research

Community-based Participatory Research

Industry Supported Clinical Trials

Current faculty may require additional training in health service/science, quality improvement and implementation research.

Additional faculty with expertise in these areas may need to be recruited. Outreach to and collaboration with other departments in the School of Medicine, including Family Medicine, Obstetrics and Gynecology, and Community Health will be essential. Opportunities for collaboration in education and research activities with other Schools at Wright State, including the School of Professional Psychology, and the College of Nursing and Health, and potentially at the University of Dayton should be identified, nurtured, and developed.

An evaluation of the need for additional infrastructure to support faculty in academic pursuits will be essential. This may include additional statistical and medical writing support. Plans to explore collaboration with the Clinical Trials Research Alliance for research support should be continued.

The Department of Pediatrics is well positioned to serve as a connector to advance aligned strategic priorities for the School of Medicine, Dayton Children's Hospital, community pediatric providers, and child serving agencies in the community.

We are well on our way in the first step in the process, engaging those constituencies, and listening to their priorities, and identifying opportunities for innovation.

I am excited to join an evolving culture that is "physician led and professionally managed." Thank you for your continued passion, support, wisdom and creativity.

Happy New Year!

A handwritten signature in black ink, reading "John Duby MD".

#### Department Goals:

- Provide medical students with an education that will enable them to attain broad knowledge of all aspects of the primary care needs of infants, children, and adolescents
- Provide an environment and faculty for resident education that will produce physicians who can perform competently as pediatricians
- Prepare residents in family practice, emergency medicine, and other disciplines to meet the primary care needs of children and to recognize those conditions that require referral
- Provide continuing education of post-graduate physicians
- Allow for the development of research excellence and productivity in studies designed to improve health care delivery and attainment of new knowledge of disease causation and treatment.