

ON THE LEARNING CURVE

Looking Ahead to Leadership

As I prepare to write a new year of columns, I have reflected on the topics I have covered so far and thought about what else may be valuable and interesting to young physicians. I have examined other resources for young physicians and talked with colleagues. Throughout this process, leadership development was a topic that continually reemerged in one form or another. This realization was further brought home to me after attending this year's annual American Academy of Pediatrics meeting, where the Young Physicians Section devoted a whole day to leadership training. Clearly, I am not the only one who sees this as something important.

Leadership is a critical skill, without which it is difficult to move ahead in one's career. Even if you have no desire to become a hospital administrator or department head, as you gain seniority in your practice (whatever that practice may be), you will be looked to for mentorship and advice. You will likely be

asked to take on additional responsibilities. All of these changes can be frustrating or rewarding, largely depending on your own capacity to manage them. For some, leadership ability seems innate, and for others, it is a struggle at each step. However, even those with innate leadership abilities can benefit from additional training and skills, transforming a good leader into a great one.

I think it is important, as young physicians, to begin to prepare for leadership in the field of pediatrics. You or your colleague may be the next head of the Maternal and Child Health Bureau, president of the American Academy of Pediatrics, or editor of a journal. Additionally, it is equally important for us as young physicians to make our voices heard now, as participants in decision-making processes, from the clinic level all the way up through the state or national level. Otherwise, we will reach the peak of our careers and wonder how the field of pediatrics arrived

where it is (and we may or may not be happy with the results). Though it is not terribly hard to find leadership training opportunities, many young physicians neither have the time nor the desire to participate in an intensive program.

So, for the year ahead, I plan to write a series of columns devoted to various topics of leadership development. My hope through these columns is to provide you a taste of information that is useful and interesting, and perhaps to pique your interest in acquiring further training or seeking out leadership positions. These columns will cover a wide variety of topics, ranging from individual-level skills to organizational or community change. Some of the topics may have been touched on in my earlier columns, but I will try to organize them in a new way, so that you are able to use them together, identify your own strengths and weaknesses, and develop a plan to transform your own leadership abilities. I will begin with some columns designed to help you identify your own leadership style, as well as your long-term goals and objectives. I will then move on to address team building and

management skills: No matter how talented you are, without the ability to motivate and manage others, you will not get very far. I will conclude by looking at the bigger picture and examining how you can have an effect on the system.

I invite all of you to e-mail me with your thoughts and ideas about what would be helpful to you, resources you know of, or topics that you think should be covered. I promise to take everyone's input into consideration in order to make this series of columns as useful as it can be. I look forward to the year ahead, and hope that these topics may even challenge some of you to think about something new, set a goal for yourself you would not have otherwise considered or look at your work in a novel way.

Happy New Year to all! ■



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AAP Officials Look to Obama, Daschle for Health Reform

BY MARY ELLEN SCHNEIDER

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Early signals from the Obama administration have many physicians feeling optimistic about the chances for comprehensive health reform.

Officials at the American Academy of Pediatrics have been in contact with congressional staff members to make their priorities known, starting with the reauthorization of the State Children's Health Insurance Program.

Although many Democrats in Congress have supported the reauthorization of SCHIP in the past, there are still questions about whether this will be pursued as a stand-alone bill or as part of the new administration's economic stimulus package.

Another piece of the SCHIP reauthorization that has yet to be resolved is whether the bill will include immediate coverage for immigrant children, an issue that created controversy in the past.

AAP officials also are hopeful that Congress will use the Medikids Health Insurance Act legislation, which has stalled in previous sessions of Congress, as the children's portion of the larger health reform plan. The legislation would create Medikids, a health insurance program modeled after Medicare, that would act as a safety net to ensure coverage for all children. Under the legislation, children would be automatically enrolled in Medikids but transferred to other insurance or government programs if they are eligible. Children could regain coverage under Medikids at any time if they lose their other coverage for any reason.

The AAP also would like to see Congress continue to encourage investment in the concept of the medical home by expanding demonstration beyond the Medicare program into the Medicaid program, where pediatricians can get involved.

The AAP and other physician groups have a greater chance of getting some of their priorities addressed this time around because of the poor economic conditions,

said Dr. Nancy H. Nielsen, president of the American Medical Association. As more Americans lose their jobs, they are also losing their health insurance, she said, driving policy makers to address the issue of the uninsured. "There may be more tension for change now than there has been in the past," she said.

President Barack Obama addressed that tension head-on during a press conference last month to announce former Sen. Tom Daschle (D-S.D.) as his choice for Health and Human Services secretary. The current state of health care in the United States—with rising premiums and the large number of uninsured Americans—is having a direct and negative impact on the U.S. economy, President Obama said. "If we want to overcome our economic challenges, we must also finally address our health care challenge."

In a move that many agree signals how serious President Obama is about health reform, he tapped Sen. Daschle not only to serve as HHS secretary, but also to direct a new White House Office on Health Care Reform.

Jeanne M. Lambrew, Ph.D., a health policy expert who coauthored the health care book "Critical: What We Can Do About the Health-Care Crisis" with Sen. Daschle, was chosen as deputy director of the new White House office.

In another example of his focus on health care reform, Mr. Obama, along with congressional Democrats, have signaled their interest in including health information technology incentives as part of an economic stimulus package, said Robert Doherty, senior vice president of Governmental Affairs and Public Policy at the American College of Physicians. "I think the signals are positive."

Physician societies are making their priorities known



to the new administration, emphasizing the need for physician payment reform to be a part of any reform package.

ACP officials are hoping that the Obama health care reform proposal will include some of their top priorities—coverage of the uninsured and improving access to primary care physicians. The experience with the Massachusetts health care reform law illustrates that expanding insurance coverage does not guarantee access

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PRESIDENT OBAMA

to care if there are not enough primary care physicians to see all the new patients, Mr. Doherty said.

Shoring up the primary care workforce will require an increase in payments for primary care services, an emphasis on primary care in graduate medical education funding, and the creation of programs that would allow primary care physicians to eliminate their medical school debt, he said.

Officials at the American Academy of Family Physicians also are calling for increasing payments for primary care services, addressing the shortage of primary care physicians, and advancing the primary care model known as the patient-centered medical home.

Dr. Ted Epperly, AAFP president, said he is confident that the medical home concept will be part of the health reform proposal that will be considered by Congress. All of the major players in the new administration and in Congress have mentioned the medical home and primary care reform as part of the solution, he said. "The concepts are known to them."

As part of payment reform, the AAFP is seeking a blended payment that would include increased payments for the evaluation and management codes associated with primary care, a care management fee to cover activities not associated with a face-to-face visit, and quality incentives for reporting on or achieving certain quality targets. ■