



# Texas Pediatric Society

## The Texas Chapter of the American Academy of Pediatrics

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February 24, 2009

Judith C. Dolins, MPH, Director  
Department of Community, Chapter and State Affairs  
American Academy of Pediatrics  
141 Northwest Point Blvd  
Elk Grove Village, IL 60007

Dear Ms. Dolins:

As the Texas Chapter of American Academy of Pediatrics (TPS), a chapter of District VII, we would like to share several concerns that have arisen as a result of the recent addendum to the Joint Principles of the Patient-Centered Medical Home policy. As you are aware, state chapters have worked diligently to highlight the great importance of the Patient-Centered Medical Home (PCMH) in their state legislatures as well as with members, state medical organizations, key stakeholders and the business community. It is our opinion that the addendum language agreed to by the AAP leadership is not consistent with current AAP policy or the original Joint Principles agreed to in March of 2007.

We have particular concern with the statement in the addendum that reads, "In some states, nurse practitioners, through their scope of practice, and their practices have the capability to serve as a PCMH." This sentence does not comply with the existing policy principles, which require that the PCMH include a "personal physician" and be a "physician-directed medical practice." The addendum seems to be in direct conflict with the principles outlined in the original policy statement, thus negating the value of the initial intent.

This addendum presents a serious dilemma for many state chapters with regard to our respective organizational policies, many of which do not support independent licensure for nurse practitioners (NPs). It is difficult to make the point that NPs do not have the education and training necessary to be independent practitioners, while forced to acknowledge that our national organization supports NPs establishing PCMHs. While some may argue the addendum is adequate for some states and not others, others may view the inclusion of competing interests as an act of duplicity. We feel that the addendum leaves the concept of the patient centered medical home open to wide ranging interpretation, and weakens the stance that physicians play an essential role in directing and ensuring appropriate care – compromising both quality and patient safety.

In addition to the problems we have with this specific addendum statement, we also have concerns about the manner in which this important decision was made. A fundamental change in organizational policy such as this should be vetted with state chapter leadership in order to reflect the beliefs and needs of the membership. Through the establishment of state chapters, connecting with members and gauging regional needs has become a practical endeavor. It is important that we utilize the channels developed through the involvement of state chapters to fully examine concepts that will impact the entire organization and all those affiliated. It is only with member communication and support that good policy can be realized.

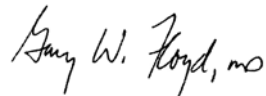
For the reasons stated above, we are asking that the AAP examine the decision-making process in-place and clearly define a procedure that incorporates input from state chapters. By utilizing a transparent and inclusive communication structure, we would like to ensure chapter involvement in critical decisions being made.

In light of the AAFP's recent decision to withdraw their endorsement of this addendum, we would like to ask that the AAP consider rescinding support as well. If the AAP is unable to withdraw support for the addendum, we ask that you release a statement clarifying that the AAP remains opposed to independent practice by nurse practitioners and committed to the concept that the medical home should include a personal physician and be a physician-directed medical practice. As strong advocates for the medical home concept, we are committed to working with the AAP on this issue as well as any subsequent policy revisions. We look forward to discussing ways to facilitate chapter involvement in these important decisions, and hope to enhance the mechanism for reviewing policy that will benefit all those carrying the FAAP designation.

Respectfully Yours,



Mike Foulds, Chapter Chair



Gary Floyd, Alternate Chapter Chair



Skip Brown, TPS President

Cc: Errol Alden, MD  
Renee Jenkins, MD  
David Tayloe, MD