



2018 CoPS Fall Council Meeting Agenda

October 22-23, 2018

Sheraton Chicago O'Hare Airport Hotel (6501 North Mannheim Road, Rosemont, IL)

DAY ONE: Monday, October 22, 2018 from 10am-5:00pm

Meeting Room: Chicago Room

9:00am-10:00am *Optional Networking Breakfast - For new members or anyone interested in talking more about the history of CoPS*

10:00am-10:45am Welcome & Introductions (45 min) - Dr. Debra Boyer

Council members attending the spring 2018 meeting introduced themselves noting their position within their institution and their representing society

10:45am-11:00am CoPS Update (15 min) - Dr. Debra Boyer

Dr. Debra Boyer gave the Council some quick insight to CoPS Mission and Vision. She moved on to introduce the Executive Committee and explain the communication flow between the EC and the full Council that helps keep momentum going. Specific details on CoPS collaborations and projects can be found in the slides.

11:00am-12:30pm ABP Roadmap Project Presentation/Discussion (90 min) - Drs. Carole Lannon and Laurel Leslie

Drs. Carole Lannon and Laurel Leslie presented on the ABP Roadmap Project. It was discussed that the most important gap in pediatric training is in emotional, behavioral and mental health needs. These needs also include the needs of the families. 65% of pediatrics doctors, including subspecialty doctors, lack training in recognizing and treating mental health problems. Subspecialty professionals' have trusting long relationships and see the patient more often there is a need to focus on how we get in front of this problem and prevent emotional resistance.

Dr. Carol Lannon explained that the Roadmap Project is an initiative suggested by patients and parents. A group of parents with children who are dealing with a mental illness met and discussed their and their children's needs. They have rarely or never been asked how they are doing. It has been said that sometimes the mental health of the child is more difficult to deal with than the illness itself. After this group of parents met 3 parents contacted the ABP CEO regarding generating a roadmap for patient and family behavioral and mental health care.

The ABP has created a brief video explaining the importance of behavioral health. Please [click here](#) to view the video.

After the video was presented to the Council Dr. Laurel Leslie presented some ideas on what training would look like if subspecialty professionals listened to the message in the video. An example of some of the ideas was: Partnering with behavioral and mental health providers in a subspecialty clinic, spending time with behavioral and mental health provider providers, etc. (The rest of these examples can be found in the presentation slides).

The outcomes of promoting training in mental health that addresses the emotional health needs of patients and families can be reviewed in the presentation slides. Connecting on an emotional with patients and parents can keep physicians motivated and connected to work.

Since the ABP has started the Roadmap Project they have learned the following:

- You don't have to be a mental health professional to make a difference
- Begin the conversation early; support regular selfcare, sleep, exercise, unplug, mindfulness
- Use ongoing surveillance as well as screening at specific ages to identify and help those risks
- Develop a list of resources/referrals (and gaps)

The ABP developed a 25-page change package that contains useful tools and strategies that support resilience and emotional health. Example conversations were put together to help physicians start conversations about behavioral and mental health with patients and families. Roadmap information and a current list of resources can be found on the ABP website: <https://www.abp.org/foundation/roadmap>

The ABP is in the process of creating a PowerPoint presentation that professionals can use for training and education within their institutions.

The ABP presented CoPS with a few ways in which they can help with this project. Some of the actions noted are as follows:

- Workshops introducing the Roadmap materials
- Webinars to introduce ABP resources
- Develop MOC part 2 and 4 focusing on the Roadmap project

Post presentation the Council had a conversation about the outcomes and future of this project. Several comments were made on how this project should be rolled out. It was brought up that this should be launched in small group meetings where participants can learn from their mistakes and refine the project to send out to larger groups. It was also mentioned that videos on how NOT to approach the behavioral and mental health dialogue instead of just having videos on just how to do it. A discussion was had that faculty within different institutions have felt they cannot teach it if they do not know it. The Roadmap project needs to be taught on a level where those being trained and those training are familiarized with each other. It would be helpful if the ABP could create “workshops in a box” so people own patients can be used in a video like what the ABP has already created.

Dr. Suzanne Woods explained to the Council that her institution had implemented depression and anxiety screening in their clinic 3 years ago for parents and patients. The screening declined as time went on, the parents want the screening but not when their child is in the clinic. They are working on making the screening online and follow up on that screening post clinic visit.

12:30pm-1:30pm Lunch (60 min) - Myrick's Atrium IV

1:30pm-1:45pm AAP Liaison update - Mr. Mark Del Monte (15 min)

Mark Del Monte, currently interim CEO until mid-2020 and Hilary Haftel a Pediatric Rheumatologist, currently Senior Vice President of education for the last two months at the AAP presented a liaison update for the AAP.

There is a referendum to add 3 more board seats: Medical subspecialty, surgical specialist, at large member that goes out in the Nov. 2nd. The AAP board wants to represent the committees and councils on the board. It is important that this referendum pass, so the AAP can elevate the specialist voice on the Board of Directors.

The AAP is looking into creating the Clinical Data Health Registry which will be a new pediatric data registry arrogating all medical info to build out a robust registry from prenatal to adulthood. They are beginning to look at beginning stages right now and will be for the next year. The board will make a go or no-go decision May of 2019.

The AAP Advocacy report will be put out tomorrow, October 22nd, updating subspecialties on what the AAP is doing in the subspecialty world.

Colleen Kraft, AAP president and the AAP plan to stay focused on the health of children in policy, development, education and advocacy.

1:45pm-2:30pm Workforce updates - General and then each Action Team update (60 min) - Drs. Boyer, Myers, Ross, Moffat, Aye, Heyman, Barnard (45 min)

Dr. Mary Moffatt gave an update on the Early Exposure to Subspecialties Action Team. One of the top questions this team wants to tackle is; what are ways to increase subspecialty exposure to trainees and medical students? Some ideas that this group has brainstormed are to engage through medical schools and the CoPS website. The group would like the subspecialties to augment their descriptions on the website to be a video or some sort of media-based presentation.

Action: Subspecialties will investigate ways they can update the CoPS website.

Dr. Angela Myers gave an update on the Workforce Survey Action Team noting that strategy on all elements of a workforce survey will be looked at by this group.

Dr. Pamela High gave an update on the Exploring 2 Year Fellowship Effects Action Team. This action team has worked on 3 possible surveys to date. Their progress includes the hope to have trainee surveys imbedded in the ABP SITE exam. We think 2-3 questions are max allowed. They are not sure if this will be allowed so they need a plan B.

Drs. Melvin Heyman and Audrea Burns gave an update on Recruiting/Sustaining fellow/junior faculty in research Action Team. This group is identifying resources available for programs trying to maintain young faculty and exploring recruitment activities available. They have identified that there are established programs around mentorship and early NIH funding. They want to get an assessment to provide recommendations around those programs.

2:30pm-3:15pm Workforce Breakout Sessions (45 min)
3:15pm-3:30pm Break (15 min)
3:30pm-4:30pm Report outs from Workforce Breakout Sessions (40 min)

The Workforce Action Teams met in separate groups to discuss ongoing tasks and upcoming projects. After the groups met together the Council regrouped to report out.

- **Workforce Survey** **(Drs. Angie Myers & Rob Ross - Room: 506 A)**

This Action Team would like to learn from what has been done in the past to create a robust survey tool people can use and then add to for their subspecialty. An important part of the group's breakout discussion was taking into consideration the subgroups of subspecialties it was noted that when surveying it is important to pay attention to this.

ASPHO has a new initiative and they are asking everyone to record where their fellows are 10 years down to road, so there is an idea of if fellows are being trained appropriately.

ABP is looking into a modeling study to review the pipeline. On the virtual network call it came up the subspecialties that are having challenges with wait times and filling spots, different models of care are going to have to be created.

Action: Create a flow chart of all the things to think through. They want to make sure they are surveying the people they want to survey and not the people they don't want to survey. This flow chart will be available as power point slides on the CoPS website, along with the survey template.

- **Early Exposure to Subs** **(Dr. Mary Moffat - Room: 606 A)**

The Early Exposure to Subspecialties Action Team discussed that there needs to be a page on the CoPS website about general pediatrics. Having a page, the gives insight into all pediatric opportunities will be something this group works on.

It was mentioned that the CoPS website does not come up when searching for subspecialties or pediatrics subspecialties. This group would like to brainstorm some ideas to fix this. Degnon IT team may need to be consulted.

Action: The Action Team will work on gathering more information on general pediatrics for the CoPS website. They are open to group input on how to enhance subspecialty exposure to trainees.

- **Exploring 2 year fellowship effects** **(Drs. Pam High & Katherine Bline - Room: 706 A)**

After the Action Team met they presented the Council with several options on where this action team may go goal wise. Some of these options are as follows:

- Should we continue surveying fellows? (0)
- Should we continue surveying PDs? (10)
- Should we continue surveying residents? (10)
- Those who did NOT do a fellowship (6)
- 5 years post fellowship (8)
- Pilot a 2 year program (0)
- Qualitative study/survey of residents who did choose fellowship (8)
- Discontinue in this effort (11)

The numbers next to each option represents the number of people in the Council voted for that option. The highest number of votes went towards discontinuing this effort but after additional discussion the Council decided that we cannot do that.

Action: Come up with a list of what the challenges are for the Council to bring back to their societies to share.

Cynthia Holland spoke about adolescent pediatric society board went to the ABP but program directors (50%) enthusiasm was limited. Fewer than 10% felt that it was appropriate to do for their field.

Dr. Suzanne Woods from the ABP explained that they are open to communication and discussion on this topic but it is the responsibility of the subspecialty not the ABP to petition fellowship years. If the subspecialty wishes to change to a 2 year fellowship they will need to understand and present the following criteria:

- Needs to be the overwhelming majority who wants this changed.
- Data
- Unintended consequences

The Board at this time is not interested in having clinical only fellowships.

- **Recruiting/Sustaining fellow/junior faculty in research (Drs. Mel Heyman & John Barnard - Room:806A)**

Dr. Audrea Burns spoke to the Council about the Virtual Physician Scientist's Development Program. The program is a new track for residency programs to support trainees who identify as physician scientists during their residency at Baylor. This Action Team is looking to gather data and best practices for training.

The goal of this development program is sustainability. The Council discussed barriers within the exposure of subspecialties. Some of these barriers are lack of exposure to research, lack of local resources, and medical school debt.

Action: Action Team will think of resources that can be added to the CoPS website.

4:30pm-5:00pm Transition Action Team update (30 min) - Dr. Lisa Imundo

Dr. Lisa Imundo introduced the Council to the topics that this Action Team will be discussing moving forward. The topics mentioned are as follows:

- CoPS acting as a clearing house where all transition information can be found (ie. on the website).
- Special Needs patients: how do they transition
- How do we engage our adult providers?
- Billing for transition service

The Council discussed some of these topics and it was mentioned that there is currently a coding and reimbursement document that can be found on the ABP website. Subspecialties can use beta testing and see what coding makes sense for their subspecialty. It was suggested that professionals start using this document and see if they are reimbursed.

Dr. Lisa Imundo would like this Action Team to create a survey to see where each subspecialty is with transition. Coming out of this survey it is hopeful that we can find out what CoPS can do to help.

DAY TWO: Tuesday, October 23, 2018: 8am- 2pm

Meeting Room: Sheraton 2

7:30am- 8:00am Breakfast

8:00am-8:15am Welcome /Plan for the day (15 min) - Dr. Debra Boyer

8:15am-9:30am Liaison Presentations (75 min)

- **Academic Pediatric Association (APA) - Drs. Teri Turner & Louis Bell**

Dr. Teri Turner gave an update on the APA and their accreditation program. They try to mirror the ACGME processes and the really focus on the academic professional development of trainees. They are currently working on a fellow's online curriculum and should launch in 2019.

The APA currently has a Professional development program. They are developing an online program, the first to launch will be the medical education journal club. The APA has a journal that is open to submissions that fall within their program buckets.

The fellow's online curriculum will be free for all. The online educational program will be for APA members.

- **Council on Medical Student Education in Pediatrics (COMSEP) - Dr. Susan Bannister**

Dr. Susan Bannister attended the CoPS meeting as a guest of the Executive Committee. She presented some highlights from COMSEP's past year to the Council. COMSEP consists of 500 pediatrics educators, most US and Canadian hospitals have at least one representative within COMSEP. The vision of COMSEP is to "better health for all patient through education."

COMSEP adopted a new governance model in 2018. The Executive Committee oversees the committees (3) and collaboratives (10) (former task force). In April 2018 it was put in place that action proposals are reviewed by the Executive Committee, since then 22 proposals have been reviewed resulting in 5 action teams.

Collaboration

Member Engagement – action teams are getting involved with promoting involvement from members

Scholarship and Innovation

Educational Excellence – curriculum revision

Professional Development – working on onboarding leaders more effectively

After giving a highlight of COMSEP's past year, Dr. Bannister started a discussion on ways that COMSEP and CoPS can work together. The COMSEP Executive Committee came up with different collaboratives, there were 3 additional collaboratives that members voted on. 1 being career advisement; they hope to help people who are interested in pediatrics get into the field, help with match frenzy, standardize letters of recommendation, and help make pediatric residency applications easier. It was discussed that this group may not be aware of CoPS and know how to talk about the different subspecialties.

It was asked of COMSEP to add a link to CoPS on their website to increase CoPS visualization.

- **Association of Medical School Pediatric Department Chairs (AMSPDC) - Drs. Mitchell Cohen & John Barnard**

The ABP, APPD and AMSPDC are creating standards for global health programs in residency programs. One of the main questions they are tackling is; how we can better care for immigrant populations?

One top of partnering in the global health program project AMSPDC has created a new chairs program due to the high turnover of chairs. This new program is coming out of an existing program but instead of the program occurring every 3 it will occur every year.

- **Association of Pediatric Program Directors (APPD) - Drs. Javier Gonzalez del Rey and Pnina Weiss**

Dr. Javier Gonzalez del Ray has been with the APPD since 1993. He gave a presentation on APPD, who they are and what they do. The organization has recently been restructured. The Board of Directors now oversees the Associate Program Directors, Executive Committee, Fellowship Program Directors Executive Committee, and Coordinators Executive Committee. The Board of Directors also oversees; learning communities, APPD LEAD, APPD LEARN, Spring Annual meeting (scholarly output for faculty), fall annual meeting (development focused) and other projects.

The APPD Fellowship Directors Executive Committee handles the development of programs and members, organizational excellence, leadership and collaboration, research and scholarship. The recently came out with a fellowship director guide/handbook that can be found on the APPD website.

Some current projects and efforts that were shared with the Council were the APPD share warehouse (platform created to share curriculum online), discussion board, and learning communities.

- **American Board of Pediatrics (ABP) - Dr. Suzanne Woods**

Dr. Suzanne Woods started her segment with an announcement on scholarly activity. Fellows need to submit scholarly work projects to the ABP. There has been a decline in following the instructions, the ABP website has the instructions listed. The ABP reviews every project submitted manually, program directors need to be aware of this. Some of the major pitfalls of recent fellow submissions were noted: someone submitted a print out of a poster with no conclusions, someone submitted a pack of paper that was a PowerPoint presentation. It seems that some of the projects are simply just incomplete. Personal statements also have instructions that need to be followed; these instructions can also be found on the ABP website.

Content outline – There are 15 different subboards and general peds, the subboard develops the content outline.

Dr. Suzanne Woods updated the Council on the launch of MOCA Peds. In 2019-2022 several subspecialty rollouts will occur. In addition, she went on to discuss hospital medicine applications. Hospital medicine is creating an online infrastructure to receive applications for the upcoming exam. This will be a pilot for other subspecialties. Application submission starts in February of 2019. FAQs will be continuously worked out to be made clearer for this.

Online tracking has been a project of the ABP for the past 5 years. Legacy systems need to be developed so no information is lost. The education piece is very complicated and will possibly be launched in 2020.. Confirmation roster should be launched next year.

Some helpful links that can be found on the ABP website:

- ABP professionalism guide; this is a good resource for if you have fellows struggling with professionalism.
- Global health program guide; applicable for fellows. There is a huge section on security and safety, sometimes this is overlooked. Policies and procedures need to be put in place.
- QI opportunities: 13 videos (part 2 and part 4 credit is available).

EPA's – e-books sent to every program director about the EPAs making sure people knew what they were. Currently the ABP is not collecting info on EPAs or milestones.

9:30am-9:50am Fellowship Funding update (20 min) - Dr. Mel Heyman

Dr. Melvin Heyman updated the Council on the status of the Fellowship Funding paper. The paper on challenges of funding pediatric fellow programs was accepted and will come out in the January issue of Journal of Pediatrics. It had been discussed at prior meetings that the next papers will be on the 12 years of CoPS and Workforce.

Action: Funding resources will be posted on the CoPS website.

9:50am-10:50am Milestones 2.0 discussion (60 min) - Drs. Laura Edgar and Debra Boyer

Dr. Melvin Heyman will be CoPS representative for the initial Milestone 2.0 project.

ACGME has 138 accredited specialties and subspecialties, all have milestones. Milestone should enable the learner and training program to know an individual's trajectory. Self-assessment has become more prominent since the milestones have come out.

Milestones 2.0; Milestones was launched in 2013, it was discussed that in 5 years that would be reviewed and improved based on what was learned. The ACGME learned that with many competencies the language is too complex, and there is too much in each milestone.

The ACGME heard from a lot of DIOs and they couldn't compare their programs. Performed a content analysis, had more than 200 different ways to explain professionalism. Groups were put together to make the Milestones better this time around. This process started in 2016 and launched with its first pilot in 2017 with Neurological Surgery. Pediatrics is about to start the milestones 2.0 process, they are anticipated to launch in 2020. The ACGME would like to work with 7 subspecialties a month, meet at least 3 times to revise their Milestones.

The ACGME has taken several steps to update the Milestone process. Some of these steps is as follows:

- A calendar will be put out for volunteers to diversify the groups, anyone in medical education can be nominated.
- Public members will be invited to participate.
- Data will lead the decisions made by the subspecialties
- Surveys about the Medical Knowledge and Patient Care Milestones will be sent BEFORE the process begins
- Milestones will be put out for public comment before completion
- Created by content experts, program directors and faculty
- Intent to alter language as appropriate to subspecialties but keep common themes
- Creation of supplemental Guides to include: Intent, Examples, Assessment tools or models, Resources.
- Creation on Implementation Guide

It is being asked that each subspecialty society reach out to their members with a survey to ask a series of questions that the ACGME has come up with in regard to whether pediatric subspecialties wish to create their own subspecialty specific Milestones or use common ones.

The Council expressed some concerns and questions about the Milestones 2.0 project. There was great discussion as to whether subspecialties wish to create their own Milestones and the pros and cons of doing this. There was general concern that even the Council Members in the room did not understand what was being offered and that a survey to PDs would be very complicated as they will not understand the intricacies of this process. The ACGME agreed to share more details with the Council post meeting.

Action: ACGME will create a subspecialty example to share with subspecialty societies. The infographics and examples that already exist will be shared with the Council. The EC will then work to try and send out a survey to subspecialty PDs to try and understand their desires on this matter.

10:50am-11:10am Break/Check out (20 min)

11:10am-11:20am Financial report (10 min) - Dr. Tandy Aye

Dr. Tandy Aye, CoPS Treasurer, presented the 2018 financials to the Council.

11:20am- 11:35am Membership Committee update (15 min) - Dr. Tandy Aye

Dr. Tandy Aye, Chair of the CoPS Membership Committee, presented a list of non-members to the Council. APS and SPR resigning from CoPS was discussed within the group. There is a hope that anyone who knows anyone within those groups and agrees that our goals overlap talk to their contact within those societies.

Action: The Council will approach contacts within APS and SPR if they feel they will benefit from CoPs and have overlapping goals.

11:35am-11:50am SPIN update (15 min) - Dr. Angie Myers

Dr. Angela Myers gave a SPIN update. There has been great participation in previous SPIN studies resulting in 14 abstract presentations and 3 publications.

The past SPIN studies are as follows:

- Assessing the association between EPAs, competencies, and milestones in pediatric subspecialties
- Determining the minimum level of supervision required for graduating fellows.
- A survey of PD's regarding the usefulness of the residency milestones for fellowship directors

The next SPIN study will focus on longitudinal evaluation of all 3 years for all fellows. Assess all EPA's common and subspecialty specific. This is an opportunity to see what a fellow achieves with minimum level of supervision. 50 MOC part 4 credits available. Data collection should be starting this fall 2018 and credit for PD's and APD's is being asked for.

- Data to be collected: CCC, FPD, Fellows self-performance
- Procedure for data collection: FPD generates a LEARN ID for each fellow, generation of LEARN ID provides links to the data collection tools, FPD uses CCC FPD links to enter data, FPD forwards appropriate link to fellow

11:50am-12:00pm Fellowship Start Date update (10 min) - Drs. Debra Boyer and Rich Mink

Obstetrics is interested in delaying their start date and want to create their own survey. Internal Medicine is still discussing things. J1 visas will require a letter of support.

12:00pm-12:30pm Lunch - Myrick's Atrium IV

12:30pm-12:50pm AAP advocacy update (20 min) - Mr. James Baumberger

Mr. James Baumberger from the AAP was invited to the CoPS Fall meeting to give an update on AAP advocacy. With the upcoming election on November 6, 2018 he informed the Council on www.AAP.org/kids, where they can find information on how they can engage in the vote and how they can find out which candidates are talking about child wellbeing on their campaign trail. Right now, there is an 86% chance that Democrats will control the house and 87% chance Republicans will control the senate.

Before the last election the AAP created the blue print for children which is a transition plan for the upcoming presidency. Put together an update on where they stand on child advocacy progress within the past year. There has been a decent amount of progress behind the scenes. There is an 8-page document noting the progress; renewed children's health insurance, limited cuts on Medicaid, requirement that the National Institute of Health (NIH) has to count the number of kids they put in trials, increase NIH funding, approved FDA drug laws, child welfare money to help prevent kids from going into foster care, etc.

Mr. James Baumberger updated the Council of the current subspecialty and pediatric specific issues that the AAP advocacy team is currently working on.

- **Workforce:** Educate congress on the subspecialty workforce in pediatrics. Help them understand the shortages and how they impact patient care. There has been a lot of good responses and AAP is hoping that Congress will begin to tackle this issue soon.
 - **Federal programs designed to help medical workforce:** a lot of these are focused on primary care and is a now archaic system. Federal government support is being sought out through the national service core but does not normally allow subspecialists to apply, a bill is being worked on to change this. The senate does not want to open this up to broaden.
 - **Standalone programs (title 7 health profession programs):** Pediatric subspecialty loan repayment program, up for reauthorization. Was never funded because it was looked at as a new ACA program. It expired before the AAP was able to get it funded. Currently, they are in the position to try to get it renewed out of the content of ACA. They want the senate to include this in their Title 7 revision post-election. A tool kit has been put together for people to review and use to contact senators. If the AAP get this reauthorized, we should be in good shape to get it refunded. If we get it passed, we will need help with HRSA in training them on how to reimburse pediatrics subspecialties.
 - CHGME refunded for another 5 years
 - A meeting for reauthorization of the Pediatric medication and devices safety act was held and the FDA is putting a revision together.
 - Medicaid is being encouraged to change within states. AAP state chapters will be working on this on a state by state level.
 - Immigration rules have changed and public assistance may be affected. This makes it easier for the government to keep out immigrants if they are to be found dependent on the government. This has to do with legal immigrants with visas and green cards, these new criteria can become a factor in denying visa renewal. These dependencies expand beyond cash, nutrition, and Medicaid, all services they are technically eligible for. AAP will be working on this over the next couple of weeks when public comment is open.
 - The AAP has a renewed push into gun violence prevention, on a federal level they feel they have some headway in pushing funding for gun violence research.
1. The Council and subspecialty societies should think about getting involved in the AAP 3 day legislative conference on advocacy training. There will be a subspecialty track for the 4th straight year. 60 people participated last year. The AAP has funded people from their sections to go.

12:50pm-12:55pm ALF resolutions (5 min) - Dr. Christiane Dammann

Dr. Christiane Dammann presented an ALF resolution regarding increasing women in leadership positions in academic medicine. Dr. Mel Heyman presented an ALF resolution to increase mental health awareness in subspecialty patients.

Vote to support: The room supported both resolutions.

12:55pm-1:15pm Website updates (20 min) - Dr. Katherine Blin (20 min)

The Communications Committee presented the new website template to the Council. Everyone was pleased with the update in appearance. The Council discussed the idea of adding a trainee page where people can find grant information. This is something that will be investigated further when finalizing the new website.

Action: The Communications Committee will continue to work with management to transfer information to the new website platform.

1:15pm-1:30pm Dissemination of information to subspecialty groups (15 min)

Prior to the Fall Meeting the Executive Committee reached out to each society representative to discuss what they want the Council to focus on, who they disseminate information to and how they disseminate information from CoPS to their societies. Debra Boyer presented some of the top issues expressed during these calls, these issues are listed within the presentation slides.

Action: The Executive Committee and management will send out a communication to the Council to gather a list of different subspecialty organizations and their contacts. This list will then be used to disseminate CoPS updates and important information.

1:30pm-2:00pm Wrap-up - Next steps (30 min)

Dr. Debra Boyer summarized the meeting and thanked the Council members for their participation. The meeting adjourned.

Next Face to Face Meeting:

The CoPS Spring meeting will take place in conjunction with the APPD meeting in New Orleans, LA March 26-29, 2019. Exact day/time of the CoPS meeting is Tuesday, March 26, 2019 from 1:30pm-5:30pm.