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handicapped access for children with special needs? Is there well-supervised recreation for the children after school and on weekends? Does the local Little League allow softer baseballs for young T-ball players who can all smack a ball off a tee, but who don't always have reflexes to protect their faces when a rocket is launched from the tee in their direction? And remember that when you delve into these arenas, the state AAP chapter and the national offices likely will have resources available to give you verbal ammunition and research statistics for confronting intransigent "status quo" advocates.

For many of you, office and local involvement will be the limit of your advocacy activities—and that's fine. You are working on behalf of patients, and it is a good feeling to have accomplished something positive for the children. But some may want to pursue advocacy further into state and/or national issues affecting children.

AAP chapters are always looking for passionate pediatricians (we are all *compassionate* but not all have passion for advocacy) to spearhead a project.

For those of you with the passion for single or multiple issues on those fronts, I would recommend involvement with your state AAP chapter as well as the national organization. AAP chapters in particular are always looking for passionate pediatricians (we are all *compassionate* but not all have extra passion for advocacy) to spearhead a project or idea.

Most chapters interact regularly with governmental leaders because there are many legislative items that affect our professional lives as well as those of our patients. Chapter involvement is of critical importance to ensuring that well-meaning legislators, who may be led astray by persuasive and detrimental special interests, are educated about legitimate science and proper quality of care; that often requires the advocacy of an informed pediatrician.

If you have an interest in a particular issue and can find the time, then by all means get involved with your chapter. Who knows? You may even like it to the point where you continue to work through your state AAP chapter or the national organization—it is professionally and personally satisfying.

For those of you who are winding down in your office professional lives, consider working for your state chapter. For those of you unfamiliar with government workings, be aware that there is often a request for testimony about a pediatric-related issue with only a few days' notice. (I have always wondered as to why the short notice—legislators know weeks in advance about certain agenda items that are up for discussion, yet they only tell professional organizations a few days in advance. It makes no sense to me!) It is difficult for full-time practitioners to cancel patients on short notice and run to the capital to advocate on an important issue. However, for those of you seasoned veterans who are cutting back and only working a few days a week, you may have time to testify on short notice.

Don't worry that you may not have the facts at your fingertips for the issue at hand; National AAP can be very helpful in providing you with talking points and facts and almost completely written testimony on a moment's notice. Your AAP chapter is also good at using the national organization's resources and its local expertise to synthesize testimony and speaking points. All you would need is the time to appear. Each state chapter needs a cadre of veteran pediatricians upon whom it can rely to promote child (and sometimes pediatrician) issues and/or legislation on short notice. If you have the time, they have the need.

Advocacy is an important part of every pediatrician's professional life. It may involve working for the welfare of your patients by helping them navigate the insurance morass; it may be participation in a Child Study Team on behalf of a patient with a school problem. It may involve community, state, or national organizations and issues. Whatever the issue and whatever the venue, I urge all of you to get involved and help. Your time and your expertise absolutely can make a difference. You will feel great satisfaction—and that's priceless! ■

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Bronchopulmonary Dysplasia Clinic Reduces Readmissions, Saves Money

TORONTO — The establishment of an interdisciplinary outpatient clinic for patients with bronchopulmonary dysplasia can significantly improve care and decrease hospital readmissions, reported Dr. Stephen Welty of Columbus Children's Hospital.

Before the establishment of his hospital's outpatient clinic, an analysis of 269 children with bronchopulmonary dysplasia (BPD) discharged to their general follow-up clinic in 2003 revealed that 29% were readmitted within 1 month of discharge, Dr. Welty said at the annual meeting of the Pediatric Academic Societies.

"When we first saw that number we were horrified," he said. "And for two of those patients their stay [after readmission] was about 6 months, which was quite alarming."

Staff felt that factors contributing to the high readmission rate included family anxiety and lack of education about caring for their child at home, medical conditions such as reactive airway disease, and resource issues such as living remotely. In addition, BPD patients have complex, multidisciplinary needs that require social, nutritional, and developmental specialists, said Dr. Welty.

"Our hypothesis was that by seeing children at regular scheduled intervals in an interdisciplinary BPD clinic, we would reduce readmission rates," he said.

The BPD clinic staff saw all patients before discharge to assess the adequacy of oxygenation and whether discharge was realistic, and then saw them again 2 weeks after discharge to reevaluate. A study comparing outcomes within 30 days of discharge found that readmissions went from 29% before the establishment of the BPD clinic, to 3% the first year after its establishment, 6% the second year, and 5% the third year. Dr. Welty suggested this reduction in readmissions was mostly due to the prevention of pulmonary exacerbations.

The study estimated that the BPD clinic resulted in a cost saving of $2.5 million to $3 million per year based on the fact that the average length of stay on readmission was 19 days, with an average cost of $53,600 per patient. The average cost of a BPD clinic visit is $533.

"We believe other potential benefits of the clinic are improved family satisfaction, improved feeding, nutrition and growth, and improved developmental outcomes," he added.

—Kate Johnson