



AMSPDC Pediatrics Workforce Initiative
Building Pediatric Leadership for Payment Reform
Question Guide for Meeting with Hospital Government Relations

Regular engagement between Pediatric Department Chairs and their Government Relations (GR) teams is essential, yet these relationships vary widely. Chairs may be early in their tenure or long established, meet with GR colleagues frequently or only sporadically, and operate in different institutional contexts - such as freestanding children's hospitals or departments within larger health systems. In today's evolving policy and payment environment, proactive partnership with Government Relations is more important than ever. Mutual understanding of GR priorities and departmental needs is critical to advancing effective advocacy and supporting the economic stability of pediatric departments.

If this is new to you – you can start with the simple outreach... *I'm interested in being a constructive partner in advocacy that strengthens pediatric care and the sustainability of our department. I'd appreciate your guidance on where my voice and time can have the greatest impact.*

For Chairs with an established relationship with Government Relations, this guide is not intended to be a laundry list of questions to cover in a single meeting. Rather, Chairs should select and adapt questions based on their level of knowledge, stage of tenure, and the maturity of their relationship with the GR team.

The questions are intentionally focused on payment and financing issues affecting pediatric departments, recognizing that Government Relations teams engage across a much broader policy landscape. This guide is meant to complement - not replace - other areas of Government Relations engagement and to serve as a flexible resource that Chairs can use over time to support productive dialogue, alignment, and sustained collaboration around pediatric payment and economic sustainability.

Key Leadership Questions to Guide Action

- **What are 1–2 concrete actions I could take in the next 3–6 months to support pediatric payment advocacy? (Critical Question Every Chair Should Ask)**
- Which policymakers or agencies most need to hear directly from clinical pediatric leadership right now?
- Can we set up standing meetings? What do you think is the right frequency?
 - *I am available whenever needed adhoc – but would value having regularly scheduled meetings on the books.*
- How should I best report back to you information that I am learning? Vice-versa?

Current Policy and Payment Landscape General

- What are the top federal and state payment issues currently affecting pediatric services, and which are most urgent for our institution?
- Are there specific state or federal legislative vehicles, budget cycles, waivers, or rate reviews this year where pediatric input would be timely and influential?
- Where do you see the greatest opportunity for near-term advocacy impact related to pediatric payment?

Medicaid Landscape Specific

- What are Medicaid rates in our state for primary and subspecialty care?
- How close are they to Medicare and commercial rates?
- How does our state's Medicaid program compare to others in terms of pediatric reimbursement and access?
 - Could this be used as an advocacy lever?
- How much does our hospital receive from:
 - 340B program
 - Delivery System Reform Incentive Payment Program (DSRIP)
 - Directed payments from managed care organization (MCO)
 - Disproportionate share hospital payments (DSH)
 - Graduate medical education payments
 - Other supplemental payments
- How are pediatric services paid for under Medicaid/CHIP across inpatient and outpatient settings (e.g., MCOs, ACOs, direct state contracts), and what payment models are used (fee-for-service, PMPM/value-based, or other innovations)?
- How can I advocate and highlight the importance of Medicaid at the state level?

Role of the Department Chair

- From your perspective, where can a Department Chair be most impactful in advocacy efforts related to payment?
- Which pediatric payment issues are primarily state-level versus federal, and where should my advocacy efforts be focused?
- What role can I as a Chair play effectively - educator, messenger, coalition builder, testifier?
- Are there opportunities for me to engage directly with state officials, CMS staff, or legislators?

Institutional Strategy & Alignment

- How does pediatric payment advocacy fit within the broader health system advocacy strategy?
- Are there areas where pediatric priorities may compete with or complement adult or system-wide priorities?
- Are there topics or approaches that would be counterproductive at this time?
- What types of messaging resonates most with our executive leadership and board when it comes to pediatric economics?

Messaging & Evidence

- What internal data or stories would strengthen our position with policymakers?
- How can we best frame the return on investment of pediatrics (access, prevention, workforce stability)?

Coalitions, Partnerships & External Alignment

- What other coalitions, hospitals, community groups, etc. do you work with?
- Where do you see missed opportunities for pediatric leaders to engage at the state level?
- Are there upcoming advocacy days, briefings, or site visits where participation would be valuable?