



## **AMSPDC Pediatrics Workforce Initiative Building Pediatric Department Leadership for Pediatric Payment Reform**

### **Job Description Template**

This job description is designed as a high-level, adaptable template to support Pediatric Department Chairs in establishing a leadership role focused on advocacy and pediatric policy. It is intentionally broad and should be customized based on the FTE allocated, departmental priorities, institutional context, and existing government relations and finance infrastructure. Titles, responsibilities, and deliverables will vary from an early-stage advisory role to a senior leadership position as departments build internal expertise and capacity to engage in advocating for pediatric policy that supports children and families, the pediatric workforce, and pediatric payment policy. This template is meant to guide initial conversations and planning rather than prescribe a one-size-fits-all role.

### **Title: Director/Associate/Vice Chair for Advocacy / Policy / Community**

#### **Engagement \***

\*Title and level should correspond to FTE allocated

### **Position Overview**

The Director/Associate/Vice Chair for Advocacy & Policy provides strategic leadership for departmental advocacy and advocacy education and serves as a resource on up-to-date and evolving child health policy. The role ensures that Departments of Pediatrics have the expertise, infrastructure, and relationships needed to support children, families, communities, and equitable, high-quality pediatric care. Because pediatric advocacy efforts intersect with broader health system priorities, this role works closely with hospital and health system Government Relations teams to align pediatric policy and advocacy priorities with institutional strategy, workforce priorities, payment issues, and external partnerships.

### **Position Summary**

#### **Recommended FTE**

0.2–0.5 FTE protected time, scalable based on departmental needs and maturity.

### **Reporting Structure**

Reports to the Chair of Pediatrics and works closely with school leadership, educational leadership, hospital leadership, government relations, and finance.

### **Internal Strategy & Faculty Engagement**

- Define a departmental advocacy vision.
- Engage and mentor faculty, trainees, and residents on child health policy.
- Support metrics to recognize advocacy work in promotion pathways.
- **Map potential coalition partners at state and federal levels.**

### **Education & Workforce Development**

- Support faculty and trainee education on child health advocacy basics (curricula, goals/objectives).
- Mentor faculty and trainees interested in community engagement, coalition building, and/or policy engagement.
- **Connect trainees/faculty to scholarly advocacy opportunities within organizations (APA, SPR, APS, etc).**

### **Scholarship & Deliverables**

- Facilitate scholarship related to pediatric payment reform.
- Establish annual goals and measurable deliverables with the Chair.

### **Payment Reform & Policy**

- Partner with hospital and health system leaders on payment initiatives.
- Bridge the Department of Pediatrics (DoP) with hospital contracting, payer relations, and/or finance teams.
- Participate in institutional funds-flow or value-based payment (VBP) discussions.
- Identify and support payment-related pilot programs.

### **Government & External Advocacy**

- Collaborate with Government Relations on child-focused policy.
- Engage with AAP State Chapter, medical societies and other relevant stakeholders.
- Build relationships with policymakers and state Medicaid office.
- Meet with state legislators.
- Provide testimony or policy input as appropriate.
- Build or support local coalitions for child health policy.
- Collect and share pediatric data or case studies to inform policy.
- Partner with professional societies.

### **Qualifications**

- MD or DO; board-certified in Pediatrics
- Experience or strong interest in public health, health policy, and/or advocacy.  
Ability to partner with Government Relations and work collaboratively across the department, institution and health system.

<b>SAMPLE FTE</b>	<b>0.1-0.2 FTE</b>	<b>0.3–0.4 FTE</b>	<b>0.5–0.6 FTE</b>
<b>SAMPLE TITLE</b>	<b>Director</b>	<b>Associate or Vice Chair</b>	<b>Vice Chair (often dual role)</b>
<b>Primary Purpose</b>	Establish baseline advocacy educational programs and bridge to AAP	Previous column and drive active institutional engagement and policy influence, bridge to national organizations (APA, SPR, etc)	Previous columns and lead large-scale advocacy activities, statewide collaboratives, etc.
<b>Internal Focus</b>	Subject-matter expert on child health policy - educate department leadership and faculty	Identify policy priorities in collaboration with Chair and GR. Implementation of plan with faculty & residents	System wide engagement
<b>External Engagement</b>	Join meetings with Chair and GR Participate in AAP state chapter meetings and activities	Serve as primary liaison with GR, AAP Chapter President and others Regular engagement with state Medicaid leaders	Participate in days on the hill at state and federal levels
<b>Payment Reform Scope</b>	Medicaid literacy, coding and CPT advocacy opportunities, issue identification	Value-based payment; supplemental payments	Multi-payer and system redesign  Provide input to institutional leadership for contract negotiations for Medicaid, MCOs and private
<b>Faculty &amp; Trainee Role</b>	Support advocacy training in department; Advising and mentoring on request	Structured faculty engagement and trainee exposure; Role model policy engagement	Formal faculty promotion pipelines
<b>Institutional Readiness Needed</b>	Low–Moderate	Moderate–High	High
<b>Risk if Under-Resourced</b>	Slow progress; limited influence	Missed policy windows	Overextension without support
<b>Peer Models</b>	UVA Dell Medical School (Domain Leads)	Louisville	CHLA Colorado Dell (Associate Chair) Baylor College of Medicine Rochester Stanford