THE Georgia Pediatrician

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Evelyn Johnson, MD, FAAP, President
www.GAaap.org

Georgia Chapter
American Academy of Pediatrics

From the President

Hello all! Well, it has barely been the "first 90 days" and I feel I am off and running, almost literally, to keep up with all the activities of the Georgia Chapter. Thank goodness for the technologies of texting, e-mail, and webinars. The Chapter is celebrating its 60th anniversary this year and I cannot begin to imagine trying to function as they did then with just telephones!!!

For those of you who don't know me, I love the Georgia AAP!!! This organization touches the lives of Georgia's children and families in so many ways from our advocacy at the state capitol to providing the most up to date educational opportunities for our membership. And there would be no way to do it without input from each of you—via survey monkey, hassle factor forms, participation on the many committees (which mirror the national AAP) and the stellar organization of the staff over at 1330 West Peachtree Street in Atlanta.

Indeed it has been a busy summer so far. Many of us were able to take a step back and exhale once we started receiving our long awaited ACA "bump payments" earlier this year and finally the last of the CMOs has commenced with their batch payments for 2014. As you know this 24 month increase is set to expire at the end of this year. Work is being done nationally to maintain this level of reimbursement, but as you may have heard, some state chapters have convinced their state governments of the worthiness for maintaining the rates with funding through state budgets. The Georgia AAP is working diligently to serve our children and physicians with the goal of not going backwards. We will need everyone's help, so if we give a shout out, please answer. When our voices speak as one we can carry a powerful message. With that being said, the urgent appeal currently focuses on CHIP reauthorization by Congress. Changes in Washington have placed this highly successful program in jeopardy. For more information on what you can do, please check the national AAP website.

Many of us were able to take a step back and exhale once we started receiving our long awaited ACA "bump payments" earlier this year and finally the last of the CMOs has commenced with their batch payments for 2014.

As you are now aware, the big news releases of the summer have been on the revised AAP policy statements on RSV and Synagis prophylaxis; followed by news of Florida's escalating dilemma for counseling on gun safety; and most recently recommendations on sleep/adolescents/and school start times. The Chapter has provided you links to talking points on these diverse yet, apparently, sensitive points for many of our parents.

Evelyn Johnson, MD, FAAP
Chapter President

AAP in Elk Grove Village, IL. does a truly herculean task providing us with the stats/reasoning behind recommendations. Many of our members and chapter staff serve on the state level of committees, boards, and coalitions that impact children from early childhood education to public health issues. Additionally we now have about a half dozen chapter physicians who have been accepted to sit on committees at the national AAP level. So much passion in this group keeps us truly "linked in!"

On the state level, it was not the best of times nor the worst of times at the state legislature this past session. But you cannot look backwards too long or you will trip moving forward. Dr. Melinda Willingham has been diligently leading us on solid ground as she chairs the Legislative Committee and, as always, when your senators and representatives are at home, we encourage you to meet and greet. Let them know, one on one, how diligently we work to care for Georgia's most precious resource—our children. For info on joining the Legislative (or any other) committee contact the Chapter office to be added to their email list so you can stay abreast of activities.

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Inside this issue.....

The Georgia Pediatrician is the newsletter of the
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From the President...Continued

The Chapter has been busy with presentations, live and via webinars, since this summer also. In July we sponsored a vaccine seminar on HPV and adolescents in Savannah. The Adolescent Medicine Committee also has hosted a series of live training events in the southern part of the state on long acting reversible contraceptives (LARCS) in Valdosta, Albany, Waycross and Savannah.

Webinar topics in June included the Medical Home and one on Complementary Foods; and in July on the new screening requirements for critical congenital heart disease (CCHD). Upcoming topics include SCID, HPV Prevention, and Newborn Screening.

Additionally, the Pediatric Foundation's Annual Golf Tournament will be held on September 17 at Cherokee Run in Conyers. And we are all looking forward to an excellent program at Pediatrics on the Perimeter, the Georgia AAP Fall Conference on October 30-November 1 in Atlanta. (Details inside.)

We are over 1700 strong but want our family to continue to grow, so when you are through reading this issue, ever so politely leave it on the desk of a colleague—a general pediatrician or subspecialist—and hopefully they will see the benefits of joining our family also.

Look forward to outstanding presentations at the Adolescent Medicine seminar which includes topics on human trafficking and self-injury in adolescents and young people. Additional seminars, in additional to the general sessions, include ones on Nutrition, Coding and Practice Management, Developmental Pediatrics (focusing on autism), and Pediatric Hospital Medicine. We are pleased to announce that the speaker for the Martin "Marty" Michaels Memorial Lecture on Child Advocacy will be immediate past president of the AAP, Dr. Tom McInerny. I do hope I am able to live up to the standards of my predecessors. Thank you so much to each of the past presidents. You have all done outstanding jobs for Georgia's kids and doctors. I pledge to do my best, because I really do love the chapter.

So, all of this and more you have access to by being a member of the Georgia AAP. What a bargain. Dr. Roma Klicius and her Membership Committee work non-stop to increase our membership. Her campaign of "100% "offices has been extremely successful with (#) offices so far. Don't forget the Chapter can help you set up this logo/ status on your website also. We are over 1700 strong but want our family to continue to grow, so when you are through reading this issue, ever so politely leave it on the desk of a colleague—a general pediatrician or subspecialist—and hopefully they will see the benefits of joining our family also. And I promise to try and stay in the 21th century and on get thing moving on my twitter account. You can follow me @evejohn1600. See you at the Fall Conference!

Evelyn Johnson, MD, FAAP
Brunswick

Chapter News & Updates

Get the Most Current Immunization Education from EPIC

EPIC® is a physician led; peer-to-peer immunization education program designed to be presented in the private physician office and involves the participation of the complete medical team (provider, nurse, medical assistant, office manager, etc.). Give our trainers an hour and they will give you the latest immunization information available. The program is free, offers CME and contact hours for physicians and nurses, and a valuable resource box filled with useful immunization tools for your office.

EPIC offers six curriculums to meet your office's needs. Our programs include: Childhood, Adult, Combo, Women's Health, Student and Coding for Childhood Immunizations (GA-AAP Members Only). If you and your staff need to review the most current immunization information contact the EPIC office to schedule an EPIC presentation.

We have a total of 117 EPIC programs pending or completed for 2014. EPIC® is on track to have approximately 150 programs this year.

For more information or to request an EPIC program, contact the EPIC staff: Sandra Yarn, RN, BSN, CHES, Program Director at 404-881-5081 or Shanrita McClain, Program Coordinator at 404-881-5054 or visit the EPIC website at: www.gaaap.org or www.gaepic.com.

Ga WIC Update: USDA Food Package Final Rule

On August 8, 2014 we sent out a blast communication regarding updates that the Georgia WIC Program began implementing to its food package beginning August 2014. The following changes are most pertinent to pediatric practices:

New Low-fat Milk Campaign- 1% and fat free milk will become the new standard for milk issued to children 2 years of age and older and women enrolled in WIC. WIC participants will receive education on the nutritional benefits of low-fat milk and how this fits into a healthy lifestyle.

If a child is diagnosed underweight or Failure to Thrive, and is receiving a special formula, they can be eligible to receive full fat whole milk if prescribed and noted on Medical Documentation Form 1.

Medical Documentation Form 2 becomes Referral Form ONLY- This form will no longer be required to issue soy milk and tofu to children age 1 and older. WIC Participants can request these items if desired without medical documentation. Form 2 will be used solely for referrals to the program.

Updated Medical Documentation Form 1- Minor updates have been made to this form with the main revision intended to simplify the process of selecting/restricting supplemental foods for patients.

Updated forms are available and can be found at: http://dph.georgia.gov/wic-formula-resources

Pregnant & Breastfeeding Women May Be Deficient in Iodine; AAP Recommends Supplements

Many pregnant and breastfeeding women in the U.S. may be lacking iodine in their diets, which is an essential element for their babies' brain development, according to a new policy statement from the American Academy of Pediatrics (AAP), "*Iodine Deficiency, Pollutant Chemicals, and the Thyroid: New Information on an Old Problem*," published in the June 2014 Pediatrics. Most of the salt in the U.S. diet is from processed foods, and that salt is not iodized. As consumption of processed foods has increased, so has the level of iodine deficiency, with about one-third of pregnant women in the U.S. being deficient. *Pregnant and lactating women should take supplements that contain adequate levels of iodine, but only about 15 percent of this group does so.*

Adequate iodine intake is needed to produce thyroid hormone, which is critical for brain development in children. Severe, untreated hypothyroidism in infancy has serious, permanent effects on the brain, and milder cases of hypothyroidism can also affect a child's cognitive development. In addition, iodine deficiency in a mother increases both mother and child's vulnerability to the effects of certain environmental pollutants – most notably thiocyanate (found in cruciferous vegetables and tobacco smoke) and nitrate (found in certain leafy and root vegetables). Perchlorate, an environmental pollutant found in about four percent of public drinking water supplies and in a few foods is an additional concern.

In the policy statement, the *AAP recommends iodine supplementation for breastfeeding mothers and should be considered for some other women of childbearing age, and recommends that young infants not be exposed to tobacco smoke or drinking water with excess nitrate.* The AAP calls for better and more accurate labeling of supplements to reflect the actual content of iodide. The statement also calls on the federal government to complete a national primary drinking water regulation for perchlorate, and calls on state and local governments to enact clean-air and smoke-free legislation and ordinances.

If you have any questions or comments regarding the information provided please contact Kylia Crane, RD, LD the Chapter's Nutrition Coordinator at kcrane@gaaap.org or call 404-881-5093.

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DPH Awarded Project Launch Grant

Ga Department of Public Health has been award a Project Launch grant from the federal government to improve child social-emotional health of children in the Columbus area. Project LAUNCH Georgia will allow for collaborative efforts among child serving agencies in Muscogee County. The grant application has the following project goals: (1) expand early identification and linkage of children at-risk for social-emotional and behavioral delays to provide timely support for children and parents, (2) increase the capacity of providers of Muscogee County who serve young children and to provide integrated comprehensive behavioral health services and (3) build common infrastructure between child serving agencies at the state and local levels. The Georgia AAP will coordinate with pediatricians in Muscogee County to offer training and awareness campaigns. If you have any questions regarding this information, please contact Fozia Khan Eskew at feskew@gaaap.org or via phone at 404-881-5074.

Medicaid Adopts 2014 AAP/Bright Futures Periodicity Schedule

The Georgia Department of Community Health will adopt the 2014 AAP/Bright Futures Periodicity Schedule as of October 1, 2014 for the state Medicaid program. The new schedule includes recommendations for use of CRAFT to assess adolescents' for alcohol and drug use, use of Patient Health Questionnaire (PHQ) 2 screening for depression at ages 11 through 21 years, cholesterol screening between ages 9 and 11 years of age, risk assessment for hematocrit or hemoglobin at ages 15 and 30 months, screening for HIV between age 16 and 18 years and finally a recommendations that newborns should be screened for critical congenital heart disease (CCHD) using pulse oximetry before leaving the hospital.

One change from previous recommendations is that adolescents should no longer be routinely screened for cervical dysplasia until age 21. The October Health Check manual, available on the Georgia Medicaid webportal at www.mmis.georgia.gov under the tab Provider Information and the sub tab of Provider Manuals will outline the implementation and reporting of these services. If you have any questions regarding this information, please contact Fozia Khan Eskew at feskew@gaaap.org or via phone at 404-881-5074.

Meningococcal Vaccine: Don't Forget the Booster Dose

All 11-12 years olds should be vaccinated with meningococcal conjugate vaccine (Menactra® or Menveo®). A booster dose should be given at age 16 years. For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be administered, preferably at age 16 through 18 years, before the peak in increased risk. Adolescents who receive their first dose of meningococcal vaccine at or after age 16 years do not need a booster dose.

In adolescents, those ages 16 through 21 years have the highest rates of meningococcal disease. Even though the disease is not very common, it is necessary to prevent as many adolescents as possible from getting it. Meningococcal bacteria can cause severe disease, including meningitis and sepsis, resulting in permanent disabilities and even death.

When meningococcal conjugate vaccine was first recommended for adolescents in 2005, the expectation was that protection would last for 10 years; however, currently available data suggest protection declines in most adolescents within 5 years. Based on that information, a single dose at the recommended age of 11 or 12 years may not offer protection through the adolescent years at which risk for meningococcal infection is highest (16 through 21 years of age).

If a child is about to start college, for the best protection, it is recommended for patients to receive a booster dose. Meningococcal vaccination is required to attend many colleges. The Advisory Committee on Immunization Practices (ACIP) suggests that your child receive the vaccine less than 5 years before starting school.

Adolescents' age 16 through 18 years can get the booster dose at any time. The minimum interval between doses is 8 weeks.

Available data suggests that the booster dose is very safe, but vaccine safety will continue to be monitored.

If you have any questions, please contact the Chapter's Immunization Coordinator, Mike Chaney at (404) 881-5094 or mchaney@gaaap.org.

ACIP Recommends Preference for Live Attenuated Influenza Vaccine

The Advisory Committee on Immunization Practices (ACIP) has voted to recommend a preference for using the nasal spray flu vaccine (i.e., LAIV) instead of the flu shot (i.e., IIV) in healthy children 2-8 years of age when it is immediately available. This new ACIP recommendation is based on a review of available studies that suggests the nasal spray flu vaccine can provide better protection than the flu shot in this age group against laboratory-confirmed, medically attended flu illness. The recommendation also says that if the nasal spray flu vaccine is not immediately available, the flu shot should be given so that opportunities to vaccinate children are not missed or delayed. Flu shots continue to be approved and recommended for vaccination of children and adults as indicated. Since 2010, CDC and ACIP have recommended that everyone 6 months and older get a flu vaccine annually with rare exception.

If you have any questions, please contact the Chapter's Immunization Coordinator, Mike Chaney at (404) 881-5094 or mchaney@gaaap.org.

Global Partnership for TeleHealth: Linking Providers for Improved Healthcare

Global Partnership for TeleHealth (GPT) is a vertically integrated telehealth provider based out of Waycross, Georgia. With satellite offices in Atlanta and Alabama, GPT has an ever growing presence throughout the United States. In addition, there are six international locations, and GPT boasts the most extensive telemedicine network in America. Global Partnership for TeleHealth's mission is to improve and promote access to general and specialized healthcare in rural and under-served populations. By reducing service barriers for patients who live in rural parts of the world, whole communities gain access to quality healthcare they need.

A large portion of the encounters made through Global Partnership for TeleHealth's network focus on connecting children to physicians. With over 50 school based telehealth clinics (SBTCs) located throughout Georgia and Tennessee, public school children in need of physical and mental health care have direct access to physicians. Each school is equipped with the proper presenting equipment to ensure the telemedicine visit is the same or better than an in person visit.

Global Partnership for TeleHealth's mission is to improve and promote access to general and specialized healthcare in rural and underserved populations.

Through telemedicine, asthma rates in the school based telehealth clinics have decreased significantly by lowering the number of emergency department visits in each local hospital. In 2011, Georgia Partnership for TeleHealth followed students with chronic asthma to define how telemedicine clinics aided in their care. It was determined that 118 emergency department visits were avoided in comparison to the year prior resulting in a cost savings of $354,000 for the families and the county. On average, there is a savings of 124 patient travel miles equaling $762,027 in fuel alone, which does not include the cost of lost wages, meals, overnight stays, and other travel expenses.

School-based telehealth clinics are an ideal way to provide a full scope of comprehensive services for children. Not only can a child receive a visit with their primary care provider, they can also gain access to specialty care that may not be located in the demographic region in which they live. SBTC's are used by some as an urgent care center, but for many others, the SBTC becomes their medical home.

Dr. Felissa Goldstein is a child psychiatrist who works with Marcus Autism Center in Atlanta. Dr. Goldstein sees patients throughout Georgia in person and through telemedicine. She has expanded her footprint to include rural areas with low access to specialty mental health services. Dr. Goldstein says, "Telemedicine enables families who have children with developmental disabilities to receive specialized care and not have to drive 4-5 hours to receive it. It is cheaper, enables families to take less time off of work or school, and is well liked by patients and providers." Dr. Goldstein can see patients during the school year through her patients' school clinics and outside of school at local hospitals and clinics during the summer months.

Global Partnership for TeleHealth continues to recruit pediatric physicians into the network as the demand for doctors continues to grow. With students in schools, partnerships with foster care organizations, and support from CMO's, the demand is continuously outweighing the supply.

If you are interested in learning more or joining Global Partnership for TeleHealth's network, please reach out to Shea Ross at shea.ross@gatelehealth.org for more information.

Hanging Together: The Role of Clinically Integrated Networks in Preserving the Pediatric Model of Care and protecting Independent Pediatricians

At the signing of the Declaration of Independence, Benjamin Franklin knew that his name on the document could guarantee either a permanent place in history or his demise. In response, he famously said, "We must all hang together, or assuredly we shall all hang separately."

His words ring true in today's rapidly evolving healthcare environment. To position themselves to survive and thrive into the future, primary care pediatricians, specialty pediatricians, and Children's hospitals need to create collaborative relationships.

As pediatricians, our goal is to keep children healthy and safe. We know that outcomes for children are better when they are served by systems and providers that focus exclusively on kids.

CINs are an innovative strategy being adopted by independent primary care providers and pediatric hospital systems across the country. A clinically integrated network is a doctor-led and doctor-driven business enterprise.

Some parents only truly appreciate the pediatric differential after experiencing a poor outcome with their child. And in recent years, we have witnessed the growth of retail-based clinics, urgent care centers, and adult clinics that aggressively market their services for kids.

In light of this more competitive healthcare landscape and changes that will affect the way that patients and payors will compensate us for the care we deliver, it is imperative that we protect both the health of our patients and our businesses.

Because of these concerns, for several years now, a group of pediatricians throughout Atlanta and Children's Healthcare of Atlanta have been discussing the future of pediatrics and have been working together on pressing issues, such as quality-improvement projects. This collaboration has led to the creation of The Children's Care Network, a clinically integrated network (CIN).

CINs are an innovative strategy being adopted by independent primary care providers and pediatric hospital systems across the country. A clinically integrated network is a doctor-led and doctor-driven business enterprise. It typically includes doctors and healthcare systems focusing on developing and implementing evidence-based quality and process improvements, with the goal of improving outcomes, increasing efficiency, and reducing costs. Once clinical integration has occurred, a CIN can negotiate managed care contracts on behalf of its member providers to align payments and incentives with the enhanced performance and quality the care member providers deliver.

By providing standardized protocols for specific health outcomes, The Children's Care Network will enable primary care providers to better manage asthma, diabetes, and other chronic conditions within the medical home. Specialists will have more opportunity to focus on those cases that truly require their expertise. Participants in the network will have access to data that can help all of us improve outcomes on a larger scale.

Once we can demonstrate that we are clinically integrated and that we have improved outcomes, we can take our results to payors and negotiate incentives that reflect the cost savings payors will receive. Eventually, we may move to risk-sharing and other financial arrangements that let us take increased responsibility for pediatric healthcare spending.

Of course, such a big change can't happen overnight. It takes patience and commitment from doctors. Children's Healthcare of Atlanta has stepped up with significant financing and man-power. Additionally, it depends on everyone sharing a vision for the future that respects our individuality and unique needs of a pediatric-focused practice.

As the first chairman of the board of directors for The Children's Care Network, I can promise that we will continue to seek community input so we can ensure the network offers a high level of value to all participants. I also hope that our efforts in Atlanta can pave the way for pediatric CINs in other parts of the state. I invite anyone interested in learning more about our network to reach out through our website (www.choa.org/cin) or email (cin@choa.org). I look forward to working together to build a bright future for pediatrics in Atlanta and throughout Georgia.

Robert Wiskind, MD, FAAP
Immediate Past President
Atlanta

Robert Wiskind, M.D., FAAP, is Immediate Past President of the Georgia Chapter of the American Academy of Pediatrics. He is the newly elected chair of The Children's Care Network, a subsidiary of Children's Healthcare of Atlanta. For more information on The Children's Care Network, please visit www.choa.org/cin.

Addressing Behavioral Health Issues in Primary Care

A 2013 CDC study revealed that 13-20% of children experience a mental health disorder in any given year. Suicide was the leading cause of death among children aged 11-17 in 2010.[1] Pediatricians are all too aware of how frequently behavioral health and family issues negatively impact children's health and well-being. Yet, many have had limited training in addressing these concerns.

The Urban Health Program (UHP) at Emory University's Department of Pediatrics has developed a model of primary care which addresses the social determinants which impact high-risk children. A significant focus has been developing strategies to address behavioral health concerns within a busy clinic serving primarily low-income, ethnic minority families.

Many providers may hesitate to screen for behavioral health issues for fear of opening "Pandora's box."

To define and determine the level of behavioral health needs within our population, we first developed a Family Resource Survey to be implemented universally in the clinic. The survey assesses a wide range of potential family stressors including basic needs (food, housing), parent problems (health concerns, depression, substance abuse, domestic violence), child problems (educational problems, child abuse or harsh discipline), resource issues (transportation, daycare, health insurance, job training), and legal concerns. In addition, we developed a Child Health Survey for children ages 5-10 and an Adolescent Health Survey to be completed privately by youth age 11 and older. The latter survey covers the issues addressed in HEEADSSS interviews (home, education, eating, activities, drugs, sexuality, suicide/depression, safety) and both screen for behavior health problems.

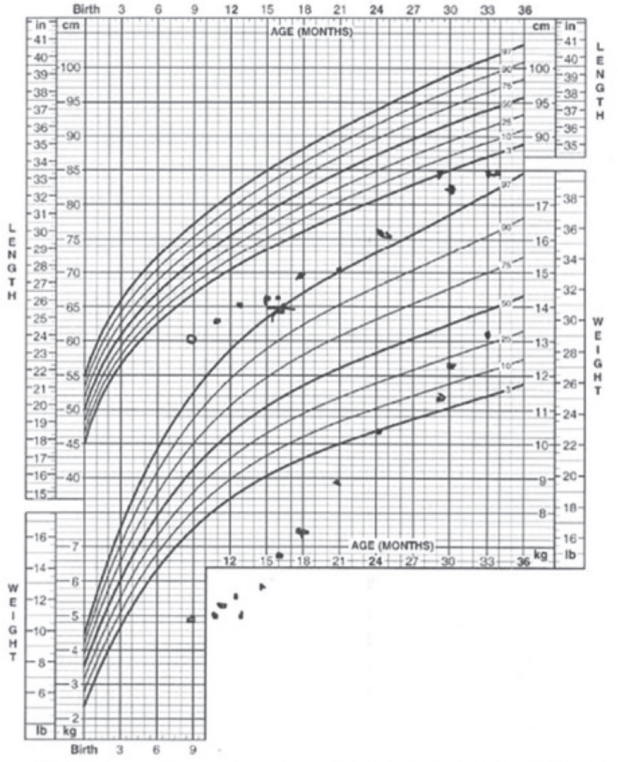
After a year of implementation, we conducted a review of 350 randomly selected charts to examine our success in incorporating behavioral health screening into clinic operations. Completed surveys were present in a very high percentage of charts: Family Resource Survey 87%, Child Health Survey 86%, and Adolescent Health Survey, 98%. The most commonly reported family risk factors were inadequate income (19%), food insecurity (11%), maternal depression (7%), and housing problems (4%). In adolescent surveys, 22% of respondents were identified as at-risk for depression.

Many providers may hesitate to screen for behavioral health issues for fear of opening "Pandora's box." We, therefore, simultaneously developed a detailed protocol which outlined resources to address each risk. In addition to existing staff (clinic social worker), a Behavioral Health Coordinator (BHC) was hired to clarify behavioral health concerns, enhance patient motivation for help, provide specific community referrals, and track and encourage follow-up. A broad-based community resource handout was developed, as well as brochures addressing specific high-frequency concerns (e.g. daycare, positive discipline, fatherhood issues).

A case example exemplifies the benefits of addressing behavioral health issues within a pediatric setting. "Janice," the 23-year-old mother of four children, was often in the clinic because three of her children had complex medical and developmental problems ranging from intrauterine growth failure to gastrointestinal malformations to an autistic disorder. Janice was often so frustrated that she yelled and cursed at the children. The clinic staff watched helplessly as Janice dutifully returned time after time, with minimal improvement in the children's health status. Finally, Janice was referred by the pediatrician to the clinic's behavior health coordinator (BHC) for a behavioral health assessment and was found to be clinically depressed. The BHC linked her to a community agency for treatment and, afterwards, the staff began to notice a more patient Janice, even when the children misbehaved. The BHC also linked the family with a community-based support service (Childkind) that provided a nurse who accompanied Janice and the children to the multiple specialist appointments required to address their complex health issues. Her presence empowered Janice to ask questions and ensure that she understood diagnoses and treatment plans. Soon Janice began to thrive, as did her children. Most remarkably, her third child, who had been plagued by significantly lagging growth and development, began to blossom. Instead of lying quietly in Janice's lap as the others played actively, he experienced a remarkable improvement in both his growth parameters (weight/height) and developmental status. The transformation of this family was truly miraculous.

Continued on page 12

GROWTH CHART - BOYS 0 to 3 LENGTH & WEIGHT



Update on Foster Care & Amerigroup Transition

After the Foster Care contract was awarded to Amerigroup in 2013, the Chapter has conducted ongoing meetings with the CMO and the Department of Community Health (DCH) to ensure the transition proceeded as smoothly as possible and met the needs of children, and the pediatricians who care for them.

Amerigroup is responsible for the children in Foster Care (7-8,000 at any one point in time) as well as those in Adoption Assistance (approximately 20,000) and Juvenile Justice (500 youths in community settings outside institutions). The dual goals of moving their care under a CMO was to improve the quality of their care while reducing costs.

It is well documented that children in foster care are prescribed psychotropic medicines at a much higher rate than the general population.

Amerigroup continues to work on ensuring access to care for children in these populations by enrolling both Primary Care and Specialty Pediatricians as participating providers. At this point, they are meeting the DCH targets for network adequacy and access. The Chapter forwards concerns from members about coverage in their area of the state to ensure that these children receive the appropriate care in a timely fashion.

It is well documented that children in foster care are prescribed psychotropic medicines at a much higher rate than the general population. They are often on multiple, sometimes conflicting, medications. This problem is exacerbated by the fragmented care children in foster care receive. Utilizing Care Coordinators and Case Managers, Amerigroup is working to ensure that the child's primary care physician is aware of all the medications they are taking and can eliminate unnecessary or duplicative ones.

One way to address the fragmentation of care is by ensuring Pediatricians seeing Foster Care children have access to information about their prior medical care. Currently, claims data, including prescriptions, are available through the MMIS web portal. DCH is working to make clinical information available through the web portal and through the Georgia Health Information Network.

The first six months since Amerigroup assumed responsibility for Foster Care in March have been free of major problems or disappointments. The Chapter will continue to work with Amerigroup and DCH to improve the health and healthcare of these vulnerable children. This collaborative effort, if successful, can be carried over to the general Medicaid population.

We urge members to become participating providers with Amerigroup to see foster care children. You do not have to agree to see other Medicaid or Peachcare children covered by Amerigroup.

If you have any questions about foster care and Amerigroup, or if you want to report successes or problems in your area with this population, please contact the Chapter office.

Robert Wiskind, MD, FAAP
Immediate Past President
Atlanta

Ga Pediatric Nurses & Practice Managers Associations Fall Meeting

November, 14, 2014
Cobb Energy Centre, Atlanta

The fall meeting of the Georgia Pediatric Nurses and Practice Managers Associations will be held on November 14, 2014 at the Cobb Energy Centre in Atlanta, Georgia.
The Practice Managers meeting will include sessions on coding, leadership, social media, and more.
The nurses meeting will include sessions on dermatology, vaccines, HPV, complementary foods, and more.

Please visit Georgia AAP website at ww.gaaap.org for more information about these events.

Public Health Finalizes Changes to Newborn Screening Regulations

The following is a summary of the finalized changes to the Newborn Screening Rules and Regulations 511-5-5 by the Georgia Department of Public Health (DPH) and the Georgia Newborn Screening Program (NBS). A full listing of these changes is available at http://rules.sos.state.ga.us. These revisions to the Rules and Regulations pertain to screening additions to the Georgia NBS Panel that must occur for all Georgia live births prior to the newborn's discharge; these amendments became effective as of June, 2, 2014. The Georgia NBS panel has been expanded to include critical congenital heart disease, hearing impairment, and severe combined immunodeficiency.

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Critical Congenital Heart Disease (CCHD) refers to a group of serious heart defects that are present from birth, including coarctation of the aorta, double-outlet right ventricle, D-transposition of the great arteries, Ebstein anomaly, hypoplastic left heart syndrome, interrupted aortic arch, pulmonary atresia, single ventricle, total anomalous pulmonary venous connection, tetralogy of Fallot, tricuspid atresia, and truncus arteriosus. As per the amendments, all hospitals and birthing centers shall be equipped to conduct a CCHD test in accordance with the Georgia NBS Policy and Procedure Manual.

These rules note the following:

- If the baby is admitted into a NICU or SCN, the baby shall have a CCHD screening test prior to discharge or once the baby is weaned from supplemental oxygen.
- Newborns who have already received an echocardiogram for any reason may be excluded from CCHD screening.
- The results of all screenings shall be documented on the NBS blood card, included in the baby's clinical record, reported to the Department, and given to the parents or legal guardians, in accordance with the Georgia Newborn Screening Policy and Procedure Manual.

The American Academy of Pediatrics/Bright Futures Periodicity Schedule released in April of 2014 reflects the 2011 AAP statement, "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease." Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital.

The amendments for hearing screening note that prior to the baby's discharge in accordance with the Georgia Newborn Screening Program Policy and Procedure Manual as follows:

- Newborns admitted to the well-baby nursery shall have a newborn hearing screening conducted by aOAE and/or aABR;
- Newborns admitted to a SCN or NICU, for greater than five days, screening shall be conducted after 32 weeks gestational age and when the baby is medically stable, and must include an aABR;
- If the baby does not pass the initial newborn hearing screening, the submitter may perform a second newborn hearing screening prior to hospital discharge.
- In the event that a baby is transferred to another hospital or birthing center before the newborn hearing screening has been completed, then it is the responsibility of the second facility to assure that a newborn hearing screening is completed.
- Results of the newborn hearing screen shall be documented on the NBS blood card included in the baby's clinical record, reported to DPH, and given to the parents or legal guardians along with any follow-up recommendations.
- Newborns that refer with an ABR screening must be followed up with ABR testing however if a newborn refers aOAE testing repeating screening may be conducted with ABR or OAE technology.

It is important to note that these provisions apply to home births as well. These births are of special concern to primary care pediatricians. The AAP's statement entitled, *Planned Home Birth* released in Pediatrics on May 1, 2013 offers guidance to pediatricians and was released to "*help pediatricians provide supportive, informed counsel to women considering home birth while retaining their role as child advocates and to summarize the standards of care for newborn infants born at home, which are consistent with standards for infants born in a medical care facility.*"

Further, the statement notes that any infant born outside a hospital setting receive a hearing screening by 1 month of age and recommends that the results of maternal and neonatal laboratory tests be reviewed, and that of any clinically indicated tests such as serum bilirubin along with screening test as per state regulations. This statement also notes that screening for congenital heart disease should be performed by using oxygen saturation testing as recommended by the AAP.

Additional information on Georgia Newborn Screening is available on line at: http://dph.georgia.gov/newborn-screening-nbs. If you have questions or need additional information on these newborn screening updated rules and regulations, please contact Fozia Khan Eskew via email at feskew@gaaap.org or by phone at 404-881-5074.

Pediatrics on the Perimeter 2014

Fall CME Meeting

October 30 - November 1, 2014 • Westin Atlanta North, Atlanta

Thursday, October 30, 2014

7:45 – 8:30 am **Registration Open & Continental Breakfast with Exhibitors**

8:30 am – 12:00 pm **Adolescent Behavioral Health Seminar**

- 8:30 – 8:45 am **Welcome & Introductions -** David Levine, MD, FAAP
- 8:45 – 9:30 am *Human Trafficking: What Every Pediatrician Needs to Know* - Melba Johnson, MD
- 9:30 – 10:15 am *Current Issues in Drug Use & Abuse in Adolescents* - Samuel Edelman, DO, FAAP
- 10:15 – 10:45 am **Break**
- 10:45 – 11:45 am *Self-injury in Adolescents and Young Adults* - Monifa Seawell, MD
- 11:45 am – 12 noon **Question & Answer Session**

8:30 am – 12:00 pm **Developmental Pediatrics Seminar**
Utilizing AAP Standards in Recognizing & Caring for Children with Autism Spectrum Disorders
R. Dwain Blackston, MD, *Presiding*
Moderators: Lynette Wilson-Phillips, MD & Heather Phelps, DO

- 8:30 – 8:40 am **Welcome, Goals & Objectives** - R. Dwain Blackston, MD
- 8:40 – 9:00 am *ASD Prevalence: What's Behind the Numbers?* - Marshalyn Yeargin Allsopp, MD
- 9:00 – 9:30 am *Advances for Early Screening for ASD* - Diana Robins, PhD
- 9:30 – 10:00 am *The Developmental Pediatricians' Approach to the Diagnosis of ASD* - Amy Talboy, MD
- 10:00 – 10:15 am **Questions & Answer Session**
- 10:15 – 10:30 am **Break**
- 10:30 – 11:15 am *AAP Guidelines for Recommended Treatment of ASD* - Michelle Macia, MD
- 11:15 – 11:45 am *Relationship of Seizure Disorders and ASD*
  Brannon Morris, MD
- 11:45 am – 12:00 pm **Questions & Answer Session**

1:30 – 4:30 pm **Coding & Practice Management Seminar**
Moderators: Steve Hobby, MD & Keith Seibert, MD

- 1:30 – 1:45 pm **Welcome and Introductions -** Steve Hobby, MD
- 1:45 – 2:45 pm *How Your Documentation Affects Risk Adjustment & Healthcare Dollars*
  Brian Boyce, BSHS, CPC, CPC-I
- 2:45 – 3:00 pm **Question & Answer Session**
- 3:00 – 3:15 pm **Break**
- 3:15 – 3:45 pm *CINs: What They are & How They Work* - Lori Foley
- 3:45 – 4:15 pm *Value Based Reimbursement: Is it Coming?* - Lori Foley
- 4:15 – 4:30 pm **Question & Answer Session**

1:30 – 4:30 pm **Current Topics in Pediatric Nutrition**
Moderator: Stan Cohen, MD
Supported by an Unrestricted Educational Grant from the Nutrition4Kids Foundation

- 1:30 – 1:35 pm **Welcome & Introductions -** Stan Cohen, MD
- 1:35 – 2:10 pm *Maximizing Your Nutrition Minute with Your Patients* - Kathleen Zelman, MPH, RD, LD
- 2:10 – 2:40 pm *Dietary Factors in Abdominal Pain* - Jose Garza, MD
- 2:40 – 2:55 pm **Break with Exhibitors**
- 2:55 – 3:30 pm *New Considerations: Vitamin D Metabolism and Requirements for the Breastfeeding Dyad*
  Carol Wagner, MD
- 3:30 – 4:00 pm *Eosinophilic Esophagitis: Whatever That Is (And Its Dietary Management)* -
  Seth Marcus, MD
- 4:00 – 4:30 pm **Question & Answer Session**

Friday, October 31, 2014

7:15 – 8:00 am	**Registration Open & Continental Breakfast with Exhibitors**
8:00 – 8:15 am	**Welcome & Announcements -** Joseph Zanga, MD
8:15 – 9:00 am	*What We're Just Learning about Breastmilk: Bioactive Properties* - Carol Wagner, MD
9:00 – 9:45 am	*Concussions in Children & Adolescents: A Community Approach* - Iris Basilio, MD

9:00 am – noon **Pediatric Hospital Medicine Meeting** *(Held concurrently with the General Session)*
Moderator: Nancy Doelling, MD

9:00 – 9:15 am	**Welcome & Introductions**
9:15 – 9:45 am	*Feeders and Growers: Building a Hospitalist Program for Hospitals & their Patients* Michael Bossak, MD
9:45 – 10:15 am	*The Hospitalist's Role in Judicious Use of X-rays* - Joanne Kennedy, MD
10:15 – 10:30 am	**Question & Answer Session**
10:30 – 10:45 am	**Break**
10:45 – 11:15 am	*Top Ten Articles in Pediatric Hospital Medicine for 2014* - Leigha Woodruff, MD
11:15 – 11:45 am	*One Is Not Zero: Making Hospitals Safe for Children* - Gary Frank, MD
11:45 am – noon	**Questions & Answers**

9:45 – 10:00 am	**Question & Answer Session**
10:00 – 10:30 am	**Break with Exhibitors**
10:30 – 11:15 am	***Martin Michaels Memorial Lecture on Child Advocacy*** *Child Advocacy the DNA of the Pediatrician* - Tom McInerny, MD
11:15 – 12:00 noon	*Depression: Screening and Treatment in Primary Care* - Monifa Seawell, MD
12:00 pm	**Morning Plenary Session Ends**
12:00 – 1:30 pm	**Awards Luncheon**
1:30 pm	**Plenary Session resumes**
1:30 – 2:15 pm	*The Pursuit of Happiness: Work/Life Balance* - Lucky Jain, MD
2:15 – 3:00 pm	*Supporting Children at Times of Crisis: The Pediatrician's Role* - David Schonfeld, MD
3:00 – 3:30 pm	**Break with Exhibitors**
3:30 – 4:15 pm	*HPV: Common Barriers & Why to Vaccinate* - Daron Ferris, MD
4:15 pm	**Afternoon Plenary Session Ends**
4:15 – 5:15 pm	**Reception**

Saturday, November 1, 2014

7:30 – 8:15 am	**Registration Opens & Continental Breakfast with Exhibitors**
8:15 am	**Announcements -** Joseph Zanga, MD
8:15 – 9:00 am	*Vaccines: Where We are Today: Update from the CDC* - Melinda Wharton, MD
9:00 – 9:45 am	*Facial Anomalies in Children* - Vincent Naman, MD
9:45 – 10:15 am	**Break**
10:15 – 11:00 am	*Supporting the Grieving Child & Family: Clinical Pearls for Pediatrician* - David Schonfeld, MD
11:00 – 11:45 am	*Beyond Back to Sleep: Practical Advice for Pediatricians* - Gary Freed, MD
11:45 – 12:30 pm	*Pediatric Resident Jeopardy* (Emory, Mercer-Macon and Mercer-Savannah) Judson Miller, MD
12:30 pm	**Closing Remarks/Adjourn** Joseph Zanga, MD

For more information, visit www.GaAAP.org or call the Chapter office at 404-881-5091.

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education by the Georgia Chapter of the American Academy of Pediatrics. The Georgia Chapter of the American Academy of Pediatrics is accredited by the Medical Association of Georgia to provide continuing medical education to physicians. The Georgia Chapter of the American Academy of Pediatrics designates this live activity for a maximum of 15.5 *AMA PRA Category 1 Credits* ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity

Nationally, the American Academy of Pediatrics has recognized the impact of behavioral health on the overall health of the pediatric population and has developed a toolkit to help practitioners.[2] Finding local resources is challenging but there are statewide attempts to improve access to mental health services (Georgia Crisis and Access Line, 1-800-715-4225, myg-cal.com). The UHP continues to refine our model of addressing social determinants and integrating behavioral health into primary care because we wholeheartedly believe, as Frederick Douglass said, "It is easier to build strong children than to repair broken men."

Dr. Terri McFadden examines a young patient.

Urban Health Program, http://www.pediatrics.emory.edu/centers/uhp/index.html

Veda Johnson, MD, FAAP
Terri McFadden-Garden, MD, FAAP
Ann Hazzard, PhD
Emory University Department of Pediatrics
Atlanta

References

1. Centers for Disease Control and Prevention. Mental health surveillance among children: United States, 2005-2011. Morbidity and Mortality Weekly Report 2013; 62 (Suppl: May 16, 2013):1-35.
2. American Academy of Pediatrics. Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit. Elk Grove Village, IL: AAP, 2010.

Meet the Board: Jeffery Lewis, MD

Jeffery Lewis, MD is the Chapter District V Representative. He is a pediatric gastroenterologist at GI Care for Kids in Atlanta.

Birthday: July 16

Hometown: Atlanta

Education: Emory BA Economics, 1985; Wake Forest School of Medicine 1989; Emory pediatrics, Harvard gastroenterology and nutrition, 1995.

Family: Wife Kayla, Daughter Ariana (Tulane), Son Eli (Galloway)

Pet(s): a dog and 3 cats (they get along pretty well)

Inspiration: Bob Harrison, Don Schaffner, Joseph Snitzer, Norbert Friedman (I highly recommend googling him and watching his videos)

Hobbies: Tennis, Fantasy Football, Texas Hold 'em

Bad Habits: Wasting time fighting bureaucracy

Greatest Accomplishment to date: I am very proud of founding a camp for kids with celiac disease with Camp Twin Lakes called Camp Weekaneatit; diagnosing 4 cases of Munchausen by proxy; and performing the first pediatric fecal transplant in Georgia

Favorite Saying: "Be the change that you wish to see in the world." Mahatma Ghandi

Favorite Movie: Family Man with Nicholas Cage

Who would play you in a movie: Jim Carey or Jeff Daniels

Favorite Food: Sushi

Jeffrey Lewis, MD

Favorite Restaurant: Agriturismo Marciano outside of Siena, Italy

Dream Vacation: 4 weeks with my family anywhere in the world without any responsibility

Pet Peeves: too many to list, I am constantly working on this

Three things always found in your refrigerator: a good pilzner, pomegranate juice, and forgotten leftovers

Self-portrait: Husband, father and hard working clinician passionate about quality medical care and curious about how to improve the things around me

Best kept secret: I somehow believe that a Boston creme donut from Dunkin' Donuts is calming

Most memorable moments: Seeing my future wife for the first time at my 10 year high school reunion, my daughter coming home from the NICU without having been on ECMO, or the healthy birth of my son

Luxury Defined: A suite in a farmhouse/winery hotel in Tuscany, summer of 2014

Place you'd most like to be stranded: A well stocked farm-house in the New Zealand countryside with no internet connection

Pediatrics by the Sea & Chapter 60th Anniversary Celebration Photo Review

The Georgia AAP annual summer CME meeting, Pediatrics by the Sea (PBS), was held June 11-14, at Amelia Island, Fla. Over 160 physician attendees enjoyed the meeting and were joined by their families & colleagues; and 37 exhibitors and supporters. Eric Pearlman, MD, chair of pediatrics at Medical College of Central Georgia in Macon served as program chair. Thanks to Dr. Pearlman, all the faculty, attendees and friends for attending this special CME event.

(Left) R. Dwain Blackston (Atlanta), Past President Kathryn Cheek, MD (Columbus), and Alan Glassman, MD (Athens) enjoy the welcome reception at Pediatrics by the Sea.

(Right) Chapter President Evelyn Johnson, MD, Brunswick *(at left)* is pictured here with Kris Zanga, Heather MacLeod, and AAP Past President Joseph Zanga, MD of Columbus.

(Left) The Fun Run & Walk is an annual part of PBS and provides the opportunity for an early morning run along the ocean as the sun is rising. Nice goin' gang!

(Right) President Robert Wiskind, MD gathers all of the children at the President's reception and they all sang Happy Birthday to the Chapter. He was in his element spending time with the children.

(Left) The Chapter held a meeting of the Pediatric Chairs during the conference. *From left:* Richard Ward, CAE, Chapter Executive Director; Joseph Zanga, MD, Columbus Regional Hospital; Anthony Pearson Shaver, MD, Medical Center of Central Georgia in Macon; Eric Pearlman, MD, Mercer Memorial Hospital in Savannah; Charles Linder, MD, Georgia Regents University; Chapter President Robert Wiskind, MD; and *(seated l to r)* Yasmin Tyler-Hill, MD, Morehouse School of Medicine, Atlanta; and Chapter Vice President Evelyn Johnson, MD.

(Right) Jim Soapes and his wife Chapter Past President Jan Soapes, MD were all smiles at the Chapter's 60th Anniversary Celebration.

Welcome to the 100% Club!

Congratulations to the following practices and institutions! All of the physicians in these practices and institutions are current members of the Georgia Chapter AAP. We will feature different practices in each issue of the Chapter's newsletter.

Is your practice 100%?
Call 404-881-5067 to check your status.

Primary Care Pediatric Practices
ABC Pediatrics, Fayetteville
Coker Pediatrics, Griffin
Griffin Pediatrics, Griffin
Janice Loeffler, MD, PC, Valdosta
Snellville Pediatrics, Snellville
Northside Cherokee Pediatrics, Holly Springs

Academic Program
Pediatric Adolescent Surgical Associates, PC, Atlanta

Smoking Cessation: The Pediatrician's Role

The Julius B. Richmond Center of Excellence sponsored a conference in Nashville in July, "Asking the Right Questions: Clinicians and Tobacco Cessation in the Clinical Encounter." The purpose of the conference was to encourage clinicians and their staff to discuss smoking prevention and cessation with adolescents and their parents. Smoking initiation is an adolescent problem: 90% of smokers start smoking before age 18 and 99% begin by age 26. Adolescents who experiment with cigarettes become addicted more quickly than adults; in addition, it's harder for them to quit smoking once they've started.

Use of electronic cigarettes among middle and high school students doubled between 2011-2012. There is concern that electronic cigarettes are a gateway to smoking. Whether e-cigarettes will be of use for smoking cessation is unknown at this time. There is concern, however, that previous smokers who use electronic cigarettes may restart smoking.

Smoking initiation is an adolescent problem: 90% of smokers start smoking before age 18 and 99% begin by age 26.

The experts at the conference were strong believers in Nicotine Replacement Therapy. Pediatricians should not be afraid to offer parents Nicotine Replacement patches and gum. These products are over the counter medicines. There is no need to obtain a medical history. Any amount of nicotine replacement therapy is safer than any amount of combustible tobacco. The patches come in 21mg, 14mg, and 7mg strengths. Since each cigarette contains 1mg of nicotine, it is reasonable for a one pack a day smoker to apply the 21mg patch daily. It can be very effective for the clinician to have a supply of patches in the office and apply a patch after discussion of smoking cessation, if the parent or patient is willing.

Pediatricians should encourage parents and teens to call the Quit Line: 1-800-QUIT NOW. Smokers who enroll in the program in Georgia and agree to weekly telephone sessions will receive four weeks of NRT. For patients with depression, use of Bupropion may be helpful.

Community actions that make smoking initiation less likely:

- Increasing the cost of cigarettes through increased taxation
- Increasing the age that merchants can sell cigarettes to minors from age 18 to age 21
- Preventing pharmacies from selling cigarettes (CVS is abandoning the sale of all tobacco products by 10/1/14)
- Preventing smoking in cars
- Restricting electronic cigarette use to areas where cigarettes can be smoked
- Restricting the sale of electronic cigarettes to children under the age of 18, which has already happened in Georgia as of 7/1/14

For more information on smoking cessation from the AAP, visit www.aap.org/richmond.

Alice Little Caldwell, MD, FAAP
Newsletter Editor
Augusta

Martha S. Tingen, MSN, PhD
Professor of Pediatrics
Medical College of Georgia
Augusta

Committee & Section Interest Form...We Need You!

The Georgia Chapter has several committees working around issues in child health & the practice of pediatrics. Committees are open to any Chapter member. They usually meet by teleconference or email. If you'd like to join one or more committee(s) please select up to 3 & rank them in order of your interest i.e. 1, 2, & 3.

*Please fax back to the Chapter Office at **404-249-9503** or email jrice@gaaap.org.*

Thank You!

___ Adolescence
___ Asthma, Task Force
___ Bioethics, Section
___ Bright Futures, Task Force
___ CATCH
___ Child Abuse & Neglect
___ Children with Disabilities
___ Child Health Care Financing
___ Clinical Information Technology, Task Force
___ Coding & Nomenclature
___ Communications & Media
___ Continuing Medical Education
___ Early Education & Child Care, Section
___ Emergency Medicine
___ Environmental Health
___ Fetus & Newborn
___ Foster care, Adoption & Kinship Care
___ Genetics
___ Hospital Medicine
___ Infectious Disease
___ Injury, Violence & Poison Prevention
___ Legislative Affairs
___ Medicaid, Task Force
___ Membership
___ Mental Health, Task Force
___ Newsletter
___ Nutrition
___ Obesity/Childhood, Task Force
___ Oral Health, Task Force
___ Practice Management
___ Pediatric Research in Office Settings (PROS)
___ Public Health
___ Quality Improvement, Task Force
___ Reach Out & Read & Early Literacy
___ School Health
___ Senior Section
___ Sports Medicine
___ Subspecialty Section
___ Young Physicians Section

Name: _____ Date: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Annual Immunization Study Examines Two-Year-Old Vaccination Coverage Rates in Georgia

The Georgia Immunization Study (GIS) is conducted annually by the Georgia Department of Public Health Epidemiology and Immunization Programs. The GIS is a retrospective cohort study to determine the up-to-date (UTD) immunization rate for 2 year old children born in the State of Georgia. Using electronic birth records, Georgia Registry of Immunization Transactions and Services (GRITS) data and parent and provider recall, the Department is able to collect immunization history to establish immunization rates for the 4:3:1:3:3:1:4 series* as recommended by the Advisory Committee on Immunization Practices (ACIP). Rates calculated as part of the GIS include Up-To-Date (UTD) by 24 months of age, UTD by 24 months of age based on GRITS data alone, and UTD by the end of the six-month data collection period.

During the six-month data collection period, public health data collectors contact parents and providers of children with incomplete records to ascertain reasons why children were not fully immunized, which also serves as a reminder-recall system. In 2013, the Georgia statewide UTD immunization rate by 24 months was 85.0%; this increased to 90.6% by the end of the data collection period. Over the last 5 years, the UTD by 24 months and UTD by end of data collection rates have increased by 18.1% and 16.5%, respectively. The UTD rate by 24 months based on GRITS alone is a new measure added in 2013, based only on immunization data in GRITS, and excludes parent or provider recall. This rate can serve as a measure of how accurately GRITS data reflects immunization rates of children who are UTD by 24 months. This rate was found to be 80.2% - less than 5% below the UTD by 24 months rate determined using GRITS as well as provider and parent recall.

In 2013, the Georgia statewide UTD immunization rate by 24 months was 85.0%; this increased to 90.6% by the end of the data collection period.

The GIS collects demographic information on the 2 year-old birth cohort and compares these data to those for 2 year olds in the state as a whole. Over the years, the GIS has identified various demographics that are consistently associated with lower immunization rates. In 2013, such groups included children of Black mothers (81.4%), mothers with a high school level of education (82.1%) and unmarried mothers with more than one child (79.2%). Using the GRITS only measurement revealed that certain demographics were truly UTD at 24 months but were not reflected as such in their GRITS records. Children of White, Hispanic and Asian mothers had notably lower immunization rates based on GRITS alone (74.0% and 76.8%, respectively) than what was found to be their actual immunization status after parent and provider recall was conducted (90.6% and 91.3%, respectively). This may indicate that these racial/ethnic groups tend to see providers who are not maintaining GRITS documentation. A similar trend was found when rates for children whose provider served in the public sector (37.5% vs. 81.3%). This may signal a need to target certain providers for education in the importance of utilizing the GRITS registry for immunization documentation.

The GIS provides an annual measure of how well Georgia's health care system is maintaining immunization coverage of its 2 year old population, identifies demographic characteristics linked with under immunization, and now also provides a measure of how accurately the GRITS registry reflects UTD coverage rates among children of this age group. The collaboration of public health, providers, and parents in the administration of recommended vaccines as well as the maintenance of an accurate GRITS registry are critical to raising immunization coverage rates in Georgia.

If you have any questions, please contact the Chapter's Immunization Coordinator, Mike Chaney at (404) 881-5094 or mchaney@gaaap.org.

*4+ DTP, 3+ polio, 1+ MCV, 3+ HIB, 3+ Hepatitis B, 1+ Varicella, 4 Pneumococcal conjugate vaccine

Manoj T. Rema, MPH
Immunization Epidemiologist
Georgia Department of Public Health
Division of Health Protection
Immunization and Epidemiology Program
Atlanta

New Chapter Leaders Elected

At the June 14th Chapter Business meeting, the Chapter elected several new district representatives, two honorary presidents and a new vice president. Additionally vice president Evelyn Johnson, Brunswick rose to the office of president.

The Chapter welcomed five new Board Members. The new district representatives are Robersteen Howard, MD, Rome; Melissa Boekhaus MD, Mableton; Kimberly Stroud, MD, Toccoa; Ivette Rico, MD, Savannah; and Jamie Rollins, MD, Canton. They replaced outgoing board members Karen Timberlake, MD of Rome; Jose Rodriguez, MD, Marietta; Eugene Cindea, MD, Gainesville; and Amy Hardin, MD, Woodstock. Thanks to them for their wonderful service.

Ben Spitalnick, MD of Savannah was elected Chapter's Vice President. Also, Alan Glassman, MD, Athens was elected to the Chapter executive committee.

William Bristol, MD of Brunswick and Betty Wray, MD, Augusta were selected as the new Honorary Presidents, which acknowledges their wonderful service to the Chapter and Georgia's children.

Congratulations All!

Mark Your Calendar!

Legislative Day at the Capitol

March 5, 2015
State Capitol & Floyd Building

For more information,
contact the Chapter office at 404-881-5091.

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CALENDAR

Visit the Chapter website for more information regarding these events...**www.GAaap.org**

Webinar:
You Are the Key to HPV Prevention: Update on HPV Awareness Campaign
October 2, 2014 at noon

Webinar:
Newborn Screening Updates: What's New in Universal Newborn Hearing Screening and Specimen Collection Cards
October 8, 2014 at noon

Pediatrics on the Perimeter Fall CME Meeting
October 30 - November 1, 2014
Westin Atlanta North
Atlanta

Ga Pediatric Practice Managers & Nurses Association Fall Meetings
November 14, 2014
Cobb Energy Centre
Atlanta

Legislative Day at the Capitol
March 5, 2015
State Capitol and Floyd Building