



# THE Georgia Pediatrician

Volume 25, Issue 3, Fall 2015  
Evelyn Johnson, MD, FAAP, President  
www.GAaap.org

Georgia Chapter  
American Academy of Pediatrics



## From the President

Back to School! Yes, by now most of us have a few weeks of school under our belts again and likely you have seen a surge in sick visits as the kids have started to “mix up” their germs. It only took about 2 weeks for my office to start through this annual rite of passage. Next we will have that ever so small window before we start influenza shots. So much stays the same, but things do change. I can recall vividly 2 years ago as I approached board recertification and along with some of my

*...I must say, though I too went kicking and screaming into the QI component of MOC, it did provide an invaluable change to our practice...*

“middle aged” colleagues, being frustrated that the ABP had dared to contrive such a confusing and time consuming entity of MOC. Not one meeting, formal or informal, of more than 2 pediatricians could occur without some lamenting about why and, more so, what choices were available to meet this thing called MOC. Like many of my colleagues I trudged through a quality improvement project mainly out of necessity.

I was able to find one, on patient literacy, that I did feel would be beneficial for my patients. I must admit that as soon as I met the requirements for the program, we slacked off on some

of the steps for enhancing our patient’s literacy and at first it seemed that the only result was speeding up visits by eliminating paperwork, etc. After about 3 months though, I noticed being frustrated with patients who returned and had not followed directions for medications. On reviewing this distressing situation, the one variable we identified was patient literacy. So I must say, though I too went kicking and screaming into the QI component of MOC, it did provide an invaluable change to our practice, and I now am completely sold! Add

to that the great fortune the Chapter has had in securing Chapter Quality Network (CQN) projects in Asthma, ADHD, Adolescent Substance Abuse, and Bright Futures and an additional HPV QI project ..... I am ecstatic!! Yes, I am doing cartwheels in my mind! With these projects, the technical and clinical support from national and our local expertise, the Georgia Chapter is poised to provide outstanding best practices for our kids and their families. Check with the Chapter office to see which projects are still recruiting. Let’s do the best for our kids!



Evelyn Johnson MD, FAAP  
Chapter President

*(Continued on page 2)*

Join Us for...

## Pediatrics on the Parkway

November 5-7, 2015

Cobb Galleria Centre, Atlanta



For more information  
call 404-881-5091 or  
visit [www.gaaap.org](http://www.gaaap.org)

## Inside this issue.....

- **Georgia AAP to Launch Three New QI Projects!, p. 4**
- **Improving Diet & Formula Selection for Toddlers & Children, p. 6**
- **Updates from Georgia on Pediatric Disaster & Emergency Preparedness, pp. 8-9**

**And more...**

The Georgia Pediatrician is the newsletter of the  
**Georgia Chapter/American Academy of Pediatrics**  
Editor: Alice Little Caldwell, MD  
Email: acaldwel@gru.edu

1330 West Peachtree St. NW, Suite 500  
Atlanta, GA 30309-2904  
Phone 404-881-5020 Fax 404-249-9503 www.GAaap.org

#### BOARD OF DIRECTORS

##### President

Evelyn Johnson, MD, *Brunswick*

##### Vice President

Ben Spitalnick, MD, *Savannah*

##### Secretary

Kim Megow, MD, *Valdosta*

##### Treasurer

Minor Vernon, MD, *Macon*

##### Past President

Robert Wiskind, MD, *Atlanta*

##### Honorary Presidents

Randy Barfield, MD, *Atlanta*

Edward Conner, MD, *Macon*

##### Executive Director

Richard W. Ward, CAE

#### DISTRICT REPRESENTATIVES

District I	Robersteen Howard, MD, <i>Rome</i>
District II	Melissa Boekhaus MD, <i>Mableton</i>
District III	Hugo Scornik, MD, <i>Conyers</i>
District IV	Cedric Miller, MD, <i>Atlanta</i>
	Judson Miller, MD, <i>Atlanta</i>
District V	Jeff Lewis, MD, <i>Atlanta</i>
	Lynette Wilson-Phillips MD, <i>Clarkston</i>
District VI	Kimberly Stroud, MD, <i>Toccoa</i>
District VII	Kim Blevens, MD, <i>Warner Robins</i>
District VIII	Charles Scarborough, MD, <i>Augusta</i>
District IX	W. Steen James, MD, <i>Peachtree City</i>
District X	April Hartman, MD, <i>Columbus</i>
District XI	Dixie Griffin, MD, <i>Tifton</i>
District XII	Michelle Zeanah, MD, <i>Statesboro</i>
District XIII	Ivette Rico, MD, <i>Savannah</i>
District XIV	David Sprayberry, MD, <i>Bishop</i>
District XV	Jamie Rollins, MD, <i>Canton</i>
District XVI	Tania Smith, MD, <i>Albany</i>

#### MEDICAL SCHOOL DEPT. CHAIRS

Lucky Jain, MD, *Emory*

Charles Linder, MD, *Ga Regents University*

Anthony Pearson-Shaver, MD, *Mercer/Macon*

Yasmin Tyler-Hill, MD, *Morehouse*

Eric Pearlman, MD, *Mercer/Savannah*

#### RESIDENT REPRESENTATIVES

Abbas Zaidi, MD, *Emory*

Scott Darby, MD, *Ga Regents University*

Anastacia Lambrou, MD and Adjowa Walker, MD,

*Mercer/Macon*

Roxanne Samuels, MD, *Morehouse*

Amber Teague, MD, *Mercer/Savannah*



## From the President...Continued

The other big news this summer has been the increase in reimbursement through the CMOs. Starting on July 1, you should receive increase to 90% Medicare rates for our Medicaid well check codes and 99213--changes we were able to secure through the legislature this year. We still have more work to do, so please try to contact your state legislators this summer to thank them for standing for Georgia's kids this past session and ask for their continued support this year as we push for Medicaid/Medicare parity.

On the federal scene, the Child Nutrition Reauthorization bill has special meaning for our kids. Congress must act by Sept 30 to pass the CNR. Should you receive this newsletter prior to passage of the bill, please let your voice be heard. Check out the Department of Federal Affairs on the AAP website for the latest news of how you can help. And looking further ahead, please let's empower our parents, and newly legal adolescent voters, by reminding them to register to vote and participate in the 2016 election. Each of us helps keep our country strong.

*...the Chapter is just finishing up the first of 3 sessions of a virtual learning experience, ECHO, for Chapter members.*

And speaking of elections, it is again time to consider our next President of the national AAP. Voting opens at the NCE and closes November 23. You can find info on the candidates on the AAP websites as well as interviews in AAP News. Don't forget to exercise your vote!

Back to education, the Chapter is just finishing up the first of 3 sessions of a virtual learning experience, ECHO, for Chapter members. ECHO uses a "hub and spoke format", by linking expert faculty specialist at a "hub" with primary care providers & staff in local community practice "spokes." Together, the "hub & spokes" participate in twice a month ECHO® videoconference clinics, combined with mentoring and patient case studies. This opportunity, offered through National AAP, was focused on Endocrinology, and will hold a Winter session beginning in November. See page 17 for more information.

Additionally, the Chapter continues to provide webinars, as well as a number of conferences this summer. Pediatrics by the Sea in Amelia was a success with excellent faculty. We have had a Medical Home Webinar, as well as a Georgia VFC Update. Additionally, we just had an Immunization Conference in Athens which was a success. Late September, offers another hot topic—transitioning our adolescents to adult practices. There will be special emphasis on our special needs adolescents. With a planning committee having input from our internists, family practice, obgyn, and subspecialty colleagues this looks to be a rewarding program. And then, of course, Pediatrics on the Parkway will be an outstanding program and we look to see all of you there. We also invite you to join us for the Inaugural *Jim Soapes Charity Golf Classic* benefitting the Pediatric Foundation of Georgia on September 29, 2015 at Cuscowilla at Lake Oconee in Eatonton, Ga. The tournament was renamed in Jim Soapes memory this fall.

Last, but certainly not least, thanks again to all the staff at 1330 West Peachtree for keeping the show running. Have a safe and prosperous fall!

**Evelyn Johnson, MD, FAAP**  
Chapter President

## Chapter News & Updates

### Internet Sharing of Breastmilk??

The sharing and selling of human milk over the internet is gaining in popularity. Most mothers know that breast milk is superior to formula and want their infant to receive human milk. For those mothers who can't provide that milk they can now purchase it on the web. A recent study was done in Ohio to test milk bought over the internet and they checked on the quality and safety. There were high rates of bacterial contamination and some of the milk had been diluted with water or cow's milk. Unlike milk purchased from the Human Milk Banking Association of North America (HMBANA) this milk also contained high colony counts of Staphylococcus, Streptococcus and cytomegalovirus (CMV). The human milk from HMBANA is screened, tested and pasteurized for quality unlike milk that mothers are now choosing to purchase from some unknown person. As physicians encourage mothers to breastfeed they also need to discuss the hazards of purchasing breast milk over the internet. If you have a mother that has an excess of breast milk encourage her to contact a milk bank where she can donate. Their website is [www.hmbana.org](http://www.hmbana.org).

### AAP Updates Recommendations on Obesity Prevention

In updated recommendations, the American Academy of Pediatrics (AAP) offers practical steps families can take to help children maintain a healthy weight. The recommendations were released in an AAP clinical report in the July 2015 issue of Pediatrics. The report, "The Role of the Pediatrician in Primary Prevention of Obesity," provides guidance to pediatricians and families on how to include healthy habits into daily life, including a well-balanced diet, increased physical activity and reduced sedentary behaviors. This report highlights how families can take simple steps to eat healthier, including changing the food parents bring into the home – and



how they store and serve it -- can help children make healthy choices.

The AAP recommends:

- Buy fewer sugar-sweetened beverages, high-calorie snacks and sweets.
- Healthy foods and beverages (water, fruits, vegetables & other low-calorie snacks) should be readily available and in plain sight.
- High-calorie foods should be less visible.
- Encourage five or more servings of fruits & vegetables daily.
- Reduce sedentary behaviors; fewer TVs in the home & remove TVs and other media from the bedroom & kitchen.
- Identify opportunities for families to receive physical activity together.

If you have any questions or comments regarding the information provided please contact Kyla Crane, RDN, LD the Chapter's Nutrition Coordinator at [kcrane@gaaap.org](mailto:kcrane@gaaap.org) or call 404-881-5093.

### Recommendations for the use of Meningococcal B Vaccines from the Advisory Committee on Immunization Practices (ACIP)

In 2014, the Food and Drug Administration (FDA) licensed the first serogroup B meningococcal (MenB) vaccine, Trumenba, as a 3-dose series. In 2015, the FDA licensed a second MenB vaccine, Bexsero, as a 2-dose series. Both vaccines were approved for use in persons aged 10–25 years.

Below is a brief synopsis of the recommendations from the ACIP.

- The ACIP recommends the use of MenB vaccines among certain persons aged ≥10 years who are at increased risk for meningococcal disease. These persons include:
- Persons with persistent complement component deficiencies.
- Persons with anatomic or functional asplenia.
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis*.
- Persons identified as being at in-

creased risk because of a serogroup B meningococcal disease outbreaks.

- MenB vaccines are not licensed for children aged <10 years and are not currently recommended for children aged 2 months–9 years who are at increased risk for serogroup B meningococcal disease. MenB vaccine is not recommended for persons who travel to or reside in countries where meningococcal disease is hyperendemic or epidemic because the risk for meningococcal disease in these countries generally is not caused by serogroup B.
- The vaccine is not currently recommended for routine use in first-year college students living in residence halls, military recruits, or all adolescents. Recommendations for broader use of MenB vaccines in adolescents and college students will be considered separately by the ACIP.
- MenB vaccine should be administered as either a 2-dose series of Bexsero or a 3-dose series of Trumenba. The same vaccine product should be used for all doses. Based on available data and expert opinion, these vaccines may be administered concomitantly with MCV4 vaccines, but at a different anatomic site, if feasible.

The entire ACIP recommendations by be seen at the following web address. <http://www.cdc.gov/mmwr/pdf/wk/mm6422.pdf#page=8>

If you have any questions or comments regarding the information provided please contact Mike Chaney at [mchaney@gaaap.org](mailto:mchaney@gaaap.org) or call 404-881-5094.

## Georgia AAP to Launch Three New QI Projects! 2016 Collaboratives – ADHD, Adolescent Substance Abuse, & Bright Futures

We are pleased to announce that the Georgia Chapter was selected by the American Academy of Pediatrics to participate in three new Chapter Quality Network (CQN) learning collaboratives for 2016. CQN was designed by AAP to build the capacity of state chapters to lead quality improvement efforts. Each collaborative focuses on engaging member practices to make quality improvement (QI) changes that result in improved care and outcomes for children. Participation in the CQN collaborative is open to Georgia AAP member practices free of charge. Participating physicians are eligible to receive MOC Part 4 credits upon successful completion of the projects.

*Participation in the CQN collaboratives is open to all Georgia AAP member practices free of charge. Enrollment open now.*



The 2016 collaboratives are designed to catalyze improvements in care in three clinical areas – ADHD, Adolescent Substance Abuse, and Bright Futures Implementation. Each collaborative will

have a leadership team that includes a general pediatrician and a content expert:

**ADHD:** The Georgia leadership team with guidance from the national AAP leadership team will work with member practices to implement the AAP ADHD guidelines to improve the care and outcomes of their ADHD patients.

There will be two groups - one comprised of practices in metro-Atlanta and one comprised of practices in out-state Georgia (i.e. outside the Atlanta area.). Melissa Boekhaus, MD of Smyrna and Alan Weintraub, MD of Norcross is the leadership team for the metro group; and Tara Merritt, MD of Watkinsville and Doris Greenberg, MD of Savannah is the leadership team for the out-state group.

**Adolescent Substance Abuse:** The purpose of this project is to improve the care of adolescents with substance abuse and mental health concerns. The Georgia AAP leadership team will work with member practices to increase the use of screening tools, intervention techniques, and referrals for treatment. Jose Rodriguez, MD of Marietta is the physician lead; and David Levine, MD of Atlanta will participate as the expert in adolescent medicine issues related to substance abuse.

**Bright Futures Implementation:** The purpose of this collaborative is to further enhance Bright Futures implementation at the practice, family, community, and state levels. The Georgia leadership team in partnership with state and family representatives will assist practice teams in implementing Bright Futures guidelines for health supervision visits and achieving measurable improvements based on Bright Futures measures.

Nicola Chin, MD of Fayetteville is the physician lead; and we will collaborate with DCH & United Way on the project.

Practice enrollment for these learning collaboratives has begun. Practices will participate in webinars and in-person learning sessions, followed by action periods where they will have the opportunity to test QI changes in their clinical settings. Expert faculty will coach the practice teams in applying QI changes into their organizations. Practices will measure their progress toward improvement goals throughout the duration of the projects.

For more information and to request an enrollment packet contact Andrea Boyd – [aboyn@gaaap.org](mailto:aboyn@gaaap.org) (ADHD & Adolescent Substance Abuse) or Fozia Eskew – [feskew@gaaap.org](mailto:feskew@gaaap.org) (Bright Futures).

### Quality Improvement Projects for 2016

Enrollment Now Open - Contact us today!

#### ADHD:

- 25 points MOC Part 4 Credit
- Duration: December 2015 - December 2016
- Open to 20-25 practices
- Enrollment: September - November 2015
- Contact: Andrea Boyd, [aboyn@gaaap.org](mailto:aboyn@gaaap.org)

#### Adolescent Substance Abuse:

- 25 points MOC Part 4 Credit
- Duration: January 2016 - June 2017
- Open to 10-15 practices
- Enrollment: September - December 2015
- Contact: Andrea Boyd, [aboyn@gaaap.org](mailto:aboyn@gaaap.org)

#### Bright Futures:

- MOC Part 4 Credit: Pending
- Duration: November 2015 - November 2016
- Open to 10-15 practices
- Enrollment: September - October 2015
- Contact: Fozia Eskew, [feskew@gaaap.org](mailto:feskew@gaaap.org)

## Update on ECG Screens for NCAA Athletes

You may be noticing new requests from patients for ECGs as part of an NCAA pre-participation evaluation. These ECG screens are not mandated currently by the NCAA; individual schools, physicians, students, and/or families may be requesting this testing. This may change, based on recent deliberations at the NCAA, and may increase, not decrease the number of ECG screens.

The American Academy of Pediatrics recommends these steps, in order to “eliminate any unnecessary variability in ECG interpretation”:

1. Cardiology (pediatric or adult) should be involved in interpretation of ECGs, in order to optimize the interpretation and direct any subsequent evaluation based upon ECG findings. These cardiologists should take into consideration the unique aspects of these athletes – and be aware of the ramifications of abnormal ECGs for participation in sports as well as the ramifications of both false positive and false negative results.
2. Computer generated ECG interpretation should not be used in this population.
3. It is suggested that physicians and/or practices adopt a standard ECG criteria (e.g. Riding NR, Sheikh N, Adamuz C, et al. Heart 2015;101:384–390) for interpretation of these athlete ECGs.

If you have any questions or comments regarding the information provided please contact Kyla Crane, RD, LD at [kcrane@gaaap.org](mailto:kcrane@gaaap.org) or call 404-881-5093.

**Robert Campbell, MD**  
Pediatric Cardiologist  
Sibley Heart Center Cardiology



## Founded by Physicians...for Physicians

**FREE MEMBERSHIP**

Physicians' Alliance of America (PAA) is a nonprofit Group Purchasing Organization (GPO) serving medical practices of all sizes and specialties nationwide for over 20 years by giving them FREE access to savings on a full range of goods and services from over 80 vendor partners covering every area of practice operations.



**Join Today!**  
[PhysiciansAlliance.com/join](http://PhysiciansAlliance.com/join)  
**866-348-9780**

*The only non-profit GPO still run by a Board comprised entirely of practicing physicians. Our Board members face the very same challenges our members do.*



Save More with PAA  
**Vaccine Rebate Program**

Rebated over \$3.6M to our members!

#### Vaccine Agreements

- GlaxoSmithKline
- Sanofi Pasteur
- MedImmune
- Novartis

## Improving Diet & Formula Selection for Toddlers & Children

Helping families choose breastfeeding and selecting formulas for infants is common practice for all pediatricians. Many pediatricians have had less familiarity with the economic burden created by using some formulas. As a result, the Georgia AAP Committee on Nutrition created a "Formula Algorithm for Infants on Georgia WIC" in 2011. This effort was led by Stanley Cohen, MD, FAAP and by Kyla Crane, RD, LD. While many formulas can be effective, this algorithm emphasized breastmilk as a first option and tried to incorporate cost as a consideration when formulas were selected. Use of this algorithm has led to millions of dollars in savings.

One of our current goals is to improve diet and formula selection in toddlers and children and to utilize the WIC program more effectively while again considering cost implications. We have started working on an algorithm, which we will circulate to receive comments for improvement.

All Georgia AAP members should be aware that the WIC program will provide supplemental nutrition & education for qualified infants and children up to age 5. If the child is otherwise healthy, a standard allotment of nutritious foods is provided. Most children in the WIC program do not need specialized formulas.

*One of our current goals is to improve diet and formula selection in toddlers and children...*

In some children, specific formulas can lead to improved outcomes. Common problems to be addressed in this algorithm include:

1. Poor growth & feeding aversions
2. Food allergy and related disorders
3. Subspecialty disorders: cardiopulmonary disease, short bowel syndrome, metabolic disease, renal disease, and neurologic disorders

With poor growth, tube feeding, and often with feeding aversions, high calorie milk-based formulas are typically recommended. These formulas have milk protein but are lactose free.

*Specific formulas (with or without fiber) include the following for ages 1-10:*

- Boost Formula
- Compleat Pediatric
- Nutren Junior
- Pediasure

*And for those 10 and older:*

- Compleat
- Ensure

- Jevity
- Nutren 1.0

*Specific indications for use of these formulas include the following:*

- No weight gain in 3 months
- Weight for height <15%
- Extreme food selectivity
- These ready-to-feed formulas also are appropriate in circumstances of unsanitary or restricted water supply, inadequate refrigeration, or if the caregiver has an underlying disorder and is unable to mix other formulas properly



Jay Hochman, MD

Some resources for pediatricians and families:

- Ellyn Satter "Child of Mine"
- Laura Jana, MD/Jennifer Shu MD "Food Fights"

As we continue to work on the topic of diet/formula selection in toddlers and children, we welcome your input.

Also, the Committee on Nutrition would like you to join us at the Nutrition Seminar of Pediatrics on the Parkway, November 5, 2015 at Cobb Galleria Centre, Atlanta, GA. This seminar planned and moderated by Stan Cohen, MD and Jay Hochman, MD will feature presentations on Gluten, Inflammatory Bowel Disease, Formula Selection for Children, & Biotechnology/Agriculture from experts, including Ron Kleinman, MD, FAAP, editor of the *AAP Pediatric Nutrition Handbook*. We look forward to seeing you there.

**Jay Hochman, MD**  
Chair, Committee on Nutrition  
GI Care for Kids  
Atlanta

## 50th Anniversary of Medicaid

*"Millions of our citizens do not now have a full measure of opportunity to achieve and to enjoy good health. Millions do not now have protection or security against the economic effects of sickness. And the time has now arrived for action to help them attain that opportunity and to help them get that protection."*

Harry S Truman (1945)

Twenty years after President Truman began championing national health insurance President Lyndon B. Johnson signed the Social Security Act which authorized the creation of Medicaid to serve the healthcare needs of poor Americans. Medicaid turned 50 in July and it is worthwhile reflecting on the successes of the program and the challenges ahead.

Pediatricians daily witness firsthand the benefits of regular visits by infants and children for check-ups where we can monitor their growth and development and provide necessary health screenings and immunizations. Nearly half of the children in Georgia, and in the nation are covered by Medicaid. Without it they would be uninsured, would not receive routine medical care, and would suffer the consequences. Uninsured children are much less likely to have a medical home, to have access to specialty care and to visit a dentist. Uninsured children perform worse at school and do not get proper care for chronic medical conditions like asthma.

Medicaid is administered by the states with the federal government matching expenditures at 2 to 1 or better. Still, Medicaid has been chronically underfunded, typically paying only 2/3 of the amount paid for the same services under Medicare (for adults 65 and older) and 1/2 of the amount paid by commercial insurance. For two years (2013 and 2014), the Affordable Care Act increased Medicaid rates to Medicare levels and provided a

financial lifeline to Georgia pediatric practices struggling to keep their doors open to continue serving children. In the 2015 legislative session, thanks to extensive lobbying by the Georgia AAP and other medical groups, the Georgia General Assembly approved funding to replace about 1/3 of the difference between Medicaid and Medicare. In future budgets, the General Assembly will have the opportunity to bring Medicaid to full parity with Medicare to ensure that all Georgia's children will be able to receive the care they need.

In his remarks half a century ago, President Johnson spoke about the obligation to look after those less fortunate:

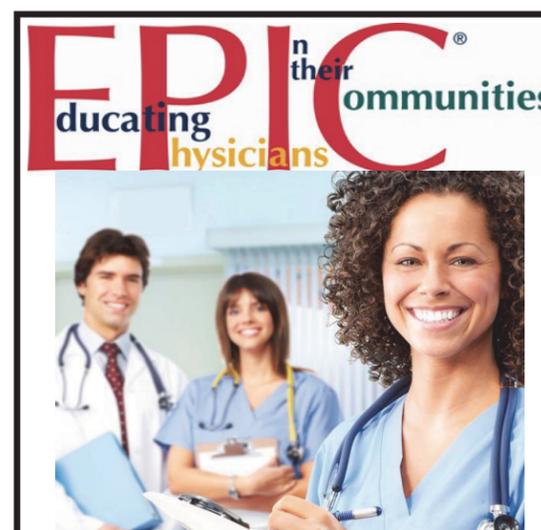
*"But there is another tradition that we share today. It calls upon us never to be indifferent toward despair. It commands us never to turn away from helplessness. It directs us never to ignore or to spurn those who suffer untended in a land that is bursting with abundance."*

He closed with a quote from Deuteronomy:

*"For the poor shall never cease out of the land: therefore I command thee, saying, Thou shalt open thine hand wide unto thy brother, to thy poor, and to thy needy, in thy land."*

Georgia's pediatricians will continue with their calling of serving our state's children. A strong and vibrant Medicaid program allows us to do so without regard to the family's economic circumstances. The Chapter looks forward to working with state and national leaders to continue improving Medicaid over the next 50 years.

**Robert Wiskind, MD, FAAP**  
Peachtree Park Pediatrics  
Past President, Georgia AAP



This program is available to your practice free of charge.

The Georgia Chapter of the American Academy of Pediatrics is accredited by the Medical Association of Georgia to offer continuing medical education to physicians. The Georgia Chapter of the American Academy of Pediatrics designates this Live Activity for a maximum of *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

*Physician led, peer-to-peer education in your office*

- **Breastfeeding Program**
- **Immunizations Program**

Earn CME & Contact hours

To schedule a program for your office call  
EPIC Breastfeeding: 404-881-5068  
EPIC Immunizations: 404-881-5054

or visit  
[www.GAepic.org](http://www.GAepic.org)

## Updates from Georgia on Pediatric Disaster & Emergency Preparedness

Eight million people populate the state of Georgia. A quarter of those are children. Georgia has a number of vulnerabilities to include half of the population living in the city of Atlanta, 14 military installations, the second largest airport in the country, nuclear power plants, centers of global communication and the Centers for Disease Control. Additionally, Georgians are no strangers to natural disasters. Georgia ranks 15th in the country for tropical storms. Wildfires and severe thunderstorms have caused extensive damage in recent years. In the last two years, winter ice and snowstorms have paralyzed a number of communities. The recent Ebola threat put Georgia in the middle of the discussion as Emory University in Atlanta housed an infected physician then successfully treated three more patients.

A number of Georgia initiatives are underway to better prepare and care for children in a disaster. Much of the impetus behind these initiatives stemmed from the 2014 Enteroviral (EV- D68) outbreak that disproportionately affected the pediatric population and caused high morbidity in children with underlying pulmonary disease. A key concern was the lack of communication among practitioners, hospitals, state and federal entities.

*Much of the impetus behind these initiatives stemmed from the 2014 Enteroviral (EV-D68) outbreak that disproportionately affected the pediatric population and caused high morbidity in children with underlying pulmonary disease.*

The Georgia Department of Health Office of Preparedness and Trauma led by Dr. Patrick O'Neal felt we could do better. He reached out to a number of organizations to offer his encouragement and support to improve the approach to children in preparation and response to disasters.

Children's Hospital of Atlanta (CHOA), as the state's regional coordinating hospital for disaster preparedness, reaches out to address needs and serves as a resource. Through the efforts of Greg Pereira, Trauma Coordinator at CHOA, a number of institutions and practitioners have become more involved in each of the state's Regional Coordinating Hospitals. These hospitals serve as centers for disaster preparedness in their individual catchment areas. Through his efforts and that of a newly formed coalition of pediatric hospitals and pediatric practitioners known as the Pediatric Health Improvement Coalition (PHIC), there is a pediatrician representative speaking up on behalf of children's interests as it applies to emergency and disaster preparedness throughout the state.

The Georgia Chapter of the American Academy of Pediatrics (GA/AAP) has a large and active chapter. Dr. Natalie Lane of Children's Hospital of Georgia (CHOG) in Augusta, the chair

of the emergency medicine committee and the disaster representative for the chapter to the DPAC, is working closely through chapter leadership to establish a means of improved communication regarding potential disasters that preferentially affect children. A committee of Dr. Lane, Dr. Harry Keyserling, GA/AAP committee on infectious disease, and Dr. Joanne Kennedy of the the committee on hospital medicine have worked with Dr. Cherie Drenzek at the Georgia Department of Public Health, section of epidemiology to ensure improved communication regarding earlier notification of disease affecting the pediatric population.

Representatives from CHOG, CHOA, Wellstar Health System, the Georgia Department of Health and Dr. Kathryn Cheek's private practice recently participated in the Southeastern Regional Pediatric Disaster Surge Network (SRPDSN) multistate table-top exercise in May organized by Dr. Andy Rucks of the Alabama Department of Health. Lessons learned are vast and valuable for each individual institution and office but the exercise made it clear that there is still much work to be done.

The primary hospitals that see children in Georgia are Memorial Health Hospital in Savannah, GA, Navicent Health in Macon, GA, Columbus Regional in Columbus, GA, CHOA and CHOG. Each will send representatives to participate in the Pediatric Disaster Response and Emergency Preparedness course developed by Texas A&M Engineering Extension Service (TEEX) and the National Emergency Response & Rescue Training Center (NERRTC) in November in Atlanta.

Systemization of pediatric care in Georgia has not been achieved but a number of regions have developed Regional Trauma Advisory Committees (RTAC) that report to regional EMS Councils and provide input into development of protocols and regional quality measures. Input from Region 6 EMS-Children's committee in Augusta has been available for input to recent state guidelines involving spinal immobilization and other measures. It is reasonable to believe that systemization of trauma services may feed into regionalization for children. Greg Pereira and other members of CHOA sit on the state's Trauma Commission.

Finally, the state of Georgia, with a 78.7% hospital response rate received a "readiness score" of 71.3% for emergency preparedness for children from the National Pediatric Readiness Project initiative of 2012. The state EMS-Children's program, led by Mr. Earnest Doss, EMS-C grantee administrator and Deputy Director of Trauma and EMS at the state's department of health, is addressing the gap analysis and instituting initiatives to bring a statewide conference to address the real needs of the institutions and providers of emergency care for children.

Atlanta additionally was host to the regional EMS-Children

## Emergency Update...continued

Symposium for grantees for CARE and SERC regions on June 23 and 24th in Atlanta.

Dr. Natalie Lane, Mr. Earnest Doss and Rick Ward, Executive Director of the GA/AAP were invited to attend the DPAC meeting in Atlanta at the Centers for Disease Control on May 5 and 6, 2015 and share progress in the state of Georgia in disaster and emergency preparedness. This was a great opportunity to see how the national AAP has joined with the CDC to enhance the interest in and progress of the care of children in disasters.

Georgia has made strides but has a number of challenges ahead. Maintaining the momentum to affect change is key and many of the organizations and leadership are committed to this task. Communication and forging relationships to collectively improve the emergency preparedness for children is an achievable goal.

**Natalie Lane, MD, FAAP**  
Chair, Emergency Medicine Committee, Georgia AAP  
Professor, Section Chief/Fellowship Director  
Pediatric Emergency Medicine  
Department of Emergency Medicine  
Georgia Regents University  
Augusta

Mark Your Calendars!



### Georgia Pediatric Practice Managers & Nurses Association Fall Meeting

October 16, 2015  
Cobb Energy Centre, Atlanta

For more information visit  
[www.GAap.org](http://www.GAap.org) or call 404-881-5067.

Defending our Georgia owners for more than 32 years



Call 800-282-4882 or visit [MagMutual.com](http://MagMutual.com)



Founded by Georgia physician, we know how to protect you.

- The best Georgia attorneys
- Georgia peer physician claims review
- Industry leading Patient Safety
- Doctor2Doctor® peer support
- Consistent dividends\*
- Owners Circle® rewards program

Medical malpractice insurance for Georgia physicians



\*Dividend payments are declared at the discretion of the MAG Mutual Insurance Company Board of Directors. Since inception, MAG Mutual Insurance Company has distributed more than \$150 million in dividends to our policyholders. Insurance products and services are issued and underwritten by MAG Mutual Insurance Company and its affiliates.



# Pediatrics on the Parkway

Fall CME Meeting  
November 5-7, 2015 Cobb Galleria Centre, Atlanta

## Thursday, November 5, 2015

8:30 am – 12:00 pm **Nutrition Seminar**  
Moderator: Jay Hochman, MD

8:30 – 8:35 am **Welcome & Introductions**  
8:35 – 9:20 am *Biotechnology, Nutrition and Agriculture: A Perspective and Implications for Child Health* Ron Kleinman, MD

9:20 – 10:05 am *Why is Gluten the Bad Guy?* - Jeffery Lewis, MD  
10:05 – 10:25 am **Break**  
10:25 – 11:10 am *Oral or otherwise: Eating well with Crohns or Colitis* - Stan Cohen, MD  
11:10 – 11:40 am *Optimizing Nutrition and Formula Selection for Toddlers & Children* Jay Hochman, MD & Kyliya Crane, RDN, LD

11:40 – 11:55 am **Question & Answer Session**  
11:55 am – 12:00 pm **Closing Remarks & Adjournment**

8:30 am – 12:00 pm **Coding & Practice Management Seminar**  
Moderators: Steve Hobby, MD & Keith Seibert, MD

8:30 – 8:35 am **Welcome and Introductions**  
8:35 – 10:05 am *Tuck's Top Ten: Lost Opportunities to Maximize the Bottom Line!\**  
(Includes 2015-2016 coding update, an ICD-10 update, as well as optimal coding opportunity highlights)  
Richard Tuck, MD

10:05 – 10:20 am **Break**  
10:35 – 11:05 am *EMR & Meaningful Use: What's New* - Dominic Mack, MD  
11:05 – 11:50 am *EMRs: FAQs for Pediatric Practices* - Jeffery White, MD  
11:50 – 12:00 noon **Questions and Answers**

12:00 - 1:30 pm **(Lunch on your own)**

1:30 – 4:30 pm **Adolescent Medicine Seminar**  
Moderator: David Levine, MD

1:30 – 1:45 pm **Welcome, Introduction, & Needs Assessment** - David Levine, MD  
1:45 – 3:00 pm *Meeting the Contraceptive Needs of Adolescent Women: A Workshop* - Renee' Jenkins, MD  
3:00 – 3:15 pm **Break**  
3:15 – 4:15 pm *Can you Help this Kid Change?: Motivational Interviewing Skills in Adolescent Healthcare* Robert Pendergrast, MD  
4:15 – 4:30 pm **Final Questions & Answers and Denouement** - David Levine, MD

## Friday, November 6, 2015

7:15 – 8:00 am **Registration Open & Continental Breakfast**

8:00 – 8:15 am **Welcome & Announcements** - Truddie Darden, MD  
8:15 – 8:45 am *Working with Patients with Intellectual Disabilities*  
Moderator: R. Dwain Blackston, MD  
Julie Kable, PhD & Molly Millians, DEd

8:45 – 9:15 am *Newborn Screening for SCID* - Lisa Kobrynski, MD  
9:15 – 9:45 am *What's Under the Scar?: Post-Operative Heart Care Tips for the General Pediatrician*  
Cyrus Samai, MD

9:45 – 10:00 am **Q&A Session**  
10:00 – 10:30 am **Break**

\*This is a non-CME event.

9:00 am – 12:00 pm **Hospital Medicine Seminar**  
Moderators: Joanne Kennedy, MD & Judson Miller, MD

9:00 – 9:05 am **Welcome & Introductions**  
9:05 – 9:50 am *Respiratory Practice Guidelines, So What Do We Do Now?* - Reda Bassali, MD  
9:50 – 10:20 am *What You Need To Know To Treat Pain Well* - Claudia Venable, MD

10:20 – 10:35 am **Break**

10:35 – 11:20 am *Welcome to the World of Blood Gases Then and Now* - Sam Edelman, DO  
11:20 am – 11:50 am *Top Ten Articles in Pediatric Hospital Medicine for 2015* - Sarah Varghese, MD  
11:50 – 12:00 noon **Questions and Answers**

10:30 – 11:15 am *The Importance of Early Literacy in Young Children and the Pediatricians Role* - Perri Klass, MD  
11:15 am – 12:00 pm *Marty Michaels Advocacy in Pediatrics Lecture* - Jeff Kaczorowski, MD  
12:00 am – 12:15 pm **Q&A Session**  
12:15 pm **Morning Plenary Session Ends**

12:15 – 1:30 pm **Awards Luncheon** (Lunch Provided)

1:30 pm **Plenary Session resumes**  
1:30 – 2:15 pm *Confirming Autism: What to do While We're Waiting!*  
Moderator: R. Dwain Blackston, MD  
Alan Weintraub, MD, Patricia Mathews, MD, & Catherine Trapani, PhD  
2:15 – 3:00 pm *Pearls of Practice: Lessons from the Front Lines* - Jon Matthew Farber, MD

3:00 – 3:30 pm **Break**  
3:30 – 4:15 pm *Update on STIs in Adolescents and Preventive Service Guidelines for Adolescents*  
Renee Jenkins, MD  
4:15 pm – 4:30 pm **Q&A Session**

4:30 pm **Afternoon Plenary Session Ends**  
4:30 – 5:15 pm **Reception**

6:00 – 8:00 pm **Special Screening of: The Raising of America**  
Commentary by: Perri Klass, MD  
*Sponsored by: Reach Out and Read Ga in collaboration with The Pediatric Foundation of Ga*  
Panelists include: Jay Berkelhamer, MD, Terri McFadden, MD, & early childhood experts  
(Requires RSVP)

## Saturday, November 7, 2015

6:30 – 7:30 am **Sunrise Yoga**  
7:30 – 8:15 am **Registration Opens & Continental Breakfast**  
8:10 – 8:15 am **Announcements**  
8:15 – 9:00 am *Valuable Articles You Never Read* - Jon Matthew Farber, MD  
9:00 – 9:45 am *Screening & Management of Hypertension and Hyperlipidemia* - C. Wesley Lindsey, MD  
9:45 – 10:00 am **Q&A Session**  
10:00 – 10:30 am **Break**  
10:30 – 11:15 am *Pediatric Resident Jeopardy* (Morehouse, MCG, & Emory) Moderator: Judson Miller, MD  
11:15 – 12:15 pm *Red Book Update* - Larry Pickering, MD  
12:15 pm **Closing Remarks/Adjourn**

For more information visit [www.GAaap.org](http://www.GAaap.org) or call 404-881-5091.



## Developmental Monitoring & Screening: Helping Children Succeed

The Centers for Disease Control and Prevention (CDC) estimates 1 in 6 children ages 3 to 17 years has a developmental delay or disability and 1 in 68 children has autism spectrum disorder (ASD). Many of the children we see are likely to have a developmental disorder, and 10% of those will have ASD. By monitoring and screening the development of all children, pediatric providers can identify potential developmental delays and make timely referrals for early intervention, thereby improving developmental outcomes and the quality of life for children and their families.

### Vignette: "Let's Wait and See"

The mother of a 2½-year-old boy reported that when he was 15 months old she had noticed that he was not talking as well as a 15-month-old daughter of a friend and had brought this to the attention of her pediatrician. The pediatrician had asked if the child understood what she said, and when she acknowledged that he did appear to understand, had told her not to worry. She

*The pediatrician had asked if the child understood what she said, and when she acknowledged that he did appear to understand, had told her not to worry.*

returned when her son was 18 months and again expressed concern, and again was told not to worry, that he would catch up. At the 2-year check-up, he was seen by a different pediatrician in the practice who noted a speech delay and referred the child to Georgia's Babies Can't Wait program, where he received speech therapy. His mother reported that he was improving slowly and that the speech therapist noted some sensory problems and referred him for occupational therapy (OT). After a couple of months in speech therapy and OT, he seemed to be improving and was less frustrated. A friend suggested an evaluation by a developmental pediatrician. As it turned out, the speech, social and behavioral characteristics were consistent with the diagnosis of ASD. Thus, it took almost a year for him to receive therapy and more than a year for him to get a diagnosis that provided the family with a 'road map' to treatment, education and an enhanced potential for developmental success.

### "Let's Wait and See" Causes Delays in Treatment

This vignette is not an unusual story. There is often a significant delay from when parents first bring concerns about their child's development to the attention of their primary care providers to the time the child receives a referral for early intervention and/or further evaluation, and the time they receive services. In this case, it was a year's delay; in many other cases, it may be even longer.

Studies have shown that parents' instincts are usually correct when it comes to concerns about their child's development.

Too often there is an unnecessary and potentially detrimental delay from the time parents bring concerns to their provider's attention to the time a child is referred for further evaluation and early intervention. This can be due to the common statement "let's wait and see" made when deferring an evaluation. **If parents have concerns, they should be taken seriously.** Monitoring and screening help parents and providers to communicate about children's development more effectively, to ensure that children with delays are identified early, and to avoid missing the window of opportunity for early intervention. Our challenge is to improve our response to any delay in a child's development and to make prompt referrals for important and beneficial interventions.

### Developmental Surveillance and Screening is Important for All Children

The American Academy of Pediatrics (AAP) recommends developmental surveillance at all preventive care visits and developmental screening with a validated tool at 9, 18, and 24 or 30 months and an autism screener at 18 and 24 months, or whenever a parent or pediatrician has a concern. Developmental surveillance, also called monitoring, is a continuous process of eliciting parental concerns, obtaining a developmental history, observing the child, and discussing observations with the family. Age-appropriate milestone checklists are often used to help with developmental monitoring at preventive care visits. Developmental and autism screening involve using a validated screening tool to identify children who are "at risk" for developmental delays and require a more comprehensive evaluation.

### Resources to Help

If your practice has not integrated developmental monitoring and screening into your preventive care visits, there are many resources available to help you get started. Using materials like the CDC's free **Learn the Signs. Act Early.** milestone checklists ([www.cdc.gov/Milestones](http://www.cdc.gov/Milestones)) can help families monitor their child's development and facilitate discussions about child's development. The more parents know about typical development, the more efficient and effective those conversations will be. If a concern arises about a child's development, pediatricians will already have a foundation on which to have a conversation about developmental screening and referral.

Other free and useful resources include:

- **Birth to 5: Watch Me Thrive!** federal developmental screening initiative [www.hhs.gov/WatchMeThrive](http://www.hhs.gov/WatchMeThrive)
  - Primary Care Providers Guide for Developmental and Behavioral Screening [www.acf.hhs.gov/sites/default/files/ecd/pcp\\_screening\\_guide\\_march2014.pdf](http://www.acf.hhs.gov/sites/default/files/ecd/pcp_screening_guide_march2014.pdf)
  - Compendium of research-based developmental screening tools [www.acf.hhs.gov/sites/default/files/ecd/screening\\_compendium\\_march2014.pdf](http://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf)
- AAP **Section on Developmental and Behavioral Pediatrics** [www2.aap.org/sections/dbpeds/index.asp](http://www2.aap.org/sections/dbpeds/index.asp)

## Developmental Monitoring & Screening...Continued

- AAP **Council on Children with Disabilities** [www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Children-with-Disabilities/Pages/default.aspx](http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Children-with-Disabilities/Pages/default.aspx)
- CDC's **Autism Case Training**, a free online CME and MOC part 2 activity [www.cdc.gov/ncbddd/actearly/act.html](http://www.cdc.gov/ncbddd/actearly/act.html)

### Referrals

When screening results of concern are discussed with parents, they need to know that screening does not provide a diagnosis, but it indicates the possibility that their child may need help in some areas of learning and development. When there are concerns, it is always helpful to start discussions with findings of the strengths of the child and family, and then explain the areas of concern and how further evaluation and early intervention can help a child make better progress and learn new skills. When a child from birth to 3 years of age is identified as being "at risk" through the developmental monitoring and screening process, a referral to Babies Can't Wait (<http://dph.georgia.gov/Babies-Cant-Wait>), Georgia's early interven-

*When there are concerns, it is always helpful to start discussions with findings of the strengths of the child and family, and then explain the areas of concern and how further evaluation and early intervention can help a child make better progress and learn new skills.*

tion program, is a good first step. For children from 3 years of age and older, referral should be made to the local public school. **Remember, you do not need to wait for a diagnosis to start early intervention.** Referrals to early intervention should occur simultaneously with a referral to a developmental specialist for further evaluation. It is most important to follow-up with families over the next month or two to see how they are progressing with the referrals. The process can be long and confusing as well as frustrating and disheartening for some families. Follow-up with the family can help to provide support and encouragement during this difficult process and provide an opportunity to respond to any new questions they may have.

If you have referred a child for early intervention through Babies Can't Wait or through the school system, and parents are told that the child does not qualify, it is very important to remember that does not mean the child does not have delays; it just means the child does not have the type or degree of delay that qualifies them for services through the state of Georgia. Different states have different criteria. In this situation, it is important to try to find alternative resources and develop an individualized plan of care while awaiting the evaluation by the developmental specialist.

*This is the first part of a 2-part series. Part 2 will explore further what you can do for families while they wait for a more formal and definitive evaluation. Stay tuned!*

### Jennifer Zubler, MD, FAAP

Pediatric consultant, CDC's *Learn the Signs. Act Early.* team  
Assistant Professor, LEND program, Georgia State University  
Clinic Coordinator for The Good Samaritan Health Center's  
Developmental & Behavioral Clinic,  
Atlanta

### Leslie Rubin, MD, FAAP

Research Associate Professor, Department of Pediatrics,  
Morehouse School of Medicine  
President, Innovative Solutions for Disadvantage & Disability  
Co-director, SE Pediatric Environmental Health Specialty Unit,  
Emory University  
Medical Director, Developmental Pediatric Specialists,  
Atlanta

Contact Dr. Zubler at [wv4@cdc.gov](mailto:wv4@cdc.gov) for more information about CDC's *Learn the Signs. Act Early.* materials available to you.

## ***Baby-Friendly: Aren't We That Already?... A Patient's Perspective***

In the winter edition of The Georgia Pediatrician, Dr. Cathy Bonk, an OBGYN, wrote an article titled "Baby-Friendly – Aren't We That Already?" She wrote of her involvement as a physician champion during the process of facilitating DeKalb Medical Center's implementation of the "Ten Steps to Successful Breastfeeding," becoming Georgia's first "Baby-Friendly" hospital. She writes "when I do a delivery and watch a family welcome their child with the 'skin to skin' process where the infant is given to the mom immediately upon delivery and allowed to stay there until breastfeeding cues are demonstrated and breastfeeding is initiated...I remember the olden days (less than 2 years ago) when we put the baby in the warmer and on a cold scale before it could even feel its mom's warmth." Being a pediatrician and patient in Dr. Bonk's practice, I found her words resonated with me, and prompted me to write of the Baby-Friendly experience from a patient's perspective.

My first two sons were born at hospitals that did not have the Baby-Friendly designation. My oldest son and I were initially

*While progress has been made, there is room for improvement of Georgia's breastfeeding-related maternity care practices. Of its 84 maternity care hospitals, only three have received the Baby-Friendly designation.*

separated for several hours, missing that immediate skin-to-skin experience and delaying breastfeeding initiation. Significant breastfeeding problems ensued. Evidence supports that delayed initiation of breastfeeding impacts both exclusivity and duration of breastfeeding. Therefore, Baby-Friendly Step 4 is helping mothers initiate breastfeeding within one hour of birth, "The Golden Hour." My second son was also born at a hospital without the Baby-Friendly designation. While we didn't experience initial separation, newborn care procedures came first; after which, he came back to me nicely bundled.

In contrast, my third son was delivered by Dr. Bonk's practice at DeKalb Medical Center, which was soon to receive its Baby-Friendly designation. What a different experience it was! Once he was delivered, he was immediately placed on my abdomen, before being suctioned and before being dried and stimulated. We were then left uninterrupted to bond as mother and son, to establish breastfeeding. Approximately an hour later, the nurse came in to perform the routine newborn care. Having immediate skin-to-skin, uninterrupted time to bond was an incredible experience, which I didn't get to enjoy with my two oldest sons.

After having experienced the Baby-Friendly process as well as the alternative, I feel somewhat cheated. If only I could rewind time with the knowledge I now have. I would have advocated

better for myself, for my sons, and for my new, expanding family. Or, perhaps, I would have chosen a different delivery hospital and, in turn, a different obstetric group. Since I can't rewind time, I can advocate for future mothers, can encourage other physicians to advocate for future mothers, and can educate soon-to-be moms on what to look for in their choice of delivery hospital. I can describe to these mothers the precious moment when their newborns are placed on their abdomens immediately after delivery and the two of them are left uninterrupted. What a life-changing experience!

While progress has been made, there is room for improvement of Georgia's breastfeeding-related maternity care practices. Of its 84 maternity care hospitals, only three (DeKalb Medical Center, Emory University Hospital Midtown, Doctors Hospital) have received the Baby-Friendly designation.<sup>1</sup> Further, in 2013, Georgia received a score of 69 (out of 100) on the mPINC survey, a national survey of breastfeeding-related maternity care practices, ranking 45<sup>th</sup> out of 53 states and territories.<sup>2</sup> Additionally, Georgia's breastfeeding rates lag behind the nation. According to the Centers for Disease Control and Prevention, only 74% of Georgia infants are ever breastfed and only 36% are exclusively breastfed at 3 months compared nationally to 80% and 43%, respectively.<sup>3</sup>

We, as physicians, can help improve breastfeeding-related maternity practices in Georgia and can, in turn, improve Georgia's breastfeeding rates. In the forward to Dr. Bonk's article, Dr. McLeod wrote "We hope this will inspire you to find a way to become more baby friendly minded and become a supporter in your own hospital." I echo this call and encourage you to advocate for and be supportive of maternity care practices consistent with the "Ten Steps to Successful Breastfeeding." Don't let the mothers of your patients be cheated of those special first moments after delivery. Let's make Georgia's hospitals breastfeeding friendly!

**Jennifer M. Nelson, MD, MPH**  
Atlanta

<sup>1</sup>Baby-Friendly USA. Find Facilities. Available: <http://www.babyfriendlyusa.org/find-facilities>. Accessed: August 14, 2015.

<sup>2</sup>Centers for Disease Control and Prevention. CDC Survey of Maternity Practices in Infant Nutrition and Care: Georgia Results Report. Available: [http://www.cdc.gov/breastfeeding/pdf/mpinc/states/2013/georgiampinc13\\_508tagged.pdf](http://www.cdc.gov/breastfeeding/pdf/mpinc/states/2013/georgiampinc13_508tagged.pdf). Accessed: August 14, 2015.

<sup>3</sup>Centers for Disease Control and Prevention. Breastfeeding among U.S. Children Born 2002-2012, CDC National Immunizations Surveys. Available: [http://www.cdc.gov/breastfeeding/data/NIS\\_data/index.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm). Accessed: August 17, 2015.

## ***Pediatric Healthcare Improvement Coalition Update***

A new school year has begun and we are energized to continue to reach our road map goals including launching a new website soon. The Pediatric Healthcare Improvement Coalition (PHIC) has had a busy summer. We held our spring Board meeting hosted by Navicent Health in Macon on April 18th. The guest speaker for this event was Dr. Linda Wiant, Chief Medical Assistance Plans, Georgia Department of Community Health. She gave a brief presentation and shared her insights on the future of Medicaid here in Georgia. We also enjoyed seeing everyone at the Peds By The Sea conference and want to thank those of you that stopped by our PHIC booth.

We have also welcomed several new Board members: Dr. Karen Browner-Elhanan, Savannah; Ryan Chandler, Columbus; Dr. Natalie Lane, Augusta; Dr. James Logan, Macon; Dr. Joey Low, Atlanta; and Dr. Mary Lynn Sheram, Augusta. The election for Board Officers was held in May with the following officers being appointed: Dr. Kathryn Cheek, Chair/Columbus; Dr. Dan Salinas, Vice-Chair/Atlanta; Bill Lee, Treasurer/Savannah; and Dr. Karen Foushee, Secretary/Augusta.

Our current grant from the Department of Community Health (DCH) is to demonstrate that asthma interventions in ten pediatric offices can improve the quality of care for asthmatic patients. The Asthma Committee, led by Drs. Burt Lesnick and Dennis Ownby, look forward to concluding this project soon when the actual Medicaid data becomes available from DCH for data evaluation. Additionally, this grant facilitated the pediatric offices joining a health information exchange (HIE) network. To date, we have four practices with HIE connectivity and two pending. Two of our practices will soon be able to connect to their partner hospital's HIE which will enable significant improvement in quality of care by sharing patient data.

We continue our work regarding the emergency/ disaster / infectious disease preparedness with a pediatric-specific focus. On our committee, we have representation from all the children's hospitals in Georgia. We look forward to the Pediatric Disaster Response and Emergency Preparedness training course to be held in Atlanta on November 16 – 17, 2015.

You can make a difference in improving the healthcare of children in our state!

**Kathryn Cheek, MD, FAAP**  
Chair, The Pediatric Healthcare Improvement  
Coalition of Georgia  
Past President, Ga Chapter AAP  
Rivertown Pediatrics, Columbus

## ***Being Found in Loss to Follow-up***

*Do you know that permanent hearing impairment can be diagnosed by one month of age?*

A survey by the AAP and the National Center for Hearing Assessment and Management (NCHAM) suggested that only 52% of pediatricians knew such in 2012.

Even with the survey's response rate being only 11.5%, the data emphasize the situation:

- Each year, the typical pediatrician encountered only one child with permanent hearing loss.
- In 2012, only 38% of pediatrician knew that hearing aids can be worn as early as one month of age.
- In 2012, 72% of pediatricians correctly considered unilateral hearing loss to impact speech and language development.

Resources are available to help you attend patients with hearing concerns:

- For babies who do not pass the in-hospital automated auditory physiologic screening, the advised secondary screening is available not only in some pediatric practices, but also in many birthing hospitals and health departments. [http://sendss.state.ga.us/sendss/!audiologist\\_locator.search](http://sendss.state.ga.us/sendss/!audiologist_locator.search) This website also locates audiologists.
- Diagnostic Auditory Brainstem Response (ABR) locations include Ringgold, Valdosta, and Albany. <https://dph.georgia.gov/EHDI>

Improvements in Georgia:

- Loss to Follow-Up decreased from 44% in 2012 to 32% in 2013
- Infants with diagnosed hearing status improved from 66% in 2012 to 71% in 2013

To identify children with hearing impairment as early as possible and proceed with referrals to an audiologist and otolaryngologist, I am eager to learn from you as to how the Chapter can assist you.

If you have any questions, please contact Fozia Khan Eskew at [feskew@gaaap.org](mailto:feskew@gaaap.org) or at 404-881-5074.

**N. Wendell Todd, MD MPH**  
Chapter Early Hearing Detection and Intervention Champion  
Atlanta

## Photo Review

The Chapter hosted numerous events this summer to provide education and networking opportunities for Chapter members. The Pediatrics by the Sea conference in Amelia Island at the Ritz Carlton drew over 170 pediatric providers and their families. The Current Topics in Immunization conference in Athens was a great opportunity to bring CME to our members there. The attendance was excellent with 56 pediatricians and nurses.



The Chapter's Nutrition Coordinator, Kyla Crane, RDN, LD is pictured above with the Georgia WIC Program's Nutrition Operations / Education Manager Todd Stormant, RD, LD and the Chapter's EPIC Breastfeeding Director Arlene Toole, RLC.

Brad Weselman, MD (Decatur) & Dixie Griffin, MD (Tifton) presented an afternoon workshop session during Pediatrics by the Sea entitled, *Improving Asthma Care in your Practice*.

Keith Seibert, MD & Ben Spitalnick, MD held a book signing for *Baby Care Anywhere* during Pediatrics by the Sea.



The Annual Peds on the Run 5K during Pediatrics by the Sea was a great success. This year participants ran and walked on the beach at sunrise and enjoyed the beautiful view of Amelia Island.

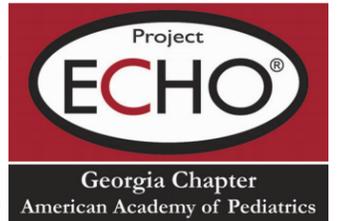
*Current Topics in Immunizations* was held in August at the Classic Center in Athens. Pictured above are (l to r) Program Chair Alan Glassman, MD; Faculty Alan Sievert, MD; Faculty Walt Orenstein, MD; Chapter President Evelyn Johnson, MD; EPIC Immunization Program Director Janna McWilson, MSN; Chapter Sports Medicine Committee Chair Tara Merritt, MD; & Chapter District Rep. Kimberly Stroud, MD.

## Chapter Launches ECHO® Pediatric Growth & Endocrinology Project

In July, the Chapter launched Project ECHO® (Extension for Community Healthcare Outcomes) a virtual model of health care education and information sharing through an educational grant received from the American Academy of Pediatrics-supported by Novo Nordisk. This innovative model uses a "hub and spoke format", by linking expert faculty specialist at a "hub" with primary care providers & staff in local community practice "spokes." Together, the "hub & spokes" participate in twice a month ECHO® videoconference clinics, combined with mentoring and patient case studies. This is an educational approach that differs from telemedicine; as ECHO® clinics focus on tele-mentoring & education rather than direct clinical care.

This project is designed to expand the capacity of primary care practices to provide evidence-based, pediatric growth & endocrinology care in Georgia. Practices are given access to a subspecialist to provide consultation on all topics within pediatric endocrinology. Our expert, Farah Khatoun, DO, MPH, a pediatric endocrinologist at Navicent Health-The Children's Hospital in Macon, GA, is our lead faculty. In each clinic, Dr. Khatoun leads the group with an introduction, a didactic presentation, followed by a case study shared from a practice. The learning group meets for 8 clinics within each learning session. Clinics are offered twice a month- the second & fourth Thursday of every month from 12:30-1:30 pm.

This program provides benefits to practices throughout the state- those that are located in an area with limited subspecialist and also within areas where subspecialist are available but may have long wait times for patients to be seen. We encourage all primary care providers & staff including: pediatricians, family physicians, physician assistants, nurse practitioners, nurses, and medical assistants to participate. As an additional benefit, complimentary CME is provided as 1 hr. per clinic (A maximum 8 CME Credits per learning session), and beginning in November we will offer nursing credits to encourage participation from nurses within your practices.



### Register now for Winter Session!

November 2015-February 2016, 2nd & 4th Thursdays of each month 12:30-1:30 pm

Registration forms are available online at [www.Gaaap.org](http://www.Gaaap.org)

For more information, please contact Kyla Crane, RDN, LD, Email: [krane@gaaap.org](mailto:krane@gaaap.org), Phone: 404-881-5093

## Welcome to the 100% Club!

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

- ◆ Herron Pediatrics, Atlanta
- ◆ Ivy League Pediatrics, Peachtree Corners
- ◆ Pediatric Associates, PC, Marietta
- ◆ Promise Pediatrics, Ringgold
- ◆ South Georgia Pediatric & Allergy Center, Valdosta

Is your practice 100%? Call 404-881-5067 or email [kaskew@gaaap.org](mailto:kaskew@gaaap.org) to check your status.



## Children's Hospital of Georgia Receives Top National Ranking Augusta

Children's Hospital of Georgia is the highest performing hospital in the nation, according to a new report from the University Health System Consortium, an alliance of top non-profit academic medical centers. CHOG was compared to 122 other hospitals in the country, and it ranked first in pediatric care for quality & safety. The 154-bed hospital is the second largest children's health system in Georgia. "I am very proud of our faculty, staff, and residents. It is truly a team effort," said, Charles Linder, MD, FAAP, chair of the Department of Pediatrics at Georgia Regents University, and Pediatrician-in-Chief at the hospital.



Charles Linder, MD

## Kennestone Hospital Opens Pediatric Unit

WellStar Kennestone Hospital in Marietta has opened a 4,700 sq. ft., 12 bed Pediatric Inpatient Unit. The move followed a strategic community need analysis and planning and renovation. The unit which opened in July is staffed exclusively by pediatric-trained caregivers, from a team of pediatric hospitalists who remain on duty 24/7, to pediatric nurses, pediatric respiratory therapists, and a dedicated pediatric pharmacist. "We took great effort to ensure that we were getting the 'best of the best' in pediatric care to serve on this unit," said Avril Beckford, MD, FAAP, chief pediatric officer, WellStar Health System.

WellStar Pediatric Services treats more than 350,000 children annually in its hospital emergency departments (EDs), pediatric offices, Pediatric Center, neonatal intensive care units (NICUs), specialty offices, and minor surgery offices for ear, nose and throat and orthopedic procedures.

## Plans Move Forward for Free-Standing Children's Hospital in Savannah

Progress continues in Savannah with plans by Memorial Health to establish a free-standing children's hospital there. The new facility, a partnership between Memorial Health and Winston-Salem, NC-based Novant Health, will be called The Children's Hospital of Savannah. The new hospital is a \$35 million project that will house all pediatric inpatient units, pediatric intensive care unit, a two-room surgical suite, pediatric ancillary services a 24-hour ED dedicated exclusively to children, and family support space. Ground-breaking is expected early in 2016 with opening of the 114-bed facility set for May 2017. Eric Pearlman, MD will serve as Medical Director and Physician-in-Chief of the new hospital.

## CHOA Celebrates 100th Anniversary

Children's Healthcare of Atlanta (CHOA) is celebrating its centennial this year, tracing its roots back to the opening of the first Scottish Rite hospital for children in Decatur in 1915. A year later, Atlanta insurance agent Thomas Egleston left \$100,000 in his will to build a children's hospital named after his mother, Henrietta. CHOA was formed in 1998 with the merger of Scottish Rite and Egleston hospitals. In 2006 CHOA took over the management of Hughes Spalding Children's Hospital in Atlanta as well, bringing its total beds to 575. Daniel Salinas, MD, FAAP is chief medical officer at the hospital.

## Dr. Barbara Stoll To Become Dean at Texas School

Barbara J. Stoll, MD, FAAP, currently the chair of pediatrics at Emory University will leave that position at the end of September to become the dean of the University of Texas Health Medical School, in Houston. Dr. Stoll has served as the George W. Brumley, Jr., Professor & Chair of the Department of Pediatrics for over a decade. She also is president and CEO of the Emory-Children's Center. She was promoted to full professor of pediatrics at Emory in 1997, was named vice-chair for research in the Department of Pediatrics in 1999, and assumed the role as chair of the Department in 2004. She also holds a joint appointment as professor of public health/epidemiology in Emory's Rollins School of Public Health. The UT Health Medical School at Houston is the 6th largest medical school in the nation, and includes residencies and fellowships in more than 100 areas of specialty.



Barbara Stoll, MD

## Newborn Screening for Severe Combined Immune Deficiency is Coming to Georgia

This fall, a test to screen infants for Severe Combined Immune Deficiency (SCID), commonly known as the "bubble boy" disease, will be added to the recommended newborn screening panel in Georgia. We will join 34 other states already performing routine screening for this disorder.

Newborn infants with SCID appear well at birth, but within a few months of life develop severe, and often life-threatening infections. The profound defect in their immune systems can only be corrected through a bone marrow transplant to restore the immune system. The timing of transplant is crucial. Successful outcomes after transplantation are more likely when the transplant is done early in life (before 4 months of age), and before serious infections have occurred.

The newborn screening test measures a marker of naïve or new T cells using a small piece from the dried blood spot collected after birth. Abnormal screening tests will be confirmed through measurement of T cells using flow cytometry, a test that is widely available. Any infant suspected of having SCID or another immune deficiency with an abnormal SCID newborn screen should be referred to the clinical immunology clinic at Children's Physician Specialty Group for diagnostic evaluation. Infants with an abnormal SCID screening test should avoid sick contacts (e.g. day care) and live viral vaccines (e.g. rotavirus).

If you have questions about this screening test please contact Fozia Khan Eskew at [feskew@gaaap.org](mailto:feskew@gaaap.org) or 404-881-5074.



Further information on SCID newborn screening can be found at: <https://www.acmg.net/StaticContent/ACT/SCID.pdf> (ACMG ACT sheet), <http://www.babysfirsttest.org/newborn-screening/conditions/severe-combined-immunodeficiency-scid> or <http://primaryimmune.org/programs/idf-scid-initiative/> (for information for parents on abnormal SCID screen).

**Lisa Kobrynski, MD, MPH**  
Associate Professor of Pediatrics  
Marcus Professor of Immunology  
Section, Allergy/Immunology

## The Inaugural JIM SOAPES CHARITY GOLF CLASSIC benefiting the Pediatric Foundation of Georgia



September 29, 2015

Cuscowilla at Lake Oconee, Eatonton, Ga.

Visit [www.gaaap.org](http://www.gaaap.org) or call 404-881-5091 for more information.



1330 West Peachtree Street  
Suite #500  
Atlanta, GA 30309-2904

Presorted  
First Class Mail  
U.S. POSTAGE  
**PAID**  
Permit # 6264  
Atlanta, GA

---

## CALENDAR

Visit the Chapter website for more information  
regarding these events...[www.GAap.org](http://www.GAap.org)

***Transition of Care: Transitioning Youth with  
Special Health Care Needs from Pediatric to  
Adult Care***

September 26, 2015  
Chapter Office, Atlanta

***Inaugural Jim Soapes Charity Golf Classic  
benefiting the Pediatric Foundation of Georgia***

September 29, 2015  
Cuscowilla Golf Resort on Lake Oconee  
Eatonton

***Webinar: Safe Sleep: From Hospital Nursery to  
Home & Beyond***

October 1, 2015, 12:30 – 1:30 pm

***Webinar: Medical Cannabis, Children, & Ga's  
New Law: What Every Pediatrician Should Know***

October 14, 2015, 12:30 – 1:30 pm

***Webinar: Patient Centered Medical Home  
(PCMH 201): Using Data to Improve Patient  
Health***

October 20, 2015, 12:30 – 1:30 pm

***Georgia Pediatric Nurses & Practice Managers  
Associations Fall Meeting***

October 16, 2015  
Cobb Energy Centre, Atlanta

***Pediatrics on the Parkway - Fall CME Meeting***

November 5-7, 2015  
Cobb Galleria Centre, Atlanta