THE Georgia Pediatrician

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

Georgia Chapter
American Academy of Pediatrics

From the President

Welcome to 2015! So likely by now you have become trained to writing "2015." We are creatures of habit, as they say, so it generally takes us a bit to jump on board with something new. Although as we progress into this new millennium some things have become a bit easier. I probably write "2014" less because I have less opportunity without paper charts and handwritten prescriptions. So yes, change is good. And with a new year most of us likely have organized a list of changes for our personal and professional lives. Good luck on the personal. Don't beat yourself down if you back track on that exercise or nutrition goal though, simply keep moving forward.

This fall has been a daunting one for pediatricians on the infectious disease front. While we were impacted by untreatable diseases such as Enterovirus and what appears to be a sequlae of AFM (Acute Flaccid Myelitis), we have again seen outbreaks of preventable infections such as measles in Disney-California

Of course that is much easier said and done with personal goals. It is those group/social goals for change that we get bogged down with. At last year's AAP Annual Leadership Forum, or ALF, the 330+ of us were challenged with addressing "poverty and children's health" as the top of the 2014-2105 Academy Agenda for Children—or the top of the pizza box chart as we used to call it. While we are trained to understand and practice the "hard sciences" of anatomy, physiology, and pharmacology—addressing the intangible of "poverty" is a daunting task.

While we can quantify a definition of a poverty level, currently less than $24,000 a year for a family of 4, what we can do as pediatricians to affect this situation is by no means clear.

Thank goodness for young minds though, and the AAP Section for Medical Students, Residents, and Fellows, has again come through with a strategic advocacy plan which they call: FACE Poverty (Food Security, Access to Health Care, Community, and Education). You can find these very detailed recommendations on the Residents and Fellowship Trainee site. On reviewing this, you will most likely feel most familiar with the access to health care component. By now, you are aware that the federal ACA Medicare/Medicaid parity has expired (on December 31) and the Governor's budget proposal did not include funding to compensate for this loss in the FY 2015 or FY 2016 state budgets. Without a continuation of this well-deserved and long awaited increase in compensation, many of us will not be able to continue seeing Medicaid patients. I sincerely hope that by the time you receive this newsletter a positive agreement has been reached for Georgia's children in the state budget as well as funds allocated on the national level for the CHIP reauthorization.

Evelyn Johnson MD, FAAP
Chapter President

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

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

From the President...Continued

diseases such as Enterovirus and what appears to be a sequlae of AFM (Acute Flaccid Myelitis), we have again seen outbreaks of preventable infections such as measles in Disney-California. This, plus the increase of influenza attack rates this year mismatched with the vaccine, place us in a vulnerable position in promoting vaccines to our parents/patients. Hopefully we can remain strong, however, as we are again seeing outbreaks of preventable diseases. Georgia's immunization rates have improved substantially, and with the acquisition of funding for future education we hope to remain strong, not only with our traditional vaccines, but now with increases for HPV vaccine rates.

After a successful QI training with national AAP last January, we secured a spot in Phase 4 of the Chapter Quality Network Project that provides a year-long quality improvement asthma project that also offers MOC credits. We were able to secure a dual project with one metro-Atlanta group and one out-state group. We also have 4 physicians participating in a year-long intensive training program with Cincinnati Children's Hospital. In addition, we acquired funding grants from the Medicaid CMO's for practice assistance in obtaining Patient Centered Medical Home certification.

Hopefully, you will plan to join us at our Winter Symposium with our OB/Gyn colleagues on February 21, 2015 and our Legislative Day on March 5th and will continue to maintain contact with your legislators. And don't forget we have many opportunities for participation on many committees at the GA chapter. We try to keep our eyes open for available grant opportunities, but feel free to contact us if you see one of interest/benefit for Georgia's children. Other up-coming events include a Mental Health Seminar in Savannah on March 21, the Pediatric Practice Managers & Nurse's meeting, on May 1, and pending seminars on Transition of Care (May) and Immunizations Update in August in Athens. And of course the outstanding Pediatrics by the Sea CME conference on June 10-13. Be sure to stay tuned to the Chapter website, as well as National's website. Stay strong for Georgia's children and see you soon!

Evelyn Johnson, MD, FAAP
Brunswick

Chapter News & Updates

New Medication Labeling for Breastfeeding Mothers Coming

The US Food and Drug Administration (FDA) will soon be adding new labels for prescription drugs that will more clearly spell out the risks for pregnant and breast-feeding women. They will no longer use letter categories which are outdated.

The new pregnancy and lactation sections will each contain three subsections: risk summary, clinical considerations, and data. Prescribing physicians will find more detailed information about human and animal studies, adverse events, and dose adjustments needed during pregnancy and the postpartum period. The new label requirements, which do not apply to over-the-counter drugs, take effect on June 30, 2015. You can access more information about the new regulations on the FDA website.

EPIC Breastfeeding Program Updated for 2015

The EPIC Breastfeeding Education Program has just updated all three breastfeeding programs for 2015. We have added information about the growing trend of breast milk sharing, Vitamin D supplementation and bed sharing vs co-sleeping. If you haven't had a program recently please contact Arlene Toole, atoole@gaaap.org to request a program or go to our website www.gaepic.org to download an EPIC program request form. Remember our programs are free.

Resource for Purchasing Hearing Aids

Georgia Lions Lighthouse Foundation to start serving children ages 0-19 in families up to 400% of the Federal Poverty Guidelines. Officially families can begin using this resource for purchasing hearing aids January 1, 2015, but families can begin the application process immediately. The program covers up to two (2) new digital hearing aids, nine (9) appointments with a partner audiologist, and either six (6) or twelve (12) ear molds depending on hearing loss. There is a client co-payment based on a sliding scale according to gross household income and the number of hearing aids required. For further details, please visit: https://lionslighthouse.org/childrens-hearing-programs/

Hospital Reporting on Pulse Oximetry Screening for CCHD Results Begins

The Georgia Newborn Screening Program has begun collecting this screening data from newly revised NBS cards. The results reported by the hospitals will be available for primary care physicians within the SendSS Database.

If you have questions about these items or general public health questions, please contact Fozia Khan Eskew at the Chapter office at feskew@gaaap.org or 404-881-5074.

AAP Stresses Importance of Bone Health in Childhood

In a new clinical report, "Optimizing Bone Health in Children and Adolescents," the American Academy of Pediatrics discusses strategies pediatricians can use in health visits to optimize children's bone health. The report supports the primary source of nutrition for healthy infants should continue to be human breast milk, or infant formula if human milk is not available. After the first year of life, the main source of dietary calcium is milk and other dairy products, which accounts for 70-80 % of dietary calcium intake. It also recommends that pediatricians encourage children & adolescents to increase their daily intake of calcium and vitamin D-containing foods and beverages, including nonfat milk and low-fat yogurts, both good sources of calcium.

Additional highlights of the report include:

- Supporting the higher recommended dietary allowance for vitamin D by the Institute of Medicine but does not suggest universal screening for vitamin D deficiency in healthy children. The RDA of vitamin D for children 1 year and older is 600 IU.
- Screening for vitamin D deficiency should be targeted at children and adolescents with recurrent low-impact fractures or those with medical conditions associated with reduced bone mineral density.
- Pediatricians should also ask about the type and amount of exercise children are receiving, and encourage weight-bearing activities such as walking, dancing and running to help optimize bone health throughout childhood and adolescence.

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

Request an EPIC Immunization Program for 2015!

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.). The program is free, offers CME and contact hours for participating physicians and nurses, and provides a valuable resource box filled with useful immunization tools for your office.

EPIC Immunization offers **six** curriculums to meet your staff education needs: Childhood, Adult, Combo, Women's Health, School, and Coding for Childhood Immunizations (GA Chapter AAP Members Only).

We currently have a total of 134 EPIC programs completed for 2014 with over 1600 attendees. Please schedule your free immunization education presentation today!

For more information or to request an EPIC program, contact Shanrita

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McClain, Program Coordinator at 404-881-5054 or visit the EPIC website at: www.GAepic.org

Chapter to Participate in AAP CQN Asthma QI Collaborative

The Georgia AAP is pleased to announce that we have been selected by the American Academy of Pediatrics to participate in their Chapter Quality Network Asthma (CQN) learning collaborative for 2015.

Starting January 2015 through October 2015, 22 to 24 pediatric practices in Georgia will participate in a learning collaborative designed to help practices improve the care and outcomes of children with asthma by implementing the National Heart, Lung, and Blood Institute (NHLBI)/ National Asthma Education and Prevention Program (NAEPP) asthma guidelines. Selected practices will participate in 4 learning sessions, each followed by an action period where they will have the opportunity to test changes in their clinical setting. Practices will measure their progress toward improvement goals. Expert faculty will coach teams to assist them in applying key change ideas into their own organizations. Participants are eligible to receive MOC and CME credits upon successful completion of the project.

There are two groups here in Georgia: one comprised of practices in Metro Atlanta and one comprised of practices in Outstate Georgia (i.e. outside the Atlanta area.). Dixie Griffin, MD of Tifton is the Physician Project Leader for the "Georgia" group; and Brad Weselman, MD, Decatur is the Physician Lead for the "Atlanta" group.

If you have any questions regarding the CQN project, contact Andrea Boyd at aboyd@gaaap.org or 404-881-5068.

Are You Screening High-Risk Patients for Hepatitis B?

The Centers for Disease Control and Prevention (CDC) recommend that infants exposed to hepatitis B virus (HBV) at birth be screened for hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) between 9-18 months of age, in addition to receiving hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth. These two laboratory tests help determine if an HBV-exposed infant is infected with HBV and if the child has developed adequate immunity after vaccination. Infected patients should be reported immediately to the Georgia Department of Public Health at 404-651-5196.

Testing Criteria and Procedure:

- Verify that infant has completed the hepatitis B vaccine series
- Verify that infant is a minimum of 9 months of age and has not received HepB vaccine within past 30 days
- Order both the hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) laboratory tests
- Administer additional hepatitis B doses if the infant did not develop adequate antibody (immunity) levels
- Report results to the Georgia Perinatal Hepatitis B Prevention Program at 404-651-5196

Also, on the opposite page of this newsletter, please see the fact sheet regarding caring for infants born to hepatitis B infected mothers.

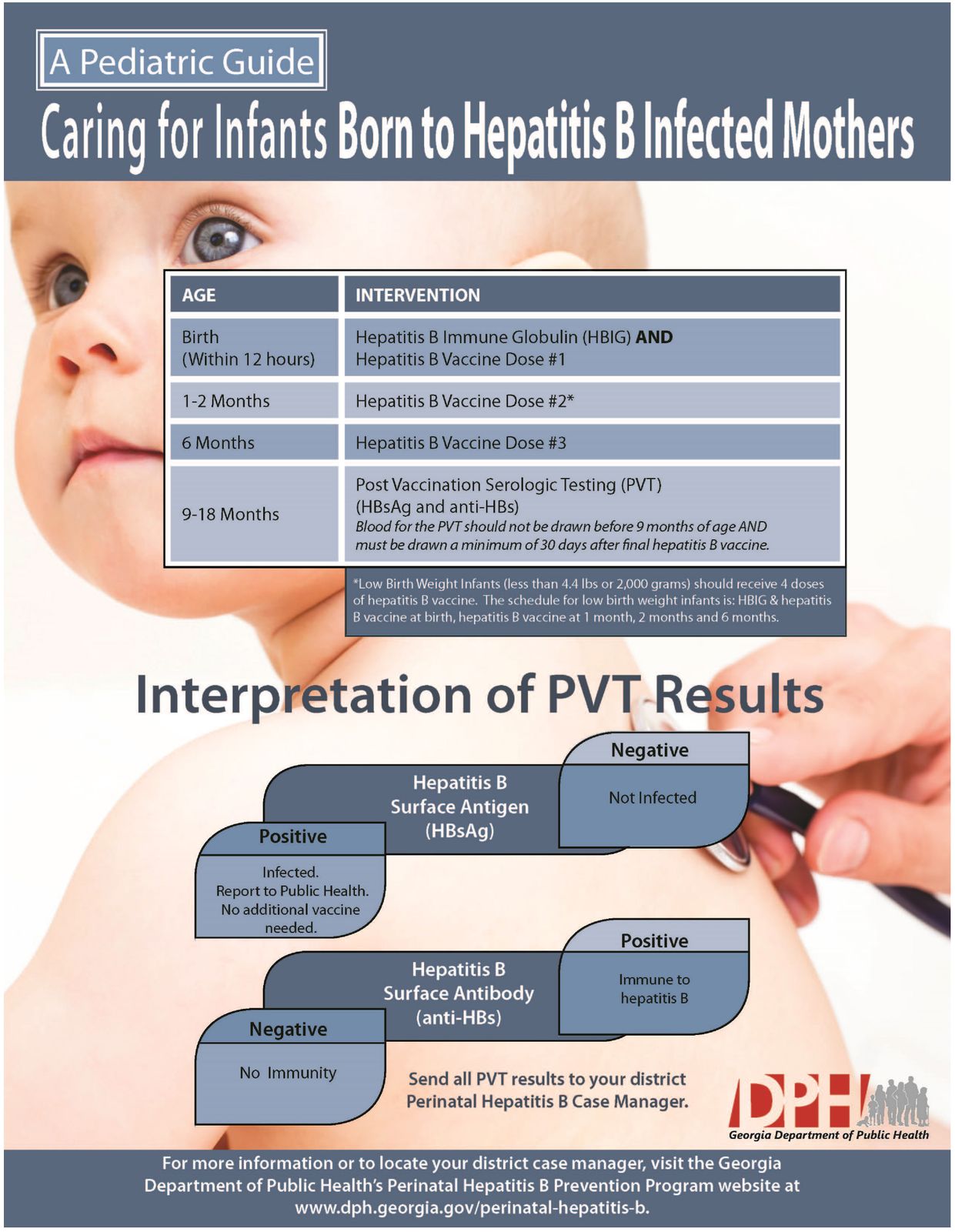
Submitted by Tracy Kavanaugh, MS, MCHES, Perinatal Hepatitis B Program Coordinator, Georgia Department of Public Health

What Can You Do to Ensure Your Adolescent Patients Get Fully Vaccinated?

(Tips from the Centers for Disease Control and Prevention)

1. Strongly recommend adolescent vaccines to parents of your 11 through 18 year old patients. Parents trust your opinion more than anyone else's when it comes to immunizations. Studies consistently show that provider recommendation is the strongest predictor of vaccination.
2. Use every opportunity to vaccinate your adolescent patients. Ask about vaccination status when they come in for sick visits and sports physicals.
3. Patient reminder and recall systems such as automated postcards, phone calls, and text messages are effective tools for increasing office visits.
4. Educate parents about the diseases that can be prevented by adolescent vaccines. Parents may know very little about pertussis, meningococcal disease, or HPV.
5. Implement standing orders policies so that patients can receive vaccines without a physician examination or individual physician order.

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



Children's Executive Function Skills

Editor's Note: This article shares information on how problems with executive functioning might present in children, as well as strategies physicians might use to discuss these issues with parents of patients. Our goal is that if children exhibit difficulties with executive functioning they be referred for an evaluation for therapy services that could help maximize their potential.

Executive function is a mental process that allows us to understand our past experiences with present action. As you know, the brain uses this skill to guide behavior toward accomplishing a goal, prioritizing tasks, controlling impulses and focusing our attention. Doctors can explain to parents that children are born with the potential to gain these abilities through their experiences with caregivers, family members, teachers and other influential persons impacting their development.[1]
Executive functions are evaluated in children based on their behavior in non-routine situations that require them to use their own degree of judgment.[2] Children may show differences in working memory, emotional control, and the ability to think flexibly and engage in self-monitoring.[3]

Executive functions are evaluated in children based on their behavior in non-routine situations that require them to use their own degree of judgment.

If a child has difficulty with executive functions he/she might:

- Be disorganized. For example, may forget to hand in school assignments or prioritize tasks with calendars.
- Struggle with time management.
- Have difficulty with open-ended tasks, including assignments with little direction, or cannot switch from the planning phase of a project to its implementation.
- Have difficulty starting tasks independently. For example, may not know the length of an appropriate break before beginning homework after school.
- Be unable to complete tasks efficiently.
- Struggle reviewing over school work without direction or guidance. [4]
- Have rigid routines and dislike change.
- Become easily frustrated or intolerant of criticism
- Forget rules easily. Display difficulty memorizing or retrieving items from memory.[3]
- Appear impulsive, have uncontrolled impulses,[1] or an inability to mange emotions.[4]

When children do not demonstrate appropriate executive function skills, they may show signs of learning differences that require further evaluation. There are many reasons children display discrepancies in executive function abilities. Difficulty with execu-

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Update on Gluten-Related Disorders


Jay Hochman, MD

Editor's Note: Help us welcome Jay Hochman, MD as the newly appointed Chair of the Chapter's Committee on Nutrition. Dr. Hochman is a pediatric gastroenterologist at GI Care for Kids in Atlanta. We are pleased to have Dr. Hochman's expertise to lead this committee to address pediatric nutrition issues for the Chapter. Additionally, many areas of concerns related to nutrition (along with GI problems) are addressed on his daily blog, www.gutsandgrowth.wordpress.com.

Given the growing popularity of gluten-free diets (GFDs), there are several important points that pediatricians need to be familiar with. It is well established that a GFD is beneficial for Celiac disease. And, it is widely known that the majority of individuals with Celiac disease are unaware that they have the disorder.

In individuals who do not have celiac disease, a GFD has been used for "non-celiac gluten sensitivity" (NCGS).

At the same time, there is increasing use of GFD in populations in which it is less certain of benefit. In individuals who do **not** have celiac disease, a GFD has been used for "non-celiac gluten sensitivity" (NCGS). Both children and adults with suspected NCGS have a range of gastrointestinal symptoms. In addition, children with autism spectrum disorders often have been placed on GFDs.

What are current recommendations and new information?

1. **Before institution of a GFD, children should be tested for Celiac disease.** Serology tests for celiac disease become unreliable after four weeks of a GFD; serology tests are negative in 15% after one month and negative in 57% after three months. [1]
2. When screening for celiac disease, most experts recommend obtaining a tissue transglutaminase (TTG) IgA antibody along with a serum IgA level. [1] A "comprehensive" celiac panel is not recommended for screening purposes.
3. With children younger than two years, deamidated antigliadin antibodies may be helpful as they typically are present before TTG antibodies.
4. Recent studies do not support the previously-held view that timing of gluten introduction influences the development of Celiac disease. [2, 3]
5. There has been a true increase in the prevalence of Celiac disease. In this country, the rate of celiac disease has been doubling about every 20 years over the last 60 years. [1]
6. There is preliminary evidence that individuals considered to have NCGS are actually responding to a low FODMAPs (Fermentable Oligosaccharides Disaccharides and Polyols) diet. FODMAPs in the diet include: Fructose (fruits, honey, high fructose corn syrup, etc), Lactose (dairy), Fructans (wheat, garlic, onion, etc), Galactans (legumes such as beans, lentils, soybeans, etc) Polyols (sweeteners containing isomalt, mannitol, sorbitol, xylitol, stone fruits such as avocado, apricots, cherries, nectarines, peaches, plums, etc) [4]
7. There is no test that accurately identifies NCGS or individuals who will respond to a low FODMAPs diet.
8. It is recommended that individuals who are placed on a GFD or a low FODMAPs diet receive counseling from a qualified nutritionist.

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

References:

1. "A Clinical Guide to Gluten-Related Disorders, " ed by Fasano A. Lippincott, Williams, and Wilkins, Philadelphia, 2014.
2. Elena Lionetti, M.D., Stefania Castellaneta, M.D., Ruggiero Francavilla, M.D., Ph.D, et al. "Introduction of Gluten, HLA Status, and the Risk of Celiac Disease in Children," **NEJM** 2014; 371: 1295-1303.
3. Sabine L. Vriezinga, M.D., Renata Auricchio, M.D., Enzo Bravi, M.S., et al. "Randomized Feeding Intervention in Infants at High Risk for Celiac Disease," **NEJM** 2014; 371: 1304-15.
4. Biesiekierski JR, Peters SL, Newnham ED. "No Effects of Gluten in Patients With Self-Reported Non-Celiac Gluten Sensitivity After Dietary Reduction of Fermentable, Poorly Absorbed, Short-Chain Carbohydrates." **Gastroenterol** 2013; 145: 320-28.

2015 Legislative Update: Push for Medicare Parity Highlights 3-month Session

The 2015 General Assembly opened on January 12th, for its 40 day session.

Here are the Georgia AAP Priorities for 2015 Legislative session:

- **Continuation of ACA Increase in Medicaid Budget:** We were disappointed the Governor did not include any funds for physician rate increases in either the FY 2015 or the FY 2016 budget. However this is just the start of the budget appropriations process. Our first targets will be the House and Senate Appropriations Sub-committee members. We will need the help of all Georgia AAP members to communicate the importance of maintaining pediatric access for the children and adolescents in Georgia by increasing Medicaid rate to Medicare levels.

- **Medical Cannabis:** Rep. Alan Peake, R-Macon, has filed HB 1, which we expect will decriminalize the possession and use CBD oil to treat intractable epilepsy and perhaps other conditions. Also the AAP released an updated policy statement on marijuana and medical marijuana on Monday, Jan. 26 which will inform us as to our posture on this bill.

We will need the help of all Georgia AAP members to communicate the importance of maintaining pediatric access for the children and adolescents in Georgia by increasing Medicaid rate to Medicare levels.

- **Fireworks:** HB 15, would expand Georgia fireworks to allow sales of all fireworks, as similar to Alabama, South Carolina and Tenn. Rep. Scott Turner, R-Powder Springs is sponsor. But a more powerful sponsor, Rep. Jay Roberts, Camilla, may introduce the same type of bill. We have asked MAG and the Emergency Physicians college (GCEP) to join our Physicians Coalition in opposing this.

- **Autism Services:** SB 1 would mandate insurance coverage in private commercial plans for autism services, including ABA services to a $35K annual cap, for children under 6 years. (Medicaid is excluded.) We support.

- **Scope of Practice:** None have been introduced yet, but we believe the NP's and the PA's will seek Schedule II prescribing privileges.

Mark your calendar and join us for Legislative Day at the Capitol, March 5, 2015, with the other primary care specialties again—FP's, IM's, OB's and the DO's. We hope to see you all there.

The Chapter Legislative Committee, with Melinda Willingham, MD as chair, meets weekly via teleconference during the Session. We welcome any members who would like to participate. Just contact Jaime Rice Searcy at the Georgia AAP office at jrice@gaaap.org to be included.

Legislative Day at the Capitol

March 5, 2015

State Capitol &

Floyd Veterans Memorial Building

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

2015 Winter Symposium

OBGyns & Pediatricians: Working Together to Improve Patient Care

February 21, 2015 Atlanta Airport Marriott

8:30 – 9:00 am	**Continental Breakfast with Exhibitors**
9:00 – 9:15 am	**Welcome and Remarks** Anne Patterson, MD, FACOG Robert Wiskind, MD, FAAP
9:15 – 10:00 am	*The State of Maternal & Child Health in Georgia* Public Health Commissioner Brenda Fitzgerald, MD, FACOG
10:00 – 10:45 am	*Long Acting Reversible Contraceptive's: Collaboration between Pediatricians & OB/GYNs to Prevent Teen Pregnancy* David A. Levine, MD, FAAP Melissa Kottke, MD, MPH, MBA, FACOG
10:45- 11:15 am	**Break with Exhibitors**
11:15 am – 12:00 pm	*Prevention, Diagnosis and Management of Neonatal Withdrawal Syndrome* Atul Khurana, MD, FAAP Jane Ellis, MD, FACOG
12:00 – 1:15 pm	**Luncheon** *Ga. Perinatal Quality Collaborative Update* Catherine Bonk, MD, FACOG David H. Levine, MD, FAAP
1:15 – 2:00 pm	*HIV/AIDS in Women, Newborns, Children and Adolescents* Rana Chakraborty, MD, FAAP Martina Badell, MD, FACOG
2:00 – 2:45 pm	*HPV Vaccines: Successes, Failures and Next Steps* Melinda Wharton, MD
2:45 – 3:05 pm	**Break with Exhibitors**
3:05 – 3:50 pm	*A Rational Approach to Managing Maternal Medications While Breastfeeding* Kathryn McLeod, MD, FAAP
3:50 – 4:00 pm	**Closing Remarks**

For More Information: Visit our website at www.gaaap.org, call 404-881-5091 or email jrice@gaaap.org.

Children's Executive Function Skills...continued

tive functions could be a sign of Autism, OCD, traumatic brain injury, ADHD, or other illness/condition.

Doctors can discuss strategies with parents to help children with executive function difficulties stay on task such as:

- Checklists. This provides kids with manageable steps to complete tasks. Parents can create a list of things that must be completed before the child leaves the house in the morning or a list of steps that are related to completing an assignment in school. Checklists can guide children to independence gradually.
- Set time limits. It may be helpful to assign certain tasks time limits to help children understand how long each task should take.
- Explain the importance of a new process or technique. Children should understand why checklists and guidelines are important and related to their successful changes in behavior. They will feel more committed to meeting expectations.
- Stick to Routines. A child should know what is expected of them when they return home from school, such as their break time before beginning homework and eating dinner.[6]
- Help children build social connections with adults. Children need a reliable presence that they can trust and healthy relationships with adults will keep them engaged in creative play, and guide them toward gaining better executive function skills.[5]

Doctors can inquire about children's executive function abilities during their yearly check-up. Because a child's difficulty with executive functions may be an indication of other learning differences, it is important for doctors to refer the child for an evaluation as soon as possible.

Bobbie Vergo, OTD, OTR/L
Emmy Lustig, BA
Communications Associate
Pathways

For more information about issues related to childhood development, please visit www.pathways.org or email friends@pathways.org. Founded in 1985, Pathways.org empowers parents and health professionals with free educational resources on the benefit of early detection and early intervention for children's motor, sensory, and communication development.

References

[1] Key Concepts: Executive Function. Center on the Developing Child Harvard University. www.developingchild.harvard.edu/. Accessed 19 Nov 2014.
[2] Banich M. Executive Function: The Search for an Integrated Account. Current Directions in Psychological Science. 2009; 18(89); 89-94.
[3] Morin A. 9 Terms to Know If Your Child struggles With Executive Functioning Issues. National Center for Learning Disabilities. www.ncld.org. Accessed 6 Nov 2014.
[4] The Executive Function and School Performance: A 21st Century Challenge. National Center for Learning Disabilities. 2010. www.ncld.org. Accessed 6 Nov 2014.
[5] In Brief: Executive Function Skills for Life and Learning. Center on the Developing Child Harvard University. www.developingchild.harvard.edu/. Accessed 19 Nov 2014.
[6] Ehmke R. Helping Kids Who Struggle with Executive Functions. Child Mind Institute. 2012. www.childmind.org. Accessed 2014 Nov 6.

Pediatric Healthcare Improvement Coalition Update

Happy New Year to all and glad tidings from The Pediatric Healthcare Improvement Coalition (PHIC). As we enter our third year of operation it seems appropriate as we begin a new year with an update to the Georgia AAP newsletter.

Accomplishments to date include a $200,000 Grant from the Department of Community Health (DCH) to demonstrate asthma interventions in pediatric offices can improve the quality of care for asthmatic patients. Ten offices participated and for the first time the DCH is providing actual Medicaid data to evaluate outcomes. The PHIC Asthma Committee, led by Drs. Burt Lesnick and Dennis Ownby, is hopeful that this data evaluation will be completed in the next several months. Additionally, this grant helped understand the monies required and the complexity of practices joining a health information exchange (HIE) network. As the data is evaluated, there are additional plans to assess the value of being part of a regional HIE with local hospitals.

The Health/IT Committee, led by Drs. Joe Zanga and Wes Lindsey, piloted the Department of Public Health (DPH) first survey of medical providers regarding telemedicine /telehealth needs across the state. The top need lies in mental health issues and this committee will continue to work with DPH to pilot telemedicine interventions to improve mental health services.

The Foster Care Committee, led by Drs. Bob Wiskind and Jalal Zuberi, has worked closely with the Georgia AAP to monitor the transition of the foster care population to Amerigroup.

The CMO Relations Committee, led by Dr. Tony Pearson-Shaver, is in the process of formulating a plan to engage the CMO's in projects that would move practices toward shared saving with improved Quality outcomes. Additionally, they will be approaching the CMOs for a single formulary to initially focus on asthma medications. Dr. Dennis Ownby has been in contact with Sen. Dean Burke in support of his committee's recommendations to improve CMO administrative burdens.

Conversations and presentations regarding the emergency/ disaster /infectious disease preparedness of the state for its pediatric patients have been ongoing with Dr. Pat O'Neal, Director of Health Protection for DPH over the last several months. The members of the PHIC Executive Committee, Drs. Kathryn Cheek, Dennis Ownby, Dan Salinas, Eric Pearlman, Tony Pearson-Shaver, Bob Wiskind and Jenny Wingard, along with Dr. Natalie Lane as the Georgia AAP representative have identified many opportunities to improve and ensure the system for the children of the state. This will be an ongoing project in the coming year realizing that many adult hospital systems across the state may treat children in these situations and preparedness needs to include a specific focus on pediatric patient needs.

As with every new year many opportunities abound. As a member of the Georgia AAP you are automatically a member of PHIC. If you find one of these topics of interest to you, please do not hesitate to contact Jenny Wingard, Executive Director at jenny.wingard@choa.org or myself to get more involved. 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, Inc.
Past President, Ga Chapter AAP
Columbus

Pediatrics on the Perimeter Photo Review

The Chapter Fall CME meeting, Pediatrics on the Perimeter, was held on October 30- November 1, 2014 at the Westin Atlanta North. The meeting drew over 125 pediatricians and other staff.

(Left) The Pediatric Nutrition Update Seminar was held on Thursday afternoon and moderated by Stan Cohen, MD (left), and featured presentations on Abdominal Pain by Jose Garza, MD (center) and Eosinophilic Esophagitis by Seth Marcus (right).

This year's Chapter Award winners were honored during the Chapter Fall Meeting in October at the Westin Atlanta North at Perimeter. They are pictured above on the right (l to r) Chapter President, Evelyn Johnson, MD; Cyrus Samai, MD, Outstanding Achievement Award; Friend of Children Award Recipients, Alan Judd & Brenda Fitzgerald, MD Commissioner of Public Health; Legislator of the Year Award, Representative Larry O'Neal; Dept. of Public Health - Maternal & Child Health Award Treating Children with Special Healthcare Needs, Jeffery D. Lewis, MD; Young Physician of the Year Award Recipient, Angela Highbaugh-Battle, MD (Keith Seibert, MD not pictured)

In celebration of the Chapter's 60th Anniversary, the Chapter Past Presidents were invited to attend the Annual Luncheon. In attendance was (l to r) David Morgan, MD, Jan Soapes, MD, Oscar Spivey, MD, Evelyn Johnson, MD, Charles Linder, MD, Ben Spitalnick, MD (Chapter Vice President), William Sexson, MD and Chapter Executive Director, Richard Ward. Dr. Oscar Spivey also received the Leila D. Denmark Lifetime Achievement Award during the luncheon.

Photo Review: Pediatrics on the Perimeter...continued

(Left) During the conference on Saturday, pediatric residents from Emory, Mercer-Macon, and Mercer-Savannah were invited to participate in Pediatric Jeopardy. This year's winners were from Emory University.

(Right) Chapter Past President and National AAP District X Chair, Sally Goza, MD, Fayetteville, attended the Fall Meeting and is pictured here with Past President David Morgan, MD of Stone Mountain.

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

- *Dunwoody Pediatrics, Dunwoody*
- *Just Us Kids Pediatrics, Newnan*
- *Kids Ave Pediatrics, Atlanta*
- *Northside Cherokee Pediatrics, Holly Springs*
- *Pearl Pediatrics & Adolescent Medicine, Marietta*
- *Pediatric Associates of Johns Creek, Suwannee*
- *Pediatric Associates of North Georgia, Norcross*

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
___ Medicaid, Task Force
___ Membership
___ Mental Health, Task Force
___ Newsletter
___ Nutrition
___ Healthy Weight, 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: _____

Baby Friendly — Aren't We That Already?

We wanted to share with Georgia AAP an article written by an OB colleague who is supporting Baby Friendly policies. It explains the realm of partners involved in breastfeeding support and the positive results we are seeing in our state. As a pediatrician working in the newborn nursery I know how challenging it can be to make changes in policies even though these improvements are positive and evidence based. Becoming Baby Friendly requires training and skill building among all levels of staff. It requires implementing audit processes to assure quality in all aspects of maternity care. We hope this will inspire you to find a way to become more baby friendly minded and become a supporter in your own hospital. ~ Kathryn McLeod, MD, FAAP, Chair, Breastfeeding Committee, Georgia AAP

"Baby friendly"? Of course we all are. We are caring pediatricians and obstetricians and it goes without saying. Or does it?

Baby-Friendly, however, is also a highly sought after, somewhat elusive designation created in 1991 by UNICEF and the World Health Organization (WHO) to define an internationally recognized standard of excellence in breastfeeding care and education. The Baby-Friendly program consists of a set of Ten Steps to Successful Breastfeeding (see box) institutions can adopt to achieve the designation.

The program is well established internationally, with more than 15,000 hospitals in 138 countries having achieved the designation. In the United States, the program has not been as well adopted, with less than 200 hospitals certified by 2010.The Centers for Disease Control and Prevention (CDC) began an initiative entitled Best Fed Beginnings to promote breastfeeding in the U.S. consistent with its Healthy People 2020 goals.

The CDC enlisted the help of the National Institute for Child Health Quality to administer the program. Hospitals applied for one of the funded slots to be coached through the adoption of the Baby-Friendly Ten Steps in a rapid track process. Eighty-nine hospitals in 29 states were accepted into the program. Seven of these were in Georgia. Thus far two have achieved the Baby-Friendly designation. DeKalb Medical was designated in December 2014 and Emory Midtown in January 2015. The other hospitals in the group are Atlanta Medical, Cobb, Grady, Piedmont Henry and Doctors' Hospital in Augusta. These are all in various stages of preparation and site visits.

The Georgia Department of Public Health (DPH) developed a sister process, the Five Star Hospital breastfeeding excellence recognition program. In this designation, each star represents accomplishment of two of the Ten Steps. DPH offered funding to hospitals not in the Best Fed Beginnings group to help them achieve the Ten Steps. As the first hospital in Georgia to achieve the Ten Steps, DeKalb Medical also became the first Georgia Five Star Hospital.

You may be thinking "this is a lot of administrative effort for a process that is so simple and so natural." My partner, Dr. Jennifer Meyer-Carper, herself a successful exclusive breastfeeding mother for more than a year, likes to say, "Breastfeeding, while clearly natural, is not automatic like breathing; it is learned like walking."

The Ten Steps to Successful Breastfeeding are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

And there are two students, one of whom is only minutes old.

In the hospital setting, there is a science to breastfeeding best practice, but it involves removing processes, devices and substances, which is much harder to do than correcting or adding processes, devices or substances. Holding nurseries are closed or emptied as infants must stay with moms for 23 of each 24 hours. Pacifiers and artificial nipples must be withheld until 4 weeks of age when breastfeeding is well established. Formula becomes a substance saved for emergency use only. This summer at the Georgia OB-Gyn Society's Annual Meeting, obstetricians heard Dr. Haywood Brown of Duke University Medical Center say he thinks infant formula should be "available by prescription only." While not a part of the Ten Steps, this view entirely complements the work of the Baby-Friendly program. In most hospitals in the U.S., infant formula is donated by the manufactures, and for many hospitals the "final frontier" of the Baby-Friendly journey is the process of paying for the formula and providing the invoices to prove it.

As the Obstetric Champion of the Best Fed Beginnings project in my hospital, accompanied by my pediatric counterpart, Joyce Lilly, I can honestly say this was a very difficult, and at times overwhelming, process. However, 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 (which sometimes takes more than an hour), 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.

I speak to moms regularly who were not successful in nursing their first born, but with the help of all the Baby Friendly Ten Steps become successful at breastfeeding their second child. These moments and countless others make me aware the words "Baby-Friendly" truly do mean more than we all thought and the process is a path well worth taking. I applaud all who are on the path already and encourage all delivering hospitals in Georgia to start the work of adopting the Ten Steps.

Catherine Bonk, MD, FACOG
Atlanta Gynecology and Obstetrics, PC
OBGyn Society's 2015 President-Elect

THE Georgia Pediatrician

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

CALENDAR

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

Winter Symposium 2015
OB/Gyns & Pediatricians: Working Together to Improve Patient Care
February 21, 2015
Atlanta Airport Marriott
4711 Best Rd
Atlanta

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

Current Topics in Mental Health for the General Pediatrician
March 21, 2015
Savannah Marriott Riverfront
Savannah

Georgia Pediatric Nurses & Practice Managers Association Spring Meeting
May 1, 2015
Georgia International Convention Center
College Park

Pediatrics by the Sea
Summer CME Meeting
June 10-13, 2015
Ritz Carlton
Amelia Island, FL