



The GEORGIA Pediatrician

A Publication of the Georgia Chapter of the American Academy of Pediatrics

President's Letter

Greetings from the Georgia Chapter of the AAP!

Ben Spitalnick, MD, MBA, FAAP



Ben Spitalnick, MD, MBA, FAAP

The last 2 years serving as your Vice President has been a true educational journey for me. I thought I understood pediatrics, but the mechanics behind the engine of your AAP is an amazing lesson of its own. After two years of District Conferences, Annual Leadership Forums, National Conference and Exhibitions, National Legislative Conference and State Legislative Day...not to mention our own Chapter conferences and board meetings...I think I can try to partially fill the shoes left before me. Thank you especially to Drs. Evelyn Johnson and

Bob Wiskind, who have guided me through from the start.

We have had many successes as a Chapter over the past few months, and I'm proud to have the opportunity to report on some. The beauty of a new position like mine, is you get to brag on great accomplishments, knowing quite well it was those that came before me that deserve most of the credit.

Dr. Johnson highlighted the fantastic state legislative session in her last newsletter, which included another successful bid to bring more Medicaid payment rates back up to match Medicare rates. But another remarkable late win in the session was a veto by Governor Nathan Deal on a "campus carry" gun bill. The bill would have allowed students to carry concealed weapons on college campuses, which most Pediatricians strongly opposed. Thank you Legislative Chair Melinda Willingham, MD, her Committee, and of course our lobbyist Betsy Bates (and yes, our Executive Director Rick Ward).

In May, the Chapter announced a partnership with the Department of Public Health and Georgia's First Lady Sandra Deal for a Safe to Sleep campaign.

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The campaign will focus largely on hospitals to educate parents about safe sleep environments and ensure they see proper sleeping practices modeled in hospitals before going home with the baby. Hospitals will begin a hospital Safe to Sleep program in their birthing centers; in making this pledge to educate new parents and caregivers on safe sleep practices, hospitals will receive a supply of "This Side Up" infant gowns, board books, and a supply of travel bassinets to give away to families deemed at-risk.

In early June, this year's *Pediatrics by the Sea* conference was a blockbuster, with near record high attendance at 190 total attendees from 23 states. Dr. Charles Linder chaired a diverse educational agenda that was well received by all, and spotlighted many strengths of the MCG pediatrics department. National facility included National AAP Past President Sandra Hassink, MD, Wilmington, Del. who spoke both about obesity, and a National Agenda for Children. Richard Tuck, MD, Zanesville, Ohio discussed Value Based Care and its impact on practice revenue, and Kathryn Edwards, MD, Nashville, Tenn. provided an informative immunization update and a great talk on the management of pneumonia. Additionally, a full afternoon was dedicated to Developmental Pediatrics. Personally for me, the receptions were high points, as it was great to reconnect with so many co-residents and colleagues from years past that have scattered throughout Georgia and the South and returned for Peds by the Sea. And to cap it off our now Past President Evelyn Johnson, MD, was honored for her service and dedication to the Chapter with an emotional final evening event.



The Chapter continued to deliver a healthy slate of webinars to our members (which are, by the way, FREE to our members) highlighted by an overview of the Zika virus risk and potential testing and treatment implications. This was hosted by our own ID Chair Harry Keyserling, MD, and included speakers from the CDC, including our own Jan Cragan, MD, FAAP, who is in the forefront of CDC's efforts on Zika.

In late June the unexpected decision by the ACIP to give a "do not use" recommendation to the intranasal flu vaccine was a surprise to most pediatricians. And the AAP got some negative press for the timing of the announcement, but those that watched closely understand that the AAP deserves praise for immediately mobilizing the same day the ACIP made the recommendation. Most Pediatricians had a very short window of time if they were to change their vaccine pre-order commitments. The AAP's quick decisions helped spread the word, and our state VFC program and most private pediatricians were able to make the adjustments needed for the upcoming flu vaccination season.

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Chapter News & Updates

Screening Program Updates

Increase in Fee for Dried Blood Spot Testing: The Georgia Newborn Screening (NBS) program has announced an increase the newborn screening fee from \$50 to \$63 as of July 1, 2016.

Pompe & MPS1: Pilot screening on all infants born in Georgia for Pompe and MPS1 is to begin early this summer. Results will NOT appear on the newborn screen report as this is a pilot project; no notification of normal results will be sent. Abnormal findings will result in contact by the Emory Newborn Screening Follow-Up Program.

SCID: NBS testing on all infants for Severe Combined Immunodeficiency (SCID) began in late May 2016. Screening results can be found on the NBS report. If screening results require further investigation, the Emory Newborn Screening Follow-Up Program will fax a letter notifying you and call the provider listed on the NBS card if screening results require further investigation.

If you have questions, please contact Fozia Khan Eskew at the Chapter office at either feskew@gaaap.org or 404-881-5074.

The EPIC® Immunization Program wants to get your Adolescent Patients Vaccinated!!!!



The EPIC® Immunization program is excited to offer our NEW EPIC Adolescent Curriculum. This Curriculum will look at the 4 recommended vaccines for adolescents, explain the importance of preventing these diseases in this population, address parental hesitation around the HPV vaccine and ways to increase adolescent immunization rates. In addition to the adolescent program the following curriculums are available to meet your staff education needs: Childhood, Adult, Combo, Women's Health, School, and Coding for Childhood Immunizations (GA Chapter AAP Members Only).

For more information or to request an EPIC program, contact the EPIC staff: Janna McWilson, MSN, RN, Program Director at 404-881-5081 or Shanrita McClain, Program Coordinator at 404-881-5054.

Kudos to Jeff Linzer!

On August 9th, Jeffrey Linzer Sr, MD, FAAP, FACEP, received commendation from the Georgia Department of Community Health Medicaid Division for his indefatigable work on ICD-10-CM transition for the Georgia Medicaid Management Information System (GAMMIS).

The Georgia Chapter enlisted the help of Dr. Linzer when problems with payment for certain unspecified codes ICD-10-CM codes occurred in Georgia Medicaid. He contributed innumerable hours and significant expertise toward ensuring that 15,000 unspecified ICD-10-CM codes received robust deliberation before being considered for inclusion in GAMMIS. Due to his contributions, all of the appropriate unspecified codes were included for payment by Georgia Medicaid.

A member of the American Academy of Pediatrics Committee on Coding and Nomenclature, Dr Linzer serves as the Academy's Representative to the ICD-10-CM Editorial Advisory Board. Additionally, Dr Linzer is Chairperson of the Pediatric Topic Advisory Group (TAG), charged by the World Health Organization with addressing pediatric issues that arise as ICD undergoes its 11th revision.

Licensing of IBCLCs in Georgia






On July 1, 2016, HB 649, the licensing of International Board Certified Lactation Consultants, (IBCLC's) was signed into law by Governor Deal. Georgia is the second state in the country to license lactation consultants. This law, which goes into effect July 2018, should increase access to clinical lactation care for Georgia's mothers and babies. The reason that this law is important is that Medicaid and most insurance companies will only pay for services from a licensed health care provider. Almost 75% of Georgia's mothers leave the hospital breastfeeding, but only 19% are making it to the AAP's recommendation of exclusively breastfeeding for six months.

New Members Join Chapter Board

The Chapter Board of Directors welcomed three new district representatives in July. They are Josh Lane, MD, Augusta, (District VIII); Jonathan Popler, MD, Atlanta (District V); and Kurt Heiss, MD, Atlanta, (District IV). Also, Terri McFadden, MD, Atlanta, was installed as Chapter Vice President and Iris Basilio, MD, Columbus, will serve as the Chapter Secretary. In addition, Joe Zanga, MD, Columbus, and Ed & Jackie Gotlieb, MD, Stone Mountain, are Honorary Presidents this year. Congratulations to all and best wishes in your board service. ■

A Pediatric Guide: Caring for Infants Born to Hepatitis B-Infected Mothers

Immunize and Test On Time

	AGE	Single-antigen hepatitis B vaccine (Engerix-B® or Recombivax HB®)	Combination hepatitis B vaccine (Pediatrix®)
	Birth¹ (Within 12 hours)	Hepatitis B immune globulin (HBIG) AND Hepatitis B vaccine dose #1	Combination vaccine is not approved for the birth dose. See single-antigen guidance.
	1–2 Months²	Hepatitis B vaccine dose #2	Hepatitis B vaccine dose #2
	4 Months	No vaccine needed	Hepatitis B vaccine dose #3
	6 Months	Hepatitis B vaccine dose #3	Hepatitis B vaccine dose #4
	9–12 Months³	Postvaccination serologic testing Hepatitis B Surface Antigen (HBsAg) AND Hepatitis B Surface Antibody (anti-HBs)	Postvaccination serologic testing Hepatitis B Surface Antigen (HBsAg) AND Hepatitis B Surface Antibody (anti-HBs)

¹HBIG should be administered within 12 hours of birth; however it can be administered up to 7 days after birth if the mother's HBsAg laboratory result is unavailable at delivery.

²Low birth weight infants (less than 2,000 grams or 4.4 lbs.) should receive 4 doses of hepatitis B vaccine. The schedule is: HBIG & hepatitis B vaccine within 12 hours of birth, hepatitis B vaccine at 1 month, 2 months and 6 months of age. The Pediatrix® schedule is HBIG & single-antigen hepatitis B vaccine within 12 hours of birth, followed by Pediatrix® doses at 2, 4 and 6 months of age.

³Blood for the PVST should not be collected before 9 months of age AND must be drawn a minimum of 30 days after final hepatitis B vaccine dose, if infant is completing the hepatitis B series after the recommended intervals.

Postvaccination Serologic Testing (PVST) Laboratory Interpretations

		Immune to HBV No additional HepB doses needed		Susceptible to HBV Additional HepB doses needed		Infected with HBV Report results to Public Health	
Test	Result	HBsAg	anti-HBs	HBsAg	anti-HBs	HBsAg	anti-HBs
		Negative	Positive	Negative	Negative	Positive	Negative

Report all PVST results to the Georgia Perinatal Hepatitis B Prevention Program.

For more information or to locate your local health department's perinatal hepatitis B case manager, visit the Georgia Department of Public Health's Perinatal Hepatitis B Prevention Program website:
dph.georgia.gov/perinatal-hepatitis-b



Common Questions about Perinatal Hepatitis B

What is hepatitis B?

Hepatitis B is an infectious liver disease caused by the Hepatitis B Virus (HBV). HBV attacks the liver and can lead to cirrhosis, liver cancer and premature death.

How is hepatitis B transmitted?

HBV is transmitted through contact with infectious blood or body fluids. HBV can be transmitted from an infected mother to her newborn during delivery.

When is an infant at high-risk for hepatitis B?

Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive are considered high-risk.

How can hepatitis B be prevented at birth?

Administering hepatitis B immune globulin (HBIG) and the first dose of hepatitis B vaccine (HepB) within 24 hours of birth is 85%-95% effective in preventing perinatal HBV infection.

Is there a specific immunization schedule that needs to be followed for HBV-exposed infants?

Yes. Hepatitis B immune globulin (HBIG) and HepB (birth dose) should be administered within 12 hours of birth. HepB dose two should be administered at 1-2 months of age and the third dose should be administered at 6 months of age. After the birth dose, infants receiving Pediarix® should receive doses at 2, 4 and 6 months of age.

What if my practice identifies a HBV-exposed newborn that did not receive HBIG before hospital discharge?

Administering HBIG within 12 hours of birth is recommended; however, it can be administered up to 7 days after birth. The infant should be referred urgently to the Mother/Baby department of the delivery hospital for immediate administration of HBIG. If more than 7 days have passed, it is too late to administer HBIG. However, ensure that the HepB birth dose was given, and strictly adhere to the recommended intervals for subsequent doses.

My patient was born to an HBV-infected mother and weighed less than 2,000 grams (4.4 lbs.) at birth. Why does this infant need 4 doses of HepB?

The immune response to HepB is less reliable in newborns weighing less than 2,000 grams. HBV-exposed infants must receive HBIG and HepB within 12 hours of birth. The HepB birth dose should not be counted as part of the series and the infant should receive three additional doses beginning at 1 month of age, followed by a third dose 1-2 months after the second and a fourth dose at 6 months of age. Infants receiving Pediarix® should receive HBIG and the single-antigen birth dose followed by Pediarix® doses at 2, 4 and 6 months of age.

What is postvaccination serologic testing (PVST) and why is it necessary?

Postvaccination serologic testing (PVST) is recommended for infants and children born to hepatitis B-infected mothers. Serologic testing confirms whether the child has developed immunity or has been infected with HBV. The PVST should include hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) only. Testing should occur between 9 and 12 months of age.

Why must providers wait until the infant is 9 months of age to collect the PVST?

Labs collected before 9 months of age can provide inaccurate anti-HBs results by detecting the antibody from HBIG administered at birth and not actual response to the hepatitis B vaccine.

Also, for infants who receive HBIG at birth but still develop HBV infection, there can be a prolonged incubation period. Waiting until 9 months of age can maximize detection of late HBV infection.

Can collection of the PVST be delayed until the infant is older?

After primary immunization with HepB, anti-HBs concentrations decline rapidly within the first year. This decline may result in a negative/non-reactive anti-HBs result, making it difficult to determine if this child has waned immunity or vaccine failure and leading to unnecessary revaccination. For this reason, providers are encouraged to test at 9-12 months of age (or 1-2 months after the final dose of the HepB series, if doses were delayed).

What if my patient's HBsAg and anti-HBs results are negative after completing the HepB series?

The child should complete a second three-dose HepB series (0, 1-month & 6-month schedule) and be tested 1-2 months after completion. If immunity is still not present after six doses, counsel the child's parents or guardian on risk reduction strategies for vaccine non-responders.

What if my patient is infected with HBV?

Hepatitis B is a reportable condition in Georgia. Report the HBsAg-positive result to the Georgia Department of Public Health within 7 days of diagnosis. Refer the child to a pediatric specialist for further evaluation. The child's family and caretakers should be educated about avoiding blood exposure.

My HBV-exposed patient has other siblings that I care for in my practice. Do they need follow-up?

Yes. Household contacts including other siblings should be tested and vaccinated against HBV, if found to be susceptible.

What if the infant was adopted or the mother's HBsAg-status is unknown?

Verify the child's immunization history beginning at birth. Administer any missing HepB doses, followed by PVST at 9-12 months of age.

All immunizations must be reported to the Georgia Department of Public Health via the Georgia Registry of Immunization Transactions and Services (GRITS) system within 30 days of vaccine administration.



For more information, visit the Georgia Department of Public Health's Perinatal Hepatitis B Prevention Program website at dph.georgia.gov/perinatal-hepatitis-b





Public Health Urges Vigilance for Cases of Acute Flaccid Myelitis (AFM)

The Georgia Department of Public Health (DPH), in collaboration with the U.S. Centers for Disease Control and Prevention (CDC) is interested in receiving and investigating reports of Acute Flaccid Myelitis (AFM) among patients in Georgia.

AFM is one form of acute flaccid paralysis (AFP), characterized by sudden onset of weakness without spasticity or other signs of a central nervous system disorder^[1]. AFP includes Guillain-Barre syndrome (GBS), toxic neuropathy, muscle disorders, and AFM^[1]. AFM, formerly referred to as “polio-like syndrome,” involves rapid onset of weakness in one or more limbs and is characterized by distinct abnormalities of the spinal cord gray matter shown on magnetic resonance imaging (MRI)^[1-2]. In addition to limb weakness, symptoms may include facial drooping/weakness, difficulty moving the eyes, drooping eyelids, and difficulty speaking or swallowing^[2]. While there is no known single cause of AFM, it can be caused by viral infections such as enterovirus (both polio and non-polio virus), West Nile Virus, herpesvirus, and adenovirus^[2].



In fall 2014, clusters of pediatric cases with acute limb weakness (AFM) were reported by physicians in multiple states^[1,3]. Concurrently, there was an ongoing nationwide outbreak of enterovirus-68 (EV-D68), though not enough evidence existed to determine a causal relationship between the EV-D68 outbreak and AFM cases that occurred during that time period^[2-4]. In response to the apparent increase in AFP reporting in the fall of 2014, a CDC health advisory was issued requesting that suspect cases of AFM in children younger than 21 years old be reported and specimens submitted for testing. From August 2014 to December 2014, CDC verified reports of 120 children in 34 states who developed AFM^[2]. The following year, fewer AFM cases were reported, with 21 confirmed cases from 16 states reported with onset from January 2015 to December 2015^[2]. As of June, 21 confirmed AFM cases have been reported nationally with onset during 2016.^[1] Since August 2014, there have been a total of two confirmed cases of AFM reported in Georgia residents.

Disease reporting and surveillance are critical for rapidly identifying and responding to emerging health issues. In order to characterize the epidemiology of AFM, determine how it impacts Georgia's population, and learn more about the etiologies of this syndrome, DPH is currently in the process of adding AFM to its list of notifiable conditions. In accordance with CDC recommendations, DPH is currently collecting information on suspect cases meeting the following definitions:

Confirmed Case

- 1) Acute onset of focal limb weakness, AND
- 2) An MRI showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments

Probable Case

- 1) Acute onset of focal limb weakness, AND
- 2) Cerebrospinal fluid with pleocytosis (white blood cell (WBC) count >5 cells/mm³, adjusting for presence of red blood cells (RBCs) by subtracting 1 WBC for every 500 RBCs present)

The clinical case definition for AFM was changed to include all ages, as opposed to only those occurring in patients ≤21 years old, in August 2015^[1]

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Are you
concerned
about the...

2015-2020 Dietary
Guidelines for Americans

“Nutrients of Concern?”

Underconsumed and misunderstood

The message is clear in the 2015-2020 Dietary Guidelines for Americans: We all need more calcium, potassium, vitamin D and fiber, especially growing children. But do your patients know how to close this nutrient gap?

The answer is easy – add milk to every meal! ***Milk is a powerful source for three of the four critical nutrients for students.***

Consider This FACT:

THOSE WHO
CONSUME
3 DAIRY SERVINGS
PER DAY MAY HAVE
LOWER RISK OF
**HEART
DISEASE,
OBESITY
AND DIABETES.**⁴

Calcium

Essential to build and maintain strong bones and teeth, contributes to metabolic functions and helps reduce the risk of osteoporosis. Children age 9 and older to adults should have three dairy servings, every day.¹

Potassium

Important for healthy nerve response, cellular growth, muscle contraction and heart function. High potassium foods—like milk—have been shown to help reduce blood pressure and are part of the popular DASH diet.²

Vitamin D

Works with calcium to grow and maintain strong bones and bodies. Vitamin D plays a key role in the health of the nerve, muscle and immune system.³

Fiber

Found in whole grains, fruits and vegetables—fiber helps regulate digestion.

Add a serving of milk, yogurt or cheese to any fiber-rich food and you have a great meal or snack.

Researchers recognize dairy as a nutritional powerhouse, not only for supplying three of the four nutrients of concern, but also as an effective source of protein, vitamins A and B12, and other crucial contributors to good health.

Read more about the powerful benefits of milk and dairy at www.choosemyplate.gov
or www.southeastdairy.org.



1 - US Dept. of Health & Human Services, National Institutes of Health, Office of Dietary Supplements website: <https://ods.od.nih.gov/factsheets/Calcium-HealthProfessional/>

2 - American Heart Association website: http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Potassium_UCM_306021_Article.jsp#.VtBelPkrKM9

3 - US Dept. of Health & Human Services, National Institutes of Health, U.S. National Library of Medicine, 8600 Rockville Pike, Bethesda, MD, website: <https://www.nlm.nih.gov/medlineplus/vitaminD.html>

4 - 2015 Dietary Guidelines Advisory Committee. Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture. First Print, Feb. 2015.



Public Health Urges Vigilance for Cases of Acute Flaccid Myelitis (AFM)

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If you suspect a case of AFM, notify DPH as soon as possible by calling 404-657-2588 and asking for Carolyn Adam, the Vaccine Preventable Disease Surveillance Coordinator. Consider collecting specimens for identification of potential etiologies, ideally on the day of limb weakness onset. Specimens recommended by CDC for collection include:

- Cerebrospinal Fluid
- Blood (serum and whole blood)
- A nasopharyngeal aspirate, nasopharyngeal wash, or nasopharyngeal swab with lower respiratory specimen if indicated, and an oropharyngeal swab
- Stool
 - o Two stool specimens collected as soon after onset of limb weakness as possible and separated by 24 hours

For questions about AFM reporting in Georgia, please contact Carolyn Adam at 404-657-2588 or at carolyn.adam@dph.ga.gov. ■

**Carolyn Adam, MPH
Epidemiologist,
Vaccine Preventable Disease
Surveillance Coordinator
Georgia Department of
Public Health, Atlanta**



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1. Standardized Case Definition for Acute Flaccid Myelitis [Internet]. Council of State and Territorial Epidemiologists; 2015. Retrieved from: <http://cymcdn.com/sites/www.cste.org/resource/resmgr/2015PS/2015PSFinal/15-ID-01.pdf> [Accessed July 5, 2016]
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3. Pastula DM, Aliabadi N, Haynes AK, Messacar K, Schreiner T, Maloney J, Dominguez SR, Davizon ES, Leshem E, Fischer M, et al.: Acute neurologic illness of unknown etiology in children - Colorado, August-September 2014. MMWR Morb. Mortal. Wkly. Rep. 2014, 63:901-902.
4. Van Haren K, Ayscue P, Waubant E, Clayton A, Sheriff H, Yagi S, Glenn-Finer R, Padilla T, Strober JB, Aldrovandi G, et al.: Acute Flaccid Myelitis of Unknown Etiology in California, 2012-2015. JAMA 2015, 314:2663.



Marcus Autism Center Adds Four New Physicians

The Marcus Autism Center, part of Children's Healthcare of Atlanta, is one of the largest clinical centers for autism care in the US, and one of only three US National Institutes of Health (NIH)-funded Autism Centers of Excellence. In 2016, we treated nearly 5000 individual children inside our walls, and impacted just over 10,000 more children through our educational outreach, model classroom, and community autism programs. Our mission is maximizing the potential of children with autism today and transforming the nature of autism for future generations. We are achieving this goal through integration of multiple services into one coordinated care model, quickly translating research findings into clinical practice, and extending into the community and naturalistic settings.

This fall, we will have four physicians on staff at Marcus in the fields of child neurology, child and adolescent psychiatry, and developmental-behavioral pediatrics. Dr. Reet Sidhu, our Medical Director, is a child neurologist with expertise in ASD. She came to us from Columbia University in 2016 after being on the faculty in the Department of Neurology for nearly a decade. She earned her medical degree from Northwestern University and trained in pediatrics at the University of Chicago. She completed child neurology training and a behavioral neurology fellowship at Boston Children's Hospital, where she also served as Chief Resident. Dr. Sidhu has a personal commitment to autism as her younger brother has ASD. She is truly dedicated to helping families of individuals with autism cope with the many challenges they face throughout their lifetime.

We are fortunate to have two child psychiatrists on staff. Dr. Helen Panarites has been with Marcus since 2007, and has worked extensively with both Emory University and Grady Hospital after training at Columbia University and the New York Hospital-Westchester Division. She has extensive expertise in providing outpatient care to children and adolescents with a wide range of psychiatric illnesses and severe behavioral disorders.

Dr. Daniel Tucker, who joins us this fall, brings a rich experience to child and adolescent psychiatry. He has worked for over 40 years with children on the ASD spectrum in public and private clinics and academic and

research settings. He most recently served at the University of Florida College of Medicine as Division Chief of Child and Adolescent Psychiatry. His academic and clinical endeavors have included the Yale Child Study Center, University of Florida, University of Louisville, and UAB, as well as community psychiatry settings in Kentucky, Connecticut, and Florida.

This fall we also welcome Dr. Maria Victoria Novoa Uriarte, one of very few bilingual developmental behavioral pediatricians in the US. Dr. Novoa, fluent in Spanish and English, is joining us from The Child Study Center in Fort Worth, Texas. She completed her pediatric residency at Jacobi Medical Center at the Albert Einstein School of Medicine in NY, followed by fellowships in Leadership

Education in Neuro-Developmental Disabilities (LEND) and Developmental-Behavioral Pediatrics at Children's Hospital of Philadelphia.

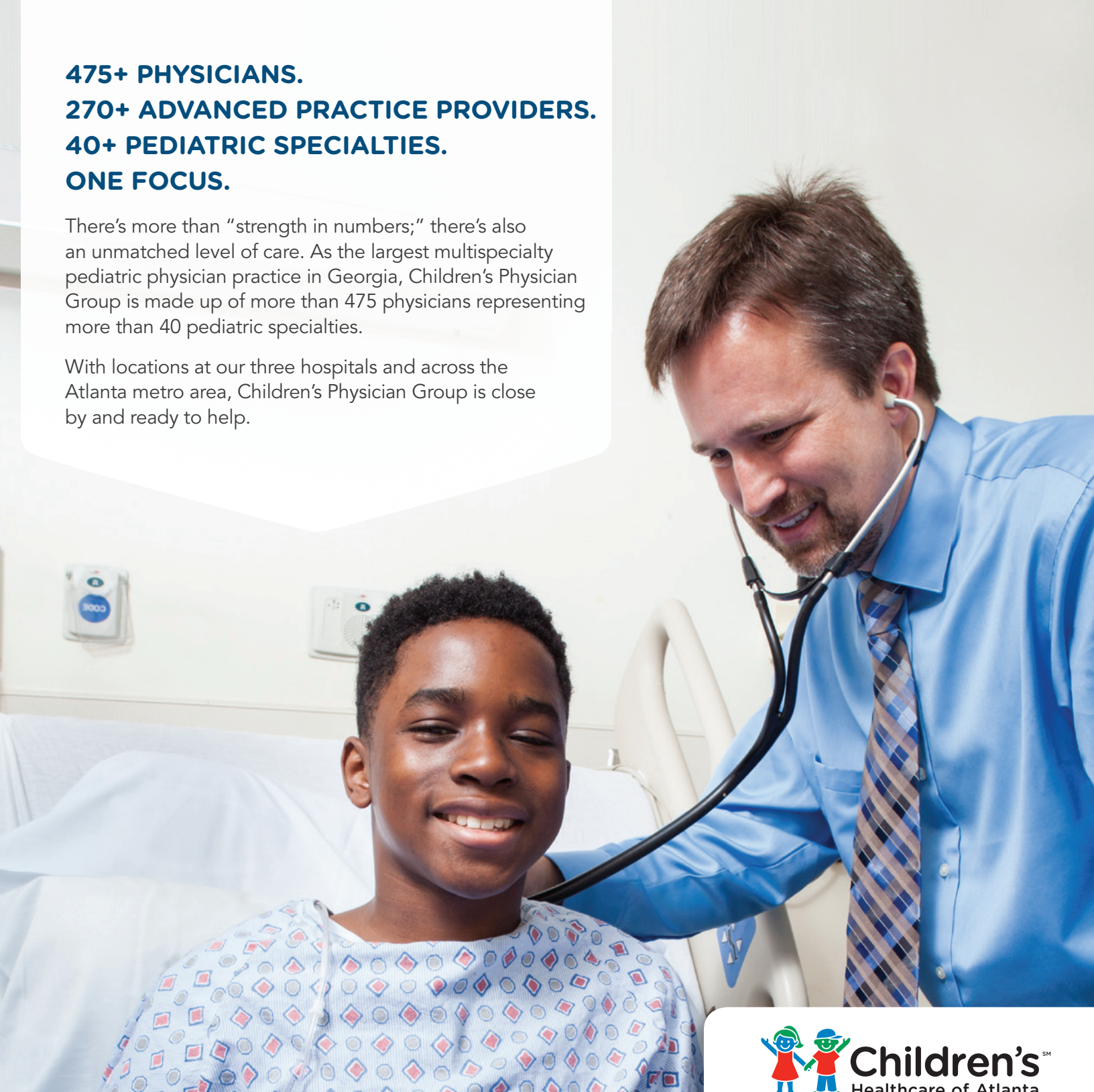
Under our new medical leadership, medical services at Marcus are undergoing significant transformation to deliver comprehensive and coordinated medical care for children and adolescents with ASD. Our new team of physicians are partnering with psychologists to conduct multidisciplinary diagnostic assessments. They will continue to provide consultation in their respective fields of training, along with ongoing continuity of care for medication management and neurodevelopmental monitoring. The Marcus Autism Center now has medical specialists to treat common co-morbidities in autism, including epilepsy, gastrointestinal disorders, and sleep problems. Our physicians have also established partnerships with the many other pediatric subspecialists in the Children's Healthcare of Atlanta and Emory systems to ensure that each child has access to state of the art medical care.

Chris Gunter, PhD
Associate Professor, Division of
Autism and Related Disorders
Department of Pediatrics
Department of Human Genetics
Emory University School of Medicine
Director of Communications Operations
Marcus Autism Center
Children's Healthcare of Atlanta

475+ PHYSICIANS.
270+ ADVANCED PRACTICE PROVIDERS.
40+ PEDIATRIC SPECIALTIES.
ONE FOCUS.

There's more than "strength in numbers;" there's also an unmatched level of care. As the largest multispecialty pediatric physician practice in Georgia, Children's Physician Group is made up of more than 475 physicians representing more than 40 pediatric specialties.

With locations at our three hospitals and across the Atlanta metro area, Children's Physician Group is close by and ready to help.



Children's Physician Group

For care that both you and your patients can feel great about, visit choa.org/CPG or call **404-785-DOCS (3627)**.

SPECIALTIES INCLUDE: Aerodigestive, allergy and immunology, anesthesia, apnea, cardiothoracic surgery, child protection, craniofacial, critical care, cystic fibrosis, dentistry, diabetes and endocrinology, emergency medicine, gastroenterology, genetics, hepatology, hematology/oncology, hospitalists, infectious diseases, nephrology, neurology, neuropsychology, neurosurgery, nutrition, orthodontics, otolaryngology, pain management, primary care, pathology, physiatry, plastic surgery, psychiatry, pulmonology, radiology, rheumatology, sedation services, sleep, surgery, transplant, and urgent care.



Georgia Chapter
American Academy of Pediatrics



2016 FALL MEETING

Pediatrics on the Perimeter

September 22-24, 2016 Westin Atlanta Perimeter North • Atlanta, Ga.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH



Don't Miss Out!

Receive up to **\$63,750** per provider

Georgia Medicaid
EHR Incentive Program



*Join the nearly 6,000 Medicaid providers that have already received incentive payments.
Must apply before the end of 2016 to participate. Visit dch.georgia.gov/ehr for details.*



Job Satisfaction



The only way to be truly satisfied is to do what you believe is great work. The only way to do great work is to love what you do. - Steve Jobs

I can't claim to enjoy every minute of every day seeing patients, nor am I ready to give up my weekends and vacations. However, I can truthfully assert that I love being a Pediatrician and can't imagine doing anything else for my life's work.

When people ask why I went into Pediatrics I reply, tongue in cheek, that I didn't want to take care of adults. Like many, my medical school experience of adult medicine was taking care of the consequences of a lifetime of bad habits. Poor eating, little exercise, smoking, drinking and alcohol use were the root cause for most of the adult illnesses seen in the hospital setting. To me, adult primary care is a long struggle to maintain a fragile balance of health before the inevitable decline of old age and the end of life. In contrast, children usually follow an upward trajectory of growth and development. We are privileged to watch them grow and mature over 20+ years, from helpless infants to independent adults. Most children who get sick recover and they usually have a single illness or condition at a time. Adults, in contrast, often have multiple underlying problems and fixing one can cause another to get out of balance.

When talking with non-Pediatrician physicians in the middle and later stages of their careers I am often surprised by their degree of dissatisfaction with their professional lives. They lament the loss of income. While I have some sympathy for my OB/GYN colleagues who are making half of what they earned 10-15 years ago, they still make twice as much as most Pediatricians, so my empathy only goes so far. Moreover, anyone who went into Pediatrics expecting to become rich was sorely mistaken. My adult colleagues complain about the loss of autonomy, the burden of paperwork and the elevation of mid-level providers. All of these affect Pediatricians as well (though pre-certification and other hassles seem to be less in our world). Fortunately, for us these drawbacks are outweighed by the joy of dealing with children and grateful parents. We are paid daily in the currency of smiles, high fives and hugs. A colleague who retired



recently told me that he went into a funk for 6 months or more when he stopped having those daily interactions with children.

In Primary Care we occasionally get to play the hero by diagnosing a life-threatening condition. Periodically we get to reduce a Nursemaid's elbow and see the almost instantaneous change from a crying, apprehensive child to a happy toddler. More commonly, we get to celebrate the little victories: successfully helping a mother-baby dyad to breastfeed, watching a parent beam with pride as they list their child's developmental milestones, seeing a child thrive at school once their learning or attention issue has been addressed, accepting the thanks of a young adult as they head off to college and the real world. It is the daily reminders of the good we do and the impact we have on children and their families that keeps us satisfied.

In a courtyard at Scottish Rite Hospital is a plaque with this quote:

A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove... but the world may be different because I made a difference in the life of a child

Randy Barfield, my practice partner, retired this summer after more than 40 years in practice. He brought me into the group 25 years ago and has been my mentor, role model, colleague and friend. I learned from his example how to be passionate about Pediatrics, how to run a practice and how to take joy from daily interactions with patients and families. He made a difference in the lives of thousands of children and their families.

Like Randy, I hope to continue caring for children into my 70s. I relish the opportunity to make children smile, to keep them safe and healthy, to ease their parents' worries and to watch these families grow and develop over 20+ years. I pity my adult colleagues who don't have this joy in their professional lives and realize how fortunate I am to be a Pediatrician. ■

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



Project LAUNCH Columbus, GA Initiative



The Georgia Department of Public Health (DPH) will soon celebrate completion of its second year of Project LAUNCH, Linking Actions for Unmet Needs in Children's Health pilot project, being implemented in Muscogee County. Project LAUNCH is a federal initiative supported through the Substance Abuse and Mental Health Administration and is a five-year grant. The mission of this project is to see that Georgia's children, birth to age 8, will have increased access to screening, assessment and referrals to appropriate services to meet their social and emotional needs. Its vision is to inspire, promote, and sustain positive outcomes and holistic wellness across every developmental domain for all Georgia's children. The Department of Behavioral Health and Developmental Disabilities (DBHDD) participates in this project through a Memorandum of Agreement with

The mission of this project is to see that Georgia's children, birth to age 8, will have increased access to screening, assessment and referrals to appropriate services to meet their social and emotional needs.

DPH by providing a part-time staff member that is dedicated to assisting with all aspects of the work and

serving as a consultant for the mental/behavioral health component of Project LAUNCH.

Muscogee County (Columbus, Georgia) is identified as one of the top 25 "at-risk" Georgia counties as per the Georgia 2010 Maternal Child Health Needs Assessment. Given these identified needs, Project LAUNCH provides a framework to create "a comprehensive approach to addressing health and developmental concerns that are critical to ensuring children have the most advantageous opportunities to succeed in school and life."

The Five Prevention and Promotion Strategies of the project include:

- Screening and assessment in a range of child-serving settings
- Integration of behavioral health into primary care settings
- Mental health consultation in early care and education

- Family strengthening and parenting skills training
- Enhanced home visiting through increased focus on social and emotional well-being

Locally, West Central Health District staff have been collaborating with child serving agencies at the county and state level to meet these strategies with the overall objectives to include:

- Increase access to screening, assessment, and referral to appropriate services for young children and families
- Expand use of culturally relevant, evidenced-based prevention and wellness promotion practices in a range of child-serving settings
- Increase integration of behavioral health into primary care settings
- Improve coordination and collaboration across disciplines at the local, state, territorial, tribal and federal levels
- Increase workforce knowledge of children's social and emotional development and skills to respond to behavioral health challenges of young children and families.

To date Muscogee County has provided a variety of activities and trainings to support this initiative. Trainings have been well received and attendance continues to grow as LAUNCH moves into the implementation phase of the grant period. Recent trainings include:

- Webinars: Behavioral screening as assessment of very young children; Secondary stress: Dealing with difficult families; Assessing depression and trauma-related symptoms in parents of young children; Evidence-based parenting: Who needs that; Evidence-based strategies for promoting a strong parent-child bond in families; Trauma assessment of the very young child
- Train the Trainer Model: Ages and Stages Questionnaire 2 and Social-Emotional
- 101 Early Childhood Mental Health Consultation
- What is Cultural Competency?
- Toxic Stress: What is it and what can we do about it?
- Strengthening Families Georgia – Train the Trainer

Columbus is in Muscogee County which is Georgia's third-largest city and has a growing community of 250,000.

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Continued from page 3

President's Letter

And in short, I'm excited at the opportunity you have given me. I see this as both a chance to serve the children of our state, and to help the future of our careers as Pediatricians. I'll save you a formal introduction, but I was raised in the East Cobb area of Atlanta, lived in Athens and Augusta, and have been in a Pediatric group practice in Savannah for my professional career. This is my 20th year in the Chapter, and looking forward to making a big impact for my next 20 years. At any point I can help, I'm just an email, tweet, text, or phone call away.

Now back to work. Which these days for me, means listen to Rick Ward and our amazing Chapter Staff, think about the options, and then follow their advice. And if you have any concerns or issues you'd like to see the Chapter address, or interests you'd like to pursue, please contact me. Acting together, we can be a tremendous force on behalf of our patients and the practice of pediatrics in Georgia. ■



Ben Spitalnick, MD, MBA, FAAP



Project LAUNCH Columbus, GA Initiative

Cont. from Pg 13

In implementing this project, DPH hopes to create a comprehensive model to address child health and developmental concerns so children can succeed in school and life. DPH, DBHDD and the West Central Health District continue to work to develop state and local infrastructure, including state and regional Young Child Wellness Councils, to support implementation and enhancement of the service delivery system for young children ages birth to eight years and their families. These collaborations with the Councils have brought together a diverse group with a wide reach in the investment of children's health. Members include an impressive number of physicians, including family physicians, pediatricians and a psychiatrist, parents, the police department, YMCA, the local school district, Head Start, a pastor from a local church, Fort Benning, among many other from public health programs.



As your Chapter District Representative, I hope to see support for parents in accessing early intervention services through public health and special education services within the county school system. Additionally, supporting the needs of children with social emotional and mental health concerns is key. Of broader interest is helping physicians understand how they can link with the public health and family and children services to improve child health outcomes. A Muscogee County advisory committee is being formed, please contact Fozia Khan Eskew at the Ga AAP offices at feskew@gaaap.org or 404-285-0237 for details. ■

April Hartman, MD, FAAP
District X Representative, Georgia AAP
Columbus Regional Medical Group, Columbus

In Memoriam Oscar S. Spivey, MD, FAAP

Oscar Smith Spivey, MD, 90, passed on July 18, 2016. He was recognized by many for his tireless dedication to the medical care of the children of Georgia, serving as President of the Georgia Chapter of the American Academy of Pediatrics (1981-1984), and receiving awards that included the Physician of the Year Award from the Bibb County Medical Society (2000), the Founding Father of Pediatrics Award from Mercer University (2000), the Humanitarian Award from MedCen Healthcare (2005), and the Chapter's Leila D. Denmark, M.D. Lifetime Achievement Award (2014). His many contributions are recognized by the Oscar Spivey, M.D. Child Advocacy Award that is provided to outstanding young pediatricians in training at Children's Hospital/Mercer University.



Dr. Spivey graduated from Mercer University and the Medical College of Georgia, and completed his medical training at Tulane University and Charity Hospital in New Orleans. On completion of his pediatric medical training in 1950, he reported to the U.S. Naval Hospital in Pensacola where he was part of the Air Search and Rescue Unit at Corry Naval Airbase.

In 1954, Dr. Spivey joined his stepfather's pediatric practice and became involved in the Macon community including early planning for a pediatric floor in the Macon Hospital and participating in Sabin Sundays and other polio vaccination drives. After 27 years in private pediatric practice, Dr. Spivey became the founding Chairman of the Department of Pediatrics at the Mercer University School of Medicine. While there, he and others recognized the need for a dedicated children's hospital serving central Georgia, which led to the birth of The Children's Hospital at the Medical Center of Central Georgia in 1987. He continued as Professor and Chair of the Department of Pediatrics at Mercer (1982 -2000), and as Chief of the Department of Pediatric Education and Medical Director of the Children's Hospital, and was honored by the Medical Center of Central Georgia for 31 years of service and dedication.

Dr. Spivey is survived by his wife of 65 years, Rosa Schofield Spivey, his four children and a host of family and friends. He had a special love for his grandchildren and enjoyed teaching them about nature, birds and fishing and all things in the outdoors—which made him truly special to them. As he was to us.



Georgia Chapter

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Looking Ahead:



- **September 22-24, 2016**
Pediatrics on the Perimeter
Fall CME Meeting
Westin Atlanta North at Perimeter, Atlanta
- **September 29, 2016**
Webinar: What You Need to Know
About Meningitis & Meningococcal Vaccines
12:30 – 1:30 pm
- **October 14, 2016**
Georgia Pediatric Nurses &
Practice Managers Association
Fall Meeting
Cobb Energy Centre, Atlanta
- **February 11, 2017**
Winter Symposium
In collaboration with the Georgia OBGYN Society
Marriott Atlanta Buckhead, Atlanta
- **February 23, 2017**
Legislative Day at the Capitol
State Capitol, Atlanta
- **June 7-10, 2017**
Pediatrics by the Sea
Summer CME Meeting
The Ritz Carlton, Amelia Island, FL



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Call 404-881-5020 for more information.