



# The GEORGIA Pediatrician

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

## President's Letter

### Greeting from the Georgia Chapter of the AAP!



**Ben Spitalnick, MD, MBA, FAAP**

When I started this journey as Chapter President, a two-year term felt...distant. Now halfway through, I'm amazed to see how much has been done, and realize how little time is left to do so much more.

To begin, so much credit belongs where it's due. Any successes I've witnessed, happened thanks to standing on the shoulders of pediatric giants before me. There are so many amazing programs in place, which are the result of milestones in leadership and innovation in our Chapter's 60+ year history. Our annual Pediatrics on the

Perimeter and Pediatrics by the Sea, and other live events, webinars, EPIC programs, and QI events almost seem from the outside to be on autopilot. But I've learned they clearly are not. As complex as the Georgia AAP seems to be, the dedicated staff on West Peachtree Street is working nonstop to make these programs run like a well-oiled machine.

And this year, once again we had another banner legislative session. Raising Medicaid rates to Medicare levels has been on the Chapter's wish list for a long time, to help stabilize the workforce willing to see these patients...especially in the underserved areas of Georgia. Over the last three years, IN A ROW, rates have risen to where we now have very, very close to full parity. Our legislative committee has been so effective in this campaign, that for 2017 we were able to bypass much of the legislative effort to get this added to the budget. The Governor, in his State of the State address, announced that the final year of Medicaid raises was already in his plans, before we even began. Much thanks to Dr. Melinda Willingham, to Betsy Bates (our Lobbyist), and to the dedicated members of the legislative committee going back the last several years. And, kudos to our amazing Coalition with the state family medicine, OB/Gyn, osteopathic, and internal medicine societies.

*Continued on next page.*

## in this issue:

- 1 President's Letter**
- 3 Chapter News & Updates**
- 5 Meet the Board & Committee Chairs**
- 6 Nutrition Update**
- 8 Camp Trach Me Away**
- 9 Legislative Wrap Up**
- 10 The Fights That Need Fighting**
- 15 Through the eyes of my patients: Providing pediatric care for Hispanic immigrants**
- 18 Training Pediatricians to be Child Health Advocates in Georgia**
- 20 Looking Ahead**



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## President's Letter (continued)

There are still a few items on the Governor's desk that we are hoping earn the veto stamp, such as Campus Carry and increased Opioid prescription freedom for PAs. As of this draft, still a waiting game (with our urging) to see where these end up.

And it's been an honor to help continue the work of those before me. But I hope my two-year term leaves some new initiatives for others to carry forward. So, one year left to get my wish list done. What's coming next, with some help from our friends:

**1) Increased vaccination rates.** Yes, we in Georgia have decent vaccination rates compared to the nation. But we can do better, and our children deserve better. There are still so many "required" vaccines that are exempted. And many of us know from our own practices, that the religious exemption put in place by Georgia, is too often used as a philosophical opt out. We have many wonderful faiths to be proud of, but with most of them, vaccine exemption is not part of their core. We've learned a lot by watching California repeal the religious exemption from its laws. And we learned from watching Michigan strengthen its vaccination rates by increasing the regulatory burden for the religious opt out. I think we can learn from both models, and find ways to improve rates. In addition, our HPV vaccination rates are still lower than they should be. I'm proud that we've launched a new campaign, as a partnership with Dr. Brenda Fitzgerald and the DPH, to find mutual efforts to incentivize both patients, and physicians, to increase HPV protection.

**2) Genetically/medically fragile care.** As much as we strive to provide for our medically fragile, there is so much more need. Families across the state are self-advocates as strong as they can be, and I hope we as a Chapter, continue to answer the call and find ways to help: better funding for expensive formulas ("medical foods") that fall through the gap of insurance; funding for autism therapies with the security that it will be there year to year; better inclusion of individuals with Down Syndrome into our schools and workplaces; and increased grants from our Foundation, the "gift-giving" arm of the Chapter, to deserving groups. (And BTW, this year's Jim Soapes Charity Golf Tournament, the Foundation's largest event, was a huge success again).

**3) Increased Chapter involvement from residents.** My path through the Georgia AAP started my Intern year, when Dr. Martin Greenberg put me in his car and took me to my first board meeting. At the time, I didn't appreciate what I was becoming involved in, but now I realize the foundations need to start early. Over the past year, I've been invited to present Grand Rounds at Savannah's and Augusta's residency programs, and between Terri and myself we hope we get to visit all of our training programs over the next year. We have so many bright, enthusiastic young pediatricians who are the future leaders of our profession. Taking the first step into leadership exposure now, strengthens our children's futures for decades to come. (And for the record, the warm reception I received at MCG clearly shows any sins of my med student past have been forgiven.)

*Continued on page 14*



# Chapter News & Updates

## Georgia AAP Member Practices Complete ADHD Quality Improvement Project

Eleven Georgia AAP member practices, led by Melissa Boekhaus, MD (Smyrna), committed themselves to improving their care for children with ADHD. In January 2016, they began the first CQN (Chapter Quality Network) ADHD quality improvement project offered by the AAP. Alan Weintraub, MD (Norcross) and Doris Greenberg, MD (Savannah) assisted the project team with their expertise in ADHD diagnosis, treatment, and management.

During the 12-month project, guided by the national AAP CQN leadership team, participating clinicians were able to learn and utilize quality improvement techniques to improve diagnosis, office workflows, and treatment protocols for ADHD.

Overall, the Georgia Chapter saw an improvement of up to 70% in distribution of the AAP ADHD booklet to parent at time of diagnosis and improvement of up to 82% in completion of follow-up Vanderbilt forms within 30 days of medication initiation. Limitations included access to behavioral therapy as well as obtainment of teacher Vanderbilt follow-up forms in a timely manner.

The project offered a total 50 points of Maintenance of Certification (MOC) Part 4 credit; and 20 CME credits. The MOC credit was split between two data collection cycles offering 25 points for each cycle. Nineteen physicians from the eleven practices were eligible to receive MOC credit; fifteen of which received the full 50 points for both cycles.

The project concluded in January 2017. We congratulate the participating practices and give a special thank you to the Chapter leadership team. Georgia AAP continues its commitment to quality improvement by offering a new CQN Immunization project for 2017.

Congratulations to all the participating practices!

All About Kids Pediatrics – Lawrenceville  
Children First Pediatrics – Fayetteville  
Coker Pediatrics – Griffin  
Cooper Pediatrics – Duluth  
Dunwoody Pediatrics – Dunwoody  
First Georgia Physicians – Fayetteville  
Johns Creek Pediatrics – Suwanee  
South Georgia Pediatrics – Statesboro  
Wellstar Austell Pediatrics – Austell  
Wellstar Smyrna Pediatrics – Smyrna

ADHD QI Leadership Team:

### Melissa Boekhaus, MD

Pediatrician at Wellstar Smyrna Pediatrics, Smyrna

### Doris Greenberg, MD

Developmental Pediatrician, Savannah

### Alan Weintraub, MD

Developmental Pediatrician, Atlanta  
Vice chair, Committee on Children with Disabilities

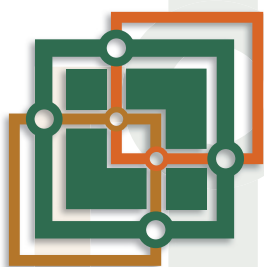
**For more information,  
contact Andrea Boyd.**

**(404) 881-5068**

**[aboyd@gaaap.org](mailto:aboyd@gaaap.org)** ■



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# Meet the Board & Committee Chairs

*This is an occasional series featuring members of the Georgia Chapter Board of Directors and Committee Chairs. Deneta Sells, MD, FAAP is a general pediatrician and practices at Intown Pediatric & Adolescent Medicine in Atlanta. She currently serves as the Chair of the Chapter's Membership Committee.*



**Deneta Sells, MD**

**Birthday:** December 19th

**Hometown:** Born in Dekalb, IL, grew up in Takoma Park, MD

**Education:** Bachelor's in Sociology from Harvard College, MD from Univ of Tennessee

**Family:** Husband: Bryan Sells, a voting and election law attorney

**Pet(s):** 8 Backyard Chickens: Aurora, Blair, Serena, Goldie, Buffy, Blanche, Mayflower, and Sylvie.

**Inspiration:** My patients.

**Hobbies:** Gardening, beekeeping, reading, travel

**Bad Habits:** Procrastination

**Greatest Accomplishment:** Intown Pediatrics

**Favorite Saying:** "If your dreams don't scare you, then they aren't big enough!"

**Favorite Movie:** Sense and Sensibility

**Who would play you in a movie:** Queen Latifah

**Favorite Food:** anything Tex-Mex

**Favorite Restaurant:** Pozole, which closed 2 years ago. I'm still in mourning.

**Role Model/Idol:**  
Dr. Avril Beckford/Marian Wright Edelman

**Dream Vacation:** an African Safari

**Pet Peeves:** Bad drivers, rudeness

**Three things always found in your refrigerator:**  
Olives, blue cheese, hummus

**Self-portrait:** Friendly, book-worm, silly, smart.

**Most memorable moment:** I am so blessed to have had many: graduations; first meeting my nieces and nephews after they were born; the first baby I delivered in medical school; my wedding.

**Luxury Defined:** Daily maid and turn down service.

**Place you'd most like to be stranded:** Maui

**Why is Chapter membership important to me:**  
I believe there is strength in numbers. Being a member of the Georgia AAP means someone has my back; I have colleagues and an organization I can count on to keep me informed, be my advocate and provide a place for me to be an advocate for my patients. ■



# Nutrition Update Spring 2017



Jay Hochman, MD

## Several important nutrition articles have been published recently which may be of interest to Georgia pediatricians.

1. Iron Deficiency Anemia is Common in Breastfed Infants (>6 mo). A recent cross-sectional study (KM Clark et al. J Pediatr 2017; 181: 56-61) showed that breastfeeding at 9 months of age in Chinese infants was associated with iron deficiency anemia with rates ranging from 27.5% to 44% (based on region) compared to 0-2.8% of formula-fed infants. Iron deficiency can contribute to neurodevelopmental delays in addition to anemia.

This study serves as a good reminder that human breast milk has little iron (0.4 mg/L) (JK Friel. JPGN 2017; 64: 339-40) and explains why infants are prone to iron deficiency anemia after 6 months of age. The AAP recommends iron drops (along with Vitamin D) at 4 months of age for exclusively breastfed infants (Baker RD et al. Pediatrics 2010; 126: 1040-50). In many infants, iron drops or the consumption of iron-rich foods earlier than 6 months could reduce the potentially harmful effects of iron deficiency.

2. What a Gtube Indicates Regarding Cognition. SR Jadcherla et al. (J Pediatr 2017; 181: 125-30) showed that infants discharged with a gastrostomy tube (Gtube) had associated lower cognitive outcomes. The authors examined discharge milestones along with Bayley Scales of Infant Development (3rd edition) at 18-24 months of age.

### Key finding:

- Gtube feedings at discharge were a marker for lower cognition ( $P < 0.01$ ), lower communication ( $P = 0.03$ ) and lower motor ( $P < 0.01$ ) composite scores at 18-24 months of age.

This study provides evidence for an expected finding – infants who need gtubes have poorer neurodevelopmental outcomes than infants who do not need gtubes. Pediatricians need to be aware that a gtube is not always necessary in infants who aspirate thin liquids if they can tolerate nectar-thick or honey-thick liquids (ME McSweeney et al. J Pediatr 2016; 170: 79-84).

3. Glucagon-like Peptide-2 Looks Promising for Short Bowel Syndrome. A recent study (BA Carter et al. J Pediatr 2017; 181: 102-11) provides some preliminary data on the use of glucagon-like peptide-2 (GLP-2) (Teduglutide) for pediatric short bowel syndrome (SBS). This was a 12-week, open-label study in patients aged 1-17 years with intestinal failure (IF) associated with SBS. Prior to the study, patients had shown little to minimal advance in enteral nutrition for at least 3 months. Three doses of GLP-2 (0.0125 mg/kg/d, 0.025 mg/kg/day, and 0.05 mg/kg/day) were studied.

### Key findings:

- By week 12, parenteral nutrition (PN) volume and calories were reduced in the higher dosed groups. In the 0.025 mg/kg/day group, PN volume dropped by 41% and calories by 45%. In the 0.05 mg/kg/day group, PN volume dropped by 25% and calories by 52%.
- Enteral feeding volume increased in all groups: 22%, 32%, and 40% and was directly related to the GLP-2 dosing. This open-label study has many limitations; nevertheless, this study indicates that GLP-2 holds promise as a therapy for SBS/IF. Further studies are planned (ClinicalTrials.gov, NCT02682381).

*Continued on next page*



# Nutrition Update

Continued from Page 6

4. Protecting the Neonatal Liver May Be Bad for the Developing Brain. L. Beauport et al. (J Pediatr 2017; 181: 29-36) prospectively examined energy/lipid intake in the first 2 weeks of life among neonates  $\leq 30$  weeks. Group 1 with 27 patients had birth weight median of 900 gm compared with Group 2 with 15 patients and median birth weight of 844 gm. During the first year of the study, participants received a soybean emulsion whereas in the last year of the study, the neonates received a mixture of soybean and olive oil (Clinoleic).

## Key findings:

After adjusting for clinical risk scores and sepsis, the authors found that the higher energy/lipid intakes resulted in improved brain MRIs in group 1. A “10 Kcal/kg/day increase in energy of 0.7 g/kg/day increase in lipids intake would reduce the risk of having more severely abnormal MRI at TEA [term equivalent age] by  $>60\%$ .”

The tendency to reduce lipids to protect the liver could contribute to detrimental neurological outcomes. A recent development has been the FDA approval (in adults) of SMOFlipid which appears to cause less cholestasis (Diamond IR et al. JPEN 2016 DOI:10.1177/0148607115626921) and allow higher lipid dosing.

5. Changes in Diet Can Improve a Fatty Liver in 6 weeks. A recent prospective study (M Markova, O Pivovarova, et al. Gastroenterol 2017; 152: 571-85) showed that among individuals with nonalcoholic fatty liver disease (NAFLD) and type 2 diabetes that a diet high in protein (animal or plant) reduced liver fat over a 6 week period. Among 37 participants, body fat and intrahepatic fat were detected with MRI and spectroscopy, respectively. Protein was increased to 30% of the diet. Fat was reduced to 30% and carbohydrates to 40% of diet composition.

## Key findings:

- With a high animal protein diet, liver fat was reduced by 36%. In the high plant protein diet group, liver fat was reduced by 48%.

- These changes were unrelated to change in body weight. However, these changes were correlated with down-regulation of lipolysis and lipogenic indices.

Some of these findings may be limited to older patients as this cohort was older than 60 years of age. Nevertheless, this study shows improvement in liver fat occurred quickly with increased protein and reduced dietary fat. While this study indicates that dietary modification is important in treating NAFLD, the optimal dietary intervention (eg. higher protein, lower sugar, lower fat) remains uncertain. In the pediatric population, the dietary factor that has been linked most closely to NAFLD has been fructose, mainly in sugar-sweetened beverages (R Patusco et al. Top Clin Nutr 2017; 32: 27-46). ■

**Jay Hochman, MD**

**Chair, Committee on Nutrition**

**Georgia Chapter - AAP**

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# Camp Trach Me Away!



Jonathan Popler, MD, FAAP, FCCP

## A camping experience for medically fragile children living with tracheostomies.

The brainchild of Pediatric Services of America's Cristy Carey, R.N., Camp Trach Me Away is a meaningful overnight camp for children living with tracheostomies. The camp will provide an enriching and life changing experience in a safe yet exciting camping environment.

### Summary:

- The camp will begin at Camp Twin Lakes in Rutledge in the summer of 2017.
- Dr. Jon Popler (pediatric pulmonologist) will serve as the Medical Director and Cristy Carey as Executive Director. Nurses and respiratory therapists will be on site and volunteers will contribute to creating enjoyable and meaningful activities for campers.
- The camp will host children in Georgia from ages 7-18 and will offer traditional camp activities, including a rock climbing wall and zip line - after careful modifications are made based on medical needs. Camp Trach Me Away will offer desperately needed respite for families while their medically fragile children are cared for in a safe and fun setting.
- The camper to counselor ratio is 3 to 1. Each camper will have a medical professional assigned to them and two additional non-medical volunteers. Medical needs are first and foremost but an enriching, enjoyable, and memorable camping experience is also of the highest priority.
- Camp Trach Me Away will use the Camp Twin Lakes Rutledge site. The partnership with Camp Twin Lakes (CTL) is an exciting new collaborative opportunity, as it is the leading organization serving children with unique medical conditions in Georgia. CTL supports its individual camps via appropriate activities, trained staff, and other much-needed aid.



### 2017 Camp Trach Me Away Board of Directors:

Co-Founder, Executive Director and Board Chair:  
Cristy Carey RN- Area Director for PSA Healthcare

Co-Founder and Medical Director:  
Jon Popler MD- Medical Director,  
CHOA Pediatric Pulmonologist

### Members:

Carmen Butler- Lawyer PSA Healthcare

Allan Dias MD-CHOA Pediatric Pulmonologist

Christopher Gaydos MD- Pediatrics,  
Kaiser Permanente

Jacqueline Hunter RN- Location Director  
for PSA Healthcare

Carolyn Polakowski, President,  
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**Jonathan Popler, MD, FAAP, FCCP**  
**Medical Director of Pulmonary Services at Scottish Rite**  
**Children's Physician Group Pulmonology at Scottish Rite**  
**Children's Healthcare of Atlanta, Atlanta**



# Legislative Wrap-Up



Melinda Willingham, MD

On April 2nd, the Georgia General Assembly adjourned its 40-day session in a flurry of last day activity, per usual. The session was a mixed bag, skewing positive though, for us. We count the Medicaid rate increases and help on fixing the Attestation issue as big wins. Three other bills which we opposed however, passed. All bills passed now sit on Governor Deal's desk. Below is a summary of this year's legislative session.

## FY 2018 Budget:

**The final Medicaid budget adds \$18M to increase to 76 additional CPT to 2014 Medicare rates.**

The final Medicaid budget adds \$18M to increase to 76 additional CPT to 2014 Medicare rates. Secondly, the budget also allocates funds and directs DCH to open a new period of Attestation for new rates effective July 1, 2017. This is intended to correct the current Medicaid policy that limits the increases to only those who attested in 2013 and 2014; and also making providers ineligible if they moved offices or opened an additional office after January 1, 2015.

Campus Carry, HB 280. Passed. Would allow students 21 or older to carry concealed handguns on campuses, with certain places being exempt. We opposed this bill and will urge the Governor to veto it, as he did a similar bill last year.

Cannabis oil & ASD, SB 16. Adds 8 new conditions to the state's current cannabis oil law, which makes possession of the oil legal if the pt has that condition. One of the 8 conditions added was "severe autism" in pts under age of 18, as determined by a physician.

**One of the 8 conditions added was "severe autism" in pts under age of 18, as determined by a physician.**



Surprise Billing/Require Physicians to Accept Contracts: HR 71 & SB 8: Both bills failed.

Opioid Abuse, HB 249. Passed. One feature of the bill requires pharmacists to input data to PDMP with 24 hours of dispensing opioids or benzothiazines. Physicians (or authorized delegates) must check the database prior to prescribing these drugs for first time pts & then once every 90 days.

PA's & hydrocodone prescribing, SB 125. Passed. The prescription for children under 18 would be limited to a 5-day supply containing not more than the lesser of 100 milligrams or 30 pills. The bill passed the House and is now in the Senate. We opposed this bill.

Thanks to all who contacted their representatives and senators during the session. It does make a difference. Your engagement is crucial to maintain a strong voice for our patients and our specialty at the Capitol. Any questions on these matters, contact Rick Ward, at the Chapter office, 404-881-5091 or [rward@gaaap.org](mailto:rward@gaaap.org). ■

**Melinda Willingham, MD**  
**Legislative Committee Chair**



# The Fights That Need Fighting



Robert Wiskind, MD, FAAP

## A Commentary

The American President (1995) is my favorite political movie. Near the end of the film, the President (Michael Douglas) is trying to decide between backing a watered-down version of his legislation that can get through Congress versus pushing for broader goals that will be tougher to pass. His Chief of Staff (Martin Sheen, who later was fantastic as President in *The West Wing*) asks if we merely “fight the fights we can win,” then exhorts the President to “fight the fights that need fighting!”

As pediatricians, we are constantly fighting for our patients and families. Sometimes our fight is with insurance companies or Medicaid CMOs to make sure children get necessary services. Sometimes our fight is with state agencies to make sure that Pediatricians are paid a fair amount to care for children on Medicaid. And sometimes our fight is with parents themselves, to make sure that they follow evidence-based recommendations (like vaccines and safe sleep) to help their children remain healthy and thrive.

As the Georgia Legislature recently concluded the 2017 session, pediatricians were on the front lines fighting for children. During weekly calls of the Chapter Legislative Committee, we discussed the bills that were being considered and how they impacted child health. At the national and state level, the AAP is not a partisan political group; it is solely concerned with advocating for children and the pediatricians who care for them. The Legislative Committee and Chapter leaders followed this principle even when it meant taking unpopular positions or opposing legislation that was destined to pass. Some examples:

Despite Governor Deal’s veto of similar legislation in 2016, Campus Carry passed again this year. The Chapter took every opportunity to discuss with Legislators the overwhelming evidence that more guns on campus will not make students safer, but will result in



more injuries and deaths due to homicide, suicide and accidents. I hope that Governor Deal will again veto this bad legislation.

In 2015 the Legislature authorized individuals with certain medical conditions (including intractable seizures) to possess marijuana oil. The Chapter opposed the bill because it authorized experimentation on children with an unregulated product whose risks and benefits have not been studied. This year, the Legislature added autism as a qualifying condition and the Chapter was again vocal in opposition. Unfortunately, if the Governor does not veto this bill, up to 10,000 children with autism in Georgia could start taking a product, whose production process is not monitored and the proper dosing, effectiveness and side effects are all unknown.

Abuse of opioid medications is a significant issue in Georgia. The Legislature took on the task of crafting a bill that would make it harder for abusers to collect opioid prescriptions from multiple sources. The original language did not distinguish among Schedule 2 drugs, which include the stimulant medications used for the majority of children with Attention Deficit Disorder, and would have placed excessive burdens on pediatricians and families who would need to obtain new prescriptions every 5-10 days. Due to lobbying from the Georgia AAP and other medical groups, this provision was excluded in the final legislation.

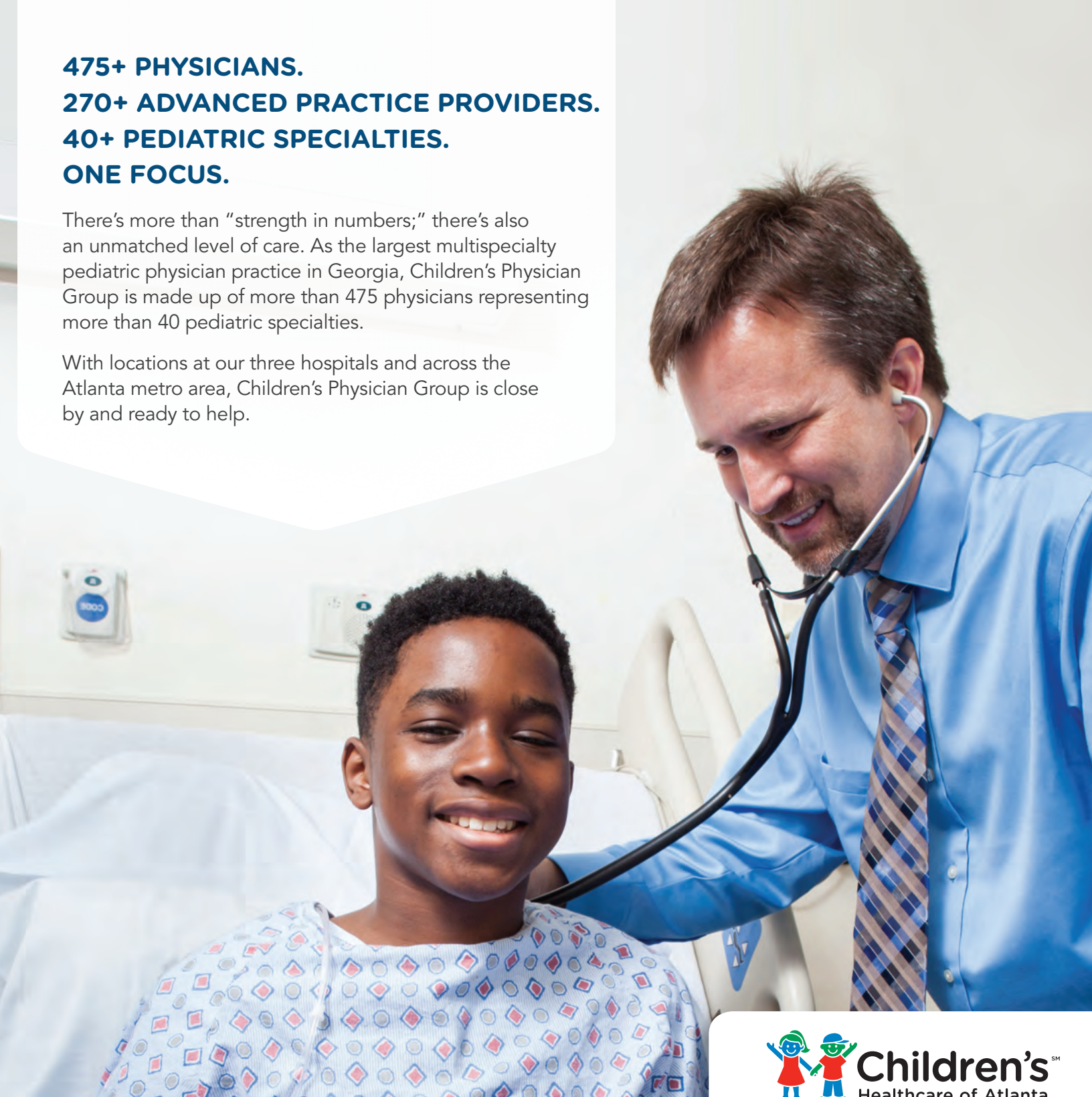
After the November elections, I was frustrated in my ability to have an impact on the national political discussion. I decided to spend more time at the Georgia Capital to advocate for children and child health issues. While there I saw that the Legislature often makes decisions based on incomplete or incorrect information. I also saw the impact that an individual can make with persistence and passion. When the State Senator from my District resigned to run for the 6th District Seat in the U.S. House, I entered the Special Election to replace him.

*Continued on page 19*

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# Chapter News & Updates

## The EPIC Breastfeeding Education Program has just launched their 2017 programs.

We have been assisting many of our Georgia's 5 STAR Hospitals in the training of their staff on breastfeeding management.

Georgia now has 37 hospitals that are in the 5 STAR Hospital Initiative program and 6 of those hospitals are already designated Baby Friendly.<sup>®</sup> Our EPIC program has a specific program for educating hospital staff. If you work in a hospital and are interested in us presenting please contact Arlene Toole, [atoole@gaaap.org](mailto:atoole@gaaap.org), to request a program or go to our website [www.gaepic.org](http://www.gaepic.org) to download an EPIC program request form. Remember our programs are free and we provide continuing education for you and your staff.



## AAP releases the 4th Edition of Bright Futures and 2017 Periodicity Schedule

A full list of updates is at [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf). Hearing screening for those infants who did not pass their initial screening is to occur by 1 month, referral to Audiological evaluation by 3 months, and those identified with hearing impairment are to be linked to early intervention by 6 months. Imbedded into anticipatory guidance is a call to screen for social determinants of health by assessing food security and intimate partner violence. Also, an article from Pediatrics published in February 2015 entitled, Promoting Optimal Development: Screening for Behavioral and Emotional Problems is noted for Psychosocial/Behavioral Assessment. Further, depression screening begins at 12 years of age and screening for maternal depression at 1-, 2-, 4-, and 6-month visits is listed. Newborn blood screening and screening for bilirubin concentration at the newborn visit has been added. Adolescents are to be screened for dyslipidemia once between 9 and 11 years of age, and once between 17 and 21 years of age. Screening Adolescents for sexually transmitted infections (STIs) is to occur per the AAP

Red Book: Report of the Committee on Infectious Diseases. Screening for HIV is to occur once between 15 and 18 years of age. Assessing for a dental home is to occur at the 12-month and 18-month through 6-year visits with a consideration for fluoride supplementation if primary water source is deficient in fluoride. A link to AAP coding recommendations for these new measures can be found at <https://brightfutures.aap.org/about/Pages/About.aspx>

## Third Trimester Screening for HIV and Syphilis

Georgia ranks #1 in rates of primary and secondary syphilis. Additionally, Georgia ranks 3rd for rate of new HIV diagnoses. Congenital syphilis or perinatally-acquired HIV infection occurred in infants born in Georgia whose mothers became infected after being tested at initiation of prenatal care.

As a result, in 2015, the Georgia Legislature passed legislation that requires pregnant women to be tested for HIV and syphilis in their third trimester, unless she opts-out of screening. If a woman presents for delivery and there is no written evidence that an HIV or syphilis test has been performed, a test for both is to be administered at that time, unless the patient declines.

Additionally, all Congenital Syphilis cases must be reported within 24 hours to your local District health office or the State Electronic Notifiable Disease Surveillance System (SendSS). This includes babies without congenital syphilis symptoms who were born to mothers with untreated syphilis at time of delivery. Women diagnosed with HIV infection must be reported within 7 days.

Syphilis treatment at least 30 days prior to birth has proven to be effective at decreasing the odds that a baby is born with congenital syphilis. In addition, receipt of HIV antiretroviral therapy during pregnancy, at the time of delivery, and prophylaxis to the newborn dramatically reduce perinatal transmission of HIV. If you have any questions or concerns, please contact your local district health office or call the Georgia Department of Public Health at 1-866-PUB-HLTH (1-866-782-4584)

*Continued on next page.*

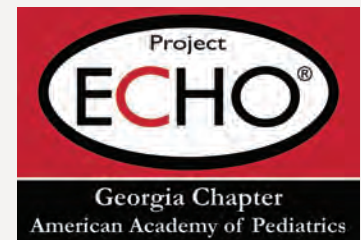


# Chapter News & Updates

Continued from Page 12

## Last Session of Project ECHO®... but you can still enroll!

Project ECHO® (Extension for Community Healthcare Outcomes) is an innovative project that uses a virtual model of health care education, by linking expert specialist at a “hub” with primary care providers, nurses, & other clinical staff in local community practice “spokes.” Together, they participate in twice a month ECHO® videoconference clinics, combined with mentoring and patient case studies.



This project is designed to expand the capacity of primary care practices to provide evidence-based, pediatric growth & endocrinology care in Georgia. Topics include: Growth Surveillance/Evaluation, Short Stature & GH Deficiency, Turners & Noonan Syndromes, Down & Prader-Willi Syndromes, Assessing Pubertal Development, and Communicating with Families & the Care Team. This program offers a complimentary 1 hr. CME didactic education per clinic (A maximum 6 CME Credits per learning session), and case-based learning in an effort to train & support practices. Each 3-month learning session will feature 6 didactic clinics offered twice a month.

### When will this be offered?

Remaining Spring Session: May 18, June 1 & 15, & July 6 (All sessions are on Thursdays, from 3:00 – 4:00 pm EDT.)

**To register, please visit:** <https://echowinter2017.eventbrite.com/?aff=affiliate1> ■

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# Chapter News & Updates

## Chapter Teams with WIC to Boost Referrals Physician's Kit & Child Algorithm to Launch Soon!

### Georgia WIC Physician's Kit

In April 2016, we reached out to you and your colleagues for feedback on the WIC Physicians Survey. This survey provided lots of information on how pediatricians and pediatric practices interface with WIC. We also learned, based on those who completed the survey, that 69% of pediatricians refer patients to WIC for services by submitting a medical documentation form prescribing a special formula. Georgia WIC appreciates this feedback and would like to focus on referral for all patients that are eligible not just those on special formulas that require a medical documentation form. WIC provides benefits to women, infants, and children (up to age 5). A gap exists for the many infants and children that are not on special formulas that can benefit from the food packages and education that WIC provides. Referrals by the pediatric office can close this gap and make a real impact on the health of Georgia's infants and children.

This year we have developed a Physician's Kit to provide you and your patients with resources about the program. The Physicians Kit was developed to provide you with resources to increase referral to the program, including:

A poster for your office, flyers, and business cards that can be provided for your patients. Additionally, we will be sending the updated 2017 infant formula algorithm created by Stanley Cohen, MD, FAAP to assist in prescribing of special formulas.

### Child Formula Algorithm

Georgia AAP is also working with the Georgia WIC Program to develop a child formula algorithm to assist pediatricians and WIC Staff in the decision-making process of providing formulas for children. This project is similar to the work that was done in 2012 with the infant formula algorithm. The algorithm, authored by Jay Hochman, MD, FAAP and Stan Cohen, MD, FAAP is slated to be completed by May and will be disseminated to Chapter members. "We hope the algorithm will be helpful in selecting appropriate diets for healthy children and those underlying medical conditions. Being able to help guide the selection of what's most appropriate in an industry of abundance is important," said Dr. Hochman, Chair of the Chapter's Committee on Nutrition and co-author of the algorithm. Also, look out for a webinar to be available in the following months to give you a training experience using the algorithm in your practice. If you are interested in providing us feedback, contact Kyla Crane, RDN, LD, Chapter Nutrition Coordinator at [kcrane@gaaap.org](mailto:kcrane@gaaap.org) or (404) 881-5093. ■

## President's Letter *Continued from page 2*

**4) Strengthen our committees.** Our committees and task forces are so vital to our success. Some are currently vibrant and active, and I'm honored to watch them function. But some need a reboot, or even just the addition of a Vice Chair to assist their development. As you read this, think about where your pediatric interests are, and go ahead and reach out to me, and let's gently get you involved.

Finally, as I hit the middle of my term, a milestone has been reached that's gone largely unnoticed. The biggest challenge of a group like ours is the constant change in leadership, not just with the 2-year term in our own organizational ladder, but in the groups with whom we interact. Legislators, commissioners, and National AAP perpetually rotate, and forging new relationships to reintroduce ourselves is continuous. But we at the

Chapter have had one constant. April 1st marked the 25 year anniversary that Mr. Rick Ward has worked so diligently as our Executive Director. He has served as our "institutional memory" and the push to continually strive for better. And to me he has served as both a mentor and friend, since we first shook hands 20 years ago at a board meeting in Sea Island. So, 25 years of Past Chapter Presidents met on the eve of his anniversary, for a "somewhat" surprise dinner and celebration. If there has ever been a friend to both children and our profession, Rick Ward deserves our thanks. ■

**And you deserve thanks too, for being there for Georgia's children. Thank you.**

**Ben Spitalnick, MD, MBA, FAAP**



# Through the eyes of my patients: Providing pediatric care for Hispanic immigrants

“Buenas tardes! Soy la Dra. Bell. Cómo están?”

A youngish mom in a McDonald’s uniform smiles brightly. “Hola Doctora, muy buenas tardes! Estamos bien gracias. Y usted?”

It’s 1:15 pm. I am beginning my afternoon continuity clinic, part of Grady Health system in Atlanta, which primarily serves children of Hispanic immigrants. There are only a few cars in the parking lot. Most patients walk, or come in taxi or bus. Despite the obvious challenges, there are rarely cancellations. And there are always walk-ins. The community cherishes their interactions with the clinic and its providers.

I sit down to see my first patient, a 10 year old girl who presents for evaluation of fainting episodes during soccer practice. “Estoy bien, gracias. Porque están aquí hoy?” I ask.

“Es que mi hija necesita una evaluación. Se desmayó dos veces jugando futbol. Nunca ha pasado esto. Siempre es muy competitiva, siempre que meter goles y ganar.”

Her daughter is sitting up on the exam table, athletic with 2 long side braids. “Como estas hoy?” I ask her. She smiles shyly. “Te sientes bien?” I ask encouragingly. “Te gusta mucho jugar futbol?” She smiles and responds, “Si.” I look at her mom, wondering if she will provide more details. “Es que mi hija juega para Tophat soccer club! Ya la invitaron jugar con el Tophat Gold!” She says proudly.

I look at them, beaming. Tophat Gold is the highest level of an elite Georgia girls’ soccer club, famous for winning national tournaments.

We continue our history and exam. She will need an evaluation with cardiology to rule out syncope of cardiac origin. I discuss the plan with her mom. She becomes very talkative and opens up more. “Si Doctora! Muchas gracias por todo.”

Now drive with me a few miles down the road to a main children’s hospital in Atlanta. First day of my hospitalist rotation. I go to see Emili first, a 15 year old female with newly diagnosed systemic lupus erythematosus, hospitalized for 2 weeks for diagnostic workup and treatment. She has recently arrived from El Salvador. She is by herself in the hospital as her mom works in a hotel until 8pm and her dad is in construction. I check in with her nurse, introducing myself and ask how everything is going. The nurse is concerned that she is nearing discharge and she still hasn’t seen her family members at the bedside. “Well everything is fine, hoping we can discharge her tomorrow after her dental extraction today. Her parents were not here in the daytime this weekend.” “Okay,” I say.



I walk in to her room and introduce myself. “Hola como estas? Soy la Doctora Bell, una residente trabajando en tu equipo médico.” Emili is a thin adolescent, with long brown hair and big eyes. She is sitting on her bed, looking at coloring books. She turns around and smiles at me. “Hola! Sabes cuándo me puedo ir a mi casa?” She waits for an answer.

“Si, a lo mejor mañana.” I say. She brightens and so does the room.

The next day I walk into Emili’s room. She is ready for discharge as soon as her family arrives for instructions. I explain to Emili that she is ready to go home from the hospital and ask if she has any questions. “No, estoy bien, siento bien.” “Necesitas una excusa para la escuela?” I ask. She looks up at me. “Es que no he podido irme a la escuela todavía. Llegue a los Estados Unidos hace dos meses, pero me enferme y tuve que venir al hospital.”

“Oh, ok,” I say. “Tienes más preguntas para mí?”

She is quiet and thinks for a minute. She looks at the coloring book beside her bed that a child life volunteer brought by. “Puedo traer el libro a mi casa?” she asks me. I look up at her.

*Continued on next page.*



# Through the eyes of my patients...

“Claro que sí, es tuyo.” I answer.

She smiles at me. “Muchas gracias.”

I look at her, thinking of her new SLE diagnosis, her new daily medication regimen of Plaquenil and steroids, and her follow-up appointments with Rheumatology, Ophthalmology, Renal and her new pediatrician. Her family that works sunup to sundown in hotel cleaning and construction. Her new school that awaits her when she is finally able to go home and establish a new life routine s/p emigration. And she just wants to know if she can take her coloring book home.

Later that afternoon I meet her mom and her dad who have left work to come for their daughter. Emili has changed into regular clothes and is beaming. I introduce myself.

“Hola, soy la doctora Bell, una residente trabajando en el equipo médico de su hija.”

Both of them immediately open their eyes wide and walk towards me. They begin to talk at the same time. “Hola, mucho gusto, Doctora!” They chime. Their faces brighten and everyone opens up. Her mom comes up to shake my hand right away. I ask her if she has questions about her daughter’s diagnosis and discharge medicines. She nods her head.

“Una pregunta, Doctora. Lo que tiene mi hija es un cáncer?”

“No, ella no tiene cáncer.” I answer.

I sit down with her and explain SLE in basic terms so that she might understand. I emphasize the importance of her new medications and follow up appointments. She says she will do whatever it takes to keep her daughter healthy. Then her father comes up to me and hands me a stack of immigration papers. I glance briefly through them, and read that Emili was granted asylum to the U.S. 2 months ago from El Salvador. She arrived by herself at the border crossing in Texas as her parents were already working here.

“Necesita algo más para registrarse en la escuela?” Her dad asks.

“Tiene todo lo que necesita para la escuela. Pero ya necesitan entregar su aplicación de Medicaid.” I tell him. He nods and smiles. “Muchas gracias, Doctora. Estamos muy agradecidos.”

They are smiling, bustling around to gather Emili’s things, and happy to be heading home. There is a warmth in the room that makes any challenge ahead seem miniscule. Outside the nurses and social work staff are awaiting discharge coordination.

The social worker begins to prepare medication coupon vouchers for the pharmacy. The needs are many. I know her spirit and family bond will overcome all. I hope I have helped them in some way. They have shown me an optimism, humility and determination that I wish for all of my patients, families and my own family. An enormous gratitude from basic communication in Spanish at the bedside. Just standing with the family and asking about their understanding of the patient’s situation.

Emili’s family is typical of my experience with Hispanic immigrant families at the clinic and hospital. Upon making proper introduction and eye contact, worlds of questions, actions, understanding and gratitude pour out over and over again. Efforts to provide culturally sensitive care can make a huge difference in the lives of patients and families. Just one extra minute of clarification in a patient’s own language may enable them to understand their diagnosis and medication regimen.

I am back in the clinic now.

“Tiene alguna pregunta de su hija hoy?”

7 year old well check. A healthy Mexican girl with sparkling hair ties and a neatly ironed school uniform smiles at me. She looks at her dad. He is tired appearing.

“No Doctora. Mi hija está muy bien,” he answers. They are quiet, patiently waiting for the exam routine to begin.

*Continued on next page.*

# Through the eyes of my patients...

I scan her medical chart which reveals no significant past medical history. I ask again per my usual HPI routine. “Ha estado bien en el ultimo ano? Todo bien en su escuela y en la casa?”

He looks at me again and nods his head. I glance back at the computer at her well check template.

Then the dad asks me a question. “Porque no nos quiere el Presidente?”

There is a moment of silence. I was not anticipating this question as a part of her well check. Both of them are listening curiously now.

I am not sure what he expects me to say, but I understand why he is asking me. I respond per resident instinct; quickly, calmly and with honesty.

“La verdad es que no sé.” I turn around from the computer and look at them face to face. I offer them the only thing I can think of, words of hope. “Yo pienso que la situación política es complicada. Pienso que tenemos que ser positivos y seguir adelante.”

He looks at me and nods calmly. “Si, verdad.” My patient smiles. I turn the room’s attention back to her. “Ahora vamos a ver cómo está creciendo su hija.” They both smile and look at her growth chart. Her father seems more attentive now, maybe relieved that he was able to voice his worries. We continue the health check and focus on today.

I am not sure what changes tomorrow’s politics will bring. I do know that as medical providers we must make it clear that we rise above political divides and immigration and refugee policies. Just like we pledged by Hippocratic Oath upon beginning our medical journey, our doors are open to everyone, no matter how far or wide the patient may come from. Because more than ever our patients and families need our support. And outside of our hospital and clinic doors we know there are no guarantees. ■

**Christine Bell, MD (PGY-3)**  
**Emory University Pediatric Residency**  
**Program, Atlanta**

## *Pediatrics by the Sea*



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Georgia Chapter



# Training Pediatricians to be Child Health Advocates in Georgia



Megan Douglas, JD

Pediatricians have a unique opportunity to advocate for policies that support child health and well-being; however, few receive formal training in advocacy during residency training. Formal advocacy training is critical to developing leaders who will leverage their child health knowledge and expertise in policy making to improve the lives of children. Engagement with community partners and an understanding of the public policymaking process equip pediatric residents with the skills necessary for effective, lifelong advocacy.

Since 2012 the Morehouse School of Medicine (MSM) Community Pediatric Residency program has required residents to complete a three week advocacy rotation. The goal of the Advocacy Rotation is to teach residents how to advocate for their patients through public policymaking, community engagement and multi-disciplinary collaboration. These three focus areas are foundational to developing healthier communities and evidence-based policies that improve children's health and advance health equity. The residents (pictured) culminate their advocacy rotation through conversations with legislators at the Georgia capitol.

## Public Policymaking

The residents learn about the legislative process through a number of activities: attending didactic sessions, meeting with state legislators, shadowing the Executive Director of the AAP (Rick Ward), observing legislative committee hearings and participating in GA-AAP legislative committee meetings. During the rotation, each resident selects a bill, tracks the bill's activities through the session, and conducts a policy analysis. The residents study how the bill would improve or pose challenges for their patients and communities. At the end of the rotation, each resident meets with a legislator to discuss their analysis and to share stories from their clinical experiences. This one-on-one conversation demonstrates the power of collaboration between policymakers and physicians to develop policies that will improve health for all Georgians.

## Community Engagement

Each resident conducts a community mapping and windshield survey of the community surrounding their continuity clinic. They focus on the availability of healthy food, public transportation, medical facilities, green spaces, schools and places of worship. They also use publicly available data from the US Census and local websites to assess the community demographics, socioeconomic status, and educational attainment. The goal of this project is to understand how the social determinants of health impact the health conditions of their patients.

The residents meet with a variety of community organizations during the rotation. They visit the GA-AAP office to learn about the different programs and how they can effectively partner with the organization. Mothers and Others for Clean Air holds a formal advocacy training with the residents, where they share best advocacy practices, conduct mock legislator meetings and discuss writing letters to the editor for local newspapers. The residents also participate in a Health Law Partnership (HeLP) Clinic case rounds, where they learn about the legal standards needed to advocate for disability benefits and other needed services. This eye-opening experience allows residents to fully understand how the medical and legal needs of their patients intersect. They meet with disability advocacy and training organizations to understand the role pediatricians play in the lives of children with disabilities and how they can leverage this relationship to promote policies that support these children and their families.



(L to R) Representative Betty Price (R-48), Nitisha Mahajan (PGY-2), Jessika Jackson (PGY-2), Megan Douglas (course director) and Betsy Bates (Chapter lobbyist) discuss child advocacy issues at the Georgia Capitol during the 2017 legislative session.



# Training Pediatricians to be Child Health Advocates in Georgia

*Continued*

## Multi-disciplinary Collaboration

Multi-disciplinary collaboration is an underlying theme of every activity during the rotation. It is critical for residents to understand how their ability to improve the health of their patients depends on their partnership with people and organizations beyond their clinical walls. They actively participate in shared learning with the HeLP Clinic law students, which benefits both the residents, as they learn how to identify and articulate health issues in legal cases, and the law students, as they learn how their clients' medical issues impact their legal case. They also engage with trainees in the Georgia Leadership Education in Neurodevelopmental and Related Disabilities (GA-LEND) program, which includes health professionals and students from various disciplines (including occupational therapy, nutrition, audiology and physical therapy), social workers, self-advocates and family members of people with disabilities. This experience provides a person-centered approach to working with patients, families, and professionals from other disciplines to advocate for policies and practices that support people with disabilities to live, work and socialize in their communities.

Overall, the advocacy rotation is very highly rated by residents. It has been an incredible opportunity for clinicians, legislators, community and other partners to understand the role we each play in keeping Georgia's children healthy. The MSM Community Pediatric Residency Program is grateful to its community partners, and especially to the GA-AAP in their support of the Advocacy Rotation. The rotation is constantly expanding and growing to meet the needs of the residents and the community, and is always open to new partners. Advocacy is critical to achieving the best health outcomes for Georgia's children with this rotation taking one small step towards building the next generation of child health advocates. ■

**By Megan Douglas, JD,  
Makia Powers, MD, MPH, FAAP,  
Sandra E. Moore, MD, MS, FAAP,  
Yasmin Tyler-Hill, MD, FAAP**



*(L to R) Caryn Robertson (PGY-2), Omayma Amin (PGY-2), Representative Stacey Abrams (D-89) and Chelsea Marion (PGY-2) discuss pertinent child policy issues during the 2017 legislative session.*

*Continued from page 10*

## The Fights That Need Fighting

With an election cycle of less than two months it has been a crash course in creating and running a campaign. There has not been a Democratic physician in the Georgia Legislature for at least 20-25 years, and there has never been a pediatrician, so I have some barriers to overcome. My colleagues in the pediatric community have been uniformly encouraging and enthusiastic about my run for office; I owe them a huge debt of thanks for their support.

I was recently asked if I will run for office again if I am not successful in this race. Having had a taste of the political process which is dominated by money and influence, I don't know if I will. I am, however, sure that I will continue to fight the good fight for my patients and my profession and hope that you will join me in this fight that definitely needs fighting. ■

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



## Georgia Chapter

1330 West Peachtree St. NW, Suite 500  
Atlanta, GA 30309-2904



## Looking Ahead:



- **Thursday, May 25, 2017**  
**Webinar: Evidence-Based Standards of Care for Sickle Cell Disease**  
12:30 – 1:30pm
- **June 7-10, 2017**  
**Pediatrics by the Sea & Pediatric Coding Conference**  
**Summer CME Meeting**  
The Ritz Carlton, Amelia Island, FL
- **October 13, 2017**  
**Georgia Pediatric Nurses & Practice Managers Association Fall Meeting**  
Cobb Energy Centre, Atlanta
- **November 2-4, 2017**  
**Pediatrics on the Parkway Fall CME Meeting**  
Cobb Galleria Centre, Atlanta



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Visit the Chapter Website for details on these Chapter events. [www.GAaap.org](http://www.GAaap.org)  
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