



# 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

Greetings again, from your @GACChapterAAP! Coming out of summer our plate is full of successes and high points. So this would be a good time to brag about all the great Pediatricians and #tweetiatricians helping #PutKids1st...

Summer kicked off with a record-setting attendance at our annual Peds by the Sea (#PedsbytheSea) program at Amelia Island. Thanks **Susan Mazo, MD**, Savannah for chairing an amazing slate of speakers, both from the Mercer at Savannah host program's faculty, and national speakers including **Sarah Long, MD, Richard Tuck, MD and Marisa Perman, MD**. Numbers for this meeting included 196 total attendees (a new record) from 24 different states. As the popularity of the program spreads it fills up earlier each year, so go ahead and save June 13-16, 2018 on your calendars now!

And our Fall Pediatrics on the Parkway (#PedsOntheParkway) is not far away, November 2-4 back at the Cobb Galleria Centre, Atlanta. **Rebecca Reamy, MD**, Columbus and the entire Fall Planning Committee have put together an exceptional program. We will have some of the anticipated favorites including the annual *Marty Michaels Memorial Advocacy Lecture* this year presented by **Laurel Leslie, MD**, Boston, and **Dr. Jud Miller's** annual Resident Jeopardy (and this year, expect a shiny trophy for the victors!). Other highlights will include mental health, injury prevention (with MOC Part 2 credits), ID, endocrinology, orthopedics, hematology-oncology, practice management, sports medicine and sleep disorders.

Continued on page 14.

## Cayden's Story *The Perils of Flu*

*The following article is a parent's story of how the influenza virus caused the death of their daughter. It serves as a powerful reminder of the importance of vaccinating children against influenza.*

Harry Keyserling, MD, FAAP is the Chapter's Infectious Disease Committee Chair. Dr. Keyserling states, "Annual influenza vaccination is the most effective strategy for preventing influenza. It is encouraging to see influenza vaccination rates in children (6 months to 17 years) have increased since 2009 and were approximately 60 percent at the end of the 2015 – 2016 influenza season. Coverage rates in adults remained stable around 40 percent." He would also like to remind physicians to begin administering vaccine as soon as it becomes available. Early vaccination of children who need 2 doses of vaccine can be helpful in assuring routine second doses are given before the influenza season begins.

### "In the Blink of an Eye, Flu Can Take the Life of a Healthy Child"

Cayden Smith was a healthy, talkative 3-year-old in December 2014. Cayden loved pink and her mother, Jessica, affectionately called her "CadyBug." Cayden first became ill on Thursday, December 4th. Jessica had been sick the week before with tonsillitis and thought perhaps she had passed something on to her daughter.

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# More Georgia WIC Resources Coming Your Way!

## Child Formula Algorithm and Resource Guide

The Committee on Nutrition will be unveiling its new Formula Algorithm for Children on Georgia WIC soon! The Georgia AAP has been 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 with the infant formula algorithm. The algorithm, authored by Jay Hochman, MD, FAAP and Stan Cohen, MD, FAAP will be disseminated to Chapter members by October 2017.


## Georgia WIC Physician's Kit Resources Available Online!

The Infant formula resource is available online at: [www.GAaap.org](http://www.GAaap.org)

## The Georgia WIC Referral Poster

This poster was designed to remind practices to refer their patients to WIC. There are many eligible pregnant, postpartum women, infants, and children that can benefit from WIC if enrolled, yet many referrals are submitted just for infants that are on special formulas that require a medical documentation form. A gap exists for the many patients that can benefit from all the resources and services that WIC provides.

If you're interested in receiving a hardcopy of the Infant Formula Algorithm or Referral Poster, please contact Kyla Crane at [kcrane@gaaap.org](mailto:kcrane@gaaap.org) or 404-881-5093. ■



### Collaborating with WIC to Improve Health Outcomes


Georgia WIC Checklist for Pediatric Practices

✓ **ASK**  
about WIC at every visit for children up to age 5. Many families think benefits stop after age 1, however, older children may still be eligible.

✓ **SHARE**  
WIC resources and brochures to show your patients that you support WIC participation.

✓ **REFER**  
families for peer support, breastfeeding classes, pumps, and additional services.

✓ **ADD**  
a question about WIC participation in your EMR to encourage discussion about WIC at every visit, especially at well visits.



Visit [wic.ga.gov](http://wic.ga.gov) for the latest WIC resources for your practice

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# Chapter News & Updates

## Member Practices Complete Adolescent Substance Use QI Project

In January 2016, eleven Georgia AAP member practices began the CQN Practice Improvement to Address Adolescent Substance Use (PIAASU) project offered by the AAP Chapter Quality Network (CQN) program. The chapter leadership team included David Levine, MD and myself, Jose Rodriguez, MD. Dr. Levine assisted us with his expertise in adolescent substance use and mental health. The aim of the project was for all the participants to make improvements in their competence, confidence, and implementation of SBIRT during health and acute care visits for patients ages 11 through 21 years old.

The project timeline spanned 18 months and included four learning sessions, monthly practice calls, and 12 months of data collection. The data collected supported the reporting of project measures, which included improving community relationships, distributing resources, ensuring patient confidentiality, and giving anticipatory guidance. It also included Substance use/mental health screening, Brief Intervention, and Referral to Treatment (SBIRT). The practice teams had the opportunity to learn and assist each other as they shared their successes and barriers in achieving their quality improvement measures.

The project used the Institute of Healthcare Improvement (IHI) Breakthrough Series Model for Improvement. It used a QI framework for rapid change using learning sessions, an acting period, and a Plan-Do-Study-Act process. Monthly measurements of the data showed that all practices were able to implement positive change and sustain that change through the 18-month life of the project. The model for improvement included working collaboratively so that practices could learn from each other. Some practices reported adding daily huddles to their workflow, pre-visit planning, rapid-cycle testing of ideas, and creating tools for better communication with their patients. The single greatest barrier encountered by all was closing the loop in the referral and tracking process. This problem included difficulty in securing consent for mental health providers to send the pediatrician feedback and tracking patients lost-to-follow-up.

The project concluded in June 2017. Standardizing the screening process with validated tools and consistency, we were able to confirm that this is an efficient and effective way to address mental health and substance use in adolescents within the scope of our practices. It also confirmed the anticipated percentage of patients who tested positive for Depression (8 to 14 %) and for Substance Use (6 to 8 %) (depending on the month of the year). We also confirmed how difficult it is to track patients with substance use. Despite the difficulties, we improved our competency in intervening to promote change by using motivational interviewing techniques.

We congratulate the participating practices on their successful completion of the PIAASU quality improvement project. ■

**Jose Rodriguez, MD**  
**Pediatrician at Wellstar Kennestone Pediatrics**  
**Marietta**

### Participating practices:

Affinity Pediatrics - Tifton  
CJ Pediatrics - Stockbridge  
Harmony Pediatrics - Alpharetta  
Medlock Pediatrics - Duluth  
Summit Pediatrics - Marietta  
WellStar Creekside Pediatrics - Douglasville  
WellStar Kenmar Pediatrics - Marietta  
WellStar Kennestone Pediatric Associates - Marietta  
WellStar Pediatrics East Cobb Health Park - Marietta  
WellStar Smyrna Primary Care Center - Smyrna  
WellStar Towne Lake Pediatrics - Woodstock

Georgia AAP Leadership Team:  
Jose Rodriguez, MD  
Pediatrician at Wellstar Kennestone Pediatrics  
Marietta Ga.

David Levine, MD  
Chair, Committee on Adolescence  
Georgia AAP

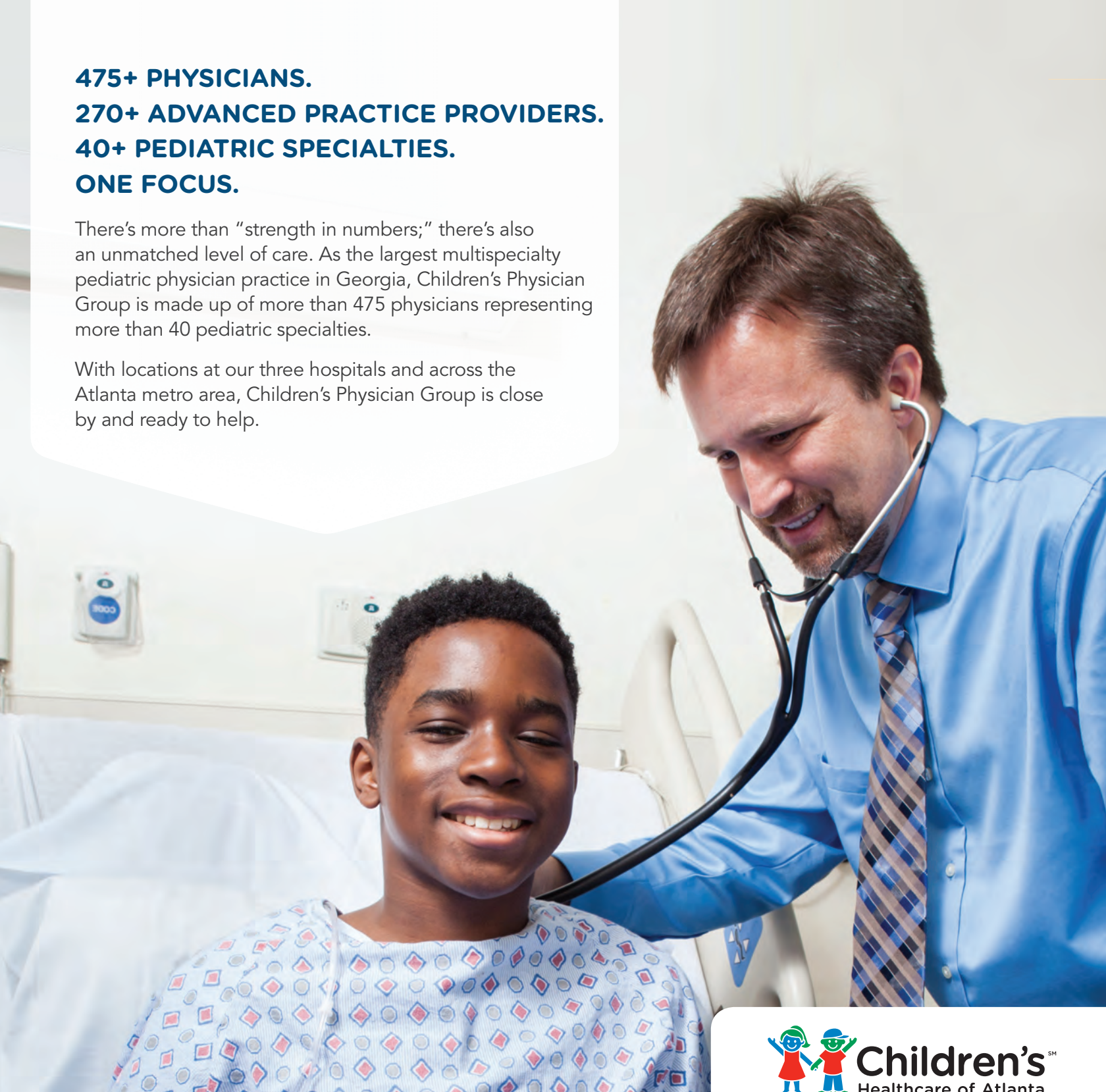




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# Georgia Forms Multi Agency Autism Collaborative

## Georgia Forms Multi-Agency State Autism Collaborative:

The Georgia Legislature allocated funds in its FY 18 budget to provide services for the treatment of Autism Spectrum Disorders. The Georgia Department of Community Health (DCH), along with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Department of Public Health (DPH) hosted a presentation in August entitled, Medicaid Benefit for Adaptive Behavior Services which outlined what services would be provided with these funds.

Within the presentation, DCH notes that the basis for the services comes from a Centers for Medicare & Medicaid Services issued in July of 2014 entitled, Clarification of Medicaid Coverage of Services to Children with Autism within Early and Periodic Screening, Diagnostic and Treatment (EPSDT). As part of Georgia's EPSDT program, the state is allowing reimbursement of autism screening via the 96110 and EP and UA modifiers at either the 18 and 24-month visits where it is required or at a time when a parent has a concern.

Additionally, Georgia Medicaid is focusing on Adaptive Behavior Services for children ages birth through age 20 which encompasses behavioral therapy focusing on social skill development and Non-Behavioral therapies (OT, PT, Speech Therapy). As part of this effort, the following codes will open within In-Clinic (U6), Out-of Clinic (U7) or via Telemedicine (GT) settings for those providers who are credentialed and attested with Georgia Medicaid as Behavior Analyst:

Adaptive Behavior Services reimbursement will be tiered:

0359T	0365T	0371T
0360T	0366T	0372T
0361T	0367T	0373T
0362T	0368T	0374T
0363T	0369T	
0364T	0370T	

• **Level I:** Physician, Psychiatrist

• **Level II:** Psychologist, Board-Certified Behavior Analyst at the Doctorate (BCBA-D) - A doctoral level practitioner qualified to diagnose and provide direct services and supervise BCBA's

• **Level III:** Board Certified Behavior Analyst (BCBA) - Masters/graduate level independent practitioners who provide behavior analytic services. May supervise the work of Board Certified Assistant Behavior Analysts, Registered Behavior Technicians, and others who implement behavior-analytic interventions.

• **Level IV:** Board Certified Assistant Behavior Analyst (BCaBA) - Bachelor's level practitioner, must be supervised by BCBA/BCBA-D; can supervise Registered Behavior Technicians

• **Level V:** Registered Behavior Technicians (RBT)  
- Paraprofessional who implements the service plan under supervision of Certified Behavior Analyst

DCH reports that there are 49 Board-Certified Behavior Analyst – Doctorate, 284 Board-Certified Behavior Analyst, 26 Board Certified Assistant Behavior Analyst, and 359 Registered Behavior Technicians.

If you have questions regarding general public health issues or EPSDT questions, please contact Fozia Khan Eskew at the Chapter office at either [feskeew@gaaap.org](mailto:feskew@gaaap.org) or 404-881-5074. ■







# Chapter News & Updates

## The EPIC Immunization Program has a New Director!

Cordia Starling, EdD, RN is the newest member of the Chapter staff. Cordia joined the staff in September as the EPIC Immunization Director. She is a graduate of the University of Tennessee, Knoxville; Georgia State University; and the University of Alabama, Tuscaloosa. Cordia has been married for over 38 years and has two daughters, and two and a half grandchildren. The Chapter is happy to have her join us! ■

## Have you requested an EPIC Immunization Program for your office?

EPIC® is a physician led; peer-to peer immunization education program designed to be presented in the private physician office and involves the participation of the complete medical team (provider, nurse, medical assistant, office manager, etc.). The program is free, offers CME and contact hours for participating physicians and nurses, and provides a valuable resource box filled with useful immunization tools for your office.



**Cordia Starling**  
Ed.D, RN

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

Please schedule your free immunization education presentation today! For more information or to request an EPIC program, contact the EPIC staff: Cordia Starling, Ed.D, RN, Program Director at 404-881-5081 or Shanrita McClain, Program Coordinator at 404- 881-5054 or visit the EPIC website at: [www.gaaap.org](http://www.gaaap.org) or [www.gaepic.com](http://www.gaepic.com). ■

## EPIC Breastfeeding Program

The EPIC Breastfeeding Education Program has been on fire this year. We were able to provide our required 60 programs in just nine months. Our programs were so successful that the Department of Public Health provided us with extra funding to host 10 more programs to finish out our year. Our goal has been to have at least one EPIC program in each of our 12 target counties. Our target counties are Bibb, Chatham, Clinch, Coffee, Crisp, DeKalb, Dougherty, Fulton, Lowndes, Monroe, Muscogee and Richmond. These counties were chosen by DPH because of their high infant mortality and low breastfeeding rates. For FFY 2018 we have been funded to host 72 EPIC breastfeeding programs across Georgia.

If you are interested in having an EPIC program at your office or hospital please contact Arlene Toole, [atoole@gaaap.org](mailto:atoole@gaaap.org) 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. ■

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2017 FALL MEETING

# Pediatrics on the Parkway

November 2-4, 2017 Cobb Galleria Centre • Atlanta, Ga.



# Webinar Series Focuses on Pediatric Nutrition

Our Georgia AAP chapter has started a series of pediatric nutrition-focused webinars to address hot topics in the field of nutrition. The first webinar was held on June 29, 2017 and focused on picky eaters. Dr. Valerie Volkert, a feeding psychologist at the Marcus Center, along with dietitian Nikki Smith, described how pediatricians should counsel parents on picky feeders. The issue of trying to get children to eat healthy diets is a daily struggle for many parents. This webinar described related issues including behavioral problems, and texture sensitivity. The second webinar focused on pearls of infant feeding and was presented on October 10, 2017 by Tanya Hofmekler, MD, MSc. Dr. Hofmekler shared information on optimal infant feeding recommendations, calorie needs, and advancing diets. Both of these fantastic webinars were recorded and are available on our website at [www.gaaap.org](http://www.gaaap.org) under Upcoming Events.

*Note-CME is not provided for recorded webinars.*

## The remaining two webinars this year includes:

1. **Advances in Infant Feeding Practices** - This webinar's faculty will be Dr. Jatinder Bhatia. Dr. Bhatia is the former AAP national chairman for the committee on nutrition. He currently is a professor in the department of pediatrics and chief of the division of neonatology at Augusta University. He plans to describe the addition of new formula components. The changes in these formulas have important nutritional implications for premature and term infants.
2. **Alternative Diets - Primer for Pediatricians on Gluten-free, GMO, Vegan & Allergies**- This webinar's faculty will be Dr. Jay Hochman and nutritionist Bailey Koch. The focus of this webinar will be to provide practical advice on the widespread use of alternative diets. This will include discussion of gluten-free diets, organic foods, GMOs, vegan diets, and allergic problems.

## CME Information

The Georgia Chapter of the American Academy of Pediatrics is accredited by the Medical Association of Georgia to offer continuing medical education to physicians. The Georgia Chapter of the American Academy of Pediatrics designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*.<sup>™</sup> Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Educational Grant

This activity is supported by an educational grant from Nestlé Nutrition Institute.

For more information please contact Kyla Crane, RDN, LD at [kcrane@gaaap.org](mailto:kcrane@gaaap.org) or 404-881-5093. ■



## UPCOMING PEDIATRIC NUTRITION WEBINARS

Topic	Presenter	Date
Advances in Infant Feeding Practices	Jatinder Bhatia, MD	November 21, 2017 12:30-1:30 pm EDT
Alternative Diets -Primer for Pediatricians on Gluten-free, GMO, Vegan & Allergies	Jay Hochman, MD Bailey Koch, RD, LD	December 7, 2017 12:30-1:30 pm EDT

1.0 hours of CME offered to Physicians per webinar

**Jay Hochman, MD, FAAP**  
Chair, Committee on Nutrition





# AAP National Conference Photo Review

The AAP National Conference was held in Chicago in September 15-19, and Georgia was well represented as nearly 90 Chapter members attended. Many of them stopped by for the Chapter Reception at the Hyatt Regency McCormack Place. ■



**Rebecca Kolesky, MD, Newsletter Editor Alice Caldwell, MD, Augusta and Chapter President Ben Spitalnick, MD, Savannah enjoy the opportunity to connect & network at the conference.**



**Jennifer Shu, MD, Atlanta, wows the crowd as she belts out "Sweet Home Chicago" during the Plenary Session. Dr. Shu served as the 2017 National Conference Chairperson; and what a voice! Who knew?**



**The District 10 breakfast brought together, from left, Cheryl Tolliver, MD, Valdosta; Joan Meeks, MD, Orlando, FL; Chapter EPIC Breastfeeding Director Arlene Toole, IBCLC; and Jane Wilkov, MD, Decatur.**



**The Chapter staff is all smiles at the reception with the Chapter Vice President, Terri McFadden, MD. (l to r) Fozia Khan Eskew, Arlene Toole, Dr. McFadden, & Noreen Dahill.**



**The Chapter's School Health Committee Chair Veda Johnson, MD, Atlanta and her colleague Emory Director of Pediatric Emergency Medicine, Nagma Khan, MD are pictured here during the reception.**



**Diane Hindman, MD, Gena Spizman and Sam Spizman, MD were all smiles at the Georgia Chapter reception.**



**Adina Alazraki, MD, Atlanta; Sarah Milla, MD, Atlanta and AAP Past President Joe Zanga, MD enjoyed the meeting. Dr. Milla will head the AAP Section on Radiology next year. *Congratulations!***



# Camp Trach Me Away!

## Camp Trach Me Away Hosts First Annual Camp for Children with Tracheostomies

On Sunday July 9, 2017, six nervous yet excited children arrived at Camp Twin Lakes in Rutledge, Georgia, with their jittery parents in tow. Camp Twin Lakes is no stranger to medically fragile children, or their anxious parents worried about allowing others to care for their



special needs kids for an entire week. These campers, however, were not the typical children they greet each summer. None had ever been to an overnight camp, or had been away from their caregivers for a single night. Prior to 2017, no camping program in Georgia existed that was prepared and willing to host them. Camp Trach Me Away, Georgia's first and only overnight camping program for children with tracheostomies, provides a fun and medically safe environment for children ages 7-18 who wish to experience summer camping.

In Georgia, there are over 250 children with tracheostomies. Children with tracheostomies require exceptional care

that has prevented them from participating in camps in the past. Campers require one-on-one monitoring to ensure continual correct tracheostomy tube placement, as well as assistance with all activities of daily living. Daily therapies also include multiple medications, frequent suctioning and respiratory treatments, as well as chest physiotherapy.

The brainchild of Cristy Carey, R.N., Camp Trach Me Away is a week-long overnight camp for children living with tracheostomies which provides not only enriching and life changing experiences for the children participating, but also much-needed respite for their caregivers. Carey, the Atlanta Area Director for PSA Healthcare (an Aveanna company) dreamed of offering Georgia children the opportunity for a true camping experience. Modeled after a tracheostomy camp in Pennsylvania, Carey applied for and was granted tax exempt status for the camp as a nonprofit in 2016. She then gathered medical and community leaders to establish a board of directors and engaged Camp Twin Lakes to provide the venue and camp activities coordination. Jon Popler, M.D., a CHOA pediatric pulmonologist, didn't hesitate to give a week of his summer to act in the critically key role of Camp Medical Director to ensure each child's unique medical needs were met. Nurses and respiratory therapists from PSA Healthcare and Children's Healthcare of Atlanta volunteered their time and expertise. Each camper had one medical professional assigned to them, as well as two non-medical volunteers.

**Children with tracheostomies require exceptional care that has prevented them from participating in camps in the past.**



*Continued on next page.*





# Camp Trach Me Away!

Continued from previous page



For more information on supporting or volunteering at Camp Trach Me Away for the summer 2018, or referring children to apply, contact Cristy Carey, [ccarey@psahealthcare.com](mailto:ccarey@psahealthcare.com)

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

In addition to nurses and respiratory therapists, a team of very enthusiastic camp counselors was there to ensure that fun was always on the agenda.

A year of careful planning preceded the first day of camp. Board members worked to establish application guidelines and programming, develop protocols, acquire medical supplies and raise money to cover the costs for room, board and a plethora of daily activities. PSA Healthcare was the presenting sponsor with a donation of \$15,000. The companies Soft Touch, Finlistics and Cay Communications also generously sponsored the camp and assured that no camper would have to pay for their special week.

“Children living with trachs have very rare opportunities to feel utterly “normal,” said Carey. “Kids all over the country go to summer camps, even sick and disabled kids with a variety of diagnosis do. But because of the risks associated with a tracheostomy, these children never got to experience what so many of us take for granted for our own kids. Now horseback riding, rock climbing, sports, and arts and crafts are experiences that the campers can carry with them throughout their lives. And importantly, friendships that will remain long after the campers have gone back home.” ■

## Legislative Day @ the Capitol

Thursday  
February 13, 2018

Plan to Attend the Georgia AAP  
Legislative Day at the Capitol!

Meet your state legislators  
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and learn how the state  
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impacts your practice and  
pediatrics in Georgia.

Join us under  
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# Nutrition Update Fall 2017



Jay Hochman, MD

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

## **1. Do Children Who Are Picky Eaters Grow Up To Be Picky Eaters As Adults? Yes.**

MV Tine et al *Eating Behaviors* 2017; 25: 61-5. In this study, the authors identified 61 individuals at age 23 who had been enrolled in a prospective designed cohort (Stanford Infant Growth Study).

### **Key findings:**

- 60 percent of fussy eating children in the study were also fussy eaters at age 23.
- Fussy eating young adults were no more likely to report signs of eating disorder than their non-fussy peers.

## **2. Northern Latitudes and Higher Rates of Celiac Disease.**

A Unalp-Arida et al. (*Gastroenterol* 2017; 152: 1922-32). Using the NHANES 2009-2014 survey with 22,277 participants (6 years and older), the authors identified persons with celiac disease (based on serology) along with those who avoided gluten without a diagnosis of celiac disease.

### **Key findings:**

- 0.7% of participants had celiac disease and 1.1% avoided gluten without celiac disease.
- Celiac disease was more common among individuals who lived at latitudes of above 35 degrees and more common with higher socioeconomic status. In the eastern U.S., the Georgia-Tennessee border corresponds to this latitude line.
- From 35 degrees to 39 degrees the odds ratio for celiac disease was 3.2, whereas the odds ratio was 5.4 for those above 40 degrees. These odds ratios were independent of race, ethnicity, socioeconomic status and body mass index.

This article supports another study indicating a “Celiac epidemic” in Denver (E Liu et al. *Gastroenterol* 2017; 152: 1329-36).

- Cumulative incidence for celiac disease at 5, 10 and 15 yrs of age: 1.6%, 2.8%, and 3.1% respectively. Detection of celiac antibodies was even higher: at 5, 10 and 15 yrs of age: 2.4%, 4.3%, and 5.1% respectively

## **3. Better Diets, Lower Mortality.**

Nutrition studies often have many limitations, primarily due to the inability to randomize dietary interventions over long periods. While no studies can avoid this altogether, a recent study (M Sotos-Prieto et al. *NEJM* 2017; 377: 143-53) provides convincing data that a better diet will improve outcomes. Using two cohorts with nearly 200,000 participants and multiple dietary variables that were measured, the authors found the following key findings:

- “A 20-percentile increase in diet-quality scores was associated with an 8 to 17% reduction in mortality.”
- “Worsening diet quality over 12 years was associated with an increase in mortality of 6 to 12%.”
- “Taken together, our findings provide support for the recommendations of the 2015 Dietary Guidelines Advisory Committee that it is not necessary to conform to a single diet plan to achieve healthy eating patterns.”
- “Common food groups in each score that contributed most to improvements were whole grains, vegetables, fruits, and fish or n-3 fatty acids.”

## **4. Have you heard of “Avoidant Restrictive Food Intake Disorder?”**

JJ Thomas et al. (*NEJM* 2017; 376: 2377-86) describe a new term for a pattern of poor eating patterns and then discuss potential treatments.

*Continued on next page.*



# Nutrition Update Fall 2017

## Definition of ARFID:

- “The presence of avoidant or restrictive eating that results in persistent failure to meet nutritional needs; evidence of ARFID includes low weight or failure to have expected gains or growth, nutritional deficiencies, reliance on nutritional supplements or enteral feeding, psychosocial impairment, or a combination of these features. Restrictive eating may be motivated by low appetite or lack of interest in eating, sensitivities to certain sensory aspects of foods, or fear of adverse consequences of eating, such as choking or vomiting.”
- It is noted that coexisting psychiatric conditions “appear to be common among patients with ARFID. Concurrent anxiety disorders are the most prevalent; they occur in more than 70% of patients in some clinical samples.”

This entity is different from anorexia nervosa. Patients with ARFID do not have altered body image and would prefer to achieve steady weight gain. The differential diagnosis is discussed in this article as well.

## 5. Encouraging Water Intake Not Likely to Help with Weight Loss.

A recent prospective study (JMW Wong et al. JAMA Pediatr 2017; 17 e170012) examined water intake and weight loss among 38 overweight or obese adolescents. Participants were divided into a water group and a control group. The water group received “well-de-

fined messages about water through counseling and daily text messages, a water bottle, and a water pitcher with filters.”

## Key findings:

- The water group consumed 2.8 cups of water per day compared to 1.2 cups per day for the control group.
- The 6-month change in BMI z score was identical  $z = -0.1$ .

More water intake is certainly a good idea; however, focusing on water intake as a stand alone intervention is not likely to be successful in weight loss.

## 6. Briefly noted: Swallow study may be the most important test in infants with ALTEs.

DR Duncan, et al. JPGN 2017; 65: 168-73

“Oropharyngeal dysphagia with aspiration is the most common diagnosis identified in infants presenting with ALTEs. The algorithm for ALTE should be revised to include an assessment of VFSS as clinical feeding evaluations are inadequate to assess for aspiration.” ■

**Jay Hochman, MD**

Chair,

Section of Nutrition for  
Georgia Chapter of AAP

*Blog site: [gutsandgrowth.wordpress.com](http://gutsandgrowth.wordpress.com)*



## A Pediatrician Goes to Washington



**Robert Wiskind  
MD, FAAP**

Mr. Smith Goes to Washington, Frank Capra's 1939 classic, resonates nearly 80 years later with current concerns about corruption in the D.C. “swamp.” Jefferson Smith (played by Jimmy Stewart with the perfect mix of naiveté, wholesomeness, and courage) is appointed to the Senate by the state Governor who is in cahoots with the other Senator and a powerful businessman. Smith inadvertently gets in the way of a dam project they are pushing, which is loaded with graft. When Smith opposes the bill, they pull out all

the stops to discredit him, spread lies and suppress the state media so that his constituents don't hear the truth. Smith's last resort is a one-man filibuster, which delays his ouster from the Senate in hopes that citizens will rise up and come to his rescue. Near the end of 24 hours holding the Senate floor, Smith acknowledges that he is involved in a lost cause; but, he emphasizes, they are “the only causes worth fighting for...and you know you fight for the lost causes harder than for any others.”

*Continued on page 17.*



# President's Letter

Continued from the cover

National speakers include **Joseph Bocchini, MD**, Shreveport, La. (Infectious Disease); **Bernard Cohen, MD**, Baltimore (dermatology) and **Julia Pillsbury, MD**, Dover, Del. (Coding). And remember, this year's Peds on the Parkway is moved back to November since AAP National Conf (@AAPexperieNCE) was moved earlier...so there is still time to register.

Also, look soon for information about an event to fall during Peds on the Parkway, to help raise funds for the Georgia Pediatric Foundation. For those that don't know, "The Foundation" is the charitable arm of the Georgia AAP. A charity managed by Pediatricians, to give back, to Pediatric causes. Every penny that comes into the Foundation, is only used for charitable causes, that directly benefit either children in Georgia, or stimulate interest in Pediatrics for students. And no funds donated to the Foundation, are ever used for any Chapter activities or administration. (YES--there is an online donation form right on the Chapter's website--glad you asked!)

Continuing education continues to flow from your Georgia AAP in so many ways other than our two annual live conferences. In August **Jeff White, MD** moderated a webinar on PCMH, highlighting the new 2017 guidelines for practices looking to reach NCQA certification. And in September, a live QI seminar was held at our Chapter Office in Atlanta on Managing Patients with Growth and Endocrine Disorders. Thank you **Farah Khatoon, DO** from Mercer in Macon and **Kari Gali APRN** from the Cleveland Clinic for your helpful presentations. Educating Physicians In their Communities (EPIC) programs continue as well, in breastfeeding and immunizations. If it's been a while since your office has had one of these please let us know.

Your @GACHapterAAP Leadership continues to grow and evolve, and both thanks and welcomes are due. Thank you to **Lynette Wilson-Phillips, MD** and **Tania Smith, MD** for your service as the complete their 2nd terms as District Chairs, and thank you **Ivette Rico, MD**, **Jamie Rollins, MD** and **Kim Stroud, MD** for finishing their 1st term and coming back on for a second round! **Evelyn Johnson, MD** and the Nominating

Committee has been busy keeping our leadership fresh. Welcome **Susan Reines** from Decatur and **Benjamin Toole, MD** from Albany as new District Chairs, and welcome **Ross MacLeod, MD** and **Marshall Yeargin-Allsopp, MD** as our Honorary Presidents for the 2017-2018 year. And welcome **Josh Lane, MD** as the Early Career Physician member for the Executive Committee, as **Melissa Boekhaus, MD** finishes her second year in that role.

So many committees have been hard at work for you, but a special thanks to **Melinda Willingham, MD** and the Legislative Committee. These are uncharted times, and this group has been balancing both our State and National interests with passion and fortitude. Coming out of a busy Spring agenda, they have turned their attention to helping the National AAP work to preserve Medicaid and keep the gains we have made over so many years, from rolling back. So much of Georgia is in a delicate balance, and in our rural areas that are often over 80% Medicaid, any significant cutbacks put physicians and other health institutions out of business. And this can start a cascade that hurts access, for all of Georgia's children. Thank you, to **Drs. Kathryn Cheek, Saira Ali-Mohammed, Jay Berkelhamer, Gary Flom, Steen James, Bethanne Jenks, Evelyn Johnson, Khaliah Johnson, Jeff Lewis, Ann Birdsong, Cyrus Samai, Bill Sexson, Terri McFadden, Tara Merritt, Cedric Miller, Makia Powers, John O'Shea, Hugo Scornik, Bob Wiskind, & Michelle Zeanah** for your commitment to Georgia's children.

And finally, a shout out to the #tweetiatricians out there!! Thanks for recognizing the future is now, and social media is where your patients look for information, and where your colleagues look to connect and advocate in real time. Whether your platform is Facebook, Twitter, Instagram, or Snapchat, make now the time you learn to embrace and engage! **Drs. Flavia Rossi, Amy Hardin, and Uriel Castaneda** have it down...even **Rick Ward** is getting in the game. ■

#AAPLeads #GAAAPChapterStaffRocks

@DrBenSpitalnick

Ben Spitalnick, MD, MBA, FAAP





# Cayden's Story

Continued from front cover

Cayden's symptoms included coughing and lethargy. Her parents could tell that something was wrong because Cayden wasn't her usual bubbly self. They kept her home from daycare that day so that her father could monitor her condition.

Later that day, Cayden developed a fever. Her father took her to the pediatrician, who indicated her symptoms were likely caused by a virus. To be safe, however, the doctor prescribed an antibiotic. Both of Cayden's parents had their flu vaccine that year, but Cayden had not received hers yet because she was ill at the time of her scheduled appointment. Although Cayden's father alerted the doctor that Cayden had not yet had her flu vaccine, the doctor did not think a flu test was warranted.

Jessica stayed up all night on Thursday with Cayden, whose condition was deteriorating rapidly. Cayden did not want to take the antibiotic and kept complaining that she had to throw up. She was very uncomfortable and spitting up a lot of mucus. Cayden's fever continued and Jessica tried to make her comfortable.

The next morning, Cayden's condition continued to worsen. She was very thirsty and kept asking for drinks of water. Cayden's father took her back to the pediatrician where she was drinking water so fast it made her vomit. Because Cayden had refused to take the oral antibiotic, the doctor recommended that she be given the antibiotic in shot form, for which they had to travel to a second doctor's office.

The second doctor thought Cayden had bronchitis and did not think she needed the antibiotic shot. Cayden's father again indicated that she had not yet been vaccinated for the flu, but like the first doctor, the second doctor did not think a flu test was necessary. Cayden and her father were sent home with some medicine to treat Cayden's symptoms.

Later that Friday evening, Cayden was napping on the couch when her father noticed that her breathing was very shallow. Her father called 9-1-1 and immediately

after, Cayden stopped breathing and her lips turned purple. Her father started CPR as he waited for the ambulance to arrive. Jessica was on her way home from work when she received a call from Cayden's father that Cayden had stopped breathing and he had called 9-1-1. Jessica rushed home to find that her entire road was blocked with emergency vehicles. The paramedics were actively working on Cayden while her parents waited anxiously nearby. Cayden was transported via ambulance to a nearby hospital where an emergency doctor came out to tell Jessica that they were unable to revive Cayden, and that she had not taken another breath since the paramedics arrived at their home.

Cayden's autopsy revealed that she had H1N1 flu (influenza A) and that the flu had caused her lungs to fill with mucus, eventually making it so she could not

breathe. Cayden's medical records were reviewed by several pediatric specialists who concluded that there was nothing that could have been done to save Cayden's life once the flu took hold of her little body.

**Jessica stayed up all night on Thursday with Cayden, whose condition was deteriorating rapidly.**

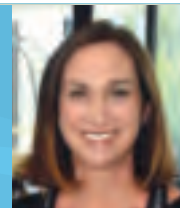
In less than 48 hours, flu took the life of bubbly, joyous, 3-year-old Cayden Gracie Smith. Her mother frequently shares Cayden's story to educate others about the seriousness of the flu and the critical importance of annual flu vaccination for everyone six months and older. Jessica wants everyone to realize how devastating the flu can be, even for healthy individuals, and how quickly it can take the life of a loved one.

## Families Fighting Flu

Cayden's mother, Jessica, now belongs to a national, non-profit 501(c)(3) organization called Families Fighting Flu (FFF), which was formed in 2004. It consists of parents who have lost a child to the flu or had a child suffer serious medical complications because of the flu, as well as healthcare professionals and other advocates committed to flu education and prevention. FFF's mission is to raise awareness about the seriousness of flu and the critical importance of annual flu vaccination for everyone six months and older. To learn more about FFF's educational programs and view additional family stories, visit [www.familiesfightingflu.org](http://www.familiesfightingflu.org). ■



# Tools for Treating PANS/PANDAS



Jessica Gowen, President of the Southeastern PANS/PANDAS Association

## NEW GUIDELINES GIVE PROVIDERS TOOLS FOR TREATING PANS/PANDAS

A panel of leading clinicians and researchers across various general and specialty pediatric fields recently released comprehensive guidelines for management of Pediatric Acute Onset Neuropsychiatric Syndrome (PANS) and PAN Disorder Associated with Streptococcal Infection (PANDAS). The guidelines should help expand access to evidence-based diagnosis and treatment of a disorder for which there is a shortage of experienced treating physicians.

The treatment recommendations appeared in a special issue of the *Journal of Child and Adolescent Psychopharmacology* (JCAP) and are available on the JCAP website, [www.liebertpub.com/cap](http://www.liebertpub.com/cap).

The special issue, edited by Jennifer Frankovich, MD, Stanford University, Susan Swedo, MD, National Institutes of Health (NIH), and Tanya Murphy, MD, University of South Florida, includes four articles:

- “Introduction—Clinical Management of Pediatric Acute-Onset Neuropsychiatric Syndrome”
- “Part I—Psychiatric and Behavioral Interventions”
- “Part II—Use of Immunomodulatory Therapies”
- “Part III—Treatment and Prevention of Infections”

The guidelines summarize best practices based on the research and experience of nearly 50 clinicians in the PANS/PANDAS Research Consortium (PRC), which formed as an NIH workgroup in 2014 to develop the guidelines.

While NIH estimates that 1 in 200 children in the U.S. have PANS or PANDAS, the disorder is rarely diagnosed and treated. Based on these estimates, roughly 12,500 children in Georgia have PANS/PANDAS, but the state has only a handful of experienced providers, and even fewer who are accepting new patients. PRC intends that

the guidelines help general pediatricians recognize, diagnose and treat the condition.

## Presentation, Diagnosis and Treatment

PANS/PANDAS presents as a collection of seemingly unrelated symptoms that might include a combination of any of the following: obsessive compulsive disorder (OCD), tics, extreme food restriction, sensory sensitivities, anxiety, emotional lability, urinary issues, sleep disturbance, aggression/rage, separation anxiety and academic declines. Symptoms might wax and wane with infection, as the disease typically follows a relapsing-remitting course.

PANS is a clinical diagnosis of exclusion that requires a full medical workup. Specific diagnostic guidelines are available on the PANDAS Physician Network web site, [www.pandasppn.org](http://www.pandasppn.org). Treatment is a three-step process.

The first step is symptom control. PRC recommends starting symptom-reducing treatments such as Cognitive Behavioral Therapy (CBT), Exposure Response Therapy (ERP) and/or psychotropic medications to reduce suffering during the other two components of treatment.

The second step is immunomodulation. Roughly 80 percent of PANS/PANDAS cases show evidence of neuroinflammation or post-infectious autoimmunity. Treatments in this step range from nonsteroidal anti-inflammatories (NSAIDs) to intravenous immunoglobulin infusions (IVIG), plasmapheresis (PEX) or Rituxamib.

The final step is antimicrobial treatment, both to treat underlying infectious triggers and to prevent future infections and relapses.

## Significance of Guidelines

“For years, the greatest challenge for families dealing with post-infectious onset of OCD was not making the diagnosis; rather, it was finding a physician willing to treat it,” said Atlanta child/adolescent psychiatrist Dr. Eric Fier, who treated his first PANDAS case in the late 1990s.

*Continued on next page.*

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“The absence of clear practice guidelines delineating a step-wise approach to the treatment of these kids made many doctors uncomfortable using anything but ‘traditional’ therapies – which usually meant 25-50mg of Sertraline and a referral to a behavioral therapist,” said Fier. “Not surprisingly, many of these kids worsened, as the SSRI alone was either ineffective or even exacerbated symptoms.”

“The publication of practical, clear treatment guidelines makes it measurably easier for the motivated but not-yet-experienced clinician to walk families through a sensible and step-wise approach to treatment,” he said. “This is an enormous gain, both for families and for the physicians serving them.”

The treatment guidelines are also an important step forward because of the frequency of strep infection among young children.

“We are in a strep epidemic,” says Newnan, Pediatrician Dr. Jill Dickerson. “It is missed many times because it

is not classic symptoms of fever and sore throat. Or it is missed because of the myth that infants can’t get strep.”

“Per the late Dr. Floyd Denny, one of the lead researchers on the team that discovered Group A Streptococcus (GAS), infants CAN get GAS if they have close contact with it, e.g. an older sibling,” says Dickerson, who treats children with PANS and PANDAS in her practice.

While streptococcal infections are the best-known cause of PANDAS, other infectious triggers cause PANS. The most frequent triggers are Mycoplasma Pneumonia, Coxsackie A and B, and Herpes viruses. ■

*About the author: Jessica Gowen is President of the South-eastern PANS/PANDAS Association (SEPPA), a nonprofit organization working to expand access to insurance-based medical care for children with PANS/PANDAS in our region. Heather Ward, SEPPA's Vice President, produced graphics for this article. For more information, visit [www.sepans.org](http://www.sepans.org).*

## A Pediatrician Goes to Washington

Continued from page 13.

In 2017, preserving and improving healthcare for children in the U.S. has often seemed like a lost cause. The U.S. House initially voted down a repeal of the Affordable Care Act (ACA), mostly because it didn’t go far enough in cutting Medicaid spending and coverage. The final House bill and multiple versions in the Senate all would have resulted in significant losses for children covered under Medicaid and ACA market plans. The AAP, the Energizer Bunny of child advocacy, continuously sticks to its message of non-partisan fighting for children. The Academy and the state Chapter are happy to work with any government representative who will recognize and support the fundamental concept that children, especially those at greatest risk, deserve the opportunity to grow up healthy. As pediatricians, we know that investments in child health and well-being pay enormous dividends for the remainder of their lives.

We have an obligation to ourselves, our profession and our patients and families to continue trying to reach our elected officials. At the very least, we want them to know that not all their constituents support cutting services for children. My time spent at the Capitol during state legislative sessions and my brief run for elected office have shown me the power that the individual can have as a passionate advocate. We should not tire or falter in contacting our elected representatives at every level because it is impossible to know which encounter may change a mind and make an official a champion for children.

During my 25 years in practice, I have had the pleasure of working with a variety of medical students and residents rotating through my office. These recent generations of learners are bright, inquisitive and eager to learn. I have, however, legitimate concerns about their willingness to commit to medicine and Pediatrics as a profession instead of a job. Preserving the profession of Pediatrics requires future physician leaders who are willing to put in the time and effort outside of clinical care to support hospitals, clinically-integrated networks and membership organizations (like the AAP and the Georgia AAP) that are critical to all our futures and the ultimate goal of maximizing the health of all children. Caring for children in the office or hospital is only part of our job; we must cultivate the passion of the upcoming generation and channel it into supporting these bigger ideals.

Upon arriving in Washington, Mr. Smith visits the Lincoln Memorial seeking inspiration from his hero. Later, he is reminded that he felt Lincoln was waiting for the right man to come along, “someone with a little plain, decent, uncompromising ‘rightness’...when the right man comes along—no matter what the odds—he can’t ever quit.” Like Jefferson Smith, I hope to have the courage and strength to never stop advocating for children and the profession of Pediatrics. I look forward to continuing this struggle with my colleagues throughout the state and nation, confident that with patience, persistence, and fortitude we will succeed in winning this lost cause. ■

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



# Project LAUNCH

Our first year of work with Project LAUNCH in Muscogee County is almost complete. The main component of our physician outreach is a lunch presentation which helps increase the physician's awareness of Project LAUNCH and helps the physician better understand how they can link their patients with public health and family and children services to improve child health outcomes. We will complete 10 lunch programs by September 31st. Another component of our outreach in Muscogee County is the Muscogee County Physician's Advisory Committee which meets monthly to discuss the work of Project LAUNCH and current child health news. We also participate in the local and state Young Child Wellness Councils. Our work supporting Project LAUNCH and physician awareness in Muscogee County will continue in 2017-2018. ■



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

## In Memoriam Harry R. Foster, Jr., MD

Harry R. Foster, Jr., MD passed on June 29, 2017. He provided pediatric medical care to Lithonia and the surrounding communities for 52 years. Dr. Foster was born on August 5, 1931 in Commerce, Georgia. After graduating as valedictorian of his high school class in Summerville, Georgia, he attended Presbyterian College and later graduated from the Medical College of Georgia in 1955. After graduation, he completed an internship at Duval County Hospital in Jacksonville, Florida and then served two years as Captain in the U. S. Army. In 1960, he began his residency in pediatrics at Emory University. Dr. Foster accepted a fellowship in pediatric cardiology at the New York Hospital, Cornell University Medical Center from 1962-1964. Dr. Foster then returned to Lithonia to begin private practice and become director of the pediatric teaching program at Georgia Baptist Hospital. He was appointed as director of the Children's Medical Services Cardiac Program for the state of Georgia. He continued to practice pediatrics until his retirement in 2017. He was a recipient of the outstanding achievement award by the Georgia Chapter of the American Academy of Pediatrics. Dr. Foster is survived by his wife of 49 years, Emily Carden Foster, children and a host of family and friends. ■

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\*Pediatric Health Information System (PHIS), 2016



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## Georgia Chapter

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



## Looking Ahead:



- **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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- **Tuesday, November 21, 2017**  
**Webinar: Advances in Infant Feeding Practices**  
12:30 – 1:30 pm

- **Wednesday, December 13, 2017**  
**Webinar: Mental Health Series: Depression**  
12:30 – 1:30 pm

- **Tuesday, February 13, 2018**  
**Legislative Day at the Capitol**  
State Capitol, Atlanta

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Editor: Alice Little Caldwell, MD  
Email: [acaldwel@augusta.edu](mailto:acaldwel@augusta.edu)

Visit the Chapter Website for details on these Chapter events. [www.GAaap.org](http://www.GAaap.org)  
Call 404-881-5020 for more information.