



The GEORGIA Pediatrician

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

President's Letter

The Gift of Self Care



Terri McFadden, MD

"First, close your eyes and take a long, deep breath," the instructor said, as she guided us through the mindfulness exercises that she had carefully planned for our physician group. After first rolling my eyes, I closed them, but continued to think to myself, "What a bunch of hocus pocus!"

Who has time for this? I have charts to finish, return calls to patients to make, labs to follow up, cases to review, and on and on. Not to mention all of the things that I needed to complete for my own household...school concerts to attend, shopping to do, family members to call and check on. Who has time to breathe?" So let's just say, that in the beginning I was less than engaged!

It has taken a while for me to begin to appreciate the importance of mindfulness as a strategy for self-care, but I get it now. As the practice of medicine becomes more complex, we can all see the physician burnout crisis that surrounds us. I hope that we are equally aware of the need to make the necessary changes to preserve the integrity of our profession by preserving our own health and wellness. Whether through mindfulness, or some other activity or practice that promotes wellness, we must make changes. The epidemic of physician burnout has a pervasive negative effect on all aspects of medical care, including career satisfaction. Numerous global studies involving nearly every medical and surgical specialty indicate that one in every three physicians is experiencing burnout at any given time. Most of the major medical societies have started to discuss this issue, and some, including the AAP, have made it one of its strategic priorities.

Burnout is directly linked to a long list of undesirable consequences such as lower patient satisfaction and quality of care, higher medical error rates and malpractice risk, higher physician and staff turnover, physician alcohol and drug abuse and addiction, and even physician suicide. Christina Maslach from the University of San Francisco describes burnout as "an erosion of the soul caused by a deterioration of one's values, dignity, spirit, and will." Clearly, with the increasing demand on physicians, the burn out rate appears to be on an upward trajectory. Experts say that there are 3 telltale signs of burn out and they include: (1) Exhaustion—low energy with continued worsening, (2) Compassion fatigue—not being emotionally available to patients or others, and (3) Lack of efficacy—doubting the meaning and quality of your work. We should all examine ourselves as we think about whether any of these symptoms apply to us.

The causes of burn-out are multifactorial, but we do know that in medicine, we are trained to ignore our physical, emotional and spiritual needs to unhealthy levels, leaving us depleted of the energy needed to care for our patients, families, friends, and even ourselves. As a medical student, I remember being in awe of a resident who conducted rounds while pushing the

Continued on next page.

IN THIS ISSUE:

- 3** Chapter News
- 6** Nutrition Update
- 8** Camp Weekaneatit for Kids with Celiac
- 9** We're Going to Need a Bigger Boat
- 10** Photo Review
- 11** Improving Sickle Cell Patient Care
- 12** Mumps in Georgia
- 14** JUUL: Fastest Growing Brand of E-Cigarettes in the U.S.
- 16** Reach Out and Read: One Pediatrician's Story
- 18** ABP MOC Updates
- 19** Anxiety & Depression in Pediatrics ...Is it an Epidemic?
- 20** Looking Ahead

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President's Letter

Continued from cover

IV pole which held his own IV Fluids! He was determined to be responsible and accountable no matter the circumstance. He was a superhero with superhero powers. That experience became my North Star for the practice of medicine. That would be the type of resident, and eventually the type of practicing physician that I would aspire to become. Others in my generation likely have similar memories about the residents that they patterned themselves after while they were medical students. Although times have changed, and our millennial colleagues are beginning to teach us about the importance of balance, we change very slowly.

As we approach what will likely be a busy holiday season and start of a new year, it is important to take a few minutes to rejuvenate and renew our bodies and spirits. Many of us think that we don't have time to focus on ourselves or that somehow focusing on ourselves is selfish. While in fact, self-care, investing in our own renewal, is one of the biggest gifts that we can give to our patients and our families.

Two thousand nineteen will be an "all hands on deck" moment for us. We will need to raise our hands in support of our fellow Georgian, and President-Elect of the AAP, Dr. Sally Goza, as she begins to define the issues that we be the focus of her season at the helm of our organization. With a new Governor, a new legislative session, a new Congress, and lots of important issues that need to be addressed, we will need all of Georgia's pediatricians to be invigorated and energized to address the many issues at hand. Whether the focus is mental health resources, school readiness, an end to gun violence, the opioid crisis, Adverse Childhood Experiences (ACEs), rural health or others, we want to make sure that we do everything in our power to insure that all of our children have the ability to grow up to their full potential.

Although mindfulness won't cure everything that ails the practice of medicine, it can be a first step on the journey towards self-care and eventual wellness. According to Jon Zinn, the following steps will help you in your move toward mindfulness. (1) Set aside some time—you don't need any special equipment or special place. (2) Observe the present moment as it is—the goal is not to quiet the mind, but to pay attention to the present moment, without judgement. (3) Let your judgements roll by—when they arise, make a mental note of them, and let them pass. (4) Return to observing the present moment as it is—our minds get carried away in thought, so continue to redirect to the present moment, (5) Be kind to your wandering mind—don't judge yourself for your thoughts, just practice recognizing when your mind has wandered, and bring it back.

As you start your new year, remember to be present in the moment. Enjoy the special time with family and friends.

Stay Well!



Terri McFadden, MD



Chapter News & Updates

HPV QI Project Concludes

Congratulations to the following practices for completing the Georgia AAP & Georgia Department of Public Health HPV Immunization Quality Improvement Project.

- First Georgia Pediatrics – Shakerag, Fayetteville
- First Georgia Pediatrics – Yorktown, Fayetteville
- Mountainside Pediatrics, Jasper
- Pediatric Associates of Lawrenceville
- Pediatric Associates of North Atlanta, PC
- Pediatrics Village, P.C., Peachtree City
- Pediatrics at Whitlock, PC, Marietta
- Rivertown Pediatrics, Columbus
- WellStar Kennestone Pediatrics, Marietta

The Chapter provided tools, resources, and technical support that lead quality improvement efforts among 9 practices.

The goal of the project was to increase patients receiving one or more doses of HPV, increase HPV series completion rates, and reduce missed opportunities. This was done by using HPV Immunization Quality Improvement tools (Presumptive statement) and resources from the AAP Champion Toolkit.

The project used GRITS/CoCASA to determine which patients were coming due or past due for a HPV Immunization. Offices then used the list to schedule appointments for patients. Once patients were in the office the providers used the HPV QI training, conducted during learning session I, to incorporate presumptive statements in communication with patients and parents.

Practices worked with a multi-disciplinary “core QI team” of clinical and administrative staff from their office to improve immunizations rates. Across the board all the teams increased HPV immunization rates and decreased missed opportunities!

Reporting Perinatal Hepatitis B-Exposures to Public Health

The Georgia Department of Public Health’s Notifiable Disease / Conditions list was revised in July 2018 to include perinatal hepatitis B exposures. Infants and children exposed to hepatitis B virus (HBV) perinatally should be reported to public health within 7 days of identification of the exposure. HBV-exposed infants/children can be reported to the Georgia Perinatal Hepatitis B Prevention Program at (404) 651-5196.

Infants born to HBV-positive mothers should receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth and complete the hepatitis B vaccine series at 6 months of age. HBV-exposed infants and children should be tested for hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) at 9-12 months of age to determine the child’s HBV status. Postvaccination serologic test results should be reported to the Georgia Perinatal Hepatitis B Prevention Program by the pediatric provider. Additional information and resources can be found on the Georgia Department of Public Health’s website at: www.dph.georgia.gov/perinatal-hepatitis-b



Chapter News & Updates

Additions to the Georgia Newborn Screening Panel

The Georgia Department of Public Health's Newborn Screening Advisory Committee is considering the addition of Spinal Muscular Atrophy (SMA), Pompeii, X-ALD, and MPS1 to the newborn screening panel. Screening for these conditions have been piloted by the newborn screening program. The NSAC is also considering a request by the Chapter to implement targeted screening of Congenital Cytomegalovirus (CMV).



Georgia WIC Infant Formula Rebate Awarded

Mead Johnson Nutrition was awarded the bid to be the rebate contractor of infant formulas for Georgia WIC as of October 29, 2018. As a result of a sole-source infant rebate contract, WIC State agencies are able to receive a rebate for each can of contract infant formula purchased by WIC participants, thus maximizing resources to serve more WIC participants. With the new contract, the following milk-based, lactose-reduced, and soy contract formulas will not require medical documentation for infants (< 12 months):

- **Enfamil Infant**
- **Enfamil Gentlease**
- **Enfamil ProSobee**

The Georgia WIC Formula Guide is designed to assist you in this transition. It is a quick guide that includes approved contract and non-contract formulas. Providers can also review the complete listing of all Georgia WIC approved formulas and medical foods requiring medical documentation. Both resources are available at www.wic.ga.gov under the Health Care Provider link.

Would you like a WIC workshop for your practice?

If you have questions about WIC the Chapter is here to help. We are available to provide a WIC workshop in your practice or at your local hospital to review WIC policies and address your questions about the program. Please contact Kyla Crane, RDN, LD to schedule a workshop. Please visit wic.ga.gov for the latest resources for your practice.

If you have any questions regarding this information, please contact Kyla Crane, RDN, LD, Nutrition Coordinator at kcrane@gaaap.org or (404) 881-5093.

Georgia Medicaid EPSDT Reminders & Updates

Georgia's Early Periodic Screening Diagnosis & Treatment (EPSDT) October manual addressed an NCCI edit that impacted the reporting of maternal depression screening in certain cases. However, it has been discovered that a separate NCCI edit is impacting the reporting of the 96127 and the 96160. The Georgia Department of Community Health Medicaid Program is currently reviewing this issue.

If you have questions about these items for general public health or EPSDT, please contact Fozia Khan Eskew at the Chapter office at either [fes skew@gaaap.org](mailto:feskew@gaaap.org) or (404) 881-5074.



Chapter News & Updates

Dr. Sally Goza Elected AAP President!



Sara H. “Sally” Goza, MD, FAAP of Fayetteville and past president of the Georgia AAP was elected president of the American Academy of Pediatrics last month. She defeated George Phillips, MD, FAAP of Overland Park, Kansas.

Dr. Goza, a general pediatrician, served on the AAP board of directors for 6 years; and was president of the Georgia Chapter from 2004-2006. She graduated from Rhodes College in Memphis and took her MD degree at the Medical College of Georgia. She completed her residency in pediatrics at Cincinnati Children’s Hospital and returned to Fayetteville, her home town, to begin practice.

She will take over as president of the 70,000 member AAP on January 1, 2020 serving this year as president-elect. She will succeed Kyle Yasuda, MD, FAAP of Seattle, Wash. Congratulations Sally!!! We’re so proud of you!!

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Nutrition Update Winter 2019



Jay Hochman, MD

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

1. Food Pouches --B Koletzko et al. JPGN 2018; 67: 561-3

This editorial explains why pureed fruit/food pouches are generally detrimental for child health.

Key points:

- Pouches may interfere with learning to eat from a spoon.
- Feeding infants “a variety of food textures and lumpy foods by spoon feeding and finger foods provides great opportunities for intensive reciprocal interaction between parent and infant.”

The features that make pouches so convenient, though — the smooth texture and squeeze packaging — have some experts concerned.

- These products generally have high energy density, high sugar content, and a very sweet taste and likely predispose towards bad food choices and selections as the child gets older.
- Also, these food pouches may increase the risk of dental caries.

An easy-to-read editorial in NYTimes discusses some of the same issues, “**Rethinking Baby Food Pouches**” (June 19, 2018 Rachel Cernansky):

- “The popular pouches, introduced about a decade ago, now account for 25 percent of baby food sales in the United States.”
- “The features that make pouches so convenient, though — the smooth texture and squeeze packaging — have some experts concerned. They ... can be a gateway to bad long-term snacking habits and routine overeating.”
- “If given these pouches when irritable, children also run the risk of learning to associate sweet snacks with calming down, and to think of snacking in general as an activity to satisfy emotional rather than physiological needs.”
- “Feeding is truly a developmental process, just like learning to crawl, walk, run. We would never do anything to keep a child from crawling,” Ms. [Melanie] Potock [a feeding specialist] said. “Let’s not do anything that would stall them in the development of eating.”

2. SSRIs and Linear Growth --CA Calarge et al. J Pediatr 2018; 201: 245-51

analyzed data from 4 separate trials with a total of 267 boys treated with risperidone. In this cohort, 71% had taken an SSRI.

Key finding:

The duration and cumulative dose of SSRIs was inversely associated with height z score, especially during Tanner 3 and 4 stages. The effect was approximately 1 cm for every year of treatment.

Thus, this study shows an association between SSRIs and decelerated linear growth but it remains unclear if this affects adult height (it could postpone growth). This potential adverse effect needs to be considered in the clinical picture of the severe impairment and distress that can occur due to untreated depression and anxiety.

3. Breastfeeding reduces obesity --AR Goetz et al J Pediatr 2018; 201: 27-33

examine the impact of breastfeeding on the growth of infants with high birth weight (HBW).

Because HBW is associated with later risk of obesity/overweight, identifying strategies early in life is important.

Key findings:

- HBW infants with high weights at 7-12 months of age demonstrated a rapid decline in the percentage of breast milk feedings compared with HBW infants with normal weights at 7-12 months of age.
- Normal birth weight (NBW) infants with high weights at 7-12 months of age received a lower percentage of breast milk and more formula intake than those with normal weights at 7-12 months of age.

Because HBW is associated with later risk of obesity/overweight, identifying strategies early in life is important. Furthermore, as a recent study in NEJM has shown (M Geserick et al. NEJM 2018; 379: 1303-12) that a lot of weight gain issues happen in the first years of life:

Continued on next page

Nutrition Update Winter 2019

Continued from previous page.

- Almost 90% of children who were obese at 3 years of age were overweight or obese in adolescence.
- Among obese adolescents, the most rapid weight gain had occurred between 2 and 6 years of age.

Thus, this study further shows a strong association between consumption of breast milk and normal weights at 7-12 months of age, both in HBW and NBW.

4. Safety of Food Additives --Trasande L, Shaffer RM, Sathyanarayana; *Pediatrics* 2018; 142 (2): e20181408 & technical report: *Pediatrics* 2018; 142 (2): e20181410.

This article highlights child health concerns with food additives. Food additives include the following:

- Direct additives: colorings, flavorings, and chemicals added during processing. This policy statement notes that there are 10,000 direct food additives which are allowed in the U.S.



- Indirect additives: food contact materials including adhesives, plastics, and paper, which can contaminate food as part of packaging and distribution.
- Contaminants like pesticides are not addressed in this policy statement.

Key points:

- Regulation and oversight of many food additives is inadequate. This is due to key problems with the Federal Food, Drug, and Cosmetic Act. Current requirements allow for a "generally recognized as safe" (GRAS) designation. The GRAS process was intended to be used in limited situations, but "has become the process by which virtually all new food additives enter the market."
- Yet the FDA does not have adequate authority to acquire data, which is limited or absent, on chemicals in food additives and their health effects on infants and children,
- Furthermore, FDA regulation does not regularly consider issues of cumulative dosing and synergistic effects of food additives.

FDA regulation does not regularly consider issues of cumulative dosing and synergistic effects of food additives.

Given the potential safety concerns of numerous additives, the policy statement makes the following recommendations for pediatricians:

- Prioritize consumption of fresh or frozen fruits and vegetables.
- Avoid processed meats, especially during pregnancy.
- Avoid microwaving food or beverages.
- Avoid placing plastics in dishwasher.
- Pay attention to recycling labeling, which often offers clues to the type of plastic with concern for the following codes: 3 often indicating phthalates, 6 for styrene, and 7 for bisphenols – unless labeled as "biobased" or "greenware."

The policy statement encourages further regulatory steps for government/FDA as well.

Finally, this is not really a nutrition article, but I wanted to highlight that a new national poison center control guideline (<https://www.poison.org/battery/guideline>) recommends the use of honey in the setting of button battery injuries for children >12 months of age while in route to the ER – if honey is immediately available (should not delay ER care).

Jay Hochman, MD
Chair, Committee on Nutrition
Georgia AAP

Blog site: gutsandgrowth.wordpress.com



Camp Weekaneatit Creates Community for Kids with Celiac Disease



Jeffrey Lewis, MD

Celiac Disease (CD) is a lifelong inherited autoimmune condition, and one of the most common autoimmune diseases, affecting up to 1 in 80 Americans. When people with CD eat foods that contain gluten, it creates an immune-mediated toxic reaction that causes damage to the small intestine and does not allow food to be properly absorbed. Celiac is treated by a strict gluten free diet avoiding all wheat, rye and barley. Even tiny amounts of gluten in foods affect those with CD and cause health problems, meaning that patients with celiac disease must be constantly wary of cross-contamination at every meal and snack.

Even tiny amounts of gluten in foods affect those with CD and cause health problems...



In partnership with Camp Twin Lakes in Georgia, children with celiac disease will meet the last week of June in Winder, GA, at Camp Will-A-Way in Fort Yargo State Park, to experience an immersive, worry-free summer camp experience. Camp Weekaneatit appears like a typical summer camp but it is designed for children with CD. Ten years ago, families affected by celiac joined forces with Dr. Jeffrey Lewis to create an immersive summer experience where kids can exist, play, and eat worry-free, and started by hosting a gluten-free weekend retreat for a few families. What started as an experiment organized by and for families has now grown into an exceptional week-long camp experience serving 70 children from across the country. Supported by the Georgia Celiac Foundation, Camp Weekaneatit is now a staple support for this community, and kids can look forward to camp each year.

Attending camp means one week free from fear and worry, and we want to extend this opportunity to as many affected

children as we are able. Camper fees are \$600 per person but many children have attended through scholarships in partnership with the Georgia Celiac Disease Foundation. By working closely with health care professionals, support groups, volunteers, and former campers, we strive to provide this experience to a broader and more diverse audience.

It is important to note that while this experience is intended for kids with celiac – as Camp Director Jill Waddell



said, “we know that when a disease affects an individual, it affects the whole family” – siblings are also welcome to attend camp.

What started as an experiment organized by and for families has now grown into an exceptional week-long camp experience...

“It’s a really magical program that gives these kids the opportunity to all bond together and create a community where they’re supporting each other, sharing, and learning new coping skills,” said Ms. Waddell. “Our camp programs are very intentional. They think they’re just playing, but it really helps build their self-esteem and helps them leave here a stronger person.”

Interested in connecting or learning more? Check out our website at glutenfreecamp.org and social media @glutenfreecamp or email directly at CampWeekaneatit@gmail.com.

 facebook.com/glutenfreecamp

 instagram.com/glutenfreecamp

 twitter.com/glutenfreecamp

Jeffrey Lewis, MD
Children’s Center for Digestive Healthcare, Atlanta

Elizabeth Wilkes
Director of Development, Georgia Celiac Foundation



We're Going to Need a Bigger Boat



Robert Wiskind, MD, FAAP

With the release of *Jaws* in 1975, Steven Spielberg ushered in a new era of suspense and gave millions of moviegoers a reason to stay out of the water. After a shark attacks swimmers, the new sheriff of Amity, finds himself on a small fishing boat with a crusty local fisherman and a marine biologist. Brody is assigned the task of dumping chum off the back of the boat to attract the shark. As he is complaining about this menial job, he (and the theater audience) get the first glimpse of the shark's massive head as it briefly surfaces. Stunned, Brody backs into the wheelhouse and announces, "You're gonna need a bigger boat." If we are going to preserve the profession of pediatrics, we are going to need to captain a boat that is bigger and more inclusive.

Multiple forces are at work trying to diminish the pediatric medical home. Urgent Care and retail-based clinics seduce parents with the lure of convenience while the practice of cost shifting to families in insurance policies provides a financial disincentive to visiting the pediatrician. Our specialty colleagues face pressure from adult specialists hoping to siphon off children needing simple, but lucrative, procedures. Likewise, the children's hospitals face stiff competition from adult systems that want to capture the profitable labs, imaging, and outpatient procedures, while leaving the sicker children, especially those on Medicaid or who are uninsured, to the children's hospitals. To save our specialty, we need to improve our ability to work together as a pediatric community and broaden that community by coordinating with others to provide the comprehensive, compassionate and convenient care that millennial parents demand.

The use of nurse practitioners and physician assistants in pediatrics is variable. The hospitals and many specialty practices have incorporated these mid-level providers and recognize that they help physicians care for more patients more effectively. The uptake in primary care is less consistent. Private practices should recognize the value that mid-levels provide and the multiple roles they can fill. There is a shortage of pediatricians in rural Georgia; one-third of Georgia counties have no pediatrician. We should be advocating for children in rural Georgia by making it easier for Nurse Practitioners, under appropriate physician supervision, to practice in these underserved areas.

Anxiety and depression in children have clearly increased in recent years. Mental health has become a larger part of pediatric practice. In addition to ADHD, many pediatricians have become comfortable diagnosing and addressing mental health concerns, in part because a shortage of psychiatrists leaves that task in their hands. There are a host of other professionals addressing the mental health needs of children, including psychologists, social workers, therapists, school counselors and clergy. Pediatricians should seek opportunities to work more closely with these mental health providers and consider integrating them into their practice. Think how happy a parent would be to be able to address their child's physical AND mental health needs during the same office visit.

Unfortunately, pediatricians often seem to have an antagonistic relationship with pharmacists and view them as a barrier to caring for our patients. Sometimes it seems their major role is

to tell us that we can't treat our patients as we like; in reality, the pharmacist plays an important role in making sure that prescribed medicines are appropriate, safe and cost effective. Pediatricians should work to establish collaborative roles with the pharmacists in their community. Wouldn't it be

nice to have a conversation with a pharmacist prior to starting a patient on ADHD medicines to determine which medicines are covered by their insurance and will interact well with other medicines they are taking? We have made great strides in increasing the use of generic prescription medicines, but with the help of pharmacists we can do more to save money for families and the healthcare system. Likewise, pediatricians should actively work with pharmacists to prescribe the lowest-cost medicine that will be effective for each child; the newest medicine is often not significantly better than an older, lower-cost alternative.

In *Jaws*, Spielberg wonderfully builds suspense with glimpses of the shark's dorsal fin, blood in the water and hints at the devastation it causes, all accompanied by John Williams' marvelous score. When the shark finally appears it is terrifying, but still not as bad as the image we have built up in our mind. Some anticipate a bleak future for our profession, but maybe it won't be so scary if we build a bigger, more inclusive boat.

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

**Anxiety and depression in children
have clearly increased in recent years.
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Photo Review

This past Fall was a busy one for the Georgia AAP. Our traditional Fall Meeting was held in September, along with our annual awards presentation; and this year also included a Saturday evening Gala to commemorate the 20th anniversary of the chapter's foundation, the Pediatric Foundation of Georgia!



2018 Georgia AAP Award recipients: (from left) Chapter President Terri McFadden, MD; Amy Hardin, MD (Outstanding Achievement), Leah Helton, MD (Young Physician), Rep. John Carson (Legislator of the Year), Kayla Engle-Lewis (Friend of Children), Jonathan Popler, MD (Young Physician), and Chapter Vice President Hugo Scornik, MD. Additional recipients not pictured were Wendell Todd, MD (Georgia Department of Public Health Award); and Doris Greenberg, MD (Leila Denmark Lifetime Achievement) who could not attend.



At Pediatrics on the Parkway we welcomed national faculty Marissa Perman, MD, Philadelphia, (dermatology) and Barbara Howard, MD, Baltimore, (behavioral pediatrics) joined here with Jan Loeffler, MD, Valdosta (center).



The Fall Meeting Pediatric Nutrition Seminar had a terrific attendance! Faculty included: (l to r) Kyla Crane, RDN, LD; Tanya Hofmeckler, MD; Jose Garza, MD; Laura Drohan, MD; and Wes Lindsey, MD.



The 20th anniversary Foundation Gala brought together Lucky Jain, MD, Atlanta, and Mitch Rodriguez MD, Macon, and his wife, Olga.



One of the Foundation's "Golfing Stalwarts" Mike Papciak, MD, enjoyed the evening with (from left) Julia Chi, his wife Collen Papciak, and Stan Cohen, MD, (far right).



The MC duties for the Gala were ably handled by Evelyn Johnson, MD, St. Simons; and Ben Spitalnick, MD, Savannah. The program included testimonials from several Foundation grant recipients on the great work they do.



Improving Sickle Cell Patient Care in Georgia With Community Health Workers



Jeanette Nu'man, MEd

Forward: Each year, 150 infants with sickle cell disease (SCD) are born in Georgia and identified thru NBS and follow-up confirmatory testing. Most are referred for specialty care to pediatric hematologists who collaborate with pediatricians and other primary care providers to ensure that the patients receive appropriate SCD management and preventative services throughout childhood and adolescence. Community-based educational and supportive services, such as those provided the Sickle Cell Foundation of Georgia, are also important to achieving optimal personal, educational and health outcomes, especially during the transition from pediatric to adult care when many adolescents with SCD in GA lose access to appropriate disease based health care. The article below describes an innovative program that uses Community Health Workers to provide critical support during transition to adult care and that has been successful in contacting young adults who are not receiving care and providing critical support to help them assistance needed connect them with primary and specialty care provides knowledgeable about SCD. The article also provides an important to pediatric providers that many patients and families who struggle with chronic illness benefit enormously from community-based supportive services that go beyond what we can provide.

- Peter Lane, MD, AFLAC Cancer and Blood Disorders Center of Children's Healthcare of Atlanta at Hughes Spalding, Atlanta



Some 100,000 people in the U.S. have sickle cell disease, an inherited blood disorder that changes healthy red blood cells that move easily through blood vessels carrying oxygen throughout the body to hard, sticky, crescent or "sickle" shaped cells. Instead of gliding smoothly, the jagged shaped sickle cells get stuck and clog blood flow resulting in excruciating pain and swelling. Sickle

cell disease is most common among African-Americans and Hispanics of sub-Saharan African, South Americans, and people of Caribbean and Central American ancestry. According to the CDC, sickle cell anemia occurs in about 1 out of every 365 African American births and about 1 out of every 16,300 Hispanic-American births. More than 2 million Americans have sickle cell trait. The Georgia Community Connections program, administered by the Sickle Cell Foundation of Georgia, was launched in 2015 to improve the health outcomes of Georgians living with sickle cell disease.

Funded in partnership with the Georgia Department of Public Health, the Sickle Cell Disease Association of America, and the United Way of Metropolitan Atlanta, the Georgia Community Connections program began using a community health worker (CHW) model previously applied in other disease sectors, but is relatively new in its application to sickle cell disease. Advances in sickle cell treatment have increased access to highly specialized, comprehensive, and centralized treatment for children with sickle cell disease, leading to decreased childhood mortality rates. The same is not true, however, for adults living with sickle cell anemia who often experience fragmented care because there are fewer specialists, which results in poor health outcomes and high mortality rates. In a study conducted from 1979 to 2005, researchers found mortality rates for children with sickle cell disease decreased by 3 percent annually, while the mortality rates for adults during the same period increased by 1 percent each year. In response of the findings, CHWs were deployed to help address this disparity and improve health outcomes among individuals, particularly adults, living with sickle cell disease.

Since its inception, the Georgia Community Connections program has provided services to approximately 450 individuals residing in 43 Georgia counties. More than half of those receiving CHW services are female - 68 percent, ranging in age from birth to 87 years. The majority are of African

descent (88 %), 2 percent Latino/Hispanic, 0.8 percent other or mixed, and 0.2 percent are Asian or White. Currently CHWs are in metropolitan Atlanta, Savannah, and Macon. Plans are underway for CHW placement in Columbus, Augusta, and Valdosta. All CHWs are trained and certified with a specialty in sickle cell disease.

CHWs provide care coordination services that include education on disease self-management, access to specialty and primary care services, and linkage to needed community resources. Individuals also have access to information on new treatments and clinical trials. Emerging and young adults between 16-24 years of age, who are transitioning from pediatric to adult care, receive assistance and support with life planning, attainment of educational goals, and establishment of care within an adult medical home.

While individuals living with sickle cell disease in metropolitan areas have access to hematologists, many do not receive routine primary care. Access to specialty care diminishes significantly for those living outside metropolitan areas. Georgia Community Connections collaborates with Federally Qualified Health Centers (FQHC), who play a vital role in connecting program recipients who are uninsured or underinsured, establish a medical home. Partnering with even more providers in rural areas is critical to ensuring individuals with sickle cell live long healthy lives.

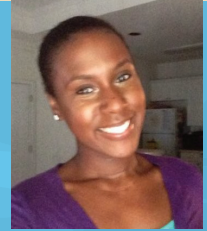
The unfortunate trend of less than half of adults having access to primary care is a combined result of a few practitioners feeling comfortable and knowledgeable about treating sickle cell disease and patients believing that they only need a hematologist. Patient education and strategic partnerships are fundamental elements incorporated into the program to address this issue. The program offers a number of benefits to those living with sickle cell disease.

The Sickle Cell Foundation of Georgia is a community-based organization focused on engaging, educating, and energizing the community to improve the quality of life for people affected by sickle cell disease. Please visit www.sicklecellga.org to learn more about sickle cell disease and available programs and services. For healthcare training opportunities and treatment guidelines for physicians, contact Clinical Services (Dr. Milford Greene) at (404) 755-1641. To refer individuals to the CHW program, contact CHW Services at (404) 755-1641.

Jeanette Nu'man, MEd
Operations Manager
Sickle Cell Foundation of Georgia, Inc.



Mumps in Georgia



Ebony Thomas, MPH

The Georgia Department of Public Health (DPH) is seeing an increased number of mumps cases. As of December 10, 2018*, a total of 135 mumps cases have been reported to DPH. This is the highest number of mumps cases in Georgia in the past 10 years. The median age for cases is 21 years-old (range: 1 yr. old – 81 yrs. old).

Mumps Epidemiology and Clinical Symptoms

Mumps is a contagious viral infection characterized by the acute onset of unilateral or bilateral tender swelling of parotid or other salivary glands. It is often preceded by a nonspecific prodrome, which may include muscle aches, loss of appetite, malaise, headache, and fever. An estimated 30% of mumps infections have no apparent salivary gland swelling and may be asymptomatic or manifest primarily as a respiratory infection. In recent U.S. outbreaks, complications of mumps have included orchitis in up to 10% of adolescent and adult males and oophoritis in <1% of adolescent and adult females. More rarely, pancreatitis, meningitis, encephalitis, and deafness have occurred.

Mumps is spread by contact with infectious respiratory tract secretions and saliva. The incubation period is typically 16 to 18 days but can range from 12 to 25 days. In recent mumps outbreaks, most cases had received two doses of MMR vaccine. A history of appropriate vaccination, however, does not rule out mumps in persons with compatible symptoms.

Reporting

Mumps is a notifiable disease. Suspect mumps cases should be reported to the Georgia Department of Public Health (O.C.G.A. §31-12-2) as soon as possible. **Call your District Health Office or the DPH Acute Disease Epidemiology Section at (404) 657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH after-hours on evenings and weekends. Do not await laboratory results before reporting.**



Laboratory Testing



The Georgia Department of Public Health strongly recommends the **collection of serum for mumps IgM/IgG AND collection of two buccal swabs to confirm a mumps case.** Urine should be collected from patients who present with orchitis or oophoritis. To coordinate

specimen collection and laboratory submission, call your District Public Health Office or the DPH Acute Disease Epidemiology Section at the above numbers. **Please do not send specimens directly to the Georgia Public Health Laboratory (GPHL) or the Centers for Disease Control and Prevention (CDC).** Detailed specimen collection guidance is available at <https://dph.georgia.gov/mumps>.

Vaccination

Mumps-containing vaccine (MMR) remains the most effective prevention against disease. One dose is 78% effective, and two doses are 88% effective† Although mumps immunity may wane over time and vaccinated individuals can still develop mumps, infections tend to be milder with a much lower incidence of complications.

It is important to ensure patients are up-to-date on their MMR vaccine. The first dose of MMR is recommended for children at 12 to 15 months of age with a second dose at 4 to 6 years of age.

Third Dose of MMR

CDC recommends a third dose of mumps virus-containing vaccine for persons who are identified by public health authorities as being part of a group or population at increased risk for acquiring mumps due to an outbreak. Consult public health for recommendations on administering a third dose of MMR.

†.2018 data are provisional and subject to change.

Mumps in Georgia

Continued from previous page.

Actions Requested of Healthcare Providers:

- Consider mumps in persons with acute parotitis or other salivary gland swelling, or orchitis or oophoritis, unexplained by another more likely diagnosis, regardless of vaccination history.
- Use droplet and standard precautions when caring for suspect or confirmed cases and verify that healthcare workers likely to encounter these patients have documented immunity.
- Obtain appropriate clinical specimens. For acutely ill patients who have been previously vaccinated or who are part of an outbreak, a buccal swab for PCR testing is preferred.
- **Isolate suspect and confirmed mumps cases and instruct them not return to school, work, or other public places until five days after the onset of parotitis.** Exposed healthcare providers, without evidence of immunity, should be excluded from work.
- Report suspect cases to public health before obtaining confirmatory lab results by calling your District Health Office or the DPH Acute Disease Epidemiology Program at (404) 657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH after-hours on evenings and weekends.
- Ensure patients are up-to-date on their vaccinations according to CDC's recommended schedules for children and adults.

Ebony Thomas, MPH
Vaccine-Preventable Disease Unit
Phone: 404-657-2588
Email: Ebony.Thomas@dph.ga.gov



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JUUL: Fastest Growing Brand of E-Cigarettes in the U.S.



Alice Little Caldwell,
MD, MPH, FAAP

While rates of smoking combustible cigarettes are declining, the rates of e-cigarette use among young people are increasing. The latest entry into the electronic cigarette market are nicotine pod delivery systems, with the most popular being the JUUL device, pronounced “jewel.” This discrete, sleek, device is attractive to youth and marketed with flavors designed for adolescent tastes, such as Fruit Medley and Crème Brûlée. It looks like a computer flash drive, which is rechargeable at a USB port. The JUUL device consists of a battery and

that vaping be included in all indoor air quality restrictions, including airplanes. Propylene glycol, a humectant, used as a moisture retainer and aerosol generator, along with flavorings, are approved for oral intake but not for inhalation.² E-cigarettes produce an aerosol, not a vapor, and can contain tiny chemical particles, such as metals from the device as well as chemicals from the nicotine solution.²

The most specific risk of JUUL use is its high potential for rapid nicotine addiction, particularly among young people, and advancement to combustible cigarettes. The long-term consequences of regular use are unknown at this time. As pediatricians, we should ask our adolescent patients about their use of JUULs, as well as traditional cigarettes and other e-cigarettes. We should advise patients they are not harmless or safe and pose a high risk for nicotine addiction.



The most specific risk of JUUL use is its high potential for rapid nicotine addiction, particularly among young people, and advancement to combustible cigarettes.



temperature regulation system attached to a pre-filled cartridge (called a JUUL pod or pod mod) with a mouthpiece. The cartridge typically contains a large amount of nicotine (0.7 mL or 59 mg/mL per pod), which leads to a nicotine peak within five minutes, similar to the peak achieved by combustible cigarettes.¹ There are other brands but use of any of these nicotine pods is often called “JUULing.”

JUUL has managed to become the most widely purchased e-cigarette in the US market in the past three years.¹ While the parent company has spent less on traditional advertising on radio and the Internet, the number of Tweets, Instagram, and YouTube videos has increased, showing a direct correlation with JUUL sales. The industry has attracted youthful users by highlighting flavors, accessories, and lifestyle feelings of relaxation, freedom, and sex appeal.¹

Since the pod device system has only been on the market since 2015, there are no JUUL specific studies in the literature on health consequences. Due to concern about the potential health hazards of side stream vapor, the AAP recommends

In 2009, Congress passed the Family Smoking Prevention and Tobacco Control Act, which gave the FDA the authority to regulate the manufacture, distribution, and marketing of cigarettes, cigarette tobacco, roll-your-own tobacco, and smokeless tobacco.³ In August, 2016, the FDA finalized a rule that expanded the scope of the

FDA's jurisdiction to include e-cigarettes, cigars, hookah, and pipe tobacco. This rule stipulated that products placed on the market after February 15, 2007 had to show proof they followed FDA regulations, including health warnings, and had to receive marketing authorization under the FDA. It prohibited the sale of these newer products to anyone under the age of 18. Manufacturers had two years to submit their applications by 2018 and the FDA had an additional year to review these applications.

In August 2017, however, the FDA extended the e-cigarette compliance deadlines for FDA applications to August 8, 2022, which allowed new products to remain on the market without FDA authorization.⁴ During this time period, e-cigarette manufacturers took advantage of this lack of FDA oversight to flood the market with new products, such as JUULs and other pod devices. In August 2018, Dr. Scott Gottlieb, the FDA commissioner, citing the growing epidemic of JUUL usage

Continued on next page

JUUL: Fastest Growing Brand of E-Cigarettes

Continued from previous page.

among young people, gave the five largest manufacturers of e-cigarettes 60 days to provide plans for ways they can protect youth from these products.⁵

In November 2018, the FDA released its latest plan to combat the youth epidemic of electronic cigarette use.⁶ It proposed a ban on menthol in cigarettes, long known to reduce the harshness of cigarette smoke, decrease coughing, and make smoking more palatable to less experienced, younger smokers. It also banned flavored cigars but exempted mint, menthol, and tobacco-flavored e-cigarettes, which may be of benefit to people trying to quit smoking. In addition, the FDA proposed limiting sales of flavored e-cigarettes to adult-only stores and online and eliminating sales at convenience shops. The premarket review deadline, however, remains the same: 2022. In the meantime, the American Academy of Pediatrics supports a lawsuit against the FDA for delaying the implementation of these e-cigarette compliance deadlines.

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¹ Huang J, et al. Vaping versus JUULing: how the extraordinary growth and marketing of JUUL transformed the US retail e-cigarette market. Tobacco Control Published Online First: 31 May 2018. doi: 10.1136/tobaccocontrol-2018-054382

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⁴ American Academy of Family Physicians. Health Groups Sue FDA Over Deeming Rule Implementation Delay. 2018. Retrieved from <https://www.aafp.org/news/health-of-the-public/20180416fdalawsuit.html>

⁵ Kova, R. FDA's plan to tackle youth e-cigarette "epidemic" is a significant and much needed step but action must be taken quickly. 2018. Retrieved from <https://truthinitiative.org/sites/default/files/FDAs-plan-to-tackle-youth-e-cigarette-epidemic-is-a-significant-and-much-needed-step-but-action-must-be-taken-quickly.pdf>

⁶ Truth initiative. 6 key takeaways from the new fda plan on e-cigarettes and other flavored tobacco products. November 18, 2108. Retrieved from <https://truthinitiative.org/news/6-key-takeaways-new-fda-plan-e-cigarettes-flavored-tobacco-products>

Alice Little Caldwell, MD, MPH, FAAP
Associate Professor of Pediatrics
Director of the Newborn Nursery
Medical College of Georgia – Augusta



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Reach Out and Read: One Pediatrician's Story



Sylvia Washington, MD, FAAP

For the past 11 years, I have been the local site coordinator in my pediatric offices for the Reach Out and Read Program. My journey began as an intern, when I adopted the program from a graduating resident. It continued during my work as a general pediatrician in a community health center, and it is ongoing in my role as a pediatrician in private practice. From the start, I fell in love with the message of Reach Out and Read: give books and anticipatory guidance to children in the office ages 6 months to 5 years. The unique model of the program is as follows:

1. Talk with parents about how important it is to read aloud and engage with their young children.

I enjoy talking to parents and grandparents about reading. It brings back fond memories of trips I had with my mother to our local library and getting up to 10 books at a time. It also brings back memories of bedtime stories and my mother reading nursery rhymes in her sweet Caribbean accent. When a father reads to his child with a thick southern drawl, it melts my heart! Kids love when their parents read aloud to them.

2. Demonstrate the best way to look at books and talk about the stories with their infants, toddlers, and preschoolers.

In each exam room, I have a poster, which explains the milestones of early literacy development. It is broken down into 4 sections: motor development, communication and cognition, anticipatory guidance, and what to read. For example, a 6-month-old can hold their head steady, sit in a caregiver's lap, smile, babble, grab the book, and put the book in his or her mouth. This is the perfect age for board books and cute photos!!! These babies literally eat the words up!

3. Encourage them to cuddle up and read together at home and build routines around books. Then, give a new book to the child to take home and keep.

I love to see parents cuddling with their children, reading a book in my office. During their visits, 100% of my patients get a book at every check-up from age 6 months to 5 years. That's 10 books for each child by the time they get to kindergarten. My husband is an educator, and I use his technique of "D.E.A.R: Drop Everything and Read" in my office and in my home. In my office, during the first 1-2 minutes of the check-up for kids 5 years and under, we read aloud. In my home, each afternoon for 20-30 minutes, my children find a spot and read.

Research shows that when pediatricians promote literacy readiness according to the Reach Out and Read model, there is a significant effect on parental behavior and attitudes toward reading aloud, as well as improvements in the language scores of young children who participate. These effects have been found in ethnically and economically diverse families nationwide.

The body of independent, peer-reviewed, and published research supporting the efficacy of the Reach Out and Read model is more extensive than for any other psychosocial intervention in general pediatrics.

Our research shows that in families served by Reach Out and Read:

- Parents are **2.5X** more likely to read to their children
- Parents are **2X** more likely to read to their children more than three times a week
- Families are **2.5X** more likely to enjoy reading together or have books in the home
- Children's language development is improved by **3-6 months**
- Children's language ability **improves with increased exposure** to Reach Out and Read

Source: www.reachoutandread.org

I encourage you to start a Reach Out and Read Program in your office. It's one of the best investments I've ever made in my practice!

As the chair of the Early Career Physician Section of the Georgia Chapter of the American Academy of Pediatrics, my goal is for every young pediatrician in Georgia to feel connected and heard. Please let me know how I can best serve you. Sending a little love your way for the new year! Hug your family for me.

Sylvia Washington, MD, FAAP
Chair, Early Career Physician Section
Georgia AAP, Rome

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a passion for sports injury prevention

Ashley Brouillette, MD joins Children's as a sports medicine primary care physician. She completed her fellowship at Texas Southern University working with their football, women's soccer and basketball programs. Dr. Brouillette is passionate about getting young athletes back to playing their sports quickly and safely.



a leader in orthopaedic surgery

Robert W. Bruce Jr., MD is a pediatric orthopaedic surgeon and the Medical Director of the Neuromuscular Program at Children's. Dr. Bruce's areas of clinical expertise include spinal disorders and cerebral palsy. He cares for children and young adults with all forms of pediatric spinal problems with an emphasis on idiopathic scoliosis and scoliosis in patients with cerebral palsy and other neuromuscular diseases.



dedicated to improving patient outcomes

Nicholas Fletcher, MD is a pediatric orthopaedic surgeon and the Medical Director of Spine Quality and Outcomes at Children's. Dr. Fletcher is actively involved in research efforts and specializes in pediatric spine and hip conditions. He cares for children and young adults with complex hip problems and hip dysplasia as well as spinal disorders including scoliosis, kyphosis, spina bifida, spondylosis and spondylolisthesis.



focused on getting athletes back to sports

Crystal Perkins, MD is a pediatric orthopaedic surgeon specializing in the treatment of sports and traumatic injuries in children, adolescents and young adults. Dr. Perkins has a passion for research in sports medicine and focuses on hip, knee, ankle, shoulder and elbow disorders.

Drs. Bruce and Fletcher of Emory Pediatric Orthopaedics will be joining Children's Physician Group—Orthopaedics and Sports Medicine on Feb. 1, 2019.



ABP Maintenance of Certification Updates



Anna Kuo,
MD, FAAP



Brad Weselman,
MD, FAAP

The American Board of Pediatrics (ABP) has made significant changes to its Maintenance of Certification Program (MOC) over the past several years. Diplomates, who believed in the benefits of certification and ongoing assessment, and wanted to help improve the process, prompted many changes, which are designed to make MOC less burdensome and more conducive to life-long learning. We want to provide a quick update and answer some common questions that we are frequently asked regarding MOC.

What CME activities are applicable toward Part 2 credit (Life-Long Learning and Assessment)?

Through a recent collaboration between the ABP and the Accreditation Council for Continuing Medical Education (ACCME) many CME activities that meet ABP standards may now also be claimed for Part 2 credit. Resources include ABP-provided activities, online activities from the AAP and other organizations, and more than 2300 qualifying CME activities registered through ACCME.

What is MOCA-Peds?

Before 2017, the only option for demonstrating currency of knowledge was the MOC exam (Part 3) taken at a secure testing center once every 10 years. Many diplomates were dissatisfied with the experience and cited the many hours spent studying for the exam, the lack of feedback and learning during the test, and the inconvenience of going to testing centers. In response, the ABP developed and pilot-tested over two years MOCA-Peds (Maintenance of Certification Assessment for Pediatricians), which delivers 20 questions electronically each quarter via computer or mobile device, to be answered anytime during the quarter. The questions are designed to be answered in less than 5 minutes, and diplomates may use printed or on-line resources during the exam. MOCA-Peds combines assessment with learning, as the correct answer, a discussion, and references are provided after each question. MOCA-Peds will become an alternative way to meet the exam requirement for general pediatricians and for some specialties starting in 2019.

I can't find any QI projects that are relevant to what I do!

Significant changes have been made to the practice improvement requirement (Part 4). The ABP encourages pediatricians to work locally and create QI projects applicable to their own practices, using a short form to apply for MOC credit. In addition, more than 130 institutions, including the AAP, are Portfolio Sponsors by the ABP or by the American Board of Medical Specialties (ABMS) and can award Part 4 credit to diplomats, who participate in the portfolio's approved QI projects.

Talk to me about the fees...

The ABP is committed to controlling costs to our diplomates. Fees cover the costs of developing, administering, evaluating, and reporting the results of the initial certifying exam, the general MOC exam and program, and 15 subspecialty initial and MOC exams. Fees also include access to all ABP online Part 2 and 4 activities, as well as Question of the Week and MOCA-Peds. As a non-profit organization, the ABP is committed to responsible financial stewardship and recently earned GuideStar's "Platinum Seal of Transparency."

For 2019, the initial certification exam fee is \$2265 (unchanged since 2014). The MOC 5 year cycle fee is \$1304 (unchanged since 2015); diplomates now also have an annual fee option, which is \$275/year.

A comparison of board fees among the primary care boards:

Initial certification exam fees:

ABIM	\$1385	ABFM	\$1300
ABOG	\$3365	ABP	\$2265

(this includes the first 5 year MOC cycle)

MOC fees per 5 year cycle:

ABIM	\$1100	ABFM	\$1125
ABOG	\$1413	ABP	\$1304

We would like to thank the thousands of Georgia AAP pediatricians, who are participating in continuous learning, self-assessment, and practice improvement. We look forward to collaborating with the chapter in our joint mission to improve healthcare outcomes for children.

Anna Kuo, MD, FAAP
Peachtree Park Pediatrics,
Atlanta
Chair-elect, ABP

Brad Weselman, MD, FAAP
Snapfinger Woods Pediatrics,
Decatur
Board of Directors, ABP



Anxiety & Depression in Pediatrics... Is it an Epidemic?



Robert Licata, MD, FAAP

As I write this, I am saddened to hear another student, this one from Lassiter High School in Marietta, has taken his own life. You don't hear about it because people don't talk about it. A year ago in September, a student from Roswell High School committed suicide. My son was a senior there and was quite shaken by the event. He came home that day and asked me, "Why don't the schools talk about it?" I didn't have an answer.

As a general pediatrician for over 33 years, a father of 4 sons, I too was concerned and questioning. It seems my days of seeing newborns, treating snotty noses, ear infections and strep throat, are now filled with seeing and helping my patients deal more and more with anxiety and depression. I look back at the last five years and I believe there is a crisis, a serious crisis, happening right before our eyes...and I'm not talking about politics. Lord knows that's another story. Perhaps it will take some brave politician to change things so that we start addressing the issues surrounding anxiety and depression.

Back to my son: I sat down with him that afternoon in September and he described the situation at his school; how they allowed students to go to the media center and talk to counselors about the incident and their feelings, but as he put it, "that was after the fact, and it didn't offer much." He seemed to want to do something, so I asked him to get some of his fellow students together and meet at our house and we would talk about it.

That Wednesday evening, twenty-five kids and two parents showed up at my house! Needless to say, I was surprised and so impressed that these high school juniors and seniors wanted to do something. I asked a few of my patients that I had been treating for anxiety and depression to join us and together we talked and learned about anxiety and depression. One thing I insisted on was that if we were to continue meeting, everything would be confidential. Oh, and everyone had to deposit their phones in a basket upon arrival to the meetings. They didn't like that much at all, as though I was asking them for an appendage, but they all got used to it by the second meeting.

I also asked neuropsychologist, Dr. Damond Logsdon and Teresa Stann, co-founder of the Lou Ruspi Jr. Foundation to join the group. The Lou Ruspi Jr. Foundation is an organization bringing suicide Prevention and Mental Health Awareness to schools and communities. Together with the help of my wife, Niveen, we educated these kids about anxiety and depression. After 8 weeks of meeting every Wednesday and Sunday night the kids decided they wanted to name the group and develop an educational presentation that they could present to their fellow

students. They formed PROJECT GOLDEN LINING, for, out of their classmates' death, there may be a 'golden lining.' Their motto was "Proactive, not reactive." They decided to conclude their presentation by shouting, "LET'S TALK ABOUT IT!!"



On December 6, 2017, they had their first presentation. I invited the school superintendents from Fulton and Cobb Counties, eight high school principals, two middle school principals, eight School Board Members and two State Senators. Sadly, only one middle school principal and one school board member found the time to attend but I was pleased that state representative Betty Price, MD and state senator Kay Kirkpatrick, MD were in attendance. There were over 100 attendees and they loved it. The students were great. For me, it did shed some light on the apathetic attitudes of our school principals and school board members.

Since that first presentation, my wife and I have visited numerous public and private schools to let the students present, but it's been disappointing. Seems it doesn't appear to be too concerning to them. We had our second presentation at Elkins Point Middle School, thanks to the principal, Mrs. Kindra Smith, and school counselor Will Jones who called it "the right work at the right time with the right mission." It again was well received.

Most of the group has since graduated and moved on. Anxiety and depression effects one in five, but I think the numbers are much higher. Unfortunately, I see three to five newly diagnosed patients a week and that's only because my group of pediatricians are willing to take on the challenge of treating these kids.

There is a lot to be done but, unfortunately, people do not accept the fact that we are in a crisis. Why is there no exposure to mental health education in our schools? Why don't our kids have access to an on-campus psychologists at every school? How many more of our kids will take their own lives before we as a society get our heads out of the sand?

Robert Licata, MD, FAAP
Pediatric Associates, PC, Marietta



Georgia Chapter

1350 Spring St, NW, Suite 700
Atlanta, Ga 30309



Looking Ahead:



● February 23, 2019

Winter Symposium

Savannah Marriott Riverfront
Savannah, Ga.

● April 24, 2019

Pediatric Foundation of Georgia The Jim Soapes Charity Golf Classic

Harbor Club at Lake Oconee,
Greensboro, Ga.

● June 12-15, 2019

Pediatrics by the Sea Summer CME Meeting

The Ritz Carlton, Amelia Island, Fla.

● February 28, 2019

Legislative Day at the Capitol

State Capitol, Atlanta

● May 17, 2019

Georgia Pediatric Nurses & Practice Managers Association Spring Meeting

Cobb Energy Centre, Atlanta

The Georgia Pediatrician is the newsletter of the Georgia Chapter/American Academy of Pediatrics

Editor: Alice Little Caldwell, MD | Email: acaldwel@augusta.edu



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