FALL 2021 ISSUE

Georgia Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

The GEORGIA Pediatrician

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President's Letter

The Pediatrician Village

Hugo Scornik, MD, FAAP

It may take a village to raise a child, but it takes a community of pediatricians to improve children's health in Georgia. I was reminded of our community this summer during our Chapter's first hybrid conference at Amelia Island, Florida. After more than a year of meeting virtually, it was great to personally reunite with so many of you! Thank you to our Peds-By-the-Sea co-chairs Dr. Stephen Thacker and Dr. Alison Niebanck for planning an excellent program featuring superb faculty from the new Dwaine & Cynthia Willett Children's Hospital of Savannah.

Further celebrating our pediatric community, three members of our Covid Task Force recently received AAP Achievement Awards, Dr. Evan Anderson (Chair of our Infectious Diseases Committee), Dr. Stephen Thacker (Vice-Chair of ID committee), and Dr. Kristie Clark (CDC liaison to the Georgia Chapter). Congratulations and thank you for your work. The Covid pandemic remained top of mind for the Chapter this summer, as we worked to make delivery of the Covid vaccine to primary care offices as easy as possible. The Chapter successfully advocated for DPH to break up the 1170 dose Pfizer tray into more manageable batches of 60 and 120 doses. We hosted a webinar on Covid vaccine logistics, which was attended by more than 150 pediatricians and their staff, expertly presented by Dr. Georgina Peacock, Dr. Jane Wilkov and Dr. Ben Spitalnick. With assistance from DPH and national AAP, we created three pro-vaccine television commercials that aired across the state. Thank you to our Communications Chair Dr. Flavia Rossi and Vice-Chair Dr. Joanna Dolgoff for their work on this project.

Georgia's pediatrician community includes many passionate legislative advocates, led by Legislative Committee Chair Dr. Melinda Willingham and Vice-chair Dr. Bob Wiskind. Georgia's legislative session ended this past April, a session that was notable for several Georgia AAP advocacy victories. In concert with our Primary Care Coalition colleagues, the Chapter successfully fought for an increase in Medicaid rates for the 18 most used CPT codes to 2020 Medicare levels. In addition, we were pleased to see the passage of HB163 which will "fast-track" SNAP-eligible children for Medicaid enrollment. The session also saw the passage of Chapter supported measures that will make improvements to the prior authorization process as well as to telehealth delivery.

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Dr. Evan Brockman chairs our Chapter's mental health initiative, Behavioral Health Too! (BH2) which continues its important work. A recent survey of pediatricians performed by the BH2 team revealed the immense mental health challenges faced by Georgia's children. For example, over 95% of pediatrician respondents reported seeing an increase in anxiety and depression in their offices since the onset of the pandemic.

Our Chapter's 45 committees do an immense amount of work supporting children's health in our state. Leaders from the Medicaid Task Force, including Chair Dr. April Hartman and Vice-Chair and Chapter Secretary Dr. Anu Sheth, met several times with Peachstate CMO executives to ensure a smooth transition as they merged with Wellcare. Our Breastfeeding Committee, chaired by Dr. Tarayn Fairlie, has started a breastfeeding-friendly pediatrician certification and is also busy hosting frequent educational webinars. Our School Health Committee, chaired by Dr. Veda Johnson, has updated their

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Toolkit for School Reentry, and were also involved in our sending an open letter to all school superintendents emphasizing Covid safety in schools. Our Fetus and Newborn Committee, chaired by Dr. Mitch Rodriguez, helped advocate for Synagis approval for eligible newborns during this year's delayed RSV season. The Immigrant Child and Family Health Committee, chaired by Dr. Lara Jacobson, has held several community immigration advocacy summits. The Telehealth Committee, chaired by Dr. Jonathan Goodin, has advocated for continued payment of telehealth services both during and beyond the pandemic.

We pediatricians are a tight-knit community, a village of child health advocates, working together, supporting one another, and always striving to make our state the best place to raise a child.

In addition, I would like to thank our three Pediatric Foundation Endowment Campaign Co-chairs, Dr. Terri McFadden, Dr. Ben Spitalnick, and Dr. Jan Soapes. They are spear-heading our efforts to raise $500,000 over three years to permanently endow our Chapter's charitable arm as we approach our 70th anniversary. I want to thank the Chapter's Board of Directors for approving $250,000 towards this effort. Now we need your support! If you are able, please go to our website to learn more and make your gift.

Realizing the remarkable breadth of work being done by Georgia's pediatricians, even during a pandemic, never fails to inspire me. If you would like to become involved in these efforts, please contact the Chapter office. We pediatricians are a tight-knit community, a village of child health advocates, working together, supporting one another, and always striving to make our state the best place to raise a child. In the words of Helen Keller, "Alone we can do so little; together we can do so much."

Hugo Scornik, MD, FAAP

References:
[1] Goyal, "Racial Disparities in Pain Management of Children with Appendicitis in Emergency Departments", JAMA Pediatrics, 2015.
[2] Nafiu, "Race, Postoperative Complications, and Death in Apparently Healthy Children", Pediatrics, 2020.

Early Hearing Detection and Intervention Updates (EHDI) and Staying On Target During the Pandemic

Paula Harmon, MD FAAP

Early Hearing Detection and Intervention (EHDI) activities beginning at the birth hearing screening and leading into early intervention, have positively impacted outcomes for children who are deaf or hard of hearing. Universal newborn hearing screening has resulted in significantly lowering the average age of identification. Screening is necessary but does not ensure the next critical steps of timely identification and diagnosis, amplification, and referral to early intervention, all with the goal of promoting language development.

The goal of EHDI is to assure that all infants are identified as early as possible, and appropriate intervention initiated, no later than 3–6 months of age. Children and families experience optimal outcomes when these benchmarks are met. Additionally, communication and linguistic competence (in spoken language, signed language, or both) are achievable when timelines are met, and when optimal audiologic and early intervention services are accessible. 2019 EHDI best practice recommendations from the Joint Committee on Infant Hearing (JCIH) build on the previous early detection recommendations. It is critical to review and remind ourselves about the importance of early diagnosis of hearing loss best practices. At the same time, this reminder includes reporting screening and diagnostics in the state EHDI database, the State Electronic Notifiable Disease Surveillance System (SendSS). EHDI does not stop at the initial screening and diagnostics but continues with the recognition of the need for continued surveillance of auditory and speech-language development in all infants and children, regardless of outcome of newborn hearing screening. In particular, premature infants, those with genetic disorders, craniofacial anomalies, delayed-onset and/or progressive hearing loss, or parental concerns are at risk. States who meet the 1-3-6 benchmark (screening completed by 1 month, audiologic diagnosis by 3 months, enrollment in early intervention by 6 months) should strive to meet a 1-2-3 month timeline. Our goals in the Georgia/ GAAP EHDI program are to continue to strive for 1-3-6 due to delays caused by COVID-19, with our eyes on the ball for 1-2-3 in the coming months, as we look to avoid post pandemic delays in treatment and intervention.

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ADDRESSING CONCERNS ABOUT NEWBORNS WHO MISSED THE NEWBORN HEARING SCREENING OR DIAGNOSTICS DUE TO COVID-19

If universal hearing screenings could not be conducted (e.g., due to hospital protocols or home birth during COVID-19), hearing care providers should keep accurate records of newborns who have missed a hearing screening. At this time, services have resumed in most locations and protocols have been put into place for screening and diagnostics. Screening needs to take place immediately for those who were unable to be tested or were lost to follow up during the pandemic. Whenever possible, contact information for early intervention services/pediatric audiologist should be given to families whose child was screened and referred but may be unable to get a diagnostic audiologic evaluation or an outpatient screening. Providers administering follow-up screenings to newborns not passing the newborn hearing screening are required to report any follow-up screening results to the Department of Public Health.

Newborn Screening

- Otoacoustic Emissions (OAEs)
- Automated Auditory Brainstem Response (AABR)

Diagnostic Audiology and Audiological Interventions

- Auditory Brainstem Response (ABR)
- Early Intervention and Family Support

Paula Harmon, MD FAAP

EHDI Physician Champion, Georgia AAP
Pediatric Ear Nose and Throat of Atlanta
CHOA Medical Director of Hearing Loss

References:
Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. The Joint Committee on Infant Hearing. Journal of early hearing detection and intervention. 2019; 4(2): 1-44

Nutrition Update Summer 2021

Jay Hochman, MD

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

1. A Gluten-Free Diet for Celiac disease is hard to maintain.

JP Stefanolo et al. Clin Gastroenterol Hepatol 2021; 19: 484-491. This recent prospective observational study reinforces the idea that most people with celiac disease are unable to accomplish a strict gluten-free diet (GFD). The investigators enrolled 53 adults with celiac disease (CD) for at least two years and followed symptoms as well as stool/urine testing for gluten immunogenic peptide (GIP). "GIP in stool can detect gluten consumption of more than 40 mg/d and the urine tests are positive from 40 and 500 mg/d of gluten." **Key finding:** Over the 4-week study period, weekend samples (urine) identified 70% of patients excreted GIP at least once, compared with 62% during weekdays (stool).

Two other studies also showed a high rate of inadvertent gluten exposure among participants who endorsed a strict GFD:

- **JA Silvester et al. Gastroenterol 2020; 158: 1497-99.** 12 of 18 with good or excellent GFD adherence based on standardized self-report were exposed to gluten within the 10-day study period.
- **F Fernandez-Banares et al. Am J Gastroenterol 2021; 116: 1036-104.** Among 76 patients (median age 36.5 years) who were prospectively followed for 2 years, persistent villous atrophy was observed in 40 (53%). In this group, 72.5% were asymptomatic (based on Likert scales) and 75% had negative serology. Detectable fecal gluten immunogenic peptides (f-GIPs) were present in at least one sample in 69% of patients.

2. Are we on the verge of improved pharmacologic management of obesity? Several studies have shown that glucagon-like peptide-1 (GLP-1) receptor agonists, like liraglutide and semiglutide, are showing promise as agents to promote weight loss, primarily by inhibiting appetite.

JR Lundrgen et al NEJM 2021; 384: 1719-1730. This study showed that liraglutide can promote weight loss, especially if combined with exercise. At 1 year, all the active-treatment strategies led to greater weight loss than placebo: difference in the exercise group, −4.1 kg (P=0.03); difference in the liraglutide group, −6.8 kg (P<0.001); and in the combination group, −9.5 kg (P<0.001).

FDA Press Announcement, June 4, 2021: FDA Approves New Drug Treatment (Semiglutide) for Chronic Weight Management, First Since 2014. https://www.fda.gov/news-events/press-announcements/fda-approves-new-drug-treatment-chronic-weight-management-first-2014

"The U.S. Food and Drug Administration approved Wegovy (semaglutide) injection (2.4 mg once weekly) for chronic weight management **in adults** with obesity or overweight with at least one weight-related condition (such as high blood pressure, type 2 diabetes, or high cholesterol), for use in addition to a reduced calorie diet and increased physical activity…The drug is indicated for chronic weight management in patients with a body mass index (BMI) of 27 kg/m2 or greater who have at least one weight-related ailment or in patients with a BMI of 30 kg/m2 or greater… The largest placebo-controlled trial enrolled adults without diabetes. Individuals who received Wegovy lost an average of 12.4% of their initial body weight compared to individuals who received placebo".

Nutrition Update

Continued from previous page.

3. Is there an allergic basis for irritable bowel syndrome (& similar functional disorders)?

Aguilera-Lizarraga, J., Florens, M.V., Viola, M.F. et al. Nature 2021; 590 (7844):151-156.
This study showed that there is frequently a local immune response to food antigens that drives meal-induced abdominal pain. In a commentary on this study, M Rothenberg **(NEJM 2021; 384:2156-2158)** makes the following points:

- "A peripheral immune mechanism involving local mast cells stimulated by food-induced local IgE may underlie the symptoms associated with IBS and functional abdominal pain; these findings prompt consideration of new therapeutic strategies to target mast cells and allergies."
- Mice that were treated with agents that interfered with allergy "including anti-IgE, mast-cell stabilizers, and histamine H1 receptor antagonists, attenuated the pathologic and symptomatic responses."
- The study shows that a "bacterial infection can break oral tolerance to a dietary antigen…which in turn can lead to increased gut permeability."
- The findings in human "showed no evidence of systemic IgE against common foods" but localized reactions were identified in every IBS patient after allergen injection into rectal mucosa.
- Despite these findings, currently it is still a futile effort to look for systemic allergic food reactions in patients with IBS and functional GI disorders.

4. The Mediterranean diet may be useful adjunct treatment for Crohn's disease.

JD Lewis et al. Gastroenterol 2021;
https://doi.org/10.1053/j.gastro.2021.05.047
This study compared the Mediterranean diet (MD) with the Specific Carbohydrate Diet in 191 adults with Crohn's disease. **Key findings:** The percentage of participants who achieved symptomatic remission at week 6 was similar between the MD and the SCD (MD 43.5%; SCD 46.5%). Both groups had a low response in terms of CRP improvement: CRP response was achieved in 2/37 participants (5.4%) with SCD and 1/28 participants (3.6%) with MD.

Overall, MD is much less effective than pharmacologic therapies but may help those with very mild disease or improve symptoms in those receiving other therapies with a partial response.

5. Oral medication for celiac disease is NOT ready for prime time.

D Schuppan et al. NEJM 2021; 385: 35-45.
This study provides the best proof yet that an oral treatment may be helpful in the future. The current study analyzed, a transgluaminase 2 inhibitor (ZED1227), in a 6-week randomized, double-blind, placebo-controlled study with 159 participants to see if the agent could reduce histologic injury compared to placebo; all patients were receiving a diet with 3 grams of daily gluten. **Key finding:** the estimated difference from placebo in the change in the mean ratio of villus height to crypt depth from baseline to week 6 was 0.44 in the 10-mg group (P=0.001), 0.49 in the 50-mg group (P<0.001), and 0.48 in the 100-mg group (P<0.001). Thus, ZED1227 attenuated, but did not prevent, the damage induced by gluten in individuals with celiac disease.

Jay Hochman, MD
Vice Chair, Committee on Nutrition, Georgia Chapter AAP
Blog site: gutsandgrowth.wordpress.com

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Anthony Egger, MD
Pediatric Orthopedic Surgeon

Anthony Egger, MD, received his medical degree at St. Louis University School of Medicine and completed his orthopedic residency at the Cleveland Clinic in Ohio. Dr. Egger recently completed his orthopedic surgery fellowship training at Children's Healthcare of Atlanta/Emory University School of Medicine. His clinical interests include sports medicine, arthroscopic surgery, cartilage preservation and ligament reconstruction. Dr. Egger holds clinic in Atlanta, Stockbridge and Fayetteville.

Tuba Khan, MD
Pediatric Neurologist

Tuba Khan, MD, is a board-certified neurologist who joined Children's in August. Dr. Khan received her medical degree at Aga Khan University Medical College and completed her residency training at the University of Texas Southwestern Medical Center in Dallas. She specializes in developmental neurology. Dr. Khan sees patients at the Center for Advanced Pediatrics in Atlanta.

Niraj Patel, MD
Pediatric Allergist and Immunologist

Niraj Patel, MD, is board certified in pediatric infectious diseases and allergy and immunology. Dr. Patel received his medical degree and residency training at the University of Louisville School of Medicine before completing his fellowship training at Baylor College of Medicine. Prior to joining Children's, Dr. Patel served as Director and Founder of the Immunology Clinic at Levine Children's Hospital. His clinical interests include immunodeficiency disorders and recurrent infections in children. He sees patients at the Center for Advanced Pediatrics in Atlanta.

Tatiana Patsimas, MD
Sports Medicine Pediatrician

Tatiana Patsimas, MD, joined Children's in September. Dr. Patsimas received her medical degree at East Tennessee State University Quillen of Medicine and recently completed her residency and fellowship training at the University of Colorado. Dr. Patsimas' clinical interests include female athlete issues; dance, cheerleading and gymnastics injuries; and concussion management. She cares for patients at our Alpharetta, Dacula and Duluth clinics.

Neal Sankhla, MD
Pediatric Neurologist

Neal Sankhla, MD, joined Children's in September. Dr. Sankhla received his medical degree at Drexel University College of Medicine and completed his residency training at the University of Alabama at Birmingham School of Medicine. He then completed his fellowship training at Children's Hospital of Philadelphia. Dr. Sankhla's interest includes caring for children with epilepsy. He sees patients at the Center for Advanced Pediatrics and the Northside Professional Building in Atlanta.

Foundation gives grants to Med School Pediatric Interest Groups & Clubs

The Pediatric Foundation of Georgia, the Chapter's philanthropic arm, provides grants to the state's medical schools to support activities of their pediatric clubs or interest groups for medical students. It has been the custom of the Foundation to make these grants every other year. Below are some of the activities the groups have engaged. All photos are pre pandemic.

Philadelphia College of Osteopathic-Suwanee campus
Club members had a Trick-or-treating event at local school. 2019

Memorial Health
Club members gathers for Christmas gift collection for underprivileged children. 2019

Morehouse
The Pediatric Interest Group there created Christmas stockings for kids in 2019.

Emory
Members of the Pediatric Interest Group at Emory met with Santa via Zoom during the holidays.

Remember Me

Robert Wiskind
MD, FAAP

In the first act of Hamlet, the title character is visited by the ghost of his father who reveals he was murdered by his own brother who then took his crown and married his wife. The ghost urges Hamlet to avenge his murder, setting him on a path that leaves all the major characters dead by the end of the play. The ghost's final words to Hamlet are "Adieu, Adieu, Adieu! Remember me."

Over the past 15 months, three pediatricians who shaped my career passed away. Barbara Bruner oversaw residents at the Grady Pediatric Emergency Clinic during my training years. She taught me the value of organization and attention to detail. She recommended that trainees always do a complete exam, regardless of the reason for visit, saying that it took seeing hundreds of examples to appreciate the variety of normal anatomy. Because of her, I typically listen to the heart and lungs of every patient, even if they only have ear pain or a rash, which allowed me to catch the totally asymptomatic 4-year-old with a heart rate over 200, leading to the diagnosis of Wolf-Parkinson-White and appropriate treatment.

As a resident at Emory, I also had the pleasure of learning from Joe Snitzer, the original hospitalist at Egleston Hospital. Dr. Snitzer had unparalleled enthusiasm for difficult cases and reveled in thinking through the diagnosis and treatment of very sick children. He was a gentle teacher who always impressed with his kindness and authenticity. For many years, he played the role of matchmaker between graduating residents and local practices looking to hire a new associate. I have him to thank for the past 29 years at Peachtree Park Pediatrics and try to honor him when I am able to help groups connect with new physicians.

When I finished residency, I knew a lot about Pediatrics, but not as much about how to be a pediatrician. Fortunately, I joined a practice with excellent role models. Olin Shivers was a southern gentleman, who demonstrated grace and peace when he died from pancreatic cancer a few years after I started working with him. Bob Garner was tough, but fair, with a passion for the profession. After years of declining health, he finally decided to retire, only to pass away a month before the appointed time. His retirement party became a memorial gathering instead, teaching me the value of timing and planned transitions.

I had the pleasure of practicing with Randy Barfield for 24 years until his retirement in 2016. Randy, who died unexpectedly in January, had many interests and was passionate about all of them. He was an avid golfer and collector of golf memorabilia, and he would proudly show you his collection of presidential autographs (though he never got around to getting one from #45).

While in college, Randy and some fraternity brothers drove to Montreal for the 1967 World's Fair. He enjoyed his time there so much that, after graduating from Emory Medical School, he decided to do his residency in Montreal. Randy arrived in Canada speaking little French, so he looked for a way to connect with the young children he cared for in the hospital. Realizing that Mickey Mouse transcends language, he would draw a cartoon Mickey on the back of the patient's hand. For the next 45 years this became his calling card; at the end of every visit, he would offer Mickey on the hand or a tongue depressor, adding a hairbow for those who wanted Minnie. After his death, it was amazing how many parents and former patients commented on Mickey Mouse and the lasting impression that made.

Randy taught me the value of caring about patients as well as caring for them. He also opened my eyes to the ways a pediatrician can serve outside the practice, filling many roles within Egleston/CHOA, the Georgia Chapter and other organizations benefiting children.

Earlier in Hamlet, Polonius bids farewell to his son as he heads off to make his way in the world. After dispensing with fatherly platitudes about finances and friendship he concludes with this wonderful advice: "This above all—to thine own self be true."

We all have role models and mentors who deserve our thanks for making us who we are today. They taught best by being true to themselves and we have an obligation to continue that tradition in our interactions with patients, parents, trainees and colleagues. Like Randy Barfield, that ensures that we will be appreciated and remembered.

Robert Wiskind, MD, FAAP

Chapter Past President
Peachtree Park Pediatrics
Atlanta

New Primary Ciliary Dyskinesia (PCD) Center

Jonathan Popler, MD, FAAP, FCCP

A 2-year-old born at full term who had neonatal respiratory distress and now has a refractory chronic wet cough

A 5-year-old with recurrent sinusitis, pneumonia, and otitis media who receives frequent courses of antibiotics.

A 10-year-old with situs inversus who has been having persistent nasal drainage and persistent cough, both present since infancy.

What do all these patients have in common? The answer to all these clinical scenarios could be Primary Ciliary Dyskinesia.

The Primary Ciliary Dyskinesia (PCD) Center is a new multidisciplinary clinic at Children's Healthcare of Atlanta. The PCD Center grew out of a persistent need for diagnostic work-up and ongoing management for patients with PCD. This is a unique cross-campus collaboration between the Egleston and Scottish Rite Pulmonology groups. With this program, Children's Healthcare of Atlanta joins a select few children's hospitals in the nation providing these services. In May, the PCD Center underwent an extensive site review and received formal accreditation by the PCD Foundation. Our participating pulmonologists are Drs. Allan Dias, Devon Greene, Lokesh Guglani, and Jonathan Popler.

PCD (formerly known as Immotile Cilia Syndrome) is a genetic disorder that affects ciliary function leading to an accumulation of mucus causing recurrent respiratory, sinus and ear infections in children. Children with PCD tend to have early onset of chronic wet cough and nasal drainage, typically starting at less than 6 months of age. In time the recurrent respiratory infections can lead to the development of progressive bronchiectasis. Half of PCD patients may also have situs inversus. Another unusual manifestation (which can sometimes be helpful in early diagnosis) is that 80% of PCD patients have unexplained transient neonatal respiratory distress leading to persistent need for supplemental oxygen and a prolonged NICU stay.

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Patients that are suspected of having PCD can be referred to the PCD Center for Nasal Nitric Oxide measurement as well as additional diagnostic evaluations including ciliary biopsy and genetic testing. Patients in the PCD Center also typically undergo pulmonary function testing and examination of sputum samples. Our team will work collaboratively to follow longitudinally these patients as well as provide ongoing management. Our clinic consists of a multidisciplinary team including representation from ENT, Cardiology, and Genetics. We also have a referral and transition process in place for PCD patients to be seen at the Emory University Pulmonary Clinic after they become 21 years of age.

The PCD Center hopes to reduce the delay in diagnosis and speed up the initiation of therapies for PCD patients. Additionally, we hope to engage in multi-center research which will allow us to increase our understanding of the long-term implications of this disease process.

To refer patients for evaluation in the PCD Center, please contact: Jonathan Popler MD (Jonathan.Popler@choa.org) or Lokesh Guglani MD (Lokesh.Guglani@choa.org). An order for PCD clinic referral can also be placed in EPIC which will allow our scheduler to call the family for an appointment.

Jonathan Popler, MD, FAAP, FCCP

Medical Director of Pulmonary Services at Scottish Rite
Children's Physician Group Pulmonology at Scottish Rite
Children's Healthcare of Atlanta

The Very Hungry Pediatrician: Combating Post-Pandemic Obesity

Sylvia Washington, MD, FAAP

"On Saturday he ate through one piece of chocolate cake, one ice cream cone, one pickle, one slice of Swiss cheese, one slice of salami, one lollipop, one piece of cherry pie, one sausage, one cupcake and one slice of watermelon. The next day was Sunday again. The caterpillar ate through one nice green leaf, and after that he felt much better. Now he wasn't hungry anymore-and he wasn't a little caterpillar anymore. He was a big, fat caterpillar. He built a small house, called a cocoon, around himself. He stayed inside for more than two weeks."-The Very Hungry Caterpillar by Eric Carl.

During the pandemic, we were lauded by our community as Health Care Heroes. My office received cookies, donuts, cakes, and even pizza for our effort to diagnose and treat COVID-19. Pediatric offices are well-known for giving lollipops and stickers after vaccines. Very much like the little caterpillar, I ate junk food at times and felt bad.

During the pandemic, we were lauded by our community as Health Care Heroes. My office received cookies, donuts, cakes, and even pizza for our effort to diagnose and treat COVID-19. Pediatric offices are well-known for giving lollipops and stickers after vaccines. Very much like the little caterpillar, I ate junk food at times and felt bad. Then I ate a healthy salad and felt better. I became a big, fat version of myself, and, other than work, I stayed at home for months. At my annual visit, I was shocked to see my weight: it was more than my heaviest 40-week-pregnancy weight! And I'm not pregnant!!!

I also noticed that my patients gained significant weight during the past school year due to increased amount of time indoors and lack of exercise. "On average, overall obesity prevalence increased from 13.7% (June to December 2019) to 15.4% (June to December 2020). This increase was more pronounced in patients aged 5 to 9 years and those who were Hispanic, non-Hispanic Black, publicly insured, or lower income." B. Jenssen et. al, Pediatrics May 2021

The AAP offers new recommendations to pediatricians in two documents:

- "Supporting Healthy Nutrition and Physical Activity during the COVID-19 Pandemic" recommends that pediatricians assess children for nutrition and activity during well visits.
- "Obesity Management and Treatment During COVID-19" describes how this chronic disease poses increased risk for severe COVID-19 infection and is likely to increase during and after the pandemic.

Per the AAP's Guidance on Obesity Management and Treatment during COVID-19:

- Emphasize and continue healthy lifestyle counseling, including screening and counseling for smoking and vaping cessation, substance use, and mental health concerns.
- Counsel on COVID-19 risk, in a nonjudgmental way. Inform patients and their families of the increased risk for severe COVID-19 associated with obesity and advise additional protections as recommended by the Centers for Disease Control and Prevention (CDC).
- Address patient/family stress. Families affected by negative social determinants of health and parents of children and adolescents with disabilities may experience greater levels of stress. These factors may present barriers to obesity treatment.
- Assess/screen for disordered eating including binge eating, purging, and restrictive eating.
- Address social determinants of health. Economic, housing, and food security for families is dynamic and even more so during the pandemic. Families can be counseled and connected to federal and local resources to address social determinants.

As a pediatrician, I want to lead by example. By addressing my physical and mental health, I can better help my patients who struggle with their weight. By working with my physician to make small positive changes, one day, I too hope to emerge as a beautiful butterfly!

Sylvia Washington, MD, FAAP
District I Representative, Georgia AAP
Floyd Primary Care, Rome

Wellness Tip…

Brought to You by the Physician Wellness Committee

Susan M. Smiley, MD, FAAP

Saying yes to your wellness may mean saying no to requests from others.

Each of us has a limited amount of time and energy to give each day. Thus, we need to set healthy limits and boundaries on how we spend our time and energy.

It can be difficult to say no to another's request.

However, doing so allows us to set healthy boundaries, attend to our own needs, and focus on projects that bring us joy and fulfillment.

Here are some tips to saying no: be gracious but firm, propose an alternative, and recommend other resources.

Here are some examples of how to say no:

"I am honored to be asked, but I am not able to commit to that at this time."

"Thank you so much for asking, but I will not be able to take on that request."

Saying yes to your wellness may mean saying no to someone else's requests. But, setting healthy limits will allow you to thrive and accomplish more tasks0- productively.

Susan M. Smiley, MD, FAAP

District III Representative, Georgia AAP
Co-Chair, Physician Wellness Committee, Georgia AAP
Gwinnett Pediatric & Adolescent Medicine, Buford

Mental Health Matters

Evan Brockman, MD, MPH, FAAP

"There are years that ask questions and years that answer." This soulful sentence from Zora Neale Hurston's classic 1937 novel, Their Eyes Were Watching God, comes to mind often during these challenging times. Sometimes I use these words to comfort an overwhelmed caregiver seeking answers to behavioral or mental health issues which require more than one visit to solve. They provide a starting point, an allowance for all to slow down and take a breath. They reassure a family that time and team effort will prevail.

One in five children will have a mental health issue before reaching adulthood. If last year brought to the forefront the increasing mental and behavioral health needs of the families under our care, this year has certainly ushered in a wealth of opportunities for pediatricians to better serve those needs. The Georgia Chapter is hard at work to ensure pediatricians are supported as we rise to the challenge.

Allow me to share results from the recent Behavioral Health Too (BH2) Survey. This survey was sent to all Chapter members as part of a joint initiative with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). Extreme demands on time due to the double whammy of Covid-19 plus RSV surges around the state may have limited the response rate. The voices of the 34 percent of pediatricians who completed the survey were loud and clear, with all (n=84) reporting seeing an increase in patients with behavioral and mental health issues since the start of the pandemic. Anxiety and depression were the two most common disorders seen. Seventy percent of respondents reported seeing patients with suicidal ideation. Eating disorders, ADHD, PTSD, disruptive behaviors, self-harm, and substance abuse were also reported as increasing in frequency.

Almost half of respondents (47%) address mental health concerns 5-10 times/week in the office. One of four respondents sees more than 10 patients each week with mental health concerns. Routine screening practice varies widely, with most pediatricians screening for anxiety, depression, and ADHD. Almost 50% routinely screen for social determinants of health in some manner.

Unsurprisingly, 96% of respondents treat ADHD in their offices, with 30% referring out complex ADHD cases. Roughly 60% treat patients with anxiety and depression. Children and youth with eating disorders, disruptive behaviors, substance abuse, and those with a positive history of sexual or physical abuse are routinely referred to other professionals for care.

A fortunate number of pediatricians (n=14) have a dedicated mental health professional located in their office. The majority refer to an outside source, most frequently a private practice psychologist, child or adolescent psychiatrist, or counselor. Forty percent refer to a local community service board (CSB). Sixty percent have never used CSB services, with many citing that they were unaware that CSBs existed.

All respondents highlighted a desire to receive communication from referral sources, and many were frustrated that no communication was forthcoming once the referral was made. Pediatricians want to receive progress notes, medication changes, and medical treatment or action plans. Concerns over logistics as well as release of information notices were reasons cited for limits to bi-directional communication.

Pediatricians, when asked what resources the Georgia AAP Chapter might provide which would best serve them in practice, prioritize locating available services once needs are identified. Over half of respondents asked for further educational opportunities or training. Topics requested included the following: 1) screening, 2) coding for reimbursement, 3) best practices for integrating services, and 4) pharmacological management. These topics will be addressed in upcoming webinars and conferences. A Chapter sponsored webinar on CSBs is available to view on our State Chapter website. The National AAP website also has resources including a Mental Health Minute series with experts providing practical tips for pediatricians in practice.

Access to care is hindered by the limited number of qualified mental health professionals, financial concerns, stigma around seeking care, insurance hurdles, and transportation issues. On average, there is a two to four-year period between symptom appearance and disorder. This timeline gives pediatricians opportunities to intervene and engage families in treatment or secondary prevention before functional impairment occurs.

Mental health IS health. This statement is becoming more and more apparent as our knowledge of the association between physical and emotional wellbeing grows. As pediatricians, we provide a medical home for children from birth until age 21. Our role as experts in child development is essential. Culturally competent, trauma-informed care from pediatric experts ensures that children in our state are better equipped to grow into healthy, well-rounded adults. Let this be the year that we have more answers. And if you do have questions, please reach out to our dedicated behavioral health team at the Georgia Chapter offices.

Evan Brockman, MD, MPH, FAAP

Chair, Behavioral Health Too Advisory Committee, Georgia AAP
Marietta

New Features in GRITS for Childhood Lead Reporting

The Georgia Department of Public Health has added a feature to the GRITS system to better address the risks of lead poisoning to children. This is an additional feature that was requested by pediatricians throughout Georgia to facilitate and enhance the process of alerting pediatricians to a child's lead exposure risk due to housing conditions.

As you enter or check childhood immunizations in the GRITS system, you will see:

- A new lead risk message based on where the child lives
- A new button to open the blood lead test reporting feature
- A blood lead testing history

New Lead Risk Messaging

Houses built prior to 1978 have a potential to contain lead-based paint. A new data model estimates the potential risk level for lead exposure based on the predominate age of housing within the child's zip code. This risk level determines what message appears for each child. These messages provide instructions on whether a child needs to be tested or if a simple screening questionnaire should be used to determine if testing is needed.

New Blood Lead Test Reporting for the Portable Analyzer

In-office blood lead test results are now able to be reported into GRITS, eliminating the need to report into SENDSS. Lab-analyzed tests are sent directly to the Georgia Department of Public Health, but all tests analyzed on the Lead Care 2 portable analyzer need to be reported regardless of the resulting value. Look for the new button to open the blood lead reporting feature.

New Blood Lead Testing History

GRITS has the capability to record a child's blood lead testing history, making case management and patient care easier, even with provider changes.

Georgia Registry of Immunizations Transactions & Services (GRITS) can be found at: *grits.state.ga.us*

The Georgia Department of Public Health's screening guidelines for childhood lead can be found at: *dph.georgia.gov/lead-screening-guidelines-children*.

Pediatrics by the Sea Photo Review

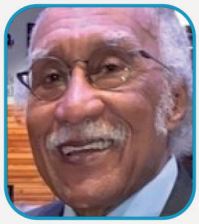
Thanks to everyone who joined us for the Chapter's first Hybrid Meeting (both in person and virtual) at the Ritz Carlton in Amelia Island, FL. We had over 140 registrants and their families attend the conference. Kudos to Dr. Stephen Thacker and Dr. Alison Niebanck who served as Program Chairs for the conference.

We would also like to thank the 32 exhibitors who supported the event.

Special thanks to our Diamond supporters: Dwaine & Cynthia Willett Children's Hospital of Savannah and Mead Johnson Nutrition.

Below are some of the photos from the event. We hope you will join us in 2022!

In Memorium



Rudolph Jackson, MD, Age 86, of Atlanta, GA passed away on August 19, 2021. He was a graduate of Morehouse College 1957 and Meharry Medical College 1961. A pioneer in Sickle Cell disease, he was the first black physician at St. Jude Children's Research Hospital. He was the first Chairman of Pediatrics at Morehouse School of Medicine. He also retired from the CDC.

Dr. Martin H. Greenberg, 1938 – 2021, beloved pediatrician and educator, passed away at Memorial Health University Medical Center, on June 15, 2021. He will be remembered for his generosity of spirit, wide-ranging intellect, compassionate nature, love of his family, and boundless good humor. Born in Brooklyn, New York, Dr. Greenberg was a naturally inquisitive person which led to his life-long love of learning. He earned a Bachelor of Science degree from New York University. While there, Dr. Greenberg applied to the Free University of Brussels Medical School in Brussels, Belgium, which he attended on a full scholarship.

Dr. Greenberg returned to the United States for his internship in Pediatrics which became a pivotal time in his life because it was then, at Albany Medical Center in Albany, New York, that he met a little firecracker of a medical student, Doris Markowitz while working in the emergency room one night. They were wed in 1965 and moved to Boston to complete residencies at Massachusetts General Hospital in Pediatrics. He then completed a fellowship in neonatology. Following his training, Dr. Greenberg joined the United States Air Force during the Vietnam War, serving as a Captain and the first Neonatologist in the Air Force.

In 1977, Dr. Greenberg was drawn to Savannah to take on the challenge of developing a sophisticated pediatric program. At the time, Savannah had very few opportunities for local children suffering from anything beyond routine care. Dr. Greenberg was on a mission to bring world-class pediatric care and services to Savannah, not just those who could afford it. He was determined to help reverse racial and economic disparities in health and served as a role model for so many who helped him achieve his vision.

He served for many years with the Georgia Chapter of the American Academy of Pediatrics, including serving as President of the Chapter.

Dr. Greenberg is survived by his wife, Dr. Doris Greenberg, his son, Michael (Laura) Greenberg, his daughter, Sarah (Seth) Kovensky, and his grandchildren Hannah and Alex Kovensky and Sam and Ben Greenberg, by whom he will always be known as "Googie." He will be especially missed by those who adopted him into their families, including his dear friends, his former students, and the many patients, colleagues, and people whose lives he touched so deeply.

Angel Manuel Vazquez, died July 31, 2021 at age 91. Angel was born in Cidra, Puerto Rico. He earned a Bachelor of Science and a Doctor of Medicine from the University of Puerto Rico. His education brought him to Wheeling, WV for rotating internships at Ohio Valley General Hospital.

Angel proudly served 20 years in the U.S Army, retiring as full colonel. He and his wife, Elaine, traveled throughout the world with their four children while serving in places such as Germany; El Paso, TX, where he completed his Pediatric residency; Columbus, GA; Ft. Lewis, WA, where he held joint appointments as chief of Family Medicine and chief of Pediatric Endocrine Services at Madigan Army Medical Center; Fairbanks, AK; and Ft. Knox, KY. He completed clinical and research fellowships at the University of Pittsburgh School of Medicine and Children's Hospital of Pittsburgh.

Following his military career, Angel accepted joint appointments at West Virginia University's Departments of Pediatrics and Family Medicine in Morgantown, WV. He subsequently accepted joint appointments in Pediatrics and Family Medicine at Mercer University Medical School, where he retired after nearly 25 years of teaching. A life-long student of medicine, he was board certified in Pediatrics, Pediatric Endocrinology, Family Medicine, and Adolescent Medicine.

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Georgia Chapter

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Looking Ahead:

Join us for our upcoming events!

Jim Soapes Charity Golf Classic for the Pediatric Foundation of Georgia
October 20, 2021
Cherokee Run Golf Course, Conyers

Pediatrics on the Parkway, Fall Hybrid CME Meeting
November 11-13
Cobb Galleria Centre, Atlanta

Georgia Pediatric Practice Managers & Nurses Winter 2021 Meeting
December 9, 2021
Cobb Energy Centre, Atlanta

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Visit the Chapter Website for details on Chapter events. www.GAaap.org
Call (404) 881-5020 for more information.