



OREGON PEDIATRIC SOCIETY NEWSLETTER

Winter 2008

OPS Wins Mental Health Funding Grant

The Oregon Pediatric Society has been awarded a \$15K Chapter Action Kit grant from the AAP Task Force on Mental Health. In partnership with the Oregon Council on Child and Adolescent Psychiatry (OCCAP), the project will focus on building local relationships between child psychiatrists and pediatricians for expanding mental health knowledge in primary care. This will be accomplished through learning collaboratives and child

psychiatrist consultation in pediatric practices and by exploring sustainable funding for non face-to-face patient consultation. Named *Strategies for System Change in Children's Mental Health*, the project will include facilitated task force meetings for planning, a summit to explore funding, and monthly meetings of pediatric/child psychiatry consultation teams in five primary care pediatric practices for education, case discussion, and referral processes. The Summit will include partners representing the OCCAP, Oregon Dept. of Human Services (DHS), the Assuring Better Childhood Development project (ABCD), the Northwest Early Childhood Institute/Hearing and Speech Institute (NWECI), and Title V Program Community Connections. Private insurers will be included as well.



OPS Vice-president Dr. David Willis spearheaded effort to win Mental Health grant.

The award is supported in full by a grant to AAP from the US Dept. of Health and Human Services, the Health Resources and Services Administration, and the Maternal and Child Health Bureau (Title V of the Social Security Act. OPS' proposal ranked among

What's ahead for kids' health care coverage?

With the defeat of Measure 50 last fall and the recent failure of Congress to override the veto of the State Children's Health Insurance Program (SCHIP), obtaining health care coverage for kids remains a big issue for Oregon pediatricians. The US bill, HR 3963, would have reauthorized SCHIP for 5 years, and allowed the program to cover 10 million children. SCHIP now will be funded through March 2009 at the current level.

An effort is underway to increase coverage of at least a small number of Oregon's uninsured children by eliminating some of the administrative barriers to their enrollment in the Oregon Health Plan (OHP). The OHP covers children from low-income homes through federally-subsidized Medicaid, but many who are eligible are not enrolled because of a burdensome application process and the need to re-enroll every six months. Changing the enrollment period is expected to save administrative costs. Still, if the enrollment period is extended and more children come into the OHP, the cost could be more than the State can afford. Whether legislators in Salem can find the funding to cover additional children who might be signed up could depend on how they respond to the February revenue forecast showing the State will have \$170 million less than expected. OPS

Oregon Chapter

President

Sarojini Budden, MD,
FAAP, FRCP (C)
sbudden@comcast.net

Vice President

David W. Willis, MD, FAAP
dwwillis@nweci.org

Executive Director

Alicia Philpot
aphilpot@onlinenw.com

Executive Secretary

Sondra Gleason
sgleas1120@aol.com

Trustees

- I. Brenda Hedges, MD, FAAP
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- V. Mary Hough, MD, FAAP

Visit us online:
www.oregonpediatricsociety.org

CALENDAR OF EVENTS

Saturday, March 8, 2008

OPS Board Retreat
OMA Building, Portland
8:30 AM - 3:30PM
Information: 503-625-5758
or
503-635-6525

Thursday, March 13, 2008

Vaccine Financing & Immunization
Portland
11:45 AM - 4:30 PM
Information: 971-673-0311
(See page 4 for more information)

March 12 - March 16, 2008

Annual Leadership Forum (ALF)
Schaumburg, IL
Information: 503-625-5758

March 13 - 16, 2008

North Pacific Pediatric Society
176th Scientific Conference
Doubletree Hotel Lloyd Center
Portland
Information: 206-956-3648

March 30 - April 1, 2008

AAP Legislative Conference
Washington, DC
Information: 503-625-5758

September 11 - 14, 2008

District VIII & District V Meeting
Colorado Springs, CO
Information: 503-625-5758

October 11 - 14, 2008

AAP National Conference & Exhibition
(NCE)
Boston, MA
Information: 1-800-468-6322

The President's Corner

Sarojini (Sudge) Budden MD, FRCP (C), • OPS President

As January lingers and the fog persists and then gradually lifts, I can see sunshine on Mt. Hood. It is uplifting and reminds me that we do not have to function in a foggy atmosphere but know that there is clarity beyond this. It instills a sense of setting new goals and resolutions for the New year for OPS. As a Society we "Lend a Voice for Children's Health and Welfare" through leadership, advocacy, networking and education.

To succeed as a team we call on each member who has tremendous potential, knowledge, and expertise to move this effort forward by using your Board as a conduit in the process. I invite your input and contribution into this process which will be crucial as we set an agenda and create a new direction for the coming years. A retreat is being planned for the near future and you will be informed.

I am reminded of an old saying regarding members in associations.

**To be a part of it
and not stand alone**

**To belong and not
be isolated**

**To be accepted and
not accommodated.**
Reflect on why are you a member and how you can contribute and please contact me.



On another note; as 2007 was slipping away, one of the major achievements of OPS was to be selected by AAP Task Force on Mental Health to receive a grant from US Department of Health and Human Services, Maternal and Child Health Bureau. Congratulations! to Dave Willis, Vice President who sent in this proposal on "Strategies for System Change in Children's Mental Health." Clearly this will be a great motivator for improving mental health services for children seen in pediatric offices. Your involvement will be appreciated and most welcome. OPS



Dr. Nan Dahlquist Assumes Role of OPS Breastfeeding Coordinator

The Board of the Oregon Pediatric Society welcomes Nan Dahlquist, MD, as the new OPS Breastfeeding Coordinator, replacing Cindy Ferrell, MD. Dr. Dahlquist is a Fellow of the Academy of Breastfeeding Medicine (ABM) and of the American Academy of Pediatrics, as well as an International Board Certified Lactation Consultant. She has been a member of ABM since its inception in 1995 and presented an abstract at the 2007 annual conference

which also appears in the *Breastfeeding Medicine Journal*, October 2007. Dr. Dahlquist's interest in lactation started during her ten years with Kaiser where she participated in a breastfeeding task force. She is a partner at Hillsboro Pediatric Clinic, LLC. For more information: nan.dahlquist@verizon.net OPS

AAP Releases 2008 Immunization Schedules For Children, Adolescents

The AAP policy statement, "Recommended Immunization Schedules for Children and Adolescents – United States, 2008" includes updated schedules for children ages 0 to 6, ages 7 to 18, and children with late or incomplete immunizations.

Schedule changes include: a single dose of pneumococcal conjugate vaccine for healthy children ages 24 to 59 months who are incompletely immunized; expansion of the age recommendations for the use of the live attenuated influenza vaccine to include healthy children as young

as 2 years old; a reduced time interval for the administration of the second dose of live attenuated nasal influenza vaccine (when a second dose is required) from 6 to 4 weeks; and a single dose of quadrivalent meningococcal conjugate vaccine for all adolescents 11-to-18 year olds, if not previously administered, and for 2-to-10 year-old children at increased risk for meningococcal disease.

The schedule reflects current recommendations for use of US Food and Drug Administration licensed vaccines. For more information, contact:

Joseph Bocchini, MD, FAAP, at 318-675-6073, jbocch@lsuhsc.edu, or Lorry Rubin, MD, FAAP, at 718-470-3480, lrubin@lij.edu OPS

Check out the Oregon Asthma Resource Bank online at

www.healthoregon.org/asthma/resourcebank

Oregon Pediatric Society Endorses the Portland ASK Campaign

Gun violence in the United States is a public health problem of enormous proportions. Nearly eight children are killed by guns every day in the United States. (Data as of 2003). According to the Journal of the American Academy of Pediatrics, 40% of homes in Oregon have a gun and in 10% of those households the gun is fully loaded and ready to fire...*as many as 74,000 of Oregon's children live in homes with firearms.* These guns represent tragedies waiting to happen.

ASK (Asking Saves Kids) is a national public safety campaign which encourages parents to ask a very simple question: "Are there guns in the home where my child will be playing?" The ASK Campaign has been supported nationally by the American Academy of Pediatrics, and has been a part of Ceasefire Oregon Education Foundation (COEF)'s public education and outreach activities for over three years. COEF is now taking the campaign to the next level by implementing a comprehensive ASK

Campaign in Portland. This initiative will penetrate the more than 220,000 Portland households with a child under the age of 18. Billboards, transit advertising, and public service announcements will reach thousands of Portlanders each day. Celebrities and community leaders are featured in billboards beginning in January 2008, thus raising community awareness about the dangers of firearms in the home and linking the public to ASK resources and information. Education workshops, community events and speaking engagements will reach parents on a grassroots level.

COEF has built a coalition of community partners to support the ASK Campaign. The project has already received endorsements from Governor Ted Kulongoski; Mayor Tom Potter; Police Chief Roseanne Sizer; the Multnomah County District Attorney's Office; Doernbecher Children's Hospital, Ecumenical Ministries of Oregon, the American Red Cross, the Housing Authority of Portland, and many

others. In addition, the Oregon Pediatric Society has pledged its support of this campaign as well. You can participate in the campaign by requesting ASK brochures to distribute to your clients and displaying ASK posters in your offices. And most importantly, be sure to ASK your patient's parents if there is a gun in their home and if they routinely ASK others about guns. You can help prevent such tragedies by asking whether there are guns in the homes where children play and whether those guns are safely stored. Please help us encourage parents throughout Oregon to ASK.

For more information or to get involved in "Portland ASKs", visit www.portlandasks.org or www.paxusa.org or call Ceasefire Oregon Education Foundation at 503-220-1669. OPS



Preparing for Oregon's New PE Law

With the passage of HB 3141 during the 2007 legislative session, Oregon took a major step in bringing PE back to Oregon's schools.



The legislation sets the standard that 150 minutes of PE must be taught per week in elementary schools and 225 minutes per week in middle schools based on both state and national recommendations.

The Legislature authorized limited funds to the Oregon Department of Education to create a grant program to hire new PE teachers and provide training to classroom teachers to assist school districts in meeting the minute standards. The challenge now is for the legislature to increase the funding of the PE program in the 2009-2011 budget. The goal is to have more schools able to receive professional development grant funds so that more students can benefit from having PE as a regular part of their school day. The Oregon Pediatric Society belongs to the coalition that promotes this goal. Now known as PEAK (PE for All Kids), the group supports efforts to find additional means of support for the program. It also supports the efforts of the Oregon Dept. of Education in encouraging schools to apply for the grants. OPS

Christina Derstine Wins Awards

Resident Christina Derstine, MD, is the winner of the 2008 James K. Lacey Award for Pediatric Advocacy given by the Oregon Pediatric Society. Dr. Derstine was selected from a field of highly qualified candidates in the residency program at Oregon Health and Science University. Established by OPS as an opportunity for a pediatric resident to learn about issues, strategies, and advocacy methods, the award funds the attendance of the winning candidate at the national legislative conference of the American Academy of Pediatrics in Washington, DC. Its purpose is to develop the advocacy skills of tomorrow's pediatric leaders. Dr. Derstine is a member of the OHSU Legislative Advocacy Student Interest Group at OHSU and is committed to raising awareness within the residency.

Dr. Derstine is also the winner of a recent AAP CATCH grant (Community Access to Child Health) award to identify barriers to after-hours advice for Spanish-speaking patients in the Portland Metropolitan area. It is hoped that the study will identify barriers that will be amenable to change. She speaks fluent medical Spanish and has provided primary care to many underserved children in the community. Watch for her report on the legislative conference in the summer edition of the newsletter. OPS

From AAP: Increased Awareness of Children's Dental Health

The AAP has teamed with Oral-B Stages to raise awareness of the importance of children's oral health during Children's Dental Health Month. Tooth decay is the most common chronic childhood disease today, five times more common than asthma. Both the U.S. Surgeon General and Congress acknowledge that this "silent epidemic" in oral health needs to be addressed by parents and health care providers. Providing parents with resources to teach healthy oral care habits from an early age is an important step in curbing the impact of oral disease on children. "First Steps to a Healthy Smile," a brochure for parents of young children, is available through the [AAP Bookstore](#). OPS

Do you have a classified ad for a medically related position that you would like to place here?

Cost: \$50 for members, \$100 for non-members. Other advertising opportunities available.

Contact Alicia Philpot for information at 503-625-5758 or aphilpot@onlinenw.com

**The Oregon Partnership to Immunize Children (OPIC), Oregon Dept. of Human Services (DHS)
and the Oregon Adult Immunization Coalition (OAIC) present**

Vaccine Financing and Immunization Practice

March 13, 2008

11:45 AM - 4:30 PM

Box lunch provided

Ambridge Event Center

(On Max Line)

300 N.E. Multnomah St.

Portland, OR 97232

Featured speaker: Dr. Lance Rodewald, Director of CDC's Immunization Services Division

Benefits of attending:

- Learn about the challenges in financing the delivery of vaccines in our health care system and the steps that national and state partners are taking to address the:
 - Financing of the increasing number of new vaccines available for individuals across the lifespan
 - Section 317 (federal) funding opportunities
 - Vaccine administration fees
 - Inventory and other costs for providers
 - Insurance Coverage
- Share your experience and ideas with Dr. Rodewald
- Participate in a practical update for clinicians about vaccine handling, storage and administration
- Learn about Social Marketing and Health Message Design
- Network with other leaders who share the goal of protecting individuals across the lifespan against vaccine preventable diseases.
- Receive a certificate of participation

Who should attend?

- Immunization Providers
 - Local Health Department staff
 - Physicians
 - Physician Assistants
 - Nurses and Nurse Practitioners
 - Medical Assistants
 - CQI Professionals
- Health Care Practice and Policy Professionals
- Health Profession Instructors and Students
- Health System Planners
- Purchasers for Health Coalitions
- Health Plan Managers
- Vaccine Manufacturers

Agenda

11:45 AM Pick up Box Lunches

12:00 PM Opening Comments

12:10 PM Presentation: Vaccine Financing (National Perspective),
Dr. Lance Rodewald,

12:55 PM Q & A with Dr. Rodewald

1:20 PM Concurrent Sessions

A. Facilitated Discussion - Oregon's Vaccine Finance
Initiative and Opportunities for Participation/Advocacy

B. Vaccine Storage and Administration

C. Social Marketing and Health Message Design

2:30 PM Networking

3:00 PM Repeat Breakouts B and C

4:15 PM Wrap-Up and Closing Comments

**For information and a registration form, go to the OPS
website and click on Events
<http://www.oregonpediatricsociety.org/>**

**Or Call
Sandy Newsum 971-673-0311
sandy.d.newsum@state.or.us**

Are you *missing opportunities* to vaccinate adolescents against meningococcal disease?



Because the incidence of meningococcal disease increases during adolescence, the CDC's* Advisory Committee on Immunization Practices (ACIP) *has expanded their recommendation for meningococcal vaccination.*¹



The ACIP now recommends routine meningococcal vaccination for all adolescents (11 through 18 years of age),¹

Additionally, they have stated that the pre-adolescent visit at 11–12 years of age is the best time to vaccinate.¹ The CDC also encourages vaccination of previously unvaccinated 11- through 18-year-olds at the earliest possible health-care visit.



Health-care professionals should talk to parents during every adolescent office visit and take advantage of every opportunity to vaccinate:

- Give all recommended vaccines at a single visit^{1,2}
- ACIP and AAP[†] encourage immunization during mild acute care visits, with or without fever
- Implement standing orders



Vaccine supply is expected to be adequate to support the new recommendation for universal adolescent vaccination. **So keep the meningococcal vaccine on hand and talk to parents about immunizing their adolescent children—they'll listen!**

Brought to you as a public health service by Sanofi Pasteur Inc.

*CDC – Centers for Disease Control and Prevention; †AAP – American Academy of Pediatrics.

References: 1. Centers for Disease Control and Prevention (CDC). Notice to readers: revised recommendations of the Advisory Committee on Immunization Practices to vaccinate all persons aged 11–18 years with meningococcal conjugate vaccine. *MMWR*. 2007;56(31):794-795. 2. CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2006;55(RR-15):1-48.

ALERT Childhood Immunization Registry Expands

In the 2007 legislative session, a bill was passed to expand the ALERT Immunization Information System (IIS) to cover the lifespan. Many key community partners helped with the passage of this important legislation by developing educational materials, sending letters of support and testifying in person. The strong testimony demonstrated how beneficial the expansion of ALERT IIS would be for many health care providers. For example, colleges and universities would be able to locate students' immunization records and speed up the registration process for many students who are missing their paper immunization records. Pharmacists would be able to look up immunization histories on line for patients who were coming into pharmacies for flu and other vaccinations. Physicians treating adult patients would be able to access their patients' immunization histories. This powerful testimony resulted in the passage of HB 2188A and now the expansion of ALERT to lifespan is official. For pediatric practices, this means that patients will continue to have access to their records through ALERT Customer Service even after age 18. It also means that other au-

thorized users (adult providers, colleges, etc.) will be able to access these records through ALERT's secure website when needed, rather than through costly records requests made to your practice.

The change of the ALERT IIS from a childhood (0-18) registry to lifespan went into effect in January 2008, although the change will not be implemented until Oregon Administrative Rules are filed in early March 2008. Phase one of implementation will focus on expanding through age 23; additional expansion will be contingent on future resources. Clinics can begin submitting data on all ages now. New ALERT materials better suited for all ages are in development and once available, can be ordered on the website below.

The immunization records for 18 - 23 year olds will be available on the web to clinics in March 2008. The law allows a new provision for adults age 18 and older to opt out of ALERT. Instructions on this option will be posted on the ALERT website.

The ALERT IIS has been extremely successful due in large part to the support from Oregon clinics and clinic staff. Pediatric offices supply the bulk of all immunizations reported to ALERT, and the staff thanks you for your support and looks forward to working in partnership with you to offer this extended service.

Questions?

Please call ALERT Customer Service at 800-980-9431, or navigate to www.immalert.org.

Highlights of ALERT Expansion

- June 2007: HB 2188A passed
- January 2008: new legislation went into effect
- Implementation will occur over several months
- Immunization records for 18-23 year olds that are currently in the database will be available on the web March 2008.
- Clinics can submit shot data on all ages
- New ALERT educational materials are currently being developed OPS

Join the effort to tell the public about the value of pediatric care!

Your help is needed in communicating about one of the greatest values in healthcare today: preventive pediatric care. Below are AAP suggested points for spreading the word:

- Pediatricians are specially educated and trained in diagnosing and treating illnesses in infants, children and adolescents.
- Comprehensive well-child care (or preventive care) benefits not only the individual patient and family, but the healthcare system as a whole, including health insurance companies, Medicaid and state children's health insurance programs.
- Pediatricians are not just about shots and growth charts. They are concerned with the child's entire spectrum of development—physical, mental, social and emotional.
- Well-child care truly is one of the greatest values in medicine. The cost of AAP-recommended preventive pediatric care for a healthy child from the first birthday to the second, for example, is about \$600 for the year. This is a bargain. It includes three well-child visits, physical exam, growth charting, blood pressure screenings, vision and hearing screenings, developmental/behavioral assessments, vaccines, tuberculin testing, and guidance on injury prevention, nutrition and more. Yet the parent typically pays only the cost of the office copay for this comprehensive package of quality care. Most important, this is a bargain by virtue of the costly illnesses and injuries that are prevented, keeping the child healthy not just for that year, but potentially for a lifetime.
- Many pediatricians provide certain types of care at no profit, and often at a loss. For example, the vaccines they administer to their patients often cost the pediatrician's practice more than it will be reimbursed. Or they may have a heavy proportion of Medicaid patients, meaning they are not being paid very much for delivering care in these cases.
- Pediatricians need and deserve to be fairly compensated for their work, and they need to run their practices as businesses despite a high proportion of low-cost or free care to their patients.

The American Academy of Pediatrics has called on its members to consider expanding their office hours to better accommodate the scheduling needs of parents and patients.

For more information on the campaign, log on to the AAP Members Only website and then go to <http://www.aap.org/moc/ppa/promotingpeds.htm?CFID=2771526&CFTOKEN=45444719> OPS

Community Connections: Oregon Commission on Children and Families--Healthy Start News



Healthy Start Provides Regular Developmental Screening for Its Children

Making sure young children receive developmental screening at the intervals recommended by the American Academy of Pediatrics (AAP) is a concern of professionals who work with children and their families. It's even more critical to be sure that children growing up in families who are overburdened with multiple stressors and risks receive developmental screening.

Children of Healthy Start families receive regular developmental screening using the Ages and Stages Questionnaire (ASQ) and the ASQ Social Emotional Screening Tool. These well-respected tools can be completed by parents as a self-screen, but Healthy Start does this screening as a way of educating parents about their child's development. The screening process, while so important in itself to identify

possible delays, also becomes a tool for helping parents to develop realistic expectations for their child's development. Doing the ASQ and ASQ-SE with parents trains them to recognize potential problems that may develop between screening times and gives an opportunity to teach parents ways to strengthen their child's development in areas that may be lagging a bit.

Children of Healthy Start families receive regular developmental screening using the Ages and Stages Questionnaire (ASQ) and the ASQ Social Emotional Screening Tool.

If a referral to early intervention needs to be made, chances are that the parent will accept this referral more readily since they participated in this personalized screening process. The Healthy Start home visitor is available to be a support

to the parents, and even attend family meetings if needed, as they begin working with early intervention.

When screening of families is done in partnership with the medical community, it becomes an even more powerful tool in helping families access services needed to support them to be successful. Healthy Start can notify pediatricians about a child's developmental screening results if the parent has given consent. Pediatricians can also inform families about programs such as Healthy Start to provide families with valuable information or more intensive services if needed.

Together, Healthy Start and pediatricians can reach most families in Oregon. OPS

One For the Books! Oregon Pediatricians Go the Extra Mile to Help Kids Love Reading

Barry S. Zuckerman, MD, Board Chair, Reach Out and Read
Perri Klass, MD, Medical Director, Reach Out and Read

For information:
Pamela Gorth www.reachoutandread.org
Phone: 617-629-8042 x238

For nearly two decades, pediatricians participating in Reach Out and Read (ROR) have made giving advice to parents about the importance of reading aloud accompanied by a developmentally and culturally appropriate books a standard part of care. As a result, more than 16 million new books have found their way into the homes of children, many of them living in poverty. At the same time, we have learned from many studies that this program is effective, not only in increasing the number of books in the home, but in increasing language skills.

Reach Out and Read has been endorsed by the AAP since 1998. More recently, ROR has been collaborating with the Division of Chapter and District Relations to enhance collaboration between chapters and existing and new ROR programs.

In Oregon, there are currently 21 ROR programs at hospitals, health centers and private pediatric practices reaching more than 22,300 children, ages 6 months to 5 years. We thank you for incorporating ROR into your practice and for making books and reading part of a healthy childhood.

Current list of programs :

Central Oregon Pediatrics--Bend
Childhood Health Associates of Salem--Salem
Doernbecher Children's Hospital, Pediatric Residency Prog.--Portland
Eastern Oregon Medical Associates --Baker City
Grants Pass Clinic--Grants Pass
Kaiser Permanente, North Lancaster Medical Office--Salem
Klamath Open Door Family Practice--Klamath Falls
La Clinica de Buena Salud --Portland
Legacy Emanuel Pediatric and Adolescent Clinic --Portland
Mid County Health Center --Portland

Mid-Columbia Medical Center--The Dalles
Multnomah Co. Health Dept., East Co. Clinic--Portland
Multnomah Co. Health Dept., NE Health Center--Portland
North Bend Medical Center, Inc.--Coos Bay
North Portland Health Clinic--Portland
PeaceHealth Medical Group--Eugene
PMG South Medford Pediatrics--Medford
Salud Medical Center--Woodburn
Umatilla-Morrow Head Start, Inc.--Pendleton
Westside Health Center--Portland
Willamette Family Medical Center--Salem



OREGON PEDIATRIC SOCIETY
PO Box 2082
LAKE OSWEGO, OR 97035

RETURN SERVICE REQUESTED

OPS Annual Meeting/OHSU Pediatric Review & Update Draws Pediatricians

Over 100 attendees at the conference took advantage of the opportunity to participate in a program of pediatric review which included a wide variety of presentations. AAP Immediate Past-president, Jay Berkelhamer, MD, FAAP, brought participants up to date on the Academy's Children's Program.

At the OPS Annual Meeting, members discussed proposed bylaw changes and resolutions for presentation at the 2008 AAP Annual Leadership forum in Chicago.

Some scenes from the November 30 - December 1, 2007 event:



OPS Vice-president Dr. Dave Willis and Dr. Carla McKelvey



AAP Past-President Dr. Jay Berkelhamer and District VIII Chair, Dr. Mary Brown



Dr. Sandy Dunbrasky & Dr. Art Jaffe