



Oregon Chapter

OREGON PEDIATRIC SOCIETY NEWSLETTER

Winter 2009

OPS nominated for Outstanding Chapter Award

The Oregon Pediatric Society has been nominated for the American Academy of Pediatrics Outstanding Chapter Award. The award recognizes excellence in a wide variety of activities related to advocacy for children and pediatricians, professional and public education, quality improvement and research, and public health. Other criteria include development of chapter leadership throughout the membership, the participation of a substantial portion of the membership in chapter activities, medical student/resident recruitment efforts, alliances with children's advocacy groups, and membership growth.

The nomination itself conveys recognition,

so even if the Oregon Chapter doesn't win the Outstanding Award, it will receive an Award of Chapter Excellence to be presented in August at the District VIII meeting in Calgary.

The AAP has 66 chapters. The award is given annually to one chapter in each of four member categories—small, medium, large and very large. With less than 500 voting fellows, OPS is considered a medium-size chapter and is thus eligible for an Outstanding Award honorarium of \$3,000.

In March, just before the opening of the Annual Leadership Forum in Chicago, OPS President Dave Willis, MD, FAAP,

will speak on behalf of the Oregon Chapter before the AAP Selection Committee. He is required to discuss a few major OPS accomplishments in detail and then respond to questions by members of the committee. Winners will be announced at the close of the Forum.

This past year, OPS officers worked very hard to prepare a well-written Annual Report that accurately reflects the goals, activities, and program work of the chapter. That document is an important element in AAP's evaluation of chapters.

For a copy of the report, contact Alicia Philpot at aphilpot@onlinenw.com

OPS

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SAVE THE DATE

OREGON PEDIATRIC SOCIETY ANNUAL MEETING

At the new

**River Bend Hospital
Eugene / Springfield, Oregon**

One day only

SATURDAY, APRIL 25, 2009

9:00 AM – 3:00 PM

(See page 5 for more information)

OREGON CHAPTER OFFICERS

President

David W. Willis, MD, FAAP
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- I. Brenda Hedges, MD, FAAP
- II. John Calcagno, MD, FAAP
- III. David Lux, MD, FAAP
- IV. Lydia Fusetti, MD, FAAP
- V. Mary Hough, MD, FAAP

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Visit us online:
www.oregonpediatricsociety.org

CALENDAR OF EVENTS

February 19, 2009

Day at the Legislature

March 11 - 15, 2009

AAP Annual Leadership Forum
Chicago, IL

April 19 - 21, 2009

AAP Legislative Conference
Washington, DC

April 24, 2009

OPS Board Meeting
Riverbend Hospital
Eugene/Springfield

April 25, 2009

OPS Annual Meeting
Riverbend Hospital
Eugene/Springfield
9:00 AM—3:00 PM

Information for above events:
503-625-5758

The President's Letter

Greetings friends and colleagues. What a great time for Oregon's children! In just the few months since I became president of the OPS, we have witnessed a sea change of events that promise to benefit the children of our state and nation in the transformation and improvement of child health care. First and foremost, President Obama's commitment to children has already been realized with his signature of the SCHIP bill and his promise of universal medical coverage for children and increased financing for early education, Head Start and Early Head Start. Finally we have a president whose agenda is clearly committed to children even in hard economic times!

Closer to home, we are very fortunate to have Governor Kulongoski's commitment to health coverage for all children with his Healthy Kids Plan. Since it was also one of the top recommendations from the Health Fund Board, health coverage for all children is a top priority of this current Legislative Session. We will need all OPS membership to carefully monitor this legislative process and advocate for children's health coverage by means of contact with your legislators by call, letter and email. You can expect that the OPS will keep you informed on the progress of this legislation. We will be an advocate for children's universal coverage!

We are also very fortunate to have nationally recognized health reform leadership within our state by former Governor Dr. John Kitzhaber through his Archimedes Project. John has embraced the critical importance of a strong primary care system that focuses on prevention and early health development for children. This work reaches nationally at the Institute for Healthcare Improvement (IHI), the Estes Park Institute, and even to the Obama Administration. Oregon's health transformation efforts have gained national prominence.

The 2009 Legislative Session Is Underway

Here's a few of the issues OPS will be following:

- Governor's Healthy Kids Plan
- Integrated health home program
- Taxes on cigarettes
- Smoking while children are in a vehicle
- Prohibiting sale of novelty lighters
- Vision screening



OPS President David W. Willis, MD,
FAAP

Simultaneously, the OPS has also been the recipient of two recent national competitive Technical Assistant Grants - Help Me Grow and Vermont Child Health Improvement Partnership - that focus on improving child health care in Oregon. The Help Me Grow project, replicating Connecticut's project, focuses on building a comprehensive and coordinated system of linkage between pediatric practices, young families, and the early childhood community. The Vermont Child Health Improvement Partnership grant focuses on assisting the OPS in convening and establishing a broad collaboration and partnership organization to improve health care quality for Oregon's children. Stay tuned for further information on both projects in the next few months and the efforts to improve child health care around the expanded medical home - integrated health home.

What a great time for Oregon's children and what a great time to be an Oregon pediatrician! Our OPS leadership team embraces the child health transformation efforts of our state and nation toward "*World Class Child Health for Oregon.*" Join with us too!

OPS

Off to a Good START

Quality Improvement Subcommittee Update

The Oregon START program is rapidly moving forward. To date we have trained over 240 participants in the Portland metropolitan and Salem areas, and we are in the process of planning trainings that will move the project statewide. An application has been submitted to the American Board of Pediatrics to have the START project qualify for Part IV Maintenance of Certification requirements (quality improvement / Performance in Practice) – we anticipate approval of the project within the next couple of months.

We are also planning the next phases of the START project. Our initial trainings focused on screening tools for identifying developmental disabilities and autism. Fu-

ture modules will focus on three different areas: Family Risk (including postpartum depression, family risk scales), Psychosocial (including Pediatric Symptom Checklist, ADHD, and CRAFFT / FRAMES – which screen for drug and alcohol abuse in teens), and Health Screening Tools (dental, vision, and hearing screening). The first of these modules will be rolled out this summer or fall. If you would like more information, or are interested in scheduling a training session in your area, please contact our project manager Alyssa Beyer at alyssab@nweci.org.

We also have an opportunity to work with the American Academy of Pediatrics

Chapter Alliance for Quality Improvement (CAQI). This project will focus on improving care for children with asthma, including implementing the most recent guidelines for asthma from the National Heart Lung and Blood Institute. Through a grant application process, the AAP will provide technical assistance and quality improvement coaching to interested practices to implement a quality improvement effort in asthma. If accepted, we will be recruiting 10-15 interested practices to participate in this project. More information will be forthcoming as the QI subcommittee goes through the application process.

RJ Gillespie, MD, FAAP

rgillespie@childrens-clinic.com

OPS



Douglas Lincoln, MD, MPH, Wins James K. Lace Award for Pediatric Advocacy

Resident Doug Lincoln, MD, MPH will take an all-expense paid trip to the AAP's Legislative Conference in Washing-

ton, DC, next April 19-21 as winner of the Oregon Pediatric Society's James K. Lace Award for Pediatric Advocacy. The third-year resident has a strong interest in child

health care reform. He participated in the initiative to redesign Louisiana's health care process after Hurricane Katrina and spearheaded a noon conference on candidates' health care plans at OHSU. He is working with the faculty there to create a public health lecture series for residents to address gaps in resident education.

"Advocacy is often derided as hopelessly idealistic," Dr. Lincoln says. "I would

counter that without idealism—without a vision of how the lives of children can be improved—we have no motivation to work for change." Nevertheless Dr. Lincoln says he recognizes the need to be realistic and thinks pediatricians need to better direct the child health care reform dialogue. He has joined the OPS Child Health Advocacy Committee and will be helping to bring pediatrician voices to Salem and Washington, DC.

OPS

New Opportunities For Improved Mental Health Delivery In Primary Care Pediatrics

The Oregon Pediatric Society – Oregon Council of Child and Adolescent Psychiatry Mental Health Taskforce project (OPS-OCCAP MH Taskforce) forges new opportunities for improved mental health delivery in primary care pediatrics. As we all know, many office visits bring behavioral and developmental concerns to the pediatrician and, in fact, the majority of mental health care for children is delivered through pediatric offices. However, many pediatricians feel inadequately trained and communities have inadequate resources to manage many children's mental health problems despite recommendations from MCHB's *Bright Futures* guidelines and from the AAP's Mental Health Taskforce.

Thus, the leadership of the OPS and OCCAP created a partnership in 2007 to address this challenge and were fortunate to receive grants from the AAP and AACAP in 2008 to focus on improving the quality of mental health care in pediatric practice in Oregon. The focus of the project – the OPS-OCCAP Mental Health Taskforce – is to build individual relationships between child psychiatrists and pediatricians to improve mental health care and to build a sustainable, collaborative infrastructure that supports child psychiatric consultation for primary care practice in Oregon.

To the first aim, fourteen (14) child psy-

chiatrist-pediatrician teams were formed in the Portland tri-county, extending to Salem, Corvallis and Coos Bay. These teams were encouraged to meet individually over a three month period to become acquainted and to develop a communication / curb-side consultation process. On November 13, 2009, nine teams of the project met together with Massachusetts Child Psychiatrist, Barry Sarvet, MD to discuss the collaborative experiences and to learn of Massachusetts's Child Psychiatry Access Project (MCPAP <http://mcpap.typepad.com>). These voluntary teams have continued to collaborate around specific practice-based mental health cases.

Mental Health (Continued on page 7)

Good News at Last re: SCHIP

After thousands of calls, emails and visits to Members of Congress on behalf of CHIP over the years, we have achieved a legislative victory for millions of children in need of healthcare coverage. In bipartisan votes both the U.S. House and Senate reauthorized the Children's Health Insurance Program (CHIP). And on February 4, 2009, President Barack Obama signed the CHIP Reauthorization into law!

The legislation will reauthorize the State Children's Health Insurance Program (SCHIP) program for 4.5 years – through 2013 -- and will provide an additional \$32.8 billion to cover an additional 4.1 million previously uninsured children, bringing the

total number of children covered by the program to 11 million. The measure will require SCHIP to provide comprehensive dental benefits and will require the same coverage for mental illness as provided for physical illness. The funding for the expansion of the program will be paid for by an increase in the federal tax on cigarettes and other tobacco products. In addition, the measure will allow states the option of covering pregnant women and legal immigrant children. Currently, legal immigrants are subject to a 5 year waiting period before they can qualify for the SCHIP and Medicaid programs. (From AAP and SBHC) OPS



Shortage of Acyclovir

Manufacturers of acyclovir for injection have experienced a recent increase in demand, resulting in a national shortage of parenteral acyclovir. The AAP Committee on Infectious Diseases recommends that existing supplies of intravenous

acyclovir be conserved to improve availability for neonatal herpes simplex virus (HSV) infections, herpes simplex encephalitis (HSE), and HSV and varicella-zoster virus (VZV) infections in immunocompromised patients, including more ill

pregnant women with visceral dissemination of either virus. When parenteral acyclovir is not available, intravenous ganciclovir should be substituted.

OPS

A Myth About Charging For Telephone Care

By Charles A. Scott, MD, FAAP
Section on Telehealth Care, Executive
Committee Member

It's just part of the job; I shouldn't charge for it.

Actually, the evaluation and management codes are clear about when telephone care is "bundled" and just part of the job because the care is related to a previous or subsequent visit or procedure. But under

the new rules if the subject of the telephone call is NOT related to a previous visit (7 days prior) and does not lead to a visit within 24 hours of the call, then it is a separate service that can be reported. So don't assume that ALL telephone calls are just part of the job. The link below will take you to an AAP News article explaining all this and more. <http://aapnews.aappublications.org/cgi/content/full/29/2/28>

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Contributions Welcome

Do you have an idea or article you would like to submit for the Spring newsletter? Contact Alicia Philpot at 503-625-5758 aphilpot@onlinenw.com

Deadline: April 16, 2009

EdMed Conference in Bend at St. Charles Medical Center March 4, 2009

Topic: Adolescents

Keynote speaker: Vic Strasburger, MD, FAAP on teens and the media.

Web site: www.edmedconference.org

Information: Peter Boehm at pboehm@bendcable.com

What's the Status of Oral Health Programs?

In November the Health Services Commission (HSC) created a Dental Workforce to advise them and the Dept. of Medical Assistance Programs (DMAP) on dental services for which physician providers should receive reimbursement. The workforce membership includes dentists, family practice physicians and one pediatrician (jf). Currently DMAP reimburses physicians only for the application of fluoride varnish.

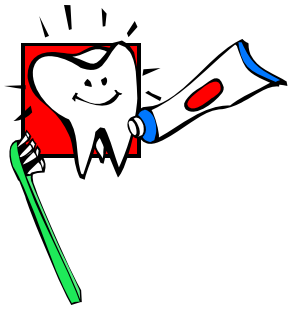
Examinations, screening and counseling parents seem to be bundled in with Well Child Care services. As we attempt to change this, we recognize that with the Medicaid budget as fragile as it is, change will be difficult to achieve this year.

We remain active with the Early Childhood Cavities Prevention Committee (ECCPC) of the Oregon Oral Health Coalition. The

ECCPC has recently received a \$10,000 grant from Kaiser Permanente for mid-level provider education and is still awaiting word on the Healthy Tomorrows grant submitted in October. We've written a letter of support for the Lane County Community Health Centers application for an extension of their Healthy Tomorrows grant to expand services to WIC, Title I schools and to pregnant and postpartum women.

As of January, we are beginning to visit practices interested in providing fluoride varnish services to their preschool patients. Visits to four practices are scheduled and more are in the works. If you wish to learn more about how to provide fluoride varnish, send an email to me at: j.felix2@verizon.net

A web site has been set up by the AAP for members to access the presentations given at the Oral Health Summit, which preceded the NCE. That webcast is available at: <http://download01.eventcg.net/peds21/index.html>



I strongly urge all Pediatricians to read the AAP oral health guidelines, **Preventive Oral Health Intervention for Pediatricians**. This important paper was e-mailed to you on January 19. If you did not receive it, I'll be happy to email it to you. Jake Felix, MD, FAAP j.felix2@verizon.net OPS

Reminder: Resident Scholarship Program and the Resident Research Grant Program Applications Due February 27, 2009

The Academy's **Resident Scholarship Program** is specifically designed to help allay financial difficulties for residents in good academic standing. The Academy grants annually a number of scholarships varying from \$1,000 to \$5,000. Each application will be reviewed carefully, and

awards will be granted to the most deserving pediatric interns and residents.

The **Resident Research Grant Program** is designed to give pediatric residents with *limited research experience* an opportunity to initiate and complete research

projects related to their professional interests. \$2,000 grants are available to qualifying residents. Projects may be related to the full spectrum of child health research.

The applications can be accessed online through <http://www.aap.org/sections> OPS

OREGON PEDIATRIC SOCIETY ANNUAL MEETING

At the new River Bend Hospital
Eugene/Springfield, Oregon

One day only
SATURDAY, APRIL 25, 2009
9:00 AM – 3:00 PM

Join your colleagues for motivating presentations and useful information

Events include:

- Morning scientific sessions

Learn about:

Oral Health in the primary care office
Quality Improvement activities
Mental Health in the primary care office

- Business lunch
- Afternoon council and committee meetings

(Watch for registration information and materials coming soon)

Information: Sondra Gleason sgleas1120@aol.com

Non-therapeutic Use of Antibiotics in Food Animals

By co-chief residents, Kevin Chatham-Stephens, MD and Eugene Nicholson, MD

During a recent morning report at Dornbecher Children's Hospital, we presented the case of a child with severe diarrhea secondary to a campylobacter infection. Like many other children who contract enteropathogenic bacteria, this child had recently visited a farm. Though our educational discussion centered on the diagnosis and treatment of his infection, the case highlights the public health threat posed by the widespread non-therapeutic use of antibiotics in food animals.

The AAP technical report entitled, "Nontherapeutic Use of Antimicrobial Agents in Animal Agriculture: Implications for Pediatrics" (Pediatrics, September 2004), states that between 40% and 78% of all antibiotics used in the U.S. are given to food animals, usually for non-therapeutic reasons, such as growth promotion. This report describes the veterinary use of many classes of human antibiotics, and highlights studies which have demonstrated that such practices often culminate in antibiotic resistance, and possibly increase bacterial virulence. Other studies described in this report establish convincing links between agricultural use of antibiotics and human colonization or infection by antibacterial resistant

serotypes of campylobacter, salmonella, and enterococcus. European vancomycin resistant enterococcus (VRE), which is attributed to the use of a vancomycin analog in animals, stands as a frightening example of this phenomenon.

Though some surveillance mechanisms for the development of antibacterial resistance in food animals are in place, the volume of antibiotic use, the lack of routine bacterial identification and serotyping, as well as the myriad of potential avenues of bacterial and plasmid environmental dissemination make adequate monitoring nearly impossible. The availability and use of many antibiotics in the absence of veterinary input further complicates attempts to assess the implications of current animal husbandry practices. The AAP technical report also presents evidence that disease prevention and growth enhancement can be achieved using alternative husbandry practices instead of administration of antibiotics.

Although veterinary medicine is beyond the pediatrician's knowledge base, the AAP has made a convincing argument that our fight against antibacterial resistance goes beyond the bedside and our



Co-chief Resident, Gene Nicholson, MD, introduces his son to an antibiotic-free chicken.

prescribing practices. We encourage everyone to learn more about this issue, to find out if the meat they consume is antibiotic free, and to support the current legislative activity regarding this topic. For more information, please access the AAP technical report at www.aap.org or visit www.keepantibioticsworking.com. OPS



What Is Bright Futures?

It is a set of principles, strategies, and tools that are theory based and systems oriented that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system, and policy levels.

The third edition of *Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents* is the authoritative AAP Guidelines for Health Supervision combined with the practical approach Bright Futures delivers. Now available by purchasing on line at the AAP Member Center Bookstore <http://www.aap.org/moc/>

OPS

AAP Releases 2009 Childhood and Adolescent Immunization Schedule

The new recommended Childhood and Adolescent Immunization Schedule urges an annual influenza vaccine for all children, ages 6 months through age 18, all eligible close contacts of children 0 through age 4, and contacts of children ages 5 through 18 who have an underlying medical condition that predisposes them to influenza complications. The new schedule also includes the dosage schedule for a second oral rotavirus vaccine recently licensed by the Food and Drug Administration. The immunization schedule has been approved by the AAP, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians.

For more information, contact Lorry Rubin, MD, FAAP, at 718-470-3480, or lrubin@lij.edu or Joseph Bocchini, Jr., MD, FAAP, at 318-675-6073, or jbocch@lsuhsc.edu

OPS

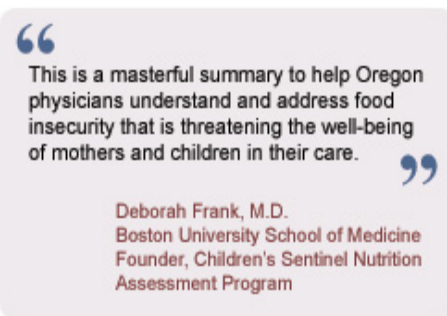
Childhood Food Insecurity and Hunger: Understanding the Health Consequences

“With Oregon already posting the nation’s third-highest hunger rate, and increasing numbers of families falling on hard times, a statewide hunger coalition wants health care providers to ask themselves whether hunger could be behind some of their patients’ problems” (Paige Parker, *The Oregonian*, January 20, 2009).

The **Childhood Hunger Initiative (CHI)** is a network of health care professionals, anti-hunger advocates and other interested Oregonians, working together to educate the health care community, policy makers and the general public about the medical and developmental impacts of childhood food insecurity and hunger.

Children living in food-insecure households are at higher risk for developmental and academic problems, frequent illness and poor nutrition resulting in underweight and, paradoxically, overweight. Food insecurity occurs whenever the availability of nutritionally adequate food or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain due to insufficient money or other resources. Hunger is a situation where household members unwillingly go without food for an intermittent or extended period of time (USDA Economic Research Service).

During the summer of 2007, CHI conducted a survey of Oregon pediatricians,



family medicine physicians, and nurse practitioners to assess the need for education, training, and resources related to food insecurity. Based on survey results and the interest expressed among health care providers in Oregon, CHI has launched a free, one-hour, online course with CME credit: “**Childhood Food Insecurity: Health Impacts, Screening and Intervention**”. The course is presented to health care professionals working with children and their families, as well as others interested in learning more about the health consequences of childhood food insecurity and hunger.

Mental Health (Continued from page 3)

Secondly, the project has convened two OPS-OCCAP Children’s Mental Health Taskforce Meetings including the leadership of OPS and OCCAP, state and county mental health administrators, Medicaid representatives and family advocacy groups. The first meeting on November 14th focused on the visit by Barry Sarvet, MD and the MCPAP project. The taskforce made a commitment to ongoing meetings to align activities and build advocacy for improved mental health integration in primary pediatric practice. The second meeting was February 6, 2009 with a presentation by Robert Hilt, MD, creator of the Washington Partnership Access Line, (www.palforkids.org)

During this course, participants will:

- Improve knowledge about health consequences of pediatric and prenatal food insecurity/hunger
- Gain skills incorporating this topic into a clinical setting (e.g. add a validated risk question to intake protocol)
- Integrate intervention strategies (such as food assistance outreach and education for patients/families at risk)

I challenge all OPS members to take this course and learn more about the consequences of childhood food insecurity and how you can intervene.

To take the course and download patient resources, go to:
<http://ecampus.oregonstate.edu/hunger>

If you would like to sign up for CHI’s monthly e-newsletter, get involved, or if you have any questions, please contact Dana Hargunani, M.D., FAAP (mooreda@ohsu.edu). **OPS**

another system that links pediatricians and child psychiatrists for consultation for Medicaid children. Thereafter, the Taskforce focused on the mental health needs for foster children and a proposal (The Oregon Children’s PAL) to provide child psychiatric consultation to pediatricians and child welfare for foster children’s psychotropic oversight. The Taskforce plans to continue an ongoing process with a subsequent meeting April 2009 while moving forward for collaborative funding to move the Oregon Children’s PAL project forward.

For further information, contact David W. Willis, M.D, dwwillis@nweci.org or 503-802-5290. **OPS**

You are invited to The Anthony Gallo, Jr. Lecture

Joseph H. Piatt, M.D., F.A.A.P.
OHSU Neurological Surgery

- *Hydrocephalus: What I did not learn in training*
- *Neurosurgeons and Advocacy*

Joseph Piatt, M.D., is professor of pediatrics in the Department of Pediatrics, Drexel University College of Medicine, Philadelphia, Pa. and chief of neurosurgery at St. Christopher’s Hospital for Children, Philadelphia, Pa.

Saturday, February 21, 2009

School of Nursing Auditorium, OHSU
3455 SW US Veterans Hospital Rd
8:30 am - breakfast buffet
9:00 am - lecture
11:00 am – discussion

RSVP to Joanie Mastrandrea:
503 494-6207 or mastrand@ohsu.edu

OTHER PARTNER EVENT

March 4, 2009

Ed Med Conference

St. Charles Medical Center

Information: pboehm@bendcable.com

(See page 4 for more details)

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Oregon Chapter

OREGON PEDIATRIC SOCIETY
PO Box 2082
LAKE OSWEGO, OR 97035

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Please indicate area of interest _____

Dues categories:

Voting Fellows \$100 (Other categories available-call for information)

Mail application and check to: (Or for more information contact):

Sondra Gleason, Executive Secretary (503) 635-6525 SGleason1120@aol.com

P.O. Box 2082

Lake Oswego, OR 97035

or

Alicia Philpot, Executive Director (503) 625-5758 aphilpot@onlinenw.com

(To join the American Academy of Pediatrics, the national organization, call (800) 433-9016, x7865)