



News Update

California Chapter 1 AAP

<http://www.aapca1.org>

Vol. 2010, Issue 4

Special points of interest:

- Tobacco Use
- President and VP Commentaries
- Disaster Preparedness
- Maintenance of Certification Guide
- PROS
- Newsletter Continues

Inside this issue:

- President Column 2
- VP Column 3
- Disaster Comm. 4
- Maintenance 4
- PROS 6
- Coming Events 8

Tobacco Use: A Pediatric Disease

Chapter Lectureship Motivates Pediatricians to Treat Parents for Tobacco Use

By *Cathy McDonald, MD, MPH, FAAP*

Dr. **Jonathan Winickoff**, Associate Professor of Pediatrics at Harvard Medical School and expert in tobacco use, was hosted late September by Chapter 1 through a **Julius B. Richmond** AAP/FAMRI lectureship grant. During this lectureship Dr. Winickoff spoke with 300 child health providers and pediatric residents at Children’s Hospital Oakland, Santa Clara Valley Medical Center and Lucile Packard Children’s Hospital. Dr. Winickoff coined the phrase **third-hand smoke** and is the developer of the National CEASE program which has been implemented in 14 states including California.

Dr. Winickoff spoke about third-hand smoke, the residue that remains behind on the walls, curtains, skin, hair and clothes of people who smoke. This residue combines with the common household pollutant nitrous oxide, to produce tobacco-

specific nitrosamines (TSNA’s) that are known to be carcinogenic and may be particularly harmful to infants and children who explore with their hands and mouths. Dr. Winickoff’s research demonstrated that concern about third-hand smoke is associated with strict home and car smoking bans. Dr. Winickoff advocates that pediatricians systematically help parents to quit smoking and developed the Cease Program to guide providers in doing this. This simple program including instructional videos can be found at: <http://www2.massgeneral.org/ceasetobacco/states.htm>

Cease consists of three easy steps: Ask-Assist-Refer

1. Parents or caregivers are given the Cease action form which Asks about tobacco, allowing those who use tobacco to self identify if interested in help to quit.

2. If the parent is interested in medication the clinician Assists by writing a prescription for tobacco treatment medication.

3. If the parent is interested in free help to quit the clinician Refers to the

California Smokers’ Helpline using a card available free gold card available from the helpline (<http://www.californiasmokershelpline.org/>) or a fax referral form from the California Cease website.

Lecture evaluations showed that attendees were motivated to implement Cease, to provide tobacco treatment and/or to work toward tobacco-free hospital campuses. Children’s Hospital Oakland implemented Cease in the primary care clinics in October 2009 and has screened thousands of children and referred several hundred caregivers interested in quitting to the California Smokers’ Helpline.

For those who are concerned about providing parents prescriptions for tobacco treatment be aware that three first line medications – patch, gum, and lozenge are over the counter and extremely safe. In addition the June 2010 AAP policy statement: *Tobacco Use: A Pediatric Disease*, urges pediatricians

News Update

“Speaking of the budget...”

to provide this lifesaving treatment.

On October 22 the lectures were followed by a one-hour webinar by Dr. Winickoff for California’s child health providers. If you missed this presentation you can access it at the California Cease website. The Chapter 1 Substance Abuse Committee urges all California child health providers to evaluate how they currently address parent or mark caregiver tobacco use and consider implementing the Cease program to address tobacco systematically if providers don’t already have a working system in place.

President Column

By Stephen Harris, MD

With the midterms in the rearview mirror, and political wonks already talking about 2012, I wanted to make sure that Northern California’s pediatricians were fully aware of one reason for unadulterated electoral pleasure: Dr. **Richard Pan’s** victory in the 5th District’s State Assembly race. Even if you disagree with Richard’s political party on some issues, perhaps you can still rejoice in Richard’s becoming the first pediatrician in the California legislature. Congratulations, Richard. See you in April when we lobby your butt on legislative day. And good luck on getting that budget in on time—no salary if you

don’t, thanks to Proposition 25.

Speaking of budget, there are some worrisome budgetary and actuarial signs that I may not get to collect my LBJaycare (Medicare) at age 62 or my Rooseveltcare (social security) at age 67. Fights are underway to see if the wealthiest 3% of Americans will keep their Bushcare or have their income tax revert to the higher rates reminiscent of Reagancare.

Since when did “care” become a pejorative, as in ObamaCare? **Glenn Beck** brought his kid to the doctor because she had some obamatrauma and Barack her arm. Politics aside, I’m pretty happy that parents can now cover their twenty-something children on their health insurance and that companies can no longer deny coverage to children with pre-existing conditions.

Unless Congress takes some action, those pesky death taxes will return for the children of those unfortunate enough to have parents who leave estates worth more than five million dollars. If the oldest multi-billionaire, **Warren Buffet** (\$47 billion, age 80), believes in the estate tax, why shouldn’t we? Meg Whitman can spend over 10% of her \$1.3 billion fortune trying to buy an election while she is alive, but I don’t think her progeny are going to be

hurting if the federal government gets a 35% slice of the billions left when she’s gone.

It was **Barry Switzer**, the head football coach for Oklahoma and the Dallas Cowboys, who said “some people are born on third base and go through life thinking they hit a triple.” I’ve been fortunate and comfortable, and whether you call it my Jewish guilt or liberal guilt, I think some guilt is appropriate. I’m ashamed that I’m inured to the “need work” or “gotta feed my family” signs I see held by folks every day on my way into clinic, the dingy of the Salvation Army bell outside my local Whole Foods, and the Neediest Cases profiles in the New York Times. This season, I guess, for guilt and giving. Have a happy holiday everyone.

Vice President Column

By Charles Wibblesman, MD

On October 1 through 5, The American Academy of Pediatrics held our annual NCE (National Conference and Exhibition) in San Francisco. Attendance was at an all time high with 12,053 Pediatricians in town for this incredibly huge educational event. As a faculty member of the NCE, as well as attending as Vice President of this Chapter, I was amazed at the diversity of age and



President

“...the really *hot topic*...”

ethnicity of the members attending as well as the geographic origins of fellow pediatricians coming to San Francisco from all points on the globe. Hardly a day would go by when I would not meet a colleague from the past, whether it be a resident whom I shared a NICU rotation with at Cincinnati Children’s Hospital who is now a practicing pediatrician in Cincinnati and on the AAP Council on Community Pediatrics, or a pediatrician from Daly City who was a pediatric resident at Kaiser Permanente in San Francisco when we had our own residency program several years ago.

The many opportunities to increase our skills in diagnosis and management of clinical conditions as well as making changes in our practices were numerous; one really had to pick and choose what educational topic was “best for myself and my own practice of pediatrics.” As a faculty member participating in both a seminar as well as teaching selected short topics, I also was impressed by the large attendance at these educational presentations as well as the questions during and after the discussion. I was very much enlightened how different approaches to the same clinical condition are seen in other practices in other geographic areas. In one of my presentations on

“Adolescent Male Reproductive & Sexual Health,” in which physiologic gynecomastia of male adolescence was discussed, a pediatrician from the Northwest came up to me and told me about “Underworks Men’s Gynecomastia Chest Binder”, available from Amazon.com for \$32.99, to help an adolescent male feel less out of place when he is experiencing gynecomastia. I was most appreciative for her insight and for taking the time to help me in my own practice.

Another highlight of the NCE was the luncheon with Congresswoman **Jackie Speier** at the InterContinental Hotel on Sunday, October 3.

Representative Speier spoke to over 70 Chapter 1 members about the many challenges for pediatricians and the children they serve on the national landscape of health care delivery.

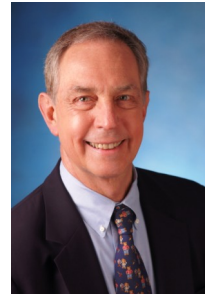
Indeed, the really *hot topic* that representative Speier addressed, in much detail, was Health Care Reform. There was a lively dialogue of discussion among attendees also as what this topic really means for a pediatrician practicing in California. There were many questions about the federal stimulus funds as well as caring for the newly insured. We were very much thankful to our own chapter member, **Subha Ahlad**, MD, who practices

in Foster City and is the pediatrician for Ms. Speier’s daughter, and so graciously arranged for the congresswoman to speak to our Chapter. This “Getting to Know You” luncheon really has a new meaning since it was an opportunity for Chapter members to meet and converse with their congressional representative as well as for

Congresswoman Speier to know the Pediatricians in her District as well as our Chapter leadership and Advocacy members. We do hope that this will become an ongoing and strengthening relationship.

One of the goals of this luncheon was to *give something* to our Chapter members who were attending the NCE.

And one final note: As many of you are aware, Chapter 1, District IX, has had the good fortune and opportunity to have San Francisco be the host city for several recent NCE meetings -- this year, 2007, and 2004 returning every three years. We specifically wished to have this luncheon for our members since the NCE will **not** be returning to San Francisco in 3 years. Mark your calendars for Boston in 2011, New Orleans in 2012, Orlando in 2013, and returning to California in 2014 but not to San Francisco. The NCE in 2014 will be in San Diego.



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News Update

News Update

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Chapter Web Site:

www.aapca1.org

Disaster Preparedness Committee Forming

By *Al Hackel MD* and
Deborah Miller MD MPH

“The AAP is deeply involved in efforts to ensure that children’s needs are incorporated into disaster preparedness and response efforts at all levels of government. Because children constitute at least 25% of the US population, the AAP encourages planners and those who conduct drills/exercises to prepare for children’s needs strategically.” (Advocacy and Policy statement of the American Academy of Pediatrics Disaster Preparedness Advisory Committee (DPAC), www.aap.org/disasters)

We interpret this statement as a call to action for AAP districts and chapters to become involved in disaster preparedness efforts.

The AAP DPAC lists districts and chapters that have responded by forming disaster preparedness committees. California is noteworthy in not being included on that list even though our state is the most likely to be hit by a disaster.

We are proposing to form a committee of our chapter to involve members in emergency and disaster

Disaster Preparedness

planning for our region. The initial meeting will be by conference call at a mutually convenient time. This call will be used to define the membership, goals and activities for the proposed *Pediatric Disaster Preparedness Committee*.

Areas to be addressed by the committee may include:

- Pediatric practice and clinic preparedness
- Hospital preparedness
- Pediatric transport and evacuation in a disaster
- Neonatal transport and evacuation in a disaster
- Schools
- Mental health
- Activities of the committee may include:

- Involve AAP chapter members in regional pediatric disaster planning
- Provide information to chapter members from national AAP Disaster Advisory Council (DPAC) and other reputable sources
- Facilitate networking and information sharing to provide resources and referrals for chapter pediatricians in pediatric disaster planning.

If you are interested in being a member or giving input to this proposed committee, please contact **Al Hackel MD FAAP**, email hackel@stanford.edu; **Deborah Miller MD MPH FAAP**, email DrDeborahMiller@gmail.com

Maintenance of Certification

By *John I. Takayama, M.D., M.P.H.*

The American Board of Pediatrics has instituted major modifications to the Maintenance of Certification (MOC) program. Pediatricians with a time-limited certificate were previously required to pass an exam at a secure site every 7 years. Current changes have lengthened the exam cycle to every 10 years but shortened the MOC enrollment period to 5 years. In order to maintain certification, pediatricians must now re-enroll in MOC every 5 years and participate in required continuing education activities during each time period.

What does all this mean? As a member of the first cohort to participate in time-limited certification in 1989, I am, once again, among the first to experience MOC. To maintain the board certificate set to expire at the end of 2010, I must first fulfill the requirements to enroll in MOC. The MOC requirements consist of 4 distinct parts: Part 1, Professional Standing; Part 2, Knowledge Assessment; Part 3, Cognitive Expertise; and Part 4, Performance in Practice. I learn that I have already completed Part 1 because I have a valid license to practice in

Maintenance of Certification

California; and Part 3 by passing the recertification exam 7 years ago.

Let me explain the remaining two parts. Part 2, Knowledge Assessment, requires evidence of lifelong learning and self-assessment. The intent of this section, according to Kind et al¹, is to encourage continuous professional development by helping “physicians identify what they need to learn based on clinical encounters, tacit experience or personal inquiry.” This *point-of-care* learning, however, has not yet been incorporated into all activities that fulfill this requirement. As a generalist, I must choose one of 10 such activities, 4 board-sponsored and 6 with external sponsors (fees may be charged). I am currently halfway through the 255-item AAP PREP Self-Assessment (\$145 for members).

Perhaps one of the controversial elements of the MOC is Part 4, Performance in Practice, which requires a pediatrician to complete an actual practice improvement activity. This appears to reflect the adoption by the ABMS (American Board of Medical Specialties) of recent quality improvement initiatives embraced by health care institutions as

well as an extension of at least one of the ACGME (Accreditation Council for Graduate Medical Education) competencies for residency education: practice based learning and improvement. The ABP now requires pediatricians to demonstrate competence in the systematic collection of practice data and its use to improve practice.

What practice improvement activity? Currently one can choose from over 100 such activities, some sponsored by the ABP or the AAP, others by universities, medical groups and even health insurance programs. Topics range from improvements of immunization rates and asthma management to implementation of a medical home and reducing adverse drug events and hospital acquired infections. These standardized activities involve baseline data collection, adoption of one or more practice improvement interventions, and data collection during two subsequent time periods to document short and long term improvements.

I am considering the recently introduced Hand Hygiene PIM (Performance Improvement Module) because it seemed the

easiest to complete. The purpose is to improve hand hygiene rates and teach the basics of quality improvement. The pediatrician distributes an independent observer form to collect baseline information on whether she, he, or staff washed his or her hands or used a hand sanitizer before and after an examination. When data is collected for 30 or more patient encounters, they can be entered into an ABP-provided online form. The pediatrician, then, can generate baseline hand hygiene rates. After implementing one or more improvement strategies, i.e., installing hand sanitizers, posting visual cues, educating staff, the pediatrician can collect further data during second and third cycles to document improvements in hand hygiene rates.

Not so fast! It turns out that this activity, as well as others, is more complicated than initially described. In the Hand Hygiene PIM, for example, the pediatrician must recruit patients or family members or other “independent” observers to complete a 4-item data collection form; and 30 such forms are needed for each of the three data collection cycles. Since staff member hand hygiene is also assessed, the entire

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News Update

Pediatric Research in Office Setting

practice must be involved in this practice improvement activity.

After completing MOC Parts 2 and 4, I will be ready to enroll in the first 5 - year MOC Cycle (\$1030). According to the ABP website, I must continue to maintain a valid license (Part 1) during the cycle, pass an exam at a secure site in 2013 (Part 3), complete one patient survey and accumulate 100 points. When I called the ABP to inquire about the survey, I was told not to worry about it because it has not been developed yet. As for the 100 points, pediatricians must complete a combination of Knowledge Assessment (KA) (Part 2) and Practice Improvement Activities (PIM) (Part 4) activities over the 5 years. Each activity is worth 20 points; 40 each must be in KA and in PIM; the remaining 20 can be in either.

So where are other controversies? Strasburger and Greydanus² have identified cost, cumbersomeness and lack of evidence that participation in approved activities improve knowledge and practice. Others have raised the concern that activities that qualify for state license renewals, such as CME or

clinical research, do not qualify as approved activities for MOC. Subspecialists, especially those who are boarded in more than one specialty, may need to determine whether completion of activities for one specialty can also be applied for a second specialty. Full-time clinicians may worry about the time and administrative effort needed to complete MOC Part 4 while part-time clinicians may worry that they do not see enough patients to be able to complete Part 4.

While we all wait for some answers, those whose certificates expire in 2010 must still consider fulfilling requirements for enrollment in MOC. The first step is to go to www.abp.org, log in to your portfolio, check your MOC requirements and get started on Part 2 and 4 activities. ABP-sponsored activities are free for now. The ABP help line (919-929-0461) has assured me that they are available to assist anyone who needs help, between 8:30 am and 5:00 pm, Eastern Standard Time.

¹Kind et al. Learning in practice and maintaining certification in pediatrics. *Pediatrics in Review* 2007;28:e23-29.

²Strasburger VC, Greydanus DE.

Maintenance of certification: the elephant in the room. *Clin Pediatr* 2010;49:307-9.

Why should you join PROS?

By *Karen Belding, MD*

You should join because I am a member of the PROS network! PROS is a research network sponsored by the Academy with the mission statement focused on enhancing pediatric practice and improving child health. The PROS network was formed almost 25 years ago. PROS practitioners just like you and me have completed 24 national studies that have resulted in over 65 published articles and 116 published abstracts. PROS studies have been cited in more than 1,000 publications. PROS is marching on with a new effort to study electronic health records. The initial mission remains to enhance processes in this evolving tool to improve pediatric practice and child health care. PROS and the contributions of PROS members have created new knowledge, changed public policy, and made me a better practitioner.

Well, that sounds nice, but I am just too busy to add one more thing to my day.

I know you are busy. You will not have to add something every day. You will not be participating in a

study all of the time. Some studies can be completed in a week or two. Some may take a few months. When a study is set up by the network, you will get a notice about it. You will have an opportunity to review the study design and decide if you are interested. Next, you can look further to see if it fits your practice. If you have more questions, you can contact PROS and get more information. As one of the chapter coordinators, I can assure you each study is vetted so you can participate with minimal impact on your patients or practice.

What will my patients think if I am doing research?

My experience had been totally positive. In fact, I would say it is an asset. I commonly supplement a discussion with a parent or colleague by adding that I am a member of a national pediatric research network called PROS that has done a study on this topic. If I personally participated in the study, I add that information as well. To use a political term, it adds “gravitas” to my comments.

Hopefully my enthusiasm for PROS has added to your interest. I would be happy to discuss this further with you on a personal basis. Let me also suggest that you learn more about PROS by reading a recently published article in the June *Pediatric Annals*

titled “PROS: A Research Network to Enhance Practice and Improve Child Health.” If the journal isn’t handy, you can go to and just type PROS in the Google search window. Karen Belding E-mail gkarenleeb-aap@yahoo.com

The Newsletter Lives!

By Your Editors: Beverly Busher, Mika Hiramatsu, MD, and Mark Simonian, MD

There has been ongoing discussion and solicitation from the membership about how we will reach and communicate with our large number of chapter members. At the last chapter board meeting the newsletter editors raised the issue of tangible benefits to the general membership.

The paper newsletter is a hard copy, in-the-hands value for its members. It gives everyone a snapshot of the programs and the activities of its members. You may notice that we rarely recapitulate the national programs or activities in other areas of the District. We are all about **you** and want to share what makes this region one of the premier pediatric communities in the nation.

So with great enthusiasm, we wish to state that the newsletter lives and will be a quarterly value to you. We need your input though. Please contact us through Beverly at

aapbev@sbcglobal or 415-479-9200 if you wish to write about a pediatric topic or issue that you feel needs to be shared with our other chapter members.

Besides the newsletter there will be regular contact online through our email venue of *Constant Contact News Update* where you can see snippets of topics the chapter is involved with and links to more detail.

You also have the opportunity to push announcement and share insights through our chapter Blogs at www.aapca1.org that represent member committees and other topics.

This is YOUR chapter and we want to hear from you.

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**Annual Chapter 1, AAP Spring CME
Conference**
May 28-30, 2011
Portola Hotel & Spa in Monterey

Speakers include:
Joseph Bocchini, MD
Paul Fisher, MD
Jann Murray-Garcia, MD
Jordan Metzl, MD
Karl Neumann, MD
Joseph Zenel, MD

Hotel rooms are only \$169 for single or double occupancy. Visit: <https://resweb.passkey.com/go/aap2011> to reserve your sleeping room. Only 100 rooms available at this price.

Conference Registration and Brochure will be available soon on-line at www.aapca1.org

Great Family Meeting in a beautiful setting.