



News Update

California Chapter 1 AAP

<http://www.aapca1.org>

Vol. 2010, Issue 1

Special points of interest:

- Chapter President's comments on health care
- VP comments on Tiger Year
- Oral Health Initiative
- Highlighted legislation for 2010

State Government Affairs 2010

State Government Affairs

By Ricky Choi, MD

The SGA was very active this year given the state's economic challenges reflected in the legislative session. Your letters and calls to legislators were heard, resulting in the passage of important legislation for children's health. Unfortunately, we anticipate further challenges next year. Here is an update:

1. **AB 1422**, passed and signed. Thanks to all of your efforts this bill, which adds a funding source for Healthy Families by establishing a temporary gross premiums tax for Medi-Cal Managed Care plans, passed the assembly and was signed by the governor. From this tax, California would receive state matching funds needed to draw down increased federal funds. It now appears that we cannot relax quite

yet. Recently, the Federal Centers of Medicare and Medicaid (CMS) sent a letter stating that the tax structure outlined in the bill conflicts with CMS regulations. Multiple groups including AAP-CA have sent letters to CMS describing the importance of Healthy Families funding and request that they reconsider. CMS responded with a statement that it will delay a final decision until mid 2011 and that the tax on plans can proceed for now.

2. **AB 1383**, passed and signed. This legislation (with its technical companion **AB 188**) adds a fee on California Hospitals in order to access \$2 billion a year in federal matching funds and would go towards increasing Medi-Cal reimbursement. \$300 million will go to children's health coverage.

3. **2010 Budget**. The Legislative Analyst's Office predict that California will have a deficit of \$20 billion (need to check that this isn't 20 billion) between now and when the legislature enacts the 2010-2011 budget. This year we saw Healthy Families under direct attack, and as stated above, in a tenuous state. With continued budget deficits, Healthy Families may be the target again.

4. **Richard Pan, MD for Assembly**. Dr. Pan is been a very active member of the AAP-CA and is on faculty at UC Davis. He is a tireless advocate for children and if elected, would be the first pediatrician in the Assembly. He has received the endorsement of AAP-CA. Please consider offering your financial support. (www.panforassembly.com)

In the coming year we will need your

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News Update

Healthcare Present or Fiscal Albatross

continued vigilance and energy to protect the health and health services for children. Please continue to let your voice be heard and share your activities with colleagues. For questions or interest in getting more involved please send me an email.

President's Report

By Stephen Harris, MD

Since **Dr.**

Wibbelsman so brilliantly will cover our Chapter 1 affairs in his Vice President's column, I will again comment on health care reform in the United States. It is now several hours since the Senate passed a test vote on the Democrat's health care bill, which now appears fairly certain to win final approval on Christmas Eve. The House and Senate will need to reconcile their two versions of the package and vote again before a bill can be sent to President Obama. The House version has anti-abortion language and a *public option* that will be unlikely to survive a conference committee because of Senate opposition. Otherwise, the two bills are similar.

Assuming the President signs a bill, and

depending on which rhetoric you most believe, the American people will either receive a historic New Year's present for the new decade or a giant fiscal and regulatory albatross that will weigh upon us for years to come. No more denials for pre-existing conditions. Young adults can stay on their parents' insurance through their mid 20's. Lots more people covered – by existing public programs and by subsidizing insurance provided through insurance marketplaces – exchanges. Yea! One trillion dollars over ten years, tax and fee increases. Boo! Cuts in Medicare spending. Yeah, right.

One proposed Medicare and Medicaid cut in the Senate version deserves special attention, because it would reduce disproportionate share financial assistance by over \$40 billion over ten years to hospitals and health systems that are traditional safety net providers. In California and in many areas of Chapter 1, we are likely to still have a large number of uninsured people (7% of Californians according to the UCLA Center for Public Health estimates).

And this is not just undocumented residents. Right now, in this bad economy, one third of the 40 million Californians are either uninsured or have Medi-Cal. Is it likely that health care reform is going to change the locations that these people receive medical care away from the safety net and toward non-profit and for-profit hospitals?

I sincerely hope that a health care bill will be a real win rather than a naked political triumph. It has been ugly and instructive to see bipartisanship sacrificed, even though every single senator and congressperson knows that we have an unsustainable, unfair, and inequitable health care system. A system that compared to other wealthy and less wealthy countries produces a lot less health for a lot more money.

VP Column

By Charles Wibbelsman, MD

As we now begin the year 2010, in the Chinese calendar this is the year of the Tiger, there is a calendar for pediatricians of our chapter that has many



President

Tiger Year

activities and educational opportunities.

I would like to encourage everyone to look ahead in their own personal calendar and pencil in October 1st through the 5th at which time the American Academy of Pediatrics will be holding our annual National Conference and Exhibition in San Francisco. A Pre-NCE course "Pediatrics for the 21st Century: Quality Improvement through Health Information Technology" is scheduled. This topic is quite timely as HIT (Health Information Technology) monies will be coming available to all physicians (Editor's note: practices must meet certain criteria including a significant number of Medi-Cal patients) in California to assist them in converting to electronic medical record keeping and charting. This past October, when the NCE convened in Washington, DC, over 11,000 pediatricians worldwide attended. With San Francisco as a location in the month of October, often a month of sunshine, warmth, and less fog, I feel confident that we will be able to exceed the attendance

record of 2009.

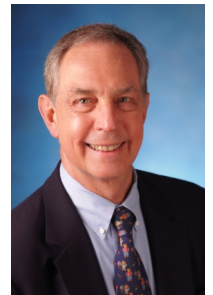
One of my hopes for our chapter in 2010 will be to assist and support fellow pediatricians in converting their practice from a paper world to an electronic medical record. I envision our chapter and our District IX will lead the way in assisting pediatricians in choosing the most appropriate vendors for this endeavor as well as supporting our colleagues in learning the applications of and navigating caring for children and adolescents in *cyberspace*. For many of us, myself included, who are now totally paperless in our practice, we have learned that initially there often is a steep learning curve and we learn often best from our own peers and colleagues. I would hope that our chapter will be able to explore the many ways of educating our pediatric colleagues and their staff in electronic medical record keeping through such on-line educational opportunities as webinars and hands on conference workshops.

Recent surveys of educational needs assessment of physicians reveal a disparity in

choices among physicians for educational pursuits. While the older, experienced, physicians prefer the live off-site conference format, younger physicians, are now opting for medical education that is on line in their own office on-site or at home allowing for more time with families and other interests. As your chapter, we hope to meet both of these requests.

The Board of Directors of our chapter has prioritized 2010 as a "Tiger Year" for increasing and retaining our membership. There are many challenges that we face as a large geographic chapter, and we have made definite commitments to reach out to all of our members with our winter educational offering for 2010. We have selected Sacramento as the location for our December 4th conference in order to make attendance more convenient for the many members of our chapter in the Central Valley.

Also on the Tiger Year calendar on April 27, 2010, the day that Pediatricians will come to Sacramento for Legislation Day. This



Vice President

News Update

Hoping to See a Decline in Dental Decay

News Update

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Chapter Web Site:

www.aapca1.org

day gives us the opportunity as a chapter and as a district to meet with our local legislators and discuss issues and pending pieces of legislation that relate to our own practices as well as the health and well-being of the children and adolescents whom we care for. Mark this date.

One final date for your calendar is May 29th through the 31st, Memorial Day weekend in Monterey. 2010 promises to be an exceptional conference with outstanding speakers. The theme for this conference is “**The Pediatrician As Specialist**”. There will be a variety of hot topics including Endocrinology, Infectious Disease and Immunizations, Adolescent Gynecology, Dermatology, and Behavioral Medicine. Speakers include:

Howard Bauchner, MD from Boston University; **Kelly Cordoro**, MD from UCSF; **Francine Kaufman**, MD from UCLA; **Sarah Long**, MD from Drexel University/ St. Christopher's Hospital for Children; **Nichole Tyson**, MD from Kaiser Sacramento; and **Martin Stein**, MD from UC San Diego and Rady

Children's Hospital.

The December 4, 2010 Winter Conference will be held in Sacramento. The theme of the conference will be “Controversies in Pediatrics”. Look for more information on both programs in your email and on-line at www.aapca1.org.

You have all been marketed over the years the advertising tool *A Tiger in Your Tank*. Well then let 2010 be the Tiger in your tool kit of pediatrics practice with seminars, workshops and on line educational opportunities.

The Oral Health Initiative

By Katherine Foster, MD

The national AAP has developed the Oral Health Initiative as a response to four observed realities:

(1) Early Childhood Caries (ECC) is preventable;

(2) Early Childhood Caries is increasing in prevalence in pre-schoolers, especially poor ones, nation-wide;

(3) Access to dentists is extremely problematic for poor pre-schoolers, and may not improve soon;

(4) Access to medical providers has been mostly preserved.

So, the AAP has partnered with the American Dental Association Foundation, and multiple dedicated pediatric dentists to develop a plan to enhance multiple strategies for prevention of ECC. Last year new guidelines and a policy statement were published in *Pediatrics* addressing the oral health assessment by pediatricians – including risk-assessment, physical exam for early signs of demineralization, anticipatory guidance, fluoride varnish for selected patients, and appropriate referrals to a dental home.

In addition, AAP has developed Chapter Advocacy Training on Oral Health, for chapter advocates to be trained and ready to bring the guidelines into pediatric offices throughout each chapter.

I have just completed this training, and am now your chapter

Clinical Effort Against Smoke Exposure

advocate for oral health – COHA. As your COHA, I am eager to bring trainings to any venue that would serve to implement the guidelines. This would include hospital-based grand rounds, in-service demonstrations in clinics, and regional chapter meetings. I would like to work with chapter members-at-large to develop CME events to spread the word. You may all be aware that our chapter is one of the largest, in both membership and geography. I will need help to access the counties at a distance from Sacramento and the Bay Area. I am hoping to visit every county (all 44 of them) over the next two years. We want to see a decline in dental decay as a result of these efforts.

Please contact me if you would like such a training to be planned in your locale.

Also, please visit the Oral Health web-site: www.aap.org/oralhealth for more information, and free CME at: www.aap.org/oralhealth/cme/ and www.aap.org/commpeds/doch/oralhealth/pact.cfm

There is a wealth of information available.

(Katherine Foster is the Chair of Dental Committee and Chapter Oral Health Advocate, email: katherineafoster@comcast.net, phone: 707-823-1762.)

Protecting Children From Secondhand Smoke

AAP and 1-800-NO-BUTTS Help Parents CEASE Smoking

By Cathy McDonald, MD, MPH and Seth Ammerman, MD

California smoke-free laws protect most adults from secondhand smoke but many children are not protected in their own homes. Forty-seven percent of California smokers allow smoking in the home (California Adult Tobacco Survey, 2005). Parents can reduce their children's exposure by taking their smoking outside, but the best protection is to quit completely. Parents expect pediatricians to counsel them about issues that affect child health, and that includes tobacco use. In one study, 57% of parents wanted some kind of smoking cessation help from their pediatrician's office (Moss et al. 2006, Frankowski et al. 1989,1993). The AAP has a national program to meet

this need, called Clinical Effort Against Smoke Exposure, or CEASE.

CEASE Program

Developed for Use by Pediatricians

CEASE is a simple program designed to protect children from secondhand smoke by helping parents quit smoking. It was developed with significant input from pediatricians and is designed to be easily implemented. With CEASE, parents and caregivers are systematically asked to complete a form indicating if the child lives with a smoker, and if so whether he or she wants help to quit. Those who do are referred to a free tobacco *Quitline*, such as the California Smokers' Helpline. All tobacco using parents or caregivers receive clear, straightforward information appropriate to their situation. CEASE is currently utilized in ten states: Florida, Indiana, Kentucky, Massachusetts, New York, North Carolina, Ohio, Oklahoma, Oregon and Virginia.

The CEASE program includes focused strategies to reduce secondhand smoke exposure, such as:

Promoting smoking bans in the house and car

Asking smoking parents to commit to not smoking in the house or car,

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News Update

Bring Smoke Free Environment to More Children

and encouraging use of over-the-counter nicotine replacement therapy such as gum or lozenge for overwhelming cravings

Referring parents who smoke or concerned family members of smokers to the California Smokers' Helpline at 1-800-NO-BUTTS

Educating parents that tobacco treatment medication doubles the chance of success in quitting and counseling doubles chance of success in quitting.

Asking parents and caregivers about tobacco use and encouraging cessation is not just good care, but can actually double the chance that they will make a quit attempt. Due to the multiple office visits that occur in the first years of life for their patients, pediatricians have unique access to smoking caretakers of babies and young children. In fact, they may be the only health care provider that parents see. By helping them quit smoking, pediatricians vastly enhance the health and quality of life of parents and children alike.

The California Smokers' Helpline, available at 1-800-NO-BUTTS, is a free counseling program that has been proven in clinical trials to double a smoker's chance of successfully quitting. Services are available in six

languages (English, Spanish, Mandarin, Cantonese, Korean and Vietnamese) and specialized counseling services are available for pregnant smokers, teens, and tobacco chewers. Helpline counselors help callers create an individualized plan for quitting, then follow up with them multiple times to help them stay on track.

CEASE Program Components

The CEASE Program includes an implementation guide and patient materials available for free downloading at the CEASE website: www2.massgeneral.org/CEASEtobacco/states.htm. The implementation guide encourages taking a team approach to intervening on tobacco use and outlines 3 simple steps for helping parents and caregivers successfully quit smoking:

Step 1: Ask parents and caregivers about tobacco use every year, using the CEASE Action Sheet. This self-assessment form helps identify parents who want to quit or are considering quitting and are open to help and/or medication.

Step 2: Assist the family in addressing tobacco use, and document what happened on the CEASE

Action Sheet so it can be filed in the chart and followed up at every visit.

Step 3: Refer those interested in quitting to the California Smokers' Helpline, at 1-800-NO-BUTTS. Hand the smoker a *Take Charge* card or a *Regale Salud* card, available free at www.nobutts.org. File the CEASE Action Sheet in the chart for future reference and note the name of the tobacco user in the problem list and/or the electronic medical record. This allows you to follow-up at subsequent office visits with those who are not yet ready to quit, or who have tried but were unsuccessful.

CEASE has developed some simple, eye-catching materials for parents. Educational *halflets* can be downloaded free at the CEASE website and given to parents to reinforce the quitting message. Also available are posters on asthma and smoking, secondhand smoke, and tobacco treatment medication.

Most tobacco-using parents should be encouraged to use a quitting aid. Nicotine patches, gum and lozenges are available over the counter (OTC) and are very safe. Parents who have Medi-Cal can obtain nicotine patches with a prescription from a physician and a certificate of tobacco counseling, which

the Helpline provides after the first counseling session. Even if you don't write the prescription, providing this information to the parent can be helpful.

CEASE has been carefully crafted to be simply implemented by a team of staff so that no one person carries the whole work load and the office or clinic staff work together to help parents quit and bring smoke-free environments to more children.

AAP-California Encourages Implementation of CEASE

The Chapter 1 Substance Abuse Committee is encouraging all pediatricians in California to review the CEASE program and to implement it in their offices. You will receive a letter from the Committee Chair and information from the California Smokers' Helpline, including an FAQ and an order form for free materials. We encourage you to identify a staff tobacco champion to review the materials and organize an implementation meeting for your office.

The Helpline also provides specialized counseling and a special "Butts Out" booklet for teens who are interested in quitting. Teens can call the Helpline directly without parental consent but will need parental consent for the Helpline to call them for

follow-up.

Please contact Seth Ammerman at sethamm@earthlink.net or **Cathy McDonald** at cmcdonatr@aol.com if you are interested in using CEASE in an office or clinic. Pediatricians interested in office research can also contact Pediatric Research in Office Settings (PROS) nationally to be part of a study of CEASE in offices (1-800-433-9016 ext 7867). To read an article about the development of CEASE go to: <http://www.pediatrics.org/cgi/content/full/122/2/e363>

Resources for the Chapter

By Mark M Simonian, MD

You will have more opportunity to stay up to date and in touch with the leadership of Chapter 1 through sections on the Chapter Web site and other technologies.

Because the Chapter Web site permits comments, members can see the latest announcements from the District and State Government Affairs members like Ricky Choi or **Shannon Udovic-Constant** and present your own perspective on the stories or agenda items being

described. You can communicate with an audience as large as the readership of our Chapter and others who access the Web site (www.aapca1.org).

There are other electronic technologies that the Chapter is considering including tools like Constant Contact (www.constantcontact.com) to reach out to new or prospective members. There is considerable interest in engaging pediatricians in Northern California by the Chapter leadership. What outreach mechanisms will be used has not been decided. It is clear that the initiative to reach out to all pediatricians is a major goal for 2010.

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May 29-31, 2010—Chapter 1 Annual Spring CME Conference in Monterey:

“The Pediatrician as Specialist”

Howard Bauchner, MD: Last Year’s Best Clinical Articles in Pediatrics; Best New Pediatric Practice Guidelines; Feeding Controversies in the First Year of Life

Kelly Cordoro, MD: Top 10 Visual Dermatology Diagnoses; Evidence Based Evaluation and Management of Chronic Urticaria in Children

Francine Kaufman, MD: Type 1 Diabetes—The Pediatrician’s Role in Prevention, Diagnosis and Treatment; Type II Diabetes and Co-Morbidities; Advocacy Around Childhood Obesity

Sarah Long, MD: Challenges in the Management of MRSA; Immunization Update 2010; Common Sense Approach to the Use of Antibiotics in Outpatients

Nichole Tyson, MD: Contraception Options for the Adolescent—An Update; Polycystic Ovarian

Syndrome; Cases in Adolescent Gynecology

Martin Stein, MD: Does This Child Have Autism?; Medication Guidance for Complicated ADHD; Is it ADHD? Is it Autism? Behavioral & Organic Conditions that Mimic ADHD and Autism: A Case Based Approach

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