



News Update

California Chapter 1 AAP

<http://www.aapca1.org>

Vol. 2011, Issue 3

Special points of interest:

- President and VP Commentaries
- School Health
- E.H.R. News
- First Five Update
- CME
- SGA Active
- ...and More
- Big Issue!

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Reaching Out to the Membership

By Mark M Simonian MD, Membership Chair

Your chapter is reaching out to you to improve member value and to seek better communication. You will see this theme discussed in several articles in this issue. It is important to the health of our organization to increase member participation.

Our chapter covers many counties throughout the entire northern half of California. We have grouped these counties into 10 areas which are represented by a member-at-large (MAL) and alternate member-at-large (AMAL) – www.aapca1.org/chapter_board/.

Over the years we have invited chapter

pediatricians to work with other members through our committees (www.aapca1.org/committees/), see our activities through the newsletters, and browse Constant Contact, other email communications, and our web site.

With the large distances between the areas, even nighttime or weekend meetings are impractical for members-at-large to travel four times a year the extended distances away from practice and family. What has happened is that the primary participants have been Bay Area pediatricians, leaving out the additional rich participation of members from the Central Valley or as far north as Redding.

I developed a software tool to add additional information that will

permit our leadership to better catalog the strengths of each of our MAL, AMAL and the communities they serve. The hope is our executive and other Board members will collect more information about your local activities, and highlight those through current and additional new services.

Like the national AAP, other chapters, and districts throughout the country, we will also use social tools like Facebook and possibly Twitter to reach more of the membership.

Member participation does require membership dues. We need you to reach other community pediatricians who have elected to join only the national organization but not the chapter. For an additional \$13 a month

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Second Largest Chapter in the Nation

you have the opportunity to bring your ideas and comments to the national organization. How? Any chapter member can contribute to the leadership by submitting resolutions through the Annual Leadership Forum. Successful resolutions are addressed by the leadership of the AAP, national committees, sections and councils. It is through these efforts that you can effect change in Academy policies. These all come through the chapters, and hopefully you will encourage your colleagues to join or continue membership.

We need your participation. If you have some ideas that you think will bring members to the chapter or strengthen the chapter, please contact your member-at-large. You will see them listed in this and every issue and on the chapter web site.



President

President's Column

By Charles Wibblesman, MD

It is indeed an honor to introduce myself now as the President of Chapter 1, District IX, of the American Academy of Pediatrics. I would wish to acknowledge our past President, **Steve Harris, MD**, for his guidance for the past 2 years and leadership in the Chapter. I also would like to salute our Executive Director, Beverly Busher, who has so well guided steering us through often turbulent waters and keeping us afloat, on course, and a leading chapter that is well recognized not only on a state level but also on the national stage of the AAP.

Our Chapter is now the **second largest Chapter** of the American Academy of Pediatrics of a total of 56 chapters in ten Districts. Even with our current membership of 1887

Pediatricians in our Chapter, we are **almost**

400 less members than in 2008. In order to have a strong Chapter we need to embrace a growing membership. As your President for the next two years, one of my top priorities will be to meet the challenge of membership attrition and increase membership to levels above 2008. It is the Chapter and the California District, District IX, from which our entire advocacy efforts are launched as well as the positions on legislative issues both local and state which are supported or opposed. The only way that we as pediatricians can have a voice in the care for children and the well-being of pediatricians in the state of California is through the strength of our chapter. To do this, we need the financial resources that chapter membership brings.

Recently, as I reviewed the list of membership of the national organization of the American Academy of Pediatrics, I realized that

New President Welcome

over 400 pediatricians in Northern California are members of the Academy as a national organization but do not belong to the Northern California Chapter or the California District. Upon further inquiry and my own personal experience in paying my own annual dues on line, I realized that the on line renewal of dues allows one to simply click one box to not renew the Chapter dues. Unfortunately, many pediatricians in our chapter have chosen this **opt out** button which results in only renewing national membership and not the local chapter and District membership.

Now, more than ever, our presence – as an AAP Chapter and as the District of California in efforts of advocacy and legislative matters in Sacramento – is vital to our patients and to our own sustenance as pediatricians. The incredible amount of work that our Advocacy Committee is doing, under the leadership of

Lisa Chamberlain, as well as our State Government Affairs Committee, co-chaired by **Shannon Udovic-Constant**, in addressing and challenging these issues, is tireless and awesome. However, this can **only** be accomplished with Chapter and District resources: your membership. The AAP-California's advocacy efforts are only funded through Chapter dues.

In addition to the state of California budget advocacy being done on your behalf, the AAP State Government Affairs Committee takes positions on all child health related legislation which this year has included legislation to require helmets for youth participating in snow sports, support of a soda tax, and supporting the ban of BPA in infant and toddler products. In addition, AAP-California has developed a curriculum to train pediatricians-in-training about how to counsel vaccine refusers.

Please renew or initiate your Chapter membership to increase our strength as your representative in meeting the challenges of these critical and important issues.

As you may be aware, there is a proposition on the ballot for November in San Francisco criminalizing circumcision. Without the strong opposition of your Chapter and District, this proposition could pass. Even more reason to be a member of the chapter! [Ed. Note: A recent ruling through the courts have blocked this local initiative.]

It is easy to renew or initiate your Chapter membership – just call 1-800-433-9016 x 5897. If you have questions about your membership status, please contact our Executive Director, Beverly Busher, at (415) 479-9200.

I look forward to being your President for the next 2 years and making Chapter 1 an

News Update

Invite Colleagues to Join the Chapter

outstanding resource for all pediatricians.

Vice President's Column

By Gena Lewis, MD



Vice President

Thank you for allowing me to help serve our chapter as Vice President of California Chapter 1, District IX, of the American Academy of Pediatrics. I look forward to working with all of you in the upcoming years.

As I reflect on why I decided to be a pediatrician it struck me that pediatricians have an astounding job. We care for children, sick and well. We help our patients and their families manage acute and chronic conditions. We guide families through the intricacies of parenting and help prevent diseases and their sequelae through vaccinations. And throughout our professional careers we are given the honor and respect of our communities to be at the forefront of important societal decisions for the betterment of children's health.

Pediatricians have been the instigators and collaborators for many of the important laws that

now seem second nature to us: car seats and safety belts, bike helmets, limits on tobacco sales to minors, gun safety, environmental toxin regulation, and the list goes on.

I deeply appreciate my profession and my esteemed colleagues who have helped make the world a safer and healthier place for children. I also know that in order to continue this good work we have to be supported. Our jobs leave less time for volunteerism and advocacy than before and yet now is the time when our voice should be the loudest. Our local AAP advocates for Medi-Cal and Healthy Families, negotiates on our behalf with insurance companies for vaccine reimbursement, consults with legislators on new bills that would directly affect children and the practice of pediatrics. The AAP allows each of us to have a voice and magnify it.

My wish for the future of our chapter is implicit on your involvement. I would like each of us to find a friend, colleague or resident and invite them to join (or rejoin) the chapter. Mentor a resident or new pediatrician into

their future position of leadership and participation in our organization. Invite colleagues to share their expertise, participate on a committee, network and collaborate. Chapter 1 AAP has a long history of advocacy and leadership, and with your involvement we will continue to lead the way in protecting and caring for California's children.

For School Health... It's Elementary and More

By George Monteverdi, MD

Yes, it is elementary and more for CA Chapter 1 AAP School Health Committee (CC1AAP SHC). The opportunity and the need to improve the environment for your patients and families so that all schools can nurture students to be "Fit, Healthy, and Ready to Learn" are plentiful and manifest. Have you considered how school health impacts your patients and families? CA Chapter 1 School Health Committee and School Health physicians of

New School Policies

District IX AAP ask you to advocate for children and youth in your community.

Nationally, our Academy provides guidelines which recognize and advocate for student needs. Recent AAP Policy Statements and Clinical Reports on school Health include:

Improving medication administration in schools, Policy Statement— Guidance for the Administration of Medication in School

Policy statements have been adopted for Children With Special Health Care Needs and Honoring Do-Not-Attempt-Resuscitation Requests in Schools Emergency Medical Services to individual students and for school populations: policy statements include “Guidelines for Emergency Medical Care in Schools” and “Disaster Planning for Schools”

Provision for your use of a Universal

Preparticipation Sports Evaluation Form created and approved by the American Academy of Family Physicians, American Academy of *Pediatrics*, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine which is suitable for inclusion in your records and follows personal health information mandates.

Clinical Reports, the *Management of Food Allergy in the School Setting*, *Sport-Related Concussion in Children and Adolescents*,

Currently, CC1AAP SHC and CA District IX AAP focus on:

Disaster Preparedness: “*Schools, a Community Resource in Need*”: led by Drs. **Renee Wachtel**, (co-chair of CC1AAP SHC) and **Brian Blaisch**, MD, member of the CC1AAP Environmental Health Committee.

Advocacy for State of California Assembly Bill 25 (Hayashi): “Athletics: concussions and head injuries.” (See reference above to “Sport-Related Concussion...”).

Advocacy for state legislation which would amend CA Ed Code to allow school staff to be trained and delegated for emergency and prompt utilization of previously prescribed Diastat, rectally administered, for an unremitting seizure in a student at school.

Advocacy for California ‘state-wide’ adoption of a universally accepted Preparticipation Sports Evaluation Form such as that created and supported by the American Association of Family Practice, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and the

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News Update

Perceived But Surmountable Barriers

News Update

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Chapter Web Site:

www.aapca1.org

American Osteopathic Academy of Sports Medicine. (The Board of the California Medical Association, in collaboration with AAP District IX, has adopted a resolution passed by its House of Delegates to support this advocacy.)

Please consider how school health issues affect your daily practice. You may already have engaged your school community about student health needs. Some schools have formally established a *school health council* which assists district and school leaders with planning and implementation of school health services.

Community health professionals...*you*...are a needed resource for your school. Establishing and nurturing a collaborative relationship with other school health professionals will assist you in serving the children and youth for whom you are their medical home. Whether in solo or group practice,

you have an opportunity and also a need. It's elementary and more.

Finally, contact me at gigi4george@yahoo.com for additional information.

Electronic Health Record Obstacles

By Mark M Simonian, MD

The electronic health record has received more attention in the last few years than over the last few decades. These are driven by recurring articles in the public media and in professional publications, including policy statements from the AAP. In addition to publicity, new legislation has made the government invest billions into new practice standards, and change rules with incentives for practices that use electronic prescribing and electronic health records.

I have been involved through my association as national AAP Chair of the Council on Clinical Information Technology, NC&E programs, AAP News articles and in 2007 an electronic Pediatrics in Review article on *The Electronic Medical Record*.

There are perceived but surmountable barriers. Fellow doctors and their supporting staff have anxiety about using a computer to get their work done. Workflow has always involved documenting on paper, and sharing information by paper or verbal command is how all pediatricians were trained. What will the practice workflow be like without paper?

There are worries about the time commitment: learning new systems and the expected delays in completing work. With work done in the new workflow, doctors and nurses believe that the care will seem less personal and distract from face-to-face patient and physician interaction.

Costs to implement new systems and the training are believed to be a remarkable burden at a time when payments for services are less than previous years. How will they pay for the equipment, training and what is the impact from loss in revenue?

What will happen if systems are down because of a technology failure? And worse than a temporary delay, what

First Five Monies to the General Fund

happens if information is lost? How will normal work be done?

There is also a natural hesitation and reluctance to change when it appeared that in most respects the status quo had worked.

Any of these obstacles can make for a painful or even unsuccessful transition to a new E.H.R. As an E.H.R. user in a solo practice since 2005, I have found that with proper preparation all these can be surmounted without significant delay, costs could be covered in as little as two years, implementation can be achieved within 6 months and patient and staff acceptance can be as smooth as any changes I have encountered in 30 years of practice.

If your practice has not moved to investigate or adopt a new electronic health record your community hospital is likely to be in the process of adoption. Our largest community hospital system is in the process of implementing Epic as its vendor but there are many other enterprise solutions in our community – each different, including our children's hospital. Even if you are not involved in

your hospital or own practice, I am sure other providers in your community are moving to adopt. How will that affect future referrals and completion? In your practice the challenge will be deciding what system will be the best match if you are close to a decision or investigating systems. Will the enterprise solution work for my pediatric practice or are there other solutions?

In the coming months I plan on addressing these and other issues, and components of systems members should consider when choosing and transitioning to an E.H.R. through the **chapter Technology Blog** (www.aapca1.org/chapter-blogs/category/health-tech) on our chapter web site www.aapca1.org, or you can contact me: msimonian@aap.net.

First Five is Staying Alive

By Harvey S Kaplan, MD

Chair of San Mateo County First Five Commission

In March of this year Assembly Bill 99 (AB 99) became law in California, redirecting funds to a new agency, the “Families Health and

Human Services Fund” in the State Treasury Department. A total of 1 billion dollars, 950 million from the County First Five Commissions and 50 million from the state First Five Commission will be swept into the state treasury by June 30, 2012. This represents 50% of the county commissions’ fund balance as of fiscal year 2010-11. If commissions do not comply, their Prop 10 allocations will be withheld for FY 2012-2013. Prop 10 explicitly prohibits use of First Five funds to supplant state General Funds to pay for children’s health and social services. AB 99 also removes local control over local resources, does not improve First Five and was not submitted to the voters for approval. A legal challenge to AB 99 by several county commissions is underway and will be heard in court in Fresno County Aug. 30.

In San Mateo County, with 15 million dollars less to invest in the community, we are looking at how best to continue to serve our youngest children who would be most challenged by the loss of access to

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News Update

December Meeting Topics

health care, developmental screening, early educational opportunities, parent support and the myriad of community care resources now in place. The sense of our community is that despite government cutbacks which seem inevitable, there is still tremendous support for the continued and perhaps stronger role First Five has as an advocate and partner in promoting the health and well-being of young children. Dr **Heidi Feldman** of Stanford recently spoke to the San Mateo First Five Commission on 'Early Brain Development.' It is worth quoting her: "Many biological and social threats can alter or limit brain development, especially at young ages... First Five is positioned to maximize positive changes and limit negative forces." That is a message that we need to bring to our political leaders and to the wider community.

Failure to meet the needs of children now when they are most likely to benefit from good health, education and social services will only up the cost to society later when many of those children may fail in

school or suffer from delayed or unmet health care needs. Legislative repeal of AB 99 would be a good thing and save the money going into a costly legal challenge for the kids who really need it. Perhaps if we close a few corporate loopholes or add a few dollars to the vehicle license tax we could spare our kids some needless pain.

CME Update June 2011

By Nelson Branco, MD

I'd like to thank all of you who attended the meeting in Monterey over Memorial Day weekend, and say thank you to Beverly (Busher, Executive Director) and all the CME Committee members who worked hard to put on an excellent meeting. The meeting was a great success with knowledgeable speakers, nice weather and a fun party on Saturday night for adults and kids alike.

The talks, on topics that we general pediatricians deal with on a daily basis, were informative and interesting. With subjects like Sports Medicine, Food Borne Diseases, Visual Diagnosis, Bullying, Travel

Medicine, and Neurology, there was sure to be something for everyone. I've certainly used what I learned that weekend in my practice – I'm sure everyone who attended can say the same. We were fortunate to have Dr. **Richard Pan** attend and talk to the group about his experience as a pediatrician and State Assemblymember. We were also able to respond to our chapter members' requests for help understanding MOC (Maintenance of Certification) by having Dr. **John Takayama** give a special presentation on Sunday afternoon.

Now that the May meeting is behind us, the CME Committee is busy reviewing the feedback and suggestions from the attendees, and planning our upcoming meetings in December 2011 and May 2012. We welcome suggestions and feedback at any time, though - feel free to email us at: aapcmefeedback@gmail.com if you have ideas for topics, speakers or activities you'd like to see at one of our meetings. Our December meeting this year will be "The Complete Pediatrician: Essentials for Practice

Clear Goals for Hearing Screening

from Allied Health Experts.” The meeting will be held at The **Kabuki Hotel in San Francisco on December 3** and features an impressive faculty. Among the experts we have recruited are Christine Carter, PhD from the UC Berkeley Greater Good Science Center, Dr. Michael Rich, the “Mediatrician” from Children’s Hospital Boston, Rebecca Gudeman, Esq. from The National Center for Youth Law, Meg Zweibach, PNP, and David Brodzinski, PhD, author of “Being Adopted: The Lifelong Search for Self.” The conference brochures will be available soon; watch your email and mailbox for more details and registration information.

Our committee is also beginning to plan for our May 2012 conference, which will once again be held at the Portola Plaza Hotel in Monterey, over Memorial Day weekend. Stay tuned for details on topics and speakers.

The CME Committee appreciates that we all have more options for obtaining CME and staying current on new practices and the literature than ever before. We want to keep providing you with current, practical and accessible CME. To do this, we need your help. You will soon be receiving an email with a survey about Chapter I CME; please help us to provide what you need and want by completing the survey.

Our committee is also always open to new members. Feel free to email me (dr.nelson.branco@gmail.com) or Beverly Busher (aapbev@sbcglobal.net) if you are interested or if you have comments, suggestions or feedback for us. (This article is also available through our FaceBook Page and on the CME Blog.)

Challenges in Newborn Hearing Screening Follow-up in Northern California

By Sarah Eitzman, MD Chapter Champion for Early Hearing Detection and Intervention

Newborn Hearing Screening has been a successful program in screening 98% of babies born in California hospitals. However, an important part of the program is the early diagnosis of hearing loss in infants and their entry into early intervention programs. The Joint Committee on Infant Hearing has set 3 clear goals: All infants should be screened by 1 month of age, diagnosis of hearing deficits should be made by 3 months of age and early intervention and medical treatment should start by 6 months of age.

In Northern California our challenges include the vast geographic area (think of Fresno to the northern border, Tahoe to Monterey) and lack of

News Update

General Funding Spending Reduced

access to pediatric audiologists. In 2009 in Northern California 67% of infants needing a diagnostic evaluation for abnormal hearing screening completed that diagnostic evaluation, as compared to 74% completing that diagnostic evaluation statewide in California.

A new program is being developed specifically to address the issue of access to diagnostic hearing evaluations in Northern California. This program will use tele-audiology to help audiologists diagnose hearing loss (using a battery of tests including brainstem auditory evoked response, otoacoustic emissions, and high-frequency tympanometry in rural areas with little access to this important evaluation.

Pediatricians can get help finding an appropriate audiologist by calling the Hearing Coordination Center in Northern California. The phone number is (925) 941-7933 and the fax number is

(925) 947-4956. The Hearing Coordination Center is specifically designed to help providers and parents through the process of evaluation and diagnosis of hearing loss in infants. Additionally, as your AAP Chapter Champion for Early Hearing Detection and Intervention, I would be happy to hear from providers with questions related to hearing screening and follow-up. Contact me at Sarah.Eitzman@hhs.sccgov.org.

State Government Affairs Update, July 2011

By Amy Whittle MD

First, I'd like to introduce myself as taking over from Dr. **Tonya Chaffee** as a new State Government Affairs (SGA) Representative for Chapter 1. Along with veteran Ch. 1 SGA Rep. Dr. **Ricky Choi**, I'm honored to serve the AAP-CA and to help shape our advocacy efforts around children's health at the state level. I am a

graduate of the UCSF Pediatric Leadership for the Underserved residency (along with Ricky) and currently I divide my time between clinical practice at San Francisco General Hospital and coordinating the Physicians in Community and Behavior and Development rotations for the UCSF Pediatric Residency. I aim to help your voice as an AAP-CA member to be heard. Your expertise and on-the-ground experiences are crucial to shaping the AAP-CA's legislative advocacy work. To provide input, please contact me at: whittleae@gmail.com.

Some updates on the SGA Committee activity:

Governor Brown has signed a budget that reduces state General Fund spending to its lowest level since 1972-73, with potentially even deeper cuts to come. With regards to Healthy Families, the budget includes language to transfer administrative

Billing Tracking Features Available

authority to the State Department of Health Care Services to serve Healthy Families children via Medi-Cal based on a plan that must be approved by the Legislature by December 1, 2011. This outcome is consistent with AAP-CA's position that the shift from Healthy Families to Medi-Cal should not occur unless (1) there is real opportunity for stakeholder input and (2) a process is in place to include evaluation and benchmarks for the shift. AAP-CA will be working diligently in the next few months to provide member input on this plan.

AAP-CA supported SB 614 (Kehoe), which Gov. Brown recently signed into law, provides a 30 day grace period during which students can conditionally attend school before meeting the new Tdap booster requirement. AAP-CA supported this bill to give schools time to educate teens about the required

vaccine and to mitigate potential impacts on schools' ADA (average daily attendance) and therefore school funding.

AAP-CA was also concerned that personal belief exemptions might rise if a grace period were not permitted. AAP-CA supported the California Immunization Coalition's change to original bill language, which would have created a 6-month delay.

AAP-CA took a position against the proposed San Francisco ballot initiative that would have made routine circumcisions a misdemeanor punishable by a \$1,000 fine or one year in jail. On 7/28/11, a Superior Court San Francisco judge ruled the proposition unconstitutional and ordered it removed from the ballot. Proponents of the initiative are expected to appeal.

Don't forget to use the bill tracking feature on the AAP California website. By clicking the

link, Advocate Now, you can read the text and follow AAP California's priority bills going through the legislature. Bills are listed in numerical order, but can also be sorted by position or by status in the Legislature. Check it out at: <http://www.aap-ca.org/bills/>
