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California Chapter 1, American Academy of Pediatrics Fall Newsletter vol . 2015, Issue 4

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President's Column

By Zoey Goore, MD, MPH, FAAP



It has been a while since we have updated our membership on some of the nitty gritty details of board work. At our August board meeting we updated the bylaws with respect to a few issues.

National AAP changed some of the language of its membership so we are following suit. Emeritus and Retired Fellows are now Senior Fellows. This category is applied when a member reaches the age of 70, whether or not they are still working. Not sure how our own senior fellows feel about this but I'm sure you'll let me know.

Historically we have also handed the "gavel" over to our new officers at our May CME meeting. Our chapter's fiscal year actually starts July 1st so we have decided to return to transferring duties on July 1st. I don't know if this means the chapter is sentenced to more or less of my leadership but I suppose the board will let me know that as well.

Speaking of May CME - going forward we will not be hosting a May CME meeting. Attendance has been waning at this meeting, so we have decided to concentrate on a single day meeting in

been waiting at this meeting, so we have decided to concentrate on a single day meeting in December only. We continue to be committed to providing relevant, quality education and recognize the competing demands of life, practice and MOC requirements. We want to provide education that our members want and need and will likely be exploring new and creative options to provide this.

Other changes to the bylaws include:

- In order to be eligible to serve on the Chapter Nominating Committee an individual must have served on the chapter board of directors.
- Board member newsletter article submissions will be changed to at least once per year to allow for more participation.

The Board is looking forward to an exciting new year. We will hold a Board Development Day on 11/14. This weekend meeting is designed not only to chart direction for the coming year but also to focus on developing individual strengths that can aid our board members in their communities, practices, and careers. Dr. Stuart Cohen, District IX Chair will be our guest facilitator.

We, the representative board, want to represent pediatricians and children in ALL of our communities.

We are looking for ways to truly reflect the needs of our membership. AAP CA and Chapter 1 have been significantly involved in major changes in California this past year (SB277 for one).

We understand that our voice needs to be heard to advocate not only for the children of our communities, but for ourselves. Again, I ask for your feedback and suggestions in leading our chapter to be as reflective and responsive to the needs of our membership as we can.

[Click here to Register Online](#)

[Register now for discounted registration](#)



Saturday, December 5, 2015
CC1 AAP Winter CME Conference
Mission Bay Conference Center, UCSF
1575 Owens Street
San Francisco, California

[Click for Program Flyer](#)

Vice President's Column

By John Takayama, MD, MPH, FAAP

School has officially started in most districts, traffic in many cities has returned to the nearly untenable pre-summer levels, and the weather has become a little cooler and crisper. The beginning of fall offers a brief moment to review summer activities and plan for the rest of the year. One such activity was my first quarterly meeting of the Chapter Foundation.



AAP California Chapter 1 Foundation was established in December 2014. The purposes of the foundation are to "foster and improve health, healthcare, well-being and safety of children" in Northern California. The board has been meeting every quarter for the past year to organize itself, define its goals and priorities and explore potentially fundable projects. At our recent board meeting in July 2015, attended by (alphabetically) Rhea Boyd (Secretary), Beverly Busher (Treasurer), Mika Hiramatsu, Gena Lewis (consultant as Past Chapter President) and John Takayama (President), we discussed characteristics of fundable projects and reviewed key considerations for project selection. We felt that projects must benefit children, either directly or indirectly. Projects that are funded should not be limited to the San Francisco Bay Area but reach children in all areas of Northern California.

We discussed specific examples of fundable projects. One was One Degree, a nonprofit internet and smart phone-based platform to link patients and families with community resources, eminently fundable because of its focus on underserved families and its innovative approach using modern accessible technology. We also agreed that Reach Out and Read, a national program supporting early reading through distribution of books and other resources to families, was ideal because it could reach individual pediatrician practices throughout our region. We realized, however, that our board was small and may not be familiar with other fundable projects. The Foundation would like to solicit such projects from members of Chapter 1. Please recommend ongoing projects that you feel would benefit from our funding, by sending a brief description of activities and the organizational contact person to info@aapca1.org.

December CME Meeting

By Mika Hiramatsu, MD, FAAP, CME Committee



Saturday, Dec. 5, Mission Bay Conference Center at UCSF. Back by popular demand. Come join us at the beautiful conference center adjacent to the newly opened UCSF Benioff Children's Hospital in San Francisco. Our CME committee has put together another interesting program for you, including topics such as autism, HIV, dermatology and substance abuse. This is our most popular program of the year. Be sure to put Saturday, December 5 on your calendar now.

Featured speakers include: Dr. Seth Ammerman - Designer and Party Drugs, Dr. Ilona Frieden - Hemangioma Update, Dr. John Kelso - Allergy Conundrums and Office Spirometry, Dr. Ted Ruel - Pediatric HIV, and Dr. Alison Schonwald - Autism Therapies and Psychopharmacology for Children with Disabilities. Also, we are saving a lecture slot for a "Hot Topic" - an urgent issue or subject with breaking news.

Past attendees have commented that one of the most enjoyable aspects of the winter meeting is networking with former residency classmates and local colleagues. Therefore, committee member Dr. Janice Kim is organizing a post-conference happy hour. Please join us for some early holiday socializing. Attending physicians are encouraged to donate \$20 to invite along a medical student or resident to the party. The first 20 host volunteers will receive a copy of a book on early childhood development.

Register today at <https://www.aapca1.org/event/cme-conference-12-5-2015-san-francisco>, email info@aapca1.org or call 415-470-0200. Chapter members receive a discounted rate, so be sure your

info@aapcan.org, or call 415 479 9200. Chapter members receive a discounted rate, so be sure your membership is current. Special resident, nurse and medical student rates are also available.

What's a Resolution

By Gena Lewis MD, FAAP



Every year AAP executive leaders seek out ideas for change and innovation from its members at the Annual Leadership Forum. Resolutions are the opportunity to bring your ideas about the practice of pediatrics to the forefront of the AAP and very often the nidus for the future priorities of the organization. Dr. Ricky Choi's efforts with immigration health are a perfect example. His special interest group on immigrants came from a resolution and has driven the Academy to intervene locally and nationally on behalf of immigrant children, in particular the plight of the unaccompanied immigrant minor.

A resolution I helped construct last year simply stated that the AAP would promote the use of fluoridated tap water instead of bottled water to help decrease dental caries.

Our profession exposes us every day to the systemic flaws in our society that affect children. Our professional organization has a democratic process for addressing our advocacy priorities and that is the ALF resolution process. So write one today.

For more information on how to write a resolution and the form template, please go to: [Submitting Resolutions](https://www.aap.org/en-us/my-app/chapters-and-districts/Resolutions/Pages/Submitting-Resolutions.aspx) or <https://www.aap.org/en-us/my-app/chapters-and-districts/Resolutions/Pages/Submitting-Resolutions.aspx>

Deadline for submitting resolutions is December 1, 2015. No late resolutions will be accepted.

Community Pediatrics and the Media

By Mark Simonian, MD, FAAP



Recently I converted old VHS tapes to DVD video and had a chance to re-live some of recordings of my early encounters with local media. I thought I would share how I became a regular TV reporter's go-to guy.

I had a mentor at UC Irvine who made it his mission to reduce drowning for children. I took up the mantle in Fresno when I returned home in 1980, rounded in the narrow halls of the hospital and learned of the many summer drownings. I thought injury prevention would be a worthwhile special interest for me to pursue. I had set myself to learn as much as I could about injury prevention, did local research, and joined the AAP Section on Poison and Injury as well as a local safety group. I could not imagine that I would still be active 35 years later promoting safety prevention and be recognized as a local expert. I am happy to share some of my YouTube videos: <http://www.marksimonianmd.com/dr-mark-videos/> which show how I interacted with the public through TV news.

Drownings are common in our area in the hot summer. We have 30-40 drownings in our area each year and research I undertook demonstrated high risk with one in 3 homes having a potential drowning from pools and spas. Also, there were the hundreds of miles of canals through every neighborhood. I heard a local radio station panel discuss it, called in and was invited to join the recently formed safety council. With a pediatrician on the committee I brought the medical community into the discussion with a hope to reduce injuries. How do I spread the warning and reduce the injury risks? I had learned the value of barriers but there were no mandates to reduce these common injuries. I needed a venue to promote a solution. I must reach out through the media.

After I started doing research the hospital and other doctors learned I could be a resource and they mentioned me to TV stations when they called them for more information. I was accessible anytime during the day and on weekends which was perfect for reporters. Year after year drownings happened and I had a chance to hone my message. I took advantage of guidance from media experts at the medical society and delivered consistent and concise messaging.

Whenever possible I volunteered to share what I learned about my topics of interests and was often asked to speak on other pediatric topics. Those days before the Internet I had a forum to reach many more families than I could in any one setting. TV media is a valuable tool to share your area of interest. Reach out to reporters and they will be eager to hear from a pediatrician like you. You just need to take the first step to be on the news.



How to Get Involved and Make Things Right

**By Diane Dooley MD, FAAP, Alternate Member-at-large,
Contra Costa/Solano Counties**

Do you ever sit there at the end of a busy day and think, this isn't right. As a pediatrician, we have the gift of meeting families from all walks of life, hearing their stories and trying to support them in assuring health for their children. But that's not all. We also have the ability to use our experiences and knowledge to make changes in the world around us.

The AAP is our voice for change. By working together, we have the power to influence policies and practices that affect our families' health. As a semi-retired pediatrician, I'm having fun discovering how to get involved in AAP policy-making and leverage.



1. Join a local chapter committee. I was a long-time member of the School Health Committee and now the Oral Health Committee. Committees are a great way to meet like-minded pediatricians with similar interests and get a free dinner once in a while. Committee members work together to share resources, lobby or influence State policies and educate others about issues, such as school nutrition and access to dental care. If you look on the Chapter website, you'll find a list of committees.
<https://www.aapca1.org/committees>.
2. Submit a resolution to the AAP Annual Leadership Forum. I became concerned this year when I realized that a large number of the materials released by National AAP were not accessible to low-literacy or Spanish speaking patients. Even the Early Literacy Toolkit was only available in high literacy English. I wrote up and submitted a resolution that all future AAP patient educational materials have bilingual

Spanish and low-literacy versions released simultaneously with other versions. After working with a pediatrician in Washington DC to combine our similar resolutions, and getting the support of our AAP officers, the resolution passed. This is a great way to have input into the AAP's directions and activities.

3. Write something for submission to Pediatrics. It's not as hard as you would think to get published. I was astounded when I read the March 2015 AAP policy statement on Snacks, Sweetened Beverages, Added Sugars, and Schools which basically endorsed serving chocolate milk in schools because it was "not associated with weight gain or even higher total daily sugar intake in children." The statement contradicted a lot of sound scientific literature on the hazards of offering sugary drinks to children. Interestingly enough, the authors of the statement also had stated conflicts of interest with the dairy industry, as did the authors of many of the cited articles. In partnership with Anisha Patel MD, and Laura Schmidt PhD, we wrote, and now will have published, a letter to the editor stating our concerns about the evidence used in the statement. Unfortunately, the Pediatrics' editor did not feel that our conflict of interest concerns could be included in our letter, so now it's time to change the AAP's conflict of interest policy.
4. What's next? We'll all be incredibly busy people, but I've found that AAP involvement makes some of the pressures of our lives make sense. I've put together some suggestions, but you can add your own if you want to ...
5. Contribute to the next newsletter.

Update on Autism Spectrum Disorders

By Renee Wachtel, MD, FAAP, Chair, Committee on Developmental and Behavioral Pediatrics



Several new and noteworthy items of interest to pediatricians about Autism Spectrum Disorders (ASD):

1. Although California lawmakers passed an Autism Health Insurance Mandate in 2011 requiring most private health insurers to cover ASD treatments, this did not apply to Medi-Cal patients. However, in July 2014, the federal agency (CMS) that oversees Medi-Cal issued a letter to states clarifying that Medi-Cal must cover ASD treatments, including Behavioral Health Treatments such as ABA, Speech Language Therapy and Occupational Therapy for children under age 21 with ASD. While this was great news to families, this led to Regional Centers, who previously provided many of these services, to be required by state law to access Medi-Cal for ASD services. The transition to this began this summer. By January 2016 all children with ASD in the Regional Center programs with Medi-Cal will be required to first access services through their health insurance.
2. Since many families and pediatricians are not aware that these services are available now through health insurance including Medi-Cal, the Autism Health Insurance Project (AHIP) has received a grant from the Goldman Foundation to provide education and training to Northern CA pediatricians and other health providers about these changes. Current data shows that very few families with children with ASD are accessing these available services in Northern CA. Our committee is collaborating with AHIP, and Dr. Renee Wachtel is planning to assist with these trainings to alert pediatricians about current methods of ASD screening, diagnosis and treatment.
3. There will be an important conference on ASD held by the Bay Area Autism Consortium (www.thebaac.org) on Friday November 20, 2015 at the Sobrato Center in Redwood City. The focus of the conference is Autism and Technology, highlighting the cutting edge technology initiatives being applied to autism research and individuals with ASD. Further information is available on the website.

The Committee will hold its fall meeting in early December. Contact Dr. Wachtel at drwachtel@aol.com if you would like to attend.



As much as vaccines have dominated the headlines and required many hours of work from dedicated pediatricians, AAP-CA has also expended tremendous time and effort fighting for other critical issues affecting California's children, including improving car seat safety and preserving access to quality medical care through California Children's Services (CCS).

AB 53 (Garcia) was recently signed into law by Governor Brown, after extensive advocacy and negotiation supported by AAP-CA. Effective January 1st, 2017, all children will be required to use rear-facing car safety seats until they reach 2 years of age, 40 lbs. or 40 inches (whichever comes first). Motor vehicle accidents continue to be a leading cause of death in under 4 year old children. Rear-facing car seats provide optimal support for the head and neck and have been shown to reduce death and severe injury compared to forward-facing car seats in the 0-2 and 1-2 year old age groups, particularly in side impact accidents, where severe injuries are 5.5 times more likely in forward facing seats. CA is the 2nd state to enact legislation implementing AAP recommendations on rear facing car seats for under 2 year olds.

CCS, first established nearly 90 years ago as a response to the polio epidemic, provides medical care, case management, equipment, and rehabilitation services for 180,000 of the sickest and neediest children in California. As we all know as pediatricians, caring for the sickest children is not a cheap endeavor. Governor Brown's Office has made it very clear that they want CCS reformed and the carve-out that funds CCS is due to expire at the end of 2015. AAP-CA CEO Kris Calvin and District Chair Dr. Stu Cohen dedicated many hours to stakeholder meetings with the Governor's Office to advocate for the needs of California's children.

At the close of the stakeholder process, Governor Brown proposed progressively rolling CCS into Medi-Cal Managed Care, a "Whole-Child Model." While appreciative of the Governor's goal to streamline and improve care, the message from AAP-CA has been consistent throughout the year - any changes to CCS must be evidence based, ensuring consistent access to quality services to our most ill children. Several pilot programs to transition CCS kids to managed care are in process but no results are yet available. With support from AAP-CA, AB-187 (Bonta) recently passed the CA legislature, ensuring CCS funding for an additional year. If not signed by the time you read this (check here: <https://goo.gl/yu4VNd>) then contact Governor Brown NOW to voice your support for AB 187 by emailing leg.unit@gov.ca.gov.

One last announcement: I am stepping down from the Chapter 1 representative role to accept the nomination for Vice-Chair of AAP-CA State Government Affairs, and look forward to finding ways to help more people become involved with advocacy. Currently, there are vacancies on SGA for a resident and an early career physician representative so please contact a member of SGA if interested. You can contact me at jcorriveau@aap.net.



California Tobacco Bills Update

By Amy Whittle, MD, FAAP, Advocacy Committee Co-Chair



A package of tobacco bills was considered in the special session of the California legislature last month, but lawmakers failed to act on it. AAP-CA supported all of these bills. Several measures had cleared the Senate but were stalled in the Assembly



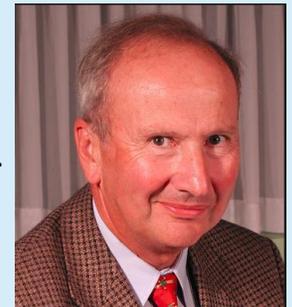
SBX2 5 (Leno)/ABX2 6 (Cooper) would have added e-cigarettes to existing tobacco products definition, thereby restricting the use of e-cigarettes in the same locations as traditional cigarettes. SBX2 6 (Monning)/ABX2 7 (Stone) would have closed loopholes in smoke-free workplace laws, including hotel lobbies, small businesses, break rooms, and tobacco retailers. SBX2 7 (Hernandez)/ABX2 8 (Wood) would have increased the age of sale for tobacco products to 21. SBX2 8 (Liu)/ABX2 9 (Thurmond and Nazarian) would have required all schools to be tobacco free. SBX2 9 (McGuire)/ABX2 10 (Bloom) would have allowed local jurisdictions to tax tobacco. SBX2 10 (Beall)/ABX2 11 (Nazarian) would have established an annual Board of Equalization (BOE) tobacco licensing fee program that would generate revenue high enough to cover the program's cost, as opposed to the current one-time fee.

Stay tuned for advocacy opportunities related to these bills next session. If your representative proposed one of these bills, please send an email, letter, or tweet thanking them for their advocacy.

Schools Looking for a Home, a Medical Home

By George Monteverdi, MD, FAAP, School Health Committee Co-Chair

Effective asthma management requires the pediatrician, family, and school to work together to develop and prioritize key aspects of the patient's Asthma Action Plan. The school - and school nurse, if available - can play a pivotal role as a partner in asthma management and education that can benefit the student both in school and at home over a sustained period of time.



Partnering with schools can enhance patient education, support adherence to treatment plans and lead to improved student physical health and school performance. Care for children with asthma calls for close collaboration between the pediatrician and the student's school. Quality asthma care for the students with asthma will be supported when pediatricians do the following:

1. Provide the school with a copy of your patient's Asthma Action Plan.

Creating a written Asthma Action Plan that is developed in partnership by you, your patient, and his or her parents is a key component of the 2007 Guidelines for the Diagnosis and Management of Asthma from the National Heart, Lung, and Blood Institute (2007 NHLBI Guidelines). Encourage the school or school nurse to communicate with the patient's medical home whenever there are concerns.

2. Provide your patient with a valved holding chamber (VHC) or spacer with each metered-dose inhaler (MDI).

Teaching proper inhalation technique is another key component of the 2007 NHLBI Guidelines. The medication will only help the child if it reaches the lungs through proper technique.

3. Collaborate with the school to share and obtain asthma control information.

The emphasis on assessing asthma control is a major addition in the 2007 edition of the NHLBI guidelines. The school or school nurse can provide such data about symptoms and medication use during school in a structured format to inform your decision-making and adjustments to the Asthma Action Plan. Most schools must maintain an administration record for each medication that a student takes (though this may not apply to students who are authorized to self-administer their medication). With parental permission, a school nurse can provide this data to you.

4. Advocate for and participate in an Advisory School Health Council.

Council members are in a position to advocate, plan, support, and implement collaborations at your community school supporting improved asthma management for your patient.

CC1AAP School Health Committee seeks to help pediatricians in that collaborative effort. Here is information which will assist you in your effort.

Promoting Healthy Youth, Schools and Communities, A guide to community-school health councils (American Cancer Society, AAP collaboration).
<http://www.cancer.org/acs/groups/content/@nho/documents/document/guidetocommunityschoolhealthcou.pdf>

Partnering with Schools to Improve Care for Children with Asthma in the Medical Home (an AAP document describing the role of the Medical Home serving to improve asthma management in schools).
https://www.aap.org/en-us/Documents/medicalhome_resources_partneringwithschools.pdf

Managing Asthma, A Guide for Schools, US Dept. of HHS, National Institutes of Health; US Dept. of Education...Revised 2014.
http://www.nhlbi.nih.gov/files/docs/resources/lung/NACI_ManagingAsthma-508%20FINAL.pdf

The California School Environmental Health and Asthma Collaborative (SEHAC's objective is to implement the State Strategic Plan for Asthma in California 2008-2012 school component, using a coordinated school health approach.) <http://www.sehac.org/>

Contact your CC1AAP School Health Committee to learn more at gmonteverdi@aap.net. Students have returned to school. Perhaps you have already discovered that school entry brings forth school health issues for which your community looks to their expert in school health - you.

Pediatric Therapies 12-5-15 CME Conference

We have a great line up for our Winter Pediatric Therapies CME Conference: Dr. **Alison Schonwald** from Boston Children's will be discussing "Autism therapies" and "Psychopharmacology for Children with Developmental Disabilities"; Dr. **John Kelso** will address current "Allergy Conundrums" and "Interpreting Office Spirometry"; Dr. **Seth Ammerman** will discuss "Designer and Party Drugs"; Dr. **Ted Ruel** will present "Current Issues in Pediatric HIV"; and Dr. **Ilona Frieden** will give an "Infantile Hemangioma Update". There will be a "Hot Topic" lunch talk with box lunches provided.

We are pleased to have Representatives from **Abbott Nutrition, Mead Johnson & Co., MedImmune, Merck Vaccines, Mylan Inc., Sanofi, Sanofi Pasteur**, and more joining us in the Exhibitor Hall.



Click here for more information - [CME Conference](#)

Beverly Busher, Executive Director

California Chapter 1,
American Academy of Pediatrics

Please submit articles to

Info@AAPCA1.Org

Deadline for articles submission is

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September 15
(Fall 2015 Issue)

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