January 15, 2013

News Update

California Chapter 1 AAP http://www.aapca1.org Vol. 2013, Issue 1

Special points of interest:

- Grant Program Champion
- CEASE Program
- Child Abuse Pediatricians
- Searching for a mentor
- School advocacy
- Resident Outreach
- Earning MOC points

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Exchange Facts

California Health Benefit Exchange Quick Look

By Mark M. Simonian, MD

The California Health Exchange is coming your way. As an offshoot of the *Accountable Care Act,* each state has been given the option of setting up a system (the Exchange) where certified insurance plans will be offered to the public. These plans will be governed by rules set by the federal government. Two products will exist, described as Individual or Small Business Health Options.

The Exchange itself will be the avenue from which an insurance buyer can choose what meets their needs. You will be able to compare and contrast each health plan's benefits. The hope is that with competition and regulation affordable and high quality care will be available for buyers who previously could not obtain it on their own. The goal is to increase the number of those insured in California in a partnership with consumers, providers, health plans, employers and government agencies.

California Healthcare Foundation reported that there are multiple groups that need to be served by a healthcare product that include large groups (32%), self-insured (9%), public or governmental agencies (19%), Medicare (12%), small groups (9%), individuals (6%), and the uninsured (14%). The government has exempted the first 4 groups (and illegal immigrants) so the remainder of small groups, individuals, and uninsured will be the primary focus of the Exchange (10-12 million people). It is expected that 43% of Medi-Cal (up to 138% of Federal Poverty Level) or 3 million people will be moved to the Exchange. In those Individual and Small Group populations about 2 million people will be eligible from subsidies up to 400% of Federal Poverty Level. For example, a family of four may meet the qualification with up to $92,000 annual income.

The Exchange will have benefits that include normal coverage equivalent to a Kaiser HMO 30 Plan (their most popular plan). These include coverage for prescriptions, laboratory services, maternity and newborn care, pediatric services including oral and vision care, autism, acupuncture, tobacco cessation, with no annual or lifetime limits.

Enrollment will begin in October 2013 with operations starting January 2014.

Questions that remain will include which hospitals will participate, which specialists will be available and participate, what payment rates will be (at or below current Medi-Cal rates?). If providers are willing to accept these patients at lower rates than they currently accept, there is concern that commercial plans will lower their payments too.

Blue Cross will automatically enroll physician providers into their Exchange product who are contracted as providers of their Prudent Buyer product unless they opt out by late December 2012.

There is a lot that is unclear about the Exchange, including who will offer Exchange products and how many providers will expand their practice to accept those previous uninsured, possibly at a reduced payment rate.

(This article is a summary of a recent review of the California Health Exchange from a San Joaquin Valley Medical Care Organization, Santé, given at a community medical center, December, 2012.)

President's Column

President

Kathleen Tebb

President's Report

By Charles Wibblesman, MD

Indeed a New Year for Chapter 1

I am delighted to write to you to inform you of some significant changes that have occurred in our chapter in just the past few months. As you will read in our Vice President's column, Chapter 1, Northern California, District IX, of the American Academy of Pediatrics has just received an educational grant from Pfizer in the amount of $100,000 to help parents of the children in our practice to stop smoking over the next 2 years. I was delighted when **Beverly Busher**, our Executive Director, phoned me on November 26, the Monday after Thanksgiving, to inform me that we had received this very competitive grant. A simple thank you in this column is really not enough gratitude to my colleagues:

Gena Lewis, our Vice President, who had the vision and perspicacity to pursue this grant, to Beverly Busher, our ED, for her persistence and hard work in completing the application, and to our new colleague in the chapter office, **Dr. Kathleen Tebb**, whose expertise in grant writing and much valued experience in clinical research at the University of California, San Francisco gave us the depth of clinical savvy to be able to receive this wonderful accolade. Indeed, as you will read in Dr. Lewis' column, this grant is an excellent example of how your Chapter can be there for you to improve your clinical practice, help your patients, and offer you additional educational resources for yourself as well as your patients and the families that you care for. I am thrilled that we as a chapter can offer you also options in assisting you with credit for Maintenance of Certification and Quality Improvement.

As President of this chapter for the past 2 years, I have seen many remarkable events that have assisted our chapter members in improving their practices with outstanding educational meetings, CATCH grants, numerous active committees to improve the health of children, and achieving advocacy issues that have improved the quality of life of pediatricians and the families that we care for. However, one area in which I have often felt that our chapter often was not able to *seize the moment*, if you will, has been the numerous grant opportunities that have been offered to our chapter t for which we did not have the personnel nor expertise to apply. This will now be changing as we have just achieved the first coup, of many, in receiving grants for our chapter and for our members with Dr. Kathleen Tebb joining the staff in our San Rafael office. I would like to take this moment to introduce Kathleen to all of you.

As a Clinical Professor of Pediatrics at UCSF, I have collaborated with Dr. Tebb on numerous research projects in adolescent medicine over the past 12 years. Kathleen has written several grants with me including screening adolescents for Chlamydia, communication with parents of adolescents concerning sexual transmitted infections and issues of confidentiality, as well as many other successful projects in which she has taken the helm as project manager.

Dr. Tebb currently serves as an Assistant Professor of Pediatrics in the Division of Adolescent and Young Adult Medicine at the University of California, San Francisco. Kathleen is an expert on developing and evaluating interventions to improve child health in a variety of settings including: community-based, primary care, and in non-traditional health delivery settings (acute care and school-based). She has led the efforts to develop a pediatric clinic-based systems change health quality improvement intervention and demonstrated through a randomized control trial, that the intervention dramatically improved screening for asymptomatic Chlamydia infections among adolescents which we published with **Dr. Mary-Ann Shafer** in JAMA in 2002. This intervention and methodology has served as a model for continuing medical education (CME) and maintenance of certification (MOC).

In 2013, as the second largest chapter in the American Academy of Pediatrics, Northern

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Vice President Column

California will add to our achievements many more grants. Your Board of Directors will continue to advocate for you as our members and for your patients by applying for grants which will make our chapter do more for you and your practices. Kathleen Tebb will contribute immeasurably in making the award of these grants a reality as well as assisting our Executive Director in meeting the multiple challenges, including accreditation, which our commitment to pediatric medical education presents. *2013 will be a good year for our Chapter!*

Vice President's Report

By Gena Lewis, MD

With the start of the New Year Chapter 1 is happy to report that we are the recipients of a Pfizer grant that will allow us to offer a new program that you may choose to use in your practice. CEASE (Clinical Effort Against Secondhand Smoke Exposure) is a program started at Massachusetts General Hospital by pediatrician Jonathan Winickoff, MD in 2005 after years of research on second and third hand tobacco smoke exposure and how to use simple motivational interview techniques and nicotine replacement prescriptions in the pediatric office setting to help parents quit smoking to improve their family health. Soon after that Dr. Winickoff's team partnered with the American Academy of Pediatrics Julius B. Richmond Center of Excellence in order to help provide clinicians with training and tools needed to implement the program and there has been tremendous reception with hundreds of practices adopting the program on the East Coast.

A few weeks ago you received a survey request to help us predict the number of pediatricians in our Northern California community who would like to incorporate CEASE into their practice. Many of you responded and we will be contacting you in the months to come to set up appointments to do in office trainings with you and your staff to help you make CEASE operational. For those of you who have not yet communicated with us we extend an invitation to take part in an introductory Webex (date to be announced) that will answer some questions about what CEASE is and how it can help families and patients quit smoking. We hope that we will also be able to offer support to those physicians who would like to apply for MOC part 4 using the CEASE program as the target for evaluation.

Our hope is that in the coming years we as a chapter will be able to provide a number of programs in different areas of practice important to the general pediatrician that will help with quality of care and also answer ongoing training needs with MOC/QI credit.

Mandated Child Abuse Reporting Training for Medical Providers

By Jim Carpenter, MD, MPH

Suppose there was a disease process affecting a quarter of your patients that could result in lifelong disability and even death. If this condition was not identified and treated, there could be subsequent affected generations. These same patients are at increased risk for developing chronic diseases of adulthood including obesity, diabetes, hypertension, substance abuse and depression.

Let's suppose that most of you received little or no education about this entity in medical school. Your patient gave you no or misleading history and there were few or no physical findings and no lab tests to help you with the diagnosis.

Such is the nature of child maltreatment which remains one of the more prevalent yet under-diagnosed medical conditions. It has been three years since Child Abuse Pediatrics has been an ABP recognized subspecialty and there are fewer than 300 board-certified child abuse pediatricians in the US today.

All physicians that see and treat children are mandated reporters of child abuse in spite of there being no mandate to be trained to recognize and report child abuse. Wouldn't it be

Vice President

"a reasonable suspicion"

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Chapter Web Site:

www.aapca1.org

fitting to provide this training to all California doctors who see children in their practices?

Through a grant from the federal Children's Justice Act administered through the California Emergency Management Agency (CalEMA), an expert panel steering committee headed by **Angela Rosas** MD,FAAP has developed an online training course. This training is accessible for beta testing by any physician through the Child Abuse Prevention Center website at www.thecapcenter.org. Initial feedback from users (n=46) has been quite favorable with scores (out of 4) of user-friendliness (3.78), engaging (3.67), useful to my practice (3.5), and I would recommend this training to my colleagues (3.78). We welcome you to access this free and interactive training and give us feedback to enhance it into its final form that will include CME.

The threshold for mandated reporters is "a reasonable suspicion" of abuse. The report starts an investigation into a family that we cannot do in our offices or emergency departments. Failure to report puts the child at continued risk for further abuse. Since child abuse is generational, stopping the cycle of abuse protects not only that child, but generations to come.

Each case is unique and you are encouraged to consult your local child abuse consultant to discuss the particulars of that case. Our chapter is fortunate to have a number of child abuse pediatricians ready to consult with you on these challenging and important cases. Since child abuse is a crime, cases are handled by the jurisdiction of where the abuse took place. Your local CPS or law enforcement may know who your child abuse pediatrician is better than you or your colleagues.

We look forward to your feedback on the training.

Young Physicians Outreach

By Yuan-Jiun Nicole Chao, Pediatrics PGY-3, UC Davis

Job search. Those two words ring like a fire alarm in the head of a resident at the start of their last year of residency. Every soon-to-be general outpatient pediatrician or pediatric hospitalist sees a light at the end of the residency tunnel, but dreads navigating this new world of employment. From learning what kind of practices exist to what fair benefits and compensation look like, each resident searches for a mentor, usually a faculty member, who can advise them, write letters of recommendation, and spread the word about their search. But just like in residency program interviews, there are some questions that residents may have difficulty asking prospective employers for fear of perception: How much are you paid and do you feel this is fair compensation for your work? What are aspects of your contract which you wish you could change? How easy is it to obtain coverage for sick leave? How easy is it to take leaves for international medical trips? Are you happy or are you still looking for your ideal job?

To meet this need, many residency programs organize *Life after Residency* panels with local general and subspecialty pediatricians in different practice settings. These panels are very useful for career development but often lack information on "current job market, salaries, and about what's going on with hiring in the last year," says **Matt Diffley**, MD, a 2012 graduate of Children's Hospital of Oakland. Dr. Diffley wrote a National AAP Chapter Outreach grant last year and was awarded $1000. California Chapter 1 provided an additional $500 to increase the potential impact. This money is available to the AAP resident delegates from all six training programs in Northern California. The chapter also dedicated $3,000 from the National membership recruitment program to encourage younger pediatricians to join the AAP and see the chapter as their professional home.

Starting last year with recruitment of AAP resident delegates and physicians who graduated in the last year, Dr. Diffley has been coordinating residents to arrange casual local events during which recent program graduates answer questions, network, provide job search guidance to current third year residents and socialize over a meal. By meeting this need, he hopes to underline the value of continued chapter and national AAP membership after graduation. "New physicians who are graduating with a high debt load and who are having difficulty findings jobs in desirable areas will keep challenging the local and national AAP to evolve," states Dr. Diffley. In addition to providing expert guidance and

Resident Chapter Members

advocacy, AAP can add value to membership by providing local mentorship in seeking employment. "Society, medicine and *perceived value* are changing rapidly; the AAP has to change as well" stresses Dr. Diffley.

Responses from residents have been tremendous, supporting the aims of the grant to "provide an opportunity to ask the questions that you *really* want to ask," says one third year resident. "Before last night, I had no idea how to go about finding a job," says another third year resident. "Hearing from familiar faces about their process, and learning some of the details about the many different routes you can take to finding a job that you like and that can help you pay off loans was very reassuring." says a second year resident. And she continues, "If we do it again next year, I'll attend again." Dr. Diffley hopes to build the young physician chapter committee which he currently chairs in order to continue such outreach.

If you are a recent graduate and would be interested in attending a local outreach event or becoming involved with the young physician committee, please contact Matt Diffley, MD, at mattdiffley@gmail.com

Social Media

By Heidi Roman, MD, Chapter Secretary

As a Chapter, we are continually working to improve communication and increase visibility with our members. To that end, we are expanding our presence on social media outlets such as Facebook and Twitter. Please find us on Twitter at @AAPCA1 or Facebook page Chapter 1 California AAP. We are using these outlets to provide information to our members on topics such as upcoming CME events, emerging clinical practice guidelines from National AAP, and current events impacting California children or area pediatricians.

You may also, as always, find this information and much more on our website at www.aapca1.org. In the near future we will be piloting an electronic version of chapter updates to the membership. We are always interested in hearing from our members regarding what methods of information dissemination are most useful to you, as well as particular topics or areas of interest you would like to hear more about. (**I need Heidi's email here**.)

Schools ...The Heart of America

By George Monteverdi, MD, co-chair School Health Committee

There is little doubt that our communities are supported and vitalized by our schools. Schools provide energy, dedication, and direction which sustains our social, political, and spiritual health. Once again our media brings face-front the focus on the health and safety of school communities, our students, children and youth. Once again we are forced to consider how we, as individuals and professional communities, have or will contribute to the health and safety of students and schools. This attention on need, now front and center will recede, but the health and safety issues remain.

Your School Health Committee has been charged to participate with the other three CA Chapters as the District IX State Government Affairs committee considers advocacy for newly proposed school health legislation for the CA 2013 Legislative session. We welcome and look forward to this effort by our District to coordinate school health advocacy among our chapters. We discussed this opportunity at our November 2012 business meeting. This participation in regional advocacy is straight forward and relatively easy to make an action item for your school health committee.

However, other effective school advocacy is challenging. For example, we considered 2012 State legislation which codifies actions for student health services in schools. Guidelines and regulations are described. The ways and means of implementing these services, achieving prescribed goals is not provided. These resources are frequently dependent on local initiative, and local action. Thus the school and its community, the Local Educational Authority (LEA) provide the ultimate, and frequently the only resource.

Thus the adoption and implementation of legislated certified health services is not statewide nor uniform.This

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Earn Free Chapter Dues

Chapter leadership has approved a trial initiative to gain members and give back to ongoing members. **You only need to enlist three new members (not renewals) to earn one year credit for your chapter dues.**

Easy and you save $160.00 for another project. We hope the new members will continue to see value to their membership and renew yearly. California Chapter 1 appreciates your support.

Contact Beverly Busher for more information at aapbev@ sbcglobal.net or 415.479.9200

School Health

has been witnessed in the adoption and implementation of regulations, protocols and resource development for *Emergency Management of Status Epilepticus, Anaphylaxis, and Head Injury* . In addition, the management of *Diabetes Mellitus, Type I* and effective management of asthma remain partially addressed for many school communities. Measurement of the extent of success in these areas of health care are imprecise as resources for oversight and implementation are frequently not funded.

With the attention to the tragedy visiting the families of Newtown, Connecticut, access to effective mental health services for students and families, a business item of our November meeting, is a special concern. A survey by the CA Dept. of Education described problems associated with the implementation of AB 114 which realigned funding resources for CA school mental health services.

This brief description of school health needs and limited resources begs a generous response from our community of pediatricians. A certified, sitting school health advisory council for each LEA remains an effective tool for recognition and advocacy for school health. School health advisory councils look to local school health professionals for membership. Actively sponsor and support the creation of this resource for your community, please.

Thank you for your interest. Please contact me (gigi4george@yahoo.com) if you wish a summary of the November 2012 school health business.

American Board of Pediatrics Maintenance of Certification Part 2

By John I. Takayama, MD, MPH

Along with shopping madly and mailing furiously, the end of year was a time to renew subscriptions and review reminders. One of the latter arrived by email and snail mail from the American Board of Pediatrics (ABP), to review my current Maintenance of Certification (MOC) status and to register for a secure examination. Yes, I am in that enviable first cohort of ABP diplomats who must periodically renew board certification in Pediatrics.

The ABP MOC is comprised of four parts: Part 1, Professional Standing (fulfilled by maintaining a valid state license); Part 2, Knowledge Assessment (completing self-assessment modules); Part 3, Cognitive Expertise (passing a secure examination every 10 years); and Part 4, Performance in Practice (completing quality improvement projects). I completed one activity each in Part 2 and 4 and paid the requisite fee ($1050) to enroll in the new 5-year MOC cycle two years ago. Once enrolled, however, the clock began to tick for completion of requirements for the first 5-year cycle. I had conveniently forgotten that I had to finish more Part 2 self-assessment and Part 4 practice improvement activities to earn 100 points, 40 each in Part 2 and 4 and an additional 20 in either Part 2 or 4, by December 2015. Two years had already passed and I had accumulated a total of 0 points!

ABP MOC Part 2 is a way for diplomats to demonstrate evidence for lifelong learning and self-assessment. Let me explain what I did and learned by addressing this during the holidays. The first step was to identify appropriate modules based upon my own learning needs. To do this, I logged in to the ABP website (www.abp.org), clicked "Maintenance of Certification," "Part 2 and 4 Activity Search" and finally "Search Part 2." I selected "General Pediatrics" and "Developmental and Behavioral Pediatrics" as search parameters (because in my practice I experienced a recent increase in patients with developmental disorders) and was duly provided a list of acceptable Part 2 Activities.

I chose the 2010 Developmental-Behavioral Pediatrics Subspecialty Self-assessment because it was an ABP-sponsored module (read "free"), provides me with CME hours, and I felt I could complete it by the December 31, 2012 deadline. All activities have deadlines (Credit Approval Period). By clicking the title, I was able to access more information, i.e., 3 hours of predicted participation to earn 10 MOC points and 3 CME hours. I would have to answer 80% of the questions correctly. By clicking the "Launch Activity" button at the bottom, I could begin the series of 13 multiple choice questions based upon 7 linked articles on topics ranging from functional abdominal pain, genetic testing for autism, to iron deficiency

Recertification

and social-emotional behavior, and infant / toddler pointing behavior. The articles were fascinating to skim and provided evidence for tests and referrals. I felt that I learned quite a bit and it took less time than the suggested three hours. Achieving a passing mark (80%) meant I could only miss 2 questions; I did start to sweat when I had 2 misses by the 8th question. A more gaping problem was that many of the article links did not work. I had to rely on my university online privileges to access the articles. Only later did I learn that this problem was more common for older activities and that one can verify access issues by checking the "Reference List" before launching the activity.

I was on a roll; I completed two additional activities – the 2010 Obesity: Prevention Self-assessment (27 questions, 8 hours of participation, 8 CME hours, no cost, with 22 correct answers needed to achieve the 80% pass rate) and the 2010 Asthma: Management Self-assessment (26 questions, 8 hours, no cost). Each activity was based on one required reference, both readily accessible. The 22-page Recommendation for Prevention of Childhood Obesity[1] was a "must read" with a comprehensive review of evidence-based interventions and descriptions of communication skills, including motivational interviewing, to help families change behavior. The reference for asthma management, the 2007 National Heart, Lung and Blood Institute Guidelines for the Diagnosis and Management of Asthma, although equally comprehensive (400 pages), was much more challenging to read. I was also not completely convinced that all of my patients with asthma fit neatly into the distinct categories of asthma severity associated with long-term treatment recommendations. After confirming each answer, I received immediate feedback on whether my selection was correct. In contrast to the American Academy of Pediatrics PREP Self-assessment Questions, however, there were no in-depth discussions about each of the responses. Once each activity was completed, I was able to download a CME certificate and my ABP Portfolio immediately updated my progress to reflect the points earned.

At the end of the holiday weekend, I had earned 30 points in MOC Part 2 towards Board recertification and 19 CME hours; and have read a number of worthy articles that will help me in my practice. While the ABP online interface remains clunky, if the intent of the Board was to support lifelong learning, I do feel that they have achieved that. For colleagues who are enrolled in the ABP MOC program, go ahead and try the Part 2 activities! When you do, make sure that you have a few uninterrupted hours and a large computer screen, that you select activities that are most appropriate for your learning and/or practice, and that you check whether you can gain access to the required readings before launching the activity. And, do not wait until the end of the year!

[1]Davis MM et al. Recommendations for prevention of childhood obesity. Pediatrics 2007;120:S229-S253.

[2]National Asthma Education and Prevention Program: Expert panel report III: Guidelines for the diagnosis and management of asthma. Bethesda, MD: National Heart, Lung, and Blood Institute, 2007. (NIH publication no. 08-4051). www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm (Accessed on December 31, 2012).

Newtown Tragedy and Helping Children in Crisis

As pediatricians we are all deeply troubled by the tragic deaths of children in Newtown, Connecticut. This event raises many concerns that we as a chapter can address, including gun violence and mental health care access. For more immediate help with your patients and families who may be struggling with what to tell their children and how to deal with the anxiety around this situation we refer you to Dr. David Schonfeld's resource list that he gave us at the December 1 CME meeting in SF. As you know, Dr. Schonfeld is a National and International expert in dealing with PTSD in children around traumatic events and disasters. We feel lucky to call him a colleague, wish him luck in his work and hope that we can work together to make his job obsolete.

California Chapter 1
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Coming Events & Disaster Resources

New Date and Location

The Pediatrician as Specialist

Friday May 3 through Sunday May 5, 2013

Resort at Squaw Creek, Lake Tahoe, CA.

Faculty:

Shoshana Bennett, PhD
Mohammad Diaz, MD
Vincent Felitti, MD
David Kirp
Walter Orenstein, MD
Peter Sun, MD
Basil Zitelli, MD

AAP Resources for Disaster & Terrorism

Disasters webpage: www.aap.org/disasters

Adjustment resources:

www.aap.org/disasters/adjustment.cfm

Disaster Preparedness:

http://www.aap.org/en-us/professional-resources/practice-support/Pages/Emergency-Preparedness.aspx

Pediatric Terrorism

http://archive.ahrg.gov/research/pedprep/

March Meeting

Dr Paul Offit on **Saturday, March 2, 2013**.

"**Unvaccinated**!" at Children's Hospital Oakland Auditorium, 9:00 am to 11am.

Bagels and coffee will be provided.

Register at: http://www.surveymonkey.com/s/Offit