July 15, 2013

News Update

California Chapter 1 AAP http://www.aapca1.org Vol. 2013, Issue 3

Special points of interest:

- President's Transition
- A new VP
- Telemedicine expert
- Smoking effects
- CEASE
- EMR Clues
- New HIPAA

Inside this issue:

A Change in CME Venue

CME Committee Update

By Nelson Branco, MD

The CME Committee has made many changes to the chapter's CME programs this year, and is planning more changes to come.

The biggest change was to move our annual Memorial Day meeting from Monterey to Squaw Valley, and change the date to earlier in May. The conference this year was very well received by those who attended, though the attendance was lower than hoped for. The attendees and sponsors did enjoy the new location, though, and we are hoping that word of mouth will increase our attendance for 2014 and 2015, as we have a three year contract with the Resort at Squaw Creek.

We are planning some changes to next year's meeting that we hope will help increase attendance and make it a useful and interesting meeting. The three days of the meeting will all have different formats. Friday will be a workshop day, with six different workshops offered through the day. Each attendee will be able to attend four of the workshops, which will be one hour and designed to be hands-on and interactive learning. The workshops will include Practice Management, Patient Centered Medical Home (PCMH), CEASE training, Social Media and other topics. Saturday will be our more traditional plenary session's day and Sunday will be all seminars. We have lined up speakers on Social Media and blogging, Epigenetics and Toxic Stress, Dermatology and Adolescent Medicine. We're looking forward to the conference and hope that many of the board members will be able to attend. The dates for 2014 are April 25 to 27.

Our December meeting will once again be held at the Kabuki Hotel in San Francisco, on December 7. The focus of the meeting will be Mental Health, and we have an excellent faculty who will be teaching us about: anxiety in teens, quirky kids, ASD, an international perspective on developmental disorders, ADD, bullying, transgender youth, and eating disorders. It's going to be a great meeting and once again we will be reaching out to our mental health colleagues to join us for networking and learning opportunities.

One of the changes the CME committee has planned for 2014 is to have only one meeting – the April meeting in Squaw Valley. There will not be a December meeting in 2014. Because there are many other organizations providing CME and doing meetings locally, as well as the challenges in recruiting exhibitors and obtaining financial or commercial support for the meetings, we feel that we will be more effective if we can focus on one meeting per year. As mentioned, we are locked in to a contract with the Resort at Squaw Creek for 2014 and 2015; after 2015 we will have to decide what the most appropriate location and timing is for our meeting.

Our committee has been discussing other options for providing CME and

President's Column

President

networking opportunities for our chapter members. The half day meeting with Dr. **Paul Offitt**, (thanks to **Yasuko Fukuda**) is a potential model for events in the future. We have often discussed other means of providing CME as well, such as web-based or recorded programs. We have not gotten far in pursuing these due to a lack of technical expertise, resources and time. This is one area that does need to be explored, however and a strategy for doing so will have to be developed.

As always, thanks to the board, the Committee and **Beverly Busher**, Chapter 1 Executive Director, for all of your support and assistance. Our CME would not happen without it.

President's Column

By Gena Lewis, MD

May 3rd I drove up with my family to Tahoe for an idyllic weekend in the mountains and to attend our Chapter's annual CME meeting. It was an incredible meeting with some *superstar* pediatrician speakers. Our CME committee took a chance this year by changing both the timing and location of the meeting which I am sorry did not work for many of you. We plan to change the date for 2014 to April 25 -27 to avoid conflicts with other meetings and allow as many of you as possible to take part in the excellence of our meetings. We are also exploring the possibility of providing you an opportunity to participate in our CME on-line so stay tuned. During this annual meeting we also pass the leadership baton. Dr. **Chuck Wibbelsma**n now becomes our immediate past President and consultant, I become the President and **Zoey Goore** becomes the Vice President/President Elect. I want to give tremendous thanks to Dr. Wibbelsman for his unwavering service to our chapter and passionate advocacy on behalf of children and adolescents.

Dr. Goore is in general pediatrics at Kaiser Roseville and as you will see from her column a dedicated advocate of children and their families. She also is a member of the CME committee in our chapter and the National education committee so I look forward to her ideas about continuing education resources for our chapter members.

Our chapter continues to implement the CEASE tobacco cessation program in some of your offices. This program allows you to write nicotine replacement prescriptions for the parents of your patients and directly refer those parents to the California tobacco cessation Helpline for counseling services. You should have received an invitation to take part in this program and if you would like to participate you can find more information on our website.

The advocacy committee remains busy with work around gun safety legislation and you may have seen a request to raise money for an ad to promote gun safety. Though the AAP's name will not be used in the ad if you donate to this project your name will be included in the long list of pediatricians who wish to promote gun safety measures. The advocacy committee and our District's SGA committee is dedicated to advocating for children and pediatricians for the State. You will begin to see Constant Contact updates from me between newsletters to keep you informed about how you can make a difference.

Chapter 1's overall goal is to offer more opportunities for our chapter members to participate in projects, continuing medical education and community advocacy work. We also hope you will look at the list of counties in which we are looking for leadership support. If you live or work in one of these counties and want to join our board please contact Beverly Busher.

We welcome your ideas and look forward to supporting your projects that will help promote the health and well-being of California's children.

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Vice President Column

Vice President's Column

By Zoey Goore, MD

My Story: Why I am in AAP

My membership in American Academy of Pediatrics has been active since I graduated residency last year, I mean 13 years ago (wow time flies). I have been *active* in AAP only half of those years. Lately in trying to figure out why my fellow pediatricians are not active and not even members, I've asked myself why I am in AAP.

I think the answer is part Brainwashing.

My father was an incredible physician. He was triple boarded (Psychology, Child Psychiatry, and yup, Pediatrics). Growing up we learned a lot of dinner table psychiatry but we also heard stories of his activism. He was passionate about giving children the care they desperately needed. He traveled to Washington and Sacramento to lobby for mental health parity, and he was president of his local and state professional societies (at least once each). He talked to my brothers and me about the importance of advocating for those who cannot advocate for themselves – OK, so maybe not forcible indoctrination.

When I entered the pediatric profession I assumed that part of my obligation as a pediatrician was to advocate for the health and welfare of all children not just my patients. It never occurred to me that there was an option not to be (probably because of my serial brainwashing around the dinner table).

AAP's mission and values are in line with my self-imposed obligation:

- The mission of the American Academy of Pediatrics (AAP) is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the AAP shall support the professional needs of its members.

In AAP we believe that children are our most "enduring and vulnerable legacy." We believe that children deserve "optimal health and the highest quality of care." We believe that pediatricians are the best qualified to provide that care. (www.aap.org)

I've tried to figure out what I can tell pediatric professionals about what is in it for them (maintenance of job security and income, professional standing, etc.), but perhaps the question is what is in it for *our* children? They need us outside of the office as well as in. Maybe it is brainwashing but membership in AAP to me is part of who I am as a pediatrician.

Member at Large

By James Marcin, MD

It's really an honor and privilege to have been elected to the Chapter 1 Board as the Alternate Member at Large for the Sacramento Valley. For those of you who do not know me, I wanted to briefly share with you my hopes and goals both as an elected member of the Chapter as well as my work at the UC Davis Children's Hospital in Sacramento.

During my past 15 years in Sacramento, I have been most interested in how pediatricians, subspecialists and advanced practice providers can use telemedicine to provide better care for their patients. I believe that in many circumstances, telemedicine can be used to increase access to children in underserved and rural regions, increase the quality of care provided to children, particularly with special healthcare needs, and be more efficient and cost-effective for both patients, families and providers. While it sounds like a fantasy, especially given the fact that clinicians are paid to treat health problems instead of to prevent them, I am optimistic that we will be able to leverage these technologies to make our practice of medicine more efficient.

Across the country, live videoconferencing and email or web-based referrals

Vice President

News Update

"jumping on technology wave..."

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Chapter Web Site:

www.aapca1.org

(often called *store-and-forward* telemedicine) are being increasingly used by pediatric providers. While telemedicine is most commonly used for outpatient referrals, it is now used by physicians and advanced practice providers wherever care is delivered. Examples include audiologists providing diagnostic evaluations to newborns across the state, providing primary care evaluations to children in daycare and at school, sharing educational seminars (with CEU) in a just-in-time approach, conducting multidisciplinary case conferences with distant members of a healthcare team, connecting hospitalized children to their family and classrooms, and assisting in the management of acute emergencies at a distance.

It's my goal to work with Chapter 1 members to do whatever I can to help, answer any questions, or point you in the right direction if there is interest in jumping on this technology wave. Thank you so much again for this opportunity. Feel free to contact me: jpmarcin@ucdavis.edu.

Protecting your patients from tobacco smoke is easy and fulfilling with CEASE

By Cathy McDonald, MD, MPH

This article will provide you with two new quick and easy strategies to not only protect your pediatric patients from smoke but to practice founder Jonathan Winickoff's cessation imperative by helping all family members to quit.

It is no secret that low-income families have more children exposed to second-hand smoke. You can practice quality care for the children in all families in your practice by following the evidence-based CEASE (Clinical Effort Against Secondhand Smoke Exposure) systematic protocol and it will have the most powerful results in practices serving low income patients. According to a 2009-2010 analysis of the National Adult Tobacco Survey the percent of homes without smoke-free home rules in California with children living in them is 27.5%. **More than one-quarter of California's children are not protected from smoke in their own homes** and unfortunately even more are not protected in the apartments where they live in multi-unit housing. You can help to change this by implementing CEASE in your practice. If your staff works together to follow the 3 steps of the CEASE program you will suddenly be referring some of the parents in your practice to the California Smokers' Helpline 1-800-NO-BUTTS.

California Smokers' Helpline offers $20 gift card to callers who have Medi-Cal and are ready to set a quit plan all they have to do is call and be ready!

If you have set up CEASE in your office and you are fax referring parents or guardians who have Medi-Cal the parent can ask for the gift card and receive it. Fax referral as part of the CEASE program is at least 10 times more likely to result in connection to the quitline than if the parent is encouraged to call himself or herself.

You can help those who are not yet ready to quit to establish smoke free homes and cars and the CEASE program reminds you to do this.

Go to Ceasetobacco.org to find details and see videos and webinars about the CEASE program. If you want to practice evidence-based pediatric tobacco care and implement CEASE in your practice contact Gena Lewis, MD, Chapter 1 Chair at 428-3885 ext 2621. CC1AAP is currently offering free training to practices or clinics that want to implement CEASE. Participants in this program can have MOC Part 4 project participation paid for thru a grant from Pfizer and First5Alameda County.

As pediatricians we get very concerned about children in multiunit housing who are having more respiratory, ear or

"Infants and children at risk…"

other symptoms due to drifting smoke from neighboring units. Cease has put together an easy format for you to use seen in this newsletter. You can download and personalize this for your families to advocate for smoke-free housing. **Don't wait, the time could not be better to help more California Children be safe from tobacco smoke in their own homes.**

Thirdhand Smoke

By Jyothi Nagraj Marbin, MD Children's Hospital & Research Center Oakland

A young father came in to the hospital with his 13 day old daughter. When I asked whether anyone in the home smoked cigarettes, he said openly that he did. He was quick to add that he always smoked outside, and he always changed his jacket before coming in to hold his baby.

"My daughter is my world," he said.

When I told him that the best thing he could do for his daughter would be to quit smoking, he seemed surprised. I explained that as he smokes, particles from the cigarette smoke settle in his hair, on his face, on his hands, and can then be transferred to his infant daughter as he holds and rocks her. As I turned to leave the room, he said, "thanks for telling me about the smoke; I didn't know that."

As a practicing pediatrician in Alameda County, I find most parents know about the risks of secondhand smoke, which has been definitively linked to health problems including asthma, pneumonia, and even ADHD. Many though, don't know about thirdhand smoke – the residue left on surfaces after a cigarette is extinguished. This thirdhand smoke is absorbed into walls and carpets. Then, for months, and even years, it is reemitted into the air, where it reacts with naturally occurring substances to form carcinogenic compounds. Although the health effects of thirdhand smoke are still under investigation, we know that they are real. An article published in the Proceedings of the National Academy of Science in 2010 showed there are at least 11 carcinogenic substances in thirdhand smoke. And a March 2013 study from the Lawrence Berkeley National Laboratory showed that thirdhand smoke damages DNA in cells.

Infants and children are at particular risk from thirdhand smoke exposure because they are closer to the ground, spend more time indoors, breathe faster than adults, and frequently put their hands in their mouths, transferring these particles directly into their growing bodies.

In partnership with the American Academy of Pediatrics, Children's Hospital & Research Center Oakland (CHRCO), has implemented CEASE – the Clinical Effort Against Secondhand Smoke. Through CEASE, parents who want to quit smoking can now get prescriptions for nicotine replacement from their child's pediatrician, and can also get connected to our state's quitline. AAP Chapter 1 and CHRCO are partnering to offer trainings on CEASE to pediatric practices in California interested in implementing this innovative program with their own patients.

The only way to protect children against the risks of second and thirdhand smoke is to make sure no one who lives with them smokes cigarettes. As pediatricians, we need to support families in keeping the air around their children smoke free.

That way, we can all breathe a little easier.

A version of this piece aired on KQED's Perspective in March, 2013

Efficiency Tips for Pediatricians in the Age of EMR

By Diana Mahar, MD, MSc

Electronic Medical Records are becoming the standard in pediatric care. If your office hasn't adopted an EMR yet, you may be making plans to do so in the near future. Despite all the

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Chapter Leadership Opportunity:

We are looking for members to serve on the **Board of Directors**. The position involves approximately 1 hour per week in AAP activity and the term of office is 2 years for Member at Large (MAL) and Alternate Member at Large (AMAL) categories. The Alternate Member at Large automatically becomes the regular MAL in 2 years (for a total of 4 years on the Board).

All 11 membership areas need either Members-at-Large or Alternate Members-at-Large or both. You can check the Website at http://www.aapca1.org/join-chapterdistrict/

EMR Pointers

benefits of EMRs, many providers find themselves working longer hours after adopting an EMR due to cumbersome new workflows and documentation requirements.

How can you improve your efficiency with an EMR? Here are some things to consider:

Charting in the room with the patient

While this may seem uncomfortable at first, many providers feel it helps them stay on time and provide better care overall.

Make sure your computer workstation is set up to facilitate eye contact with the patient. Wall mounted or rolling workstations should allow flexible height adjustments for sitting or standing.

Ask permission to chart. You might say, "Do you mind if I type a few notes while we talk so I make sure I get all your information down correctly?" Asking permission can create more comfort for both of you.

Involve the patient in what you are doing with the computer. Take the opportunity to show the growth chart, review recent lab results or imaging studies if you have access to this information.

Learn to Touch-Type. If you haven't learned yet, now is the time to do it. You can increase your typing speed and reduce your error rate dramatically. There are many free and low-cost online programs that will help you learn.

Invest time in your templates.

Most EMRs have customizable templates or allow you to create your own text phrases that will be automatically entered with a few keystrokes. Adjusting your templates for your common visit types helps minimize free text typing.

Don't reinvent the wheel. Customizing templates can be time consuming in the initial stages. Sharing information and tips with colleagues inside and outside your group can save you all time.

Shield yourself from tasks that don't require your expertise.

With an EMR, any item that does not have its own workflow comes to the doctor's in-basket. There are many patient-related tasks that do not require a medical degree to complete. It takes effort to set up workflows for staff to handle such matters, but it is well worth the investment.

"Touch it once"

For providers, your in-basket of patient messages, results and documents can quickly become overwhelming. Resist the temptation to open an item, look and leave. If it takes less than 2 minutes, "Do it, delegate it or delete it."

Last, but not least, Keep Learning

After initial computer training, we learn rapidly and are motivated to try new things. However, we all quickly become set in our ways and fail to notice new and more efficient ways of practice. Commit to continuing to learn from your colleagues.

Diana Mahar is in general pediatric practice at Kaiser Permanente in Pinole, CA. She serves as the Department Technology Lead and also leads the Physicians Helping Physicians coaching program for the Department of Pediatrics of Kaiser-East Bay. She is a member-at-large on the Board of California Chapter 1 and the Chapter Breastfeeding Coordinator.

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HIPAA Concerns

HIPAA Update 2013

By Mark M. Simonian MD

The Health Insurance Portability and Accountability Act (HIPAA) will bring some new changes to your practice this year. The HIPAA final Omnibus rule became effective in March 2013, but the compliance dates won't be effective until September 23, 2013.

You will see some significant changes about defining your business associates, changes in notice of privacy practice, privacy policies and procedures and modification to the breech notification requirements.

Business associate changes will affect your practice by forcing increased awareness of extend parties who might interact with your patient's personal health information like electronic prescribing companies. The concern for your office is that there is a very high level of documentation needed to show compliance with new rules for an extended family of businesses that touch the patient PHI. Which businesses do you need to contact? It is not always clear. Also these business associates will have risk of monetary penalties for breeches of information.

Notices of Privacy will require offices to post revised policies and have a printed copy released for every patient. You will need to **update** your privacy policy on every patient seen. Also patients must receive a notification if a breach of information occurs. Fortunately, there does **not** need to be a notification if information about immunizations is shared with schools.

Access policies include the right of patients to receive an electronic form of their personal health information. How you do that and what will need to be determined with the consent of your patient families.

Breach definition changes include different wording to describe the nature and risk of the breach. The new presumption is that a breach occurred unless there was shown a *low likelihood of exposure* of the unsecured PHI. An analysis must be performed if an unsecured breach happens. You also must acknowledge how much information exposure happened and what was done to reduce the amount of information spread.

Many devices could potentially be the source of a breach including laptops, smartphones, tablets, other computers, and even USB drives. Information leaks could come from e-mail, text messaging, and cloud computing like patient portals. Methods of transmission of the loss of PHI can happen through loss of the device, hacking, theft, and human error.

There will be an expectation to protect your devices and the information on them through encryption and secure networks, password protection, remote removal of data on portal devices, specific policies in place of what action will happen if a beach occurs. Password protection alone is inadequate and encryption of the data is required in addition.

Penalties used to be a remote possibility but the recent settlements described by legal specialists regarding these leaks have increased the concern that some populations of providers will have a risk if attention isn't paid to the latest HIPAA policies. Experts explain that the larger the organization or practice will have the highest risks. Awards amounts start at $100 per incident to $1,500,000 in some situations.

No longer can we sit back and do the basics but must show ongoing policy review and analysis. HIPAA version 2013 is not a pediatrician friendly event.

Greater detail about the specifics and resources will be available through AAP and California Medical Association and local societies.

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Non-Profit Organization
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Coming Events

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Saturday, December 7, 2013

Pediatric Mental Health Conference

Hotel Kabuki, San Francisco

More details to follow via email soon.

April 25-27, 2014

Annual Spring CME Conference

Resort at Squaw Creek, Lake Tahoe

SAVE THE DATE