



# News Update

California Chapter 1 AAP

<http://www.aapca1.org>

Vol. 2012, Issue 4

Special points of interest:

- Policy on Circumcision
- Impacting legislation
- Food insecurity
- Moving old data to an EMR
- Food Insecurity
- Congenital Heart Disease Screen
- Vaccine Exemptions

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## Promoting Health Issues for Children

### Changing Health Policy Through Collaboration

By Anish Patel, MD

When I was at Stanford as a pediatric resident, I often became frustrated when my continuity clinic patients from East Palo Alto, just a few miles away, couldn't implement *prescriptions for healthy eating and physical activity* because there was no grocery store in their community, or they could not ride their bike on their street due to safety concerns. **Fernando Mendoza** and **Lisa Chamberlain**, my mentors at the time, encouraged me to transform my passion into community-level change. As a result, I worked with organizations in the Mayfair community in San Jose to transform a gopher-ridden plot of land at an elementary school into a soccer field suitable for joint use. Years later, after completing a Robert Wood Johnson Foundation Clinical Scholars Program Fellowship (RWJF CSP), I am now equipped with the tools to collect sound epidemiologic data that can improve the health of children. However, as I

have witnessed, conducting research and publishing in high impact journals is not sufficient for changing practice or policy. Indeed, my greatest successes have been realized through collaboration with strategic community organizations. Take the example of improving drinking water access in public schools. When I was a RWJF CSP fellow, my mentors and I presented research findings that middle school students did not have access to safe, appealing drinking water to an advisory board of community stakeholders in Los Angeles. One of the stakeholders - California Food Policy Advocates (CFPA - a policy and advocacy organization dedicated to improving access to affordable and nutritious food for low-income Californians) - ran with the data. They met with policymakers and co-sponsored legislation to improve drinking water access in California public schools. While that bill was vetoed, thanks to CFPA's efforts, similar policy requiring schools to offer free drinking water to

students in school cafeterias passed both in California and at the federal level a year later. Not only was there a tangible change in policy, but the issue of school drinking water access gained substantial momentum among policymakers and researchers across the country. Henry Ford once said, "Coming together is a beginning. Keeping together is progress. Working together is success." Through my experiences, I have learned that the data I collect is just that - data. By thinking beyond the individual patient care paradigm, taking risks, and most importantly partnering with collaborators such as community-based organizations and advocates, pediatricians can successfully translate research findings into actionable policy and practice that can have a positive impact on child health.

# News Update

## President's Column

### President's Column

By Chuck Wibbelsman, MD

### Circumcision Policy

As a physician in Adolescent Medicine and a former member of the American Academy of Pediatrics Committee on Adolescence for 6 years, I have had the opportunity over the recent years to be engaged in the dialogue at the AAP regarding updating the Policy Statement of 1999 on Circumcision. For all of us who care for children and adolescents this is a topic that is a common discussion in our practices with parents as well as a topic with our adolescent male patients. This is also a topic that is extremely volatile in our social and political landscape.

After completing my fellowship in Adolescent Medicine at Children's Hospital of Los Angeles, I had the unique opportunity of being the "Dear Doctor" for Teen Magazine which at that time had over one million subscribers. During my tenure in this writing endeavor, which was one of the most enjoyable experiences of my professional career, I received over 600 letters from teenagers from all over the country, most of which were anonymous and often signed as *Desperate in Denver* or *Worried in Wichita*. Of the very many letters that I received, one that I remember so vividly

was from a teenage boy in Marin County (I was living in Hollywood and then did not even know where Marin County was) stating that he had been *mutilated by his parents at birth*: he had been circumcised. The short note sent to Teen Magazine on Sunset Boulevard was signed *Mutilated in Marin*. Thus one comment among so many attesting to the controversy surrounding this medical procedure often performed by pediatricians.

Any pediatrician who has attended the National Conference & Exhibition of the AAP in San Francisco in the past several years, most recently in 2010, can remember seeing the placards, and receiving greetings from the anti-circumcision advocates stationed outside the Moscone Convention Center. We are also reminded at these times of the mission of the American of Pediatrics is improving children's health and well-being. In times of crisis and conflicts over issues such as immunization refusal and challenging circumcision as an optional medical procedure, it is the duty and privilege of the AAP to represent what is the best care for children as well as what is best for the practice of their 60,000 member pediatricians.

All policy statements and clinical reports that are

published by the AAP are carefully scrutinized and edited by many, not just the lead committee authoring the statement or report. In the policy statement on Circumcision, this came from a "Task Force on Circumcision" which included members of the AAP's Committee on Pediatric AIDS, the Board of Directors of the AAP, the Committee on Fetus and Newborn, Committee on Bioethics, Section on Urology, as well as the Committee on Child Health Financing, but it was also reviewed by all Committee Chairs as well as a final approval from all of the Board of Directors of the AAP which includes all of the District Chairs including the Chair of District IX, our own **Myles Abbott**.

Thus said, any policy statement from the AAP has been well reviewed in a process that often may take many months or even years until publication. My own experience on the Committee on Adolescence has reflected this due diligence of review and often lengthy time until publication in our Policy Statement on Emergency Contraception which literally took many months before final approval due in large part to divergent views from all of the many reviewers. That an updated Policy Statement on Circumcision was published in August is indeed a



President

## Vice President Column

remarkable feat meeting the challenges of so many reviewers. I am proud as President of Chapter 1 to be able to now quote this policy statement which in essence states that "Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it." Nota Bene, the policy statement does not state that all newborn males should be circumcised.

Yet the release of this policy statement to the press the last week of August lit a firestorm across the country as many anti-circumcision advocates protested the AAP's statement.

The AAP, as always with press releases, prepares in advance talking points as well as identifies speakers from the AAP, usually the authors of the statement, to prepare to address comments for and against a particular statement. However, no one could have prepared Chapter 1, District IX, for an invasion of our Chapter 1 office in San Rafael by protestors who accosted our Executive Director, **Beverly Busher**. Fortunately, Beverly had read the information and talking points about the circumcision policy that was sent out by National that morning, and was able to

remain calm in responding to these anti-circumcision people. They even videotaped Beverly without her permission and later put the video on youtube: <http://www.youtube.com/watch?v=f-TgbY-lzNA>. What the video did not show was the aggressive nature of the protesters when there was no angry response from Beverly. There were about 20 protestors outside the chapter offices blocking the street and talking to people until the police were called and they informed the protestors that they could not stand on the building property. Eventually the protestors took down their placards and left after achieving their goal of an interview with the Marin Independent Journal newspaper. A small article was posted in this newspaper the next day and no further protests were held in front of the Chapter office.

This policy statement and all of the subsequent reaction tell us all how much the American Academy of Pediatrics, the Districts, and the Chapters do for our members. The research, evidence based data, and consensus of experts all build into well written and hopefully well articulated policies for our members to become better pediatricians and to provide the highest quality of care to the children we care for.

### Vice President's Column

*By Gena Lewis, MD*

The November election is right around the corner and as pediatricians we have a purpose larger than our own ideology: to protect the health and well being of children throughout the United States. As we all know, voting for a President, an Assemblyperson or a Senator who will effectively help children is paramount.

As pediatricians we all work so hard every day to protect children and keep them healthy. There are a few of our colleagues right here in Chapter 1 who have gone above and beyond that professional calling to make a difference for children's health in our communities and at the state and national levels. A few of their recent accomplishments are highlighted below.



**Vice President**

**Richard Pan, MD**, California State Assemblyman has seen his Personal Belief Exemption bill (AB 2109) pass through the assembly and senate. It now awaits Governor Brown's signature.

**Amy Whittle, MD**, and **Jacques Corriveau, MD**, our SGA co-representatives have been working diligently with the other 3 California chapters to represent Northern CA pediatricians in our statewide advocacy efforts.

## News Update

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### News Update

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Deadlines for submission of  
articles, announcements or  
chapter information are March  
15, June 15, Sept. 15 and Dec.  
15. Articles received after these  
dates may be included in a later  
issue.

#### Chapter Web Site:

[www.aapca1.org](http://www.aapca1.org)

The Healthy Family transition has been at the center of their work recently. While the Governor's plan has been to quickly dismantle the program, it appears that our AAP and the CMA may have a more powerful voice in influencing this decision moving forward.

**George Monteverdi, MD**, co-chair of the School Health Committee had a victory from his tremendous collaborative effort with the California Department of Education to ensure injectable epinephrine is available at all schools in case of severe anaphylaxis and school personnel are trained to use the device. He is busy working on helping to make sure all children have access to free drinking water and healthy food in the California public schools.

**Lisa Chamberlain, MD**, co-chair of the Advocacy committee has put a tremendous amount of effort into the issue of child hunger. Via her work at the Pediatric Advocacy Program at Stanford, she and her group distributed 13,100 meals over five weeks this summer in East Palo Alto to help working poor families cope with food insecurity in a program called the "Summer Lunch Bridge." The program started because of the increasing need and personal observations of food insecurity because of

the recession. Lisa found the work incredibly rewarding and brought her closer to the reasons she has dedicated her career to advocating for children.

**Ricky Choi, MD**, Director of Pediatrics at Asian Health Services in Oakland who started a Special Interest Group on Immigrant Health at National AAP recently wrote a chapter on Access to Health Care for Korean Americans published in the textbook "Koreans in America." In addition, you can read about his opinions as a blogger for the Huffington Post. And in June, because of his deep knowledge about immigrant health, he was invited to a meeting at the White House along with **Thomas Long, MD**, to discuss the Affordable Care Act implementation: [http://www.huffingtonpost.com/ricky-choi/my-visit-to-the-white-house\\_b\\_1582018.html](http://www.huffingtonpost.com/ricky-choi/my-visit-to-the-white-house_b_1582018.html). Ricky has also been appointed as a First 5 Commissioner for Alameda County.

**Anda Kuo, MD**, long time Advocacy Committee member, was chosen to serve on the San Francisco First Five Commission.

**Shannon Udovic, MD**, co-chair of the Advocacy Committee and State Government Affairs chair was recently appointed as the President Elect for the

San Francisco Medical Society.

I know so many more of you who do incredible work in your communities and are active to help influence the policy that affects children's lives. I am humbled to work with a group of people so dedicated to the health and well being of children in the office, in the community and in politics.

I hope that whichever way the National election turns out we can continue our pursuit together of the most important mission, to protect the lives of children.

### New Numbers, Federal and State Legislation Related to Food Insecurity

*By Amy Whittle, MD,  
Chapter State Government  
Affairs Co-Chair*

Food insecurity is associated with poor outcomes for child health, as we all have likely experienced first-hand. According to the U.S. Department of Agriculture's latest numbers released September 4, the number of food insecure households in the California reflects the fact that economic recovery from the great recession is still not a reality. Nationwide, the percentage of households that were food insecure increased in 2008 from 11% to 14.9% and remained at that level through 2011 – the highest recorded

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percentage since national monitoring of food security began in 1995. California's rate is higher than the national average, with 16.2% of households reporting food insecurity. Nationwide, very low food security also showed increases starting in 2008; the current rate is 5.7% in 2011 compared to 4% in 2007. According to USDA definitions, food-insecure households report reduced quality, variety, or desirability of diet but little or no indication of reduced food intake. Households with very low food security report multiple indications of disrupted eating patterns and reduced food intake.

At the Federal level, the Farm Bill is a comprehensive piece of legislation that authorizes funding for most federal farm and food policies, including the Supplemental Nutrition Assistance Program (SNAP), which funds CalFresh. Every five years, Congress renews the Farm Bill through the reauthorization process and the current bill is set to expire at the end of September. The Senate version of the bill, which passed this summer, includes a cut of \$4.4 billion over 10 years to SNAP. This would trigger sizable reductions (averaging \$90/month) in SNAP benefits for an estimated 500,000 households a year. The

House Agriculture Committee bill would make these same cuts **and** end benefits totally for a minimum of 1.8 million people, cutting the program by \$16 billion. Given this discrepancy in cuts between the Democratic-led Senate and the Republican-controlled House, there is doubt over whether this bill will make it to the House floor for a vote.

At the State level, there were several bills supported by AAP-CA related to child nutrition that may be of interest to chapter members. AB 1829 would require that school districts participating in the federal School Breakfast Program or the National School Lunch Program to provide nutritional content information about these meals. AB 1781 requires that free or reduced-priced meals are served at any serving line in the cafeteria so that children are not stigmatized by a separate line. Both of these bills passed out of the Assembly Education committee and are currently awaiting hearing in the Assembly Appropriations Committee. AB 1970, the Social Services Modernization and Efficiency Act, would allow an applicant to have a phone interview instead of an in-person interview for CalFresh benefits. It would require the county to conduct the interview on the

same day of the initial application, to the extent it is cost effective and administratively possible for the department. This bill passed out of the Assembly and the Senate Human Services committee and is in the Senate Appropriations committee.

For more information: food insecurity & Farm

Bill: [www.frac.org](http://www.frac.org); for more information and handouts for families: <http://foodinsecurity.wikispaces.com/>. California bills: [www.aroundthecapitol.com](http://www.aroundthecapitol.com).

### Transition to an EMR – transferring old patient data

*By Mark M. Simonian, MD, Past Chair, National AAP Council of Clinical Information Technology*

There are many challenges if your practice is moving to an electronic medical record (EMR). I will focus on one particular issue in this discussion . How do you merge your paper records into your new digital record?

You will be adding old paper document detail by scanning the original or copied documents. These documents can be indexed and labeled according to the type of information and dated when they are entered to facilitate an organized review when needed. Good

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## News Update

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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](mailto:aapbev@sbcglobal.net) or 415.479.9200

scanners will start at \$500 to \$1,000.

Your office also will need to decide how much you wish to include from the patient's history and place in their new record. Some offices wish to include every detail of past visits and others choose a simple review of a few main data elements. There is no wrong decision but the first choice of the entire record will take longer and is much more labor intense with a higher cost of transition.

A consultant can advise which is right for you if you already know that your transition time and your budget. I will assume that most offices prefer a faster transition and lower cost.

One variable that will predict how inclusive your data input of historical documents will be is the complexity of the patient's past medical problems. Fortunately for the majority of patients intense detail isn't needed so you may use a simpler solution.

For my practice, I tracked patient allergies, past medical problems copied from a problem list that was part of every patient chart and vaccine records. Unless consultant reports pertained to current problems and treatment plans I did not scan that portion of the chart. I calculated that I could

always request old data from prior consultants if I needed that information. That is all I did. After seven years of use I found that has worked well and included enough information. I did not scan growth charts unless there was a particular problem associated with their growth.

I utilized my current staff to do the scanning. I know of other offices that hired temporary staff to do the merge. It will depend on your resources and desire for a faster conversion.

The next choice will be in what order you can merge the patient files. I started with patients I expected to see soon while adding new patients as they entered the practice. I started with patients scheduled in the next 2-3 months. Once these patients were entered then I expanded to 6 months and then 1 year of well visits expected. Eventually you are left with patients that will be new to the practice, unscheduled sick, and those you have not seen in over one year. I just started on the "A's" and worked my way through the alphabet.

What to do with those paper records when you are done scanning is the next issue. In pediatrics malpractice carriers in California recommend keeping records for at least seven years past the date of the last treatment. What is unique in pediatrics is that

the date may be extended up to seven years past the age of 21 years. I moved boxes of old files to another location outside the office. I wanted to use some of the regained space for other storage.

Feel free to contact me if you have any questions through e-mail: [msimonian@aap.net](mailto:msimonian@aap.net).

### Bills Signed by Governor Brown 2012

#### Newborn Critical Congenital Heart Disease Screening Program (AB 1731)

(a) (1) Beginning July 1, 2013, a general acute care hospital that has a licensed perinatal service shall offer to parents of a newborn, prior to discharge, a pulse oximetry test for the identification of CCHD.

(2) The State Department of Health Care Services shall issue guidance stating that hospitals perform this test in a manner consistent with the federal Centers for Disease Control and Prevention guidelines for CCHD screening.

(3) A hospital described in paragraph (1) shall be responsible for developing a screening program that provides competent CCHD screening, utilizes

## Legislation impacting practices

appropriate staff and equipment for administering the testing, completes the testing prior to the newborn's discharge from a newborn nursery unit, refers infants with abnormal screening results for appropriate care, maintains and reports data as required by the department, and provides physician and family-parent education.

(b) A pulse oximetry test provided for pursuant to subdivision (a) shall be performed by a licensed physician, licensed registered nurse, or an appropriately trained individual who is supervised in the performance of the test by a licensed health care professional.

(c) This section shall not apply to a newborn whose parent or guardian objects to the test on the grounds that the test is in violation of his or her beliefs.

### **Communicable disease: immunization exemption (Pan 2109)**

This bill would require this letter or affidavit to document which required immunizations have been given and which have not been given on the basis that they are contrary to the parent or guardian's or

other specified person's beliefs. The bill would require, on and after January 1, 2014, the letter or affidavit to be accompanied by a form prescribed by the State Department of Public Health that includes a signed attestation from a health care practitioner, as defined, that indicates that the health care practitioner provided the parent or guardian of the person, the adult who has assumed responsibility for the care and custody of the person, or the person, if an emancipated minor, who is subject to the immunization requirements with information regarding the benefits and risks of the immunization and the health risks of specified communicable diseases. The bill would require the form to include a written statement by the parent, guardian, other specified persons, or person, if an emancipated minor, that indicates that he or she received the information from the health care practitioner.

"health care practitioner" means any of the following:

(1) A *physician and surgeon*, licensed pursuant to Section 2050 of the Business and

Professions Code.

(2) A *nurse practitioner* who is authorized to furnish drugs pursuant to Section 2836.1 of the Business and Professions Code.

(3) A *physician assistant* who is authorized to administer or provide medication pursuant to Section 3502.1 of the Business and Professions Code.

(4) An *osteopathic physician and surgeon*, as defined in the Osteopathic Initiative Act.

(5) A *naturopathic doctor* who is authorized to furnish or order drugs under a physician and surgeon's supervision pursuant to Section 3640.5 of the Business and Professions Code.

(6) A *credentialed school nurse*, as described in Section 49426 of the Education Code.

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## Coming Events

### California Chapter 1

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### **December 1, 2012**

#### **Chills, Thrills and Spills**

Annual Winter CME Conference in San Francisco

On-Line Registration Available at:

**[www.aapca1.org](http://www.aapca1.org)**

#### **Faculty:**

Marilyn Bull, MD

Christine Cho, MD

Robert Schechter, MD

David Schonfeld, MD

Gina Solomon, MD

Peggy Weintrub, MD

### **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