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President's Column

By Zoey Goore, MD, MPH, FAAP



I just had the privilege of attending the national AAP Annual Leadership Forum (ALF). In a nutshell, ALF is a gathering of the leadership of AAP to learn from each other, learn strategies to lead successful chapters, committees, sections, and councils, as well as suggest priorities for the Academy for the next year. The days are very long and almost every minute is packed with something.

What has impressed me now for the third year in a row is how dedicated our colleagues are to the overall well-being of children. Our colleagues are achieving amazing things around the country. In New Jersey the AAP is partnering with community partners to improve access to dental health care. In Ohio the local AAP has developed MOC part IV projects and are working on outreach to promote safe sleep. Other states are collaborating with community stakeholders to ensure the care of special needs children, and there is much work being done to address vaccine hesitancy. Here in our own state there are chapters working on expanding Reach Out and Read programs, implementing developmental screening programs, and providing immunization education. Los Angeles AAP worked with partners to create an LA surge

preparedness plan in case of disaster.

As impressed as I am with my colleagues from around the country I'm even more impressed with the trainees and the early career physicians. They are passionate about addressing the needs of our most vulnerable patients, they look to help shape the future of pediatrics, and they lead an exercise session before the day starts (breakfast meetings start at 7).

The resolutions (see John's Takayama's explanation later in this newsletter) touched on many things but this year there was attention in the resolution process as well as at one of the dinner meetings to the problem of burnout among physicians. During the dinner session in a room of at least a hundred people, roughly 10% of attendees, stood when asked the question, "Stand if you know a physician who committed suicide?" Almost half of the room stood when asked, "Stand if you are worried about a colleague." Of course the reasons for burnout are varied and likely multifactorial. We heard stories that are likely no different from the ones here in our own communities. We also learned of the burnout among trainees and efforts to build resilience both in trainees and practicing clinicians. There are neurologic, psychiatric and other somatic effects from the stress experienced by clinicians, and in addition to being bad for us, none of these effects is good for patient care.

We are in the process, with input from our membership, of developing our own strategic priorities for the future. Whatever areas our membership would like to concentrate on, I know we can make a difference in our communities. I am also committed to listening not only to our membership but especially to our early career physicians and trainees to find out what our professional organization needs to be for their future in pediatrics. And we need to look to address physician wellness and learn and teach strategies to build resilience. To get us started here are a few things to check out about resilience, stress and the EHR: [EHR state of mind](#).

As usual I am listening if you have feedback, suggestions, or want to get involved. Your colleagues and the children of our communities can use your help outside of your office for whatever time you can give.

Vice President's Column

3-days in Chicago: 5 things I learned at ALF

By John Takayama, MD, MPH, FAAP

Every year in March, the AAP holds its Annual Leadership Forum (ALF) to discuss resolutions submitted by members and decide which ones to focus its resources on (the top 10 resolutions). Chapter presidents and vice presidents, as well as chairs of committees, sections and councils, get to vote on the resolutions.



Orientation: How do you prepare for ALF? Second City, a veteran Chicago comic troupe, led us in some unique exercises. In one, we paired up and stood

back to back so we could not see each other, changed several things about us, and turned around to show each other what we had changed. After several repetitions, we realized that we could change only a limited number of physical things about ourselves (i.e., take off our jackets, roll up our sleeves); however, some suggested more personal changes (i.e., our facial expressions, attitudes). In another exercise, we split into groups of three, and each would pitch a plan for a birthday party. We were told ahead of time to respond with "No, and..." after the first pitch, "Yes, but..." after the second pitch, and "Yes, and..." after the third. We learned that how we respond to others, what words we use, can disappoint or motivate. I suspect that the exercises helped prepare us to listen more openly and support our colleagues.

Disaster Preparedness: On March 11, 2011, a powerful earthquake, followed by tsunami and nuclear power plant disaster, struck Japan. Now, on March 11, 2016 (5 years later), after an expert panel discussion, we broke up into districts and discussed common and critical issues related to disaster preparedness. California Chapter 2 (Los Angeles, San Luis Obispo, Kern, San Bernardino, Riverside, Santa Barbara, Ventura) has already collaborated with Department of Health Services LA County Emergency Medical Services Agency to potentially double the number of pediatric hospital beds during a disaster. To do so, key stakeholders had to understand the emergency command structure and learn how to communicate with each other. As our first step, Chapter 1 might alert, inform and encourage practices to connect with local health departments and develop disaster plans now, before the next disaster.

Handoff: Quality Improvement and MOC Part 4 are both here to stay. In one of the Saturday afternoon workshops for chapter, committee, section and council leaders, **Joel Tieder** (Seattle Children's Hospital) and **Paul Mullan** (Texas Children's Hospital) offered some practical tips on improving handoffs between hospital teams. Some of us in the audience adapted the tips to create a mock QI project for a different kind of handoff, the transfer of care from pediatricians to internists. Studies have demonstrated that both transition and transfer of care are far from smooth, sometimes resulting in loss of care and poor health outcomes. To assure a successful warm handoff, we would first need to get to know our internist colleagues. Specific resources to help patients and families are already available (i.e., practice policies, portable summaries). www.gottransition.org

Immunizations: By the time you read this editorial, you will know the outcomes. Two immunization resolutions captured this year's ALF participants' attention. Should the AAP support the adoption of California's Personal Belief Exemption nationwide? Should the AAP support both pediatricians who continue to care for patients whose parents oppose vaccination and pediatricians who discharge such patients from their practices? Proponents of the second resolution raised the importance of supporting all pediatricians while opponents raised the specter of children, especially in rural areas, losing access to pediatric care. Both resolutions passed and we are waiting, breathlessly, whether either made it to the top 10 resolutions.

Inspiration: Chapters, based on their annual reports (every chapter is required to submit an annual report to AAP national), were nominated,

interviewed and finally selected for the Outstanding Chapter Awards. Texas won the very large chapter award, California Chapter 4 (Orange County), the medium chapter award. What was inspiring was how enthusiastic the chapter leaders appeared and how effective the many projects and efforts were in serving children and their families, such as the Reach Out and Read Program and legislative advocacy at state capitols, and in supporting pediatricians, such as providing up-to-date information, opportunities to collaborate and lead, and resources for pediatric care.

Alas, the long weekend has come to a close. I have met many people, learned about how the AAP operates and participated in decision-making about the focus of future AAP efforts. I feel reassured that there is a system of resolution submission that allows all members to participate. As I return to Northern California, there is work to be done. I do feel honored to be a part of a vibrant organization whose mission is to support you, the pediatricians, and your patients and their families that you so tirelessly serve; and inspired to continue the work.

CME Update

By **Mika Hiramatsu, MD, FAAP, CME Committee Co-Chair**

Despite a last-minute change of venue, infectious diseases expert and author **Dr. Paul Offit** spoke to an enthusiastic crowd on April 4 at UC Berkeley. When UCSF Children's Hospital Oakland rescinded its welcome mat on the day of the event due to anti-vaccine protest fears, Catherine Martin, Director of the California Immunization Coalition came through with a perfect substitute for our special chapter lecture and book-signing.



Dr. Offit spoke of his experience with the measles epidemic of Philadelphia in 1991 and the inspiration for his latest book, "***Bad Faith: When Religious Belief Undermines Modern Medicine.***" Attendees asked for advice in addressing vaccine-questioning parents and discussed the intersection of religion and medicine.

Even with the confusion, the CME committee managed to raise about \$1500 for the newly established AAP California Chapter 1 Foundation, created to help member pediatricians in their advocacy and child health efforts. Many thanks to our sponsors, Sanofi Pasteur, MedImmune, Merck and the California Immunization Coalition, as well as **Jane Pezua**, health educator from the Immunization Branch, California Department of Public Health. Special cheers to Dr. **Yasuko Fukuda**, without whose efforts this opportunity would never have happened, CME committee members **Jeff Ribordy, Gena Lewis, Janice Kim, Nelson Branco** and **Jackie Chak**, and of course **Dr. Offit**.

Planning is underway for our **annual winter meeting, Saturday,**

December 3. We will again converge on UCSF Mission Bay conference center, with a full day's worth of exciting topics for you. We received lots of positive feedback from our most recent meeting, with good suggestions. This year we are planning a whole day of case study and "what's the diagnosis" talks. Likely topics include orthopedics, neurology, genetics and infectious diseases. If you have a specific patient question or topic you would like to see addressed, please pass it along. We will also be incorporating a "Residents vs. Attendings" medical game show into the day. You will not want to miss this; should be lots of fun. Stay tuned.

Foster Care Health Outreach and Education

By Katy Carlsen, MD, Foster Care Committee Co-Chair

Why should we care about Foster Care?

- High School graduation rates -20%
- College graduation rates - 2%
- Homelessness within 1 year of emancipation from foster care -45%
- Mental health issues - 57%



These are some of the outcomes measured nationally regarding foster care children and youth as they move forward in their lives. We as pediatricians are about helping promote child health and development and since the AAP has defined foster children and youth as a population with special health care needs these outcomes are unacceptable.

As a foster care committee for California Chapter 1, we have made it a priority to improve the care coordination and outcomes for this population and these past few months we have made some progress. We are doing outreach and education to providers of care to this population within the region of Chapter 1. Initially **Rachel Weinreb** and I made several in person visits to pediatric medical groups in the Sacramento region to gather what their needs and concerns were around caring for the foster care population as well as educating and providing written handouts to the providers with the recent AAP Policy Statement on Healthcare Issues in Foster Care published in October of 2015.

Subsequently, Rachel and our colleague specializing in child abuse and neglect, **Angie Vickers**, and I have developed a program and webinar to reach out and educate pediatricians, family practitioners and nurse practitioners who serve this foster care population. We had a successful presentation on January 27th with the help of **Zoey Goore** who facilitated a link with the Northern Valley Kaiser medical group to present during their lunch hour as part of a CME program. We tailored the information to include local programs and resources of use to the counties and regional location including county contacts for foster care public health nurses and local mental health

resources. It was well received and another Kaiser facility in Napa and Solano area has solicited our program to be presented on August 18th. Within the next few months we have lined up possibly 2-3 more presentations within our Sacramento Valley region as well.

Our hope is that other members of the foster care committee and members of CC1 in general will be able to utilize this tool to educate their own practices or even reach out to their region and improve the way health care is delivered to this population. As you know we have begun an AAP Foster Care Champions program to identify pediatricians within each county willing to be a liaison for providers within Chapter 1. These individuals and program information are listed on the CC1 website. Please feel free to contact Katy Carlsen, MD, kcarlsen@aap.net or Rachel Weinreb, MD rweinreb@aap.net with any questions.

Pediatric Reimbursement

By Leland Davis, MD

I read in the paper today that Congress is considering a bill to eliminate some of the add on fees that the airlines charge in addition to the ticket price.

We all know that pediatrics is medicine's country cousin when it comes to payment, so I was thinking we could apply some of the same strategies that the airlines use to improve our bottom line. For example, "You want to change that appointment from Wednesday to Thursday? Sure we can do that; there is a \$10 change fee."

If you bring your other child along with you during an appointment they take up space in the waiting room, they play with the toys, and they are distraction in the exam room. There should be a second child charge.

Monday is by far our busiest day. Visits should be 10% more expensive. By the same token, why not charge more when you book the same day vs. making an appointment at least one week in advance? You need an appointment after 3 PM when you child is out of school. Yes, we can accommodate you, but there is a surcharge.

Get the idea? This is just a beginning; don't get me started about charging for phone calls.

Screenagers

By Nelson Branco, MD, FAAP - Member of Committee on Native American Child Health

I recently had the opportunity to watch the documentary "Screenagers" with some colleagues, friends and two of my children. We also had one of the producers there for the discussion, since she is a friend and her kids are patients in my practice. I thought this documentary about the pervasive nature of



screens in our lives and environment was relevant, informative and very well done. The movie is structured around one parent's decision to give her middle-school aged daughter a smartphone and explores the many ways that screens play a role, both positive and negative, in our lives. This movie resonated because as a pediatrician and parent, I have tried to be thoughtful and balanced about both the advice I give around screen time and the rules I set for myself and my children. Our family does not have the strictest rules around screen time, and time will tell whether I have modeled responsible behavior and if my children have learned to manage the different screens in their lives. Nonetheless, I think this is a topic that deserves some thought, and there are some principles that we can use to guide us when giving advice to families and kids around screen time.

The amount of information at our fingertips and the ability to connect and communicate with virtually anyone in our present or past is truly incredible. It's not surprising that screens are so addictive - these devices are useful, entertaining and engaging. I think that when we deny this we lose credibility with the kids in our lives. Minecraft is cool. It really is - spend some time with a Minecraft-savvy middle schooler and you'll see. Social media is fun and interesting, at its best. Texting is a quick and easy way to communicate - and can help you stay in touch with someone you wouldn't otherwise be in touch with. Video games can teach kids to try, fail and try again. Movies and TV shows help us relax, share stories and learn about the lives of others.

There are well-documented negatives to all of these things as well. Internet addiction may be an extreme version, but all of us react to the jolt of dopamine that we get when a new email or text message shows up in our inbox. Minecraft can take over time that could be spent playing outside, reading, doing homework or being creative with another medium besides animated blocks and elements. Teens can use social media and text messaging to bully, harass or hurt their friends and schoolmates. Violent video games can expose kids to sights and sounds that we would like them to avoid, and can be addictive as well.

As parents, we work hard to protect our children from things that may be harmful. In my practice, the majority of families are aware of the need for rules around screen time and limit their younger children's screen time somehow. I see it become more difficult in the middle and high school years, though, once smartphones become ubiquitous. I also see parents who think nothing of pulling out their smartphone while waiting for me, or while I am talking to their child or while I examine their child. I admit to being guilty of the same. We

often use the excuse that we are doing "work" when we're on our screens. I think teens can use the same excuse. Their "work" is to connect with their friends and form an identity separate from their parents. Social media, texting, Facetime, email are all ways to do that - more efficiently and more pervasively than the phone calls and hanging out that we parents did when we were teens. I really think that if we are going to teach our kids to use screens and media wisely we need to monitor and track our own use. Are we reaching for the phone as soon as it dings, even if we're in the middle of a conversation? Do we stand around checking email or social media while waiting in line or sitting with our kids in an office? Do we have screen free times or days for the whole family? In the same way that we can't expect our kids to learn to eat vegetables if we aren't serving and eating them ourselves, we can't expect kids to use devices and media responsibly if we aren't doing it as well.

The Screenagers movie touches on these points, and uses some stories and examples to illustrate some of the areas the filmmakers chose to focus on. There isn't anything in the movie about pornography, and very little about cyberbullying. They don't spend a lot of time on specific social media apps either. While all these topics are important and would be useful to discuss, I feel that it was appropriate to leave them out. It's better to focus on a few issues and do it well than to cover too much. I think a discussion of specific social media apps would have distracted from the movie's message and most definitely would have dated the movie very quickly.

This movie won't break any new ground for pediatricians - these are topics that we talk about and think about every day. What I liked about this movie is that it gathers interesting information and presents it in a balanced and engaging way. It opens the door for consideration and conversation. I wish more documentaries about parenting, families and kids did this as well. The movie is being screened in many communities. I highly recommend you see it if you can, and engage your own kids and other parents in the discussion.

www.screenagers.com

California Chapter 1 Pediatricians Participate in St. Baldrick's Annual Event to raise money for pediatric cancer research and treatment.

Matt Diffley, MD, Chair of Chapter 1 Early Career Physician's Committee and California AAP Chair, Section on Government Affairs, joined two other pediatricians to shave his head to raise funds for pediatric cancer research at the Annual Leadership Forum in Chicago on March 12, 2016.





Jim Crawford-Jakubiak, MD, former Chapter 1 President; member, AAP Section on Child Abuse & Neglect, participated in "Brave the Shave for Kids with Cancer" with UCSF Benioff Children's Hospital Oakland.

Learn more at: www.stbaldricks.org

News from the Section on Breastfeeding

By **Diana Mahar, MD**



Recently members of the leadership team of the AAP Section on Breastfeeding met with Drs. **Karen Remely**, AAP Executive Director and **Bernard Dreyer**, AAP President regarding concerns related to breastfeeding. These concerns included: AAP educational products bundled with the promotional materials of companies that produce infant formula, NCE meeting signage and marketing material which implied that infant formula companies sponsor breastfeeding educational activities, and promotional items, such as the meeting attendee lanyards, that advertised the name of a company that produces infant formula. We are delighted to share with you the outcome of that meeting.

Going forward:

AAP will not accept commercial support for educational topics on breastfeeding from infant formula companies at the NCE.

AAP will not accept commercial support from infant formula companies to advertise their name on NCE meeting attendee lanyards.

AAP will communicate with Section on Breastfeeding leadership before entering into financial relationships with companies that support educational activities related to breastfeeding and will solicit advice on appropriate partnership arrangements.

The NCE Planning Committee will be asked to take special note of the exhibit space belonging to companies who produce infant formula during the 2016 NCE to review the way in which companies advertise their name, logos, and products.

Annual Leadership Forum: Decoded

By John Takayama, MD, MPH

ALF, the Annual Leadership Forum, is the formal method by which individual members and chapter leaders can communicate with national leaders to help determine strategic plans for the AAP. This is done through resolutions. In December of every year, members submit resolutions to chapters and districts. These can be related to advocacy, practice, education or AAP operation.



Annual Leadership Forum

American Academy of Pediatrics

Chapters • Committees • Councils • Sections

This year's examples (picked from our Chapter or District submissions) include resolutions to support mothers who breastfeed and travel (advocacy), to improve insurance coverage for child developmental services (finance), to oppose solitary confinement of juveniles (practice), to promote LGBT cultural competency training among pediatricians (education) and to strengthen conflict of interest policies for AAP policy statements and clinical practice guidelines (operations).

Each resolution (135 submitted this year) is published online for member comments and votes before the ALF meeting. Resolutions felt to be without controversy by the assigned reference committees are placed on a consent calendar. The other resolutions are discussed in one of three reference committee hearings on Day 1 during which attendees (chapter leaders, section, committee, council chairs) argue for and against as well as offer amendments. The reference committees then enter into closed sessions to decide on recommendations to adopt, modify or not adopt those resolutions. On Day 2 and 3, all voting participants (chapter leaders and chairs of sections, committees and councils) further discuss resolutions and cast ballots. Resolutions are accepted if they receive a majority of votes to accept. Each voting participant, in a separate vote, casts ballots for the top 10 resolutions.

In the ensuing year, the AAP President and Board of Directors will respond to all resolutions and especially to the top 10 resolutions. Appropriate AAP Departments as well as Committees, Sections and Councils may be asked to address specific resolutions. Last year, the top resolution was to "address the legal and mental health needs of undocumented immigrant children." In the summer of 2015, the AAP sent a letter to the US Secretary of Homeland Security to highlight the impact of immigrant family detention, updated the Immigrant Child Health Toolkit with a new section on mental and emotional health care needs and intervened a multidisciplinary meeting of more than 40 service providers (physicians, lawyers, social workers, educators and advocates) in Washington, D.C.

Life Cycle of Resolutions

December - Any FAAP member can submit a resolution; due December 1

February - All resolutions are posted online; anyone can comment and vote

March, ALF Day 1 -Resolutions are placed on consent calendar or discussed in one of three reference committee hearings; after the hearings, committees meet to recommend to accept, modify or reject resolutions

March, ALF Day 2 and 3 - Some resolutions are discussed further and all are voted upon by voting members (chapter presidents and vice presidents; chairs of national committees, sections and councils)

March

ALF Day 3 -After all resolutions are voted upon, each voting member casts a separate ballot listing their top 10 resolutions

After ALF - AAP responds to all resolutions. The top 10 receive special attention by the AAP President and Board of Directors. Top 10 responses due back to authors by August, other responses due by November.

This year, the following resolutions were submitted to ALF from Chapter 1 and the results of the discussions and votes are summarized below.

Congratulations to all who submitted. One resolution introduced this year would allow lead authors of resolutions to virtually attend ALF (i.e., using video teleconference) when their resolutions are being discussed. This resolution was discussed and adopted.

- Supporting breastfeeding and mothers who travel, **Yasuko Fukuda**
- Increase access to child developmental services, **Yasuko Fukuda**
- Opposition to use of solitary confinement for juveniles, **Rhea Boyd**
- Advocating for legal protection and social services for commercially sexually exploited youth, **Zara Iqbal**
- Impact of adverse police exposures on child health, **Rhea Boyd**
- AAP Policy Statement on Personal Belief Exemptions for Immunizations, **Myles Abbott**
- Strengthening conflict of interest policies for AAP Policy Statements and Clinical Practice Guidelines, **Diane Dooley**

Disaster Preparedness

By Laura Hawk, CC1 Staff

On March 9th and 10th, I attended the AAP Executive Directors conference in Chicago. As part of this conference, AAP Chapter Executive Directors spoke about disasters and crisis situations faced by pediatricians in their states - the Flint, Michigan water crises, coastal flooding in New Jersey, and the Sandy Hook Elementary School shootings in Connecticut. These tragedies and many following challenges remind us that disasters strike anyone, at anytime, and anywhere.



The AAP is dedicated to addressing children's needs during these times, supporting pediatricians, and enhancing disaster relief efforts. The AAP continually advocates at state and federal levels to integrate pediatric issues, and involve pediatric experts in all levels of disaster planning from medical home to national levels.

During a disaster, pediatricians provide vital care for children, families, and their communities. We want to help you prepare and be able to respond by sharing the extensive AAP disaster preparedness resources offered at this link:

[AAP Children and Disasters](#)

This site offers special pages for pediatricians, hospitals, child care providers, schools. There are educational tools, topic specific guides addressing pandemics, earthquakes, grief support, Zika virus, wildfires, special needs response, and more. There are special pages with information geared toward pediatricians, hospitals, child care providers, and schools.

A few key resources provided for AAP Members may be found at the following links:

[The Pediatrics Preparedness Resource Kit](#)

[Preparedness Checklist for Pediatric Practices](#)

Pediatric Education in Disaster (PEDs) manuals are available in both English and Spanish, containing ten preparedness and response topic modules. The PEDs program is also available as an interactive online course, in English and Spanish. Both the manuals and online course are available at no cost. You can find PEDs resources at the following link:

[Pediatric Education in Disaster Resources](#)

For your patient families, the AAP's HealthyChildren.Org website offers disaster preparedness information you can share at:

[Getting Your Family Prepared for a Disaster](#)

Dwight D. Eisenhower said "The plan is nothing; the planning is everything."

CC1 is developing disaster preparedness steps and plans for continuous operations, so we will be ready to assist our Members. For example, CC1 is protecting crucial data and records with secure offsite backups including membership information, CME records, financial records, all accounts and passwords.

Your California Chapter 1 office wants to be able to function in case of an emergency, so we can move forward and help our Members care for their patients and families. Please take advantage of these important resources to help your practice be prepared. ***Thank you for helping to protect children in your community.***

Sacramento GERD Event

Tuesday, May 31, 2016

Join CC1 for for an evening of networking, education, and socializing. Dr. Daphne Sy Say, Pediatric Gastroenterologist and Assistant Clinical Professor, Department of Pediatrics at University of California, will present:



Proton Pump Inhibitors: To Treat or Not To Treat...That is the question!

Dr. Say will address the appropriate use of PPIs in the treatment of pediatric patients with gastroesophageal reflux and related disorders.

6:00 pm - Networking & Hors d'oeuvres

6:30-7:30 pm - Presentation

UC Davis MIND Institute
2825 50th Street
Sacramento, CA 95817

[Map to UC Davis MIND Institute](#)

FREE! There is no cost to attend, but registration is required!

Please RSVP to Info@aapca1.org

This program made possible by: California Chapter 1, American Academy of Pediatrics; The AAP Section on Gastroenterology, Hepatology and Nutrition, in partnership with the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition; and An Independent Medical Education Grant from AstraZeneca.

Are your colleagues members of our local AAP ?

You are part of the definitive voice on healthcare and policy development for children. The AAP is the strongest, most effective advocate for children's health, and the most comprehensive resource for networking, education and breaking news for pediatric professionals.

AAP California Chapter 1 advocates for the local needs of our members. The chapter covers Northern California, from the Oregon border to central California down to Tulare and Inyo Counties. CC1 membership offers excellent opportunities to participate in advocacy, education and networking at a local level. Community networking is essential for effective change. Please ask your colleagues to join us !

<https://www.aapca1.org/become-member>



Visit our Website