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President's Column

By Zoey Goore, MD, MPH, FAAP



Off to a new year. In preparation for the new year we (executive committee) decided we needed to regroup a little. In early November the board was invited to a board retreat. Our Executive Director, **Beverly Busher**, and her assistant, **Laura Hawk**, were able to secure a location equidistant from our farthest regions so we could minimize travel. We invited **Stuart Cohen**, MD, FAAP, our district IX Chair and California AAP chair and **Kris Calvin**, Executive Director for California AAP. The objectives of this board meeting were to 1) understand the structure and mission of AAP: National, State, District, and chapter 2) start to develop priorities around which the board and chapter to focus, and 3) walk away with some new skill that would be useful to the board member not only as a board member but as an individual or community leader.

We started the day by discussing the structure of AAP. Our membership may not realize that we have four chapters in California. All of them are within District IX of the National AAP chapter. All 4 chapters also make up AAP California which is separate from the District in terms of advocacy and local efforts in California. The district itself doesn't actually have a function on its own. From there we transitioned to learning about the function and responsibilities of a board member. We were reminded of our fiduciary responsibility but also the legal, policy, communication, personnel, and values

aspect. We spent some time in an exercise to learn how to go about defining priorities and creating a vision for the board, committees, and members to rally around. Although we did not officially define these priorities we have a framework for our first board meeting of the year.

National AAP has started to stratify its goals as meeting one of three categories: organizational health, member health, and child health. We, the board, agreed that these are likely the same categories that we will look to address recognizing the importance of our organizational health if we want to continue to advocate for the best child health. We also recognize the increasing demands on our members in their practices, communities and lives outside of work. We will look to focus on our member's health, wellness, and professional development as well.

Finally, we participated in a leadership skill building session on how to be persuasive (see newsletter article on "How to build a persuasive argument").

All in all, I think it was a fabulous day and hopefully will help us turn the next corner in the growth of our chapter on behalf of its members and the communities and children we serve.

As always I welcome your feedback, comments, concerns, and ideas. Please do not hesitate to contact me anytime. Remember to take care of yourselves while you are busy taking care of everyone else. Happy New Year.

Vice President's Column

An Ode to Advocacy

By **John Takayama, MD, MPH, FAAP**

Tempus fugit (time flies). It is sobering to realize that another year has passed, but what a year it has been. From a pediatric policy perspective, the passage of **SB277** (elimination of personal belief exemption for school-entry vaccines) highlighted a shift in the delicate balance between parental choice and the public's health. Individual health decisions can impact on others' health. While the law goes into effect on January 1, 2016, implementation will not begin until the start of the new school year in the fall. New kindergarteners and middle school entrants will need to demonstrate completed vaccination. Parents of unvaccinated or under-vaccinated children may begin discussions with their pediatricians about how to complete catch-up immunizations.



AAP California (AAP District IX) provides legislative advocacy at the state level on behalf of all four chapters in California (Chapter 1 is our chapter; Chapter 2 is Los Angeles, Chapter 3 San Diego and Chapter 4 Orange County). **Kris Calvin** is Executive Director of AAP California and **Jacques Corriveau** (Chapter 1), incoming chair of State Government Affairs (SGA). **Rhea Boyd** and **Aaron Nayfack**, as co-chairs of the Chapter 1 Advocacy Committee, represent Chapter 1 on SGA. In 2015, in addition to SB277, AAP California supported AB53 (rear-facing car seats for children under 2 years of age), AB187 (extension of California Children's Services for an additional year) and SB4 (healthcare for undocumented children). SGA priority areas for 2016 include services for children with special health care needs, childhood obesity and food insecurity, violence, abuse and toxic stress, youth tobacco and e-cigarette use, and implementation of SB277.

Please see <http://aap-ca.org/advocacy/> for more information.

AAP California was also involved in a unique collaborative effort to understand what are barriers and facilitators for pediatricians in caring for children and youth with special health care needs. In a study of pediatricians in California led by **Dr. Megumi Okumura** (Chapter 1) and funded by the Lucile Packard Foundation, lack of time, lack of capacity for care coordination, poor access to pediatric specialists, communication gaps between generalists and subspecialists, lack of mental health and behavioral specialists, and poor insurance reimbursement were identified as barriers. Facilitators included dedicated care coordinator, primary care pediatricians with knowledge, comfort and interest, improved access to a network of subspecialists, sufficient time, and family education and support. Such results may be critical in influencing the rebuilding of California Children's Services.

I recall what I wrote last year as my three resolutions for the New Year. These were related to my daily practice caring for a disproportionate number of children with special health care needs. 1) Update electronic records (problem lists, medication lists); 2) Ask more questions (develop and adopt standardized open-ended questions to better elicit child and family needs); 3) Contact community agencies (i.e., schools, regional center) on a regular basis. While I have not been able to achieve any of these resolutions to my satisfaction, I have learned lessons, some of which will relate to this year's resolutions. A recurrent lesson is that one cannot do everything on one's own and success is more likely when the effort is collaborative. Another is that work arounds pose a semblance of individual accomplishment but systems change is more sustainable. Finally, organization support can go a long way in improving care. In our practice, we have been able to pilot on-site weekly developmental and behavioral pediatric and biweekly psychiatric support. This has raised our knowledge, confidence and willingness to manage behavioral and mental health issues. Themes for resolutions in 2016 include relying on teamwork and collaboration, leveraging strengths (i.e., what we are good at doing), and advocating for systems change.

Northern Valley, Central Valley, Monterey Bay and North Coast pediatricians needed!

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



Are you one of those people who says, "There oughta be a law!"

Do you practice in Butte County? How about Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity or Yuba? Or maybe you work in Alpine, Amador, Calaveras, San Joaquin, Stanislaus or Tuolumne counties? How about Monterey, San Benito and Santa Cruz counties? Del Norte, Humboldt, Lake, Marin, Mendocino, Napa or Sonoma?

If so, your presence is requested at the California Chapter 1 Board of Directors. We are looking for Member-at-Large and Alternate Member-at-Large representatives from all of these areas. This is your chance to be at the table and give your opinion as to the direction of the chapter. Maybe you would like our leadership to spend more time mentoring medical students and residents. Maybe you would like to see more advocacy projects like the most recent one targeting childhood hunger. Maybe you are

really up in arms about Maintenance of Certification. Your voice won't be heard nearly as loudly if you don't contribute in person.

If interested, please send an email to executive director Beverly Busher at aapbev@sbcglobal.net, call her at 415-479-9200, or contact any of the board members on the chapter website: aapca1.org.

Mission Bay Conference Delights Attendees and Coming Soon . . . Paul Offit

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

Over 100 of your fellow pediatricians checked out the new UCSF Mission Bay Conference Center Dec. 5 to learn the latest and greatest from local and national experts. Among the most popular topics was a straightforward talk from developmental pediatrician **Alison Schonwald** (Boston Children's) listing various autism treatments, pros and cons. "That was exactly the talk I was hoping for," enthused one attendee. Another highlight was UCSF dermatologist **Iona Frieden's** update on hemangioma treatment, including topical timolol, which was news to some folks, including me.

Other speakers included **Seth Ammerman**, who brought a giant baggie of various drugs he said he had collected in the Tenderloin, **John Kelso**, who simplified pulmonary function testing so that the rest of us could understand it, **Ted Ruel**, who requests that everyone refer new HIV patients to him at UCSF, and **Yvonne Maldonado**, the last-minute Hot Topic speaker who gave a vaccine update.

After the event some attendees (and one speaker) migrated over to the Mission Rock Resort for a little after-lecture decompression and socializing, arranged by our newest committee member,

Janice Kim.

Our next CME event will feature **Dr. Paul Offit**, who has graciously agreed to speak again to our Chapter during the first week of April. His last event was sold-out, so don't delay in signing up. Stay tuned for more information. And save the date for our next winter meeting - December 3, 2016.



Finally, if you thought the December event was the best thing ever, or if you think it could be even better, please come join the CME committee. We would love to have your input. Contact **Mika Hiramatsu** at mika5h@yahoo.com.

What a World - Views of a Mid-Peninsula Vintage Doc

By **Harvey S. Kaplan, MD, FAAP**

So here I am in my post retirement mode of life, no longer gearing up for clinic challenges. Instead I head to the Peninsula Jewish Community Center for a morning swim, hoping to get a lane to myself, instead of arriving at the San Mateo Medical Center pediatric clinic as the Drop-In Doc. As I recall, illness came in themes. If the first kid in the exam room was wheezing, better bet on asthma as the disease de jour. I then clicked into the all-knowing computer to order a neb treatment with

dexamethasone on the side. Better safe than sorry. Next came GI issues usually diarrhea-related. Then psycho-social which could take forever to sort out. And always were rashes that defied diagnosis. I am eternally grateful that I practiced in a setting where my pediatric colleagues, nursing and clinic staff were very supportive. Thank you so much. I miss you.

So what concerns me now? I see ongoing child abuse and neglect some 50 years after **The Battered Child Syndrome** focused attention on these children and their crying need for help. Fortunately, we now have a new generation of pediatrician specialists in child abuse, who are developing research and clinical strategies to better understand maltreatment of children and what is needed to recognize and ultimately eliminate child abuse. **Dr. Kempe** would be very proud. We also need a massive education campaign to fully inform the public about gun violence so that they will no longer tolerate a passive policy with respect to gun control and public safety. Thank you NBA and players for sharing what's in your heart about gun violence.



Our society currently seems obsessed with fear of terrorist attack, yet the ongoing trauma that abused kids endure early in their lives is often un-recognized with lifelong consequences. This maybe more significant than terrorism but doesn't grab the headlines. We now appreciate how awful this early toxic trauma is for normal early brain development. Early intervention, prevention, and family engagement is still key to treatment.

Our children must be safe if our nation is to be secure. Policies that fail to respect child development must change as in charging children as adults in the criminal justice system. In schools, so-called zero tolerance policy for bad behavior and summary expulsion or suspension make it more difficult for children to learn from and correct their mistakes with support and guidance.

Pediatricians should continue to be involved with the many parent support resources in their community, especially First Five and Community Gatepath for children with special needs. Best practices that promote healthy early brain development such as reading to and socially engaging with infants is important. Also, the Raising a Reader program should be in every pediatric medical home. Another good resource for pediatricians who see children in foster care is CASA or Court Appointed Special Advocates. Their staff is very knowledgeable about the myriad challenges children in foster care have to deal with and can provide useful information for pediatricians. Every child in foster care needs a CASA but this goal has yet to be achieved.

I was very impressed by the recent Chapter CME event at the new UC Conference Center in Mission Bay. Keep it going. This brings me to my Vintage Docs Committee. I welcome all my 55 and older pediatric colleagues to consider becoming a member. I hope to schedule a meeting soon in the new year. Best wishes for a happy and healthy New Year.

How to Build a Persuasive Argument

By Zoey Goore, MD, MPH, FAAP

As I mentioned in my column, at the board retreat we practiced making persuasive arguments. Here's an example.

Let's imagine for a minute I'm my daughter lobbying for a car. Here goes. Mom, I can tell that you and dad are extremely taxed by having to drive my brother and me to all our events all of the time. I have gym three times a week, cheerleading twice a week, and diving four or more times a week, and my brother has gym four times a week, soccer twice a week, baseball, golf.... Not to mention that you are currently both working and do all the grocery shopping, target trips, errands and I can see how exhausting that is for you. My friend, Jenna, from gym, drives herself to gym and diving, her brother to his music lessons, and baseball and drives both of them to and from school every day. My friend Leah, didn't even get her license and I know you've spoken to her dad recently about how he's still spending hours in the car everyday. So, if I am responsible and get good grades and you are able to get me a car I can save hours of your life transporting me and my brother to places I'm going anyway. We've seen from my friends (and my cousins) that this helps their parents immensely.

So first, no one can share this with my daughter. She needs to come up with her own argument but as you can see I'm counting the days to decreasing the shlep factor.

The argument was designed to be formulaic.

1. Prove that the person has a problem (even if they don't know they have a problem). Don't mention the solution until they understand they have a problem.
 2. Give ONLY 2 data points that support the idea that they have a problem.
 3. Tell them a story. Give a real life example of someone who had the same problem and was able to solve it
 4. Solve it. Give them the solution and evidence that the solution works.
- All of the above can and should be done succinctly. The 5 min or less elevator pitch. The major pitfall people fall into is wanting to give the solution up front. Don't solve the problem before someone knows he has a problem. Once you have convinced them they have a problem then you should provide them the solution with evidence.

Let's try it again.

Our national security is at risk. 75% of potentially eligible recruits are rejected. The major medical reason for exclusion is obesity. John Smith relied on public school breakfast and lunch from Kindergarten to 12th grade. He worked hard in school with a dream of joining the military. Neither of his parents graduated high school and they did not have money to support him to college. John knew that joining the military was a way to go to college and have job security. What he didn't know was that the school breakfast and lunches that he was eating all those years were not healthy. The high calorie low nutrients meals and snacks were killing his chances. School lunches must be nutritious to support our children as they try to learn and better their futures. Through the reauthorization of Child Nutrition Act schools will be compelled to offer healthy, nutritious, filling meals to our nation's future.

Physician Reentry Project

By James P. Marcin, MD, MPH

Member-at-large, Sacramento Valley



Dear Chapter 1 Members,

The American Academy of Pediatrics has developed a "**Physician Reentry Project**" as a resource to help physicians better understand what planning is needed before one leaves clinical practice and what one needs to do in order to facilitate a return. The Project has its own website: www.physicianreentry.org.

Recently, there was a Webinar that is now archived. The Webinar, "Physician Reentry 101" provides an overview of physician reentry that covers everything from what physician reentry is, to key resources, data and information available for physicians and others looking to find out more about this issue. The archived link is:

<http://physician-reentry.org/wp-content/uploads/Physician-Reentry-Webinar-July-20141.mp4>

If you have any questions regarding the Project, the website, or the Webinar, please feel free to contact me at: jpmarcin@ucdavis.edu. As a member of the Committee on Pediatric Workforce, we have been peripherally involved in the development of this project for the past year

Foster Care Champions

By Rachel Weinreb, MD, FAAP

Foster Care Committee Co-Chair

Picture this: It is a busy morning in the winter and your next new patient is a foster child. He is brought in by a new foster parent or staff from the receiving home with no medical records. Or, a foster child is coming in for the 2 or 3-month follow-up after his comprehensive exam, and the referrals and suggestions you made have not occurred. Does this sound familiar?



The California Chapter 1 subcommittee is starting a new program to help with these problems - The Foster Care Champions Program. We are compiling a list of providers in each of our counties who have special interest and knowledge about their county's foster care system. These providers are available by email if you have questions or problems with providing care for your county's foster children. There are ways to get things done through CPS if you know whom to contact.

So far, we have these counties covered. If you do not see your county on this list, and you would like to be the foster care champion for your county, please contact me, Rachel Weinreb, at archhoop@comcast.net.

Alameda County: Diane Halberg
Contra Costa County: Abraham Rice
Del Norte County: Karolina Dembinski
Fresno County: Phil Hyden
Kings County: Phil Hyden
Madera County: Phil Hyden
Mendocino County: Danielle Dixon

Merced County: Phil Hyden
Placer County: Katy Carlsen and Angie Vickers
Sacramento County: Rachel Weinreb and Angie Vickers
San Francisco County: Chris Stewart and Jennifer Axelrod
San Mateo County: Harvey Kaplan
Santa Clara County: John Stirling
Stanislaus County: Phil Hyden
Yolo County: Angie Vickers

We also want to tell you about a new AAP report on foster care that was published in the October on-line Pediatrics journal - Health Care Issues for Children and Adolescents in Foster Care and Kinship Care. This report, which can be read in less than one hour, touches on many of the aspects of foster care as it relates to medical care. The first part of the article summarizes the goals of foster care in the United States, as well as explaining the special needs and challenges of caring for this population. The second part lays out health care guidelines for the care of these children. The online version can be accessed at:

<http://pediatrics.aappublications.org/content/136/4/e1131>

The AAP & One Degree and the Future of Social Service Referrals

Rhea Boyd, MD, Chapter 1 Foundation board member

We are excited to continue our partnership with **One Degree**, a SF-based tech non-profit, to explore ways to improve social service referrals in the Bay Area in 2016. We started this project almost a year and a half ago and it is incredible to see how far we've come. This past August we hosted an orientation to welcome and train new research assistants (see picture) and in September, presented at the Innovation Cafe at UCSF's Center for Excellence in Primary Care's Bodenheimer Symposium.



And this January, we are planning to launch our multi-site, clinical pilot to test the feasibility and usability of One Degree's online platform in diverse clinical settings in San Francisco and Alameda counties. The goal of our project is to more efficiently, effectively, and consistently connect patients to vital social services that improve child and community health.

To do this, we are partnering with 5 clinical sites in San Francisco and Alameda counties, including UCSF's Mt Zion Pediatric Clinic, 3rd St Youth Center & Clinic, Kerry's Kids, RotaCare Bay Area, and the BreathMobile. A project of this magnitude would not be possible without the commitment, creativity, and contributions of our dedicated faculty champions: Dr. **Sabrina Santiago** (UCSF), Dr. **Ayanna Bennett**

(3rd St), Dr. **Christine Ma** and Dr. **Diane Halberg** (Kerry's Kids), Dr. **Mika Hiramatsu** and **Shirley Zhao** (RotaCare), and Dr. **Elaine Davenport** (BreathMobile). We are also indebted to our wonderful research assistants who are the eyes and ears of this project: **Folashade Wolfe-Modupe, Grace Gao, Vanessa Vinoya, Jessica Ho, and Sandhya Dhital**. And we are so fortunate to partner with an organization who understands the importance of addressing social determinants of health in the clinic and in the community, which is a testament to the values that drive One Degree's mission and their dedicated staff and leadership: **Rey Faustino, Eric Lukoff, Eric Johnson, Orlando Pineda, Natalia Carrasco, Herbert Castillo, and Audrey Galo**.

One Degree is a free, online repository of social services that can be shared securely by text, Facebook, email, or directly printed. If you are interested in using their tool to make social service referrals, check out their website at www.1deg.org. In partnership with Compass Family Services, One Degree also launched a separate site to address our local housing crisis and help low-income families find affordable housing. If you are looking for housing resources for patients, be sure to check out: www.onehomebayarea.org.

Finally, we have also eagerly been awaiting One Degree's local dissemination and are excited to announce that in 2016 One Degree will expand to all 9 Bay Area counties. Stay tuned for the results of our pilot and next steps. And for questions or interest in this project feel free to contact me at rheaboydmd@gmail.com. Happy New Year.

Adolescent Immunization Update

By Jane Pezua, MPH, CDPH Immunization Branch

The Advisory Committee on Immunization Practices (ACIP) continues to recommend routine immunization of adolescents aged 11-12 years against human papillomavirus (HPV), meningococcal disease, and pertussis.

Coverage rates still lagging for HPV vaccine

According to Centers for Disease Control and Prevention data from 2014, immunization coverage among California adolescents aged 13-17 years was 88% for Tdap, 79% for MCV4, 48% for HPV series completion in girls, and 31% for HPV series completion in boys.¹ These findings highlight the need to reduce missed opportunities and ensure series completion for HPV vaccination.

More cancer prevention power with HPV9

Nine-valent HPV vaccine (HPV9) is now an option for routine vaccination against HPV. In addition to HPV types included in the quadrivalent formulation, HPV9 protects against types 31, 33, 45, 52, and 58. Together these nine strains cause over 80% of cervical cancers, the majority of other HPV-attributable cancers, and 90% of genital warts. ²

The ACIP recommends 3 doses of HPV vaccine beginning at age 11-12 years. Adolescents who started their series with HPV4 can finish the series with HPV9. Revaccination with HPV9 is not currently recommended for adolescents who have completed the HPV4 or HPV2 series.

Meningococcal disease vaccines: MCV4 and MenB

Vaccination with quadrivalent (serogroups A, C, Y, and W) meningococcal conjugate

vaccine (MCV4) continues to be recommended at ages 11-12 years along with a booster shot at 16 years.

Two vaccines against serogroup B meningococcal (MenB) disease were recently licensed by FDA. ACIP recommends a MenB vaccine series for persons 10 years and older who are at increased risk. MenB may be given to anyone aged 16-23 years, preferably at 16-18 years. MenB vaccine may be administered concomitantly with MCV4 vaccine at a different anatomic site. The two MenB vaccines are not interchangeable; providers should use the same product to complete the vaccine series.³

The changing epidemiology of pertussis

The ACIP recommends Tdap at 11 or 12 years to prevent pertussis infection in susceptible preteens and reduce transmission to family and community members. Immunity to pertussis after disease or immunization wanes over time, leaving preteens vulnerable to pertussis infection.⁴

Getting your patients fully vaccinated

Ensure that your patients get fully vaccinated:

- Strongly recommend HPV, meningococcal, and Tdap vaccines to parents of 11-12-year-old patients.
- Use every opportunity to vaccinate adolescent patients, including sick visits and sports physicals.
- Use patient reminder and recall systems to increase office visits and improve vaccine series completion.
- Implement standardized procedures to increase immunization rates in your practice.

Celebrate Preteen Vaccine Week - February 7-13, 2016

Adolescent immunizations are safe, effective, and the best way to protect preteens and their contacts from serious diseases. Preteen Vaccine Week is an opportunity to increase awareness of adolescent immunizations in your practice and implement strategies to improve immunization rates throughout the year. It is also a good opportunity to immunize your current 6th graders ahead of the late summer, back-to-school rush. For more information and resources, please visit the Preteen Vaccine Week website at:

<https://www.cdph.ca.gov/programs/immunize/Pages/PreteenVaccineWeek.aspx>

Section Reports

Current Activities of the Section on Genetics and Birth Defects By Tracy Trotter, MD, FAAP

On an annual basis the Section puts forth completed proposals for educational programs that will occur at the NCE. Typically, we submit 20 sessions and have 5-6 sessions approved. We are now working on proposals for the 2017 NCE. The proposal

deadline is April 1, 2016, and we would welcome any ideas that might bubble up via Chapter 1.

We will be reviewing the nominations for the David Smith Award [for Excellence in Genetics Education] which will be awarded at our spring meeting in March.

We continue to moderate our open forum listserv: "Genetics Talk".

Various Executive Committee members are assigned to represent the Section in a number of endeavors:

AAP News "Focus on Subspecialty" page - providing one article per year.

Private Payer Advocacy Advisory Committee of the AAP

National Coordinating Center/ACMG - repurposing the Regional Genetics Collaboratives

AAP Agenda for Children Strategic Planning Priority: Epigenetics

The Section and the Committee on Genetics is exploring the possible merge into the Council on Genetics, with a decision expected by summer 2016.

We are continually involved in increasing the membership of the Section and would urge any Chapter 1 members with an interest in genetics and birth defects to consider joining the Section.

Section on Developmental Behavioral Pediatrics (SODBP)

Damon Korb, MD, FAAP

Mission: The mission of the Section on Developmental Behavioral Pediatrics (SODBP) is to strengthen collaboration between primary care pediatricians, developmental and behavioral subspecialists, and families to ensure children receive comprehensive high quality developmental and behavioral (DB) pediatric care.

To achieve this mission, SODBP will work to optimize the relationship between primary care and subspecialists, provide education and disseminate strategies to support quality clinical practice, and advocate on behalf of children and providers to improve the quality and accessibility of DB services for children.

Vision: All children experience optimal developmental and behavioral functioning and have access to the DB support services they need to maintain a high quality of life and full engagement in society. Pediatricians are prepared to provide DB care in a medical home with assistance from subspecialists and others who provide DB care.

Values: We believe:

- All children have the potential for a meaningful life and society must value their needs and rights.
- Developmental, physical, and behavioral health are intricately linked.
- DB pediatrics represents a continuum of care from optimizing normal development to addressing and managing developmental and behavioral concerns, disorders, and disabilities.
- Medical home principles including care coordination, family centered care, and cultural competence guide the provision of DB care.
- The field of DB care requires a holistic, interdisciplinary approach with all professionals who care for a child.

Recent Highlights:

- The 2015 C. Anderson Aldrich Award was presented to Mark L. Batshaw, MD,

FAAP at the 2015 National Conference and Exhibition.

- The 2015 Dale Richmond/Justin Coleman Award was presented to Deborah Frank, MD, FAAP at the 2015 National Conference and Exhibition
- The SODBP, along with the Council on Children with Disabilities (COCWD), Society for Developmental and Behavioral Pediatrics (SDBP), and National Association of Pediatric Nurse Practitioners (NAPNAP) Special Interest Group on Developmental, Behavioral and Mental Health are currently analyzing data from a workforce survey for those caring for children with developmental and behavioral concerns.
- The SODBP, in collaboration with the Department of Federal Affairs, COCWD, and the Council on Early Childhood, responded to US Preventive Services Task Force (USPSTF) reports on screening for speech and language concerns and autism.
- The SODBP is working with the COCWD on an AAP Periodic Survey that asks about primary care pediatrician experiences with the identification and referral of children (0-3) who have or are at risk for developing motor, language, cognitive, behavioral, or emotional delay/problems.
- The SODBP has established a new liaison with the Section on Medical Students, Residents and Fellowship Trainees liaison member.
- The new clinical report "Promoting Optimal Development: Screening for Behavioral and Emotional Concerns" was published in February 2015.

Advocacy: Through group e-mail messaging, the SODBP Executive Committee and the larger membership have been kept apprised of state and federal advocacy initiatives regarding children with developmental and behavioral health concerns. Issues addressed recently include children's mental health parity, autism, and speech and language issues.

Educational Initiatives:

DB: PREP Course: The planning for the 2016 DB:PREP course is underway. The course will be held November 30-December 4, 2016 at the Disney's Grand Californian in Anaheim, CA.

PREP DBPeds: The SODBP and SDBP continue to co-sponsor this self-assessment (simulated board questions). Subscription includes 96 questions/year and is worth 20 points towards Maintenance of Certification (MOC) Part 2: Lifelong learning and self-assessment.

Coding and Payment Initiatives: The SODBP, along with the Committee on Coding and Nomenclature, has presented a new code proposal for 9942X at the October 2016 AMA CPT Editorial Panel meeting. This code would cover the administration of a parent/caregiver-focused health risk assessment instrument for the benefit of the patient, with scoring and documentation (eg, depression inventory). If this code is accepted, it would go into effect January 1, 2017.

Section on Anesthesiology and Pain Management (SOA)

Rita Agarwal, MD, FAAP

The SOA Executive Committee last met on October 22, 2015, in conjunction with the American Society of Anesthesiologists annual meeting in San Diego. They will meet next in April 2015 in conjunction with the joint winter meeting of the Society for Pediatric Anesthesia (SPA)/AAP SOA in Colorado Springs, CO.

Current work in progress includes:

1. A revised statement on "The Assessment and Management of Acute Pain in Infants, Children, and Adolescents."
2. A new statement on "Chronic Pain in Infants, Children, and Adolescents."
3. A new joint clinical report with the Committee on Drugs on "Codeine and the Potential for Toxicity in the Pediatric Patient."
4. A revision of the 2006 AAP/American Academy of Pediatric Dentistry (AAPD) clinical report, "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures."
5. Development of a proposal for an online CME activity focused on pain management; CME in the area of pain management is now required for re-licensure in a number of states.
6. Forging of a partnership with the Committee on Substance Abuse (COSA) to fulfill responsibilities as a partner organization involved with a three-year grant project, entitled "The Providers' Clinical Support System-Opioid Therapies (PCSS-O)". The American Academy of Addiction Psychiatry (AAAP) was been awarded this \$3 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to train healthcare professionals to use evidence-based practices in treating opioid dependence, and the Section will assist by offering six webinars throughout the grant period on Appropriate Use of Opioids in the Treatment of Pain in Children. Planning is underway for the third webinar.

Providing assistance to the AMA as they work to develop a CME product for primary care providers on the topic of opioids. The SOA Chair-Elect is participating as the AAP's rep to the AMA Pain Management Expert Panel charged with managing this project; their initial meeting took place in July 2015.

Activities Recently Completed:

Major Accomplishment: the SOA-authored Manual on Procedural Sedation for Infants and Children was released in print and in digital copy in August 2015.

A revision of the 1999 statement, "Guidelines for the Pediatric Perioperative Anesthesia Environment" now titled "Critical Elements for Anesthesia Care in the Pediatric Perioperative Environment" was approved for publication in Pediatrics and will appear in the December 2015 issue.

Offered two webinars as part of the PCSS-O grant project, "Unraveling the Mystery of Acute and Chronic Pain in the Child & Adolescent" in July 2015, and "Putting the Pieces Together: Strategies for Pain Management" in August 2015.

The SOA has had continued involvement with SmartTots, the public/private partnership of the FDA and the International Anesthesia Research Society (IARS), which is working to address scientific and clinical gaps regarding the safe use of anesthetics and sedatives in children. A revised "Consensus Statement on the Use of Anesthetic and Sedative Drugs in Infants and Toddlers" was recently endorsed by the AAP.



[Visit our Website](#)

Beverly Busher, Executive Director

California Chapter 1,
American Academy of Pediatrics
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Please submit articles to

Info@AAPCA1.Org

Deadline for articles submission is
September 15

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