



OK Pediatrician

E-Newsletter for the
Oklahoma Chapter
American Academy of Pediatrics

Volume II, Issue III

March 2011



Dear Fellow **OKAAP** Members~

OKAAP plans to conduct a strategic planning process to chart the future direction of the Chapter. In the coming months, we want to identify and communicate the needs and opportunities the Chapter has to serve Oklahoma children to a variety of audiences, including advocacy and professional organizations, prospective researchers, state officials, agencies within the federal government, and Members of Congress. This Plan will depend heavily on the active and substantial involvement of the many respected members of our Chapter.

On April 23rd, the Board will hold its initial meeting to commence work on this important undertaking. While our Board has broad expertise, we need and would value member input into this process in order to determine the most important needs and opportunities, set goals and objectives, and recommend strategies for achieving our Chapter's goals and objectives.

In general, we envision programs advancing, among other things, in the following pediatric interests:

- Retention and growth of the Chapter's membership.
- Childhood Obesity through the Chapter's Obesity Committee.
- Continuance, growth and improvement of the Chapter's Oral Health Training Initiative.
- Active advocacy regarding pediatrician reimbursement for oral health screenings and fluoride varnishing.
- Recruitment to our Pediatric Council to advance the Chapter's Private Payer Program.
- Cooperation and relationship-building with Medicaid-OHCA.
- Greater legislative advocacy and involvement.

We invite you to send your input by email, letter or phone call to the Chapter by no later than **April 15, 2011**.

By email to: kestes@upal.com. By letter to: 6840 S. Trenton, Tulsa, OK 74136. By telephone to: 918-858-0298.

We need to know the questions you would like us to address. We would like to know how we can support the efforts of Chapter members like you to better serve Oklahoma children.

We look forward to receiving your advice, comments and input.

Thank you for your support of the Oklahoma Chapter!

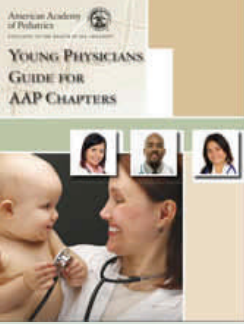
Very truly yours,



Edward A. Legako, M.D.
OKAAP Chapter President



Section on Young Physicians SYOP



The American Academy of Pediatrics (AAP) **Section on Young Physicians** is very pleased to provide you with the inaugural [Young Physicians Guide for AAP Chapters](#). It is our hope and intention that this guide will assist chapters in reaching out to young physician members, help determine how they can remain active within the AAP, and address concerns, problems, and needs with regard to their membership in the AAP and their practice as young pediatricians.

We as a section also would like to invite and involve young physicians in the workings of the AAP at the chapter, district, and national levels.

Within the AAP, members qualify as young physicians if they are younger than 40 years or in their first 5 years of practice. This time in a pediatrician's life is full of change, learning, adaptation, and adjustment. New locations, jobs, relationships, family situations, and finances all present to young physicians during this time and may compete with their relationship with the AAP. We know that the transition from resident to young physician is a time of considerable loss of membership for the AAP. Therefore, our section and the AAP leadership feel that a concerted effort to focus on this population of AAP members is in order. This effort is designed not only to increase the membership within the AAP, but also to guarantee the survival of the AAP by growing and forming the next generation of pediatrician leaders and determining how the AAP can provide value to these important members.

Our section feels the best way to nurture connections to the AAP is through the chapters. Chapters have the best ability to determine the local needs of their members, connect geographically with those members, and provide a personal, local face to the AAP. Therefore, we have embarked on providing this chapter guide for your use.

The **SOYP** is the second largest section of the AAP with over 2,000 members. If you are age 40 or younger or within your first 5 years of practice, you are eligible to receive the benefits of being a member of the **SOYP**.

What are the benefits of joining the Section on Young Physicians?

- [YPConnection](#) – Social/professional networking site just for members of the **SOYP**
- [An awesome Web page](#) --- a "one stop shop" where you can find information and opportunities specific to the young pediatrician
- Networking opportunities! – such as the young physician reception at the AAP National Conference & Exhibition
- Quarterly [section newsletter](#) (sent electronically)
- [Special programming](#) at the NCE
- Opportunity for leadership within the AAP - [District Representatives](#) and various section liaisons.

It's only \$10 to join the SOYP!

Your money gets you all of the benefits above (and more) plus it helps the section advocate for young physician issues in the national AAP. Check out our ["Goals & Objectives"](#) page to see what we are working on for you right now!

If you are interested in joining the **SOYP** – [click here!](#)

The Oklahoma Chapter of the AAP is part of District VII.
District VII includes Oklahoma, Texas, Arkansas, Louisiana and Mississippi.

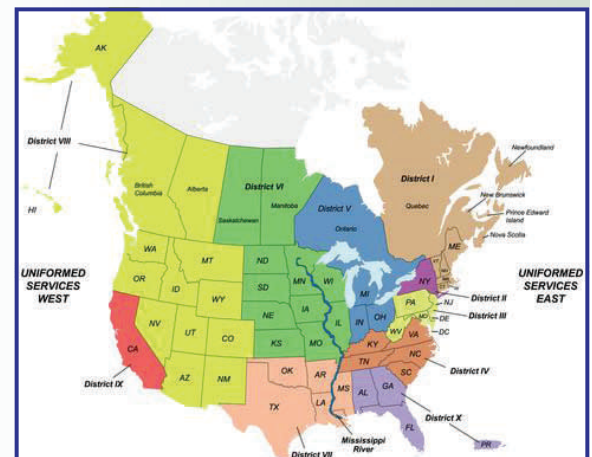


[Rachel Dawkins, MD, FAAP](#)

District VII Young Physicians Representative

General Pediatrics

Specialties Include: Resident Education, Obesity and Professionalism



Oral Health - Prevent Tooth Decay Today!

February was National Children's Dental Health Month, a perfect time to draw attention to a critical but often overlooked component of a child's total health and well-being. Tooth decay is the most preventable chronic disease among children - five times more common than asthma. Left untreated, it can lead to severe health problems, including serious infection, debilitating pain, dietary and speech problems, and in rare cases, even death.

Pediatricians have begun to address the growing number of children they see with oral health disease by performing prevention services as part of the well-child examination. **Oklahoma** is one of only 11 states nationwide where Medicaid does not yet cover pediatricians and other physicians for these simple, inexpensive services. Why have coalitions of dentists, public health professionals and children's advocates in 39 states been so successful in changing Medicaid policy? The facts speak for themselves.

When children's oral health suffers, so does their ability to attend school and learn. An estimated 51 million hours of school are lost annually due to dental-related illness. Not surprisingly, children with poor oral health, especially those who suffer from poor general health, are more likely to underperform in school.

Tooth decay disproportionately affects the most vulnerable children - those from low-income families and racial minorities who experience more instances of dental disease than more affluent or white children. Access to dental care for low-income, uninsured, or publicly insured children is extremely limited. This is especially true in rural and impoverished areas, where access to general dentists is already limited, and pediatric dentists are even more scarce.

Pediatricians see children an average of 12 times in the first 3 years of life for well-child visits. This early and frequent access presents a valuable opportunity to assess a child's oral health status *before* problems develop, to provide preventive services such as fluoride varnish, and to educate caregivers on proper practices. Primary care providers are often located in areas that lack dental providers and they see publicly-insured children on a regular basis. They regularly coordinate patient care and can assist families in finding dental homes by the age of 1 year, as recommended by the American Academy of Pediatric Dentistry and the American Academy of Pediatrics.

Paying pediatricians and other physicians to manage young children's oral health will require an increased commitment from the state. Right now the state pays to treat severe childhood dental problems with costly emergency room visits and in-patient procedures. Instead, let's prevent these problems, avert costs, and put our state's funding to work where, as most states do, it does the most good.

For more information on what the AAP recommends for Children's Dental Health Month, please go to:

<http://www.aap.org/commpeds/dochs/oralhealth/ncdhm.cfm>



Speaking up for America's Children on Capitol Hill, in State Legislatures and in City Halls

The Commonwealth Foundation recently released [The State Scorecard on Child Health System Performance, 2011](#). Among the indicators, the report measured the percentage of children between the ages of 1-17 who had a preventive dental care visit in the past year and the percentage of children with oral health problems.

| State | 2011 Rate | 2011 Rank |
|-----------------------------------|-------------|-----------|
| X Arizona | 75.5 | 45 |
| X Arkansas | 74.7 | 48 |
| X Hawaii | 86.9 | 1 |
| X Louisiana | 76.5 | 42 |
| X New Jersey | 78.7 | 29 |
| X Oklahoma | 78.2 | 36 |
| X Tennessee | 78.8 | 28 |
| X West Virginia | 80.3 | 18 |

An interactive map is featured on this site. As obtained from the interactive site, here are the rankings for states on the indicator that measured the percentage of children who had a dental visit in the past year.

Also, according to Exhibit 17 in the report (pg. 76) here is the ranking for your state on the indicator that measured the percentage of children with oral health problems.

| | |
|-----------------|----------------------|
| Arizona - 50 | Arkansas - 37 |
| Hawaii - 20 | Louisiana - 32 |
| New Jersey - 18 | Oklahoma - 43 |
| Tennessee - 8 | West Virginia - 19 |



Oklahoma's Chapter Oral Health Advocate



Greater Tulsa Health Access Network - Greater THAN

By: NANCY HOLLINGSHEAD *Tulsa World* Staff Writer

5 Questions with David Kendrick

Dr. David Kendrick is the principal investigator and CEO of the **Greater Tulsa Health Access Network**, a Beacon Community. He is also an associate professor of internal medicine and pediatrics and the Kaiser Chair of Community Medicine at the University of Oklahoma's School of Community Medicine. In addition, Kendrick serves the OU Health Sciences Center as provost for strategic planning and chief of the division of community medical informatics.

1. What is Greater THAN?

It's the **Greater Tulsa Health Access Network**, a grass-roots movement founded by more than 50 organizations in the region that want to improve health by working together more effectively.

Oklahoma ranks last or nearly last in most national studies of health and is the only state to have had a worsening age-adjusted death rate over the last 15 years; put simply, Oklahoma's children are not expected to live as long as their parents. Hearing this in a June 2009 summit hosted by then-Mayor Kathy Taylor, a broad coalition became determined to create a health information exchange that will improve our ability to work together to deliver high-quality care and reduce costs.

2. How did you/Tulsa become aware of the Beacon Community Award program? Can you explain the program?

It was created by the U.S. secretary of health to identify 15 communities that show significant promise to become models for health improvement facilitated by the innovative use of information technology. This program is funded by the HITECH portion of the 2009 stimulus legislation.

The planning for **Greater THAN** was already complete when the program was announced in November 2009. This was not an accident - careful reading of the stimulus legislation and the proactive efforts of Tulsa-area health-care and government leaders lead us to believe that opportunities would exist for communities that had a well-organized, broadly representative coalition with a clear plan and direction. Last May, **Greater THAN's** 11-county Beacon region, hosted by the Community Service Council of Great Tulsa, was selected from among 140 applicant communities to receive a \$12.1 million award.

3. What was involved in developing the Greater THAN goals?

The goals and strategic plan emerged from an intensive 100-day planning process over the summer of 2009. More than 350 health-care, academic, governmental and concerned citizen leaders joined in more than 600 hours of intensive meetings. Utilizing an approach facilitated by leaders from SMRTNET, a Tahlequah-based health information exchange, **Greater THAN** devised the plan that became our Beacon proposal.

In general, **Greater THAN** will facilitate improved health and reduce costs by:

- Ensuring that everyone gets appropriate screening for breast, colon and cervical cancer;
- Coordinating communications efficiently between doctors and patients, and doctors and other health-care providers;
- Improving coordination of care for patients with diabetes and other chronic conditions;
- Ensuring that children and adults get important immunizations in a timely fashion; and
- Reducing duplicated and unnecessary lab and radiology tests and emergency room visits.

4. Will health-care reform have an impact on the program?

There will be no direct impact of health-care reform on the funding or the implementation of the Beacon program in Tulsa. Thankfully, the work we're doing in **Greater THAN** enjoys broad support from Republicans and Democrats alike.

5. Where is Tulsa in implementing the Greater THAN program?

Greater THAN is nearing the final contract with a health information exchange vendor whose platform will serve as the central hub in our community. We expect to begin implementation of this platform, called "**My Health Access Network**," in January and anticipate four to five months of work before we roll the system out to the community.

In the meantime, we're expanding the use of a community-wide care coordination system.

We're actively seeking broader participation.

Greater THAN's meeting schedules and more information are available at www.tulsaworld.com/gthan



Primary Pediatric Psycho Pharmacology CME Course

The Primary Pediatric Psycho Pharmacology Course is an excellent course that was developed by Peter Jensen, MD, a child psychiatrist with a group of child psychiatrists and pediatricians. One of our own **OKAAP** Members participates on the Steering Committee and will be one of the faculty members at the course. "It is very well done and a state of the art course in providing primary care clinicians with the skills essential in managing children with psychotropic medications," says Dr. Mark Wolraich. The organization is a nonprofit organization out of New York, but has faculty in both psychiatry and pediatrics from across the country.

Dr. Peter Jensen, the Co-Director of the Division of Child and Adolescent Psychiatry at Mayo, is leading the course and Dr. Lynn Wegner, a member of the AAP's Coding Committee, has developed a module on how to effectively code for improved medical billing. Mental health scales, charts specifically designed for medication titration and the assessment of depression/anxiety/aggression will be distributed, along with 28 CME credits upon full participation.

COURSE DESCRIPTION

- **A dynamic 16-credit, 3 day interactive program** to identify specific training needs, build skills and confidence in diagnosing and treating pediatric behavioral health problems.
- **A follow-up 6-month, clinical case-based, distance learning program.** Using group teleconferences to consult with nationally known pediatric psycho pharmacology and pediatric experts on a bi-weekly basis, participants will engage in case-based clinical rounds that will help address problems and questions encountered in daily practice.
- **A comprehensive toolkit and a set of Web-based learning tools** designed specifically for this training. The toolkit includes user-friendly handouts and guides from national experts along with relevant assessment instruments, dosing and side effect charts, medication comparison tables, and informational handouts for patients and parents. For example, the [GLAD-PC](#) comprehensive depression toolkit created at Columbia University will be discussed and applied with patient vignettes.

UPCOMING TRAININGS

- April 14-16, 2011 - [Cook Children's Hospital - Ft. Worth, TX](#) ([Registration Form](#))

TRAINING OUTCOMES

- **Identify and differentiate child mental health problems** such as childhood depression, ADHD, bipolar disorder, anxiety states (including PTSD), oppositional and conduct disorders and psychosis.
- **Properly differentiate and distinguish child mental health problems** from normal developmental variations.
- **Effectively manage pediatric psychopharmacology**, including:
 - selecting medications for individual patients
 - initiating and tapering dosages
 - monitoring improvements
 - identifying and minimizing side effects
- **Create and implement a treatment plan using existing resources**, including learning how to delegate tasks to a treatment team composed of family members, school personnel and other professional caregivers.

[Melanie Louis](#) - Program Manager

The REACH Institute
485 Seventh Ave., Suite 1510
New York, NY 10018
212-947-7322 x223 (Phone)
212-947-7400 (Fax)



Dr. Peter S. Jensen, President and CEO of the REACH Institute. In addition to his current duties at the REACH Institute, Dr. Jensen was recently appointed to the Mayo Clinic in Rochester, Minnesota, to head its Child Psychiatry Program and serve as the Co-Director of the Division of Child Psychiatry and Psychology.



Dr. Lynn Wegner is an associate professor of pediatrics, developmental and behavioral pediatrics at the University of North Carolina, Chapel Hill, and a consultant to the American Academy of Pediatrics Task Force on Mental Health.

Psycho-pharm **P**ediatric **P**rimary Care.....**PPP**

Safe and Effective Use of Psychiatric Medication in Children and Adolescents





Oklahoma House Approves Measure to Cap Pain & Suffering In Lawsuit Damages

The Oklahoman (3/1, Michael McNutt) reports that on February 28th, by a vote of 10 to 6, the Oklahoma House Judiciary Committee "approved a measure that would put a \$300,000 cap on pain and suffering damages in lawsuits." The bill, HR 2128, "now goes to the full House of Representatives." The proposed legislation "would not cap damages in wrongful death cases and does not alter what a plaintiff can receive for economic damages, such as lost income or payment of medical bills," the Oklahoman points out.

<http://mailview.custombriefings.com/mailview.aspx?m=2011030101ahla&r=1703385-fd18&l=013-569&t=c>

AAP Recommends Ban for Minors in Tanning Salons



The AAP, in a statement published in [Pediatrics](#), called for a ban on allowing minors to use tanning salons due to an increased risk of skin cancer.

U.S. tanning salons should close their doors to minors to protect them from skin cancer, a group of 60,000 pediatricians said Monday in a new policy statement.

With the move, the American Academy of Pediatrics joins the World Health Organization (WHO), the American Academy of Dermatology and other groups that are already pushing for a ban. "There are more tanning facilities in the U.S. than there are Starbucks or McDonald's," said Dr. Sophie J. Balk, who helped write the new statement for the American Academy of Pediatrics.

"More than a million visits are made every day." Since 2009, the International Agency for Research on Cancer, a part of the WHO, has classified tanning beds as cancer-causing.

"I see it as a very important public health issue," said Balk, a pediatrician at the Children's Hospital at Montefiore in Bronx, New York. "We're coming out very strongly for legislation that supports banning minors' access to tanning salons."

Surveys have found that nearly a quarter of white teenagers in the U.S. have tried indoor tanning at least once. And many do it regularly.

"Mothers and daughters tend to go tan together," said Dr. June K. Robinson, a dermatologist at Northwestern University in Chicago, who is not affiliated with the American Academy of Pediatrics (AAP). "It's like going to the beauty parlor."

A member of the American Academy of Dermatology, which also supports a ban for minors, Robinson compares tanning to cigarettes and alcohol. "It's banning things we know have health downsides for people who are not able to make an informed choice at this point in their life," she told Reuters Health.

Eleven states already have tanning restrictions for kids, but none goes as high as 18 years, according to the National Conference of State Legislatures.

The AAP's policy statement, which appears in the journal *Pediatrics* and is accompanied by a technical report, also warns against sunbathing -- even relaxing in the shade when the sun is high (from 10 am to 4 pm).

"A fair-skinned person sitting under a tree can burn in less than an hour," the statement notes. "Clouds decrease UV (radiation) intensity but not to the same extent that they decrease heat intensity and, thus, may promote a misperception of protection."

To protect against the sun, the AAP recommends wearing clothing and brimmed hats and applying generous amounts of sunscreen -- factor 15 or higher, every two hours and after swimming.



Committee Announces AAP President-Elect Candidates

The AAP National Nominating Committee has selected **Mary P. Brown, M.D., FAAP**, of Bend, OR, and **Thomas K. McInerney, M.D., FAAP**, of Rochester, NY, as candidates for AAP president-elect.

Look to future issues of *AAP News* for profiles and position statements. **Voting** begins September 1st and concludes October 1st, 2011.



Mary P. Brown, MD, FAAP



American Academy
of Pediatrics



Thomas K. McInerney, MD, FAAP

US Supreme Court Upholds Vaccine Injury Compensation Program

The U.S. Supreme Court ruled on February 22, 2011 in *Bruesewitz v. Wyeth, Inc.* (No. 09-152, S. Ct.) to preserve the Vaccine Injury Compensation Program (VICP) that was established in the National Childhood Vaccine Injury Compensation Act of 1986.

In a 6-2 decision, the Court upheld a recent ruling by the Third Circuit Court and supported the Academy's position in the case, stating "The National Childhood Vaccine Injury Act preempts all design-defect claims against vaccine manufacturers brought by plaintiffs who seek compensation for injury or death caused by vaccine side effects." Justice Breyer issued a concurring opinion citing the Academy's support for the retention of vaccine manufacturer tort liability.

For a link to the amici curiae brief filed by AAP in the case in 2010, and a link to the full decision of the Supreme Court (including Justice Breyer's opinion), please [see the statement issued by the AAP](#) on today's decision.

Private Payer Advocacy

AAP Notifies Payers of 2011 Recommendations for Immunizations

Letters were sent to the largest national and regional private carriers, benefit plan consultants and employer groups notifying them of the updated recommendations for immunizations. The letter urges timely updates to benefit plan coverage for the recommended immunizations as well as adequate payment. A copy of the letter is attached and can also be accessed on the AAP Member Center, private payer advocacy page at: <http://www.aap.org/moc/reimburse/privatesector.htm>.

A copy of the updated immunization recommendations can be accessed at: <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

TRICARE Increases Number of Reported Units for Immunization Administration Codes - Enabling Increased Payment

The AAP convened a conference call with the Centers for Medicare and Medicaid (CMS) to discuss Federal guidance from CDC to public payers that only allowed recognition of one unit of CPT code 90460 per claim. While the AAP continues to dialogue with CMS about appropriate code recognition by state Medicaid agencies, Tricare is increasing the number of reported units for the new immunization administration codes. Claims previously submitted to Tricare will be reprocessed.

The letter explaining these changes may be accessed on the AAP Member Center, private payer advocacy page at: <http://www.aap.org/securemoc/reimburse/HealthNetTricarCodes.pdf>

CMS Enrolls More Than 21,000 Providers in EHR Incentives

More than 21,000 healthcare providers have registered to participate in the Centers for Medicare and Medicaid Services electronic health record (EHR) incentive program, with about two-thirds ready to confirm that they have met the "meaningful use" requirements when CMS activates the software for that.

[Click Here for the Full Story](#)



Centers for **Medicare & Medicaid** Services

Have a Question? We Will Find an Answer!

Have a **QUESTION?**

We will find an **ANSWER!**

OKAAP is providing the opportunity for you to ask questions to any **subspecialist** group.



You can submit your questions by email to:

Kim Estes - kestes@upal.com

Send in
your
Question?



We will find and
publish an
Answer!



MARK YOUR CALENDARS!

The Annual
OU-OKAAP Pediatric Spring Conference

August 26-27, 2011
in Oklahoma City

Watch the monthly newsletter as
well as your email.

Details will follow as they
become available.

Save the Date!

~ The focus will be Childhood Obesity ~



Upcoming AAP Events and Courses

Practical Pediatrics CME Course

Orlando, FL

March 11-13, 2011

Pediatric Leadership Alliance

Chicago, IL

March 23-25, 2011

Workshop on Perinatal Practice Strategies

Scottsdale, AZ

April 15-17, 2011

PREP®:CAP - An Intensive Review & Update of

Child Abuse Pediatrics

July 20-24, 2011

Denver, CO

PREP®:CAP - A Comprehensive Review & Update
of Pediatric Infectious Diseases

July 25-30, 2011

Chicago, IL

Future of Pediatrics Conference Embracing
Change: Improving the Health of All Children

July 29-31, 2011

Chicago, IL

2011 Courses

