

 **Pediatrician**

Volume II, Issue V

July-August 2011

**Letter from the President**

Dear OKAAP Members:

On July 14-17, 2011, Eve Switzer, MD, OKAAP Vice President, Kim Estes, Associate Executive Director, and I attended the District V & VII meeting in New Orleans, LA.

The Oklahoma Chapter is part of District VII, which is comprised of:  
Arkansas, Louisiana, Mississippi, Oklahoma and Texas.

District V is comprised of: Indiana, Michigan, Ohio and Ontario.

For more information about **District VII**, visit the AAP Web site by clicking on the following link:  
<http://www.aap.org/moc/memberships/index.cfm?GroupID=DISTRICT%20VII&type=district>

The District meeting consists of presentations from the national AAP staff, including our own Robert W. Block, M.D., AAP President-Elect. Dr. Block gave the "President's" report. He spoke of some of the benefits of belonging to the national and state organizations, such as advocacy, committee and other involvement opportunities, as well as available grant opportunities. He also stated that "change often occurs beginning at the state level."

---

Dr. Block will be officially inducted as AAP President at the 2011 National Conference and Exhibition meeting held in Boston, MA October 15-18, 2011.

---

The two AAP President-Elect candidates, **Mary Brown, MD, FAAP, and Thomas McInerney, MD, FAAP** attended and spoke at the District meeting (see page 9 of this newsletter for more candidate information).

District meetings also offer opportunities for the different Chapters to meet and brainstorm, as well as share their ideas and accomplishments. Oklahoma was proud to report on what we think was a very successful last year, such as: partnering with the Oklahoma Institute for Child Advocacy and the Oklahoma Health Care Authority and its Medical Advisory Committee to revise the reimbursement rules to pay pediatricians for the oral health screening and application of two fluoride varnish treatments annually to the gums and teeth of Oklahoma children ages 12 to 42 months during a well-child visit, in order to improve dental health and to stem the tide of dental caries.

We also reported Oklahoma is making positive strides in the legislative area by sending three representatives to the Legislative Conference in Washington D.C. this year and we now have a Legislative Representative for our Chapter, Ashley Weedn, MD. We look forward to being much more active in this area in the year to come.

There is opportunity to submit any topics or issues as Resolutions to the AAP for consideration. For more information regarding Resolutions and the Guidelines for submitting them, click on the following link:  
<http://www.aap.org/moc/loadsecure.cfm/alf/guidelinesforsubmittingresolutions.pdf>

**Deadline for this year's submission is November 1st!**

Oklahoma was also recognized and awarded several Special Achievement Awards. These awards will be presented during the dinner at **The 37th Annual Advances in Pediatrics Conference being held in Oklahoma City, August 26-27, 2011.**

For more information or registration please visit: <http://cme.ouhsc.edu/>

Sincerely,



Edward A. Legako, MD, FAAP  
OKAAP President

# Overview - Oklahoma's 2011 Legislative Session



By: Julie Bisbee - Policy Director  
Oklahoma Institute for Child Advocacy

[jbisbee@oica.org](mailto:jbisbee@oica.org)  
405-236-5437 x120

It was a tough legislative session as lawmakers worked to craft a budget with \$500 million less than the previous year and no federal stimulus dollars to fill holes. For some state agencies, this was the third year in a row that budget had been cut. Some agencies saw their budgets cut by as much as 20 percent over the past three years.

At the same time, state agency leaders and elected officials began discussions of how to handle the new provisions on the federal Affordable Health Care Act. Many of the provisions take effect in 2014.

Oklahoma was one of eight states to receive a grant to help develop an online portal that would allow people to shop for health insurance. Governor Mary Fallin, backed by Republican members of the state Legislature, decided to return the \$54 million in federal funds. Fallin pointed to a constitutional amendment passed by voters last year that opposes the federal Affordable Care Act. Fallin said private funds and state funds could be used to develop the online exchange by 2014.

While legislative leaders focused on the budget, lawmakers worked on bills on a variety of issues including reforms to the state's workers' compensation system and Oklahoma's public education system.

## NOTEWORTHY BILLS AND NEW LAWS



**Background Checks for All Adults Living in the Home:** Families who have been subject of multiple child abuse or neglect investigations would get additional background checks under a new law that takes effect November 1, 2011. The law requires an OSBI and FBI background check on all adults living in a home prior to a trial reunification or if the family has been referred to the Department of Human Services three or more times.

**Limiting Underage Drinking:** Adults who provide low-point beer to minors would be subject to the state's social host law under a new law that takes effect November 1, 2011. The bill also adds punishment to adults who allow a minor to consume alcohol on their property. The new law says people convicted of allowing minors to drink two or more times within a 10 year period could face felony charges.

**Children with Incarcerated Parents:** Lawmakers supported a bill to create a task force to outline the needs of children who have parents in prison. Governor Mary Fallin signed the bill into law and the task force continues to meet and look for ways to get support services to families and children whose lives have been disrupted by a parent's incarceration. It is estimated that nearly 27,000 minor children in Oklahoma have at least one parent in prison. Oklahoma puts more women in prison, per capita, than any other state. The task force is required to issue a report to lawmakers by January 1, 2012.

**Court Appointed Special Advocates:** A program that provides volunteer advocates for children involved with the judicial system because of abuse or neglect will receive a portion of all filing civil filing fees. Governor Fallin signed a bill into law that gives the state's CASA program \$5 from the filing fee for a civil lawsuit. This law goes into effect November 1, 2011.

**Foster Care Improvement Taskforce:** Child advocates across the state are coming together to look at evidence-based ways to improve outcomes for children in our state's foster care system. The taskforce continues to meet and discuss the needs of children in our state's foster care system and ways to support children and foster parents across the state. The group is expected to have a report of recommendations by early next year.



Join us for our annual Fall Legislative Forum:

**Tuesday, October 11, 2011** at the University of Central Oklahoma.

[Click here for more information](#)

The next legislative session begins February 6, 2012. **STAY INFORMED!**

Sign up to receive a quick weekly roundup of Capitol news and other policy updates by sending an email to: [jbisbee@oica.org](mailto:jbisbee@oica.org)

The Oklahoma Institute for Child Advocacy is a multi-issue, non-partisan, 501 (c) (3) non-profit organization.

For more information go to: [www.oica.org](http://www.oica.org) All contributions are tax deductible.

# Overview - Oklahoma's 2011 Legislative Session *continued*

## STILL PENDING

**House Bill 1270:** Health education would become standard in middle schools under this bill by Representative Ann Coody, R-Lawton. Students would be required to have one semester of health education in grades 6th, 7th, or 8th. Giving students information on how to make healthy choices is essential to combating Oklahoma's obesity rate. The Oklahoma Fit Kids Coalition, a statewide initiative of the Institute, is also working to raise awareness about this issue in schools and communities. This bill did not get heard on the House floor this past session, but remains viable for next legislative session.



**House Bill 2135:** Cities and municipalities would be able to enact smoke-free ordinances under this legislation. Current state law does not allow Oklahoma communities to enact smoking ordinances that are stricter than state law. This bill did not get heard on the House floor before the March deadline, but work on this issue continues. The bill remains alive for the next legislative session.

## FAILED

**House Bill 1461:** A bill that would have outlined types of bullying and set up guidelines for schools to handle bullying was voted down in the House. The bill by Representative Lee Denney, R-Cushing, would have added cyber-bullying to the definition of bullying and required schools to form anti-bullying policies. The bill failed to make it through the House.



*The next legislative session begins February 6, 2012. **STAY INFORMED!***

*Sign up to receive a quick weekly roundup of Capitol news and other policy updates by sending an email to: [jbisbee@oica.org](mailto:jbisbee@oica.org)*

*The Oklahoma Institute for Child Advocacy is a multi-issue, non-partisan, 501 (c) (3) non-profit organization.*

*For more information go to: [www.oica.org](http://www.oica.org) All contributions are tax deductible.*

Join us for our annual Fall Legislative Forum on **Tuesday, October 11, 2011** at the University of Central Oklahoma.

[Click here for more information](#)



# Urge Congress to Keep Medicaid Strong for Children

**ACTION  
ALERT**



DEPARTMENT OF  
**FEDERAL AFFAIRS**

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Federal legislators and Administration officials are currently debating a variety of budget and funding proposals to reduce our national debt and finance the federal government. As Congress and the White House focus on ways to trim growth in federal spending by reforming programs like Medicare, Social Security, and Medicaid, one thing is clear: **We must keep Medicaid strong for children.**

## Why Medicaid Matters

Medicaid is a children's program. In fact, more than 30 million children nationwide depend on Medicaid for health care coverage. Pediatricians typically see more Medicaid patients in a given year than any other group of physicians: an average of three out of every 10 pediatric patients are on Medicaid, and children make up more than half of all Medicaid enrollees in the United States.

Every adult was once a child. Many adult illnesses—from depression to cardiovascular disease to certain types of cancer—are directly attributable to poor childhood health. Recognizing the importance of early intervention, much of Medicaid's spending on children is dedicated to preventive care, which helps keep children healthy as they enter adulthood and saves our health care system money in the long run.

During the recent recession, Medicaid enrollment grew as more and more families came to rely on the program for health care due to employment changes. In addition, a cornerstone of the Affordable Care Act is its expansion of Medicaid, which will reach 16 million more people by 2019.

Given this increase in Medicaid enrollees, it is time to invest in the program, not cut it.

## What's at Stake

Throughout the past few months, Congress and the White House have been negotiating various financing structures for the federal government, which include cuts to Medicaid that would shift costs to states, block grant the program, or establish caps on spending. The AAP is strongly opposed to these proposals, which would harm children's health and jeopardize their access to care.

Recently, Congressional and Administration leadership have turned their focus to raising the debt ceiling, and after a series of negotiations last week and over the weekend, Congress is poised to act very soon. The measure to increase the debt ceiling may include a significant cut to Medicaid by changing the way the federal government pays states for the program.

## What You Can Do

Congress needs to hear from you as they consider legislation to increase the national debt and reform Medicaid.

Please [take action](#) today by calling or e-mailing your members of Congress to urge them to keep Medicaid strong for children.

## Where to Learn More

- [AAP letter](#) to Congress on the need to keep Medicaid strong for children.
- New state-specific [Medicaid data](#) from the AAP and National Association of Children's Hospitals and Related Institutions.
- Recent [AAP News article](#) comparing proposed Medicaid reforms in President Obama's Fiscal Year 2012 budget proposal with House Budget Committee Chairman Paul Ryan's (D-Wisc.) budget plan.
- A [one-page fact sheet](#) on the importance of Medicaid for children to share with your elected officials.

**Become a Key Contact** and receive additional communications on Medicaid and other federal policy priorities affecting children and pediatricians  
by e-mailing: [kids1st@aap.org](mailto:kids1st@aap.org)

**Federal Advocacy Action Network**

# The 37th Annual Advances in Pediatrics Conference



The 37th Annual Advances in Pediatrics Conference is scheduled for Friday, August 26th through Saturday, August 27, 2011. The topic is childhood obesity in primary care with a focus on co-morbidities and management of obesity. Specific topics to be presented include the role of sugar and exercise in obesity, motivational interviewing, and the management of hypertension, dyslipidemia, insulin resistance and non-alcoholic fatty liver disease.

We are excited to have Dr. Robert Lustig, Professor of Pediatric Endocrinology, as our visiting keynote speaker. Dr. Lustig is the Director of the Weight Assessment for Teen and Child Health Program at the University of California San Francisco. He is a nationally-recognized authority in the field of neuroendocrinology, with emphasis on the regulation of energy balance. His research focuses on the impact of sugar in fueling the diabetes, obesity, and metabolic syndrome epidemics, and he is well-known in the field for addressing changes in the food environment to reverse these chronic diseases. He is the former Chairman of the Obesity Task Force of the Pediatric Endocrine Society and serves on the Steering Committee of the International Endocrine Alliance to Combat Obesity.

Our internal keynote speaker is Dr. Steven Chernausek, Professor of Pediatrics and Director of the CMRI Pediatric Diabetes and Metabolic Research Program at OUHSC. Dr. Chernausek has published over 100 papers in his field of pediatric endocrinology, and is the current President-elect of the Pediatric Endocrine Society. His presentation will address neonatal markers leading to increased risk for metabolic disease.

Several AAP private practitioners will serve as panelists in a discussion on obesity management in Oklahoma. Drs. Ed Legako, Tom Kuhls, Ed Osborn, and Eve Switzer will highlight their efforts in obesity prevention or management in their communities. Other panelists include Drs. Ryan Brown, Steve Sternlof, Colony Fugate, and Patrick Hutton who will share their experience in child obesity management in Native American communities, schools, and multidisciplinary clinic settings.

The Oklahoma AAP Chapter Meeting will occur during dinner on Friday, August 26th at 6:30 p.m. in the new OU Children's Physicians Building Atrium. Dr. Legako will present this year's awards and honor retiring pediatricians in our state.

The conference and dinner are sponsored by the Department of Pediatrics and the Oklahoma AAP Chapter. To obtain a brochure with registration rates, CME information, and hotel accommodations, please contact Ruth McCollough at: [ruth-mccollough@ouhsc.edu](mailto:ruth-mccollough@ouhsc.edu), 405-271-4401, or visit the web site at: <http://www.idi.ouhsc.edu/body.cfm?id=3143>.

We hope to see you there to support our colleagues, and together make an impact on the childhood obesity epidemic in Oklahoma!

Ashley Weedn, MD  
Co-Chair -Obesity Committee  
OKAAP Chapter

University of Oklahoma College of Medicine, Department of Pediatrics  
Nicholson Conference Center, Nicholson Tower, 5N Auditorium  
940 N.E. 13th St., Oklahoma City, OK

**Aug. 26-27, 2011**

**37<sup>TH</sup> ANNUAL ADVANCES IN PEDIATRICS**  
**OBESITY:**  
The Co-Morbidities  
AND Management

**KEYNOTE SPEAKERS:**

**Robert H. Lustig, M.D.**  
Director of the Weight Assessment for Teen and Child Health (WATCH) Program  
University of California, San Francisco

**Steven Chernausek, M.D.**  
Children's Medical Research Institute (CMRI)  
Edith Kinney Gaylord Endowed Chair  
Director of the CMRI Diabetes and Metabolic Research Program  
Department of Pediatrics Diabetes/Endocrinology  
University of Oklahoma Health Sciences Center

REGISTER ONLINE NOW! ■ [cme.ouhsc.edu](http://cme.ouhsc.edu) ■ Earn up to 10.25 AMA PRA Category 1 Credits™

Sponsored by:  
**THE UNIVERSITY OF OKLAHOMA**  
**College of Medicine**  
PEDIATRICS

In Conjunction with:  
**UNIVERSITY OF OKLAHOMA**  
**CHILDREN'S PHYSICIANS BUILDING**  
COLLEGE OF MEDICINE

# “START-ED”

## Screening Tools and Referral Training—Evaluation and Diagnosis

### Training for Pediatricians to Perform Autism Diagnostic Consultations

#### **BACKGROUND:**

OKAAP members are grappling with what to do as more and more families request help in answering the question, “Does my child have autism?” Coupled with the long waits for Autism Spectrum Disorder (ASD) diagnostic services in the state that mirror those across the nation, Oklahoma families and pediatricians are stuck with a frustrating mess. Furthermore, waiting for a diagnosis can significantly delay the start of early intervention services thought to be crucial for optimizing functional developmental outcomes for children and their families. This newsletter article explains a new training program, the **Screening Tools and Referral Training-Evaluation and Diagnosis** training or **START-ED**, that will enable pediatricians to perform ASD diagnosis in their medical homes instead of having to face the lengthy waits for referral for a subspecialty evaluation. The article also briefly mentions the training’s relationship to other strategies in Oklahoma to enhance the service system for children and families potentially impacted by ASD. The OKAAP and University of Oklahoma Health Sciences Center Department of Pediatrics Child Study Center (OUCSC) have joined forces to assure that the **START-ED** training is relevant and practical, and that pediatricians throughout the state are aware of its availability.

Funding for the training comes from Senate Bill 135 that the Oklahoma legislature approved in the 2009 legislative session. The legislation which took effect on November 1, 2009, includes funds to build the state service system infrastructure for children with ASDs which includes four main activities—the first two are related to identification/diagnosis and the second are two related to intervention—they include:

- Developing training for pediatricians to increase skills in evaluating and diagnosing children with ASDs.
- Enhancing how SoonerStart Early Intervention (EI) professionals screen for ASDs in children referred for EI evaluation.
- Creating training programs and a licensure process for certified “Applied Behavioral Analysts.”
- Replicating the “Early Foundations” model preschool intervention program.

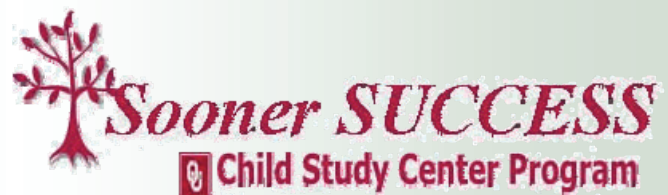
#### **Description of the Pediatrician Training (1):**

Pediatricians whose practices are in counties with a **Sooner SUCCESS** coalition (a county based interagency care coordination resource focused on coordinating services for children with special needs: <http://www.oumedicine.com/body.cfm?id=1517>) will be targeted for the first training. Oklahoma’s pediatrician training is modeled on a successful training program developed by the Tennessee chapter of the AAP (TN-AAP) in collaboration with Vanderbilt University.<sup>1</sup> The process to support Oklahoma pediatricians will include training plus support for implementation in the office setting after the training with the following components:

#### **A 1-and-½ day intensive training on how to perform a new hour-long diagnostic visit in the office that includes:**

- Obtaining pre-visit paperwork and visit authorizations.
- How to function as a consulting physician to referring primary care physicians in your geographic area.
- How to structure the hour long visit.
- How to conduct a semi-structured interview regarding ASD behaviors.
- How to perform ASD behavioral observations using the **STAT (Screening Test for Autism in Two Year Olds)**<sup>2</sup> (STAT kit is provided at the training worth \$550)
- How to discuss results with families.
- How to use OHCA billing and coding rules.
- How to build a family advisory council for your practice.
- How to partner with your local SoonerStart EI Program and Sooner SUCCESS county care coordinators.
- Consultation after the training for any and all questions regarding diagnostic process.
- Ongoing access to a Practice Enhancement Assistant (PEA)\* who functions as a no cost Quality Improvement (QI) coordinator to help with changes in care processes related to the training.

\***PEAs** are Nurses, Office Managers, Social Workers, Early Childhood professionals and/or **MPH’s** with experience in primary health care settings who are trained to help practices make changes in their care processes. They are available free of charge to practices through a business associate agreement and can direct rapid cycle quality improvement, locate information, facilitate communication, develop forms and flow sheets, create registries, review charts and care processes, and train staff.



# “START-ED” continued

## Other components (2-4) funded by Senate Bill 135:

### Enhancing how SoonerStart Early Intervention (EI) Professionals Screen for ASDs in Children Referred for EI Evaluation

This component allows SoonerStart to develop training modules for SoonerStart therapists to use the MCHAT<sup>3</sup>, STAT, or other appropriate tools to screen all children for ASD, as appropriate, who are enrolled to receive EI services.

### Creating Training Programs and a Licensure Process for Certified “Applied Behavioral Analysts”

ABA is the basis for widely-accepted interventions for children with ASD. This component of the Bill allows for Oklahoma to build an ABA training program and to create a state licensing mechanism to recognize professionals certified in ABA-based treatments. Currently, without the licensing mechanism, the state has no way to reimburse and retain professionals with this expertise in the workforce.

### Replicating the “Early Foundations” (EF) Model Preschool Intervention Program

This component of the Bill provides funds to create in two new communities a preschool like one currently available in Oklahoma City. At EF, children with ASDs spend ~ 20 hours a week in one-on-one sessions with ABA-certified teachers and in group activities with typically developing children. Parents are taught motivational techniques and skills so they can continue teaching at home.

Our third pediatrician training will be held all day Friday and half day Saturday,  
**October 28-29, 2011** at the Child Study Center in Oklahoma City.

For more information, contact: **Laura McGuinn, MD**

Project Director, Developmental and Behavioral Pediatrician, OUHSC Pediatrics

Office: (405) 271-5700 ext 45175

fax: (405) 271-8835

Cell: (512) 619-4810

email: [laura-mcguinn@ouhsc.edu](mailto:laura-mcguinn@ouhsc.edu)

1. Warren Z, Stone W, Humbert Q. A training model for the diagnosis of autism in community pediatric practice. *Journal of Developmental & Behavioral Pediatrics*. 2009;30(5):442-446.
2. Stone WL, Coonrod EE, Turner LM, Pozdol SL. Psychometric properties of the STAT for early autism screening. *Journal of Autism & Developmental Disorders*. 2004;34(6):691-701.
3. Robins DL, Fein D, Barton M, Green J. The Modified-Checklist for Autism in Toddlers (M-CHAT): An initial investigation in the early detection of autism and Pervasive Developmental Disorders. *Journal of Autism and Developmental Disorders*. 2001;31(2):131-144.



Department of  
*Pediatrics*



# AAP National Conference and Exhibition - October 15-18, 2011

## AAP National Conference and Exhibition Scientific Sessions

Preview the scientific sessions offered at the 2011 AAP National Conference and Exhibition, October 15-18, in Boston, MA,  
at: [NCE Web site](#).

Our Facebook fans and Twitter followers got a first look at draft sessions in March.

Don't be the last to know; be the first. "**Like Us**" on [Facebook](#) or "**Follow Us**" on [Twitter](#).

**OKAAP Board Members** encourage all Oklahoma Pediatricians to participate in the 2011 NCE as our own

**Robert W. Block, MD, FAAP**

will be inducted as the **AAP President**



*Come to the 2011 NCE to show your support!*



Click here for the upcoming AAP Events and Courses: [PediaLink](#)

**PediaLink** Online Center for Lifelong Learning

## AAP President-Elect Candidate Profiles and Q&A



**Mary Brown, MD, FAAP**, has been a pediatrician in Bend, Oregon for 36 years. She founded a practice now staffed by 13 pediatricians who care for children and families in Central and Eastern Oregon. She has on the ground experience as a General Medical Officer in Vietnam and an assistant professor at a teaching hospital. Mary is a community pediatrician and a leader in growing a solo practice into a regional pediatric center. These varied experiences have provided her with insights into most challenges pediatricians face.

She has advocated for pediatricians and children at all AAP levels from President of the Oregon Pediatric Society, District VIII representative to Chapter Forum Committee, National Nominating Committee, and District Chairperson for six years. As District VIII Chair she represents diverse Chapters (conservative and liberal, small and large). Every Chapter is respected and contributes to discussions and decisions. She believes in the strength of the AAP as a voice for our members whether solo practitioners in rural America, pediatric generalists, or urban academicians.

Mary's experience on the AAP Board of Directors has given her an in depth understanding of the Academy and appreciation of the amazing staff that support our work. These experiences in private practice, military and academic medicine, and local, regional and national AAP offices will provide strong leadership as we address the complex challenges to pediatrics and to child health. She is a committed and experienced leader and consensus builder.

She and her Ob-Gyn husband, Dan, have four children and three grandchildren.



**Thomas McInerney, MD, FAAP**, has been a primary care pediatrician in private practice in Rochester, NY for 40 years and is Professor and Associate Chair for Clinical Affairs in the Department of Pediatrics at the University of Rochester Medical Center. He is a graduate of Dartmouth College and Harvard Medical School and did his pediatric residency training at Cincinnati Children's Hospital and Boston Children's Hospital.

He has held many elected and appointed positions in the AAP, including President of Chapter I, District II; Treasurer and member, District II Board; Member and chair, PROS Steering Committee; Member and Chair, Chapter Forum Committee; Member and Chair, Committee on Child Health Financing; member, Private Payer Advocacy Advisory Committee, Access to Care Subcommittee, Immunization Advisory Team; and is currently a member of the Steering Committee on Quality Improvement and Management, the Section on Administration and Practice Management, the Council on Clinical Information Technology, the Council on Children with Disabilities, and the Council on Community Pediatrics.

Dr. McInerney is Editor-in-Chief of the "AAP Textbook of Pediatric Care" and Pediatric Care Online. He served on the Task Force on Mental Health, which developed the AAP Mental Health Toolkit and was one of the authors of the EQIPP module on the Medical Home. He is a member of the American Pediatric Society, the Academic Pediatric Association, and a Certified Physician Executive and Fellow of the American College of Physician Executives. He served on the Board of Directors and was Chief Medical Officer of the Rochester Community Individual Practice Association serving 500,000 patients.

**Get to know your candidates:** Read the profile pieces on President-Elect candidates Mary P. Brown, MD, FAAP, and Thomas K. McInerney, MD, FAAP, in the July issue of AAP News. Brown and McInerney also discuss their views on policy questions related to membership value and concerns about how the AAP has addressed controversial issues.

Information on District Candidates is also available through the [National AAP Election Center site](#).

Be sure to vote in the AAP election, which opens September 1, 2011.



# Developmental-Behavioral Consultation Services

**D**evelopmental-Behavioral (DB) Consultation offers no-cost telephone discussions to SoonerCare providers regarding their patients with or suspected of having:

- Attention Deficit/Hyperactivity Disorder
- Learning Disabilities
- Communication Difficulties
- Autism Spectrum Disorders
- Intellectual Disabilities
- Other Neurodevelopmental Disorders

## Consultations can include questions regarding:

- Best practices in developmental-behavioral care
- Strategies for medication management
- Recommendations for services and resources
- Other issues as needed

## Description:

This service allows you direct telephone access to our developmental-behavioral pediatricians and nurse practitioner at the Child Study Center on the University of Oklahoma Health Sciences Center campus. Designed to broaden providers' knowledge of DB conditions, we offer guidance on primary care management of children with these conditions and assistance with referral decision making. The service is not intended to replace providers' professional judgment in the care of their patients.

## Developmental-Behavioral Providers:

Thomas M. Lock, MD  
Laura J. McGuinn, MD  
Mark L. Wolraich, MD  
Peggy Yen, RN, ARNP

*Child Study Center, OU Health Sciences Center  
1100 NE 13<sup>th</sup> St, Oklahoma City, OK 73117*  
[www.oumedicine.com/consultservices](http://www.oumedicine.com/consultservices)

**To access this service  
contact:**  
**Peggy Yen, RN, ARNP**  
**(405) 271-5700 (in OKC)**  
**(855) 266-3991 (out of OKC)**  
[peggy-yen@ouhsc.edu](mailto:peggy-yen@ouhsc.edu)

**Office Hours: M-F, 8:30-5**  
**(or leave message)**  
**Calls returned in 24 hours**



*Serving SoonerCare providers through professional consultation*