



November/December 2019 OK Pediatrician



A Message from the Chapter President

Hello to all! Hope everyone has had a wonderful fall and has had time to go enjoy the beautiful weather these past several weeks.

In this newsletter I have some updates on some items we have covered previously.

Regarding Medicaid Expansion, the petition to place State Question 802 on one of the ballots in 2020 has gotten the required number of signatures. This was accomplished approximately 2 weeks before the October 28th deadline, and the group Oklahomans Decide Healthcare, are continuing to obtain additional signatures up until October 28th. If passed, the state question would amend Oklahoma’s constitution to expand Medicaid to certain low-income adults whose income does not exceed 133% of federal poverty level. It is possible that the legislature and governor may come up with an acceptable alternative in the meantime that negates the need for this state question to be placed on the ballot.

Regarding vaccines, Oklahoma State Medical Association and the Oklahoma Alliance for Healthy Families have joined together to form a state-wide Immunization Coalition. The coalition is composed of a diverse mixture of health care workers, educators, representatives from the state health department, and others. The purpose of this organization is to provide a united front in favor of immunizations, and also to formulate guidelines based on national recommendations from the Center for Disease Control (CDC) and Advisory Committee on immunization practices (ACIP) that hopefully will be used by the state for future legislation regarding vaccine practices. Multiple state medical organizations, child advocacy groups, and vaccine support groups are involved in this effort including OKAAP, OSMA, Oklahoma Osteopathic Association, Oklahoma Academy of Family Practice, Oklahoma Hospital Associ-

ation, Vaccinate Oklahoma, Oklahoma Nurses Association, Oklahoma Institute of Child Advocacy, and several others. There are 15 groups supporting this effort so far. Drs. Savannah Stumph, Don Wilber, Tom Kuhls, and myself are working on this committee. We will update you on any further news regarding this effort.

Regarding Adverse Child Events activity, on September 30th the Resilience Documentary film was shown at the Tower Theatre in Oklahoma City, followed by a panel discussion hosted by First Lady Sarah Stitt. Approximately 650 people were present at the event, and there was a great discussion regarding ACES following the film. Ms. Stitt has a very strong interest in this area as a result of her own childhood, and because Oklahomans have the highest level of ACES scores in the nation. If you have not seen this documentary film up to this point, I strongly encourage you to do so.

The AAP national conference is in New Orleans October 25th-29th. Several OKAAP members, including myself, will be attending and we will provide any significant updates from the meeting.

Hope everyone has a great Holiday Season!

Dwight

MARK YOUR CALENDAR - 2020

- ◆ Annual Advances in Pediatrics: April 3rd

IN THIS ISSUE

Letter From the President	1
Resident in the Spotlight	2
30-Month Well Check Reimbursed by SoonerCare	2
Infant Hearing Screening in the Medical Home	3
HPV Practices and Changes with the New 2-dose Vaccination Schedule	4
Oral Health Primer & Resources	5
News and Opportunities	6



Oklahoma's Resident in the Spotlight

Hi! My name is Erin King and I am currently a PGY-1 pediatrics resident at OU Children's in Oklahoma City. I grew up in central Texas and did not think that my journey would bring me to Oklahoma City, but I am beyond happy that this is where I ended up! I wasn't someone that dreamed of being a physician from a young age. I grew up in a large, low SES family overshadowed by addiction where no one really had a higher education. It still amazes me every single day that I am a physician. Something I do not and will not take for granted.



I completed undergrad and medical school at Texas Tech in Lubbock. Growing up in an underserved population, I really cherished experiences where I got to give back. One such experience was a medical mission trip to Nicaragua, where I really started to consider Pediatrics as a career. I couldn't help but notice that the children were the first to smile, to offer a helping hand, to invite you to a game of soccer after working hours in the hot sun without even speaking a word. They had nothing and everything at the same time. There is something so pure, resilient, and hopeful about children that I think gets dampened as people get older. It's eye opening, inspiring, and the reason I get up and go to work in the morning.

Growing up, I didn't have someone to lead the way and show me how to get where I wanted to go. My goal as a physician is to be that constant source of encouragement and direction for a child and their family. I plan to achieve this by pursuing academic medicine and advocating at the legislative level for the investment and protection of minors and families.



The OKAAP Board of Directors would like to welcome the most recent new and returning Chapter Members!

Samirah Ashraf, MD, FAAP	Fellow
Christel Dixon, DO, FAAP	Fellow
Catherine Heith, MD, FAAP	Fellow
Rana, Kasht, MD	Resident Member
Matthew Le, MD, FAAP	Fellow
Angela Metcalf	Medical Student
Brooks Walker	Medical Student

30-Month Well Check Reimbursed by SoonerCare

Dear Colleagues,

I'd like to inform you that the Oklahoma Healthcare Authority changed their rules to adopt the Bright Futures recommendations of the AAP for reimbursement of well child checks in October of 2018. This means that the 30-month well check will be reimbursed by SoonerCare for all children who are members. If your practice has been holding off on implementing the 30-month well check, I just wanted to encourage you to make this change. The length of time between 2 years and 3 years is a long time to go without monitoring developmental gains. Since we know early intervention is important for school readiness, we want to allow children who are having a delay in development every chance to be evaluated and referred for appropriate therapies, in preparation for school.

Laura Shamblin, MD, FAAP





Accepting New Patients!

Main Office
at the Oklahoma Health Center
750 N.E. 13th

Edmond at Fisher Hall
3560 S. Boulevard, Suite 150

Norman
Healthplex Parkway in Medical Park West
3580 R.C. Luttrell Drive

Meridian Medical Tower
13321 N. Meridian, Suite 100

Midwest City
8121 National Avenue

New Yukon Satellite Clinic Opens December 2019!
1601 Health Center Parkway, Building 1200
(behind Target and Hobby Lobby)

Appointments
405/235-0040

www.oklahomaallergy.com





Infant Hearing Screening in the Medical Home



It is critical that children with undetected hearing loss be identified so that appropriate medical and audiologic management can be provided¹ in a timely manner. The Joint Committee on Infant Hearing (JCIH) recommends all newborns receive a newborn hearing screening (NBHS) before 1 month of age². Medical home providers play a vital role in the early identification of hearing loss. A key component may be primary care providers (PCP) choosing to offer (re)screening services. Where these services are not offered, it is imperative that appropriate, timely referrals are made. Does your clinic currently provide follow-up hearing screenings for infants who do not pass at the birthing facility? Here are best practices:

Don't Delay

All babies delivered at birthing hospitals in Oklahoma should receive Automated Auditory Brainstem Response (AABR) screening prior to discharge. If a child does not pass then a follow-up screening should be completed as soon as possible but certainly within one month of life, which is in line with CDC and AAP guidelines¹.

Types of appropriate screening tools that might be available in a PCP's office include AABR and AOAE (Automated Oto Acoustic Emissions). Both of these technologies can be safely and effectively used within hours of birth. Timely screening can lead to early identification of permanent hearing loss which is crucial in maximizing a child's developmental potential.

Prior to a child's initial well-child visit, the PCP confirms NBHS results. In Oklahoma, this can be done through the [NBS portal](#). If a child did not pass at birth, or did not receive a hearing screening, perform a hearing screening as soon as possible or refer to local resources. Physicians' offices may contact the Newborn Hearing Screening Program (NHSP) to obtain information about local providers at 405-271-6617 or 1-800-766-2223,

or email questions to newbornscreen@health.ok.gov.

Screen Both Ears

When completing an infant hearing screening, national best practice guidelines are for both ears to be screened every time². This helps to compensate for human error in scenarios such as a screener incorrectly placing ear couplers on opposite sides, or contra-laterally documenting a unilateral refer. If, in such situations, the person doing the re-screen were to only screen the side they *thought* had referred, the end result could be a baby that has an **unidentified unilateral hearing loss**.

Report Results

[Oklahoma State Board of Health Rules](#)³ require that "(i) ... physicians involved in completing follow-up hearing evaluations will forward test results and recommendations to the Oklahoma State Department of Health in a manner and time frame deemed appropriate by the Oklahoma State Department of Health."

PCP's may use the [Newborn Hearing Results Form](#) and fax it to the NHSP at 405 271 4892. Use of this form ensures that the NHSP receives necessary data points including mom's name, ear specific results, and any follow-up recommendations.

Next Steps

If a child passes a repeat screening in the office, no further actions are necessary, unless the child has a risk factor for delayed onset hearing loss². If a child does not pass, refer to a pediatric audiologist who can provide appropriate diagnostic testing for infants. This should be done as soon as possible, but certainly by 3 months as per CDC guidelines.

If a pediatric audiologist diagnoses a child with permanent hearing loss, then the PCP should ensure that a referral is made to Early Intervention (EI). In the state of Oklahoma, Part C EI services are provided by Sooner Start and are available in all 77 counties. Referrals can be made by the parent/guardian, or any provider involved in the child's health care. EI services are also offered through private practice providers (Non-Part C).

For children diagnosed with a permanent hearing loss, Primary Care Physicians should refer to an ENT and consider other referrals-- as appropriate-- to ophthalmology, genetics, developmental pediatrics, neurology, cardiology and nephrology.

In summary, **RAPID** screening, mandatory **REPORTING** and timely **REFERRALS** are the key to early identification of hearing loss in Oklahoma's newborn population.

Debbie Earley, AuD, CCC-A; F-AAA
Pediatric Audiology Program Manager
Sam Siegman, M.S., CCC-SLP
NHSP Follow-up/Audiology Coordinator
Oklahoma State Department of Health

References:

- <https://pediatrics.aappublications.org/content/120/4/898.full?ijkey=oj9BAleg210IA&keytype=ref&siteid=aapjournals>
- Joint Committee. (2007, October 1). Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Retrieved from <https://pediatrics.aappublications.org/content/120/4/898.full?ijkey=oj9BAleg210IA&keytype=ref&siteid=aapjournals>.
- OAC310:540
<https://www.ok.gov/health2/documents/Newborn%20Hearing%20Screening%20Rules.pdf>



For Primary Care: HPV Practices and Changes with the New 2-dose Vaccination Schedule

Article Discussion by Ben Rossavik, DO

Nearly all cervical and anal cancers, the majority of vaginal and penile cancers, and 70% of oropharyngeal cancers are attributable to HPV. 33,700 new diagnoses of cancer are related to HPV in the US each year. HPV vaccines have demonstrated high success in preventing cervical pre-cancers, genital and oropharyngeal cancers, and genital warts, and they are an important part of our nation's vaccine schedule. There have been recent changes to the traditionally 3-dose vaccine schedule to a 2-dose for patients < 15 years of age, and providers should be aware of these updates and discrepancies that exist in completion of HPV vaccination.

In "HPV Vaccine Delivery Practices by Primary Care Physicians" published in last month's issue of *Pediatrics*, Dr. Allison Kempe et al. assess Pediatricians' and Family Physicians' practice attitudes in primary care regarding a 2-dose HPV vaccine schedule before age 15. The authors administered surveys to providers in July 2018 to September 2018 and asked about practices and results of completion of HPV vaccination. The 2-dose scheduling is resulting in higher HPV completion rates, however, there is area for improvement - notably in the younger 11 to 12-year-old patient population. National guidelines allow for either 6 to 12 months gap in receiving the 2 vaccines. The 3-dose series remains for patients who initiate the series ages 15 to 26 or are immunocompromised.

The goal of the study was to address the continued suboptimal vaccination rates and recent changes to vaccination schedules by looking into current delivery, attitudes and experiences, rates of refusal/deferral of the HPV vaccine, and practice attitudes towards the 2-dose HPV vaccination schedule. The survey was administered by mail to providers of HPV vaccines July 2018 to September 2018. There was a 65% response rate overall of providers, 48% responded via the internet. For the most part, the recommendation was much stronger for older adolescents than younger ones. Speaking with younger patients and their families about the needs of the HPV vaccination can be difficult, but it should be a priority in primary care - especially in light of new recommendations. Many providers felt that there were definite barriers - such as perceived parental concerns of early vaccination or lack of parent understanding. Misinformation from social media was noted being the most frequently reported barrier.

Authors, in line with AAP recommendations, want providers to use a "presumptive" style announcement when talking about these vaccines, such as, "We've got 3 vaccines today: Tdap, HPV and meningococcal vaccines." They prefer that vs. the alternative, more "conversational" style, which is more participatory. An example would be, "Are you interested in getting HPV vaccine for your child today?" A presumptive approach has been shown to be associated with higher HPV acceptance compared with a conversational approach in multiple studies.

Percentages of pediatricians strongly recommending the HPV vaccine have increased from 60% in the 2013 survey to 85% in the 2018 survey for 11- to 12-year old girls and from 52% to 83% for 11- to 12-year old boys. HPV vaccination should be something all primary care providers are comfortable discussing and initiating, but we still need to work on completion of the vaccination. It should be encouraged given its benefits, but vaccine education and counseling with families is just as important. There are still gaps in HPV completion, but, overall, we are improving. The new 2-dose HPV vaccination schedule is already showing

higher rates of initiation and completion compared to the 3-dose schedule. This is encouraging, as it confers greater prevention of HPV-associated cancers in our communities.

References

1. Kempe A, O'Leary ST, Markowitz LE, et al. HPV Vaccine Delivery Practices by Primary Care Physicians. *Pediatrics* 2019; 144.
2. "HPV Vaccine Schedule and Dosing." CDC, Aug. 2019, www.cdc.gov/hpv/hcp/schedules-recommendations.html. Accessed 28 Oct. 2019.

HPV VACCINE IS CANCER PREVENTION

drowning
'it takes seconds'

- 1** Drowning is a leading cause of death.
- 2** 69% of drownings occur during NON-designated swim times.
- 3** Designate a Water-Guardian AT ALL TIMES children have access to water.



For more info:
www.levislegacy.com



[View the OKAAP Drowning Prevention Resource Page>>](#)



New Oral Health Resources

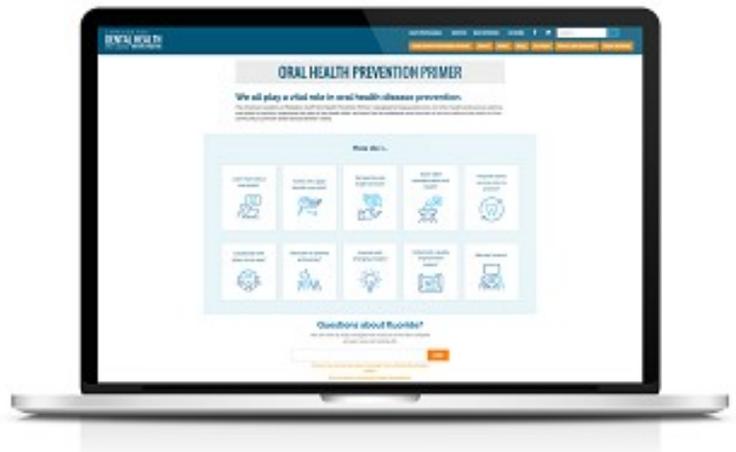
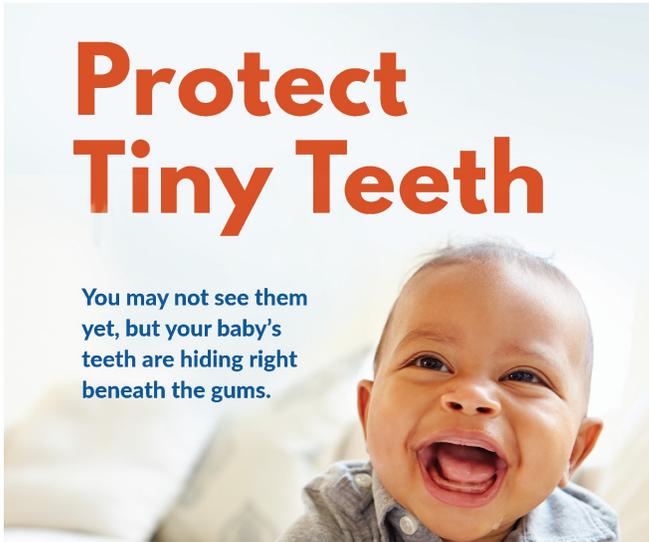
Helping You Help Moms

Visit the new OKAAP Oral Health Resource Page at okaap.org/oralhealth.

You can also access the full AAP Oral Health Provider Toolkit at aap.org/tinyteeth.

AAP Oral Health Prevention Primer

The [American Academy of Pediatrics \(AAP\) Oral Health Prevention Primer](#) is designed to help pediatricians and other health professionals address oral health in practice, understand the roles of oral health allies, and learn how to collaborate and advocate to achieve optimal oral health for their community to prevent dental disease before it starts.



The First Step to a Healthier Future

The journey of a thousand miles starts with a single step. Or in this case, a pamphlet.

Start a conversation about quitting tobacco with FREE promotional posters, fact sheets and more from the Oklahoma Tobacco Helpline. The Helpline offers 24/7 nonjudgmental support for quitting tobacco and provides free services like:

- Customizable quit plans
- Quit Coaching
- Email and text support
- A two-week supply of patches, gum or lozenges

Start them on the path to a healthier life. Learn more and order materials at OKhelpline.com.



NEWS AND OPPORTUNITIES

APEX Teaching Program Call for Applications— Due November 15

The application period is now open for the Advancing Pediatric Educators eXcellence (APEX) Teaching Program's new cohort scheduled to start at the Pediatric Academic Societies Conference in 2020. [Learn more](#) and share the [call for applications](#) with members.

Contact: [APEX Teaching Program](#)

Chapter Climate Advocates

CLIMATE ACTION

AAP members: the Council on Environmental Health hopes to identify a "Climate Advocate" in each AAP Chapter. We will form an email group and exchange ideas that have worked in some chapters to further climate action in each region. There are some really simple actions that can go a long way toward advocacy! Please email Lori Byron, the point person between COEH and the AAP Chapters at lori.byron@gmail.com. Thank you. Find more information on AAP climate change efforts below:

[Climate and kids AAP video >>](#)
[AAP climate change and health webpage >>](#)

New Investigator Grants Funding Opportunity—Due December 2

The AAP Julius B. Richmond Center of Excellence is accepting [New Investigator grant applications](#) from pediatricians and child health researchers. This grant provides up to \$12,000 in funding for innovative research to protect children from tobacco smoke exposure.

Contact: [Colleen Spatz](#) in Pediatric Population Health

Funding Available for Medical-Dental Meet-ups in 2019

The Section on Oral Health will reimburse up to \$500 to offset costs of in-person meetings between pediatricians, dentists, their professional colleagues (e.g. hygienists, assistants), and others to develop working relationships that result in hand-offs of pediatric patients to dental homes. The meetings must be held by December 31, 2019. [Find more information](#) and contact AAP staff to be considered for funding.

Contact: [Hollis Russinof](#) in Pediatric Practice and Health Care Delivery

Join the New AAP Council on Disaster Preparedness and Recovery

The AAP launched the [Council on Disaster Preparedness and Recovery](#), replacing the AAP Disaster Preparedness Advisory Council. This entity will allow an important expansion of activities, including education and membership opportunities. All AAP members in good standing are encouraged to join the Council for no additional membership fee. [Log in](#) and select to join the Council on Disaster Preparedness and Recovery or call AAP Customer Service at 866-843-2271.

Contact: [Breanna Smith](#) in Pediatric Population Health

E-cigarette Resources and Materials

The AAP Julius B. Richmond Center of Excellence and Section on Tobacco Control compiled a list of AAP and national partner organizations' [e-cigarette resources and materials](#) that can be shared with your chapter members to help address e-cigarettes in their practice and community.

Contact: [AAP Julius B. Richmond Center of Excellence](#)

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