Newsmagazine of the Ohio Chapter, American Academy of Pediatrics

Taking profession to higher standard

“It’s huge. It’s taking the profession to a higher standard.” That’s how Ohio AAP Executive Director Melissa Arnold explains Maintenance of Certification (MOC), three words that will mean a world of difference for pediatricians across Ohio.

“The MOC program is a process adopted and developed by all 24 medical boards to assure the public that a physician’s care is competent and of the highest quality,” said Carole Lannon, professor of pediatrics and co-director, Center for Health Care Quality at Cincinnati Children’s Hospital Medical Center.

Lannon said the first three steps of the process are similar to current accreditation standards. Pediatricians must maintain a valid medical license and document current medical knowledge through continuing education and self-directed learning. Beginning January 1, physicians must pass the secure exam once every 10 years, instead of seven years.

As for Part 4. That’s the key ingredient for such “huge” change.

“The American Board of Pediatrics Part 4 program requires that each pediatrician must document active involvement in measuring and improving quality of care delivered,” Lannon said.

“MOC is designed to assure the quality of care and outcomes by assisting with learning and improvement in practice.”

Currently, Ohio AAP offers one opportunity for pediatricians to receive MOC. The Autism and Developmental Screening Learning Collaborative incorporates developmental screening during selected well-child checks through the use of standardized tools like the Ages and Stages Questionnaire and the MCHAT.

This fall, team leaders went to five different locations, training 28 practices, including Dr. Pat Hein at Pediatric Care Incorporated in Westchester.

“The collaborative has helped us

See MOC... on page 11

Take a few minutes to answer survey

The Ohio AAP is investigating new ways to improve educational opportunities, and is looking for your input as our planning process continues.

The Ohio AAP is involved in a pilot project in five Ohio communities to understand and implement screening and referral for children with developmental delays. As part of that effort, we are interested in better understanding the current approaches to developmental and autism screening of young children used by pediatricians in Ohio as well as the chal-

See Survey... on page 11

Award Honorees

Receiving awards at the 2008 Ohio AAP Annual Meeting were: (from left) Robert Murray, MD, Committee Chair of the Year; William Cotton, MD, Immediate Past-President Award; Rep. Kevin Bacon, Antoinette Parisi Eaton Advocacy Award; and James Duffee, MD, the Elizabeth Spencer Ruppert Outstanding Pediatrician of the Year Award. More photos and story on page 22.
President’s Message

Pediatricians at their best when it seems things can’t get any worse

I continue to marvel at the dedication of pediatricians.

The primary benefit of being President of the chapter is the opportunity to meet our members. I have conversations at committee meetings, regional open forums, community focus groups, children’s task forces, coalition and stakeholder meetings, legislative conferences and the Annual Meeting – even a golf outing or two!

I’ve met pediatricians from Toledo to Cincinnati, Athens to Cleveland, Akron to Dayton, and points in-between. General pediatricians providing care in urban settings, small communities, and bustling suburbs; pediatricians with focused interests – development, adolescents, behavioral health, sports medicine, early education; pediatric specialists in all fields and practice settings from academic to clinical and combinations of both; full-time, part-time, semi-retired, new, re-entering the workforce; all are pediatricians that refuse to give up.

One would think that our job would be easier in the 21st Century. Technological advances, scientific knowledge, evidence-based medicine, unsurpassed understanding of child development – are all very well known to us. However, we are working harder than ever before and not just from a professional standpoint. The business side of our practices has taken serious hits, challenging our fundamental principles.

Even the most basic of our profession – prevention – is under fire. Just look at vaccinations!

The good news is that we have a history of surmounting odds. It’s in our blood.

If you can possibly find the time read, Polio: An American Story, by David M. Oshinsky; or get inspired by the tenacity and spirit of Dr. Paul A. Offitt’s, Autism’s False Profits.

One comes away with the realization that pediatricians are at their best when it seems things can’t get any worse.

So, take just a moment. Allow yourself the pleasure of knowing that you are unique among all in the medical profession. You make a better life for children every day, regardless of the odds against it.

Thank you. You are an inspiration to me.

– Terry Barber, MD
Ohio AAP President

CATCH funding available

If you are a community pediatrician or pediatric resident with a project to improve child health, the Community Access to Child Health (CATCH) Implementation Funds program may be able to support your project.

The next application for up to $12,000 is due no later than Jan. 31, 2009. For more information go to: wwwaap.org/catch/implementgrants.html.

Some of Ohio’s greatest pediatric initiatives started with a CATCH grant. Yours can be next!

For more information, contact State CATCH Coordinators – Mark Redding, MD, reddingz@worldnet.att.net or Jonna McRury, MD, FAAP, at jmcruy@aol.com.
Update from the Statehouse

127th General Assembly wrap-up

As 2008 comes to a close, so does the state’s two-year biennium. Ohio AAP considers our advocacy efforts this General Assembly for Ohio’s pediatricians a success. What follows is a highlight of the key policies and spending proposals enacted to benefit pediatricians and the health-care needs of children.

HB 320 – Booster Seats
Ohio legislators took a step forward in keeping Ohio children safe by requiring booster seats for children between the ages of 4 and 8 years of age and under 4’9” tall.

House Bill 320, sponsored by Rep. Shannon Jones (R-Springboro), passed the House on April 30, 2008, and received the support of the Ohio Senate on Dec. 17. The bill now heads to the Governor for his signature. (For more details on HB 320, see the article, Ohio Kids Become Safer in Cars on page 9.)

HB 119 – Biennial Budget Bill Fair Compensation for Primary Care Providers
In this biennium’s state budget, community providers in Medicaid received the first fee increase in seven years with a three percent increase effective July 1, 2008. The increase was targeted to codes related to the following areas: preventive medicine, primary care office visits, hospital inpatient services, emergency department visits, and vaccine administration.

Autism Diagnosis Education Pilot Program
The budget also included a provision creating the Autism Diagnosis Education Pilot Program for early screening for autism and other de-

See Legislation... on page 6

www.ohioaap.org

Ohio Pediatrics • Winter 2009
Lower blood pressure is important at any age.

Talk with parents about DASH.

With more than 15 percent of school-aged children diagnosed as overweight and obese, the risk of developing high blood pressure when they grow up increases significantly. Research has shown that children who consistently eat more servings of dairy foods, fruits and vegetables had the lowest blood pressure levels over time. Conversely, those who ate the least amount of dairy foods, fruits and vegetables had the highest blood pressure levels over time.\(^1\)

The DASH (Dietary Approaches to Stop Hypertension) Eating Plan is encouraged as one of the lifestyle modifications to help prevent and control high blood pressure in children.\(^2\) A DASH-type diet, rich in fruits, vegetables and low-fat dairy foods, was more effective than routine outpatient care at improving systolic blood pressure and diet quality in adolescents with elevated blood pressure.\(^3\)

Children with lower blood pressure in adolescence are less likely to develop hypertension as young adults.\(^4\) Nutrients in dairy, including calcium, vitamin D, protein, potassium and magnesium, are also important for growth and development. Parents who follow the DASH Eating Plan for their family may lower their own blood pressure and reduce the risk of future hypertension for their children. Adults with mild hypertension who followed the DASH diet reduced blood pressure as much as a single antihypertensive medication.\(^5\)


For more tips, go to www.nationaldairycouncil.org.

For additional DASH resources and healthy recipes, go to www.3aday.org.

These organizations support 3-A-Day™ of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.

Case Study: Eating disorders

*Editor’s Note:* The author of this case study, Terry Bravender, MD, MPH, chief of the Section of Adolescent Health, Nationwide Children’s Hospital, will address “Eating Disorders and the Vulnerable Female,” at the Ohio AAP’s Open Forum Meeting on Feb. 5 at Nationwide Children’s Hospital in Columbus.

Ashley is an 11-year-old white female who presented for evaluation of a 12 pounds weight loss and difficulty eating. She was in her usual state of good health until approximately 6 months prior. At that time, her 8-year-old brother contracted a viral gastroenteritis that first manifested itself when he vomited next to her in the backseat of the family car. His illness was self-limited and her recovered completely after two-three days.

Over the course of the next week, Ashley’s mother, father, and 6-year-old sister all contracted mild versions of the illness. At this time, Ashley developed some nausea and abdominal pain that last for two days, but she never vomited. After the nausea had resolved, Ashley told her parents that she was not going to eat any red meat, because she was concerned that the meat would upset her stomach and make her vomit.

About a week later, she told her parents that she could not longer eat chicken, because that would make her vomit. Over the course of the next four months, she progressively excluded foods due to her concern that they would make her vomit. By the time she presented for evaluation, her intake was limited to water, watermelon, green grapes, and Saltine crackers. In the today, Ashley says that she cannot eat other foods, because they will upset her stomach, and she is afraid of vomiting. She cannot recall ever vomiting, but saw her brother do so, and “it was really gross.”

Ashley is currently on no medications, and the parents are unaware of any family history of eating disorders. This past year, Ashley’s father was diagnosed with hypercholesterolemia, was started on medication, and has been trying to eat a “healthier” diet. As a preschooler, Ashley went through a time period when she could not stand to wear any tight-fitting closes, or to have her hair combed. She was diagnosed with a sensory-integration disorder, saw an occupational therapist for about six months, and her parents say that she has had no further similar problems. At her well-child visit eight months ago, Ashley weighed 64 pounds and was 53 inches tall, giving her a BMI of 15.8 kg/m2, which was the 25th percentile.

On physical examination, Ashley is small and emaciated, but is in no acute distress, and is sitting on her mother’s lap. Her height is 54 inches and weight is 52 pounds, giving her a BMI of 12.5 kg/m2, which is less than the 1st percentile. Temperature is 95.1 degrees. Recumbent pulse is 38, with blood pressure of 86/48; standing pulse is 82, with blood pressure 88/54. Head and neck exam are unremarkable. Aside from pronounced bradycardia when examined in the recumbent position, her heart exam was normal. She has marked acrocyanosis, and the remainder of her physical exam is unremarkable. Laboratory testing, including electrolytes, complete blood count, thyroid function tests, and urinalysis were all within normal limits. Aside from profound sinus bradycardia, her electrocardiogram was also normal.

Because of her low weight, hypothermia, and bradycardia, Ashley was admitted to the general pediatrics inpatient unit for medically monitored refeeding. She was started on the hospital’s anorexia stabilization protocol. As part of this protocol, she was restricted to bed rest, and was on a continuous bedside cardiac monitor. She received a daily multivitamin and phosphorous supplements, and was started on a 1200 calorie meal plan. She was unable to consume any of the food delivered to her, so she was expected to consume equivalent calories as Boost High-Protein supplements. She was unable to drink these, and, when the situation was explained to her, she said that being fed through a nasogastric (NG) tube would be easier for her than eating. Throughout her hospitalization, she could not explain why it was so difficult for her to eat, aside from saying that she was not hungry and that she was afraid she might vomit if she did, in fact eat. She did not think that she would vomit her NG feeds.

Ashley remained hospitalized on the medical unit for almost three weeks, during which time she eventually had a gastrostomy tube placed due to her dependence on tube feedings. Following hospital discharge, she was discovered flushing her tube feedings down the toilet on multiple occasions, and eventually
Velopmental disabilities. An $800,000 appropriation was included to fund the program.

Expanded Health Care Coverage for Children
Ohio AAP and other child health advocates were successful in expanding eligibility in the state budget for the State Children’s Health Insurance Program from families with incomes up to 300 percent of poverty (up from 200 percent of poverty). The rollout of the program has been delayed while waiting for CMS approval and budget challenges.

Reach Out and Read Ohio
Ohio AAP was successful in securing state funding for the Reach Out and Read Ohio program, a program designed to make literacy promotion a standard part of pediatric primary care. The Ohio General Assembly included a $200,000 appropriation (through federal TANF dollars) for ROR for the two years of the budget biennium.

HB 125 – Health Care Simplification Act
After months of hearings and negotiations, House Bill 125, legislation proposed by the Ohio State Medical Association and supported by a number of health-care providers including Ohio AAP, was enacted in March 2008. The bill takes a number of critical steps forward to improving the relationship between health-care providers and third-party payers. Despite strong opposition from both the insurance and business lobbies in Ohio, the bill includes provisions to ensure transparency and fairness in the contracting process. The bill was signed into law by Gov. Ted Strickland on March 25, 2008.

As a quick snapshot of the reforms, the bill makes these important changes:
• Ensures providers get a copy of the full fee schedule from insurers, so they know what they will be paid for their services.
• Bans the selling or renting of a provider’s contract to another company unless the rental is disclosed and all of the original contract terms are honored.
• Requires all insurers to use the same credentialing form, and to credential providers in 90 days.
• Bans use of clauses in contracts that force providers to provide services at a lower rate than originally called for in their contract.

A Look Ahead – Historic Budget Woes Challenge Upcoming State Budget
On Dec. 1, 2008, Ohio Gov. Ted Strickland and Office of Budget and Management Director Pari Sabety announced the most recent state budget news, reporting a deepening hole and serious concerns for future budgeting responsibilities. The growing recession means Ohio must shave $640 million from the current budget that ends June 30 and plan for an upcoming biennium spending plan with $7 billion less in funding than current levels. Recognizing the severity of the state’s budget problem, Gov. Strickland is appealing to the federal budget for federal assistance.

Ohio AAP will be working on our budget advocacy plans during the first of the year but likely will focus on protecting the important critical funding already allocated for critical children’s health programs.

– Dan Jones
Ohio AAP Lobbyist

Register Now!
Ohio AAP Open Forum Meeting
Thursday, Feb. 5, 2009
Stecker Auditorium at Nationwide Children’s Hospital, Columbus

Topics to be discussed include:
• Eating Disorders and the Vulnerable Female
• Bullying

Registration is FREE.

Go to the Ohio AAP Web www.ohioaap.org site for more information.

Contact Elizabeth Kelleher, ekelleher@ohioaap.org, or call 614-846-6258
District V Report

Striving to bridge gap between National AAP and state organizations

I am delighted to have been selected as your new District V Chair and wish to express my appreciation for the confidence you have placed in me. Ellen Buerk served you with amazing skill and passion and it is with great respect for all she did that I assume this role.

While there is much to learn in this new position, I can assure you that it is my goal to respond to the concerns of your chapter and be available to discuss matters that affect your practice or advocacy endeavors.

Building bridges between the mission of the national AAP and the needs of state chapters is a continuous process toward which I will tirelessly strive. The depth of resources available to chapters from the national AAP is great and ensuring that every member is connected in an effective way is essential.

As we move toward the goals of our members and chapter, I am eager to be helpful in any way possible.

Please contact me regarding any issues with which I can be of assistance by e-mail at mbull@aap.net or call (317) 274-4955.

– Marilyn J. Bull, MD, FAAP
District V Chair

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Pediatric Care Council addresses important issues with insurers

Several issues important to pediatricians were addressed in late 2008 with insurers at the Ohio AAP Pediatric Care Council meetings.

**Pharmacy Formularies**
Caresource worked with the Ohio Chapter in response to long waits for prior authorizations. Flat funding authorizations and rising drug costs led to a more restricted formulary. Medical Director Craig Thiele responded with increased staff to resolve a flood of calls for prior authorization and is initiating an instant online prior authorization program. Pediatricians can access many major Ohio drug formularies free online at Epocrates.com.

**Childhood Obesity**
Bob Murray, MD, chair of the Ohio AAP Home and School Health Committee, told the group that insurers are reluctant to cover interventions for obesity unless they are evidence-based but are interested in preventative measures. The Ohio Business Roundtable is prioritizing the problem since they are the purchasers of health insurance and foresee a future wave of obesity-caused morbidity. They will be attending an April symposium on the topic at Nationwide Children’s in Columbus where results of at least one community-based program will be reported.

**Mental Health Access**
Kelly Kelleher, MD, co-organized a September presentation to multiple stakeholders a model program to increase access. It includes a regional program to provide pediatricians instant phone access to a child mental health specialist for consultation. Such programs exist elsewhere. For Ohio, the coming months will prove whether insurers, the state or other sources of funding, will come forward.

**Developmental Screening**
Use of validated brief screening is recommended by the AAP for all infants at various times and in children when there are concerns about psychosocial and educational problems. So far, use of these tools by Ohio pediatricians and coverage by private insurers is spotty. Pediatricians say they are reluctant to charge for the testing if the cost is shifted to parents when insurers don’t pay. The Pediatric Care Council is actively advocating for consistent coverage by insurers. The Pediatric Care Council has pointed out it would be easy for insurers to reward use of the CPT code 96110 in Pay-for-Performance programs and to include it in their ADHD coverage. It’s important for pediatricians to know that HEDIS — quality measures by which insurers are judged — now include follow-up visits for 6-12 year olds with ADHD. A particular program offered by Cincinnati Children’s Hospital and Medical Center has improved accurate diagnosis of ADHD and treatment according to AAP guidelines among community pediatricians. It offers CME training to physicians, in-office training on administering billable ADHD diagnosis and follow-up forms, and a Web resource that automatically and periodically e-mails teachers and parents with treatment-monitoring questionnaires. Consistent coverage for administering the ADHD questionnaires can make subscribing to such a service cost-effective.

**Vaccines**
Members have reported problems covering costs with reimbursements from several insurers. Private offices are a vital part of the nation’s immunization program. The Ohio Chapter will work on finding a framework for assessing the situation while staying within antitrust limits on sharing information.

– Jonathan Price, MD, Chair Pediatric Care Council

**Symposium for Teens April 18**
The Ohio AAP Foundation, the Ohio AAP Chapter, and the Home and School Health Committee are sponsoring a program for parents and pediatricians on Saturday, April 18 at the Fawcett Center to discuss the unique needs of developing pre-teen and teen girls.

Forty physicians are needed to participate in a lunch roundtable discussion with parents to address topics relating to the female diet, physical activity, vaccines, depression/anxiety.

Contact Heather Hall, hhall@ohioaap.org, or call (614) 846-6258.
Booster Seat law passes
Ohio kids become safer in cars

After a lengthy and arduous debate in the Ohio General Assembly, legislation to require booster seats for children between the ages of 4 and 8 (and under 4’9””) is on its way to becoming law.

House Bill 320, sponsored by Rep. Shannon Jones (R-Springboro), passed the Ohio House on April 30, 2008, 85-10. The bill slowed down during Senate considerations as legislators raised concerns about a government requirement and intrusion on personal liberties. Advocates, working as a unit-ed front through the Boost Ohio Kids Coalition, argued that the empirical data is undeniable — booster seats prevent injuries and save lives of children in this age group.

In an effort to move the bill forward, advocates supported proposed amendments to address legislators concerned. The most noteworthy compromise is a change from primary enforcement of booster seat violations to one that is a secondary enforcement. Police cannot only pull over drivers for a booster seat violation. However, they can issue a seat belt citation after pulling a driver over for another traffic violation. An effort to re-instate the primary enforcement provision was made on the Senate floor by an amendment proposed by Sen. Eric Keenan (D-Cincinnati), sponsor of the Senate version of the booster seat bill, but was defeated by a vote of 11-21.

The Senate also advocated for a change to require law enforcement to issue warnings for the first six months of the law and to limit fines to an amount between $25 and $75.

See Booster seats...on page 19

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American Physicians Assurance Corporation
Practices That Set The Standard
A rocky year for many, but Ohio AAP had many reasons to be thankful

If you read the newspapers or watch television, a bleak picture is painted about 2008: budget deficits, bailouts, a weak economy, and the bad news go on and on. However, we at the Ohio AAP are very thankful for another year of strong programs, generous volunteers, a committed membership and a hard working staff.

One of the biggest wins of the year came only weeks ago with the long awaited and hard fought battle to pass legislation to require children between the ages of 4 and 8 and under 4’9” to be restrained with a booster seat in an automobile. This has been a decade long battle for the Ohio AAP, and due to the hard work and dedication of many, this legislation was finally passed in the last hours of this legislative session. I would like to thank Drs. Mike Gittleman and Bill Cotton for their testimony, and many of you who made calls, wrote letters and e-mailed your legislators. And I would be remiss if I didn’t acknowledge the countless hours put in by Dan Jones and Tracy Intihar, Ohio AAP’s lobbyists, who worked with Senate committee members and Senate leadership to make sure that the booster seat legislation would pass. Dan and Tracy, in the last weeks of the legislative session, when many said that the bill was “dead” in Senate Committee, labored hard to make sure that Ohio’s children will be safer when in a car. Also, thank you to Rep. Shannon Jones for introducing this important bill. As you can see, it takes a team to get something like this done, and we have one of the best teams around.

Another victory in the statehouse was the reinstatement of the Medicaid payments, which looked like they would be put on hold due to budget restraints. However, again, thanks to our members and leaders, including Dr. Mary Applegate, the Medicaid Medical Director and an Ohio AAP member, this increase was reinstated on July 1, 2008. This increase, the first increase in seven years, was prioritized for primary care, and some codes, such as the vaccine administration code, were increased by up to 100%. While we have a long way to go, we are heading in the right direction to get fair compensation for services provided under Medicaid.

We continued offering the successful Maximizing Office Based Immunization program in 2008, and after 10 years, we reached more than 500 MOBI trainings offered in 2008. We first need to acknowledge all of the hard work of Dr. Chris Rizzo for his leadership in the program as its Program Medical Director for more than eight years, and at the same time, welcome our new Program Medical Director Dr. Ryan Vogelgesang who joined the program in August. Dr. Rizzo grew this program tremendously in his tenure, receiving national recognition for the program including the cover story in Pediatric Annals in July 2006. We will certainly miss Dr. Rizzo’s leadership. I would also like to thank Karen Kirk, who is the staff person who dedicates her time to making sure that the program runs smoothly – we are certainly lucky to have her!

As many of you know, we are proud to be the Reach Out and Read Ohio Coalition, and over the past three years, have grown the program to 128 sites across Ohio. We also raised more than $350,000 for new books, and secured an additional $260,000 in in-kind donated books. This program is a collaborative program between the Ohio AAP, the Ohio AAP Foundation and ROR National. Thanks goes especially to our members and sites across Ohio who have incorporated this program into their practice, and especially to Heather Hall who is our Coalition Leader and Assistant Director of the Foundation – without her hard work and dedication to this program, we would never be this successful.

Our programs not only remained strong in 2008, but we also added a couple of new ones this year. The most notable program is the Autism Education Diagnosis Pilot Program, which was passed in the legislature two years ago due to the hard work of Barb Yavorscik and the Autism Society of Ohio, and Rep. Kevin Bacon who introduced the legislation, and awarded it to the Ohio AAP through a grant with the Ohio Department of Health. We have been fortunate that Dr. John Duby serves as our Medical Director, and
MOC... from page 1
implement change by encouraging a
team approach and getting all office
staff on the same page with respect
to the process,” he said.

John Duby, MD, Medical Direc-
tor for the Autism Diagnosis Edu-
cation Pilot Project, said previous
learning efforts would revolve
around seminars, “Not a continued
series of follow-up to ensure what
was being taught was actually being
implemented.”

“MOC, particularly Part 4 expands
the old "educational" activities,”
Lannon added.

Dr. Duby said the learning colla-
borative also stresses billing, referral,
and opportunities for enhanced eval-
uation “Through improved collabora-
tion with existing resources in the
local communities.” Dr. Hein, who
has a son with autism, believes such
dialogue is essential toward caring
for children with developmental
delays.

“Participating in the collaborative
is a little labor intensive, but it really
helps a practice develop or refine a
screening strategy and a more sys-
tematic approach to the treatment of
delayed children and their families,”
he said.

Based on the initial feedback from
the learning collaborative, Arnold
said the Chapter plans to expand its
MOC efforts in 2009.

“We know this a service more and
more of our members are asking for
from the Chapter,” she said. “When
the date that they need to recertify
gets closer and MOC becomes a
growing need and/or concern, we’re
hopeful to have sufficient plans in
place to help them with this impor-
tant piece.”

Physicians wanting to learn more
about MOC have several online op-
tions: http://www.abp.org provides
specific information about a pedi-
atrian’s MOC path. In addition,
http://www. ohioaap.org, has details
about the Autism and Developmental
Screening Learning Collaborative.

For more information, or if you
have questions, please contact Dan
Farkas, Project Manager, Autism
Diagnosis Education Pilot Project, at
dfarkas@ohioaap.org or call (614)
846-6258.

Survey... from page 1
lengths that pediatricians in practice
encounter in screening and referral of
these children.

Please go to http://www.
surveymonkey.com/s.aspx?sm=Lacf
WRGcdmmNWKuGO68U3w_3d_3d
and take a few minutes to complete
the survey. We will not be able to
identify respondents; all surveys are
confidential and only aggregated
results will be used. Your feedback
will be very useful in helping us
understand the issues involved in
developmental and autism screening
for young children.

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www.ohioaap.org
In 2006, the number of children in foster care in Ohio was more than 17,500; the average age was 9 years old. A foster child may have feelings of blame, anger, hurt, sadness, or may be afraid and distrusting since roughly 30% of children in foster care have severe emotional, behavioral, or developmental problems due to some form of serious abuse or neglect.

Additionally, foster parents may have emotional difficulty in dealing with feelings toward the biological family, stress in helping the child deal with their emotional needs, and the possible return of the child to the biological family.

Nationally, AAP recognizes pediatricians have an important role in working with foster children and their families as they make the transition from a child’s biological home into a foster home. Not only are pediatricians looked to for help in caring for the medical needs of the child, but they are also looked to for help in making the home transition easier for the well-being of the child.

Within five days of entering a foster home, a child is required to have an initial medical exam to identify physical, emotional and/or developmental concerns. Physicians are in a unique position at these exams to make sure children are given the resources to: utilize important medical resources; encourage positive social and emotional development; provide necessary information for the new foster family to promote their family’s development.

My Story Foster Care Program in an effort to give Ohio’s foster children a voice, and a chance to tell their story, the Ohio AAP and the Ohio AAP Foundation have developed the My Story Foster Care Program, a new program to address the special social and emotional needs of foster care children and families. The My Story Foster Care Program will be piloted in central Ohio in early 2009, and then expanded throughout the state.

As part of the My Story Program, pediatricians will provide the foster child with a “My Story” Bag, and use it as an opportunity to talk to the parent about special social/emotional concerns that they should take into consideration for the child. At the same time, the physician can talk to the child about how he/she is there as a resource to the child in case the child has any concerns/problems.

The My Story bags will include:

- **My Story Book** – A portable medical record for the child
- **Mind Menders sheet** on social/emotional health for the foster parent(s)
- **Disposable camera** to keep a history of the child’s time with the foster family
- **Picture frame** to guarantee that the child’s picture is displayed as a member of the family
- **A book** to encourage early literacy
- **Handmade blanket** for children ages 2 and younger
- **New pair of pajamas**
- **Personal hygiene items**, such as toothbrush, toothpaste, hair care products, etc.
- **Variety of social/emotional fact sheets** on topics such as signs of PTSD for the parent(s)

For more information on the My Story Foster Care Program, or to donate an item to be placed in the My Story Bag, please contact Melissa Arnold (marnold@ohioaap.org) or Heather Hall (hhall@ohioaap.org) or call, (614) 846-6258.
Planning for life transitions

The Ohio AAP Committee on Children with Disabilities continues to provide a series of articles with information about resources that may be useful to pediatricians in providing care to children with special health-care needs. Our hope is to provide information about Web sites, allied organizations, literature and magazines that may help to guide physicians and families in providing comprehensive care.

At our December meeting, discussions focused on progress with the Autism pilot project, a new proposal for expanding a consultation model for pediatricians with psychiatrists, and issues involving planning for life transitions for Children with Special Health Care Needs. Stay tuned for more about those other topics in future articles, but now we’ll focus on Transition planning.

What do we mean by TRANSITION PLANNING? All families plan for the changes involved when children begin to leave home to attend preschool, or summer camps, or college. Plans for housing, transportation, meals, insurance for health care availability, providers of supervision and teaching, and fun and leisure planning are all a part of parenting and collaborating with your developing child/adolescent/young adult embarking on new opportunities.

When your “collaborator” has cognitive impairments, chronic medication needs, mobility dysfunctions, or unusual medical problems requiring specialty-care provisions or technology, planning takes a quantum leap in complexity. Parents ask for our help in anticipating their child’s needs and guidance with who can help to make the transitions to new life environments safe and successful.

Where can we get help?
One of the first issues to consider is your child’s developmental readiness to participate in activities outside the home. How can parents prepare for independence?

University of Washington’s Adolescent Health and Transition Project, and the University of Illinois at Chicago have worked on this and have an online Transition Timeline for Children and Adolescents with Special Health Care Needs. They suggest that parents begin to collect a history of education and health interventions (including immunizations) beginning in preschool at age 3-5.

• Assign chores appropriate for his/her ability and develop the expectation of responsibility for their completion.
• Teach consequences by allowing children to make choices and learn from what happens.
• Involve children in community and recreational activities that include children with and without special needs.
• Provide children with a vocabulary to describe their special health care needs.
• Teach self-care skills: normal self care and those specific to her/his health requirements.

By age 6-11, the timeline suggests children interact directly with doctors, nurses, therapists and teachers. Physicians and nurses need to ask their patients first, and then turn to parents for supplemental information. During this time period, school personnel will help to identify strengths and weaknesses and provide help with individualized education plans or 504 plans to modify school environments to support success.

Parents can provide allowances, shopping experiences, decision making skills, and self-advocacy.

Help teens become responsible
We should all be asking, “What will you do when you grow up?”

By ages 12-18, assessment of the teen’s perception and basic understanding of their special health-care needs need our attention. Fill in the gaps of what is missing from their knowledge base. Begin helping teens take responsibility for making and keeping medical appointments and ordering their own supplies. Help your teen become responsible for the record of his/her health interventions and operations and diagnoses and health-care providers. Discuss sexuality. Begin looking for adult health providers for primary and subspecialty care.

Physicians can be a big help by suggesting adult health-care providers and by assisting in the transition to these providers. Although we may interact most with subspecialists.

Most of the CSHCN advocacy organizations offer information about transition planning. Again, www.medicalhomeinfo.org, provides a great starting point for information for providers and for families. One ongoing national advocacy program to improve transitions is the “Healthy and Ready to Work National Resource Center” and you can learn more about the checklists and recommendations they provide at www.hrtw.org. In the Web section regarding Decisions and Making choices, information of Informed Decision

See TRANSITIONS...on page 20
ROR receives AAP awards

Reach Out and Read (ROR) and its leaders were recognized with three major awards at the AAP National Conference and Exhibition in Boston in October. First, Reach Out and Read received the 2008 Dale Richmond/Justin Coleman Award, which is presented each year by the AAP’s Section on Developmental and Behavioral Pediatrics to recognize outstanding contributions in child development. Drs. Barry Zuckerman, Perri Klass, and Robert Needlman accepted the award on behalf of Reach Out and Read for making literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading.

Dr. Barry Zuckerman, co-founder of ROR, was also presented with the 2008 C. Anderson Aldrich Award, in recognition of his substantial work in the field of child development. The Aldrich Award is given for career achievement to a physician who has made major contributions to the field of pediatrics.

Finally, Dr. Steve Holve, co-medical director of Reach Out and Read’s American Indian/Alaskan Native Coalition, received the Native American Child Health Advocacy Award, in recognition of his significant contributions to Native American children’s health.

Wright Patterson selected as ROR Site

On Oct. 1, 2008, Reach Out and Read, partnering with Strategic Resources Inc. (SRI), was awarded a Department of Defense (DoD) contract to implement a one-year pilot project on pediatric early literacy for children of military families. This funding will allow ROR/SRI to start-up 20 new ROR sites on military bases in both the United States and overseas. Wright Patterson Air Force Base was selected as one of the 20 pilot programs.

The pilot project includes implementing ROR at all the new sites and training health-care providers in the ROR model. The training will be standardized for all clinics and will also include information on the effects of stress (associated with deployment and a parent’s return from deployment with visible/invisible wounds) in very young children. The goal is to give a medical provider the opportunity and tools to start a conversation with the parents about the developmental health of their child. In a military family, this may be one of the best times to assess how the stresses of deployments may be affecting a child.

“Reading aloud to a young child every day is a wonderful way to stimulate language,” said Perri Klass, MD, medical director of Reach Out and Read. “And it also does so many other things. It can help children feel secure and loved and reassured, so it can help families cope with stressful times, and that could be especially important in military families, who face separation and deployment.”

Currently, ROR has 13 programs on military bases, serving more than 28,000 children and their families annually. While this is a sizable number, it represents only about 7% of all eligible children of military families worldwide, whereas ROR is currently serving 25% of the na-
The Ohio AAP Foundation and the Reach Out and Read Ohio program would like to thank the following individuals and corporations for their support from June 1 through Dec. 1, 2008. Through their donations to the Ohio AAP Foundation Golf Outing, Ohio AAP Foundation Wine Raffle, and the Reach Out and Read program, these donors are helping all of Ohio’s children and adolescents to grow up to reach their optimal physical, cognitive, social and emotional health in caring families and safe communities, as well as making it possible for children to grow up with books and a love of reading. Thank You.

5/3 Bank
Abbott Nutrition
Kevin Arnold, PhD & Melissa Arnold
Terry Barber, MD & Jackie Barber
John Barnard, MD
Greg Bates, MD
Rusty Benfield
John & Sherry Benson
Robby Bishop, MD
Bob Evans
Buca di Beppo
Cameron Mitchell Restaurants
Capital Consulting
Mike & Angie Charrier
Cherry Valley Lodge & CoCo Key Water Resort
Children’s Hospital Medical Center of Akron
Children’s Practicing Pediatricians
City Bar-B-Que
Frank Combs
William Cotton, MD
Crowne Plaza Hotel
Kristyn Dahler
Kent DePue, MD
Chuck DeVendra
Donatos Pizza
John Duby, MD
James Duffee, MD
Walt Eckert
Bill Economus
Robert Eggleton
Dan Farkas
Bill & Jane Forbes/Vintage Wine Distributor, Inc.
John & Jill French
Marilee Gallagher, MD
G. Bradley Gascoigne
Jeff Glavan
Guenther’s Seafood & Steakhouse
Heather Hall
Tracy Intihar
Andy James, DO
Jason’s Restaurant & Bar
Jimmy V’s Grill & Pub
Dan Jones
Lisa Kelch, MD
Elizabeth Kelleher
Brian Kenney, MD
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John LaIacona
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Don & Tammy Lemley
Andrew Maciejewski
Thad Matta
Greg Maurer/Heidelberg Distributing
Richard McClead, MD
Sue McGuire
Jonna McRury, MD
Bruce Meyer, MD
Kevin & Martha Michael
Grant Morrow, MD
Robert Murray, MD
National City Bank
Nationwide Children’s Hospital
Mike Niemeyer
Dana Noffsinger
Olentangy Pediatrics
Jon Price, MD
Pronto Sports
Troy Ringhisyer

Bob Murray, MD wins the first bottle of wine at the Ohio AAP Foundation Wine Raffle which raised nearly $1,200. With Dr. Murray is Suzi Ward, Foundation Board Member.

Robek’s
Rock and Roll Hall of Fame and Museum
JoAnn Rohyans, MD
Paul Romano & Judy Romano, MD
Rusty Bucket
Julie Scarberry
Jeff Shaw, MD
Kevin Sheedy
Rick Smith, MD
William Spohn, MD
Springhill Suites
Tartan Fields Golf Club
Kevin Taylor
Gerald Tiberio, MD
Jim Wagner
Bruce & Suzi Ward
Kevin Welch
Steven Welty, MD
Jeff Ziegler
Renumbering and relocating codes

The last issue of *Ohio Pediatrics* described the many ICD 2009 diagnosis changes effective Oct. 1, 2008. This is also a year of significant updates and revisions for the services we provide detailed in CPT 2009. Current Procedural Terminology is the authoritative source, a proprietary system owned and maintained by the AMA. The updates described are effective 1/1/09, although individual payers may implement the changes on a less timely and inconsistent basis.

The big news is extensive renumbering and relocating of the newborn hospital codes, including those for normal newborn care, neonatal critical and intensive care, as well as pediatric critical care. This change may initially make them difficult to find, but will allow for expansion and future additions to this set of codes so important to pediatricians. The codes are not changed in their descriptors, but have new numbers and new locations. A summary of the changes are detailed below (descriptors are abbreviated). The initial listed code is the 2008 code, with an arrow indicating the 2009 code:

**Normal Newborn Care**

- 99431–99460 Initial day hospital normal newborn
- 99432–99461 Normal newborn care in other than hospital setting
- 99433–99462 Subsequent day hospital normal newborn

See *Coding...* on page 17

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**A Parent Program Presented by**

the Ohio Chapter, American Academy of Pediatrics and the Ohio AAP Foundation

Join the Ohio Chapter, American Academy of Pediatrics (AAP) and the Ohio AAP Foundation for

**Healthy, Strong and Ready for Teens:**

*Parents and Doctors Working Together to Prepare Girls for Adolescence*

**Saturday, April 18, 2009**

9:00 a.m. - 3:45 p.m.

at the Fawcett Center on The Ohio State University Campus

2400 Olentangy River Road, Columbus, Ohio 43210

**Elise Berlan, MD** will present The Perils of the Pre-teen Girl during the welcoming address, and **Kenneth Ginsburg, MD** will discuss Raising Successful and Resilient Youth during the afternoon keynote presentation.

Topics throughout the day include nutrition, physical activity, vaccines for teens, anxiety/depression, and substance abuse. Refreshments and lunch will be provided. Lunch will include roundtable discussions on a variety of topics relevant to girls between 8-12 years old and preparing them for adolescence, lead by medical professionals.

*For more information, visit www.ohioaap.org/foundation/young-girls-initiative.*
Coding... from page 16

- **99435–99463** Same day admit/discharge normal newborn
- **99238 (Unchanged)** Discharge day care, ≤ 30 minutes
- **99239 (Unchanged)** Discharge day care, > 30 minutes

**Attending Delivery**
- **99436 – 99464** Attendance at delivery
- **99440 – 99465** Newborn resuscitation

**Pediatric Critical Care Patient Transport**
- **99298 – 99466** Critical Care Transport, ≤ 24 mos of age, 30-74 minutes
- **99290 – 99467** Each additional 30 minutes

**Inpatient Neonatal Critical Care**
- **99295 – 99468** Initial day critical care, ≤ 28 days of age
- **99296 – 99469** Subsequent critical care, ≤ 28 days, per day

**Inpatient Pediatric Critical Care**
- **99293 – 99471** Initial day critical care, 29 days-24 mos
- **99294 – 99472** Subsequent critical care, 29 days-24 mos, per day
- **99475 (New Code)** Initial day critical care, 2-5 years
- **99476 (New Code)** Subsequent critical care, 2-5 days, per day

These new age defined critical care codes complete the series of per day global pediatric critical care codes. They are highly valued and well accepted by payers, but must meet the definition of critical care.

**Initial/Continuing Neonatal Intensive Care**
- **99477 (Unchanged)** Initial day intensive care, ≤ 28 days of age
- **99298 – 99478** Subsequent intensive care, recovering, <1500 grams
- **99299 – 99479** 1500 – 2500 grams
- **99300 – 99480** 2501 – 5000 grams

Other important changes include a change in the location of the Injection/IV Hydration Codes. The injection code used for antibiotics, synagis, decadron, etc. is especially important to pediatricians:

- **90772 – 96372** Therapeutic Injection, SubQ or IM
- **90760 – 96390** IV infusion, hydration, initial 31 min to 1 hour
- **90761 – 96361** IV infusion, hydration, each add hour

**Other changes:**
- Modifier 21 – Prolonged E/M services – **DELETED**
- Preventive Medicine Services – **99381 – 99397**

Revision in the introductory language indicating that screening services with separate CPT codes should be separately reported (ie: Vision, Hearing, Developmental Assessment, Immunizations). Also clarified that vaccine counseling and ordering of immunizations is not include. This should be helpful in working with payers to obtain payment for these individual services.

As you address both the 2009 ICD and CPT coding changes, remember the extensive resources available to you through the AAP. These include the definitive resource for pediatric coding, “Coding for Pediatrics 2009”; the AAP 2009 ICD-9 Coding Flipchart; and the AAP monthly coding newsletter, “Pediatric Coding Companion”. As members of the AAP, you can also access the AAP Web site resources for coding and payment at PMOL (Practice Management OnLine) as well as the ultimate site for your coding questions: aapcodinghotline@aap.org.

Happy Coding New Year!

– Richard Tuck, MD
Ohio AAP Coding Expert
Zanesville, OH
Case Study... from page 5
told her care team that she always wanted to be the smallest child in her grade. Over the next six months, she was able to slowly reintroduce solid food into her meal plan and get off of the tube feedings. Seven months after her intake appointment, her weight was up to 68 pounds, giving her a normal BMI of 16.5 kg/m² (25th percentile). Unfortunately, her height had not changed, and she remained 54 inches tall (< 5th percentile). Over the next three months, she slowly gained enough weight to keep her BMI at the 25th percentile, but her height did not increase. Because of this, her meal plan was altered so to increase her BMI to the 50th percentile. Once she reached this point, she began growing again.

Ashley’s case illustrates a number of important differences between eating disorders in children and those in older adolescents and adults. The first large category involves the diagnosis itself. The diagnostic criteria for anorexia nervosa include four components, all of which are problematic when applied to children. The first criterion is a refusal to maintain weight greater than 85% of expected for height. Although this criterion may have been applicable when Ashley first presented, because children’s heights and weights are dynamic, simply returning to a normal weight for height may not be enough, as born out by her growth failure. The second and third criteria are “intense fear of gaining weight or becoming fat” and “disturbance in body image.” Both of these criteria are problematic for similar reasons: children and younger adolescents often have limited verbal capacities, limited abstract reasoning, and less awareness of emotions. Although children may experience disturbed body image or fear of gaining weight, they may be unable to understand the emotions they are experiencing, let alone discuss them with parents or care providers. This was likely the case with Ashley. She expressed concerns about her ability to tolerate food without vomiting, but could not explain her rationale for not eating in any more detail than these vague fears throughout her multiple weekly appointments with her physician, dietician, individual psychotherapist and, family therapist. Until she was caught throwing away her tube feedings, her parents were unconvinced that she suffered from an eating disorder. Once this was discovered and once she was able to formulate her desire to remain the smallest girl in the school, her parents were better able to accept the diagnosis. After the parents developed this acceptance, they were able to manage her behavioral intervention plan more effectively. The final criterion for the diagnosis of anorexia nervosa is “amenorrhea for at least three consecutive menstrual cycles” which clearly does not apply to prepubertal children.

Ashley was fortunate to have access a multidisciplinary health-care team that included adolescent medicine, gastroenterology, psychology, psychiatry, social work, and nutrition therapy, as well as having committed and concerned parents. Even with this large team of care providers, her clinical course was prolonged, and she likely has lost at least two inches off of her eventual full adult height. As every pediatrician knows, children are not simply small adults, and this is no more obvious than when one is confronted with an eating disorder in a child.

For more information:

– Terry Bravender, MD, MPH
Chief, Section of Adolescent Health
Nationwide Children’s Hospital

ROR... from page 14

tional target population. With the addition of the 20 new sites, ROR will be serving an additional 63,000 children and approximately 25% of all the eligible children of military families worldwide.

Wright Patterson joins the ROR-Ohio Coalition, which currently serves 132,736 infants, toddlers and preschoolers each year. The 132 Sites in Ohio distribute more than 252,000 brand-new, age-appropriate books to young children annually.

For more information about Reach Out and Read Ohio, please contact Coalition Leader Heather Hall at hhall@ohioaap.org, or call (614) 846-6258.
along with the hard work of Carole Lannon, Marilyn Espe-Sherwindt, and a team of autism experts across Ohio, they have developed a strong program to educate physicians on screening for developmental delays, including autism, and forming teams to provide a timely autism diagnosis. Because of this program, we are confident that we will increase the number of children in Ohio who are screened with evidence-based screening tools at an early age when we can make the most impact. I also need to thank Dan Farkas, our Program Manager, who oversees the day-to-day activities of this program, and who has given 110% to this program and has been successful in getting practices, school systems, Help Me Grow and others to participate, and has garnered tremendous media attention for this program.

And the final program that is still forming under the leadership of Dr. Gerald Tiberio, is the My Story Foster Care Program: Because Everyone Matters! This program will be rolling out officially in the beginning of 2009, and will give foster children a portable medical record as well as items that focus on their social and emotional needs. Thanks to Dr. Jim Duffee and Shelly Robbins of the Rocking Horse Center for all of their help and support of this program, and for laying the groundwork for this program over the past few years with their foster care program.

In addition to our programs, in 2008 we continued to offer quality CME programming with our Open Forums, which provided free CME, and our Annual Meeting, which drew its biggest crowd ever. We know that our members can obtain their CME hours in many places, but it is our hope that we provide CME that is unique and affordable (or free!), and provides a networking opportunity for our members. A huge thanks to Elizabeth Kelleher, who put together an outstanding Annual Meeting this year. It is because of her hard work that we were able to obtain such quality speakers and keep our costs incredibly low. We are very grateful to have Elizabeth as one of our newest staff members.

And finally, we are incredibly grateful for the wonderful leadership that we have at the Ohio AAP. In 2008, we were indebted with the leadership of two terrific Presidents, Drs. Terry Barber and Bill Cotton, who along with Drs. Gerald Tiberio, Judy Romano, John Duby, Jim Duffee, Andrew Garner, Jill Fitch and Robert Frenck, have dedicated their passion and time to the Ohio AAP during 2008, and we could never have achieved all of our goals without their hard work. In addition, we would like to thank all of our committee chairs and members as well. I don’t have enough room to thank them all here, but if you read Ohio Pediatrics, and go to our Web site, you will see their names and all of their hard work.

In 2009, we look toward new challenges and opportunities, and recognize that we are only as great as our membership. Please continue to let us know what you would like to see us working on in 2009, and we will continue to work hard for Ohio’s children, and Ohio’s pediatricians.

– Melissa Wervey Arnold
Ohio AAP Executive Director

Although primary enforcement of the booster seat law would have been an ideal policy for our state, Ohio AAP is thrilled to see policymakers take this important step to protect Ohio’s children in cars. To date, 43 states and Washington D.C. have a booster seat requirement for older children. In November, the National Transportation Safety Board criticized Ohio for being among just seven states without a booster seat law.

With these compromises, the Ohio Senate passed the bill on Dec. 17, 2008, by a vote of 27-5. The measure heads to the Governor for his signature.

Special thanks to Ohio AAP lobbyists Dan Jones and Tracy Iniathar for all their hard work, and to Bill Cotton, MD, and Mike Gittelman, MD, for their testimony.

Dr. Gittelman, chair of the Ohio Chapter’s Committee on Injury, Violence, and Poison Prevention, worked tirelessly with Ohio pediatricians to get them to promote booster seats to parents of their patients. The committee developed a survey which was sent to Ohio pediatricians to elicit comments concerning the barriers pediatricians face in discussing appropriate booster seat use with their families and to determine what interventions could be put into place to overcome these barriers so that more families can be educated about booster seats when visiting their offices.
Transitions... from page 13

Making, Assent-Consent, Guardianship, Living Wills and Advance Directives is found. This site also contains sections entitled Understanding Health Insurance, and a model for a portable medical summary. Portable medical summaries can serve as a tool for communication for referrals and for a mobile young adult’s safety. Family partnerships to advocate for change in this area come in part from the National Center on Family and Professional Partnerships and more information is available at www.familyvoices.org. The Catalyst Center for improving the Financing of Care for CYSHCN can begin to add to your understanding of what is available to support health-care financing options for our patients at www.hdwg.org/cc/. Helping families consider needs for guardianship and power of attorney legal arrangements should occur well before age 18.

Volumes have been written about transitioning to adult health care and best practice is beyond the scope of this little introduction. The most important thing parents and pediatricians can do is to start thinking about it now, whatever the age of the youth in our care. What will the mobility, housing, reimbursement, provider, education, vocational, and joy of life implications be that require our thoughtful interventions? Let us know what the strengths in your region are and what tips you offer to your transitioning families. We look forward to your feedback.

– Roberta Bauer, MD
Vice-Chair, Children with Disabilities Committee

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If you are interested in getting involved in an Ohio AAP committee, please contact the committee chair.

* If you are interested in the Senior Committee Chair position, please contact Melissa Arnold, Executive Director, at marnold@ohioaap.org or call (614) 846-6258.
Ohio AAP welcomes new members

Sarah Selickman Acton, Cincinnati
Jessica Aderman, Toledo
Scott Ward Ahrenholz, Kettering
Henry T. Akinbi, Cincinnati
Mashael Fahad Alqahtani, Toledo
Sudha Shrestha Amatya, Cincinnati
Andria Lynn Amendt, Cincinnati
Lori Anne Aronson, Cincinnati
Todd Michael Arthur, Cincinnati
Nardia Ataman, Columbus
Lakshmi Venkata Naga Atkuri, Dublin
Lisa Michelle Ayoub, Cincinnati
Gita Balakumar, Blue Ash
Richard William Ball, Uniontown
Edward M. Barksdale, Cleveland
John A. Barnard, Columbus
Carrie J. Barnes-Mullet, Granville
Sudipa Barr, Highland Heights
Gregory Alan Barrett, Columbus
David Lattimer Baum, South Euclid
Rebecca A. Baum, Gahanna
Robert D. Beck, Findlay
Michael Brian Becknell, Westerville
Nitzia M. Bennett, Cincinnati
Kate Berz, Cincinnati
Anne Marie Bever, Cincinnati
Nathan Christian Bingham, Cincinnati
Gary Michael Bixler, Columbus
Kimberly Kay Blazer, Cleveland
Douglas Lyle Blocker, Canton
John E. Bloom, Dayton
Elizabeth Bonachea, Hilliard
Justine Borchers, Columbus
Mireille Boutry, Shaker Heights
Kamali L. Bouvay, Cincinnati
John Richmond Bower, Akron
Eric Scott Bowman, Grove City
Bernard Boxerbaum, Mayfield Hts.
Cynthia Del Villar Brawner, Avon
Kathleen Bridges, Cincinnati
Louis Patrick Brine, Youngstown
Diana Elizabeth Brinker, Cincinnati
Jean Brown, Columbus
Allen Finney Browne, Columbus
B. Patrick Brucoli, Canfield
Paul Timothy Bunch, Loveland
Miles J. Burke, Cincinnati
Kreg A. Burnette, Henderson
Lindsay C. Burrage, Cleveland
Leslie Burton, Akron
Thomas Jeffrey Butler, Richfield
Kenisha Natalie Campbell, Cincinnati
Jason Cantanzaro, Cleveland
Cathy Lynn Cantor, Maumee
Heather Carew, Cincinnati
Susan Adler Carlin, Fairview Park
Victoria Teresita Carpio, New Philadelphia
Nina Maria Censoplano, Columbus
Kelley T. Cerroni, Kent
Ohio AAP 2008 Annual Meeting

The 2008 Ohio AAP Annual Meeting offered the 120 attendees practice management and advocacy information, an update on Chapter activities, nationally-known speakers on ADHD and disaster preparedness, and a wine raffle/silent auction.

As part of the Annual Meeting opening reception, the Ohio AAP Foundation hosted a wine raffle and auction which raised nearly $1,900 for the Foundation’s three main programs – Reach Out and Read Ohio; Healthy, Strong and Ready for Teens: Parents and Doctors Working Together to Prepare Girls for Adolescence; and the My Story Foster Care Program.

The wine raffle and silent auction allowed attendees to network and at the same time learn about, and support, these valuable programs. In other words, the raffle and silent auction gave a purpose to the reception other than just a social gathering.

The reception also allowed members time to discuss the latest medical information with our exhibitors and sponsors (see list on page 11).

The Saturday program kicked off with a members’ breakfast fol-

See Annual Meeting...on page 23
Annual Meeting... from page 22

lowed by presentations on disaster preparedness by Steven Krug, MD, Children’s Memorial Hospital, Chicago; and ADHD guidelines and case studies presented by Mark Wolraich, MD, University of Oklahoma, Department of Pediatrics.

James Duffee, MD, received the Pediatrician of the Year Award. Dr. Duffee was recognized for his years of service as an Ohio AAP Board member and chair of SEACFH, and for his founding of the Rocking Horse Center in Springfield.

Fearing what might happen to children in the wake of welfare reform, Dr. Duffee, a community pediatrician in Springfield, received a CATCH grant in 1997 to plan a program to care for low-income children and their families in a medically underserved area. The Rocking Horse Center opened its doors in June 1999.

The center provides a medical home with enhanced pediatric services and fully integrated behavioral medicine to more than 9,000 children. The $7,000 CATCH grant has been leveraged into a $4 million operation.

Other award honorees were: Robert Murray, MD, Committee Chair of the Year for his dedicated work with the Home and School Health Committee. Dr. Murray’s committee is one of the largest committees. The School Health Committee includes not only physician members but school health nurses, dietitians, state agency members and child advocates all working together on issues of importance to Ohio’s schoolchildren such as nutrition, sports medicine and physical fitness.

William Cotton, MD, received the Immediate Past President Award in recognition of his leadership and commitment to the Chapter. It was during Dr. Cotton’s presidency that the Chapter received the Outstanding Very Large Chapter Award from the AAP.

Rep. Kevin Bacon received the Antoinette Parisi Eaton Advocacy Award for introducing autism legislation and for awarding the Autism Education Diagnosis Pilot Program to the Ohio AAP through a grant with the Ohio Department of Health.

SAVE THE DATE!

The Moody Child: Practical Management in Primary Care

Friday, May 1, 2009
Full Day Conference
Nationwide Children’s Hospital
Columbus, Ohio

Intended Audience: Pediatricians, Family Practitioners, Psychiatrists, Psychologists, Nurses, and other Allied Health Care Professionals who work with children and their families.

Topics:
- Background and Assessment
- Unstable Presentations and Co-Morbidity
- Managing the Suicidal Child
- Management and Pharmacology
- Adapting Psychotherapy to Primary Care

Faculty:
- David Brent, MD, University of Pittsburgh
- National Leader in the Management of Depressed and Suicidal Youth
- Nationwide Children’s Hospital and The Ohio State University Faculty
- John Campo, MD
- Nancy Cunningham, PsyD
- Mary Fristad, PhD

700 Children’s Drive
Columbus, Ohio 43205
(614) 355-0676
NationwideChildrens.org Conferences

www.ohioaap.org
**Calendar of Events**

The Ohio AAP announces the following meetings.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Feb. 5, 2009</td>
<td>Open Forum Meeting</td>
<td>Nationwide Children’s Hospital – Columbus</td>
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<td></td>
<td>Executive Committee Meeting</td>
<td>Nationwide Children’s Hospital – Columbus</td>
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<tr>
<td>April 18, 2009</td>
<td>Young Girls Roundtable</td>
<td>Columbus</td>
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<tr>
<td>April 24, 2009</td>
<td>Open Forum Meeting</td>
<td>Metro Health – Cleveland</td>
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<tr>
<td></td>
<td>Executive Committee Meeting</td>
<td>Metro Health – Cleveland</td>
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<tr>
<td>Nov. 13-14</td>
<td>Ohio AAP Annual Meeting</td>
<td>Great Wolf Lodge, Cincinnati</td>
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</tbody>
</table>

**Dues disclosure statement**

Dues remitted to the Ohio Chapter are not deductible as a charitable contribution, but may be deducted as an ordinary and necessary business expense. However, $40 of the dues is not deductible as a business expense because of the chapter’s lobbying activity. Please consult your tax adviser for specific information.

This statement is in reference to fellows, associate fellows and subspecialty fellows.

No portion of the candidate fellows nor post residency fellows dues is used for lobbying activity.