Bike helmet awareness campaign is a success

Physicians and injury prevention advocates partner with communities to promote helmet safety.

On September 21, Ohio had its first-ever “Wear Your Bike Helmet to Work or School Day.” The Ohio AAP joined Gov. John Kasich in publicly declaring the importance of wearing a helmet while riding a bicycle or playing sports.

In order to inform the public, the Ohio AAP kicked off an awareness campaign, ‘Put A Lid On It!’ It was a HUGE success!

Physicians and injury prevention advocates partnered with hundreds of other health-care providers, local community leaders, schools, bicycle organizations, health advocates, as well as families to help promote the overall goal: increasing the awareness of helmet safety.

Drs. Mike Gittelman and Sarah Denny, chairs of the Ohio AAP Committee on Injury, Violence & Poison Prevention, along with Executive Director Melissa Wervey Arnold, distributed more than 60 helmets, free-of-charge, to children at a local YMCA. The Chapter was joined by Ohio First Lady Karen Kasich, and her two daughters, Emma and Reese. The Ohio AAP also participated in a Bike Rodeo at a local elementary school where Sen. Kevin Bacon helped distribute even more helmets! The initiative was covered live in Ohio’s major cities: Cincinnati, Columbus...
Update from the Statehouse

Prescription drug abuse and return to play decisions key advocacy issues

Capitol Square has been an exciting place in 2011. January brought the beginning of the 129th General Assembly, the swearing in of a new governor and new legislative leaders in the majority caucuses of both the Ohio House of Representatives and the Ohio Senate. The new executive and legislative leadership feverishly pushed an aggressive agenda tackling significant issues head on, such as: collective bargaining reform, JobsOhio, legislation to address prescription drug diversion and abuse, and the State operating budget.

Ohio AAP has played a key role in advocating on several of these marquee legislative efforts, however the purpose of this Statehouse update is to provide the AAP membership with a snapshot of all the lesser known advocacy efforts AAP has engaged in over the course of the year.

During the first half of the year, prescription drug abuse and diversion legislation, HB 93 sponsored by Reps. David Burke (R-Marysville) and Terry Johnson (R-Lucasville), garnered unanimous support in both chambers of the legislature. The legislation aimed to shut down the “pill mill” establishments that exist primarily in southeastern Ohio. Additionally, HB 93 created certain obligations for physicians and other prescribers to check the Ohio Automated Rx Reporting System (OARRS) before writing certain prescriptions, and limited physicians’ ability to dispense certain medications from their office.

House Bill 93 was aimed to curb illicit access to the prescription drugs that drive behavioral health problems for many Ohioans.

House Bill 93 moved through the General Assembly with great speed and overwhelming support and was signed into law on May 20. Following the passage of HB 93, the State Medical Board released draft rules detailing the situations in which physicians would be required to check the OARRS System. As drafted, these rules would have created burdensome requirements for frequent checks of the OARRS System when treating patients who are prescribed medications for any condition that the physician anticipated treatment to exceed 12 weeks, for example ADHD. A close review of the draft rules was followed by advocacy activities including conversations with Medical Board staff, testimony provided by Dr. Bill Cotton at a public hearing on the rule, and participation in an interested party meeting with the Medical Board. These activities resulted in the Medical Board redrafting the rule in a way that addresses many of the concerns raised by Ohio AAP members.

Traditionally, the months of July and August following the passage of the State operating budget is a period now as summer recess, during which no legislative activity takes place. The tradition of inactivity was broken this year with the creation of a House Health Subcommittee for the purpose of reviewing HB 143, legislation establishing concussion education and return to play requirements in youth sports, sponsored by Rep.

Ohio AAP’s advocacy efforts resulted in the Medical Board redrafting the rule on how physicians would be required to check the OARRS System.

See Legislation...on page 15
President’s Message

Chapter membership becomes focus

In my previous article I discussed membership in the AAP. I cited four specific areas to consider. Those areas included: networking, education, leadership, and advocacy. These areas are key to our professional growth and satisfaction. The health and well-being of our children are thus profoundly affected.

Over the past three years market share of board-certified pediatricians who are members of the National AAP has been declining. Current market share is approximately two-thirds. Two critical areas of market share decline include young members in the three to five years post-residency, and pediatric medical subspecialists. There is also a decline in National AAP members who are members of their chapters. That market share is also two-thirds.

Many factors play a role including economic and financial stresses, health-care system change, and changing workforce demographics.

National AAP membership, while declining, appears to be holding its value and sustaining at least marginal growth. The overall chapter membership has not fared as well with a significant decline over the past two to three years. Most recently, in the first quarter of this year there has been modest improvement at the chapter level.

The Committee on Membership (COM) has been vigilant and realizes we have to alter the course. The AAP Board has encouraged the COM to develop new models of delivering value to the members. Chapter membership decline impacts advocacy efforts at the state level and the financial viability of many chapters.

The Board recently convened a special meeting of chapter and national leaders to outline a short- and long-term plan of attack. The meeting was held on Sept. 9 and was quite productive. Several major themes were highlighted and deserve our attention:

1.) Keeping our profession together, and keeping the AAP strong in its membership and influence will require more concerted efforts. It will require excellent and timely data on members and their needs. More hands-on involvement will be necessary from every member to reach out to non-member colleagues. The importance of the AAP and their membership must be stressed.
2.) The AAP will need to evaluate many of its current member benefit packages to ensure value is high for both national and chapter membership.
3.) The AAP has a longstanding collaborative, yet independent, relationship with its chapters. Continuing this partnership with an eye toward providing member value, and engaging in innovative pilot programs to meet member needs, will serve both entities.

A number of specific recommendations will be discussed at the Board level in the next several months.

In the winter issue of Ohio Pediatrics, I listed a litany of member benefits, with advocacy being especially noteworthy. Residents and young physicians tend to resonate with these efforts. Subspecialists and their specialty organizations are realizing the influence and impact made by the AAP. We need to embrace these two groups. I believe they are vital to our success.

Parting points:
• Maintain dual membership
• Encourage non-member colleagues to join
• Better understand what is accomplished by your chapter and by National AAP
• Expect action by the Board to meet the membership issues head-on.

Gerald Tiberio, MD
Ohio AAP President
Adding Chocolate to Milk Doesn’t Take Away Its Nine Essential Nutrients

All milk contains a unique combination of nutrients important for growth and development. Milk is the #1 food source of three of the four nutrients of concern identified by the 2010 Dietary Guidelines for Americans: calcium, vitamin D and potassium. And flavored milk contributes only 3% of added sugars in the diets of children 2-18 years.

5 Reasons Why Flavored Milk Matters

1. KIDS LOVE THE TASTE!
   Milk provides nutrients essential for good health and kids drink more when it’s flavored.

2. NINE ESSENTIAL NUTRIENTS!
   Flavored milk contains the same nine essential nutrients as white milk - calcium, potassium, phosphorus, protein, vitamins A, D and B₁₂, riboflavin and niacin (niacin equivalents) – and is a healthful alternative to soft drinks.

3. HELPS KIDS ACHIEVE 3 SERVINGS!
   Drinking low-fat or fat-free white or flavored milk helps kids get the 3 daily servings* of milk and milk products recommended by the Dietary Guidelines for Americans.

4. BETTER DIET QUALITY!
   Children who drink flavored milk meet more of their nutrient needs; do not consume more added sugar or total fat; and are not heavier than non-milk drinkers.

5. TOP CHOICE IN SCHOOLS!
   Low-fat chocolate milk is the most popular milk choice in schools and kids drink less milk (and get fewer nutrients) if it’s taken away.

REFERENCES:
Bike helmets...from page 1

bus, Dayton and Toledo. The event received print coverage in several newspapers as well as through social media.

“Wear Your Bike Helmet to Work or School Day was just the beginning of what we hope will be a far-reaching effort to help prevent injuries and save lives, launching a statewide campaign to Put a Lid on It! Protect Before You Pedal,” says Dr. Gittelman of Cincinnati Children’s Hospital.

The Ohio AAP continues to move forward with this initiative with the positive reinforcement they have received from communities throughout Ohio.

If you would like to be a part of this effort, please contact Lee Ann Henkin, at lhenkin@ohioaap.org, or call (614) 846-6258.

Getting into the spirit of “Put a Lid on It” are left, Holly Pupino and Lisa Pardi, of Akron Children’s; and top, Bill Cotton, MD, Nationwide Children’s.

Sarah Denny, MD, measures a young boy to get him the proper helmet fit. More than 60 helmets, free-of-charge, were distributed to children at a Columbus YMCA.

Ohio’s First Lady Karen Kasich and Mike Gittelman, MD, talk to kids at the YMCA in Columbus about the importance of wearing a bike helmet.

The Ohio AAP participated in a Bike Rodeo at a Worthington elementary school where Sen. Kevin Bacon helped distribute more bike helmets!

Staff at Wheeling Hospital’s Center for Pediatrics don their helmets to support bicycle helmet safety awareness. Pictured are: front, Christopher Schmidt of St. Clairsville and Judy Romano, MD, and, back row, Sheela Rao, MD, and nurse practitioner Larry Darrah.
Open Forum set for Feb. 20-21 in Cincinnati

An opportunity for professional development, networking, learning about local resources and addressing issues of critical importance to patients.

The Executive Committee has been busy working to reshape and refocus the Open Forum events to ensure they are valuable experiences for members and serve as an opportunity to identify potential members, community partners and resources for pediatricians throughout the local area.

Through a variety of meetings, brainstorming sessions and discussions, the committee identified three key objectives for Open Forums moving forward:
1. Provide a value-added experience for pediatricians at the local level.
2. Build alliances and collaborations for our Chapter and members.
3. AAP membership: activate, recruit, engage, retain

Additionally, the committee determined one key factor in driving attendance at the meetings is pre-event marketing, as well as ensuring adequate advance notice to allow busy pediatricians and office staff to make time to attend the event.

The reformatted event will now begin with an evening reception and will continue the following morning with a program that allows for discussion of broad community issues by local experts within and outside of the medical community, contains CME and MOC opportunities, and instills a call-to-action among those attending the event. Specifically, 2012’s Open Forum will provide an opportunity for professional development, networking, learning about local resources and addressing issues of critical importance to our patients.

Mark your calendars now for the first Open Forum, to be held at Cincinnati Children’s Hospital Medical Center, Feb. 20-21, 2012.

Monday evening, Feb. 20 will begin at 5 p.m. featuring a networking reception and presentations on two important topics: Building a Bridge from the Hospital to the Primary Care Physician and Injury Prevention/ Bike Helmet Distribution. Tuesday morning (8 a.m. to noon) will consist of Grand Rounds and panel discussions about pediatric injury and improving health through effective community partnerships panel discussions. A more detailed agenda is available at right.
Second phase of Chapter Quality Network Asthma Project kicks off

The Chapter Quality Network (CQN2) Asthma Project is an exciting program in which the Ohio AAP is leading a quality improvement effort amongst 17 member practices to improve care for children with asthma using tools, resources and technical assistance from the National AAP.

Participating practice teams will attend a series of four learning sessions, followed by action periods where they have the opportunity to try out changes in their office setting. During the action periods, practices will measure progress toward improvement goals. Expert faculty will coach practice teams to apply key change ideas into their own offices/clinics.

The CQN Asthma Project offers both physicians and practices an unparalleled opportunity to improve care for children with the support of the local chapter, as well as expert faculty.

On Wednesday, August 24 and Thursday, August 25, members of the Ohio AAP practices participating in the CQN2 Asthma Project met in Newark Ohio, for Learning Session 1 (LS1).

Learning Sessions provide an opportunity for participating organization teams to network with each other, as well as meet with faculty and collaborate to learn key changes in the topic area including how to implement changes, an approach for accelerating improvement, and a method for overcoming obstacles.

One of the highlights from LS1 was the participation of David Link, MD, Chief of the Department of Pediatrics for the Cambridge Health Alliance, and Associate Professor of Pediatrics at Harvard Medical School. Dr. Link presented twice on Thursday covering the “Systems View of Asthma” and “Using a Registry to Manage Your Asthma Population.”

Using an asthma registry which directly pulls information from their EHR, Dr. Link and the Cambridge Health Alliance have been able to dramatically reduce asthma ED visits as well as asthma-related hospitalizations. From 2002 to 2006, asthma ED visits decreased from 20.0% to 6.6%; and hospitalizations de-creased from 9.6% to 1.9% within the practices participating in the pilot.

Not only were quality improvement tools, like registries, discussed in LS1, but practices were also able to learn standardized ways in which to assess control of asthma, as well as treatment options for patients.

A poignant moment from LS1 came when 19-year-old Kevin Hall, and his mom, Renee Hall, shared their story. Having been in and out of the Urgent Care, ED and hospital due to his asthma, Kevin was 10 or 12 years old before his asthma was controlled enough he could even think about playing soccer or football with his friends. Now, he is a freshman at The Ohio State University, and is a member of the Board of Directors for the Heart of Ohio Tech Prep Consortium.

The practices participating in CQN2 heard Kevin’s story, and are committed to providing optimal care for patients, so they are not like Kevin and are able to participate in sports or activities much earlier. Baseline data reports that these 17 practices were providing optimal care to 50% of patients seen in September.

Optimal care is defined as the percent of patient visits with all of the following:

- Asthma control assessed
- NHLBI stepwise approach is

See Asthma...on page 13
Brunch, baseball and books – a hit!

Many children dream of being a professional athlete. On Tuesday, Aug. 2, two Ohio AAP pediatricians came close to that dream.

**Bill Cotton, MD**, Ohio AAP Past President and current Legislative Committee Chair, as well as Immediate Past President, **Terry Barber, Sr., MD**, took live batting practice in the Columbus Clippers batting cages. Their performances were captured live on FOX 28 and Good Day Columbus, prior to Brunch, Baseball and Books, as promotion for the Ohio AAP Foundation fundraiser.

The fifth annual event, formerly called Breakfast for Books, underwent a name change to attract more attendees and to highlight the event’s location – Huntington Park in downtown Columbus. Ken Schnacke, Columbus Clippers General Manager and President, also participated in Brunch, Baseball and Books as the guest reader of Eric Carle’s *The Very Hungry Caterpillar*.

The story of the caterpillar and his tendency to eat too much before turning into a butterfly, helped reinforce two of the Ohio AAP Foundation’s four programs, childhood obesity and early literacy. In addition to using the story to highlight the Foundation’s programs, four pediatricians shared personal experiences about patients as they relate to foster care, injury prevention, childhood obesity and early literacy.

Additionally, Ohio’s First Lady, Karen Kasich, addressed the 125 attendees on why she supports the Ohio AAP and Ohio AAP Foundation, before leading the children in attendance in a physical activity, while the adults watched as several awards were presented.

This year’s Brunch, Baseball and Books event was a huge success as it raised nearly $9,000 for the Ohio AAP Foundation.

On a 90-degree day in August, 125 attendees showed their support for baseball, and for the Ohio AAP Foundation, by raising $9,000.

Columbus Clippers General Manager Ken Schnacke reads from “The Very Hungry Caterpillar.”

First Lady Karen Kasich leads the children in attendance in a physical activity while she reads from one of her favorite books, “From Head to Toe.”

Bill Cotton, MD, takes a few swings in the batting cage at Huntington Park prior to the Ohio AAP Foundation fundraiser.

Huntington Park takes on an eerie glow in the pre-dawn hours before guests arrived for the event.
Candy or medicine: Can you tell the difference?

Editor’s note: Casey Gittelman, 11 year-old daughter of Mike Gittel- man, MD, presented her “candy or medicine report” at the AAP National Conference in October. She also appeared on CNN Live. The following article is written in Casey’s own words.

My name is Casey Gittelman. My study team (Casey Gittelman, Eleanor Bishop, Michael Gittel- man, and Terri Byczkowski) recently did a research project to see if kids could tell the difference between candy and medicine.

We used a medicine cabinet that we received from the Cincinnati Poison Control Center. This box had 20 pairs of candy medicine look-a-likes. To do this study, we surveyed 30 adults and 30 kindergarten students from Ayer Elementary School. This school is located in Anderson Township, a suburb just outside of Cincinnati. We asked each study subject to identify the candy out of the 20 candy/medicine pairs and we asked them questions about how they store medicines in their home.

I originally did this project for my 6th grade science fair. I had really wanted to do a study that involved candy, but I had recently done a science fair project that involved pediatrics. I thought it would be interesting to combine the two topics. Also, since both of my parents are ER physicians, I hear a lot of stories about pediatric ingestions.

This information eventually led to my study question, “Can teachers tell the difference between candy and medicine better than kids?”

This study is important because unintentional ingestions are a big problem in pediatrics. The number of unintentional ingestions in young children has recently increased, and they are the number one cause of hospitalization due to injury at Cincinnati Children’s Hospital. The findings of our study however did not support our hypothesis. Teachers and students equally had difficulty determining which item was candy or medicine. Average percent correct by teachers was 77.6% (50%-95%) vs. 70.5% (20%-85%) by students (p-value = 0.05). We also found that students who could not read had a average percent correct score that was much worse than students who could read 67% (20%-85%) vs. 79.3% (70%-85%). Medicine-candy combinations most commonly mistaken had similar characteristics – they were circular, shiny, and they had no distinguishable markings. When we asked all of the subjects in our study about safe storage of medicines, only 6 (10%) admitted they kept their medicines locked and out of reach of kids in their home.

Doing this study has been a great experience. Not only have I learned that candy and medicine look very similar, I learned that people need to keep their medicines locked up to avoid kids from getting into them. The whole experience of completing the study, presenting it at the AAP’s National Conference, and being on CNN Live taught me about hard work and self-motivation. Preparing this study took several months and it took a lot of time and effort to complete. But, for all the work, this project was worthwhile and it is something that I would definitely like to do again. – Casey Gittelman
Highlights of 2011 Annual Meeting

Maintenance of Certification, quality improvement, payment for medical homes and more were discussed at the 2011 Ohio Annual Meeting held Aug. 25-27 at Cherry Valley Lodge in Newark.

Pre-Annual meeting sessions, which started on Thursday Aug. 24, focused on Chapter programs – developmental screenings; childhood obesity; Maximizing Office Based Immunization (MOBI); and the bike helmet initiative. These free-of-charge events had a good turnout and allowed attendees to earn 6.5 hours of CME plus receive free materials valued at more than $650!

Experts from a variety of areas shared their expertise with attendees on Friday. Ramesh Sachdeva, MD, American Academy of Pediatrics, provided practitioners with the tools to bridge the gap from theory to practice for quality improvement (QI) through a deeper understanding of the growing need for QI in practices.

Attendees learned about new sources of reimbursement and resources for the medical home, the benefits of medical homes for patients, and future opportunities. Experts sharing their thoughts were: Ted Wymyslo, MD, Medical Director, Ohio Department of Health; John McCarthy, Ohio Medicaid Director; and James Bryant, MD, Ohio AAP member.

After a full day of learning, attendees welcomed the chance to network with other attendees, guests and exhibitors at the Ohio AAP opening reception. Friday evening also included the first-ever Casino Night and 50/50 raffle. The Casino Night brought in more than $1,000 for the Ohio AAP Foundation projects. While mom and dad tried their luck at Beat the Dealer, a pajama party with popcorn, refreshments, and a movie entertained the younger set.

Saturday’s speakers included: James Brown, MD, American Board of Pediatrics, speaking on projects that have improved care and that are approved for MOC credit, and Robert Frenck, Jr., MD, Cincinnati Children’s, spoke on case-based studies of common pediatric problems.

An Annual Awards luncheon, which celebrated members and advocates who have been champions for children in 2011, concluded the Saturday activities.

Ohio AAP 2011 Award Winners
Antoinette Parisi Eaton Advocacy Award
Mary Applegate, MD

Leonard P. Rome Award
Amy Sternstein, MD

Elizabeth Spencer Ruppert Outstanding Pediatrician of the Year
Pamela Oatis, MD
The Ohio Chapter officially receives its 2010 Outstanding Very Large Chapter Award.

Amy Sternstein, MD, receives the Leonard P. Rome Award from President Jerry Tiberio, MD.

Diane LeMay, MD, takes some bike helmets to distribute to patients at her practice.

Experts who discussed the medical home issue, from left, Ted Wymyslo, MD, Medical Director, Ohio Department of Health; James Bryant, MD, Ohio AAP member; and John McCarthy, Ohio Medicaid Director.

Mike Gittelman, MD, front, and Andy Garner, MD, enjoying themselves at Casino Night.

Craig Thiele, MD, left, from the CareSource Foundation received an award from Jon Price, MD, for his work on the asthma program, and with the Ohio AAP Pediatric Care Council.

James Brown, MD, American Board of Pediatrics, spoke on projects that have improved care and are approved for MOC credit.

Ohio AAP Executive Director Melissa Wervey Arnold (left) and Ohio AAP President Jerry Tiberio, MD, accept an award from Stephanie Koscher of Prevent Blindness Ohio for the Chapter’s work with the organization.

Mary Applegate, MD, center, received the Antoinette Parisi Eaton Advocacy Award. With Dr. Applegate are Toni Eaton, MD, and Ohio AAP President Jerry Tiberio, MD.
Ohio members in national spotlight

Four Ohio members recently were honored at the NCE meeting in October.

Adele Dellenbaugh Hofmann Award (Section on Adolescent Health)

Richard B. Heyman, MD, FAAP
Dr. Heyman is a consultant to the Leadership to Keep Children Alcohol Free Foundation and the National Institute on Alcoholism and Alcohol Abuse.

Founders of Adolescent Health Award (Section on Adolescent Health) Recognizes exemplary achievement on behalf of adolescents on a local level

James J. Fitzgibbon, MD, FAAP
Dr. Fitzgibbon has worked at Akron Children’s Hospital since 1980. He is a five-time recipient of the Golden Apple Award for Excellence in Teaching. Dr. Fitzgibbon has a passion for sharing his knowledge of adolescents with others.

Milton J.E. Senn Lectureship (Council on School Health) Recognizes distinguished national service in the field of school health and/or contributions to the AAP Council on School Health that have significantly improved the welfare of schoolchildren.

Robert D. Murray, MD, FAAP
Dr. Murray spent 26 years in the Department of Pediatrics of the Ohio State University School of Medicine. He served as director of the Borden Center for Nutrition and Wellness, and as director of the Center for Healthy Weight and Nutrition from 2006-11. He is a professor of human nutrition at OSU and serves as a consultant on pediatric nutrition and obesity projects. He is past chair of the AAP Council on School Health Executive Committee.

Medical Opportunities in Ohio (MOO)
www.ohmoo.org – serves hospital employers and private practices with an online recruitment program, designed to connect Physicians, Physician Assistants, and Nurse Practitioners with jobs in Ohio. Job seekers register for FREE! Our database of Physicians spans more than 85 specialties!

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Outstanding Achievement Award (Section on Epidemiology/Council on Community Pediatrics) Recognizes pediatrics who have made outstanding contributions toward advocating for children and child health in the community through the effective use of epidemiologic information.

Gary A. Smith, MD, Dr.P.H., FAAP
Dr. Smith is a professor of pediatrics, emergency medicine and epidemiology at The Ohio State University. He is founder and director of the Center for Injury Research and Policy at Nationwide Children’s Hospital.
Dr. Riedmann new vice chair of section

Natalie Riedmann, MD, PL-2, was elected Vice Chair of the AAP Section on Medical Students, Residents & Fellowship Trainees (SOMSRFT). With more than 12,000 members this is the largest Section in the academy.

SOMSRFT was founded in 1989 and enables residents, fellowship trainees, and medical students of the AAP to meet for the purpose of developing ideas and generating programs and projects which will improve the care of infants, children, adolescents and young adults.

The section was formed to provide a voice for physicians in training and to offer a forum for the discussion of common interests and problems.

Asthma...from page 7

used to adjust treatment
• Children with persistent asthma on a controller medication
• Written asthma action plan updated and reviewed.

The CQN2 Asthma Project kicked off in August, and will run for one year through September 2012. Funding for this project is provided by the CareSource Foundation.

For more information, contact Elizabeth Dawson, edawson@ohioaap.org, or call (614) 846-6258.

Ounce trainers can come to your office

The Ohio AAP wants to bring a FREE Ounce of Prevention program to your office. You will receive a toolkit that has been developed to address the growing epidemic of childhood obesity.

The training will help your patients’ families prevent childhood obesity and help your staff know how to handle weight, fitness and nutrition issues with patients. In the past year and a half, more than 30 practices have taken advantage of this FREE training.

The FREE training for pediatricians and office staff includes:
• Ounce of Prevention reference toolkit for your office.
• Parent handouts on nutrition and physical activity, calcium, snacks and serving sizes.
• Anticipatory guidance tips sheets for the patient’s chart, office posters, BMI growth charts and BMI wheel.
• Educational media for the waiting room and a CD with all the educational materials in English and Spanish.

You can register online, or call, Elizabeth Dawson at (614) 846-6258.

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Ohio AAP welcomes new members

Ilona Brener Albrecht, Dayton  
Nardia Ataman, Columbus  
Raymond C. Baker, Cincinnati  
Melissa K Benbow, Dayton  
Elizabeth A Biddell, Akron  
Kimberly Kay Blazer, Columbus  
Aparna Bole, Cleveland  
Patrick Wharton Brady, Cincinnati  
Mary Carol Burkhardt, Cincinnati  
Heather Carew, Shrewsbury, MA  
Renee Allen Caslow, Marietta  
Rolly Chaudhary Chawla, Avon  
Ailing Chen, Findlay  
Sophia W Chen, Broadview Hts  
Kathryn Corigan, Cleveland  
Molly Catherine Dienhart, Bexley  
Kristi Dubinsky, Westlake  
Stephanie Sue Flynn, Florence, KY  
Julie Regal Gooding, Powell  
Allison Christine Grauer, Columbus  
Joel B. Gunter, Cincinnati  
Rakhi Gupta, Cleveland  
Megan E. Heitzman, Gahanna  
Sinimol James, Columbus  
Jeanine Jenning, Dayton  
Sreenath Joshi, Sanford, ME  
Sara Kelly, Hilliard  
Zahida Khan, Cincinnati  
Michael Koniarczyk, Beachwood  
Brandi Lewis, Cincinnati  
Jamie Macklin, Grove City  
John Markovich, Cincinnati  
Erin McConnell, Fairborn  
Jody Meredith, Beavercreek  
Jillian Miller, Stow  
Elizabeth Milliron, Chesterland  
Andrew Garrett Norris, Columbus  
Thomas Phelps, Chesterland  
Douglas Powell, Cleveland  
Radhai Prabhakaran, Avon  
Regina Ramirez, Strongsville  
Pratibha Rana, Fremont  
Charles Redman II, Columbus  
Allison Rund, Shaker Hts.  
Sandhya Sasi, University Hts.  
Lori Jean Schroeder, West Chester  
Melissa Skaug, Columbus  
Jonathan Slaughter, Bexley  
Michael Slogic, Wichita, KS  
Amy Sniderman, Twinsburg  
Margaret Soulen, Huber Hts.  
Libbie Stansifer, Cleveland Hts.  
Gina Thompson, Blacklick  
Jonathan Tolentino, Cincinnati  
Katherine Wagner, Cleveland Hts.  
Danielle Webster, Cincinnati  
Oliva Westhoven, Canal Winchester  
Laura Wills, Chillicothe  
Julie Wilson, Westerville

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District V Report

Addressing concerns of subspecialists is priority

Pediatricians and the children they treat are at the core of the mission of the American Academy of Pediatrics, and of the Ohio AAP. Both are dedicated to the health of all children and to be optimally effective, the Chapter and the National AAP must work in concert to accomplish their goals. The National AAP Board of Directors has made collaboration and communication a primary focus for the years ahead, and your chapter president, Dr. Jerry Tiberio, is serving as the District V representative for this initiative.

Several critical issues for pediatricians are being addressed. The concerns of subspecialists are a priority and several initiatives are under way. The AAP is implementing a workforce survey across the sections of the AAP. This form of assessment has not been performed for many years, and while a huge project, and one that will be completed in phases, the result will provide information that can direct many important issues in the years ahead. Additionally, a working group addressing the role of the subspecialist in the medical home is being assembled and will soon meet to delineate objectives and potential initiatives to assist in the project. Advocacy for subspecialists remains a priority in the AAP Office of Federal Affairs in Washington D.C. as well and collaboration with other members of the Pediatric Public Policy Council makes this work increasingly effective.

The relationship between National and chapters is a longstanding collaborative and yet independent. This partnership is essential to achieving our goals. We must provide value to members making certain that we meet their needs while we continue important advocacy for our patients. Effectiveness of advocacy at the state level is directly related to member involvement. Encouraging non-members to join National and state chapter is an important endeavor. The AAP is your voice and the voice for children nationally. It is everyone’s job to participate and make it our AAP.

I appreciate the opportunity to serve as your District V Chair for another three years, and sincerely thank you for the confidence you have placed in me. Please contact me at any time, with any issues. Strengthening our chapters through district collaboration is a focus of our chapter leaders and your input in that process is extremely helpful. Your district has goals and will surely succeed, but it takes the work of everyone. I’m excited to be part of the process.

Marilyn Bull, MD
District V Chair

Legislation...from page 2

Michael Stinziano (D-Columbus). Dr. Kelsey Logan provided testimony in support of HB 143 on behalf of Ohio AAP. A central point to the testimony was that a physician should be involved in all return to play decisions. The subcommittee eventually favorably reported HB 143 back to the full House Health Committee, where the bill is currently pending.

Earlier this fall, Ohio AAP led a statewide advocacy day to raise awareness for bike helmet usage. Dubbed “Wear Your Bike Helmet to Work and School Day,” Sept. 21 was a major advocacy day that included distribution and fitting of dozens of children with bike helmets, and statements of support from prominent political leaders. Legislators participated in community events and/or communicated their support for bike helmet use in constituent newsletters.

Gov. Kasich demonstrated his support by signing a resolution recognizing Sept. 21 as “Wear Your Bike Helmet to Work and School Day.” The success of this first-ever event is a great launching point for future advocacy to encourage bike helmet usage among Ohio’s children. (For more on this event see story on Page 1.)

Ohio AAP Lobbyists
Capitol Consulting Group

Marilyn Bull, MD
District V Chair

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Coding Corner

Update ICD and CPT coding in 2012

It is time to anticipate and implement 2012 ICD and CPT coding revisions, additions and deletions. Although there are not a large number of changes, there are a few that need to be clearly understood.

ICD additions and changes are listed below. These ICD-9-CM codes became effective Oct. 1, 2011.

Keep in mind that ICD-9-CM codes are used to establish medical necessity for patient treatment and care. Payment is not based on the diagnosis code, but it must support why the service or procedure was performed and necessary.

ICD change highlights 2012:
- 041.41-041.49 Expansion codes for E. coli
- 282.40-282.47 Expansion codes for thalassemia
- 284.11-284.19 More specific codes for pancytopenia
- 286.52-286.59 Additional codes hemorrhagic disorders
- 348.82 Code for brain death
- 425.11-425.18 Expansion codes for hypertrophic cardiomyopathy
- 488.81-488.89 Expansion codes novel influenza A virus
- 512.2 - 512.89 New codes for pneumothorax
- 516.30-516.69 Expansion codes for interstitial lung disease
- 795.51-795.52 New codes nonspecific reactions to tuberculin skin tests
- 999.41-999.59 New codes anaphylactic reactions or other serum reactions with vaccinations/blood products
- V12.29-V19.19 New personal history codes

CPT 2012 changes have now been published and become effective Jan. 1, 2012. The CMS published corresponding relative values and Medicare equivalent payments will be published by December 2011.

CPT change highlights 2012:

New vs. Established Patient
A revised definition for a new patient now specifically relates to a patient that has not received services from a physician of the “exact” same specialty and subspecialty who belong to the same group, within the past three years. This allows for a patient to be new to a subspecialist in a practice where they are currently an established patient with another physician.

Hospital Observation Services
Typical times have been added to initial observation codes (99218-99220). The assigned times mirror those of initial hospital care codes. This completes the time elements for the entire observation code series.
- 99218 - 30 minutes
- 99219 - 50 minutes
- 99220 - 70 minutes

Although these codes are considered outpatient, when prolonged services codes are applied, the inpatient direct face-to-face and non face-to-face codes apply. Therefore floor time guidelines are used.

Example: A complicated child abuse patient is placed in observation while the complex social issues are resolved and placement is arranged. The total floor time for this patient, including record review, speaking with nursing and clinical staff, making telephone calls, on the unit amounts to 110 minutes. This floor time spent is carefully documented. CPT coding for this patient: 99220 (observation care 70 minutes) plus 99356 prolonged services, observation setting, (30-74 minutes)

New Guidelines for Transfer of Sick Care:
The transferring physician should bill their services using hospital codes (99221-223; 99231-99233) or hourly critical care (99291-99292). The accepting physician should bill subsequent hospital or critical/intensive care, typically a global daily care code (99231-99233; 99469, 99472, 99476, 99478-99480). Although they are initial day patients to the receiv-

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“Other qualified health-care professionals” defined

Back in January when we announced the new immunization codes, we were unable to get a definition of who qualifies as “other qualified health-care professionals” regarding counseling. Other qualified health-care professionals vary by state, but in Ohio we would define it as meaning a physician assistant or APN because these services are covered under their scope of practice, according to Joe Doodan at Ohio Medicaid.

On the national AAP site (http://practice.aap.org/content.aspx?aid=2980) it states that, “When CPT guidelines reference a qualified health-care professional, they are referring to “those providers whose scope of practice as defined by regulation permits them to perform the service represented by the specific code…[with acknowledgment that]...licensure and credentialing vary on a state-by-state and institutional basis…[and that]…relevant state and institutional authorities should be consulted regarding the appropriate reporting of these services by qualified health-care professionals” (American Medical Association, Principles of CPT Coding, 6th Edition, page 468).”

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Richard Tuck, MD
Ohio AAP Coding Expert
Zanesville, OH

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Weing physician, the care is to be billed using subsequent hospital care codes.

Watch for AAP communications recoding changes including AAP News, and the AAP website Practice Management Online (PMO); and as always, remember your most important resource for getting your coding questions answered promptly, with the authority of the American Academy of Pediatrics: aapcodinghotline@aap.org.

Richard Tuck, MD
Ohio AAP Coding Expert
Zanesville, OH

www.thedoctors.com
P. Cooper White, MD, clinical associate professor of pediatrics at NEOMED, and director of Locust Pediatric Care Group, is in the process of finalizing his report to National AAP for his 2009 CATCH grant, “Medical Home Enhancement for Refugee Children”.

“We first started to see an influx of South Asian refugees in 2007. The major groups are a variety of ethnic groups from Burma, and ethnic Nepalis from Bhutan,” says Dr. White. “We had a growing need to enhance the care we were providing, so the CATCH process was great in that it helped organize our thinking, and then allowed funding of activities.”

Dr. White used the CATCH funds to finance two projects. The first was to build a data base to track the refugee population in the community. That has continued. The second was to do a needs assessment of the Akron community. Dr. White and his team hired a bilingual member of the community to conduct in-depth interviews with 50 families. Information from those interviews provided a source of data which has been used in the care and community-based efforts.

“One of our goals was to build a community-based organization to bring together the disparate entities involved with refugee care in our community. That has been successful with the formation of the Refugee Health Task Force,” says Dr. White. Member organizations include the Summit County Health Department, two major local health systems, the local FQHC, two refugee resettlement and service organizations. “This has been the launching area for grant writing and broad-based community activity. That is certainly the most tangible benefit of the CATCH process so far. There is still much work to do.”

Heng Wang, MD, PhD, has joined Jonna McRury, MD, as co-facilitator of the State CATCH program.

Dr. Wang is a board-certified pediatrician, and CEO and Medical Director of DDC Clinic, Center for Special Needs Children in Middlefield, Ohio. The center is a unique collaboration between Amish communities, medical professionals, and research scientists, and it has been internationally recognized as a leading facility for many genetic disorders. Dr. Wang’s work with DDC Clinic has been featured in the national and international press.

Dr. Wang is from a small town in Anhui, China. At 20, he graduated from Anhui Medical University and became one of the youngest physicians in China. He received top honors as well while earning his PhD in Belgium. His work through DDC Clinic has been widely recognized. He received the 2006 AAP Special Achievement Award and the 2007 Johnson & Johnson Community Health Care Crystal Award.

Dr. Wang’s enthusiasm and commitment to community health care are demonstrated by his tireless efforts of bringing invaluable services to the community he serves. He was a recipient of the 2007 CATCH Planning Grant “Improving Access to Health Care for Amish Children with Special Needs.” Through this grant, the DDC Clinic was awarded a five-year grant of the Healthy Tomorrows Partnership for Ohio.

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Children Program funded by Health Resources and Services Administration and Maternal and Child Health Bureau in partnership with AAP to improve Amish children’s medical home through improved transportation and care coordination.

If you have questions about CATCH, please contact either Jonna McRury, MD, (jmcrury@aol.com) or Heng Wang, MD, (wang@ddcclinic.org)

Chapter receives Part IV MOC sponsorship approval

The American Board of Pediatrics (ABP) approved the Ohio Chapter as a Portfolio Sponsor under its Portfolio Program for Quality Improvement Projects for Maintenance of Certification. This approval is for a two-year period, October 2011 through October 2013.

As a Portfolio Sponsor in the ABP program, the Ohio AAP evaluates its own QI projects against ABP standards for MOC. Also, the Chapter’s intent is to be able to approve applications submitted from members for MOC Part IV. Projects meeting ABP standards become part of the Ohio AAP portfolio projects and those who meet ABP completion requirements will receive credit for Performance in Practice component of MOC.

Ohio AAP is the first AAP state chapter to accomplish this.


CATCH Implementation Fund grants are due Jan. 31, 2012. These grants, of up to $12,000, support pediatricians in the initial and/or pilot stage of developing and implementing community-based child health initiatives that provide:

- Medical home access
- Access to health services not otherwise available
- Connecting uninsured/underinsured populations with available programs
- Secondhand smoke exposure reduction

Visit www.aap.org/catch/implementgrants.htm for more information.

Contact State CATCH co-facilitators, Jonna McRury, MD, (jmcrury@aol.com) or Heng Wang, MD, (wang@ddcclinic.org) for support.

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Calendar of Events

The Ohio AAP announces the following meetings and events.

Feb. 20-21, 2012 – Ohio AAP Open Forum
Cincinnati Children’s Hospital

Monday, Feb. 20, 2012
5 p.m. Registration
5:30-6 p.m. Networking Reception
6-6:30 p.m. Building a Bridge from the Hospital to the Primary Care Physician - Arnold Strauss, MD
6:30-8 p.m. Injury Prevention, physician advocacy, and concussion management with how/when to refer to new Head Injury Center at CCHMC

Tuesday, Feb. 21, 2012
8-9 a.m. Grand Rounds
9 a.m. Registration
9:15 a.m. Panel discussions: Pediatric Injury and Improving Health Through Effective Community Partnerships
12:15 p.m. Executive Committee Meeting

Sept. 27-29 – 2012 Ohio AAP Annual Meeting
Embassy Suites, Dublin
First-ever poster presentation.
Watch website for more details!

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.