

Dr. John Duby receives pediatrician of the year

In a heartfelt speech, **John Duby, MD**, accepted the Elizabeth Spencer Ruppert Outstanding Pediatrician of the Year Award at the 2009 Ohio AAP Annual Meeting Nov. 13-14 at Great Wolf Lodge in Mason, Ohio.

Dr. Duby was recognized for his outstanding contributions to the advancement of pediatric care and education for patients and physicians of Ohio. Dr. Duby is the director of the Division of Developmental and Behavioral Pediatrics and co-director of the NeuroDevelopmental Center at Akron Children's Hospital. He also serves as the medical director for the Autism Diagnosis Education Pilot Project.

While serving as president of the Ohio Chapter, Dr. Duby established enduring relationships with numerous coalitions that advocate for the needs of children and with the Ohio



John Duby, MD, received the Elizabeth Spencer Ruppert Outstanding Pediatrician of the Year Award at the 2009 Ohio AAP Annual Meeting.

Department of Alcohol and Drug Addiction Services, Mental Health and

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Ohio AAP receives \$100,000 obesity prevention grant

The Ohio AAP recently received a Statewide Wellness and Obesity Prevention Program Grant for \$100,000.

The Ohio AAP will use the grant to increase the number of individuals trained in the *Ounce of Prevention is Worth a Pound* program with health-care professionals throughout

the state. The project began on Jan. 1, 2010 and will run through June 30, 2011.

The Ohio AAP, as one of the founding partners that developed the Ounce materials, will aim to train a minimum of 400 health-care pro-

See **Obesity...** on page 17

Open Forum tackles foster care issues

Bring your ideas on how the Ohio AAP and you can work together to address the real issues regarding foster care in Ohio.

The Ohio AAP's Open Forum meeting will be held **Wednesday, Feb. 3** at Dayton Children's Hospital from 8 a.m. to 1 p.m. Breakfast will be provided

The Open Forum will focus on two topics: "Navigating the System: An Overview of Current Ohio Foster Care" and "A Behind-the-Scenes Look at Foster Care".

A panel discussion will feature Cathy Appel, director of Family & Children Services of Clark County; Shelley Robbins, Rocking Horse Center, Springfield, Ohio; and Judge Anthony Capizzi of Montgomery County. A foster parent and child will also join the panel.

For more information and to register for this free meeting, contact Liz Kelleher at (614) 846-6258, or visit our Web site <http://www.ohioaap.org/pediatrician-education/open-forum>

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Update from the Statehouse

Deal reached to fill latest budget gap

A breakthrough in a budget stalemate on how to fill an \$851 million deficit in the state budget came on Dec. 17, 2009, when House and Senate leaders agreed to compromises to a proposal to delay the final phase-in of a scheduled income tax reduction. The proposal now includes a pilot project on new public construction contracting laws for certain higher education projects. The bill also includes a delay in all-day kindergarten mandates for local schools and restores funding for charter, non-public schools (primarily Catholic schools). The bill also makes a correction to the state's mental health budget, restoring \$14.7 million in critical funding.

Prior to this compromise, Gov. Ted Strickland had threatened to call legislators in to a special session over their planned holiday recess to ensure a budget fix was made. If the agreement had not been reached, cuts to primary and higher education were expected in early 2010.

Update on Other Legislation of Interest:**HB 8 (Celeste/Garland) – Autism Insurance Reform**

The Ohio House finally voted on House Bill 8, legislation that would prohibit insurance companies from denying coverage for the treatment and screening of autism-spectrum disorders, on Dec. 8, 2009, with a 57-39 vote. The bill will likely be a tough sell to majority Republicans in the Senate as insurance and small business interests step up their opposition to this and other insurance mandate proposals.

HB 60 (Pillich)/SB 24 (Keamey) – Nutritional standards for food and beverage vending machines

House Bill 60 sponsored by Rep. Connie Pillich (D-Montgomery) would require schools to establish specific nutritional standards for food and beverage vending machines and prohibit the school from offering options outside the healthy foods outlined in the bill. The bill was voted out of the full House with a 58-36 margin. Ohio AAP has worked closely with business and other health-advocacy organizations to support HB 372 and SB 310, a comprehensive school nutrition and wellness proposal (for details, please see Page 20).

HB 93 (Skindell) – Bicycle helmet requirement for children

Legislation requiring children under the age of 18 to wear a bicycle helmet passed out of the House Public Safety and Homeland Security Committee on Dec. 3, 2009. The bill, introduced by Rep. Mike Skindell (D-Lakewood), establishes a special fund for fines (\$25 for violations) that would be used to purchase helmets for low-income families. The bill is pending a full vote of the Ohio House.

HB 185 (Book/DeGeeter) – Prohibiting unilateral contract changes

Legislation sponsored by Rep. Todd Book (D-McDermott) and Rep. Timothy DeGeeter (D-Parma) to clarify an important provision from House Bill 125 from the 127th General Assembly passed the Ohio

House in December and is now being heard in the Senate Insurance Committee. HB 125 is intended to level the playing field in the relationship between providers and insurance companies by prohibiting an insurance company from making one-sided contract changes. Insurance companies have found a loophole in the current law so this language simply and clearly states that a material amendment to a health-care contract does not become part of the contract unless agreed upon by both parties. Hearings in the Senate committee are expected in 2010.

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**A Publication of the Ohio Chapter, American Academy of Pediatrics****Officers**

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President's Message

So much to do and so little time

As I sat down to write this article 2009 was coming to a close and 2010 was rapidly approaching. I cannot help but begin thinking about the year's end, and one's thoughts naturally fall



Terry Barber, Sr., MD

upon noteworthy activities, challenges, and issues that occupied time and energy throughout the year.

Here's a list of things that immediately came to mind.

Health-care reform; the Pediatric Medical Home; practice guidelines; Maintenance of Certification; P4P; electronic medical records; adequate payment for vaccine administration; early brain and child development; autism; pre-adolescent and adolescent health; disaster preparedness; changes in the pediatric workforce; obesity and fitness; HPV; MRSA; H1N1.

Coming from this list of issues, five were of primary focus. I would like to list them and briefly describe the outcomes of our efforts.

1) Address obesity in Ohio's children and improve nutrition and physical fitness. The Ohio AAP was a co-sponsor of a two-day statewide workshop focused on obesity and fitness. We wrote four grants for further funding of our efforts, and helped to develop and support legislation to create health and nutrition standards in schools (HB 60/SB 24, HB 59).

2) Educate physicians and parents about the special needs of pre-adolescent and adolescent females.

Healthy, Strong and Ready for Teens, a free, public symposium was held in April. Web access to the presentations has been created, and this model will be a template for the Open Forum in Akron for 2010.

3) Increase the general awareness of early brain development and importance of early childhood education.

Our Open Forum at Cleveland Metro Hospitals drew 140 attendees, half of whom were residents-in-training, educators, counselors, state agency representatives, and a legislator. Also, two positions on the governor's Early Childhood Advisory Council are held by the Ohio AAP – **Judy Romano, MD**, Ohio AAP treasurer, and Melissa Wervev Arnold, Ohio AAP Executive Director.

4) Improve the health and well-being of children in foster care.

The "My Story" program – a backpack with personal and emotional items and a portable medical record given to foster children – is being piloted at two sites. A multidisciplinary workshop on foster care was convened. Among several new initiatives resulting from this is an Open Forum scheduled in Dayton on Feb. 3 to include an expert panel and representation from the juvenile justice system.

5) Increase the number of pediatricians that utilize an evidence-based tool for developmental screening and provide a system to

expedite diagnosis and treatment.

Participation in the Autism Diagnosis Education Pilot Project was increased, Part 4 of the MOC accreditation was developed, and a \$300,000 earmark to continue the program for the first-year cycle was secured from a very tight state budget.

We have more to do – assist our members to meet the recent MOC requirements; involve more non-physicians such as parents and other stakeholders in child health; engage the pediatric training programs and specialists more; continue to improve payment for services while increasing access to care for children at risk; continue our presence in health-care reform and application of the Pediatric Medical Home model – and little time to do it. We have experienced an increase in participation of our members to resolve problems and engage these and other issues. However, we need more help.

Please consider offering your participation, opinion, and advice as we work through 2010. We can accomplish our goals through open communication, collaboration, and willingness to be involved with current and new challenges, but only if we work together.

– Terry Barber, Sr., MD
President, Ohio AAP

**Nutrient-Rich Foods
+ Physical Activity
= Healthy Lifestyle**



Imagine a world where children and adolescents are physically active every day, eat a balanced, nutrient-rich diet, and learn lifelong healthy habits. Unfortunately, that is not the world in which today's children live. Far too many grow up in environments where sedentary lifestyles and an excess of nutrient-poor, calorie-dense foods are the norm. Most children and adolescents are falling short on nutrient intake and rates of overweight and obesity continue to rise.

As health and nutrition professionals, how can you help?

Health and nutrition professionals play an invaluable role in developing the kind of environments that make it easier to make healthy choices. Recommending nutrient-rich foods and beverages – like low-fat and fat-free milk and milk products, fruits, vegetables and whole grains that provide many nutrients for relatively few calories – can help children meet their nutrient requirements while reducing consumption of empty calories.



Even more needs to be done.



Beyond your practice, we need your help to educate your colleagues and increase attention and time in assisting schools in a manner that helps them to foster the development of lifelong habits in sound nutrition and good physical activity in each and every student. Schools offer tremendous opportunities to model and teach healthful eating and physical activity, both in theory and in practice.

Nutrient-rich dairy is critical to milk health and wellness and to child nutrition programs. Three daily servings of low-fat or fat-free milk, cream or yogurt provide a nutritionally unique source of nutrients children need for healthy growth and development. As a good or excellent source of nine essential nutrients, milk also supplies the number one source of calcium, vitamin D, phosphorus and potassium in the diets of children ages 2 to 18 and the number one source of protein in the diets of children ages 2 to 11.

For more information and tools on how you can impact change within your practice and community, go to www.nationaldairyCouncil.org/childnutrition.

In the fight against childhood obesity, we can do more than just teach families how to count calories – we can teach them how to make those calories count by making nutrient-rich decisions at home, at school and on the go.



NATIONAL DAIRY COUNCIL

These health and nutrition organizations support the nutrient-rich foods approach, which considers the total nutrient package of a food or beverage, as a way for Americans to build and enjoy a healthier diet by getting the most nutrition from their calories.



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Case Study: Asthma

Editor's Note: The author of this case study, Mary Cataletto, MD, FAAP, FCCP, is an Associate Director of Pediatric Pulmonology, Winthrop University Hospital Mineola, NY, and professor of Clinical Pediatrics School of Medicine, State University of New York at Stony Brook.

An 8-year-old girl presents to your office as a new patient, complaining of shortness of breath with exercise. She wants to play soccer with her primary school team but says she "can't run because it makes her cough worse". Past medical history is significant for recurrent episodes of bronchitis since 3 or 4 years of age, daily cough with minor limitation in normal daily activity and chronic nasal congestion. She wheezes from time to time but usually only with upper respiratory tract infections. Her sleep is disrupted by cough about once or twice a week, but not nightly.

Physical examination shows a well-developed, well-nourished child who breathes comfortably and quietly on room air. No clubbing or cyanosis. HEENT exam showed allergic shiners, pale and swollen nasal turbinates bilaterally. Examination of the chest showed no gross deformity. Air entry was good bilaterally. There were no crackles or wheezing. The remainder of the examination was within normal limits.

Laboratory:

Spirometry was performed before and after a short acting bronchodilator. Her spirometry shows a mild reversible obstructive ventilatory

defect. Baseline FEV₁ is 79% predicted. There is a significant bronchodilator response.

Initial chest films (two views) were normal.

Skin testing showed reactions to environmental allergens, including grass and trees.

Discussion: Asthma is one of the most common chronic diseases of childhood occurring in 9.4 % of U.S. children. Exercise is a common trigger for asthma symptoms but exertional dyspnea is not exclusive to asthma. Since exercise has many important benefits for children, accurate diagnosis and treatment is critical. The diagnosis of asthma is established by a history of episodic symptoms of airflow obstruction which is at least partially reversible. Alternate diagnosis need to be considered and excluded.

Asthma severity is classified by two major domains: impairment and risk.

In the 5- to 11-year-old age group impairment is assessed by frequency of daytime symptoms, nighttime awakenings, use of short acting B₂ agonists, interference with normal activities and lung function.

Spirometry is an objective tool which allows practitioners to evaluate lung function in an office-based setting. It is currently recommended for all asthmatic children ages 5 years and older. Peak flows measurements, while frequently used to follow asthma are inappropriate for diagnosis.

Risk assessment is performed using the number of exacerbations re-

quiring systemic corticosteroid therapy. Severity classification can be done before you begin long-term controller therapy. In this case you would assign a severity classification of moderate persistent asthma because of daily symptoms, nighttime symptoms occurring \geq once weekly but not nightly, some limitation to daily activities and an FEV₁ of 79% predicted. Reversible airflow obstruction was demonstrated on spirometry where this child's FEV₁ improved from 79 to 93% predicted or a change of 18%. An increase in FEV₁ of > 10 % predicted after administration of short acting B₂ agonist is considered a significant response. Careful attention should also be directed toward evaluation of atopy and allergic rhinitis as comorbidities when evaluating children with asthma. In this case you have evidence of allergic shiners and pale, swollen nasal turbinates which you evaluated with skin testing for common outdoor allergens. Your treatment plan will include therapy for both upper and lower airway disease. Remember that each asthmatic requires two asthma action plans: one for control and one for rescue. These plans should be reviewed with both the child and her family. Adherence to asthma management plans is improved when patients and families are educated about their disease. The preferred initial treatment for moderate persistent asthma will correspond to step 3 which includes either medium-dose inhaled corticosteroids for control or a low-dose inhaled corticosteroid plus either a long acting B agonist, leukotriene

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Ohio AAP Foundation values your support

The Ohio AAP Foundation is extending a hearty thank you to the following individuals and corporations for their support from July 1 through December 1, 2009. Their donations, whether unrestricted to the Ohio AAP Foundation or restricted for one of the Foundation's programs, have helped the Foundation strive to reach its mission of

helping all of Ohio's children and adolescents grow up to reach their optimal physical, cognitive, social and emotional health in caring families and safe communities.

Donations during this time were made in support of the Ohio AAP Foundation Golf Outing which was held at The Lakes Golf and Country Club in September, or at the Foun-

ation Wine Raffle and Ring Toss held during the Opening Reception of the Ohio AAP Annual Meeting in November. Additionally, individuals have made donations specifically to either the Reach Out and Read Ohio program or the My Story Foster Care program throughout the year. Thank you for your generosity.

Abbott Nutrition
 Abuelo's Mexican Food Embassy
 Hugh Allen, MD
 Kristin & Steve Andersson
 Moustafa Aouthmany, MD
 Kevin Arnold, PhD & Melissa Wervey Arnold
 Terry Barber, Sr, MD & Jackie Barber
 Barnes & Noble - Polaris
 Greg Bates, MD
 bd's Mongolian bbq
 Luke Brown
 Nathan Bryan
 Buca di Beppo
 Buckeye Community Health Plan
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 John Duby, MD and Sara Guerrero-Duby, MD
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Nationwide Children's Hospital
 Ohio Children's Hospital Association
 Old Bag of Nails
 Lisa Olinger
 On the Border Mexican Grill
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 Charles Spencer, MD
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 Gerald Tiberio, MD & Clare Tiberio
 Richard Turner, MD
 Steve Turner
 Clare Ward
 Chris Waynar
 Steve White
 John Wiley
 Keith Wong
 Tom York
 Troy Young
 Jeff Ziegler
 Nick Zumberge, MD

Wine raffle and ring toss raise \$1,700 for Ohio AAP Foundation

At the Ohio AAP Annual Meeting Opening Reception on Friday, Nov. 13 at Great Wolf Lodge, attendees purchased raffle tickets, and played wine ring toss, to win bottles of wine all in the name of helping Ohio's children.

In total, the Ohio AAP Foundation raised more than \$1,700 through the Wine Raffle, Wine Ring Toss, and through general donations to support 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
- My Story Foster Care Program

Approximately four cases of wine were donated to the event, with nearly 30 bottles being raffled and the rest being designated for the ring toss game. Participants of the ring toss could purchase three rings for \$10, and if they tossed the ring around the neck of a bottle of wine, they were able to take home that particular bottle.

Heather Hall, Assistant Executive Director of the Ohio AAP Foundation commented, "This was a great opportunity to interact with the physicians, families and exhibitors who attended Annual Meeting. Playing ring toss generated interest in the Foundation, purely because it was a different activity. I look forward to hosting these events next year at Annual Meeting."

For more information on the Ohio AAP Foundation, please visit: www.ohioaap.org/foundation.

William Cotton, MD, turns in his lucky ticket for a bottle of wine at the Opening Reception of the Ohio AAP's Annual Meeting.



Jonathan Price, MD, shows his moves at the wine toss to benefit the Ohio AAP Foundation.



The Ohio AAP Foundation raised more than \$1,700 through a wine raffle, wine ring toss and donations. Obi Ugbana, MD, tries her luck at the wine toss.



Going home with bottles of wine are, from left, Jonna McRury, MD, Olivia Thomas, MD, and JoAnn Rohyans, MD. Approximately four cases of wine were donated for the fundraiser.

CQN Asthma Pilot Project

13 practices strive for measurable improvements in asthma outcomes

From this fall to November, 2010, the Ohio AAP will be helping 13 practices achieve measurable improvements in asthma outcomes through the Chapter Quality Network (CQN) Asthma Pilot Project.

One specific goal from the American Academy of Pediatrics is that practices will implement the use of the National Heart, Lung, and Blood Institute (NHLBI) guidelines – which emphasize the importance of asthma control and introduce new approaches for monitoring asthma – to achieve those measurable improvements, as well as to make key practice changes to support these improvements.

To do this, Ohio and the three other chapters (Alabama, Maine and Oregon) participating in the CQN Asthma Pilot are striving for 90% or more of asthma patients to receive “optimal care” by the end of the pilot in November 2010. Optimal care is defined as that which includes:

- use of a validated instrument to assess a patient’s asthma control;
- a stepwise approach is used to identify treatment options, or adjust current therapy;
- a flu shot, or flu shot recommendation, for all patients 6 months of age or older;
- and a written asthma action plan.

With baseline data, and one additional month of reporting, Ohio practices currently report 43% of

their asthma patients are receiving “optimal care” through the pilot project. The national average from the same time period reports 51% of patients are receiving optimal care across the collaborative.

“For our practice, this data has been helpful in identifying areas we need to improve with our patients,” said **Kimberly Giuliano, MD**, physician leader with Cleveland Clinic Children’s Hospital – Main Campus. “Specifically, in the beginning we were giving written asthma action plans to 6% of our patients. By participating in this collaborative, we have recognized this as a deficiency, and have now increased our action plans to 86% of our asthma patients.”

P. Cooper White, MD, physician project leader, and Medical Director of the Locust Pediatric Care Group at Children’s Hospital Medical Center of Akron, expects a notable increase in patients receiving optimal care in the future. “As practices become familiar with using the encounter form during visits, and now that the H1N1 flu outbreak seems to be slowing down, I expect practices will be able to focus on quality improvement and their processes in patient care in a different manner,” said Dr. White.

The 13 practices in Ohio participating in the CQN Asthma Pilot Project represent community health centers, hospital-based systems and private practices throughout the state are:

- Akron Children’s Hospital Pediatrics – Broadway
- Cleveland Clinic Beachwood FHC
- Cleveland Clinic Children’s Hospital – Main Campus
- Cleveland Clinic Children’s Hospital at Marymount
- Cleveland Clinic Willoughby Hills FHC
- Locust Pediatric Care Group at Children’s Hospital Medical Center of Akron
- Nationwide Children’s Hospital Primary Care Centers – Red Team
- Oxford Pediatrics and Adolescents
- Pediatric Associates
- Pediatric Associates of Mt. Carmel
- PediatriCenter of Greater Cleveland
- PrimeCare Pediatrics
- Toledo Children’s Primary Care

For more information on the CQN Asthma Pilot Project, please contact Heather Hall, Project Manager, at (614) 846-6258 or hhall@ohioaap.org, or visit <http://www.ohioaap.org/program-initiatives/cqn-asthma-pilot-project>.

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Education. In the past he has served on committees of the Ohio Department of Health's Bureau for Children with Medical Handicaps and Bureau of Early Intervention Services.

In addition to being an active member of the Ohio Chapter, Dr. Duby participates nationally as well. He has been a member of the Executive Committee of the American Academy of Pediatrics Council on Children with Disabilities since 2002, and is also a member of the AAP Chapter Forum Management Committee and the AAP Provisional Committee on Development.

Dr. Duby is also a board member for Voices for Ohio Children and the Autism Family Foundation of Northeast Ohio.

In his closing remarks, Dr. Duby expressed how proud he is to be a pediatrician. He said, "We need to thank all those people for the opportunities we've been given, and we need to begin to look for the people who *we* can open doors for."

Sen. Shannon Jones, who is currently serving her first term in the Ohio Senate, received the Antoinette Parisi Eaton Advocacy Award. Sen. Jones has been a strong friend to pediatricians and children's health issues since she began her work as a state representative in 2007. She has been a vocal advocate of funding for children's hospitals and immunizations. She sponsored the bill, and was the lead advocate, in getting booster seat legislation passed.

The Arnold Freidman Community Pediatrician Award went to **Maria Nanagas, MD**, for her longtime commitment and dedication to the children and families of the Dayton area.

Dr. Nanagas maintains a very busy practice, and still manages to give thousands of hours volunteering in her community.

Her efforts have dramatically improved the lives and well being of the children of her region. She has served as a physician volunteer for 10 years at the Golden Acres Mini-strant Center and Salud Community Health Center serving migrant workers.

She is also in her 13th year of volunteering at Reach Out Montgomery County, providing medical care to the underinsured and uninsured.

In the area of lead poisoning prevention and treatment, Dr. Nanagas is the region's recognized expert. Through Dayton Children's Medical Center "Ask an Expert", Dr. Nanagas has answered more than 800 questions on general pediatric topics from the community via the hospital Web site since 2001.

The Leonard P. Rome Award was shared by **Robert Murray, MD**, and **Elise DeVore Berlan, MD, MPH**, for their outstanding work chairing the very successful Healthy, Strong and Ready for Teens Symposium in April 2009. The symposium for both parents and physicians emphasized the unique needs of the developing pre-teen and teen girls and the types of challenges that their parents might encounter on a daily basis.

Dr. Murray is the director of Nationwide Children's Hospital's Center for Healthy Weight and Nutrition, and is a professor of clinical pediatrics at The Ohio State University College of Medicine. Dr. Murray has worked on the issue of obesity prevention in children for more than a decade. He is the chair-

elect of the American Academy of Pediatrics Council on School Health and has been their representative to the national Action for Healthy Kids initiative, promoting school policies that combat obesity. Dr. Murray is the chair of the Ohio AAP's Home and School Health Committee. Dr. Murray serves as the national chair of the Health Sector for Central Ohio's Healthy and Fit project, a community-wide effort to coordinate local resources aimed at curbing obesity.

Dr. Berlan is a member of the Section of Adolescent Health at Nationwide Children's Hospital and an assistant professor of clinical pediatrics at The Ohio State University College of Medicine. She is an active member of the Ohio Chapter, National AAP and the Society for Adolescent Medicine. Dr. Berlan's clinical interests include obesity prevention, eating disorders, young women's reproductive health and quality improvement.

The awards luncheon was the conclusion of a very educational Annual Meeting which included a discussion of Maintenance of Certification presented by **Judy Dolins**, District and Chapter Relations Director at the AAP, and a discussion of the Bright Futures Implementation Project presented by **Paula Duncan, MD**.

Pre-Annual Meeting Workshops included information on CATCH Grants, technology issues, and a Red Book Update.

The 2010 Ohio AAP Annual Meeting will be held on Friday, Nov. 5 and Saturday, Nov. 6 in Columbus. Hope to see you there!

Letter from the Executive Director

Chapter reports strong fiscal year

A new year always brings new challenges. Thankfully, last year was an outstanding year in pediatrics and we hope to continue that trend into the new year.

At the beginning of last year, we began a six-month budget debate in this state.

At the end of the debate, the legislature passed a state budget bill that required Medicaid reimbursement rates to certain community providers to be reduced by an amount of at least three percent. After receiving the first increase in reimbursement rates in seven years only 18 months prior, this news at first was devastating.

Therefore, the Ohio AAP, its staff, lobbyists, Legislative Committee and Board worked hard with those at Medicaid and in the Administration to stress the importance of NOT reducing primary care pediatric codes. We advocated on the belief of the Ohio AAP that by reducing reimbursements to those providers who are already struggling to maintain their current Medicaid case load, we would be eliminating access to care to hundreds of thousands of Ohio's children and those most at-risk and in need of access to care.

After much debate, and with the help of our advocacy partners, and the strong support from those at Medicaid and in the Administration who agreed with our stance and



Melissa Wervey Arnold

fought hard to protect reimbursement rates to pediatrics, we not only are pleased to announce that there will be NO reimbursement rate reductions for preventative pediatric primary care, but that in fact, two reimbursement codes, those used for developmental screening (96110 and 96111) were actually INCREASED by 10 percent to emphasize the importance of early screening and detection in children.

We are incredibly thankful that in these difficult economic times, and when most Medicaid rates in almost all other states were being reduced, the state of Ohio protected those codes to guarantee continued access for a significant amount of Ohio's children.

In addition to good news on a state level, the Chapter also received a strong internal report from its annual independent audit. While many membership organizations look at results from their financial reports that show more than 60 percent of their organization's funds going toward administrative costs, such as publications and lobbying, the Ohio AAP finished our most recent fiscal year with only 20 percent in administrative costs; meaning the other 80 percent of income, such as your dues, go directly toward providing programs, training and services for Ohio's pediatricians, children and their families.

This is in large part due to the tremendous amount of grant dollars that have been brought into the Chapter over the past few years. We have not only grown our income to become an organization of well over

one million dollars, but we have done so by providing more member value, as well as more services and programs, and **without** raising dues! These programs accomplish such things as improving immunization rates in the state; quality improvement programs that will count toward maintenance of certification part IV for board recertification; training for screening developmental delays including autism; developing diagnostic teams in regions across the state for children with developmental delays so that they have access to faster diagnosis as well as avenues for referral and treatment; an early literacy program to provide free books for children from low-income families; a social and emotional program targeted at foster care children including a portable medical record; a wellness and obesity prevention program for physicians to use with families, and much, much more! As always, we welcome your comments/feedback not only on our existing programs, but areas where we can grow and improve.

We look forward to yet another strong fiscal year, for not only the organization, but for Ohio's pediatricians, children and families.

– Melissa Wervey Arnold
Ohio AAP Executive Director

Reach Out and Read Ohio

Barnes & Noble supports ROR Ohio

During November and December, Barnes & Noble stores in Columbus and Akron chose Reach Out and Read (ROR) as their charity of choice for their annual Holiday Book Drive. In the first month, more than 2,000 books were collected between the locations at Polaris Fashion Place in Columbus, and in the Montrose Shopping Area in Fairlawn.



Ohio AAP President, Terry Barber, Sr, MD, participated in the Holiday Book Drive by reading to children during story time at the Barnes & Noble Polaris on the afternoon of Nov. 29.

"I had a great time reading to these kids," Dr. Barber said after the event. "Watching their expressions, and seeing how excited they got during the story proves to me that reading aloud to children is an important part of their growth and development. And that is what Reach Out and Read is all about!"

Dr. Barber's appearance was in conjunction with a Reach Out and Read benefit weekend, which provided ROR Ohio with a portion of the proceeds from all sales when customers provided cashiers with the ROR voucher in store, or used the voucher code for online purchases. ROR Ohio expects to raise approximately \$1,000, or more, from the sales as well as collect nearly 3,000 books between the two stores.



Ohio AAP President Terry Barber, Sr, MD, reads to children during story time at Barnes & Noble Polaris bookstore during the Holiday Book Drive to benefit Reach Out and Read.

ROR Unveils New Web site

The Reach Out and Read National Center unveiled its new national Web site in early December. To view the newly designed site go to www.reachoutandread.org

The new Web site achieves some fundamental, but important goals:

- **Modernized look and feel.**
- **Ease of use for all visitors.**
- **Enables you to find the information YOU need.** Three portals have been created for Medical Providers, ROR Supporters, and Parents and Educators.
- **Steers visitors to clear calls to action.** The new Web site outlines dozen of ways to support ROR and its mission.
- **Emphasizes ROR's evidence base, scale, and impact.**

In addition to reorganizing the Web site, ROR also added dozens of

new literacy materials for providers and parents and educators, including lists of doctor-recommended children's books, reading tips, and information about many of ROR's newest special initiatives.

ROR National Center names new CEO

In September, Earl Martin Phalen assumed the position of Chief Executive Officer of Reach Out and Read, headquartered in Boston. With more than 16 years of experience in nonprofit leadership, he is working to bring ROR to the next level of mission and service.

"Reach Out and Read is one of the finest organizations in the country," Phalen said. "Few nonprofits have the same evidence base (13 research studies), scale (3.8 million children

See **ROR...** on page 20

Developmental screening program continues, expands throughout Ohio

More than 30 pediatrics practices took time to get involved in a program to promote evidence-based developmental screening.

The Concerned About Development Learning Collaborative (CADLC) hosted learning sessions in Akron, Columbus, and Toledo. A part of the Autism Diagnosis Education Pilot Project (ADEPP), CADLC leaders also held a Webinar for teams who couldn't attend the learning session in person.

"CADLC is a first of its kind program aimed at finding children with developmental problems early, by teaching best practices in screening and referral," said **John Duby, MD**, CADLC Medical Director.

Project participants learn how to use screening tools within the context of their office, spend time with

local resource and referral groups to work on communicating concerns and work with team leaders to address billing and coding concerns.

"A project like this requires a team effort from the entire practice," said Dan Farkas, ADEPP Project Manager.



"We've been so pleased to see teams unite around this important issue."

The teams who participate in the project earn CME. In addition, practitioners would be eligible for 20 points of Part IV Maintenance of Certification.

"Our initial data suggests teams will screen more effectively, many in the same amount of time than before they started the screening program," Farkas said.

The project will hold its second wave of learning sessions in early 2010, with Greenville, Athens, and Cincinnati hosting sessions. A second series of Webinars will also take place. Project information and applications are available through www.concernedaboutdevelopment.org/.

"Any Ohio pediatrician is eligible to participate," Farkas said. "We look forward to moving this process forward for the teams and the children they serve."

ADEPP and CADLC are funded through grants from the Ohio Department of Health, Bureau of Early Intervention Services and the Ohio Department of Job and Family Services.

If you have questions, please contact Dan Farkas, Project Manager, at (614) 846-6258 or e-mail dfarkas@ohioaap.org.

Case Study... from page 5

receptor antagonist or theophylline. A short acting B₂ agonist, such as albuterol or levalbuterol is recommended for rescue treatments. One of our goals in asthma management is to allow children to participate fully in school, community and family activities, in other words to achieve long-term control with the least amount of medications and possible side effects. Consultation with an asthma specialist may help you to manage children in whom you have difficulty with the diagnosis, with those who need further or specialized testing (eg skin testing, PFTs), for those requiring additional

or more focused asthma education or services, and for those who require specialized therapies such as immunotherapy. The Expert Panel 3 of the National Heart, Lung and Blood Institute recommends that you should be considered with step 3 care and is required when step 4 or above is necessary. Full text of the current Guidelines for the Diagnosis and Management of Asthma can be obtained online at: <http://www.nhlbi.nih.gov/guidelines/asthma/>.

**2010
Ohio AAP
Annual
Meeting
Nov. 5-6
Columbus**

This information is available on the Ohio Chapter, American Academy of Pediatrics' Web site at www.ohioaap.org

Asthma and the School-Age Athlete

Background: Asthma affects nearly 9 million children in the United States. It is a chronic inflammatory disease with significant ethnic and racial disparity in prevalence and severity. Obesity in children has been associated with an increased prevalence of asthma, so a discussion of healthy choices regarding nutrition and exercise is important for every child. Exercise-induced asthma is less likely when asthma symptoms are kept under good control.

Diagnosis:

A. History. History alone has poor sensitivity and specificity in the diagnosis of asthma. Uncontrolled asthma should be suspected in children with increased cough, shortness of breath, chest pain or chest tightness shortly after beginning exercise. Exercise-induced bronchospasm (EIB) should be suspected if symptoms begin following strenuous activity for 10 minutes or after exercise has been discontinued.

B. Physical examination. The physical examination may be completely normal at rest. Evaluation for signs of atopic disease and other airway diseases, as well as BMI for age, can reveal EIB risk factors.

C. Pulmonary function testing. Pre- and postbronchodilator spirometry is a useful tool in establishing the diagnosis of asthma and in evaluating its severity. An exercise challenge can provoke bronchospasm and assist in establishing the diagnosis when other tests are normal. Exercise challenges may be performed in the pulmonary function laboratory, on the field (free run challenge) or by reproducing the activity that provoked the symptoms. During the exercise challenge expiratory airflow measurements, (PEFR or FEV₁) are performed every 5 minutes for 20-30 minutes. A > 15% drop in PEFR or FEV₁ is consistent with a diagnosis of EIB.

The national Expert Panel Guidelines on asthma (EPR 3) recommend that parents, coaches & teachers of children with asthma should be advised:

- that exercise may trigger asthma symptoms
- that the child is able to participate in activity
- that the child may need inhaled medication before exercise

Asthma action plans are recommended for all children with asthma that addresses use of controller medication, rescue treatment and prophylaxis. Management of asthma exacerbations and emergencies is part of the asthma action plan. Sample asthma action plans can be obtained at www.nhlbi.nih.gov/guidelines/asthma/

Individualized Asthma Action Plan contains:

I. Pharmacologic treatment:

A. Controller therapy:

- Long-term control if appropriate (frequent or severe exercise-related asthma symptoms may be indicative of poorly controlled asthma)

B. Rescue treatment: Should be immediately available to all athletes with asthma

C. Prophylaxis: may include

- SABA (Short acting B₂ agonist) immediately prior to, or as close to, time of exercise as possible
- Nedocromil or Cromolyn – not as effective as SABA; may be helpful as adjunct to SABA for some patients
- Montelukast given daily may attenuate EIB in up to 50% of affected asthmatics

Note: Competitive athletes must disclose their medications and adhere to the standards set by their sports governing body. A complete list of approved and prohibited medications can be obtained from the U.S. Anti-doping Agency Drug Reference Line at 1-800-233-0393.

Tips:

1. When exercise in cold air or triggers during allergy season induce asthma symptoms, long-term controller medications may need to be adjusted.
2. Athletes should be partners in their asthma management. Even during periods of good symptom control they should have their rescue inhalers immediately available to them.
3. Athletes should be engaged in discussion about the advantages of optimal nutrition and avoidance of exposure to smoke. This is particularly important for athletes where specific weight requirements are mandated.

References:

Expert Panel Recommendations on Asthma (EPR 3)
<http://www.nhlbi.nih.gov/guidelines/asthma>

Plaut, T.F. One Minute Asthma, 8th edition, Pedipress Inc., Amherst, Mass 2008.

Author: Mary Cataletto, MD, FAAP

Sports Shorts is provided by the Home and School Health Committee of the Ohio Chapter, American Academy of Pediatrics.

Sports Shorts

Guidelines for Parents, Coaches, Athletes

This information is available on the Ohio Chapter, American Academy of Pediatrics' Web site at www.ohioaap.org

Asthma and the School-Age Athlete

Background: Asthma is common, affecting 9 million children in the United States. It is likely that every coach and teacher will encounter an asthmatic child. Well-controlled asthma should allow a child's participation in sports. Those who interact with asthmatic children should be aware of the child's asthma status, their capacity to participate and the medications required to ensure full participation.

Common Asthma Triggers during Sports: Exercise, particularly in cold, dry air, is a common trigger. Stress of competition, sports requiring increased intensity and endurance, upper respiratory tract infections and allergic stuffiness can also trigger asthma.

Considerations:

Environment: High levels of pollution, smog, pollen in the air, as well as cold, dry air can be a problem for asthmatics. A scarf or covering that surrounds the nose and mouth with warm, expired air may minimize cold air irritation.

Sport: High intensity and high endurance sports have been associated with increased asthma symptoms.

Level of competition: Competitive athletes have been shown to have increased symptoms during periods of increased competition.

Cross training: Cross training is an option for asthmatic athletes who are recovering from a respiratory illness or asthma attack. By choosing an activity less likely to produce asthma symptoms, the athlete can gradually be reintroduced to his or her previous level of activity.

Smoking: Smoke increases the frequency and severity of asthma symptoms. Athletes with asthma should avoid all exposure to smoke of any type.

Signs and symptoms of an asthma attack:

- Increased cough
- Wheeze/ noisy breathing
- Shortness of breath
- Rapid breathing
- Difficulty walking or talking
- Inpulling between ribs and above breastbone
- Blue lips, tongue and/or fingertips

Sports Shorts is provided by the Home and School Health Committee of the Ohio Chapter, American Academy of Pediatrics.

Asthma Action Plan: This plan is developed with your health-care provider and gives specific information about the names, dosages and when each medication should be used. In your asthma control plan you will find how to handle an asthma attack, when to increase or add to your usual medications and when to call your provider or go to the emergency room.

Responding to an Asthma Attack:

- A) Stop the activity.
- B) Stay calm.
- C) Know your Asthma Action Plan.
 - a) Remember to take your controller medications as prescribed by your health-care provider.
 - b) Always have your rescue medication immediately available and know how and when to use it.
- D) Call 911 if severe distress or medication is not helping.

Tips:

1. Asthma alone does not preclude participation in sports activities for most students.
2. Work with your health-care provider for good long-term asthma control and an asthma action plan.
3. Rescue medication should always be available for athletes with asthma.
4. To help improve asthma, control modifiable triggers whenever possible. Consider gradual warmup exercises prior to participation, using sprinting, stretching or jogging. Try using a scarf or face mask to block cold air whenever possible. For pollen sensitive students, consider an OSHA rated N-95 filter mask to block pollen as one means to improve day-to-day control.

**Note: Athletes should notify their coaches of all medications taken immediately prior to or during an athletic event. Competitive athletes must disclose their medications and adhere to the standards set by their sports governing body. A complete list of approved and prohibited medications can be obtained from the U.S. Anti-doping Agency Drug Reference Line at 1-800-233-0393.*

References:

Plaut, T.F. One Minute Asthma, 8th edition, Pedipress Inc., Amherst, Mass 2008.

Author: Mary Cataletto, MD, FAAP

Coding Corner

Coding for consultations

In a recently released communication from the Center for Medicare and Medicaid Services, CMS has stated they will no longer recognize or pay for consultation codes (99241-99255). This is an issue considering that consultation codes pay 25-42%



Rick Tuck, MD

more than comparable evaluation and management codes with the same key elements of history, examination and medical decision making.

This troubling decision for physicians was prompted by a CMS

assessment of the use of consultation codes. This review demonstrated that the use of consultation codes has been inappropriate, has not met criteria for their use, and has resulted in significant overpayment to physicians. The research revealed an overall coding error rate of 32.4%.

CMS has taken the position that consultation services should now be billed using office visit (99212-99205) or hospital visit (99221-99233) codes. It is estimated this will save the CMS \$534 million in payment to specialists, which will be redistributed as increased payments for office visit (99212-99205) and hospital visit (99221-99233) E/M codes.

Ironically, this CMS policy comes

at a time when CPT 2010 publishes clarification for the consultation codes regarding what constitutes a consultation, and what represents transfer of care warranting office visit and hospital visit E/M coding.

The AAP has strongly opposed this change, recognizing that appropriate use of and payment for the consultation codes is important to all pediatricians, including medical and surgical specialists. Although general pediatricians who do not regularly code for consults could gain from Medicare's position, it is inconsistent with correct CPT coding guidelines. Traditionally, many Medicaid programs and private payers follow Medicare's lead. This results in con-

See **Coding...** on page 23

H1N1 coding and payment update

Coding for, and getting paid for, administration of H1N1 vaccine has been a challenge for all providers. Now there is CMS published support for a reasonable payment for the new 90470 CPT code specific for H1N1 administration. Until late November there was no published RVU for this new CPT code. This has been rectified with a published value for this CPT code. Based on the standard RVU conversion factor adjusted for Ohio, the payment would be \$21.64 based on Medicare equivalent payment. This amount reflects the counseling and actual administration work for this vaccine, although individual payers may not pay consistent with this benchmark. Your specific contract with a payer may also affect this payment. You should consider actively appealing private payer payments less than this CMS endorsed amount.

Summarizing coding options for H1N1 influenza vaccine:

CPT:

90470 – H1N1 Immunization Administration, any route, including counseling,
Medicare RVU **\$21.64**
90465-90468, 90471-90472 – if specifically directed by the plan
G9141 – H1N1 Immunization Administration, any route, including counseling,
Ohio Medicare **\$19.95**

ICD:

90663 – Influenza vaccine, pandemic formulation
G9142 – Influenza A Vaccine (H1N1), any route administration, \$0 vs. \$0.01 charge

H1N1 Influenza – Rapid Testing:

If testing for two distinct virus strains, report test for rapid influenza test twice:

87804

87804-59 (distinct procedure modifier)

Ohio AAP welcomes new members

Continued from 2009 Fall issue of *Ohio Pediatrics*.

Gary Schniegenberg, Bluffton
Lindsay R. Schotts, Cincinnati
Brian C. Schroer, Cleveland Heights
Elaine E. Schulte, Shaker Heights
Jennifer Schwalbe, Cleveland
Erin Scott, Akron
Heidi A. Senokozlieff, Medina
Vanessa L. Shanks, Columbus
Robert A. Shapiro, Cincinnati
Neha N. Sheth, Pepper Pike
Kelley H. Shultz, Perrysburg
Ritu Singh, North Canton
Stephanie R. Sisley, Liberty Township
Monique Nattin Slaven, Cincinnati
Brandon Smith, Akron
Kristen Smith, Cuyahoga Falls
Dane A. Snyder, Columbus
Kerri Beth Sobolewski, Cincinnati
Abimbola Sokunbi, Cincinnati

Margaret Somple, Zanesville
Denise A. Somsak, Cincinnati
John P. Sotos, Dublin
Katherine B. Splittek, Cleveland
Maria M. Stamatakos, Cincinnati
Amrita K. Stark, Cleveland
Debra M. Stein, Cincinnati
Mark C. Steinhoff, Cincinnati
Heather L. Stewart, APO
Lisa Vu Stone, Grove City
Melissa Strange, Akron
Barbara L. Straus, Sylvania
Keri Streby, Columbus
Theodore W. Striker, Cincinnati
Miller Joseph Sullivan, Westerville
Catharine I. Symmonds, Stow
Valerie T. Tackabury, Cleveland
Emily Tancous, Columbus
Animesh A. Tandon, Cincinnati
Montoya K. Taylor, Columbus

Krystin J. Tekulve, Cincinnati
Stephanie L. Tessing, Cincinnati
William F. Thistlethwaite, Loveland
Tiffany C. Thomas, Rootstown
Gina R. Thompson, Columbus
Jamie Loundy Thompson, Gahanna
Cody Tigges, Akron
Maria Stefania Tomaszewska, Mentor
Jennier Trittman, Columbus
Chang-Yong Tsao, Columbus
Marni Feuerstein Turell, University Hts.
Carrie Tuten, Columbus
Jagadisharaje K. Urs, Powell
Narendra Vadlamudi, Cleveland
Ximena Valdes, Shaker Heights
Wendy L. Van Ittersum, Cleveland
Nancy Drescher Van Keuls, Westlake
Kieuhoa Vo, Columbus

More new members will be listed in the next issue of *Ohio Pediatrics*.

Serving students in grades 1-12 with language-based learning differences and attention deficits

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District V Report

Your Academy working for You

Challenges have never been greater for the practicing pediatrician whether in primary care or a subspecialty. The concerns you continue to address are significant and life changing both for you and the patients under your care.



Marilyn Bull, MD

Most of you are caught in the throes of the H1N1 crisis, one of the most stressful issues our country has faced as it affects virtually every citizen. The problem has been fueled by the inability to manufacture the rapidly developed vaccine quickly enough to meet the demand and the state-by-state challenge to distribute the vaccine equitably to those at highest risk as the supply arrives. Facing worried parents is difficult and you do it with skill as you provide a medical home for your patients. Physicians must work with the state health departments to facilitate the process of distribution and each state chapter is involved in that process. You have the opportunity to communicate with your AAP Chapter to make the process work as best as possible. Also know that the National AAP leadership is advocating to facilitate this issue to the best of their ability, despite lack of direct control.

Health Care Reform is another concern on everyone's mind as Congress continues to move forward in attempt to address this critical issue. The Washington office works tirelessly to ensure that the aspects of importance to pediatricians and chil-

dren are incorporated in the package as it is developed. You may keep up to date on the pediatric issues by becoming an AAP Key Contact and receiving weekly or more frequent updates. You also may contact the Washington office directly by e-mail to rhall@aap.org or calling (800) 336-5475. To read the latest information online and to become a Key Contact, go to Federal Affairs at <http://www.aap.org/moc/index.cfm>.

Maintenance of Certification (MOC) has also been a major topic of discussion. A letter explaining how MOC may affect those with permanent certification was recently sent to you and is also available on the AAP Web site. Members who hold time-limited certifications probably already know that your secure test requirement will change to every 10 years. For more details you should visit www.ABP.org. The

complexity of the change has raised significant anxiety and confusion and the role of the AAP in this process is to consult and advise ABP as well as participate in developing educational resources.

As you address all of these concerns and others that arise in your practice, please do not shoot the messenger, but do communicate your questions and concerns and know that, in every way possible, I will make an effort to communicate your ideas to the appropriate channels.

The AAP is your voice at a state and national level. Your chapter leadership and I are an additional conduit and stand ready to meet your needs. Please contact me.

– Marilyn Bull, MD, FAAP
District V Chairperson
mbull@iupui.edu

Obesity... from page 1

fessionals, with potential to spread the materials into an even broader audience, by utilizing four targeted educational opportunities.

The Ohio AAP will use the following steps to disseminate and train health-care providers:

- 1) Regional CME/CNE meetings in five regions targeted as high-risk for childhood obesity.
- 2) Webinars targeted in the five high-risk for childhood obesity regions available to physicians and/or nurses throughout the state.
- 3) Conduct a quality improvement learning collaborative that will provide CME and Part IV Maintenance

of Certification credit.

4) Launch an interactive Web site that has features for health-care providers, parents, and children/teenagers that features the Ounce tools and questions about healthy weight and nutrition.

For more information about the obesity project contact the Ohio AAP Chapter at (614) 846-6258, or e-mail chapter@ohioaap.org.

2009 Ohio AAP Annual Meeting



Bob Murray, MD, and Elise DeVore Berlan, MD, co-winners of the Leonard P. Rome Award for their work on the Healthy, Strong and Ready for Teens Symposium, with Ohio AAP President Terry Barber, Sr., MD.



Enjoying the Opening Reception are: from left, Jill Fitch, MD, and Andy Garner, MD, Ohio AAP Delegates-at-Large, and President-Elect Gerald Tiberio, MD, and his wife, Clare.



Resident Craig Conard, MD, left, talks with an exhibitor during the Opening Reception.



There was plenty of discussion and questions at the Maintenance of Certification workshop at the 2009 Ohio AAP Annual Meeting. Toni Eaton, MD, right, shares her thoughts with attendees, with presenter Judy Dolins, District and Chapter Relations Director at the AAP, in back ground.



John Duby, MD, and Joan Griffith, MD, during the Opening Reception Nov. 13 at Great Wolf Lodge in Mason, Ohio.

District V Chair Marilyn Bull, MD, and Ohio AAP President Terry Barber, Sr., MD





Paula Duncan, MD, chair of the Bright Futures Implementation Project, explains to attendees details of the program.



Sen. Shannon Jones, center, received the Antoinette Parisi Eaton Advocacy Award for her advocacy in children's health issues especially her work on the booster seat legislation. With Sen. Jones are Toni Eaton, MD, and Terry Barber, Sr., MD.



John DUBY, MD, received the Pediatrician of the Year Award for his distinguished contributions to the advancement of pediatric care and education for patients and physicians of Ohio. Congratulating him are his son, Bryan, and wife, Sara Guerrero-Duby, MD.



Maria Nanagas, MD, received the Arnold Freidman Community Pediatrician Award for her longtime commitment and dedication to the children and families of the Dayton area.

Ohio AAP President Terry Barber, Sr., MD, welcomes National AAP guests Judy Dolins, left, and Paula Duncan, MD, to the 2009 Ohio AAP Annual Meeting. Dolins and Dr. Duncan presented workshops on Saturday morning.



ROR.. from page 11

served at 4,535 locations), and impact (significant developmental gains and higher test scores). Today, 35% of American children



Earl Martin Phalen

show up to kindergarten unprepared to learn. We will work tirelessly in the years ahead to ensure that all children enter school prepared for success."

Phalen, a graduate of Yale University and Harvard Law School, has dedicated his career to strengthening low-income families and communities. As a student at Harvard Law in 1992, Phalen founded Building Educated Leaders for Life (BELL), a nonprofit organization that tutors and mentors schoolchildren who have fallen behind their peers and keeps them focused on the goal of attending and graduating from college. As CEO for 15 years, Phalen increased annual revenues from \$12,000 to \$25.5 million and grew BELL from a local community service project serving 20 students to a national nonprofit that educates more than 12,000 scholars annually.

Phalen served on the education policy group for Barack Obama's 2008 presidential campaign and as co-chair of Massachusetts Gov. Deval Patrick's education task force. President Bill Clinton named him as a recipient of the President's Service Award in 1997. Phalen is also the founder and chair of Summer Advantage USA, a nonprofit that provides learning opportunities for students during summer months to combat learning loss.

For more information on ROR Ohio contact Heather Hall, Coalition Leader, at (614) 846-6258.

Legislation... from page 2**HB 373 (Carney/Wachtmann)/SB 310 (Coughlin/Kearney) – Healthy Choices for Healthy Children**

With a broad coalition of support from business and health advocacy organizations including Ohio AAP, companion bills were introduced in both chambers to combat childhood obesity in November 2009.

Highlights of the bill include the following key components:

- Require K-12 students to engage in 30 minutes of moderate to rigorous physical activity each day, excluding recess
- Increase the physical education requirement in schools from a half unit to a full unit
- Require PE teachers be certified and licensed
- Add a PE performance indicator on school district report cards.
- Require more nutritious food and beverage options in school vending machines and cafeterias
- Require Body Mass Index (BMI) screenings in 3rd, 5th, and 9th grades
- Provide students' BMI information and informational materials to parents
- Create a council to determine further school-based anti-obesity policies.

The bills have had two hearings in the Senate and House Health Committees in December. Deliberations on this legislation are expected to continue in 2010.

HB 198 (Lehner/Ujvagi) – Medical Home Demonstration

HB 198 creates a pilot program to promote a patient-centered medical home in medical practices in Montgomery and Lucas Counties (coun-

ties of the bill's sponsors). The bill also provides for Choose Ohio First Scholarships to be awarded to medical students who agree to practice primary care, including pediatrics. As part of the demonstration project, the Medical Home Council created in the bill would establish a medical education component to support the training of new primary care physicians, including medical students and participants in primary care residencies, in the Medical Home Model of Care. Negotiations on this bill have stalled as the Ohio Association of Advanced Practice Nurses has been actively lobbying the inclusion of APN-led practices to those eligible to train medical students. Ohio AAP, the Ohio State Medical Association and the Ohio Academy of Family Physicians will continue to advocate for a model that maintains physicians as physician educators and physicians as the lead in any primary care medical home model.

Ohio AAP will be working closely with Capitol Consulting Group, our lobbying team, to ensure that the voices of Ohio's pediatricians and children are heard. If you have questions, please contact our lobbyists at (614) 224-3855.

Assisting breastfeeding mothers

Editor's Note: Adapted from: Geraghty, SR, Riddle, SW, Shaikh, U. *The breastfeeding mother and the pediatrician. Journal of Human Lactation, 2008, 24 (3); 335-339.*

Of the more than four million infants born in the United States each year, close to three million will be breastfed. Adults are not traditionally part of the sphere of the pediatrician's clinical practice, yet pediatricians often find themselves providing advice to the mothers of their patients. The purpose of this summary is to provide practical suggestions when assisting breastfeeding mothers.

Breastfeeding in the office

Breastfeeding management should be viewed as a "group effort" which includes all staff members. The office can show support for breastfeeding by providing educational materials, making breastfeeding supplies available to mothers, compiling a resource list of local support groups and pump rental locations, and having an experienced member of the office staff triaging breastfeeding concerns and helping mothers when they come in for visits. Pediatricians should be able to discuss general breastfeeding-related topics and be able to recognize an effective latch by having the mother breastfeed during the visit.

When to actually register the mother as a patient?

Registering the breastfeeding mother of a patient in a pediatric office practice may be unusual, but it is the most prudent approach when helping breastfeeding mothers.

Ideally, a medical record for the mother also should be generated each time a mother-baby dyad is seen and breastfeeding issues are extensively discussed. There should be documentation of any examination of the mother's breasts or when there are recommendations such as the use of pumping equipment or medications. By having the history and exam pertaining to the mother recorded on her own chart there will not be risk of violation of parts of the Health Insurance Portability and Accountability Act.

Prescribing medications for the mother

Prescribing medications for an adult woman can be uncomfortable for the pediatrician. While it can be appropriate to tell the mother to call her own physician if a breast-feeding-related issue arises, it presents one more hurdle for a tired mother of a newborn who is trying to breastfeed. With experience caring for the breastfeeding dyad, the pediatrician may become comfortable treating straightforward conditions of:

1. Nipple candidiasis when an infant has oral candidiasis;
2. Localized bacterial infection of the mother's nipples; and
3. Low milk supply.

A patient chart dedicated to the mother provides a place for the pediatrician to record potential allergies and side effects of the medications discussed.

When to bill for care provided to a breastfeeding mother

Whenever clinical care is provided to a breastfeeding mother, a

bill should be generated. Visits involving breastfeeding-related issues take a great deal of time and involve both the mother and infant. When both the mother and infant are registered, there will be two co-payments collected and two insurance payments for the time involved. Billing just for the infant leads to underpayment.

Conclusions

It is challenging and time-consuming to properly address breastfeeding-related problems in the typical outpatient pediatric office visit. Pediatricians often find themselves providing advice and treating the breastfeeding mother as a "patient." By having practical solutions and support systems in place to anticipate and tend to breastfeeding mothers' needs, pediatricians can be instrumental in preventing early weaning for millions of breastfed infants each year.

— Sheela R. Geraghty, MD, MS, IBCLC (International Board Certified Lactation Consultant), FAAP; Medical Director; Cincinnati Children's Center for Breastfeeding Medicine

Contact information: (513) 636-2526; e-mail: sheela.geraghty@cchmc.org

CATCH grants and goals explained

The strategies of writing successful proposals for CATCH grants was explained by State CATCH coordinators **Jonna McRury, MD**, and **Mark Redding, MD**, at a pre-Annual Meeting workshop in November.

Drs. McRury and Redding explained that the vision of CATCH is that every child in every community has a medical home and other needed services to reach optimal health and well-being.

The CATCH mission is built upon several key concepts – one being that pediatricians *can* make a difference in their communities. The

CATCH Program acts as a mentoring matrix for pediatricians to accomplish their mission,

The speakers explained in detail the various kinds of CATCH grants – planning, implementation and resident – and also explained that CATCH is more than just grants, its a network to share experiences, successes and lessons learned.

The next deadline for implementation funds and resident grants is **Jan. 29, 2010**.

Secondhand Smoke Exposure Reduction Grant Opportunity

The CATCH Program has part-

nered with the AAP Julius B. Richmond Center of Excellence for Children (Richmond Center) to offer a new grant opportunity for pediatricians interested in developing projects focused on reducing secondhand tobacco smoke (SHS) exposure for children and youth. Applications should address SHS and should not solely focus on smoking cessation.

The grants will be part of the general call for proposals and therefore must follow the same application and reporting procedures, and meet the same eligibility and selection criteria, as those under the CATCH Implementation Funds program.

As a helpful hint to applicants interested in applying for the SHS targeted grants, applications should incorporate the following:

- link to a medical home;
- intervention focus on disadvantaged or minority children;
- a strong pediatrician/target population engagement component;
- identification of promising practices

Technical assistance is available through the CATCH Program and the Richmond Center. For best practice information from the Richmond Center, please contact Tracy Sesselberg, Senior Health Project Coordinator, at Tracy_Sesselberg@URMC.Rochester.edu.

For CATCH information, or application assistance, please contact Katie Milewski, MPH, CATCH Program Coordinator, at kmilewski@aap.org. Additional information can be found on the programs' Web sites at: <http://www.aap.org/richmondcenter/org> or <http://www.aap.org/catch/index.html>.

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Coding... from page 15

fusion determining which codes to use with which payers for the next year. Tracking Ohio's approach to these guidelines adoption by Medicare fee-for-service, managed-care programs, and fee-for-service payers specific to your practices will be important during the next year.

The bottom line is know your payer's policies. Continue to use consultation codes when appropriate, meeting criteria for their use, and when recognized, and payed for by the payer.

*—Richard Tuck, MD
Ohio AAP Coding Expert
Zanesville, OH*

Mark your calendars!!!

The new date for the Akron Open Forum meeting is Friday, May 21, 2010 at Akron Children's Hospital.

More details to follow on the Ohio AAP Web site www.ohioaap.org.

Ohio AAP Committees

Adolescent

JAMES FITZGIBBON, MD
(330) 543-8038
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Child Abuse & Neglect

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

Calendar of Events

The Ohio AAP announces the following meetings.

- | | |
|-----------------|---|
| Feb. 3 | – Ohio AAP Open Forum
Dayton Children’s Hospital |
| Feb. 3 | – Executive Committee Meeting
Dayton |
| March 2 | – OAAP Foundation Board Meeting
Columbus |
| April 23 | – CQN Asthma Pilot Project
Learning Session #3
Columbus |
| May 21 | – Ohio AAP Open Forum
Akron Children’s Hospital |
| May 21 | – Executive Committee Meeting
Akron |
| Nov. 5-6 | – 2010 Ohio AAP Annual Meeting
Columbus |

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.