AAP NJ Chapter Member Leads Orthopedic Team of Volunteers on Medical Mission to Santo Domingo, Dominican Republic

As a member of Healing the Children® Midatlantic, Inc, (HTC) Jeffrey Bienstock, MD, FAAP, joined 17 other volunteers and traveled to Santo Domingo, Dominican Republic for the week of January 9, 2010, to perform orthopedic operations for children in need of treatment.

All medical evaluations, tests, and surgical procedures were provided at no cost to the families of the children who were served by Healing the Children Midatlantic, Inc, a nonprofit provider of donated medical care for children in need. The team utilized operating rooms at the Asociacion Dominicana de Rehabilitacion Hospital (ADR). Fifty children were evaluated, and 33 received surgical care; the most common procedure was to correct the congenital deformity of clubfoot.

Dr. Jeffrey Bienstock serves as the Charity’s Medical Director and he is thankful for the support and funding that enables the organization to provide these important services. “We are grateful for our continued partnership with the ADR Hospital,” he explained. “We also appreciate the support of the Hilton Santo Domingo and the San Diego Padres, as the funding they provided enabled us to lead another successful medical trip in Santo Domingo.”

Healing the Children® Midlantic, Inc. is a nonprofit organization founded in 1981 and dedicated to providing donated medical care to children in need in the United States and throughout the world. Healing the Children® Midlantic, based in Hawthorne, NJ, has helped more than 30,000 children; traveled to 15 countries; and welcomed children to the U.S. from 86 countries. For more information, please visit www.htcmidlantic.org or contact Dr. Jeffrey Bienstock, jbienstock@verizon.net.
President’s Address

Michael Segarra, MD, FAAP

March 12th begins the AAP Annual Leadership Forum (ALF) in Schaumburg, Illinois. This annual meeting of AAP leadership includes all chapter presidents, vice presidents and chairpersons of committees, councils and sections. One of the main functions of the ALF is the voting on resolutions. The purpose of a resolution is to provide a formal mechanism whereby the members of the Academy can provide input regarding Academy policies and activities.

All resolutions adopted by the Annual Leadership Forum are considered by the Board, but are advisory and not binding. Any member of AAP can submit a resolution. Go to www.aap.org and login at the member center. Go to the Chapter, Committees, Councils and Section box to view the 2010 resolutions up for voting. If you find a resolution that interests you, please e-mail me at mike0989@aol.com so I can get your input.

One resolution that caught my eye was resolution #3 “AAP Support for Poison Control Centers”. This resolution would have “the Academy work with appropriate federal agencies help secure stable federal funding to support Poison Control Centers in order to prevent their closure or reduction of services”. This resolution effects NJ since the NJ Transition Team report suggested eliminating the NJ Poison Information and Education System (NJPIES).

According to the report, the Poison Control Center is no longer needed since most physicians and hospitals search the internet to find poison information. I am not sure where they got this information because Dr. Steven Marcus, Medical Director of NJPIES, has stated “We have actually seen a dramatic increase in the call volume from hospitals, with more and more complex cases each day. In fact, there has been an overall increase of 32% of calls originating in hospitals (in 2009 there were 10,319 calls versus 7829 in 2000) and in those a 25% increase in the calls being made by a physician in an emergency department (4331 in 2009 versus 3457 in 2000).”

Well, I have found that searching the internet for such topics as poisoning while seeing patients in the office while having a worried mother on the phone is cumbersome and often doesn’t give me enough information. I can imagine what will happen when patients start calling the office because they cannot call poison control. If you are interested in helping NJPIES, log onto their website at www.njpies.org.

Practice Management Online Resources on Immunization Payments

There are several resources available on the AAP Practice Management Online (PMO that can assist pediatricians with receiving proper payment for vaccine coverage), including: AAP efforts to enhance vaccine payment must comply with law; Vaccines: How to Keep Your Patients Healthy; Playing the Game: Pediatricians need to understand economic game theory to be paid fairly for vaccine administration; The Business Case for Pricing Vaccines and Immunization Administration; Vaccine Cost Calculators; Pedialink Module Contract Negotiation With Payers; and a Vaccine Addendum to Payer Contracts.

Additionally, there are a variety of template letters to patients and carriers regarding coverage and letters from AAP leadership to various payers advocating for appropriate coverage and payment. Also, AAP members and staff can access the Immunization Best Business Practices online module, which is available for free by registering at www.aap.org/immunization/bbpregform.cfm.

Information from the AAP Private Payer Advocacy Update February 2010. For additional information contact Lou Terranova, Senior Health Policy Analyst at lterranova@aap.org or 800/ 433-9016 ext 7633.
By: Wayne Yankus, MD, FAAP, School Health Committee Chair

‘Issues in Child Health—What’s New and Practical’ is the title of the 19th Annual School Health Conference on October 27, 2010 at The Palace in Somerset, NJ. We will feature two plenary speakers this year: Margaret Fisher, MD, FAAP, discussing infectious disease including new TB testing and Tina Tan, MD, discussing the H1N1 experience in NJ.

New this year, there will be choices of long or short workshops covering topics such as the NJ H1N1 experience, the child who passes out and evaluation, anxiety disorders, school phobias, legal issues, physical diagnosis, acute brain injury, and the all important fructose/Vitamin D controversy. Please plan to attend the day!

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Resources for Patients & Families

THE WALSH FAMILY SPORTS & EDUCATION CENTER
Special Olympics New Jersey Sports Complex, Lawrenceville, New Jersey

An Education, Resource and Meeting Center Serving Parents and Caregivers of Children with Intellectual Disabilities and their Families

The Walsh Center is home to a one-of-a-kind resource library, providing individuals with intellectual disabilities and their families a comprehensive selection of titles covering topics on Disabilities, Education, Inclusion, Siblings, Health and Wellness, Sports Development and more.

The Walsh Center Library is housed in the 34,000 sq. ft. Special Olympics New Jersey Sports Complex – a facility that offers athletes and their families a positive and energetic surrounding, emphasizing achievement, growth and acceptance in an inclusive sports environment. The Sports Complex plays host to Conferences, Sports Training, Coaches Education Programs and much more!

Special Olympics New Jersey provides year-round sports training and athletic competition in 24 sports, conducting over 160 events throughout the State for children and adults with intellectual disabilities. Training and competition begin at age 8, with a Young Athlete Program offered to children, ages 2½ to 7 years of age. All programs are free to registered athletes, including facilities, equipment, uniforms, housing & meals for events, awards, sports competition, training, education and more.

For more information about Special Olympics New Jersey programs and resource library, visit us at:

Special Olympics New Jersey Sports Complex
3 Princess Road
Lawrenceville, NJ 08648
(609) 896-8000

Email: info@sonj.org Web: www.sonj.org

Visit the Walsh Center Library in Lawrenceville, NJ for a comprehensive collection of titles for families, caregivers and children with disabilities. Visit www.sonj.org for more information
Maintenance of Certification  (Cont. from over )

Any project approved by the ABP would then grant to PCORE the authority to provide credit to a pediatrician who has met the criteria. PCORE then writes to the ABP with the name of the physician and the total points achieved.

PCORE plans to submit current projects to the ABP this Spring with the hopes of being able to offer credit by late 2010/early 2011.

PCORE Approaches to Quality Improvement and Practice Based Change

Over the past ten years, PCORE has used multiple strategies to engage health care providers in improving the quality of care provided by pediatric practices and pediatric emergency rooms.

All of the approaches are built on the concepts that change will not take place unless the entire office is involved in the process improvements and that practices need help in connecting with the appropriate community resources. Most of our projects to date have been disease or prevention specific; so that we have worked with practices on the themes of immunization practices, adolescent immunization, use of the immunization registry, lead prevention, developmental assessment, post partum depression, child abuse prevention and detection, asthma management, obesity prevention and management, community support of obesity prevention, and now autism screening and management.

All of these projects have emphasized involvement with the whole office staff and each has brought in key community professionals to network with the practice around appropriate referrals and support services. Each project has had the goal of working to make the entire office more reflective about how that particular practice works with its families and the practice specific changes that could take place in order to improve care delivery. Data is used, often with chart reviews, to allow the practice to move from anecdote to data as a way of assessing the changes.

PCORE has also emphasized that even though the project is content specific, the concepts can be more universally applied toward becoming a more active patient centered medical home.

To that goal of medical home, PCORE’s most recent project, now in Monmouth County, but soon to spread to five other counties, is a primary focus on developing the practice to become a medical home capable of tracking and following cohorts of families and offering systematic support and care management.

PCORE has utilized a number of practice change methods to promote the practice specific changes. EPIC, Educating Physicians in the Community, has been a primary method that involves individual sessions with a specific practice to discuss the content area and to bring community resource personnel to the practice. The method continues to be well received and very effective, based on pre and post surveys, in changing knowledge and attitudes in the practices. This approach, however, has the limitations of poor follow-up and little use of real data to evaluate effect. The approach also does not require one person in the practice to become the practice champion and leader of change.

The collaborative model, developed by NICHQ and IHI, is more intensive and involves one to three learning sessions with practice teams all meeting together for a day or more, and then monthly calls between sessions to review progress, hear reports and questions from the practices and to provide additional education and training. An extension of that model, now being used in the Monmouth County medical home project, is to have a coach or facilitator available to the practice on a regular basis, as much as ½ day per week to assist the practice in its care management changes. Each practice has agreed to form a practice team to work on improvements; each team has agreed to enlist at least one parent from the practice to serve on that team.

A modification that is gaining increasing support by PCORE as well as by the practices engaged in working with PCORE is the Practice Innovator model. This approach combines the benefits of the EPIC process with a regular meeting, usually four times a year, with at least one practice leader from each practice to share gains and issues with each other and to continue to learn new concepts, meet additional community resources and to develop consensus on next steps.

PCORE, like the processes used in its work, has also tried to be reflective and to continue to develop new methods and structures to support the pediatric practices and the children and families in New Jersey.

Do You Really Know the Up-to-Date Immunization Status of Your Adolescent Patients?

PCORE’s Immunization Initiative can assist and support practices who are interested in assessing and understanding their adolescent immunization rates.

This valuable information can help your practice team evaluate your current well-care policies for this patient population.

By following the easy data collection protocol, you will receive FREE site-specific reports, as well as feedback on strategies and opportunities to improve immunization coverage rates.

Please contact Program Co-Director, Judie Grandjean at jgrandjean@njpcore.org for more information.
A Collaboration Grant from the American Academy of Child and Adolescent Psychiatry was successfully utilized to develop a workshop for medical, mental health and school-based professionals in Sussex County, New Jersey, providing a Best Practice Standard of Care for the assessment and treatment of children and adolescents with Attention Deficit Hyperactivity Disorder. The results of this yearlong endeavor were presented at a workshop on October 16, 2009. A multidisciplinary team, including one child and adolescent psychiatrist (Debra E. Koss, MD), three pediatricians (Regina Bronstein MD, Carol Calabrese, MD, and Wendy Frielng, MD), two psychologists (Howard Gooilir, PhD and Eric Herschman Psy.D.) and a licensed clinical social worker (Jeanne Smetana, MSW, LCSW), created the curriculum for the workshop. This team met monthly with representatives from pediatric practices, mental health practices, and Child Study Teams in order to highlight local resources, identify obstacles to access to care, and enlist the support of local providers. This same team then reviewed the literature, including AACAP Practice Parameters and AAP Practice Parameters, to create a framework for Best Practice Standards, which could serve as a comprehensive template for assessment and treatment protocols. Next, this team developed a Tool Kit to provide local professionals with the instruments needed to follow Best Practice Standards in a coordinated, collaborative approach. Finally, this team presented the Tool Kit at the workshop and was joined by a representative from Children and Adults with Attention Deficit/ Hyperactivity Disorder NJ (CHADD-NJ).

Objectives for the workshop were developed so that by the end of the workshop participants would be able to: Demonstrate increased comfort with the skills necessary to be part of a multidisciplinary team involved in diagnosing ADHD; Become more effective in communication with colleagues in order to develop and implement a comprehensive treatment plan; Demonstrate increased awareness of mental health resources and educational options available in Sussex County in order to improve patient’s access to care. All attendees were provided with a Tool Kit, which included both a print version and disc version of the following resources:

1. Sample letters to initiate the referral and assessment process
2. Vanderbilt Rating Scales, Parent and Teacher Version
3. Physician and Clinician Referral and Feedback Form
4. ADHD Management Form
5. ADHD Resources – Bibliography for parents and children
6. Tips for Parents of Children with ADHD
7. Daily Behavior Chart
8. Daily Behavior Contract
9. Homework Tips for Parents of Children with ADHD
10. Weekly Homework Report
11. Sample Letter Requesting 504 Plan
12. Sample letter Regarding Child Study Team Assessment
13. Elements of Cardiac History and Physical
14. CHADD Membership Form
15. CHADD Resources

Over one hundred professionals attended, including pediatricians, psychiatrists, advanced practice nurses, licensed clinical social workers, psychologists, members of child study teams, guidance counselors, school nurses, special education teachers, occupational therapists, and speech therapists. Six of the eight pediatric groups in Sussex County were represented. Approximately 25 school districts in Sussex County were represented. Feedback regarding the course was consistently positive.

Extensions for this project are currently being explored, including psychiatric consultation to pediatricians and replication of the workshop in other counties.

Inquiries about this project can be directed to Debra E. Koss, MD at dekoss@embarqmail.com.

Educating Practices in Their Communities on Child Abuse and Neglect (EPIC CAN)

Collaborative efforts in Sussex County have been successful over the years and spring boarding from the recent and successful outreach of Dr. Debra Koss, bringing attention to issues around and the tools to support children with ADHD, a similar approach will be taken with EPIC CAN. PCORE will be expanding EPIC CAN into Sussex County in 2010. On March 12th a brief introduction to the program will be presented at the Pediatric Business meeting at Newton Memorial Hospital. Five practices in Sussex County will then be chosen to participate in a three part training; Suspected Child Abuse and Neglect (SCAN), Follow Up with local Division of Youth and Family Services (DYFS) Case worker, and Prevention of Child Abuse and Neglect (PCAN). EPIC CAN is unique in that the entire practice participates in the trainings; the receptionist, billing officer, office manager, nurses, nurse practitioners and physicians. An awareness of Child Abuse and Neglect along with the knowledge and tools on how to identify, report and ultimately prevent will be integrated into a Medical Home model. The program Pediatric Medical Director and MD Champion for CAN is Steve Kairys, MD. Gurmit Saluja, MD, whose practice is in Sussex County, is a CAN trainer and has provided continuing medical education to CAN to the Emergency Department at Newton Memorial Hospital. If you are interested in learning more about this program contact Diane Klemm, Program Director at dklemm@njpcore.org.

(EPIC CAN is a program of the New Jersey Pediatric Council on Research and Education, funded by the New Jersey Department of Children and Families. Health Research and Educational Trust (HRET) designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)™. This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Society of NJ (MSN) through the joint sponsorship of HRET and NJ Pediatric Council on Research and Education. HRET is accredited by MSN to provide continuing medical education for physicians. HRET is an approved provider of continuing nursing education by NJSNA, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. Provider Number 1P131-41 08-11)
Calling All Golfers!
Join us for PCORE’s 6th Annual Golf Outing — May 3, 2010

As the snow begins to melt (we hope!) and signs of Spring emerge, the staff at AAP NJ and PCORE gear up to plan one of the largest, and most fun, fundraising events of the year. The 6th Annual PCORE Golf Outing will be held on May 3, 2010 at Neshanic Valley Golf Course in Neshanic Station, New Jersey.

Tee off to support children’s preventative healthcare in New Jersey, and spend a wonderful day on the course with friends, fellow chapter members, partners and supporters. Not a golfer? Join us for a dinner and silent auction!

As a member, of APP NJ, you can be very helpful in introducing us to potential sponsors, please contact Bert Mulder, Director of Membership & Events at bmulder@aapnj.org or visit www.aapnj.org to view sponsorship opportunities.

All proceeds benefit PCORE, the AAP NJ Chapter’s foundation. Registration includes a free golf clinic, barbecue lunch, cocktail hour and dinner. On the course, your golf cart, starter, scoring, beverage cart service and gratuities are ALL included! Secure your foursome today! Visit www.njpcore.org to download a registration form. We hope that you can join us!

Awards & Recognition

The Irish American Cultural Institute honored Thomas E. Potter, M.D., with the Annie Moore Award at its 17th Annual Washington’s Irish Ball on Saturday, February 27, 2010 at the Madison Hotel in Morristown, New Jersey.

Each year, the IACI honors an Irish American with the Annie Moore Award for their significant contributions in business, community, heritage, or arts & culture.

Dr. Potter founded the Neonatal Intensive Care Unit at St. Joseph’s Hospital in Paterson NJ. The Neonatal unit is now the largest in the State with eleven neonatologists who have cared for over 16,000 infants as of last year. During his tenure as Director of Pediatrics at St. Joseph’s, the hospital opened a Pediatric Intensive Care unit, created a certified Child Development Center, and its residency program graduated 225 pediatricians and faculty members have grown to 60. Twenty-two dollars in grants and contracts were awarded to St. Joseph’s Children’s Hospital during Dr. Potter’s tenure as Chairman of Pediatrics.

Dr. Potter has been Professor and Chairman, Department of Pediatrics, St. George’s University Medical School (1984-2009); Associate Clinical Professor UMD NJ/NJMS; Adjunct Assistant Professor, NYU Medical School (1977-1984); and Professor and Chairman of Pediatrics, Seton Hall University School of Graduate Medical Education. He is a graduate of St. Peter’s College in Jersey City and of Stritch School of Medicine at Loyola University, Chicago, IL. Dr. Potter has been a long serving member of the NJ National Guard and the US Army Medical Corps. In 1985 he was appointed the Commanding Officer of the 8th Medical Brigade, the largest command in the US Army Medical Corps. He attained the rank of Brigadier General before retiring in 1989. He remains active with several military associations.

Since 1980, Dr. Potter has been the Senior Consultant to the Paterson Board of Education and has supported in various volunteer capacities the March of Dimes, Paterson Board of Education Central Child Study Team, Eastern Christian Children’s Retreat and the NJ Health Start Program. He is a member of the Irish and American Pediatric Society, and the American Academy of Pediatrics, New Jersey Chapter.

American Academy of Pediatrics
Dedicated to the Health of All Children

Congratulations

Thomas Potter, MD, FAAP
Chairman Emeritus, Department of Pediatrics
St. Joseph’s Regional Medical Center

2010 Annie Moore Award Recipient

From Your Friends,
The American Academy of Pediatrics,
New Jersey Chapter

www.AAPNJ.org

The American Academy of Pediatrics, New Jersey Chapter congratulates Chapter Member Dr. Potter on receiving this honorable award.
“When you’re committed to helping achieve excellence in all areas of healthcare, you must begin by recognizing it.”

Chairman & CEO, MDAdvantage

That’s why MDAdvantage sponsors the Edward J. III Excellence in Medicine Awards.

New Jersey is home to some of the finest physicians, medical facilities and treatment and education centers in the world. It takes many dedicated people to keep New Jersey’s healthcare at this world-class level, and we believe that the best of the best should be recognized for their outstanding efforts.

The Edward J. III Excellence in Medicine Awards pay tribute to New Jersey’s physicians, researchers, healthcare professionals and community leaders who exemplify outstanding competence, leadership and dedication to their profession.

At MDAdvantage, we are proud to recognize those who give so much, and we honor them by donating all profits to fund medical and healthcare scholarships in New Jersey.
Support the Change You Wish to See...

Article adapted by Lora Ragazzo, MBA, RD, CDN; Nutrition Specialist with the American Dairy Association and Dairy Council, Inc. with permission from Teresa Wagner, M.S., R.D./L.D., Director of Dairy Confidence and Medical Outreach Dairy Max Incorporated

A clinical report released October 2008 by the American Academy of Pediatrics (AAP), entitled “Prevention of Rickets and Vitamin D Deficiency in Infants, Children, and Adolescents” doubled the recommended amount of vitamin D for infants, children, and adolescents due to a resurgence of rickets1. Further, the 2005 Dietary Guidelines for Americans report that children and teens are not meeting the recommended amounts for the following 5 nutrients—calcium, potassium, fiber, magnesium, and vitamin E—and therefore these nutrients have been described as the “nutrients of concern”2. In a country where our children are overweight, they are often undernourished.

Encouraging adequate intake of nutrient-rich foods, while maximizing the nutrition from calories, is critical to ensure essential vitamins and minerals needed to power a healthy lifestyle are consumed. Rather than focusing on calories alone, “good or bad foods” or “nutrients to avoid”, attention must be given to the total nutritive value of foods and beverages. It is clear there is dire need for this change.

Dairy foods such as low-fat and fat-free milk, cheese, and yogurt are nutrient-rich and provide a significant source of nutrients including calcium, potassium, phosphorous, protein, vitamins A, D, and B12, riboflavin, and niacin (equivalents). Due to their unique nutrient package, the most recent dietary guidelines identified low-fat and fat-free milk and milk products as a “Food Group to Encourage” providing three of the five “nutrients of concern” —calcium, magnesium and potassium2. Additionally, they are the main source of vitamin D in the American diet, helping to build strong bones and healthy bodies3.

Since the overwhelming majority of children do not consume the recommended three servings of low-fat or fat-free milk or milk products per day4, increasing children’s consumption of milk to recommended levels can improve diet quality. A new white paper from National Dairy Council, “Safeguarding the Health of America’s Children: The Importance of Dairy Foods in Child Nutrition Programs” provides a summary of the child nutrition environment in our country and the positive role of dairy in child nutrition. The National Dairy Council and its 17 regional affiliates work with a variety of government-funded feeding programs and schools across the country to help encourage consumption of all “Food Groups to Encourage,” including low-fat and fat-free dairy products, whole grains, fruits and vegetables.

For example, The New Look of School Milk program has changed milk’s packaging to plastic, resealable, and recyclable bottles while offering a variety of flavors. This program has been implemented by many schools across the country and has resulted in significant increases in milk consumption, as well as increased meal participation among students5.

In 2004, the AAP issued a policy statement recommending only low-fat white and flavored milk, real fruit and vegetable juices, and water be served or vended in schools6. According to the 2005 Dietary Guidelines for Americans, small amounts of sugars added to nutrient-rich foods, such as low-fat and fat-free dairy foods, may increase consumption of these foods by enhancing the taste, so overall nutrient intake is improved without contributing excessive calories2. In fact, a study published in the Journal of the American Dietetic Association found that children who drink either flavored or plain milk consume more micronutrients and have a lower or comparable body mass index (BMI) than children who don’t drink milk7.
Further, kids drink less milk when low-fat flavored milk is not offered in schools. Removing flavored milk from schools has been shown to result in a 62-63%, 50%, and 37% reduction in milk consumption by kids in kindergarten through 5th grade, adolescents in 6th through 8th grades, and adolescents in 9th through 12th grades, respectfully.

A recent report from the United States Department of Agriculture’s third School Nutrition Dietary Assessment shows significant changes in milk consumption patterns between 1992 and 2005. Nearly 80% of students in the National School Lunch Program chose low-fat (1%) or fat-free milk in 2005, compared to less than 30% in 1992. Low-fat flavored milk is a popular choice with 66% of students surveyed preferring low-fat flavored milk when choosing among the milk varieties offered, and thus low-fat flavored milks play a significant role in helping children and adolescents meet their daily recommended servings of dairy products.

Expanding Breakfast programs, such as Breakfast in the Classroom, is another initiative that schools can adopt to help enhance the child nutrition environment. Breakfast consumption has been linked to overall better eating habits and lower body mass indices. Increased participation in school breakfast programs is associated with better class participation, improved daily attendance, and increased academic test scores among students.

Support of The New Look of School Milk and Expanding Breakfast programs—especially in the federal and state child nutrition programs—can continue to improve the overall quality of children’s diets. The goal of health professionals, school officials, and policy makers should be to make the school environment not only a place where children learn reading, writing and arithmetic, but also to encourage a healthy lifestyle to carry them into adulthood. Child nutrition programs can be the change to safeguard children’s health over the short and long-term by making sure their nutritional needs are met through offering nutrient-rich foods, including dairy. This focus could potentially reduce the economic and social burden of chronic disease. Health professionals could, in turn, focus on the more positive aspects of health care, such as prevention and wellness.

The child nutrition white paper and more information on child nutrition initiatives can be found at: www.adadc.com.

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SAVE THE DATE FOR THIS ONE-DAY CONFERENCE

Vaccine Preventable Diseases: Facts of Vaccine Science, Safety and Surveillance

Monday, July 26, 2010

CONFERENCE FOCUS:
ISSUES RELATED TO IMMUNIZATIONS IN NEW JERSEY

• Evidence behind increasing immunization requirements
• Consequences of specific vaccine-preventable diseases without vaccination
• H1N1 lessons learned and the benefits of the New Jersey Immunization Registry

This conference will be held simultaneously at three locations in NJ

Montclair State University
Monmouth University
Cumberland County College

Sponsors and Supporters:
New Jersey Center for Public Health Preparedness at UMDNJ-SPH
Southern New Jersey Perinatal Cooperative
New Jersey Department of Health and Senior Services
Greater Passaic Valley Public Health Nurses Association
Kent Consulting
New Jersey City University-College of Professional Studies
New Jersey Academy of Family Physicians
American Academy of Pediatrics, NJ Chapter
Monmouth University - Marjorie K. Unterberg School of Nursing
Montclair State University – Department of Health and Nutrition Sciences –MPH-CHEP

Continuing education credits will be offered.
Registration will soon be available at the
New Jersey Learning Management Network (https://njlmn.rutgers.edu)

For information contact:
Juana Canela at canelaju@umdnj.edu or 732-235-4958

This program is funded in part by the New Jersey Center for Public Health Preparedness at UMDNJ-SPH which is supported by Cooperative Agreement #U90/CCU23257-05 from the Centers for Disease Control and Prevention (CDC).
AAP NJ and PCORE are Core Partners of the New Jersey Consortium of Care for Children and Youth with Special Healthcare Needs and Their Families along with SPAN (NJ Statewide Parent Advocacy Network); NJ DHSS Title V; and NJ DCF. This Consortium is working collaboratively on the NJ Integrated Systems Grant funded by HRSA. The New Jersey Consortium of Care for Children and Youth with Special Healthcare Needs and Their Families has been named the 2010 Genetic Alliance Art of Novel Partnership Award winner!

The Art of Novel Partnerships is a new Genetic Alliance award, and the NJ Consortium of Care for Children and Youth with Special Healthcare Needs and Their Families will be presented the award on July 17, 2010 in Washington D.C.

Health plans are collaborating on a shared provider portal pilot in Ohio and New Jersey. The pilot will assess how health plans can best provide physician access to multiple insurers to confirm member eligibility, billing and referrals. The initiative is jointly sponsored by the America’s Health Insurance Plans (AHIP) and the Blue Cross Blue Shield Association (BCBSA).

The Ohio and New Jersey AAP Chapters have initiated discussions with AHIP regarding the unique pilot program. Both pilots in Ohio and New Jersey have the potential to simplify work associated with patient visits and achieve savings, including providing physicians with real-time information that:

- Allows office staff to quickly determine key eligibility and benefit information (e.g., co-pays, co-insurance, and deductibles and differences in coverage for services provided in- versus out-of-network), minimizing time and expense needed for such purposes.

- Gives physicians access to current and accurate information on the status of claims submitted by physician offices for payment by insurers.
- Tests real-time referrals and timely pre-authorization of services.
- On-line claims submissions

Participating carriers include: Aetna, Anthem, CIGNA, Horizon Blue Cross Blue Shield, Humana, Kaiser Permanente, Medical Mutual of Ohio, UnitedHealthcare, and WellCare. Two different vendors were selected to create the multi-payer solution: NaviNet for the New Jersey pilot and Availity® for the Ohio pilot. The initiative is being funded by the participating health insurance plans. The website will be available to physicians and hospitals at no cost. Additional information will be made available as the pilot implementation moves forward.

From AAP Private Payer Advocacy Update – February 2010
Save the Date: June 4-6, 2010
Pediatric Gurus: Practical Office Pediatrics
Goryeb Children's Hospital 12th Annual Conference,
Skytop Lodge, Skytop, Pennsylvania

Guest Lecturers

William J. Cochran, MD, FAAP
Vice-Chairman
Department of Pediatrics
Janet Weis Children's Hospital
Associate Professor of Pediatrics
Department of Gastroenterology/Nutrition
Geisinger Clinic

Margaret Fisher, MD, FAAP
Vice President Elect
NJ Chapter, American Academy of Pediatrics
Medical Director
The Children’s Hospital at Monmouth Medical Center

Walter M. Robinson, MD, MPH
Associate Professor of Pediatrics
The Center for Biomedical Ethics and Society
Vanderbilt University School of Medicine

James R. Treat, MD, PhD
Assistant Professor of Pediatrics and Dermatology
Children’s Hospital of Philadelphia
University of Pennsylvania School of Medicine

Goryeb Children’s Hospital
Atlantic Health Faculty:
to be announced

Practice Management

Walter M. Robinson, MD
Associate Professor of Pediatrics
Vanderbilt University

Richard Lander, MD, FAAP
Clinical Assistant Professor of Pediatrics
UMDNJ

Chip Hart
Director of Pediatric Solutions
Physician’s Computer Company

Alan Robinson
Director, Protection and Security Services
Atlantic Health

Topics to be covered

- Prevention and Co-Morbidities of Childhood Obesity
- Celiac Disease
- Office Management of Childhood Obesity
- Managing Severe Atopic Dermatitis
- Infectious Dermatology
- Dermatology Procedures in the Office
- Top Five Ethical Problems in Pediatrics
- In-office emergency procedures
- Ethically Difficult Cases
- Food-borne infections
- Vaccine Safety and Vaccine Schedule
- Germs in the Environment

This conference is cosponsored by Atlantic Health and American Academy of Pediatrics New Jersey Chapter.
For more information about this conference, call 973-971-5150.
For more information about the venue, visit skytop.com

American Academy of Pediatrics
Dedicated to the Health of All Children
New Jersey Chapter

Partial program support provided by Main Street Vaccines.
Pediatricians can play a positive role in helping parents of children with disabilities understand the benefits of involving their children in programs with typical peers in their schools and communities. The Individuals with Disabilities Education Act (IDEA) requires that services for children 0 to 3 years be provided in “natural environments” and that schools annually consider every eligible child, 3 to 21 years, for placement in their neighborhood schools and classrooms with appropriate supports.

Congress notes in IDEA that 30 years of research shows special education to be most effective when children with disabilities have maximum access to the general education curriculum in the regular classroom. A short summary of some of this research is provided below. (Summary from University of New Hampshire’s Institute on Disability, April 2009.)

The largest, longitudinal study of education outcomes of 11,000 students with disabilities, the National Longitudinal Transition Study, showed that more time spent in a general education classroom was positively correlated with:

- Higher scores on standardized tests of reading and math
- Fewer absences from school
- Fewer referrals for disruptive behavior
- Better outcomes after high school in the areas of employment and independent living (Wagner, Newman, Cameto, Levine, & Garza, 2006).

This positive correlation was found for all students with disabilities, regardless of their disability label, the severity of their disability, their gender, or their family’s socio-economic status.

- No studies conducted since the late 1970s have shown an academic advantage for students with intellectual and other developmental disabilities educated in separate settings (Falvey, 2004).

- Students with intellectual and other developmental disabilities educated in general education classrooms demonstrate better performance in reading and math (Cole, Waldron, & Majd, 2004) and significantly higher gains in adaptive behavior when compared with students with intellectual and other developmental disabilities educated in separate settings.

- Preschool classrooms with 80% typically developing children produce twice as much social interaction as in disabled preschool classrooms resulting in gains in cognition, social emotional growth and communication.

A meta-analysis of research in inclusive education conducted by McGregor and Vogelsberg (1998) found:

- Students with intellectual/developmental disabilities in inclusive settings had a higher likelihood to be identified as a member of a social network by peers without disabilities.

- Social competence and communication skills improve when students with disabilities are educated in inclusive settings.

- The performance of students without disabilities is not compromised by the presence of students with disabilities in their classrooms.

- Although many teachers are initially reluctant about inclusion, they become confident in their abilities with support and experience.

- The IEPs of students with disabilities who are included in general education classes are of higher quality; that is, they include goals and objectives that are more closely related to desired adult outcomes and roles than the IEPs of students with disabilities who are in segregated classes.

- There is an overall “added value” to the general education classroom of students with disabilities & their support resources.

(Cont. on page 14)
Catch Corner

By: Paul Schwartzberg, MD, FAAP

Despite a very competitive process this year, out of 102 applications received, 2 recipients from New Jersey were awarded CATCH grants in 2010. Congratulations to Dr. Anitha James from Neptune, New Jersey for being awarded a CATCH Resident Fund grant. Her grant entitled Healthy Teeth for Healthy Tots will start a resident-run oral health project in the local community. This project will provide free fluoride varnish treatments, educate families about good dental care and establish a "dental home" with a local dentist in Monmouth or Ocean county.

Congratulations also go out to Dr. Barbie Zimmerman-Bier from New Brunswick, New Jersey for being awarded a CATCH Planning Funds grant. Her grant will help provide legal assistance to the patients in her local community, focusing on children with special health care needs and disabilities.

Call for Proposals for the 2011 Cycle will be posted soon on the AAP web site. Please also be aware that there has been some recent changes in resident grants. Resident CATCH projects must include planning activities or demonstrate completed planning activities, and may include implementation activities.

Inclusion Research

(Cont. from page 13)

There are negative effects of educating students with disabilities in self-contained settings, including:

- Poorer quality IEPs (Hunt & Farron-Davis, 1992)
- Lack of generalization to regular environments (Stokes & Baer, 1977)
- Disruption of opportunities for sustained interactions and social relationships with typical students (Strully & Strully, 1992)
- Decrease in the confidence that general class teachers have for teaching diverse learners (Giangreco et al., 1993)
- Absence of appropriate role and behavior models (Lovett, 1996)
- Negative impact on classroom climate and student attitudes about difference (Fisher, Sax, & Rodifer, 1999)

For full cites & more information on inclusion, visit the website for New Jersey Coalition for Inclusive Education (NJCIE), a nonprofit made up of parents and professionals dedicated to developing inclusive schools. http://njcie.net.

Strategic Planning

The strategic planning Ad Hoc Committee met prior to the Chapter EC meeting on December 8th to continue the discussion from the September 15 Strategic Planning retreat. The meeting was facilitated by Ken Slaw, PhD, Director of AAP Membership & Strategic Planning, and Marshall Calman, MBA, Business Consultant. The Committee members agreed that both the Chapter and PCORE have similar strategies. In addition, the Chapter is not spending over the limit on lobbying activities so a merger would not affect the Chapter's advocacy efforts.

The Ad Hoc Committee recommendations have been adopted, and they are:

1. The AAP NJ Chapter and PCORE merge and become one 501 (c) 3
2. PCORE Medical Director and Chair will be voting members of the AAP NJ Executive Committee and Executive Council
3. Three PCORE Advisory Committee (PAC) members will be liaison (non-voting) members of the AAP NJ Executive Council

The recommendations are approved by the Chapter and PCORE Board of Trustees, and the Chapter bylaw revisions are in progress. The intent of the merger would be to make us stronger.

The Ad Hoc Committee identified the top 3 strategic planning priorities as Mental Health, Medical Home (including transition to adult care) and Immunizations. Within each of the priority areas, components of strategic planning would include addressing:

- Payment
- Insurance/Quality Assurance
- Advocacy
- Education: CME-MOC
- Education for the Public
- Workforce

Ken Slaw, PhD, explained that merging AAP NJ and PCORE will enhance the organizational synergies and result in sharpened competencies and enhanced benefits to the AAP NJ Membership. The AAP NJ would be able to apply the appropriate resources to strategically provide value to members and advance child health for stakeholders.
**Spotlight: Partners in the News**

AAP NJ and PCORE congratulate and thank Diana MTK Autin, Esq. & Margaret “Meg” Fisher, MD, FAAP for their partnership and timeless dedicated efforts on behalf of children, families and providers in New Jersey.

**Diana MTK Autin**

Diana MTK Autin, Executive Co-Director of the Statewide Parent Advocacy Network (SPAN), New Jersey’s Parent Training and Information Center; Family-to-Family Health Information Resource Center; Family Voices and Federation of Families for Children’s Mental Health chapters; and Statewide Parent to Parent program has been selected as the 2010 recipient of the Outstanding Family Leader Achievement Award from the National Initiative for Children’s Healthcare Quality (NICHQ).

This award will be presented during the NICHQ Forum for improving Children’s Healthcare and Childhood Obesity Congress being held March 8-11, 2010, in Atlanta, Georgia.

Ms. Autin is a National Field Co-Coordinator for Family Voices, an organization that speaks on behalf of children with special healthcare needs and is a member of the National Center for Cultural Competence Workgroup on Assessing Cultural and Linguistic Competency in Family Organizations and the Technical Assistance Partnership for Child and Family Mental Health Consultant Pool, and serves as a Senior Consultant for the National Center for Cultural Competence. Ms. Autin is a member of the Board of the NJ Immigration Policy Network and a member of the New Jersey Early Intervention State Performance Plan Stakeholder Committee.

Ms. Autin has been widely recognized for her work on behalf of parents and families. She was awarded the 2008 Un Mundo Para Todos/ One World for All Award by El Club de Padres; the 2007 Winning Angels Advocacy Award by the Winning Angels Latina Parent Support Group; and the 2004 Advocate of the Year Award by the Association for Special Children and Families.

She participates on the PCORE EPIC CAN, Early Childhood Immunization, and Medical Home workgroups.

**Margaret “Meg” Fisher, MD, FAAP**

Dr. Meg Fisher has been selected as the recipient of the Greater Long Branch Chamber of Commerce’s Annual Louis G. Libutti Community Service Award. Dr. Fisher is widely recognized in the field of pediatrics — as a clinician, educator, author and leading expert on children’s health.

Serving as Chair of Pediatrics at Monmouth Medical Center since 2000, she became Medical Director of The Children’s Hospital at Monmouth when it was licensed by the state of New Jersey as an official children’s hospital for Monmouth and Ocean counties in 2006.

Before joining Monmouth, Dr. Fisher was associate chair of education at St. Christopher’s Hospital for Children, Philadelphia. She headed the pediatric clerkship of Drexel University College of Medicine — Monmouth Medical Center’s Philadelphia based teaching affiliate — and continues to serve there as a professor of pediatrics.

In her academic role at Monmouth, Dr. Fisher has consistently captured Drexel’s most prestigious annual teachings awards bestowed by its medical students. Board certified in pediatrics and pediatric infectious disease, Dr. Fisher earned her medical degree from the University of California at Los Angeles (UCLA) School of Medicine before completing her residency in pediatrics and a fellowship in pediatric infectious disease at St. Christopher’s Hospital for Children.

She has authored more than 30 articles in peer reviewed journals, book chapters and audiotapes, and has published one book, *Immunizations & Infectious Disease: An Informed Parent’s Guide*, a 425 page evidence based reference book on keeping children healthy through immunizations, preventing and controlling infections, and understanding the use of antibiotics.

Since moving to Monmouth County, Dr. Fisher has been a board member of Ronald McDonald House of Long Branch and New Brunswick, Prevention First and YMCA. She received the Rotary Club of Long Branch Community Service Award in 2007, and the 2008 Physician of the Year Award from the New Jersey Pediatric Society and the Children’s Emergency Medical Fund of New Jersey. Dr. Fisher serves on the PCORE Board of Trustees and is the PCORE MD Champion for the Healthy Habits for Healthy Living. Dr. Fisher is the AAP NJ Vice President-Elect and also chair of the Section of Infectious Diseases’ Executive Committee.
AAP NJ & PCORE Happenings

Chapter Members, Mark Your Calendars! AAP NJ & PCORE have some great events, conferences and CME opportunities in 2010 that you won't want to miss. Stay tuned to www.aapnj.org and www.njpcore.org for more information or call us at 609-842-0014 with any questions.


June 8, 2010: AAP NJ Annual Meeting, Marriott Forrestal, Princeton, NJ. This meeting will be a full day, 9:15-6:00, followed by a Dinner Meeting. Topics include Mental, Emotional and Behavioral Health, CPT Coding, Medicaid and Foster Care. Featuring Sharon and Mia Behrens, as seen on CBS Nightly News with Katie Couric.

October 27, 2010: 'Issues in Child Health, What's New & Practical' at The Palace, in Somerset, NJ. Featuring Dr. Meg Fisher on Infectious Disease, and Dr. Tina Tan on The H1N1 Experience in New Jersey, as well as long and short workshop tracks, with topics including Acute Brain Injury, Anxiety & School Phobia, Behavior Modification and Stress Disorders.

November 9 and 10, 2010: Vaccine for Children (VFC) Provider Education Conference, Atlantic City Convention Center, Atlantic City, NJ. Featuring Nationally known speakers, Dr. Meg Fisher, Dr. Paul Offit, Alison Singer, MBA, and an expert panel of MD’s to answer your questions! This 2 day conference begins on November 9 at 1:00 pm and ends November 10 at 4:00 pm.