Forum on Children’s Health; Linking Mental, Emotional & Behavioral Health Issues with Primary Care

The Forum on Children’s Health, held on October 7, 2009, was jointly sponsored by The New Jersey Council of Child & Adolescent Psychiatry, The American Academy of Pediatrics, New Jersey Chapter, the Pediatric Council on Research & Education, the Medical Society of New Jersey, the National Alliance on Mental Illness-New Jersey, and Children and Adults with Attention Deficit Disorder-NJ Chapter. This project was supported by a grant from Campaign for America’s Kids, an initiative of the American Academy of Child & Adolescent Psychiatry.

The Forum created an opportunity for legislators, policy makers, healthcare professionals, and children’s health advocates to dialogue and exchange ideas on improving healthcare in New Jersey, linking mental, emotional and behavioral health issues with primary care.

Participants included health care professionals and children’s health care advocates from the sponsoring organizations of the event as well as representatives from Family Support Organization, Department of Children and Families, Department of Children’s Behavioral Health Services, and NJ Statewide Parent Advocacy Network.

Panelists Dr. Nadhezhda Robinson, Director of the Division of Child Behavioral Services; Former Assemblyman Robert Morgan, MD, (Pediatrician) Division of Children & Families; Senator Joseph Vitale, Chair of Health, Human Services & Seniors Committee; and Assemblywoman Mary Pat Angelini, Legislative District 11, Health Committee & Commerce and Economic Development, Executive Director of Prevention First of Monmouth County.

Participants included Stephen Rice, MD, PhD, MPH, FAAP, Dan Notterman, MD, FAAP, Meg Fisher, MD, FAAP, Denise Aloisio, MD, Fran Gallagher, MEd and Nancy Pinkin, MPA, CHE. Members in the group were in agreement that working together collaboratively will improve the quality of children’s health. If you are interested in becoming more involved in working collaboratively to improve children’s mental, emotional, and behavioral health, please e-mail Fran Gallagher at fgallagher@aap.net. To read the full summary from the event, visit www.aapnj.org and click on events.

AAP NJ Chapter representatives in attendance included Stephen Rice, MD, PhD, MPH, FAAP, Dan Notterman, MD, FAAP, Meg Fisher, MD, FAAP, Denise Aloisio, MD, Fran Gallagher, MEd and Nancy Pinkin, MPA, CHE.
President’s Address
Michael Segarra, MD, FAAP

The Swine Flu is here again. As a primary care pediatrician, I am not sure what the worst part of the swine flu is. It can be a dangerous disease and has affected many people. However, the response to the swine flu has taken many turns. The U.S. government is committed to buying and distributing the vaccine to the country, but we have seen the difficulty in manufacturing large quantities of the vaccine and distributing it to everyone.

Each state was given the task of distributing the vaccine. In New Jersey, a number of doctors and hospitals have received the vaccine while many others are still waiting. One large New Jersey hospital received several hundred doses while another received several thousand.

In my practice of eight thousand patients, we received 100 doses of Flumist H1N1 and 200 of inactive H1N1 vaccine. As a practice, we decided to give it to our high risk patients and children under 5 years of age. The vaccine supply is finished, and not everyone who needed the vaccine was able to receive it from my practice.

Now what should we tell everyone who could not receive the vaccine? One option is to call their school or health department. We have heard that every school district was given the opportunity to order the vaccine. Not every district decided to order it, and unfortunately we have no way to know which school districts currently have the vaccine. However, there is a hotline (866-321-9571) and an H1N1 flu vaccine locator database online at: www.state.nj.us/health/flu/findflushtshot.shtml

I read that some Walgreens and other pharmacies are giving H1N1 shots, which is not at all compatible with AAP’s concept of a Medical Home. New Jersey is not the only state facing distribution issues. My colleagues from Maryland and West Virginia report similar problems. In Pennsylvania, the state contacted the AAP Chapter early in the process and distribution in their state seemed to go a little smoother. At AAP NJ we decided to contact the State but by that time the decisions had already been made. Hopefully the state has learned a valuable lesson and if there is a next time, AAP NJ should be involved earlier in the process and considered a resource to help guide the State of New Jersey in these important decisions.

Someone suggested that having the H1N1 flu vaccine in short supply would convince more people to desire the vaccine (analogous to people wanting Cuban cigars because they can not get them). I am not a big believer in conspiracy theories, however, a recent NY Times article (November 9, 2009) did highlight my experience in the office. My patients are in one of two camps; they either fear the flu vaccine or want more of it. I hear both “Oh My God, our doctor doesn’t have it! Can you get me a dose?” and “Oh My God, that brand-new vaccine. Do you really think it’s safe?” The Times described it as a pandemic double-think. We are answering calls from people desperate for the H1N1 vaccine and at the same time coming up against parents who are determined not to vaccinate their children. We explain to those parents that this new vaccine is made the same way as previous flu vaccines and actually tested more than the seasonal flu vaccines.

Dr. Paul Offit was quoted as saying “the H1N1 vaccine has 60 years of experience and technology behind it; … it is safe, it is clearly effective- yet many people still have a difficult time figuring out where the real risk lies.” He went on to say some people are “more comfortable with sins of omission than commission. Rather than inject a foreign substance into your body you will take your chances with a natural virus that may or may not kill you.”

When I stood in line at PS 99 for my Polio vaccine, my parents had a much different perspective as they had lived through the polio epidemic. George Santayana said in 1905: Those who cannot remember the past are condemned to repeat it. I hope this is not the case.

Oh, I just saved $1800 on my malpractice insurance by joining the AAP NJ Purchasing Alliance. You may be able to save even more. For details on this new AAP NJ Chapter member benefit, please visit www.aapnjpurchasingalliance.org. Hope you have a great holiday season.
The 18th Annual School Health Conference—Community Medicine and School Health Hot Topics for 2009, held on October 28, 2009 was a great success, with over 400 attendees present. Conference attendees were updated on the latest information on H1N1, the safety of vaccines, educational codes and legal issues for school children and neuroplasticity and brain function in school age children.

Jeffrey Boscamp, MD, FAAP, Beverly Stern, RN, BSN, CSN and Paul Yellin, MD, FAAP were this year’s Plenary speakers. Evaluation results for all three presentations were extremely positive, and attendees remarked on the usefulness and practicality of the information provided. A tremendous number of questions and answers following each presenter proved that the presentations were thought provoking, relevant and timely.

An assortment of five break out sessions covered a wide variety of “hot topics” and participants attended their choice of two during the Conference.

Workshop choices included Hearing Safety, with Pat Connelly, PhD, CCC-A, ABA and Jason Surow, MD; Injury and Protection, with Todd Mastrovitch, MD, FAAP; Sports and Infections with Julia Piwoz, MD; Gangs of NJ; What we Need to Know, with Sergeant Chris Hill; and Pediatric Assessment Essentials for School Nurses, with Patti Lucarelli, APN, CPNP.

A special thank you to the School Health Conference Planning Committee: Thomas Bejgrwoicz, MD, FAAP; Barry Kessler, MD, FAAP; Judy Mullane, RN, CSN; Marie Peppas, RN, MPH, CSN; Thomas Potter, MD, FAAP; Elliot Rubin, MD, FAAP; Albert Sanz, MD, FAAP; Michael Segarra, MD, FAAP; Polly Thomas, MD, FAAP and Allyson Agathis, MD, FAAP.

Plenary and workshop presentations are available for download on the AAP NJ Chapter Web site; www.AAPNJ.org, click on events.

The 2010 School Health Conference is scheduled for October 27, 2010 at the Palace in Somerset. We hope you can join us!
NJ DYFS community providers are part of the resource team delivering the training. Part two-PCAN or Prevention of Child Abuse and Neglect, emphasizes the prevention of child abuse or neglect by highlighting global issues of crying and parenting discussed within the context of a medical home and by connecting primary care providers with family support and family strengthening resources in their communities. The third presentation, SCAN for Emergency Medical Service personnel, provides the Suspected Child Abuse and Neglect curriculum that has been tailored for Emergency Medical Technicians to EMS squads statewide.

To date in 2009, PCORE has provided continuing education to over 600 individuals using the EPIC CAN curriculum, 97 individuals on the PCAN curriculum, and 97 on the SCAN for EMS curriculum and new this quarter 96 individuals using the new SCAN for ED curriculum. The trainings, particularly the emphasis on prevention, are unique to New Jersey. The evaluation results from the practices and from DYFS have been extremely positive. We are now seeking Maintenance of Certification (MOC) approval for these trainings from the American Board of Pediatrics.

EPIC CAN program team provides coordination and support to the AAP Committee on Youth in Foster Care and Out of Home Placements, co-chaired by Elizabeth “Sooze” Hodgson, MD, FAAP & Cathy Ballance, MD,FAAP. The third Advisory Committee meeting was held on November 10, see page 5 for a more detailed description. Highlights of the committee plans were presented as a poster session in Washington, D.C. at the Pediatrics 21st Century on October 16th prior to the AAP National Conference and Exhibits. In this quarter’s edition of The Pediatrician and the Law on page 20, Michael Schoppmann, Esq., provides you with important information according to the law.

The New Jersey Department of Children and Families (DCF) fund EPIC CAN and the AAP National Office (“State Systems of Health Care for Children and Youth in Foster Care Chapter Project) provided seed dollars to bring together the key stakeholders.

Interested in participating in this training as a participant or in becoming a trainer? Contact Diane Klemm, Program Director, at dklemm@njpcore.org.

You will also see enhanced efforts of bringing partners together on behalf of children and providers. Ruth Gubernick, MPH and Jane Sarwin, MPH worked with a planning committee co-chaired by Meg Fisher, MD and Larry Frenkel, MD to plan and implement an AAP NJ and PCORE Immunization Congress (see page 16). The 2009 Vaccines for Children Conference (VFC) included a powerful presentation by Meg Fisher, MD and Alison Singer, Founder and President of Autism Science Foundation and parent of a child with autism. The VFC also featured a panel of pediatric expertise for the 430 health care providers who participated. The 2010 VFC Conference is scheduled for Atlantic City and will accommodate 1000 participants. PCOREs Early Identification of Autism EPIC program hosted a Forum for the 28 practices participating in the Monmouth area. We are in the process of planning a Financing Your Medical Home forum in Trenton with our Children’s Futures partners from 10 primary care practices that have been engaged in PCORE quality improvement efforts over a six year period. PCORE and AAP NJ Chapter will be submitting applications to the American Board of Pediatrics for review and Maintenance of Certification approval for the various quality improvement programs. Once approved, your participation would count towards the 40 quality improvement points required every 5 years, effective 2011. Stay tuned!

Communication and Support for Our AAP NJ Chapter Members and PCORE Program Partners

Please visit both Web sites, www.AAPNJ.org and www.NJPCORE.org, for updated information. The AAP NJ Chapter Executive Council and the PCORE Board of Trustees are highlighted and you may reach out to leaders in your area to share concerns or successes.

AAP NJ E-Newsletter goes out every Thursday bringing you the latest information available on health alerts, resources, and continuing medical education opportunities … many are cost free! The NJ Pediatrician Newsletter comes out quarterly and is disseminated via e-mail alert and available for download on AAPNJ.org. Would you prefer a hard copy mailed? Let Lisa Murison know at lmurison@aapnj.org and we are happy to accommodate.

We have new phone lines and extended central office hours from 7:30 a.m. to 5:30 p.m., feel free to call or stop by the central office! We host staffed exhibits at many conferences—come by and visit!

A special end of the year thank you to the PCORE and AAP NJ Team, the AAP NJ Executive Council, the PCORE Board of Trustees, PCORE MD Champions, and all of the practices working to improve their Medical Homes!

Don’t Miss the Back Cover and Help Support PCORE!

Join us for a Theatre Fundraiser on February 20, 2010 at ArtsYOUniversity in Hamilton, NJ for Romeo & Juliet, The Rock & Roll Musical, or for a round of golf at our 6th Annual PCORE Golf Outing on May 3, 2010 at Neshanic Valley Golf Course in Branchburg, NJ. Ticket, Sponsorship and Donation information are available on NJPCORE.org.

WIN BIG!! Raffle Tickets for both events are available and make a great Holiday Gift! Visit www.NJPCORE.org to download an order form. Tax Deductible donations are always welcome and appreciated. Donations may be made directly through our Web site.
The AAP NJ Chapter has recently established a unique, multi-disciplinary Chapter Executive Council Committee on Youth in Foster Care and Out-of-Home Placements. The Committee, co-chaired by Elizabeth “Sooze” Hodgson, MD, FAAP and Cathy Ballance, MD, FAAP, consists of members from various agencies and entities throughout the state, including mental health professionals, physicians, foster parents, child development specialists, administrators and child advocate groups.

The Committee is partnering with PCORE and the NJ Department of Children and Families (DCF) to improve the quality of health care for children in foster care and other out of home placements. The Committee is also working to identify and implement activities designed to help primary care physicians learn how DCF’s Division of Youth and Family Services (DYFS) works with children and families, and how health care providers can partner with DYFS to ensure children receive appropriate and timely health care. DCF recently implemented an ambitious Child Health Unit-based nursing model for coordinating services and care for children in our home placements. Disseminating the role and responsibilities of the Child Health Unit (CHU) and what resources the CHU’s can offer providers will be a focus of the Committee’s work.

The Committee will identify mechanisms to get the word out to providers about the joint initiative, which are anticipated to include: e-blast; educational media; participation in regional and local venues as well as in-office trainings; and other networking opportunities such as the June, 2010 AAP NJ Chapter Annual Meeting that will be held in Princeton.

Pamphlets describing the structure, function and services of the DCF Child Health Units as well as phone numbers to contact nurse coordinators in each unit are available to community healthcare providers by contacting Eileen Corcoran, RN, MSN, Pediatric Nurse Practitioner, Assistant Director, Warren District Office at (201)-247-8794 or Deborah Gutter, RNC, MSN, CPNP, APN, Assistant Director, Central Regional Office at (973)-271-2376. If anyone is interested in joining the AAP NJ Committee on Youth in Foster and Out-of-Home Placements, please contact Diane Klemm at dklemm@njpcore.org. Your voice, ideas, experience and commitment to improving healthcare for children in foster care are welcome.

AAP NJ Chapter Executive Council Committee on Youth in Foster Care and Out-of-Home Placements

PEDS 21st Century; 2009 AAP National Conference and Exhibition
Washington, DC October 16, 2009

The AAP NJ Committee on Youth In Foster Care And Out-of-Home Placements presented ‘Identifying and Supporting The Child’s Journey Through The System’ during a poster session at the AAP National Conference and Exhibition PEDS 21st Century in Washington DC on October 16, 2009.

For more information from the Committee, visit www.NJPCORE.org, click on Programs, then ‘Foster Care Chapter Project.’
The Need to Better Differentiate Behavioral Health Services for Children with Asperger Syndrome

By: Christopher Lynch, PhD Clinical Psychologist Child Development Center, Goryeb Children's Hospital

Asperger Syndrome (referred to as Asperger’s Disorder in DSM-IV nomenclature) falls under the broad category of Pervasive Developmental Disorder. As such, children with Asperger’s Syndrome (AS) are often characterized as being on the higher end of the Autistic Spectrum.

However, there are some clinically relevant differences between AS and High Functioning Autism (HFA). For one, children with AS often have exceptionally well-developed verbal skills. These children often talk early and their expressive language is characterized by a precocious use of vocabulary. Indeed, Hans Asperger (the namesake for AS) referred to these children as ‘Little Professors’.

In contrast to their well-developed verbal skills, children with AS often have poor fine motor skills-particular with regard to tasks that rely heavily upon fine motor planning (e.g. shoe tying, writing, use of scissors). Gross motor abilities are also often subpar and many of these children are uncoordinated and clumsy. Conversely, children with HFA often display a pattern of having strength in motor skills relative to their verbal skills. In addition, one of the more salient aspects of AS is a tendency to perseverate obsessively over a particular topic of interest. The topic of interest can be quite narrow (e.g. submarines of WWII or locations of Civil War battles).

Children with HFA can also perseverate but their perseverations tend to be more diffuse in nature (e.g. a general ability to recall dates or directions). Stereotypes (repetitive motor mannerisms) can occur across both conditions but tend to be more prevalent and disabling in HFA.

There is a significant amount of debate regarding the practice of differentiating AS from HFA. Many characteristics of classic Autism also appear in AS.

These include:
- Impaired social skills
- Sensory sensitivities
- Resistance to change
- Difficulty with making transitions
- Poor understanding of abstract, non-literal forms of language

From a treatment perspective, however, AS presents some unique challenges. A diagnosis of AS often occurs later than Autistic Disorder. As such, the child with AS has often struggled across several spheres of functioning (e.g. social, behavioral, academic) before receiving adequate understanding or sufficient intervention. In addition, the child with AS often has a number of strengths that place him or her in a vague, and somewhat awkward position with regard to their social world. The child with classic Autism often requires direct prompting and support to initiate and engage in social interactions. As such, others around them are often prepared to deal with maladaptive social behaviors. Children with AS often want to interact with others but they don’t know how to do so effectively. Due to their high functioning in the key area of language, others assume that the child with AS can be left to fend for him or herself with regard to social interactions. However, despite their desire to make social connections, children with AS often end up sabotaging their own efforts. Social advances are awkward at best and often result in behaviors that have a negative and longstanding impact on future interactions.

Despite the challenges, there is an array of behavioral health services that can result in positive outcomes for children with AS. These include the following:

**Social Skills Training**
In addition to learning discrete social skills (e.g. eye contact, voice tone, initiating conversations, listening skills etc.), it is crucial to assist the child with AS in understanding and responding to subtle social cues. Although some of this work can be conducted individually, group work can help to foster generalization of skills.

**Anxiety Management**
Children with AS (as with all Pervasive Developmental Disorders) often experience distressing levels of anxiety. Anxiety is particularly heightened around situations that involve transitions and adjustment to change. However, like most children, the child with AS can learn basic, concrete relaxation strategies to cope with anxiety. Productive problem solving and addressing overly rigid thought patterns also helps to alleviate anxiety.

**Sensory Regulation**
Like all children who fall under the broad spectrum of Autism, children with AS often have substantial difficulty with regulating sensory input. They can be highly sensitive to sounds, light, tastes, and tactile input. Behavioral health services can help children with AS to develop strategies to cope with aversive stimuli. Such work often involves consultation with those in the child’s environment as well as Occupational Therapy input.

**Empathy Training**
Difficulty with detecting and responding to the thoughts and feelings of others is a common occurrence across the broad spectrum of Autism. There are a variety of strategies and resources to address this area of deficiency. Children with AS often respond best to strategies that incorporate visual cues and concrete examples to foster generalization of skills.

(Cont on page 7)
Asperger Syndrome

Addressing Perseverations
Although one of the most challenging aspects of working with AS, strategies can be employed to gradually reduce the amount of time that a child perseverates over a particular topic. Parameters can be put into place to minimize the impact that such behavior has on overall functioning. It is important to concurrently work on expanding the child’s range of interests.

As with most behavioral issues that involve children, it is necessary to incorporate clear means of fostering generalization of skills and strategies. This often requires frequent collaboration between all who are involved with the child’s care including parents, pediatrician, teachers, and other health professionals.

Asperger Syndrome presents the medical and mental health fields with some unique challenges. If properly diagnosed and treated, however, children with AS can learn skills and strategies that will help to mitigate against the more disabling aspects of this condition while fostering their strengths and talents.

Christopher Lynch, PhD, is a Clinical Psychologist at the Child Development Center at Goryeb Children’s Hospital, Atlantic Health in Morris-town, NJ.


Spotlight: Partners in the News
AAP NJ and PCORE congratulate and thank Lauren Agoratus & Mary Remhoff for their partnership and timeless dedicated efforts on behalf of children, families and providers in New Jersey.

Humanitarian of the Year Award – Lauren Agoratus
Awarded from the Association of Schools & Agencies for the Handicapped

Lauren Agoratus is the parent of a daughter with autism and kidney disease and locally runs the Hamilton Township Parent Advisory Council for Special Education. She serves as the New Jersey State Coordinator for Family Voices, a national advocacy group for children with special health care needs, as well as the southern coordinator for NJ’s Family-to-Family Health Information Center. Lauren is a member of the Association for Children of New Jersey’s Health Month Committee as well as their Medication Administration in Childcare Committee. She is the NJ Caregiver Community Action Network representative for the National Family Caregivers Association, Caregivers of NJ Board member, and was previously appointed by the Governor to serve on the State Interagency Coordinating Council for Early Intervention. Lauren is a volunteer with both NAMI (National Alliance for the Mentally Ill) NJ and Mercer County, as well as the National Community of Practice Collaborative School Behavioral Health/workgroup school mental health for youth with disabilities. She serves on the NY Mid-Atlantic Consortium for Genetic & Newborn Screening, LSNJ Medicaid workgroup, and several Medicaid HMO advisory committees. Lauren also serves on the NJ Chapter of AAP-Committee for Children with Disabilities, Healthy Childcare NJ Advisory Council, PCORE (Pediatric Council on Research and Education) EPIC Medical Home Pilot-Leadership Advisory Group. She is on the advisory councils for both Parent-to-Parent and the Family Support Center. Lauren is a volunteer on the editorial advisory board of the national Exceptional Parent magazine.

Winner, Leadership/ Research – Mary Remhoff
Awarded from NY Times Magazine Tribute to Nurses

Loving science, solving problems and helping patients and their families deal with illness, and, sometimes, grief, Mary Remhoff is dedicated to caring for the most vulnerable of our children.

When evidence-based research indicated that children with special needs were more at risk for abuse and neglect than other children, Remhoff developed an early identification system. It has been so successful that last year, two percent more (over 4,300) children and their families received early access to necessary services in Central New Jersey. Over and over again, Remhoff uses her knowledge to spread life-saving findings and her management skills to cut through red tape as if it doesn’t exist. Mary Remhoff, BSN, MSN, CNS, APN is a Registered Professional Nurse Manager with the Visiting Nurse Association of Central Jersey in Red Bank. Mary is a member of the PCORE Monmouth Medical Home Advisory Committee.
Good nutrition comes to the classroom – literally.

The benefits of breakfast for young people are well documented: improved alertness, enhanced short-term memory, decreased tardiness and absenteeism, lower weight, along with better overall eating habits. Despite these benefits, breakfast is the most commonly skipped meal of the day for children and adolescents. But Breakfast in the Classroom is helping to halt this trend.

This popular new program dramatically increases breakfast participation across the board. It is a powerful option within the United States Department of Agriculture’s School Breakfast Program, which can now be adopted by any participating school. Breakfast in the Classroom allows all students to receive a nutritious breakfast without having to arrive to school early.

Now you can magnify the benefits.

Encourage everyone — especially children — to regularly eat a low-fat, high-fiber, protein-rich breakfast, and to maintain an active lifestyle. There are many options for where to eat breakfast, whether at home or at school.

A newly released white paper entitled, "The Nutritional and Academic Implications of Breakfast: Supporting methods for increasing breakfast consumption among children and adolescents," explores the issue of skipping breakfast while providing possible solutions, including Breakfast in the Classroom.

Download a copy of the white paper at BreakfastEveryDay.org.
VFC Distribution Time Line Issues

By: Lawrence D. Frenkel, MD, FAAP
Co-Chair, Immunization Action Committee, Chair, Senior Section

Pediatricians tend to be concerned about offering care to children regardless of their socio-economic status. This has been true in the arena of immunizations. With the development and expansion of the VFC and other vaccine programs, two levels of vaccine procurement have evolved - public and private - but there is only one recommended immunization schedule for all children. For many years, VFC funding of new vaccines has lagged behind the ACIP recommendations. (The reimbursement by for-profit health insurance companies has often lagged behind AAP publication of the endorsement of these ACIP recommendations.)

More recently, with the annual pediatric influenza immunization recommendations, the timeliness of VFC flu vaccine distribution has become more of an issue. The problem revolves around the fact that a new seasonal flu vaccine is required almost every year. The circulating virus strains are selected in March or April for the upcoming flu season and it takes at least 6 months to grow the virus, make and then test the vaccine. Then, in September or October, the new seasonal vaccine is released to market and shipped to providers. According to Angela Sorrells-Washington, JD, of the NJDHSS Vaccine Preventable Disease Program, the CDC is often uncertain about the level of funding for the VFC program until late September or early October and it requires about six weeks for the paperwork to be processed to distribute flu vaccine to the states. Therefore, the availability of privately funded vaccine generally leads that of publically funded vaccine by six weeks. This in turn, generates the moral dilemma for pediatric immunization providers of not being able to offer flu vaccine to all of their patients at the same starting date. Perhaps some discussion between the CDC, NJ DHSS, and the AAP NJ Chapter could resolve this dilemma.

Red Flags Updates

Red Flags Rule delayed again—Until June 2010

The Federal Trade Commission (FTC) again will delay enforcement of the "Red Flags Rule." Developed under the Fair and Accurate Credit Transactions Act, the rule requires any entity identified as a "creditor" to address the risk of identity theft.

At the request of members of Congress, enforcement of the rule will be delayed until June 1, 2010, for financial institutions and creditors subject to enforcement by the FTC. This is an extension of the third delay of this rule, which had been scheduled to be enforced as of November 1, 2009.

Pediatric practices, thus far, have been included in the description of creditor and would be required to establish policies and procedures to protect practices against medical identity theft.

The Academy created resources for members concerned about possible identity fraud. The resources are available on Practice Management Online, just visit http://practice.aap.org/content.aspx?aid=2687. This delay comes just after the House of Representatives passed H.R. 3763 (in a 400-0 vote) aimed at narrowing the application of the rule. The bill, introduced by Rep. John Adler (D-NJ), would amend the Fair Credit Reporting Act to exclude from the Red Flags Rule certain small businesses — specifically health care, accounting and legal practices with twenty or fewer employees. On Oct. 30, the U.S. District Court for the District of Columbia ruled that the FTC may not apply the Red Flags Rule to attorneys.

The announcement from the FTC regarding the delayed enforcement of the rule until June 1, 2010, does not affect the separate timeline of that proceeding and any possible appeals. Nor does it affect other federal agencies’ ongoing enforcement for financial institutions and creditors subject to their oversight.

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Committee on Pediatric Workforce

Chair’s Comments, By Beth A. Pletcher MD, FAAP

At the September 2009 COPW meeting we had the opportunity to hear a presentation by two American Medical Association (AMA) staff members - Michael B. Kutnick, Manager of the Women & Minority Constituency Groups and Jon Fanning, Director of the Resident and Fellow Section and the Gay, Lesbian, Bisexual and Transgender (GLBT) Advisory Committee. They shared a number of AMA initiatives and policies related to GLBT issues including: 1) efforts to reduce health care disparities for GLBT couples and their children; 2) expanding research in medical schools focusing on GLBT issues; as well as 3) expanding education of physicians on issues related to GLBT patients (a video is available online through the AMA). Two emerging issues relate to the “Don’t Ask, Don’t Tell” military policy, with input needed from military medical advisors, as well as concerns about getting and keeping insurance for transgender individuals, especially as the country moves into the era of health care reform. The COPW has established an ongoing relationship with these AMA groups, as they provide representation from a broad set of constituencies, which is in keeping with the concept of diversity that the AAP and COPW have espoused in their policy statements.

A lot has been happening on Capitol Hill, and our new contact person from the Washington Office is Robert Hall, Assistant Director of Federal Affairs. The Academy’s presence in DC has never been as critical as it is at this point in time, and despite the departure of Jackie Noyes from the Washington Office, we are looking to keep our momentum going during the health care reform frenzy.

Dr. Andy Hotaling, liaison to COPW from the Section Forum Management Committee, is continuing to work as the “force” behind the pediatric medical subspecialty and pediatric surgical specialty initiatives for the Academy. Over the next year he will be working with members in the Washington Office to keep abreast of legislation, surveys, and lobbying efforts that impact specialty care for our patients.

The “Scope of Practice Issues in the Delivery of Pediatric Health Care” revisions are well underway and will likely result in a leaner, more focused policy statement that can be used in a variety of settings as an advocacy tool, to clearly define what pediatricians do and what unique skills we offer to our patients. The “Pediatrician Workforce Statement” is also under revision and will include workforce trends that are likely to influence pediatric practice over time.

The summer update from the State Government Affairs Office highlighted a few critical legislative scope of practice issues, with 29 states considering some form of expansion of scope of practice for advanced practice nurses in the past year. Bills were passed in 9 states and carried over in 9 states to the 2010 sessions. An AMA initiative through state chapters has gained some traction this year, addressing the use of the title “doctor” under the truth in advertising umbrella. There are already 7 states that prohibit advanced practice nurses from using the title “doctor”. It is essential that patients know the qualifications of, and differences between, an MD/DO “doctor”, a nurse “doctor”, a chiropractic “doctor”, a “doctor” of optometry, a “doctor” of dentistry etc…

The COPW is beginning the process of revising and combining two prior policy statements, “Ensuring Culturally Effective Pediatric Care” and “Enhancing the Diversity of the Pediatric Workforce”. Because of the growing overlap and focus of these two statements over time, it now makes sense that they serve as one cohesive statement of AAP positions on these interrelated issues. The policy statement, “Non-Discrimination in Pediatric Health Care” has been reaffirmed and stands alone in its simplicity.

Data collected as part of the Periodic Survey of Fellows in 2007 looking at subspecialty services from the perspective of the general pediatrician have been folded into several manuscripts and were submitted for consideration. One explores pediatrician satisfaction with the availability of, and barriers to, subspecialty care. The second focuses on changes in subspecialty referral patterns over time, comparing data collected in 1997 to 2007. A third paper is currently being written, looking at the importance of using a pediatric rather than adult specialist for a variety of conditions, as well as the supply of different subspecialists within various referral regions.

Dr. Gail McGuiness, Executive Director of the American Board of Pediatrics (ABP), shared with us the survey that will be completed by each applicant signing up for Maintenance of Certification. It will allow the ABP, for the first time, to track pediatricians and pediatric subspecialists longitudinally to identify trends in their practice including: work hours, practice type, practice role, practice information technology, periods of practice inactivity, as well as retirement plans. This is a unique opportunity to follow pediatricians over time to see how they perceive their career choices and make decisions about work-life balance and retirement.

As always, I appreciate the chance to share what the COPW is doing. I encourage you to contact me if you have any ideas, concerns or issues relating to the work of COPW. My e-mail address is pletcher@umdnj.edu and my phone number (direct line) during the week is (973) 972-3314.

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“Revenue collections of our practice increased by over 30% in 90 days...”
- Pediatrician in East Brunswick, NJ

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www.healthquist.com
HEY MOM, WHAT'S UP WITH YOUR CONTAGIOUS COUGH?

GET YOURSELF VACCINATED. DON'T GIVE YOUR BABY A POTENTIALLY FATAL DISEASE. Pertussis, also known as whooping cough, can be a deadly disease to infants and is still a major problem. Even though babies are immunized against pertussis, they may not be fully protected until their third or fourth dose. And studies have found that when the source of pertussis has been identified, parents were the cause in nearly half of the infant cases. That's why the Centers for Disease Control and Prevention (CDC) recommends a booster for everyone 11 through 64 years of age. Getting yourself and your family immunized should be the first step in helping to protect your baby. Talk to your doctor and learn more about the importance of getting a pertussis booster at DoltForYourBaby.com.


Brought to you as a public health service by Sanofi Pasteur Inc.

MKT14676-IR 2/08 Printed in the USA
To: New Jersey Pediatricians and Staff

From: Susan Walsh, MD, FACP
Deputy Commissioner
Public Health Services

Thank you all for your efforts in helping the state manage this current H1N1 flu season. Your wisdom and expertise has helped inform plans and you remain the most trusted resource for your patients and their families.

I ask for your assistance again in helping us teach the science and protect our vulnerable pediatric residents. The two most common questions I hear from parents are:

Why should I care about swine flu, I hear it is almost over?
Are the vaccines safe, especially the FluMist?

Here's what we have been saying in our FAQ:

**It looks like H1N1 is over. Should people still get vaccinated?**
In past flu pandemics, "waves" of activity have been observed over a year or so after a new flu virus appears, with each wave lasting 6-12 weeks. The US experienced its first wave of 2009 H1N1 flu in the spring of 2009 and now the second wave is winding down. Additional waves of H1N1 may occur as well as outbreaks of seasonal flu. Because the timing and spread of flu viruses are unpredictable, the CDC is continuing to recommend vaccination with seasonal flu vaccine and 2009 H1N1 vaccine for those people for whom it is recommended.

**How safe are the vaccines? I hear you can get sick from the live virus in the FluMist or can make your family sick.**

The H1N1 vaccine is made using the same processes and facilities that are used to make the currently licensed seasonal influenza vaccines. The FDA has determined that all forms of the H1N1 vaccine are safe and effective. The risks and side effects from 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine.
The nasal flu mist vaccine is FDA approved for healthy children and adults from 2 through 49 years of age who are not pregnant. The virus used in the nasal mist flu vaccine is weakened and is not able to produce influenza illness in a healthy individual.

Although the package insert states that a person can shed the vaccine virus, shedding alone should not be equated with person-to-person transmission. Studies have found that transmission is very rare.

People who receive the nasal mist can have contact with everyone except the more severely immunocompromised (e.g., bone marrow transplant in a protective environment). This includes nasal mist administered in the school setting. Pregnant women, infants under six months of age and individuals of any age with lesser degrees of immunosuppression (diabetes, asthma, cancer on chemotherapy but not needing a protective environment, steroid or other immunosuppressive therapy, HIV/AIDS) may be in contact with people who have received the nasal mist. Pregnant women and individuals with lesser degrees of immunosuppression can work in the vaccination clinics and administer the vaccine even if they themselves are not candidates for this vaccine.

Also, the December 4, 2009 MMWR is out with a summary of what is currently known about the safety from VAERS. The 'blue box' summary:

What is already known on this topic?
Vaccine safety monitoring is an important component of all vaccination programs and can address concerns that the current H1N1 vaccines might increase the risk for neurologic complications such as occurred with Guillian-Barré syndrome and the 1976 swine influenza vaccine.

What is added by this report?
CDC review of reports from the U.S. Vaccine Adverse Event Reporting System showed no concerning safety signals (i.e., new, unexpected, or rare adverse events), and analysis of data from the Vaccine Safety Datalink found no increased occurrence of monitored conditions after H1N1 vaccination.

What are the implications for public health practice?
CDC and other agencies will use additional systems and continue to monitor H1N1 vaccine safety closely; health-care providers should continue to report adverse events after H1N1 and seasonal influenza vaccinations.
SAINT BARNABAS HEALTH CARE SYSTEM
A Legacy of Excellence

1st Annual ‘Saving Young Lives’ Pediatric Education Conference

SAVING YOUNG LIVES:
• CONFRONTING SUDDEN PEDIATRIC CARDIAC DEATH
• ADHD TREATMENT INCLUDING RECENT CARDIAC DEBATE

Tuesday Evening March 23
Mayfair Farms, West Orange

Presented by the Newark Beth Israel Medical Center Foundation in conjunction with
Children’s Hospital of NJ at Newark Beth Israel Medical Center
Saint Barnabas Medical Center Department of Pediatrics
The Children’s Hospital at Monmouth Medical Center
the Saint Barnabas Health Care System

Target audience: pediatricians, family practice physicians, pediatric psychiatrists, pediatric nurses, school
nurses and all other health care providers

5:30 – 6:30 PM Registration and Buffet Dinner
6:30 – 6:40 PM Welcome Remarks
Remmey’s Story
Roy Burnsted, father of Remmey, will discuss the loss of his 23-year-old son to sudden cardiac
death from unsuspected congenital heart disease and his wish to save other families from
similar tragedies through an education program for New Jersey healthcare providers.

6:40 – 7:20 PM Preventing Sudden Cardiac Death in Children and Young Adults
Curt J. Daniels, MD, Director, Adolescent and Adult Congenital Heart Disease Program, Nationwide Children’s Hospital, Columbus, OH.

7:20 – 8:00 PM Spotlight on Congenital Coronary Anomalies
Michael Landzberg, MD, Director, Boston Adult Congenital Heart and
Pulmonary Hypertension Service, Children’s Hospital of Boston, MA.

8:00 – 8:40 PM ADHD Treatment and Overview of Cardiac Discussion
David O. Childers, Jr., MD, Chief, Developmental Pediatrics, University
of Florida College of Medicine, Jacksonville, FL.

8:40 – 9:00 PM Conference Concludes/Evaluations

PROGRAM INCLUDES CMEs, NURSING CONTACT HOURS, AND BUFFET DINNER

$25.00 REFUNDABLE REGISTRATION FEE
Refundable upon attendance or cancellation by Monday, March 22
Online registration available: Log on to www.sbhcs.com/savingyoulives
For further information call 973-926-8128

PHYSICIANS: Newark Beth Israel Medical Center designates this educational activity for a maximum of 2.5 AMA PRA Category 1 Credits™. Newark
Beth Israel Medical Center is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.
NURSES: 2.5 Nursing Contact Hours will be awarded. Newark Beth Israel Medical Center is an approved provider of continuing nursing education by
the NJSNA, an accredited approver, by the American Nurses Credentialing Center’s Commission on Accreditation. Provider Number P117-5/07-10.

This conference has been made possible by the generous support of the family and friends of
Remmey Burnsted
Resident Report

Resident Career Day 2009
By Michele Tuck, MD, FAAP

On Tuesday, September 22, 2009, the AAP NJ Chapter sponsored its Annual Resident Career Day at the Hilton Garden Inn in Edison, NJ.

The event was well attended by most of the 2nd year pediatric residents from across our State. The program began with a welcome from Michael Segarra, MD, FAAP, AAP NJ Chapter President and Meg Fisher, MD, FAAP, AAP NJ Vice-President Elect.

I spoke about "Leaving Residency/Joining A Practice" and provided the residents with worthwhile information to assist in their job search.

Matthew MacCarrick, MD gave an excellent talk about "Fellowship Training" offering personal experiences in the application and interview process.

Aimee LaRiviere, MD, FAAP gave an inspiring talk about "Starting Your Own Practice" in which she explained the necessary steps to establish a successful practice.

Brian Lurie, MD's talk, "Why You Should Consider a Career As a Hospitalist" was well received as many residents expressed interest in this new career option.

Mike Schoppmann, Esq. provided all the necessary contract information in his talk, "What to Look for in an Employment Contract."

During lunch, Meg Fisher, MD, FAAP, concluded the day with a motivating talk titled, “Why I Still Enjoy Pediatrics.”

Special thanks are in order for everyone who assisted in making this event a success, including our AAP NJ office staff, the presenters and our sponsors and exhibitors. We also appreciate the support of the residency programs who allow the residents time away from their hospital duties.

Chapter Vice-President Stephen Rice, MD, PhD, MPH, FAAP and Chapter President Michael Segarra, MD, FAAP at Resident Career Day.

Resident Career Day 2010 will be held at the Hilton Garden Inn in Edison, September 21, 2010.

For more information on the National AAP Section on Medical Students, Residents and Fellowship Trainees (SOMSRFT), visit www.aap.org/ypn. Check out the AAP NJ web site www.aapnj.org for resources for residents in New Jersey.
Improving New Jersey’s Vaccine Financing System

New Jersey’s Vaccine Financing Congress-Summary, Recommended Strategies & Next Steps

By: Ruth S. Gubernick, MPH and Jane Sarwin, MPH

The American Academy of Pediatrics, NJ Chapter (AAP NJ) and its Foundation, the Pediatric Council on Research and Education (PCORE) hosted New Jersey’s first-ever Vaccine Financing Congress on September 25, 2009. The Congress was held in conjunction with the Policy Research Institute for the Region (PRIOR) at Princeton University’s Woodrow Wilson School of Public and International Affairs. The Congress included 57 participants who attended by invitation.

The purpose of the Congress was to engage key stakeholders from multiple disciplines to discuss challenges and identify solutions to improve New Jersey’s current vaccine financing system. The morning session included presentations by national and state experts, as well as a panel of NJ stakeholders who presented their perspectives on vaccine financing-related barriers. In the afternoon, working groups focused on NJ-specific solutions to challenges identified in the morning’s presentations.

The goal of the Congress was to produce an action plan outlining solutions, prioritized by participants, to be implemented during the coming year with the intention of creating sustainable improvements to New Jersey’s vaccine financing system.

The economics of immunizations and the burden it places on primary care providers and families was the prism through which other contributing factors to low immunization coverage in New Jersey were explored from multiple stakeholder perspectives. The presentations identified the range of funding sources for immunizations in NJ – a state with high income and high insurance coverage generally, but with poorer immunization coverage than the national average. Public and private sources of vaccine funding and acquisition were described, along with the requirements for vaccinating underinsured patients with public-funded vaccine. New Jersey’s Vaccines for Children (VFC) program follows the federal recommendation that requires the “underinsured” patient to be vaccinated in a Federally Qualified Health Center (FQHC), which may not be the child’s Medical Home. In the worsening economy, more families are falling out of insured status.

These access problems, along with the widespread disparity between actual vaccination costs to the physician and reimbursement/payment and out-of-pocket costs to the patients’ families, raised ethical and social justice concerns which must be addressed to prevent physicians from refusing to vaccinate. Such decisions would result in further loss of access to families for these preventive healthcare services. A continuing theme of these presentations was the need for accurate data sources, effective data sources and the ability to analyze the data and use the information to measure the problem and effect reform.

Several recommended strategies arose from Congress participants, including to:

- Merge the various New Jersey vaccine-related initiatives into a New Jersey Statewide Immunization Coalition
- Mount a multi-part education campaign. After the new legislature is in place, plan a Doctors’ Day to educate legislators about the importance of immunizations including cost and payment issues.

(Cont on page 17)
Carry out a sustained social marketing and education effort to government, health providers and other health workers, parents and patients, schools and the public. Multiple stakeholders, including vaccine manufacturers, employers and businesses will need to contribute to this effort.

Take action to improve the functionality of and participation in New Jersey Immunization Information System. As a follow-up to this Congress, it was suggested that PCORE sponsor an assessment to quantify NJIIS barriers and recommend changes to more seamlessly connect it to existing provider systems and provide information on coverage and pockets of need that can be used to support payment studies, among other actions.

Investigate how NJ VFC primary care providers could be allowed to vaccinate their underinsured pediatric patients rather than having to send them away from their medical home to a FQHC to be vaccinated. A more detailed look at the impact of such a change needs to be made on a community level to see whether greater access would result. Acknowledging that some children will receive vaccinations outside of their medical home supports the recommendation for increasing the use of the NJIIS to capture those records.

Investigate the possibility for creation of a CPT code that would be used for reimbursement to pediatricians for counseling about vaccines (an identified core competency). Participants acknowledged it probably could not be separately charged for. Workflow changes in the office to provide the counseling, or the use of group visits for this education were suggested to reduce physician time.

AAP NJ Immunization Action Group
The AAP NJ’s Immunization Action Group (IAG) includes pediatricians and other clinicians, parent advocates, public and private sector partners. The group is prioritizing these recommendations/strategies for implementation in 2010. To participate in the IAG or for more information, please contact Fran Gallagher, Executive Director, AAP NJ Chapter and NJ PCORE, at fgallagher@aap.net or Judie Grandjean, PCORE Program Director at jgrandjean@njpcore.org. To read the full report, please visit www.AAPNJ.org, Click on the Advocacy Tab.

Are You Participating in any of PCORE’s Quality Improvement Programs?
Early Childhood Immunization Program is looking to support any practices involved in PCORE initiatives who are interested in either initiating use or improving their utilization of the NJIIS by electronically submitting their immunization data to the system on a regular basis. Please contact Program Co-Director, Judie Grandjean (jgrandjean@njpcore.org).
A recent trend involving the investigation of suspected cases of abuse, abandonment, cruelty and/or neglect of a child prompts the recommendation that every physician, especially pediatricians, examine their understanding of the law regarding the reporting of suspected cases of child abuse and the potential ramifications of failing to do so.

Under New Jersey state law, “Any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Youth and Family Services by telephone or otherwise.

Such reports, where possible, shall contain the names and addresses of the child and his parent, guardian, or other person having custody and control of the child and, if known, the child's age, the nature and possible extent of the child's injuries, abuse or maltreatment, including any evidence of previous injuries, abuse or maltreatment, and any other information that the person believes may be helpful with respect to the child abuse and the identity of the perpetrator.”

Each investigation of child abuse, regardless of the source of the allegation, now carries with it a new line of inquiry - what was the level of knowledge held by any child’s treating physicians? What was the child’s medical history? Were there events that should have triggered a reporting? If so, why was there no prior reporting?

For physicians, the exploration, and corollary investigation, of these issues carries the risk of severe penalties ranging from significant civil litigation, loss of license through the New Jersey State Board of Medical Examiners even criminal charges. Unquestionably, every physician needs to maintain diligent attention to his or her reporting obligations, prepare careful documentation of a child’s relevant history and apply careful consideration toward reporting any cases of potential abuse.

Toward that end, in a publication by the State of New Jersey Department of Children and Families, Division of Youth and Family Services, the basic parameters for reporting are outlined as follows:

What is child abuse, abandonment, cruelty or neglect? How do I recognize it?

Child abuse includes physical abuse, physical neglect, sexual abuse or emotional abuse of a child less than 18 years of age by a parent or other caretaker.

**Abuse** consists of acts such as: (a) inflicting physical injury or allowing physical injury to occur to a child other than an accident; (b) allowing the protracted impairment of physician or emotional health to the child, (c) employing a child in a vocation or occupation that is illegal, could cause death or injury, or is dangerous to the morals of the child; (d) the habitual use of profane, indecent or obscene language in the presence of a child; (e) performing or permitting the performance of an indecent, immoral or unlawful act or deed in the presence of a child or that might harm the morals of the child; or (f) restraining a child with excessive force where the child’s behavior is not harmful;

**Abandonment** consists of acts or omissions of a person having custody or control of a child such as exposing a child to physical or moral risk. Failing to provide for a child such that the child must be supported and maintained at the expense of the public or other organization or entity is also considered abandonment.

**Cruelty** to a child consists of any willful act or omission that causes unnecessary suffering or emotional or physical pain upon a child. The child may inform you of or you may see evidence of severe corporal punishment. The child might suffer habitual torment which you may witness or might be informed of by the child. Exposing a child to unnecessary hardship, fatigue or mental or physical strains that may tend to injure the health or physical or moral well-being of such child is also considered cruelty to a child.

**Neglect** of a child is a parent’s failure to give the child food, clothing, hygiene, medical care, or supervision. You may see a very young child routinely left alone at home. You may know that a severe illness or injury is not being medically treated. A neighbor’s child may frequently turn up at your door—inadequately dressed for the weather—saying his or her parent told him or her to stay away. Physical neglect can be hard to determine: Sometimes what you see is simply poor judgment but not neglect; sometimes what you see is the result of poverty, and not parental neglect.
Pediatricians and the Law

How Do I Recognize Child Abuse and Maltreatment?
The list that follows contains some common indicators of abuse, neglect or maltreatment. This list is not all-inclusive, and some abused or maltreated children may not show any of these symptoms.

**Indicators of Physical Abuse Can Include:**

**Physical Indicators:**
- Injuries to the eyes or both sides of the head or body (accidental injuries typically only affect one side of the body);
- Unexplained bruises and welts on the body in various stages of healing. These bruises may cluster, forming regular patterns or reflect the shape of an object such as a belt buckle;
- Unexplained burns, such as cigarette burns (especially on the soles, palms, back or buttocks), rope burns, immersion burns (on buttocks or genitalia) or patterned burns (such as an iron burn or electric burner);
- Unexplained fractures to the skull, nose and face, in various stages of healing or multiple spiral fractures;
- Unexplained lacerations or abrasions to the mouth, lips, gums, eyes or external genitalia.

**Behavioral Indicators:**
- Destructive, aggressive, or disruptive behavior;
- Passive, withdrawn, or emotionless behavior;
- Fear of going home or fear of parent(s).

**Indicators of Sexual Abuse Can Include:**

**Physical Indicators:**
- Symptoms of sexually transmitted diseases;
- Injury to genital area;
- Difficulty and/or pain when sitting or walking.

**Behavioral Indicators:**
- Sexually suggestive, inappropriate, or promiscuous behavior or verbalization;
- Expressing age-inappropriate knowledge of sexual relations;
- Sexual victimization of other children;
- Withdrawal, fantasy or infantile behavior;
- Poor peer relations;
- Reports of sexual assault by caregiver.

**Indicators of Emotional Maltreatment Can Include:**

**Physical indicators:**
- Habit disorders such as sucking, biting or rocking;
- Conduct disorders such as antisocial behavior or destructive behavior;
- Neurotic traits such as sleep disorders, speech disorders.

**Behavioral indicators:**
- The presence of behavior extremes such as compliant/passive or aggressive/demanding.

**Indicators of Physical Neglect:**

**Physical indicators:**
- Obvious malnourishment, listlessness, or fatigue;
- Lack of personal care—poor personal hygiene, torn and/or dirty clothes;
- Untreated need for glasses, dental care, or other medical attention.

**Behavioral indicators:**
- Stealing or begging for food;
- He or she states there is no caregiver;
- Frequent absence from or tardiness to school;
- Child inappropriately left unattended or without supervision;
- The child or teacher reports that the child regularly falls asleep during class;
- Alcohol or drug abuse.

When Do I Call to Make a Report?

You need to have a reasonable cause of child abuse, not to prove it or be absolutely certain. You might be mistaken, but it is better to err on the side of the child. Not reporting your suspicions may mean that abuse will continue. If you make a report in good faith, you are immune from civil or criminal liability. The inherent difficulty in defending an action or investigation involving an alleged failure to report child abuse is that each case carries the horrible, foregone reality that a child has been abused. Where a treating physician’s responsibility lies in those who may have failed that child will be determined through the pre-judged prism of hindsight. Balancing not only the risk of enabling further harm to a child but also the overwhelming liabilities for failing to report, every physician should inherently and consistently lean toward reporting.

Where Do I Call to Make a Report?

In New Jersey, the Department of Children and Families, Division of Youth and Family Services (DYFS) is the state agency that receives and investigates allegations of child abuse and neglect. DYFS is also responsible for arranging for the child’s protection and the family’s treatment if necessary. As soon as you have reasonable cause to suspect abuse or maltreatment, you must report your concerns by telephone to the State Central Registry by calling the Child Abuse Hotline. The hotline is open 24 hours a day, seven days a week, to receive your call. The timeliness of your call is vital to the timeliness of intervention by the local DYFS unit. The telephone number to report abuse or maltreatment is: 1-877-NJ ABUSE (652-2873) 1-800-835-5510 (TTY/TDD). Indicate that you are a physician and confirm whether a copy of your report will be provided to the Department of Human Services or to whom you are required to report the suspected child abuse to at the Department of Human Services. Record the name of the person you spoke to, the time and date of your call and the Incident Report Number if available.

What Should I Include in My Report?

You should report (a) the names and addresses of the child and the names of his or her parents, guardians, or other person(s) having custody or control of the child and if known, (b) the child’s age, (c) the nature and the extent of the child’s abuse and (d) any other pertinent information regarding the suspected assailant or the nature of the abuse.

Kern Augustine Conroy & Schoppmann, P.C., Attorneys to Health Professionals, www.drlaw.com has offices in NJ, NY, FL, PA and IL. The firm’s practice is solely devoted to the representation of health care professionals. Mr. Schoppmann may be contacted at schoppmann@drlaw.com.
Government Relations Committee Update

By: Nancy Pinkin, MPA, CHE

NATIONAL HEALTHCARE REFORM: Fran Gallagher, MEd, Executive Director of AAP NJ and PCORE, and Nancy Pinkin, MPA, CHE have met with Senator Menendez and Congressman Pallone to discuss AAP and AAPNJ concerns regarding the reform legislation. Previously, Dr. Jeanne Craft and Fran Gallagher participated in Senator Menendez’s round table. Dr. Pierre Coant, Dr. Craft and Nancy attended a policy presentation by Washington legislators and healthcare policy leaders, which was sponsored by Congressman Holt. AAPNJ has been in close communication with National AAP and have been actively working to ensure that AAP principles and policies such as coverage of EPSDT, support of primary care, and prevention and wellness visits as recommended by AAP are incorporated into the legislation as it develops.

MEETING WITH ASSEMBLYWOMAN MUNOZ REGARDING IMMUNIZATION POLICY ISSUES: Nancy Pinkin met with Assemblywoman Munoz to discuss AAPNJ immunization concerns especially those related to S1071 / A260 which provides for conscientious exemption to mandatory immunizations. Assemblywoman Munoz indicated her strong support of immunizations and immunization policies and offered to work closely with AAP to advance the need for immunizations. She also agreed to contact Assembly sponsors of A260 to request they not re-sign on to the legislation for the next legislative session which starts in January.

SUDDEN CARDIAC DEATH PAMPHLET: Dr. Stephen Rice is preparing a brochure related to the issue of sudden cardiac death. He will use these documents in drafting the New Jersey pamphlet on Sudden Cardiac Death that the DHSS has asked for assistance in developing. Dr. Rice would like input on the brochure from cardiologists. Contact Dr. Stephen Rice or Nancy Pinkin if you can provide input on the brochure.

NJ PUBLIC WATER SUPPLY FLUORIDATION ACT: A3709 / S2856 "New Jersey Public Water Supply Fluoridation Act." New Jersey is one out of only states that do not fluoridate their water. Dr. Segarra, AAPNJ President has championed this effort. Dental schools and the dental society support this bill. AAPNJ has been actively supporting the legislation as it moves through the Lame Duck session of the legislature.

CHILDRENS BILL OF RIGHTS: S2334 (Lesniak) Establishes “New Jersey Children's Bill of Rights.” US and Somalia are the only 2 nations that have not signed the bill. AAP NJ supported the language that calls it medical care instead of health care. This bill establishes the "New Jersey Children's Bill of Rights." Based on the standard of universal rights set forth in the United Nations Convention on the Rights of the Child, this bill of rights grants explicit rights to every child living in the State consistent with the child's health, safety, well-being, and physical or mental development, and affirms the State's commitment to recognize and protect these rights by stating unequivocally the best interests of the child is of paramount concern.

To read the full Government Relations Committee Report, visit www.AAPNJ.org and click on Advocacy.

Help for Your Troubled Teen.
Peace of Mind for You.

If your teenager is struggling with a psychiatric, substance abuse or eating disorder, don't let it tear your family apart. We offer an advanced specialty in Adolescent Care, at one of the finest psychiatric hospitals in the country.

Learn more at silverhillhospital.org or call us at (800) 899-4455
Romeo and Juliet, in the Theater District
ArtsYOUniversity
Saturday, February 20, 2010

A Special Fundraising Event!

Directed by Artistic Director, Michael McClure and choreography by Danella Vecchio, this Rock Musical Version of Romeo and Juliet features live music from the Princeton School of Rock. Selections from great artists including the Beatles, Damion Rice, Gary Jules, and the hit musical Spring Awakening complete this cast of 50 professionals and local talent blending classical text with modern choreography.

The New Jersey Pediatric Council on Research and Education (NJ PCORE) is the charitable arm of the AAP NJ Chapter. PCORE is a non profit 501(c)3 organization that focuses on preventative health care for all children, particularly the most vulnerable children in New Jersey.

Join us for the evening, 7:00 PM, to Support Children’s Preventative Health Programs in New Jersey.

Enjoy a Welcome Reception, Theatre Presentation, Silent Auction and a 50/50 raffle

A special thank you to ArtsYOUniversity for their generosity, beautiful theatre and the talents of an exceptional cast!

See Reverse for Ticket Information
‘Romeo & Juliet, The Rock & Roll Musical’
Saturday, February 20, 2010, 7:00 PM.
ArtsYOUiversity, 4 Tennis Court, Hamilton NJ

TICKETS: $25 per person; $20 Students and Seniors
(Includes Welcome Reception & Intermission Refreshments)

Please print clearly

Name: ___________________________________________________________
E-mail address (for confirmation): ____________________________________

Please specify # of tickets: _____________ Total amount: $____________

☐ If paying by check please make checks payable to: NJPCORE
☐ Credit Card Payment:  ☐ Visa  ☐ MasterCard  ☐ American Express

Billing Address: ___________________________________________ Billing Zip Code: _____________
(address on credit card MUST match billing address)

CC#: ____________________________ 3 digit CSV code: _______

Signature: __________________________ EXP. DATE: ___________

I cannot attend. Please accept my donation in the amount of $____________

AAP NJ & PCORE
3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
Phone: (609) 588-9988
Fax: (609) 588-9901

Silent Auction Donation Items Gladly Accepted!
Contact Lisa Murison at lmurison@njpcore.org to donate an item or for sponsorship opportunities.

Item Description: ____________________________
Retail Value: ____________________________
Dear Doctor:

I hope that you will consider MDAdvantage Insurance Company of New Jersey for your upcoming medical professional liability insurance renewal. We offer flexible coverage and payment options, a robust premium incentive program, and complimentary seminars and e-learning courses. Most importantly, we stand ready to assist you with advice, counsel and 24/7 New Jersey-based support.

MDAdvantage is pleased to provide a 20% premium discount to members of the AAP NJ Purchasing Alliance.

We are committed to providing our policyholders with unparalleled value, and are pleased to present you with this Premium Indication:

<table>
<thead>
<tr>
<th>Specialty Class:</th>
<th>Pediatrics (No Surgery)</th>
</tr>
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<tbody>
<tr>
<td>Limits of Liability:</td>
<td>$1 Million/$3 Million</td>
</tr>
<tr>
<td>Policy Type:</td>
<td>Permanent Protection Policy (includes prepaid tail)</td>
</tr>
</tbody>
</table>

*(Claims-made pricing available upon request)*

| Base Premium (Based on Superior Claim Experience): | $9,410 |
| Capital Contribution Requirement: | $0 |

**Premium Credits Available:**
- AAP NJ Purchasing Alliance Discount: $1,882
- Electronic Medical Record System Credit: $226
- SecuReach Test Tracking System Credit: $219
- Electronic Prescription Writer Credit: $142
- Educational Program Credits: $208

**Final Annual Premium:** $6,733

This Premium Indication represents one premium possibility. Your final premium proposal may vary depending on your particular circumstances, and will be developed once all of your information has been submitted. This letter does not extend any commitment of coverage or pricing on the part of MDAdvantage Insurance Company of New Jersey.

To receive a final premium proposal, please contact your broker or our Policyholder Services Department at 888-355-5551 or phs4docs@mdanj.com. A list of authorized MDAdvantage brokers can be found on our website at www.MDAdvantageonline.com.

Sincerely,

Patricia A. Costante
Chairman and CEO
From April – November 2009, approximately 200 children under the age of 18 have died in the US from the 2009 H1N1 influenza virus. To increase awareness and educate parents, the CDC developed a podcast titled, 2009 H1N1 Information for Parents who have Children with High-Risk Medical Conditions. This 8 minute podcast serves as a great tool for all child care leaders to disseminate to their constituents, colleagues and even friends and family that have or work with children! It may be accessed at the following link: http://www2c.cdc.gov/podcasts/player.asp?f=393367.

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**2009 H1N1 Information for Parents of Children with High-Risk Medical Conditions**

**New Parent Friendly Web site from Academy Offers Reliable Pediatric Health Information**

A new Web site from the Academy offers a reliable source for parents seeking pediatric health information. Launching December 8, HealthyChildren.org is an interactive, customized Web site designed for families, providing content that is consistent with AAP policies and guidelines.

**New Jersey Chapter Web site offers Local Resources for Parents**

Parents of children in NJ may now visit www.aapnj.org and click on ‘Resources for Parents’ to find a pediatrician in their area, read updated H1N1 information and news and learn about local events and opportunities.

---

**DCF Health Care Priorities:**

1. Ensuring children in its care are connected with a medical home;
2. Children receive Early and Periodic Screening, Diagnostic and Treatment (EPSDT) examinations in accordance with the periodicity schedule;
3. Children receive comprehensive medical examinations (CME's);
4. Children 3 years and older receive semi-annual dental exams;
5. Children with a suspected mental health need receive mental health assessments;
6. Children receive appropriate follow-up care to address their health needs;
7. Information pertaining to children’s health issues is documented and accessible from a DCF data system.

**Child Health Nursing Services Model:**

1. Endeavors to realize wellness and permanently for children in out-of-home placement;
2. Integrates health and child welfare services planning to enhance health outcomes, well-being and permanency for DYFS involved children.

**Child Health Units**

The Child Health Program supports the work of DYFS through establishing and managing Child Health Units within each of DYFS 47 local offices statewide. Child Health Units are responsible for the health care case management of DYFS Involved children, giving particular attention to children in out-of-home placements. Regional Nurse Administrators guide and direct the overall operations of the Child Health Units within their specific geographic catchments. Each Child Health Unit functions under the leadership of a Clinical Nurse Coordinator, and is comprised of care coordination specialists and nurse health administrators, who provide child-specific case consultation, develop health care plans and ensure the delivery of coordinated health care for DYFS involved children, and staff assistants who manage unit communications and information systems.
AAP NJ & PCORE Happenings

Save the Dates!

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
New Jersey Chapter

AAP NJ Chapter Annual Meeting
June 2010

This year’s meeting will have a new format, offering pre-conference workshops. Be sure to read your weekly E-blasts & visit AAPNJ.org for more information!

AAP NJ Sponsors

AAP NJ would like to acknowledge sponsors who make it possible for the AAP NJ Chapter to further our mission and aid us in providing quality programs, meetings, conferences and CME opportunities.

The AAP NJ Executive Council Board Meeting and Ad Hoc Strategic Planning Meeting on December 8, 2009 at McLoones Pier House in Long Branch, New Jersey was sponsored by:

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