ON-CALL OBLIGATIONS
Policies, Procedures and Penalties
Michael J. Schoppmann, Esq. and Denise L. Sanders, Esq.

Neodymium Magnet Risk
Recognizing and Reducing the Risk of Severe Gastrointestinal Injury
Joel R. Rosh, MD, FAAP, AGAF

Warning Signs
Protecting Patients from Sudden Cardiac Arrest
Ruben J. Rucoba, MD, FAAP
CALL FOR PROPOSALS—2013 Planning Funds and Cycle 1 Resident Funds Programs

Applications available May 1, 2012—submissions due July 31, 2012
Applicants notified December 2012—projects begin January 2013

The Academy is accepting submissions for its 19th annual Community Access to Child Health (CATCH) Planning Funds and Resident Funds grants.

Grants of up to $12,000 will be awarded on a competitive basis to pediatricians to plan innovative community-based child health initiatives that will ensure all children, especially underserved children, have medical homes and access to specific health services not otherwise available. Priority is given to projects that will be serving communities with the greatest health disparities. A pediatrician must lead the project and be significantly involved in proposal development and project activities.

This Planning Funds and Resident Funds grant cycle also includes calls for projects that focus on American Indian/Alaska Native children and projects to improve access to immunizations for children who are most likely to experience barriers.

Grants of up to $3,000 also will be awarded on a competitive basis for residents to plan or implement community-based child health initiatives. Resident projects must include planning activities or demonstrate completed planning activities, and may include implementation activities. To ensure project completion, residents who are in their 1st or 2nd year of residency on the application submission due date are eligible to apply; 3rd-year residents may apply if they will be chief resident in their 4th year. PGY-3 residents are eligible to apply as coapplicants.

For more information or to apply for a grant, visit www.aap.org/catch/planninggrants.htm or www.aap.org/catch/residentgrants.htm, e-mail catch@aap.org, or call 800/433-9016, ext 4916. Applications must be submitted online.

Join more than 1,300 pediatricians who, through their CATCH grant projects, have learned that local child health problems can be solved locally, often using local resources.

One pediatrician can make a difference!

For practice-recruitment opportunities, please see pages 29-31
The election results are in! The AAP/NJ Chapter elections are complete and the full slate of AAP/NJ Chapter leadership is included in this edition on page six. The NJ Chapter is fortunate to have exceptional and dedicated leadership promoting strong voices for children, support for their parents/caregivers; and unwavering advocacy and assistance for pediatricians and pediatric medical homes.

Dr. Rice came in with a commitment to strengthen Chapter infrastructure, integrate AAP/NJ Chapter and PCORE work, and expand the value for members; incredible strides have been achieved. He has also traveled the State to share his expertise and talents related to concussion treatment and prevention of cardiac arrest in athletes (see brochure, page 11) A sincere thank you to Dr. Rice and all of the Executive Council throughout this past leadership term and an enthusiastic welcome to Dr. Fisher and the newly elected EC members.

AAP/NJ Chapter and PCORE are vibrant organizations, soon to be merged, with our most valuable resource being our team who works closely with leadership. Fifteen staff members, several dedicated consultants, and many partners have helped us to reach hundreds of pediatric practices with prevention oriented quality improvement program over the last few years. A few include: Medical Home, Early Identification of Autism, Child Abuse and Neglect Prevention, Oral Health, Immunizations, Linking Mental Health and Primary Care, and more. If you haven't been to the website lately, check out www.aapnj.org – it includes a link to PCORE programs and opportunities for CME, MOC Part IV, and other offerings.

We welcome your feedback and invite you to become involved! You are important trusted voices for children, rated as the second most trusted … right after moms! Look forward to hearing from you soon.

Warm Regards,

Fran Gallagher, MEd
AAP/NJ & NJPCORE Executive Director

NJ Pediatrician: The Newsletter of the American Academy of Pediatrics, New Jersey Chapter

Editors:
Theodore Kastner, MD, FAAP
Michael Weinstein

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New Jersey Chapter
MESSAGE FROM THE PRESIDENT

Stephen G. Rice, MD, PhD, MPH, FACSM, FAAP
American Academy of Pediatrics, NJ Chapter President

This column marks the ending of my two years as President of our New Jersey Chapter of the American Academy of Pediatrics. The Chapter is blessed with a magnificent staff and strong cohesive physician leadership team. The team remains committed to improvement and growth, working tirelessly to keep our Chapter vibrant, healthy, open-minded and innovative. It has been both an honor and privilege to serve and personally fulfilling in light of our Chapter’s many accomplishments.

Two years ago the road ahead was rife with challenges. To help us more fully appreciate the progress made in meeting those challenges, I think it might be helpful to reflect back on the path we traveled together.

In July 2009, AAP/NJ changed its management arrangement united again with PCORE. When I began my term in 2010, the new system had gelled sufficiently for our organization to move forward with alacrity. This situation reminded me of the old Peaches and Herb song, “Reunited – And It Feels So Good.” It was time to roll up our sleeves and began to work on the critical areas of:

Added Value - Providing members with added value as an incentive to join and/or renew membership has been a key area of focus over the past two years. Indirect benefits such as advocacy, coalition building, developing and administering programs to help improve pediatric practices and direct benefits, including: malpractice insurance, disability insurance, long-term health-care insurance, banking services, office supply purchasing, support for introducing electronic medical records and achieving meaningful use have resulted in membership growth. Our leadership team is constantly seeking feedback from members to ensure that we are aware of your needs and are making strong efforts to meet those requirements.

Education has and always will be an important pillar supporting our organization. Our Annual Meeting and School Health Conference consistently feature outstanding topics and respected speakers. Special recognition must go to Wayne Yankus, MD, who has chaired the School Health Conference for the past 20 years. PCORE continues providing myriad quality improvement courses, including an ABP-approved Part IV Maintenance of Certification (MOC) program. At each quarterly in-person meeting of the Executive Council, we strove to provide an atmosphere where members could gather to socialize and maintain or expand their knowledge base. I have great confidence that Polly Thomas, MD and Elliot Rubin, MD will carry on the tradition of excellence.

Advocacy and External Relations are also essential pillars for our professional organization. Individually, we are too busy in our day-to-day lives to speak out consistently and effectively on important issues. It is in this arena that AAP/NJ has made its most substantial mark over the past few years. For several years before 2009, PCORE had been providing services to agencies of our state government in Trenton, but few understood or appreciated the connection between PCORE and AAP/NJ. The return to a single management team accentuated the connection and afterwards doors started opening. As a result, routine meetings between AAP/NJ and the health commissioner and her chief deputies soon followed. This partnership has solidified the reputation of AAP/NJ and PCORE as the foremost agency to administer and deliver programs for improving the health and wellbeing of children in New Jersey.

If vision, commitment, faith and hard work were the keys to transforming our advocacy efforts, replacing the archaic reactive approach with a proactive advocacy model was the engine driving the transformation.

This vision for change led us to search for a new lobbying firm. Once the decision for change was made, progress soon followed. AAP/NJ’s ‘leap of faith’ set in motion a complete paradigm shift and ensuing activities including holding a conclave of 25-30 leaders to determine the 8 most important topics to our organization and the production and distribution of our Agenda for Children. This concise, pocket-sized booklet was distributed to all 120 legislators in the state Senate and Assembly in January 2012 as well as the Governor, key executive branch officials and department heads.

The dividends of our new advocacy program are evident almost every day. Our access to legislators has vastly improved; they now call us prior to writing or dropping bills – asking our opinion beforehand; and our testimony is solicited at key committee hearings. Relationships and contracts with state agencies are stronger than ever; we are truly mutually dependent on each other in a positive fashion. The development of NJIN, the New Jersey Immunization Network, is an example of that cooperation. AAP/NJ has also joined together with our family practice brethren (through NJAFP) on a number of issues where both organizations have common purpose, including the submission of the CMS Challenge grant, a summit on the patient centered medical home and the New Jersey Immunization Network.

The reach of our advocacy extends well beyond the State’s borders. Our leadership has also established strong connections with our representatives in Washington. The National AAP Director of Federal Affairs, Mark Del Monte, has a long and close relationship with our Chapter. We appreciated Mark taking time to attend our Annual Meeting to address our Executive Council and speak to membership about Federal Affairs and getting out the vote in November through the introduction of “Pediatric Charlie.” At the Annual Leadership Forum (ALF) in March in Chicago, AAP/NJ presented three posters: on creating the Agenda for Children, on NJIN and on our Maintenance of Certification Part IV educational program.

Financial Viability is a constant challenge for any professional organization. Our leadership takes this issue very seriously, often having to balance a variety of competing
One of the major barriers to child health care in NJ and in the nation is the paucity of child psychiatrists, the ever growing number of children with ADD, autism, and mental health crises, and a lack of perceived competence by community pediatricians to provide a medical home for these children.

Studies show that up to 30% of office visits to pediatricians involve a mental health concern. Most are not recognized and even when recognized only one in nine actually receives effective treatment.

The Essex County Pilot Primary Care/Mental Health Collaboration is a three-year demonstration project funded primarily by the Health Care Foundation of NJ and jointly managed by AAP/NJ, Child Psychiatry and SPAN.

The model is based on a state wide program in Massachusetts. The Mass Child Psychiatry Access Project, which has been very successful and well received by pediatricians. The core elements are timely access to psychiatric consultation, care coordination by a social worker and ongoing support and education of pediatricians. The patient remains in the care of the primary pediatrician.

Child Psychiatry has set hours each day and is available by phone to review a child’s situation and offer suggestions and advice and also to advise on medication options and other next steps. The social work care manager is available to work with the family to secure necessary services or to advocate for the family. The primary care pediatrician and the child psychiatrist pay attention to symptom-related outcomes that are well documented.

The project hopes to enlist 50 pediatricians in Essex county for the pilot. Dr. Gary Rosenberg is the child psychiatrist who heads the project and the Statewide Parent Advocacy Network (SPAN) is working to support family involvement in the project.

We will keep you up to date with progress as the project develops. We encourage any Essex County Pediatrician to find out more about the project. A series of webinars are being developed to detail the project. Turn to page 17 to learn more.

**PCORE Corner - Shaping Child Health for the 21st Century in New Jersey**

Steven Kairys, MD, MPH, FAAP
NJPCORE Medical Director

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PRESEDENT’S MESSAGE CONTINUED

factors in charting the appropriate course. Do we have a bold and optimistic view of the future that will enable us to take prudent risk or should we hunker down and try to hold on and weather the storm? AAP/NJ faced uncertainty in 2009-2010 as our organization changed its management arrangement and simultaneously dealt with the aftermath of the national economic downturn. Our decision was to see a great future for ourselves and to take bold steps to innovate. Key among them was hiring a seasoned professional to increase membership, grow events, and enhance our financial base. Since Bert Mulder has joined AAP/NJ, we have moved into a variety of new arenas: developing member benefits, creating corporate sponsorships, and instituting affiliate membership.

Managing membership and event activities “in house” is one of the Chapter’s foremost accomplishments. This new approach is already reaping benefits including an increased capability to respond more quickly and accurately to membership needs and requests.

The Children’s Ball has become our major annual fund-raising event. Held for only the second time, the Gala, which spotlights three honorees – Legislator of the Year, Pediatric Advocate of the Year and Pediatrician of the Year, raised significant revenue to support AAP/NJ programs.

Concussion and Preventing Sudden Cardiac Death Among Student Athletes are two topics that have been of significant interest to me throughout my tenure and of late, have drawn the interest of both the general media and pediatric literature. I encourage everyone reading this column to avail themselves to the latest information on these topics: the official report on Sudden Cardiac Death from the New Jersey Student Athlete Cardiac Screening Task Force, for which I served as Chair, was released in April 2012; and the associated pamphlet released in the spring of 2011 that athletes and parents are now required to review. Both are available at www.aapnj.org.

The Future looks bright for AAP/NJ and PCORE. And of course, the long-term health and vitality lies with our youngest members – those who challenge, motivate and inspire our Chapter to remain relevant and a part of their professional lives. Throughout the years, Michelle Tuck, MD, has led our incredibly successful Resident Career Day. Paul Schwartzberg, DO, is leading current efforts to engage pediatric residents in advocacy. Our leadership team is placing great emphasis on organizing social networking events to bring young pediatricians together for bonding and learning, hopefully igniting that spark of interest in AAP/NJ. Most of us who are active and involved in leadership remember it was a specific person who asked us to become more involved. We need to maintain and nurture that spirit of reaching out by encouraging others to join us in that wonderful experience of speaking up for children, parents, our community and fellow pediatricians.

So it is with great confidence that I pass the leadership torch to our Chapter’s next president, Meg Fisher, MD. I cannot think of a more capable and committed individual to lead AAP/NJ into the future than Meg. My great hope is that you will extend the same degree of commitment, professionalism and support to Meg that you provided to me these past two years.

Sincerely,
2012 AAP/NJ Elections
The Results are in... The Executive Council:

- **President**: Margaret “Meg” Fisher, MD, FAAP
- **Vice President**: Elliot Rubin, MD, FAAP
- **Vice President-Elect**: Jeffrey Bienstock, MD, FAAP
- **Treasurer**: Ted Kastner, MD, FAAP
- **Secretary/Editor**: Jeanne Craft, MD, FAAP
- **Immediate Past President**: Stephen Rice, MD, PhD, MPH, FACSM, FAAP
- **PCORE Medical Director**: Steve Kairys, MD, MPH, FAAP

**District One - Bergen and Passaic**
- John Sutter, MD, FAAP
- Daniel I. Schwartz, MD, FAAP

**District Two - Essex, Union and Hudson**
- Monica Arnold, MD, FAAP
- Daniel Hermann, MD, FAAP, MPH

**District Three - Hunterdon, Morris, Somerset, Sussex and Warren**
- Wayne Fellmeth, MD, FAAP
- Alan Meltzer, MD, FAAP

**District Four - Middlesex, Mercer, Monmouth, and Ocean**
- Ernest Leva, MD, FAAP
- Cathleen M. Ballance, MD, FAAP

**District Five - Atlantic, Camden, Cape May, Cumberland, Gloucester, and Salem**
- Michael Goodman, MD, MMM, FAAP
- Kevin J. King, MD, FAAP

**At Large Councilors**
- Indira Amato, MD, FAAP
- Ben Lee, MD, FAAP
- Denise Bell, MD, FAAP
- Alan Weller, MD, FAAP
- Newly Elected
**2012 President-Elect Candidates**

**VOTING WILL BE HELD AUGUST 31 - OCTOBER 1, 2012**

**Michael D. Klein, MD, FAAP**
Detroit, Michigan

Michael Klein studied medieval history at the University of Chicago and Princeton before attending medical school at Case Western Reserve. He completed training in general surgery at the New England Deaconess Hospital in Boston and did research in the laboratory of Judah Folkman. He trained in pediatric surgery at the Children’s Hospital of Michigan (CHM), and served on the faculty at the University of New Mexico and the University of Michigan before returning to CHM and Wayne State University (WSU) in 1983. His research has focused on extracorporeal life support, blood-materials interactions, tissue engineering, robotic surgery, and Raman spectroscopy for medical diagnosis.

At CHM he has been Chief of Pediatric Surgery, Director of the Training Program in Pediatric Surgery, and Surgeon-in-Chief. He developed the first ACGME approved surgical critical care training program in a children’s hospital and directed it for many years. He started the ECMO program at CHM, and has served as Chair of the Extracorporeal Life Support Organization. Dr. Klein organized, and was the first chair, of the Organization of Children’s Hospital Surgeons-in-Chief which has a close working relationship with NACHRI.

He has served the AAP on the Committee on Hospital Care, as Chair of the Section on Surgery, and as Chair of the Surgical Advisory Panel. He continues to practice pediatric surgery in both academic and private practice settings, and remains very engaged in medical technology research.

**James M. Perrin, MD, FAAP**
Boston, Massachusetts

Jim Perrin is a primary care pediatrician with a lifetime of policy work and advocacy for children and adolescents, especially with chronic conditions. Professor of pediatrics at Harvard, he heads the Division of General Pediatrics at the Massachusetts General Hospital (MGH) for Children. He also founded and directed the MGH Center for Child and Adolescent Health Policy. A graduate of Harvard and Case Western Reserve Medical School, he completed residency and fellowship at Rochester. He worked for two years in Washington on rural primary care and migrant health. He developed and ran a rural community health center in upstate New York before moving to Vanderbilt and later MGH to develop divisions of general pediatrics in both sites. His research examines day-to-day issues of pediatrics: asthma, otitis media, children’s hospitalization, health insurance, and chronic illness and disabilities. He now heads the Clinical Coordinating Center for the national Autism Treatment Network to improve care for autism and other developmental disorders.

Jim has a strong record of AAP service, having chaired the Committee on Children with Disabilities and co-chaired the committee that developed practice guidelines for ADHD and a group to implement them. He has also served on the Task Force on Mental Health and the Committees on Federal Government Affairs and Genetics. Dr. Perrin was president of the Ambulatory Pediatric Association and founded its journal, *Academic Pediatrics*.

He enjoys time with his wife, Ellen, also a pediatrician; both love traveling, hiking, biking, and time with children and grandchildren in North Carolina and Maine.

*Reprinted with permission of AAP News, May, 2012*
Need Help Getting to Meaningful Use of your EHR?

The American Academy of Pediatrics, New Jersey Chapter (AAP/NJ) is partnering with the New Jersey Health Information Technology Extension Center (NJ-HITEC) to assist pediatricians in adopting certified Electronic Health Record (EHR) technology and in preparing their pediatric practices for Meaningful Use compliance under the federal HITECH Act.

NJ-HITEC is a federally recognized Regional Extension Center program established to provide 5,000 New Jersey health care providers with expert guidance and advice in the selection, implementation and Meaningful Use of certified electronic health technology.

If You’re Using an EHR — We Can Help You Reach Meaningful Use!

AAP/NJ in partnership with NJ-HITEC will:

- Provide FREE hands-on, in-office staff and personalized assistance based on your particular EHR and practice needs.
- Clarify the Meaningful Use measures and identify ways to integrate them into your practice workflow using your EHR to reach Meaningful Use compliance.
- Help eligible professionals (EPs) navigate through the Medicaid EHR Incentive Program registration and attestation process to access incentive payments of up to $63,750 per EP.

There are a limited number of subsidies remaining for FREE assistance through NJ-HITEC.
Call us TODAY to secure one of them for your practice!

Contact Anne Lorenzo, Program Manager at aorenzo@aapnj.org or at 609-842-0014
Small Toy Magnets
Recognizing the Risk of Severe Gastrointestinal Injury
by Joel R. Rosh, MD, FAAP, AGAF
Director, Pediatric Gastroenterology
Goryeb Children’s Hospital

Commercial use of small, powerful, neodymium magnets has become popular in a variety of forms including adult desk toys, children toys and mock jewelry or piercings. All providers of health care to children and adolescents need to be aware of the potential risks that can be incurred when more than one of these magnets are coincidently ingested. Attraction between the magnets across bowel loops can compromise local blood flow. If not managed carefully, this can lead to bowel perforation.

Recently, members of NASPGHAN (North American Society for Pediatric Gastroenterology Hepatology and Nutrition) have reported an increase in the prevalence of neodymium magnet ingestion in pediatric patients across the country. Some of these ingestions have resulted in catastrophic outcomes including emergent surgical intervention, loss of bowel and the potential need for small bowel transplantation.

A pivotal factor in the proper management of such ingestions is a high index of suspicion. In cases when multiple small, radio-dense objects are imaged in the gastrointestinal tract, ingestion of multiple small magnets should be suspected. A clinical example occurred earlier this year when a three-year-old Oregon girl ate 37 magnets from a popular executive desk toy. The magnets made a circle in her stomach, and on an x-ray, medical staff thought she had swallowed a bracelet. The magnets ultimately led to gastrointestinal perforation.

Unfortunately, there have also been cases where multiple magnets were superimposed on one film and, therefore, films utilizing multiple views are recommended in this setting.

The popularity of these magnets has greatly increased childhood access to them making knowledge and recognition of this increased risk an imperative. If it is believed that such ingestion has occurred, rapid imaging and endoscopic intervention to remove such magnets from the stomach can prove critical. Unfortunately, if the magnets have passed into the intestine, surgical intervention may be the only possible option and urgent consultation with a pediatric surgeon is warranted.

Perhaps most important are measures capable of preventing such ingestions. Parents and caregivers should be educated to keep magnets away from the reach of children and make sure older children know that they are not ingestible toys or jewelry. This includes magnets found in construction sets, children's toys, stress-relieving adult desk toys, and refrigerator magnets. Parents and caregivers need to monitor for loose magnet pieces and inspect toys and children's play areas regularly for missing or dislodged magnets.

If you would like more information on this type of ingestion and its management, NASPGHAN has prepared a podcast on this topic. It is available at:

http://limelightdc.com/clientarea/naspghan_magnets_podcast_5_12

Pediatric Residents and Public Health in New Jersey

Ben Lee, MD, FAAP
Neonatologist, Faculty at MidAtlantic Neonatology Associates

In the field of medicine, the skills and mission of a pediatrician are unique. They combine elements of both individual health science and public health in a way which no other specialty can, particularly with their emphases on preventative paradigms and family-community focused approaches to health care. Accordingly, there perhaps is no greater field as essential to the public’s health than the field of pediatrics. However, the opportunities for pediatric residents to directly explore experiences in public health are traditionally limited due to resources and time during the rigorous years of residency training.

In the winter of 2011, I was privileged with the opportunity to assist with the creation of an elective for pediatric residents at the Goryeb Children’s Hospital which allowed them to spend a month working with Dr. Lorraine Freed Garg, Dr. Marilyn Gorney-Daley, Suzanne Karabin and their staff at the Special Child Health and Early Intervention Services Unit at the New Jersey Department of Health and Senior Services in Trenton. During this rotation, the residents tackled multiple projects, including involvement with the state newborn screening program; assisting with the development of presentations on critical congenital heart disease screening for health care provider training; and exposure to the state-of-the-art laboratory resources of our continued development of the pulse oximetry screening state health department protocol for congenital heart disease; and exposure to the state-of-the-art laboratory resources of our state health department. As our pediatric residency programs continue to train the next generation of pediatricians, opportunities such as these will assist in the development of pediatricians with a working competency of how our state health department works to improve the health of children and the public in New Jersey.
Warning signs
Help protect patients from sudden cardiac arrest with proper screening, recognition of symptoms
by Ruben J. Rucoba, M.D., FAAP - Correspondent

The scene is every parent’s nightmare: You are sitting in a crowded gym, cheering on your teenage athlete, when suddenly he stops, grabs his chest and falls over, dead.

Pediatricians know the event as sudden cardiac arrest (SCA), but for the family, school and community, it is a horrifying mystery.

Pediatricians often are the ones who sign off on whether a teenage athlete is healthy enough to compete. A new AAP policy statement from the Section on Cardiology and Cardiac Surgery, Pediatric Sudden Cardiac Arrest (Pediatrics. 2012; 129:e1094-e1102; http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2012-0144), aims to help pediatricians do a better job of preventing this nightmare scenario.

Reliable data on the frequency of pediatric SCA are difficult to find and often conflicting. The Centers for Disease Control and Prevention estimates that 2,000 children, teens and adults younger than 25 years old die every year in the United States from SCA. Although the likelihood of SCA in youths with underlying cardiovascular disease is increased by athletic participation, some studies estimate that fewer than 100 cases of SCA occur yearly in young competitive athletes in the United States.

Although the true incidence may be unknown, the underlying causes of SCA are well-known. These are usually cardiac disorders or a pharmacological agent, such as illicit drugs, stimulants or prescription medicines.

The policy statement includes a list of cardiac disorders, which can be separated into structural/functional problems and electrical problems. The former includes such diagnoses as hypertrophic cardiomyopathy, coronary artery anomalies and aortic rupture. Electrical disorders causing SCA include long QT syndrome, Brugada syndrome and Wolff-Parkinson-White syndrome.

Notice signs, symptoms
One key to prevention of SCA is the recognition of the symptoms of those cardiac causes. Although most cases of SCA appear to “come out of nowhere,” retrospective studies often find preceding symptoms such as dizziness, chest pain, syncope, palpitations or dyspnea.

“We’ll continue to miss some patients if these (warning signs) get blown off or missed or misinterpreted,” said Robert M. Campbell, M.D., FAAP, co-author of the policy statement. “Find that first clue and evaluate them thoroughly.”

And these signs are common.

“Up to 50% of the kids who had SCA had previous symptoms or had a prior family history,” said Stuart Berger, M.D., FAAP, co-author of the statement.

Take focused history
Pediatricians are familiar with the preparticipation evaluation (PPE) forms that typically are administered before athletic participation. These forms usually include many questions covering a broad family history.

The problem is most studies have not substantiated the efficacy of current PPE processes for identification of risk for SCA. One solution is to use a more thorough and focused cardiovascular risk assessment tool at various times from birth to the point of athletic participation. A 20-question form is included in the policy statement as an example.

Dr. Campbell points out that the diseases causing SCA are not evenly distributed in the population but are clustered in families. Getting a focused family history and providing further evaluation for those who have a positive family history is an effective way to find those at risk of SCA.

“We had a kid with SCA who died lifting weights,” Dr. Berger noted. “Looking back, the mom had long QT syndrome, and she died four years earlier.” If a focused family history was used for that patient, the outcome may have been different.

The other benefit to this approach is screening can be done for everyone. As Dr. Berger said, “It’s not just the athletes who we want to protect or are at risk. We should cast that net globally.”

Pediatricians can ask four questions that should elicit the key information to follow up on:
1. Have you ever fainted, passed out or had a seizure suddenly and without warning, especially during exercise or in response to auditory triggers like doorbells, alarm clocks or ringing phones?
2. Have you ever had exercise-induced chest pain or shortness of breath?
3. Are you related to anyone with sudden, unexplained and unexpected death before the age of 50?
4. Are you related to anyone who has been diagnosed with a sudden death-predisposing heart condition like hypertrophic cardiomyopathy, long QT syndrome, Brugada syndrome, etc.

The authors note that the efficacy of using these questions has not been studied.

Be prepared for sudden cardiac arrest
In Italy and Japan where ECGs are part of standard screening for all
young athletes, studies suggest an incremental decrease in the incidence of SCA among athletes. However, the policy statement does not endorse routine ECG screening. The logistics, costs, frequency of false positives and lack of expert readers are drawbacks to mass ECG screenings, Dr. Berger pointed out.

In addition, no screening technique will identify all patients at risk for SCA. For this reason, the authors said schools and communities should be prepared for SCA when it occurs. The policy statement advocates for widespread training in schools of cardiopulmonary resuscitation and the use of automatic external defibrillators (AEDs).

Dr. Campbell noted that for an AED to be beneficial, a school should train staff, faculty and interested students or parents, and have drills.

“It’s like a fire extinguisher on the wall: It’s not just going to jump off the wall,” he said. “A school is more likely to have an SCA than a severe fire. You need to have trials or drills, just like fire drills.”

Because schools are high traffic areas for people of all ages, being prepared for SCA may help save the life of a teacher, parent or grandparent, in addition to a student.

Admittedly, preventing and treating SCA is not an easy task.

“We can do a better job asking questions and responding to those answers,” Dr. Campbell said. “We can advocate and be a first responder that is better prepared.”

Sudden Cardiac Death in Young Athletes

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?

What is sudden death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 65% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring in any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common in males than in females, in football and basketball than in other sports, and in African-Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (van-TER-ik fib-ruh-HEE-luh). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hip-ter-ROF-kar-dee-AH-moh-path-ee). This is a disease of the heart, which abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital coronary artery disease (kawr-oh-AHR-nay-ahr-dye). This is present from birth and affects the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called “coronary artery disease,” which may lead to a heart attack).

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-kar-DYE-itis), an acute inflammation of the heart muscle (usually due to a virus).
New Guidelines on Safe Infant Sleep

Thomas Hegyi, MD
Professor and Vice-Chair of Pediatrics and Medical Director
SIDS Center of New Jersey
UMDNJ-Robert Wood Johnson Medical School
Barbara M. Ostfeld, PhD
Professor of Pediatrics and Program Director, SIDS Center of New Jersey
UMDNJ-Robert Wood Johnson Medical School
Harold Perl, MD
Clinical Assistant Professor of Pediatrics (UMDNJ) and Medical Director SIDS Center of New Jersey
Joseph M. Sanzari Children’s Hospital, Hackensack University Medical Center

The Task Force on Sudden Infant Death Syndrome (SIDS) of the American Academy of Pediatrics (AAP) has issued a new Policy Statement and Technical Report on safe infant sleep. The new guidance is distinguished by the expansion of the safety message to address not only SIDS but also other sleep-related deaths including those caused by suffocation, asphyxia and entrapment. Many of the risks described are not specific to SIDS alone but also relate to these other categories of Sudden Unexpected Infant Deaths. And, additional recommendations have been added such as avoidance of bumpers and of bed-sharing by siblings, including twins and higher-order multiples. Since the start of the “Back to Sleep” campaign in 1994, the rate of SIDS has declined by over 50%. However, it remains the leading cause of post neonatal infant mortality, and unsafe sleep practices, though reduced, continue to be evident in the care of living infants, as determined by the State-by-State annual surveys conducted by the Prenatal Risk Assessment Monitoring System of the CDC. Moreover, as more detailed death-scene investigations are conducted, conditions associated with suffocation are becoming more evident. The only effective method to date for reducing conditions associated with sleep-related deaths continues to be the education of all caregivers. The pediatrician plays a vital role in this effort.

To be effective for the 115,000 New Jersey families who welcome a newborn each year, education must reach all caregivers including grandparents who may look upon current guidance as inconsistent with what they had been taught was safe. Families are more likely to comply when advice comes from a trusted health care provider and when it elicits and addresses concerns such as fears about choking. Pediatricians can also address contradictory information sometimes inadvertently represented in depictions of infant bedding in advertisements or in the media. Finally, advice must be comprehensive. In a recent study we conducted at the SIDS Center of New Jersey (SCNJ), 78% of SIDS cases contained multiple risks. Thus, addressing only a few topics, such as the use of supine sleep, is not enough. Finally, risk reduction information should be shared often. It may be given during prenatal care visits, and it should be given as part of discharge planning following the birth. However, visits to the pediatrician’s office provide the opportunity for continually affirming the family’s knowledge and addressing their concerns that might become barriers to compliance.

Many resources are available to assist the pediatrician in providing safe infant sleep education. The Policy Statement and the Technical Report were published in Pediatrics. They are available via the SCNJ website, www.rwjms.umdnj.edu/sids. Or they can be directly accessed: http://pediatrics.aappublications.org/content/128/5/1030.full.pdf+html for the policy statement; http://pediatrics.aappublications.org/content/128/5/e1341.full.pdf+html for the technical report. In addition, the SCNJ is revising its handouts on safe infant sleep. A new flyer is available in the risk reduction section of our website as well as on the AAP/NJ Chapter website, www.aapnj.org. You can inquire about additional materials, including information in languages other than English, by e-mailing us at scnj@umdnj.edu. The SCNJ also provides in-service education on safe infant sleep using such venues as Pediatric Grand Rounds and birthing hospital nurseries. Please contact us if you would like to learn about these educational programs. Finally, educational DVD’s produced by Tomorrow’s Child/MI SIDS can be viewed: http://pediatrics.aappublications.org/content/128/5/1030.full.pdf+html and ordered from that program. Please e-mail the SCNJ to request their order form.

Pediatric Resident Networking Event
by Marie Brooks

Despite demanding clinical and on-call hours a hand full of residents attended the AAP/NJ’s Pediatric Resident Networking event on Thursday, May 24th. The group picked the brains of Attorney Charles Newman, Robert B. Goley, Sr. Vice President of Claims and Risk Management at MDAdvantage, as well as Financial Advisors Aaron Niederman and Edward W. Schuler.

Attending residents were positioned at different points in their careers, yet each had the opportunity to share individual concerns and benefited from personalized attention from the law, insurance, and financial experts. Mr. Newman guided residents through the jungle of the Pediatric contract. Attendees enthusiastically probed Mr. Newman on finer points of Restrictive Covenants. In well received humor, Mr. Goley provided best practices for avoiding malpractice suits from cautions with EMRs to preemptive investigations of potential cases. Nieder- man wrapped up with a comprehensive look at the importance of disability insurance and protecting assets, pleasantly surpris- ing all present with certain constraints surrounding disability collection.

During the dinner and networking portion of the event, resi- dents were forthcoming with suggestions for maximizing the attendance of future resident events. Their host, Fran Gallagher, Executive Director of AAP/NJ, was assured that the provided information had been not only worthwhile, but valuable and temporally appropriate. The attending residents promise to act as a solid baseline from which to grow future career development programs.
SAFE SLEEP FOR YOUR BABY
REDUCE THE RISK OF SUDDEN INFANT DEATH SYNDROME AND OTHER SLEEP-RELATED DEATHS SUCH AS ACCIDENTAL SUFLOCATION AND STRANGULATION IN BED

- ALWAYS PLACE BABIES ON THEIR BACKS TO SLEEP FOR NAPS AND AT NIGHT.
- DO NOT LET ANYONE SMOKE NEAR THE BABY.
- USE A FIRM MATTRESS IN A SAFETY APPROVED CRIB. COVER THE MATTRESS WITH A FITTED SHEET AND NOTHING ELSE.
- KEEP ALL SOFT OBJECTS, PILLOWS, STUFFED ANIMALS, LOOSE BEDDING AND BUMPERS OUT OF BABY’S CRIB.
- IT IS GOOD TO SHARE YOU ROOM WITH YOUR BABY BUT IT IS NOT SAFE TO SHARE A BED. BABIES SHOULD SLEEP IN THEIR OWN CRIB AND NOT WITH ADULTS, INFANTS OR CHILDREN, NOT EVEN A TWIN.
- USE A ONE-PIECE SLEEPER INSTEAD OF A BLANKET.
- OFFER YOUR BABY A CLEAN, DRY PACIFIER AT SLEEP TIME. IF YOU BREASTFEED WAIT UNTIL ONE MONTH OF AGE BEFORE DOING SO.
- DO NOT LET YOUR BABY OVERHEAT DURING SLEEP.
- BE SURE THAT NOTHING COVERS THE BABY’S FACE.

BREASTFEEDING AND KEEPING UP WITH IMMUNIZATIONS ALSO REDUCE THE RISK OF SIDS.

Do not forget “Tummy Time” when the baby is awake and being watched.

HAVE QUESTIONS? PLEASE CONTACT
SIDS Center of New Jersey
800-545-7437
Fax: 732-235-6609
SCNJ@umdnj.edu

This material was prepared in 2012 and is based on the most recently issued guidelines of the American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome: SIDS and Other Sleep-Related Infant Deaths: Expansion of the Recommendations for a Safe Infant Sleep Environment. Safe infant sleep can reduce the risk of Sudden Infant Death Syndrome and other sleep-related deaths such as accidental suffocation and strangulation in bed. This guidance is intended for full term and preterm infants, with rare exception. Discuss these guidelines with your baby’s health care provider.
The first six months of the 2012-2013 legislative session have been active.

As expected, Governor Christie vetoed Assembly bill 2171, legislation establishing a health insurance exchange in New Jersey. The Governor stated the following in his veto message: “The uncertainty created by the litigation challenging the Affordable Care Act is reflected in many aspects of Assembly Bill No. 2171. For instance, the bill commits New Jersey to establishing and operating a new Medicaid-like program for individuals between 133% and 200% of the federal poverty level, without any assurance of the level of federal funding that will be available to support such a plan. Moreover, the bill’s mechanism for certifying health plan participation in the exchange limits the pool of plan participants, which will likely reduce options and increase costs. Likewise, the composition of the proposed exchange’s board of directors lacks representation by all stakeholders and improvidently provides a salary of $50,000 to each board member, further increasing implementation expense. In all, with basic issues regarding the future of the Affordable Care Act unresolved, it is impossible to know whether this legislation best suits the interests and needs of all New Jerseyans who will be required to finance these policy choices. The fundamental uncertainties inherent in the Affordable Care Act during the Supreme Court’s deliberations counsel against premature action, just as they should have slowed the rush to pass this bill. Indeed, while many have publicly questioned both the future of the Affordable Care Act and the corresponding efficacy of the bill’s provisions, the Legislature nonetheless pushed this bill forward to my desk. I believe that the better course of action for New Jersey is to continue to monitor the ever-changing landscape surrounding the implementation of the Affordable Care Act, and to refrain from imposing its mandates upon our citizens until outstanding issues are settled, and the required course of action is clear. While I am unwilling to approve the establishment of a statewide health insurance exchange at this time, I am mindful that the requirements of the Affordable Care Act still stand today and I intend to fully oversee New Jersey’s compliance in a responsible and cost-effective manner should its constitutionality ultimately be upheld by the Supreme Court."

The Governor signed Senate bill 375, legislation establishing standards of practice for providers of clinical nursing services for medically fragile students. The new law mandates that a medically fragile student requiring clinical nursing services have care rendered by a provider of clinical nursing services who meets the same standards and criteria established by the Department of Human Services for providers of clinical nursing specialist services certified to participate in the State Medicaid and NJ FamilyCare programs.

Senator Madden introduced a package of bills implementing recommendations made by the New Jersey Student Athlete Cardiac Screening Task Force. Senate bill 1910 would require certain health insurers, such as health, hospital and medical service corporations, to provide health benefits coverage for an annual physical examination that would determine if a student is able to participate in athletic or camp activities. Senate bill 1911, designated as the "Children's Sudden Cardiac Events Reporting Act," would require the reporting of children’s sudden cardiac events and establish a statewide database to keep track of such information. Finally, Senate bill 1911, called the "Scholastic Student Athlete Safety Act," would implement additional recommendations of the task force report. It would include such things as updating the pre-participation history and physical examination form, ensuring all healthcare professionals who conduct pre-participation histories and physical examinations of student athletes are properly licensed, ensuring these same individuals participate in the appropriate continuing education courses, and that all student athletes and their parents or guardians certify that they have read and reviewed the "Sudden Cardiac Death in Young Athletes" pamphlet. ▲

Resident Career Day
September 19, 2012
Hilton Garden Inn, Edison, NJ

Designed to Help 2nd Year Pediatric Residents Gain Greater Insight Into How Their Education Can Be Put Into Practice.

For Additional Information, visit www.aapnj.org
From an admittedly pro-physician, overly “doctor-protective” and openly biased perspective, there has never been a greater need for all physicians throughout the United States to immediately increase their healthy paranoia, eliminate any residual trust they may have had in their state and federal governments, and become completely and relentlessly self-protective. Let me say it directly - No investigator from any office of the federal or state government visits a physician to “help” them, “educate” them or simply “chat” with them. No request for medical records is benign, academic or routine. What is even more disturbing than the use of these deceptions, however, is that physicians continue to fail to recognize them as deceptions and, to make matters worse, blindly cooperate in (and many times, enable) their own destruction.

So, while there are certainly more, here are the three things every physician can, should and must stop doing right now:

STOP TALKING TO INVESTIGATORS: Any investigator, from any entity and/or agency, is specifically and vigorously trained to deceive the person being investigated. Deceive them into lowering their guard, deceive them into thinking the investigator and/or investigation is harmless, and deceive them into believing that the target will be treated more harshly if they do not speak with the investigator. All of these deceptions are bald-faced lies, nothing more. No investigator is granted a raise, given a promotion or advances their career by announcing that he or she has exonerated the target. Physicians have a duty to cooperate in an investigation but doing so alone, without obtaining all of the information that can be obtained, without proper preparation, and without the protection and guidance of experienced health law counsel, is professional suicide and must stop today.

STOP IGNORING YOUR LEGAL OBLIGATIONS: Frankly stated, many physicians and medical practices are enabling their enemies (and those enemies are aware of the opportunity) to harm them. Like it or not. Agree with it or not. Find it to be counter to your ability to focus on patient care. You must acknowledge that there are very specific rules that govern you and your practice.

To remain “deliberately ignorant” (a term created to prosecute physicians) of these rules not only fails to protect you, it increases your liability, and the severity of the resulting damage/punishment. As but one example, every “payor” in the United States (Medicare, Medicaid, private health plans, union plans, etc.) publishes specific rules on what a physician must do and must provide in order to get paid. Yet most practices remain defiant in refusing to seek out these rules, incorporate them into their practice methods, and comply with their requirements. As a result (bearing in mind, the payors are well aware of this defiance and resulting deficiency), the payors audit the physicians, readily identify violations (whether intended violations or not), and easily demand and obtain monies back from the physician (even though the physician provided the service they billed for). Once again, this must stop today.

STOP TAKING LESS THAN WHAT YOU ARE ENTITLED TO: There is virtually no other profession or business in this country that provides a critical service to the public, does it at an incredibly high level of success and sophistication, and yet fails to get paid for the services they’ve provided. That is, however, exactly the current state of most medical practices. Throughout medicine, contracted rates are ignored (or unknown), unpaid bills go uncollected, reduced payments are accepted without challenge or explanation, and co-pays and deductibles are ignored or not acted upon. No physician should accept less than 100% of the monies due them for their services, regardless of the debtor or payor. However, the first step in doing so is for every physician to KNOW the amount to which they are entitled. Every physician and/or medical practice should have the current fee schedule for each payor with which they deal readily available to their staff for cross-checking and payment audits. Accepting the hard reality that virtually everyone who obtains medical care tries very hard not to pay for it is the first step for physicians in getting paid for the services they render. Accepting less than every penny physicians are entitled to must stop today.

Unfortunately, there are many other pro-active, self-protective and positive measures that physicians and medical practices should undertake. However, these are the foundational first three. Taking these three steps will help insure that physicians will no longer enable their enemies, do no harm to themselves financially, and actually see an increase in reimbursement. Certainly such results (counter to every aspect of the current culture of medicine) are worth pursuing – today.

Kern Augustine Conroy & Schoppmann, P.C., Attorneys to Health Professionals, www.DrLaw.com, is solely devoted to the representation and defense of physicians and other health care professionals. Mr. Schoppmann may be contacted at 1-800-445-0954 or via email at mschoppmann@drlaw.com.
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Mention New Jersey Pediatrician.
RECRUITMENT OPPORTUNITY

**Essex County Pediatric Practices**

Pediatric practices are invited to join the Essex County Primary Care-Child Psychiatric Consultation Project, a quality improvement initiative that will benefit your practice and the families you serve. The American Academy of Pediatrics, NJ Chapter in collaboration with the Statewide Parent Advocacy Network, the New Jersey Psychiatric Association, the Family Support Organization of Essex County and other partners has been awarded a grant from The Healthcare Foundation of New Jersey and the Partners for Health Foundation. The purpose of this project is to connect primary care providers from Essex County to child and adolescent psychiatrist for consultation to help with earlier identification of children with mental health challenges and to connect families with available support and community resources.

Some of the benefits to participating practices include:

- Attend 2 free first Learning Collaborative Sessions (1st Learning Session scheduled Friday, July 13th, 2012 from 12:30 to 3:30 pm at JCC Metro West, West Orange, NJ)
- Access to free Child/Adolescent Psychiatrist or a knowledgeable Licensed Social Worker 5 days/week for consultation on children with mental health challenges in your practice
- Your patients and families will have access to a bilingual Family Support/Care Coordinator 5 days/week for family support, information on resources, and advocacy assistance
- Continuing Education and Networking Opportunities among participating practices
- Hot topics Conference Calls.

We are looking forward to helping practices address the mental healthcare needs of their patient population. For additional information, please contact Juliana David, Program Director at jdavid@aapnj.org or phone 609-588-9988.

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**RECRUITMENT OPPORTUNITY**

*Attention Primary Care Practices in Hunterdon, Sussex and Warren Counties… PCORE, AAP NJ Chapter, SPAN and NJDHSS-Title V are recruiting practices to participate in the Medical Home Program ——— COST FREE!*

You may be saying… we are already a medical home. The Medical Home Program provides an opportunity for pediatric/family practices located in either Hunterdon, Sussex or Warren Counties to gain an understanding of how to strengthen their medical homes. The AAP describes a medical home as primary care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective.

**Responsibilities and Benefits for your Practice**

- Participation as a practice team in 3 Collaborative Learning Sessions.
- Training/Technical Assistance provided by a Medical Home Resource Team (MD, Statewide Parent Advocacy Network (SPAN), Quality Improvement (QI) Facilitator)
- Networking Opportunities Between Practices
- Team Building within the practice
- Strengthen Family/Provider Communication
- Continuous Technical Assistance (including monthly support calls)
- Hot Topic Conference Calls /Local Meetings based on the Needs Determined by the Practices
- Self Assessments (Medical Home Indices, Pre and Post, Provider & Family Versions)
- Link to Community Resources & Other PCORE onsite Quality Improvement Programs (e.g. Early Identification of Autism; Obesity Prevention, Immunization Initiative)

**Interested but Not Sure?** We can visit your practice at a convenient time (breakfast, lunch, or early evening) and share information and answer questions. Call or email today!

If you are a community-based primary care provider in Hunterdon, Sussex or Warren Counties and would like to participate in this program, please contact Judie Grandjean, Program Director (jgrandjean@aapnj.org).

See additional practice-recruitment opportunities on pages 29-31
These health and nutrition organizations support Fuel Up to Play 60, a partnership between the NFL and National Dairy Council — in collaboration with U.S. Department of Agriculture — involving over 70,000 schools that reach over 36 million students.

This program empowers youth to make changes at school that will help them “fuel up” with nutrient-rich foods missing from their diets, such as low-fat and fat-free milk and milk products, fruits, vegetables and whole grains and to “get active and play” for 60 minutes daily.

Learn more—

Empower your practice with the latest in healthcare technology

The American Academy of Pediatrics New Jersey chapter (AAPNJ) is pleased to announce its recent partnership with MD On-Line (MDOL), a proven industry-leading provider of electronic healthcare solutions that leverage data to improve provider workflow and industry connectivity. In addition to claims processing, MDOL offers fully integrated PMS and EMR systems, electronic remittance advice (ERAs), eligibility checks, patient reminders, and credit card processing.

To find out about the special promotions and benefits available to current AAPNJ members, please call MDOL today at (888) 499-5465.

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    Associate Professor Neurology, U Michigan, Chair, Sports Neurology ANA

- Topics of discussion include:
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For further information, please visit:
www.atsnj.org/summit
Building on the successful experiences of medical-legal partnerships in several other states, Legal Services of New Jersey (LSNJ) developed the Legal Assistance to Medical Patients (LAMP) Project, which has operated at three sites: Newark Beth Israel Medical Center, the Eric B. Chandler Health Center in New Brunswick and Trinitas Regional Medical Center in Elizabeth. The first and only project of its kind in this state, LAMP provides access to legal assistance to large low-income patient populations with a high level of need, at the point of their seeking medical attention.

The experience of LAMP to date has strongly confirmed the project’s underlying assumption – that health care facilities where low-income people seek medical attention can also be points of access to help for legal problems, particularly those that impact negatively on their health. Many health problems derive from social and environmental conditions that could be addressed with legal help: Children living in poverty experience a disproportionately high level of poor health and developmental outcomes. Impoverished families lack the financial resources to afford basic needs. They may be living with unsanitary conditions, dangerous wiring, inadequate or nonexistent heating, or exposure to lead paint. They may be unable to access basic preventive health care and necessary medications, or their lives may be seriously disrupted in the aftermath of an eviction or domestic violence.

For families dealing with these problems, intervention and advocacy – in the form of direct legal assistance – is the surest path to their resolution. While health care professionals are in a unique position to identify their patients’ problems outside the clinical setting that affect their health, most do not question their low-income patients about the home environment because they lack information and ready access to legal resources. When suitably integrated into the clinical setting, Legal Services staff can assist medical professionals – training them to recognize problems needing legal intervention and providing the appropriate legal assistance to patients. The Medical Champion for LAMP at Newark Beth Israel, Dr. Ellen Cohen, recently noted:

“The presence of the LAMP program at Newark Beth Israel has enabled our medicine residents to explore social aspects of their patients’ care that they had previously been uncomfortable inquiring about, as they were afraid to “open Pandora’s box,” and then have nothing to offer their patients. Knowing that they have legal assistance available to offer their patients has really empowered them as health care providers.”

LAMP has two major objectives: (1) to train medical facility staff to enable them to identify legal barriers to their patients’ positive health outcomes, provide information to their patients, make appropriate referrals to the project, and engage in appropriate advocacy activities on their own; and (2) to provide legal advice, counsel and representation to patient-clients who are financially eligible for Legal Services’ help.

LAMP has been very successful in fulfilling these objectives and has made significant achievements, in terms of both service to patient-clients and training medical facility staff: in the first three years at its two original sites, more than 700 patient-clients were helped and hundreds of staff received orientation and training.

The cases have involved a wide range of civil legal issues: Social Security disability cases; family law; housing; denials of entitlement benefits; education rights; worker’s rights; guardianship, power of attorney and estate planning; Medicaid and other health care access; immigration; consumer matters; and tax issues. Because LAMP has secured benefits for clients, such as Medicaid coverage, that have resulted in payments to the host medical facilities for services, it is clear that the project has, in effect, generated revenue for the host sites.

In the months to come, LSNJ hopes to sustain LAMP at its current sites, while also working to expand the program throughout the state. LAMP has conducted noon conferences and grand rounds, as well as planning meetings, at the following medical facilities: St. Peter’s University Hospital in New Brunswick, JFK Medical Center in Edison, Bristol-Myers Squibb Children’s Hospital in New Brunswick, Jersey Shore University Medical Center in Neptune, Jersey City Medical Center, and Cooper University Medical Center, along with the Camden Coalition. Dr. Shilpa Pai of Bristol-Myers Squibb Children’s Hospital expressed her enthusiasm for establishing a new LAMP site in this way:

“My experience in developing a medical-legal partnership in Connecticut was the ultimate collaboration between attorneys, physicians, nurses, social services and of course our patients and their families. Bringing a new medical-legal partnership to the New Brunswick community will provide the necessary services to more comprehensively address our patients’ needs.”

For more information on the LAMP program and opportunities for its expansion, kindly contact LAMP’s supervising attorney, Stacey Bussel, at (973) 926-2996 or via email at sbussel@lsnj.org.

LSNJ
Legal Services of New Jersey
You’d think the safest place for your baby is in your arms.

It can also be one of the most dangerous.

Pertussis, also known as whooping cough, is often spread by parents. And it’s potentially fatal to infants. In fact, researchers found that up to 80% of babies caught the disease from family members...the very people who love them most. Get vaccinated and help protect your baby by helping to protect yourself.

Ask your health-care provider about the adult pertussis vaccine.

Hear what whooping cough sounds like at SoundsOfPertussis.com
Text “SOUNDS” to 292929 to receive a reminder to get vaccinated

Standard messaging charges may apply.

March of Dimes and sanofi pasteur are working together on Sounds of Pertussis to help protect the health and wellness of adults and infants.
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- Send wellness messages, drug recalls, office changes

Imagine picking up the telephone and making one call to deliver important health and vaccine information to hundreds or even thousand of patients at once. Now just one telephone call can increase visits, improve compliance with preventative health initiatives, or increase immunizations - all while saving you time. In short, one call can enable you to be more connected to your patients so you can deliver an even higher level of care.

WellConnect is another way that sanofi pasteur brings better health to your patients. This innovative technology enables your office to quickly upload telephone numbers through a secure Web site and then make one call to broadcast messages to recipients. Results are tracked in real-time and you’ll see right away how cost-effective WellConnect is compared to reminder postcards or having your staff make calls.

Make a healthy connection today.
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What doctors have said about WellConnect:

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- "My patients truly appreciated getting information about pertussis and the need to immunize themselves to protect their babies."

WellConnect enables you to stay better connected to your patients and that can lead to better health. But it also has benefits in areas such as cost containment and efficiency.

With WellConnect you can:

- Increase immunization rates for children, adolescents and adults
- Use the "power" of a doctor's voice to increase patient visits
- Ensure patients are compliant with vaccine requirements
- Remind patients of appointments, well visits, physicals, flu shots, etc.
- Send wellness messages, drug recalls, and office changes
- Grow your practice by reaching out to inactive patients
- Proactively schedule busy vaccination times, like back-to-school visits, to ensure proper staffing
- Save on mailing costs of appointment reminders
- Save time and increase efficiency of staff by eliminating appointment reminder telephone calls

How it works
WellConnect uses Call-Em-All's telephone broadcast technology to send recorded messages to a list of telephone numbers. Entering patient numbers or uploading from a spreadsheet is easily done on line using a secure account. You are then able to record a message on a toll-free number and schedule when the call should be made to the list. Patients see your telephoneumber on caller ID and hear your voice with important appointment and health reminders. If no one picks up the telephone, then WellConnect leaves a message. It can also be used as a survey tool. In addition, there is an easy-to-use online reporting tool that displays real-time results to help practices track results and manage calling lists.

Just ask your sanofi pasteur sales representative to show you how to sign up or go to www.vaccinshoppe.com/wellconnect.
Register By August 17th & Save!

21st Annual AAP/NJ School Health Conference—Clinical Pearls That Make a Difference
Wednesday, October 17, 2012

**Conference Agenda**

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<td>7:00 - 7:45 AM</td>
<td>Registration / Breakfast / Exhibitor Showcase</td>
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<td>7:45 - 8:00 AM</td>
<td>Welcome</td>
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<td>Meg Fisher, MD, FAAP, ; Elliot Rubin, MD, FAAP; Pauline Thomas, MD, FAAP</td>
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<tr>
<td>8:00 - 9:00 AM</td>
<td>What You Need to Know About Media &amp; Kids’ Health</td>
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<td>Michael Rich, MD, MPH, FAAP, FSAM</td>
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<td>9:00 - 10:00 AM</td>
<td>Food Allergy &amp; Anaphylaxis: For Every Reaction, an Equal and Opposite Pro-Action</td>
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<td>10:00 - 10:20 AM</td>
<td>Break / Exhibitor Showcase</td>
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<td>1:35 - 2:35 PM</td>
<td>Cafeteria Pandemonium, The Ultimate Food Fight: Foodborne &amp; Other Infectious Illnesses</td>
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<td>Meg Fisher, MD, FAAP</td>
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<td>2:45 - 3:35 PM</td>
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This activity has been jointly sponsored by Health Research and Educational Trust of New Jersey & American Academy of Pediatrics, New Jersey Chapter.

**Highlighted Presenters**

- **Michael Rich, MD, MPH, FAAP, FSAM**
  - Associate Professor of Pediatrics at Harvard Medical School and Associate Professor of Society, Human Development, and Health at Harvard School of Public Health.
  - Came to medicine after a twelve-year career as a filmmaker. His current areas of health research and clinical work bring together his experience and expertise in medicine and media. He uses scientific evidence about the powerful positive and negative effects of media to advise children and those who care for them on how to use media in ways that optimize their development.

- **Meg Fisher, MD, FAAP**
  - World renowned Pediatric Infectious Disease Specialist and Vice-President of AAP/NJ, is back by popular demand at the AAP/NJ School Health Conference to discuss Foodborne & other Infectious Illnesses. Dr. Fisher is one of the most engaging speakers in pediatric infectious disease sharing common sense information on microbes and how we use and combat them. Dr. Fisher will make you laugh, learn and leave with new insights. She has served on the Committee of Infectious Diseases and the Section of Infectious Diseases of the AAP. She is a strong advocate for children and families and thus a proponent of vaccines. Dr. Fisher has over 30 articles published in peer-reviewed journals, numerous invited articles, book chapters, audiocassettes and one book.

- **Stephen G. Rice, MD, PhD, MPH, FACSM, FAAP**
  - Director, Sports Medicine Fellowship, Jersey Shore UMC. Dept. of Pediatrics is returning to discuss the hot topic of post-concussion management. Dr. Rice is an exceptional speaker well-known speaker on sports injuries including concussion. He is as well as a nationally recognized author of several landmark articles and clinical guidelines in sports medicine.
  - Dr. Rice serves as a Clinical Professor of Pediatrics, UMDNJ-Robert Wood Johnson Medical School; AAP/NJ President and Chairman of the Sports Medicine Committee; liaison to the MSNJ Council on Legislation and the MSNJ Ad-Hoc Scope of Practice Committee.

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**Workshop Sessions**

Please review the workshop selections carefully. The conference is offering six (6) workshops that will be repeated three times each.

- **Combating Bullying at School** - Erica Landor, Psy. D
  - Recognize bullying: both the bully and the victim and explain strategies for addressing school based bullying including helping young children to develop resilience before it happens.

- **Concentrating on Post-Concussion Management** - Stephen G. Rice, MD, PhD, MPH, FACSM, FAAP
  - Overview of the pathophysiology of concussion; discuss the rationale for immediate brain rest following a concussion is needed; be able to state the steps of the graduated return to play protocol for returning athletes to full participation following resolution of symptoms; state when to refer to the medical home, and how often follow-up is recommended; and distinguish real ongoing symptoms from possible psychological mimics.

- **Pumped Up: What's New in Diabetes Care and Equipment** - Colleen Chuo, MA, RN, CDE, CPT & Ian Marshall, MD
  - Review appropriate care of patients with type 1 diabetes mellitus; identify techniques and become familiar with equipment used by patients in and out of school; and discuss experience with injections and insulin pumps.

- **Crank Up Your 504/IEP: Interventions to Improve Outcomes** - Diana MTK Autin, Esq., Alan Weller, MD, FAAP, & Marguerite Leuje, RN, CSN, DMH, Fran Gallagher, MED (moderator)
  - Describe the top 5 special needs diagnoses in elementary, middle and high school; discuss the role of the school nurse in each of these cases; and identify strategies to help the school nurse and doctor coordinate care of the special needs child with private physician and with parents.

- **Cracking the Code for School Nurses and Physicians** - Pat Barnett, RN, JD
  - Describe major legal issues facing school nurses and doctors during the 2012-2013 school year; identify the correct approach to at least 5 legal issues in schools; and obtain contact information and web sites to use for future questions on school based legal issues.

- **Seeing Your Way to Optimal Eye Screening and Triage** - Monte Mills, MD
  - Review vision screening techniques; identify leading causes for screening failure and know how to refer to the medical home; discuss eye pathology including strabismus, amblyopia, the red eye, eye trauma and foreign bodies; and discuss the controversy over vision therapy for non-ophthalmic diagnoses.
Dr. Rich - The Mediatrician - Headlines Annual School Health Conference

Dr. Michael Rich will deliver one of three plenary sessions on October 17th at the 21st Annual School Health Conference: Clinical Pearls That Make a Difference. Dr. Rich is an internationally known speaker, known as the “Mediatrician” who will offer awareness and advice on how the media affects children and their families in and out of school.

Other plenaries will include Food Allergy and Anaphylaxis by Allergist Dr. Gary Zuckerman and Foodborne Infectious Diseases by Infectious Disease Specialist Dr. Meg Fisher.

Workshops are planned for the conference as well. Topics include: Bullying in School, Diabetes Care and Equipment, Legal Issues Faced by School Nurses and Physicians, Resources for Children with Special Needs, Post-Concussion Management, and Ophthalmologic Screening and Triage.

The Conference will be held at the Palace in Somerset, NJ. Mark the date on your calendars and check out the Early Bird Registration at www.aapnj.org.

Register your school physician and get a 20% discount on your registration. CME and CNE Approved Program.
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Pediatricians from six New Jersey counties recently participated in an ABP-approved MOC Part IV Learning Session, which was conducted by the Child Abuse and Neglect (CAN) prevention team at the American Academy of Pediatrics, New Jersey Chapter (AAP/NJ).

Eighteen pediatricians and their practice team members embarked upon a six-month long quality improvement initiative entitled, Strengthening Pediatric Partners: A Child Abuse and Neglect Prevention Project. Participants from Atlantic, Essex, Mercer, Middlesex and Monmouth counties devoted a day to learning and discussing quality improvement strategies and methods for strengthening families and reducing the risk of child abuse and neglect.

Steve Kairys, MD, AAP/NJ’s Medical Director and the project’s principal investigator, led participants through the morning’s two major curriculums: Preventing Child Abuse and Neglect (PCAN) followed by Overview of QI Science and the Model for Improvement.

The PCAN curriculum, available to all interested AAP/NJ members, delved into the proactive strategies practices could employ – assessment, anticipatory guidance, resources and referrals - to prevent the occurrence of child abuse and neglect that can result from the major stressors of crying, maternal depression, toileting and discipline. Additionally, the PCAN presentation provided practices with a unique opportunity to learn about the wealth of readily accessible, family-strengthening resources that are available to them through the Division of Family Services, SPAN, Parent’s Anonymous, Prevent Child Abuse New Jersey, the Division of Prevention and Community Partnerships, and Early Intervention and other community partners. Community partners agreed that the opportunity to provide pediatric practices with detailed information on linking families-in-need to their specific expertise and resources was invaluable.

Dr. Kairys’ presentation, Overview of QI Science and the Model for Improvement emphasized the significance behind each practice’s commitment to the core principles of continuous quality improvement focusing on three critical questions: What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make that will result in an improvement?

Dr. Kairys described the related framework behind building an effective model for improvement, one that would help practices answer these questions.

Practices were provided with time to interact with community resource partners and avail themselves to the ample supply of reference and referral materials available in their communities and statewide.

Upon successful completion of this ABP-approved activity, participating physicians will be awarded 25 Part IV MOC points.

This program was made possible through funding from the Department of Children and Families.

If interested in participating in a future MOC program, contact anyone on the CAN team at 609-588-9988.
EVENTS

Acolades, Camaraderie and Entertainment Highlight Second Annual Children’s Ball

By Michael Weinstein

Revelers from across the State gathered at The Manor in West Orange on the evening of May 5, 2012 to acknowledge the accomplishments of this year’s distinguished honorees at the American Academy of Pediatrics, New Jersey Chapter’s (AAP/NJ) second annual, New Jersey’s Children’s Ball.

Family, friends, constituents and colleagues joined together in shared celebration of three dedicated professionals whose compassion, commitment and care has placed them in the vanguard of advocates for children and families throughout New Jersey.

Nearly 200 attendees were welcomed by AAP/NJ Event Director, Bert Mulder and other staff members, who directed guests into the reception atrium where striking Italianate Fountains served as an idyllic backdrop to a rich trove of silent auction treasures. Throughout cocktails and hors d’oeuvres, guest perused and bid on an array of items ranging from sports memorabilia and computer tablets to airline tickets and culinary coaching classes. And then it was time for the evening’s main course of accolades, fine dining, and Broadway-class entertainment.

AAP/NJ Executive Director, Fran Gallagher addressed guests, voicing her heartfelt gratitude and appreciation for their demonstration of support for both AAP/NJ and each of the evening’s honorees. Fran then segued to the awards spotlight with the introduction of AAP/NJ Medical Director, Steve Kairys, MD, who presented the evening’s first award to Assemblyman Jason O’Donnell.

Assemblyman O’Donnell was awarded this year’s Children’s Advocate of the Year for his exceptional leadership in successfully shepherding the introduction and passage of the Nation’s first pulse oximetry law that mandates the screening of all newborns. Dr. Kairys’ prelude portrayed O’Donnell not simply as a legislator addressing the needs of the children within his district, but as a dedicated family man with vision who answered the call for swift and effectual action that would benefit newborns across New Jersey and beyond. In expressing his appreciation for support from AAP/NJ and others, Assemblyman O’Donnell remarked,

“Asby embracing pulse oximetry, the AAP, the AHA and the entire healthcare community within New Jersey has raised the bar for a newborn standard of care that should be expected throughout the nation. The knowledge that my bill has affected parents and newborns nation-wide is gratifying.”

The spotlight then shifted to this year’s Advocate Pediatrician of the Year, Dr. Jeanne Craft. A Pediatric Critical Care Specialist at Saint Barnabas Medical Center in Livingston, Dr. Craft was heralded for the integral role she played in helping to develop the Pulse Oximetry screening protocols that now guide pediatricians across the State in the effective use of this significant life-saving test for newborns. Dr. Craft was also recognized for her role in educating legislators and providing expert testimony in support of their initiatives to protect and improve the health and well-being of all the State’s children and as co-chair of the AAP/NJ Government Affairs committee. In addition, Dr. Craft volunteers as an MD champion for the Chapter’s Child Abuse and Neglect (CAN) Prevention team, where she regularly presents prevention education programs to healthcare providers statewide. In summing up the evening’s award, Dr. Craft said,

“I am fortunate to have the opportunity to work with an amazing group of smart, committed, compassionate people who believe that healthy children are the foundation of our community. I am greatly honored and deeply touched to be honored for my small part in the wonderful work supporting children’s health happening everyday here in New Jersey.”

Again, the spotlight shifted, this time to the 2012 Pediatrician of the Year, Dr. Wayne Yankus. Dr. Meg Fisher was afforded the pleasure of presenting Dr. Yankus with this coveted award.

Presented in her inimitable style, Dr. Fisher entertained attendees - and Dr. Yankus - by recounting her explorations of Google in search of “the real scoop” on the 2012 Pediatrician of the Year, reporting that her discovery revealed what everyone already knew; Yankus is and has always been an extraordinary physician.

Dr. Fisher continued, expressing gratitude for Yankus’ lifelong commitment to providing exceptional care to children and his dedication to the community-focused efforts to encourage healthy children that have long been his hallmark. Dr. Fisher also praised the support and encouragement afforded to Yankus by long-time practice partner, Dr. Deborah Ungerleider.

When asked to reflect on the recognition Yankus replied,

“It is a special honor to be recognized by your peers as a "Champion for Children". I am honored by the award as Pediatrician of the Year from the New American Academy of Pediatrics, New Jersey Chapter and PCORE.”

Continued on page 31
American Academy of Pediatrics & Shot at Life Campaign - Global Vaccine Advocacy Education Materials Pilot

THE AAP IS LOOKING TO RECRUIT 20-30 PEDIATRICIANS TO TAKE PART IN PILOTING EDUCATIONAL MATERIALS ABOUT GLOBAL VACCINES.

With our world becoming smaller, we must be aware of what is happening globally, specifically in terms of disease outbreaks. One of the best ways to eliminate disease outbreaks and reintroduction of diseases in the US is to make sure all children in the world have access to immunizations. It is in the best interest of the US population to rid the world of diseases like polio and measles, which is why supporting and advocating for global immunizations becomes an important domestic issue. Expanding access to vaccines strengthens our ability to fight disease globally, keeps our families healthy here at home, and improves economic stability around the world.

The Academy and the United Nations Foundation Shot@Life Campaign believe there is an opportunity to educate Americans about global vaccines at a critical moment—while in the pediatrician’s office getting their child’s recommended vaccines. While we understand the time and other constraints that exist during in-office interactions with moms and kids, we hope to provide pediatricians and their staff with tools that can educate their patients’ families without a big investment in time or resources.

Shot@Life and AAP intend to first work with a small number of pediatricians who have an interest in global vaccines and would be willing to pilot Shot@Life in their offices. Shot@Life would provide materials for each office, and would kick off the engagement with a webinar for pediatricians and/or office staff. The in-office materials will direct patients to a custom landing page where they can find information about the Shot@Life Campaign and global vaccine issues.

If this strategy raises awareness and is easy for pediatricians than we will explore expanding this strategy to AAP’s national convention in the Fall and give all FAAPs the opportunity to participate and use the materials.

What you would commit to:
1. Attending a one hour webinar in June to learn about Shot at Life, global vaccines issues, and the materials to be provided to you.
2. Displaying Shot at Life information cards (with a coloring sheet on the back) at your office sign-in.
3. Displaying one or two informational posters about Shot at Life.
4. Using Shot at Life specialty band-aids (~$0) when giving children immunizations in your office.
5. Providing feedback to AAP and Shot at Life via survey or on a teleconference.
6. Completing the test run for the months of July, August, and September.

Please contact Ms. Terrell Carter at AAP if you are interested.
Email: tcarter@aap.org
Phone: 847-434-4319
RECRUITMENT OPPORTUNITY

PROS Now Recruiting
Harris Lilienfeld MD FAAP:
AAP/NJ Coordinator

Adding to its long list of accomplishments, PROS is now recruiting for important studies. This is a great time to join PROS if you haven’t yet already!

The studies are:

The **TEEN DRIVING** study will look at dissemination of a proven intervention to teens and parents from the pediatric office. Because this study is limited to only 7 states including (HI, CA, TX, IN, NC, NY, and FL), I urge YOU participate in this extremely easy but critically important study to help parents help their teens to stay safe while driving. No consenting or long discussion is necessary; just a few words with the parents (with or without the teen) to introduce the subject and make a referral to a website for further information and intervention. This is the simplest PROS study with an intervention that could potentially save lives!

**ADOLESCENT HEALTH in PEDIATRIC PRACTICE** is a study to assess brief intervention to counsel adolescents on smoking or social media. If you see a fair number of teens or smokers, we urge you to enroll in this study. Many practitioners would like to be able to counsel teens on these subjects—this study will train you to do so effectively and efficiently. If you yourself do not see significant numbers of adolescents, but know anyone who might be interested, please refer them to PROS for information about joining.

The brand new ePROS, the electronic health record practice based research sub-network of PROS, is also recruiting for a new study. This study will examine ADHD evaluation and treatment, and the use of clinical decision support to help practitioners follow the ADHD evaluation and treatment guidelines recently launched by the AAP. This study will be limited to practices with specific EMRs and the number of offices participating will also be limited. If you are interested in an “easy” way to do practice based research, this is the study—consents, if needed, will be done remotely and data will be extracted from the EMR without time or effort from you or the office staff. Other exciting studies are under development for this ePROS network, so sign up now, even if you cannot do this particular ADHD study.

Other important and relevant PROS studies are in the pipeline, including studies on atypical antipsychotics in children, hypertension, antibiotic prescribing and parent/physician communication, dental health, and child abuse recognition. Join today to start any of the current or upcoming studies.

It is easy to join and find out more about the studies at [www.aap.org/PROS](http://www.aap.org/PROS) or email me for more information: (Lilienfeld@aol.com)

Be on the look out for the soon-to-be-published results of our recently completed Boys Puberty Study (Secondary Sexual Characteristics in Boys). And thank you to all who participated in another landmark PROS study!
RECRUITMENT OPPORTUNITY

YOUR PRACTICE IMMUNIZATION RATES: ARE THEY AS GOOD AS YOU THINK THEY ARE?

Knowing your actual immunizations rates is important. If the rates are high: congratulations! If the rates are less than optimal, then working with your practice team and NJPCORE’s Immunization Initiative to assess why and to implement strategies for improvement will help keep your patient population healthier.

Thanks to funding from the New Jersey Department of Health and Senior Services/Vaccine Preventable Disease Program, NJPCORE welcomes the opportunity to offer immunization assessment and improvement training programs customized for your practice.

Do You Really Know the Up-to-Date Immunization Status of Your 24-35 Month-Old or Your 13 Year-Old Patients? PCORE’s Immunization Initiative can assist and support practices that are interested in knowing and understanding their childhood immunization rates. This important information can help your practice team evaluate your current well-care policies for infants/toddlers and/or adolescents immunization rates. By following an easy data collection protocol, you will receive FREE site-specific reports, as well as strategies to improve immunization coverage rates. A reassessment a year later can validate your progress.

Would You Like More Information on Vaccine Preventable Disease and Immunizations? PCORE’s Immunization Initiative can provide you with the most current vaccine preventable disease information, immunization recommendations, New Jersey school and childcare requirements, and materials and resources to address concerns about vaccine safety. This information is available for interested primary care practices, child care centers, parent groups or parent educators as a FREE 1.0 to 1.5 hour educational session at your location.

For more information, please contact Program Director, Judie Grandjean at jgrandjean@aapnj.org or Program Manager, Mary Jo Garofoli at mjgarofoli@aapnj.org.

CHILDREN’S BALL CONTINUED FROM PAGE 28

Saturday night was an opportunity to share great food, a wonderful venue, and renew friendships, which are often made by volunteering with our academy.”

A cabaret performance by Broadway star, Alan Campbell followed the awards. Campbell, best known for his Tony nomination for Best Actor in a Musical for his performance as Joe Gillis in Sunset Boulevard, captured the audience with a sundry of musical selections of various genres. The audience reviews were both enthusiastic and unanimous; Mr. Campbell’s vocal talent was exceeded only by his charm and flair. Mr. Campbell’s panache was accentuated by his willingness to share the spotlight with Pediatric Charlie and a supporting cast.

The evening concluded with the announcement of raffle winners and the revealing and distribution of the event’s 86 silent auction items. This provided yet another opportunity for family, friends and colleagues to offer one last congratulatory handshake or hug to Drs. Yankus and Craft.

As attendee exited, they passed a save-the-date announcement informing them that the Third Annual New Jersey’s Children Ball would take place on April 20, 2013 at the Manor.

We hope to see you there. ▲
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