PCORE CORNER
(Pediatric Council on Research and Education)

Steve Kairys, MD, Medical Director/Chair, PCORE Board of Trustees
Fran Gallagher, MEd, Executive Director

Shaping Child Health in New Jersey for the 21st Century!

PCORE, as the ‘Quality Improvement Arm’ of the AAP/NJ Foundation, has been working with community, state and national partners to help keep children in New Jersey safe and healthy. PCORE provides on-site, prevention-oriented training and technical assistance to community primary care health practice teams, emergency department and hospital personnel, and school-based outreach. Taught within the framework of the Medical Home, PCORE Programs provide pediatric leadership and expertise in the process of improving the quality of preventative healthcare.

Since the last issue of PCORE Corner, the Board, the staff, program participants, and our partners have worked passionately and tirelessly to promote child health quality improvements. The efforts are proving to be effective! Programs are contributing to promoting developmental screening as part of well health supervision; promoting health and wellness in an effort to prevent and reduce obesity; educating providers and the public about the safety of vaccines; improving adolescent immunization rates; working to prevent child abuse and neglect; and more.

We have a Shared Philosophy...
AAP/NJ Chapter and NJ PCORE share four strong philosophical foundations:
1. Advance Chapter Goals
2. Increase Visibility of Pediatric Leadership

Pediatricians and Influenza Vaccination: A Resolution for the New Year

Co-authored by Carol J. Baker, M.D., Professor of Pediatrics, Molecular Virology and Microbiology, Baylor College of Medicine, Immediate Past President, NFID Moderator, NFID’s Childhood Influenza Immunization Coalition and Margaret (Meg) Fisher, MD, Chair, Department of Pediatrics, Medical Director, The Children’s Hospital at Monmouth Medical Center

The majority of Americans who receive annual influenza immunization do so at some point during October and November, with immunization rates dropping significantly around Thanksgiving. Many individuals – parents and health care professionals alike – don’t realize that it is beneficial to vaccinate against influenza in December, and even well into the New Year. Influenza outbreaks typically peak in February and continue until around May. Since the influenza vaccine takes only about two weeks to provide immunity, we still have time to protect our patients against this serious and potentially deadly disease. A good rule of thumb for pediatricians and parents: if it’s influenza season, and a child has not yet been immunized, there’s no time like the present to administer influenza vaccine.

The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics recommend annual influenza vaccination for all children six months through 18 years of age. The recommendation’s comprehensiveness has been years in the making, beginning in 2004 when the recommendations included children aged six to 24 months, and expanding in 2006 with children aged 24 months to five years. The CDC has been tracking immunization rates among the first group, and the results show that there is ample room for improvement.

Despite the fact that influenza and its complications claim the lives of nearly 100 children in the U.S. each year, and put about 20,000 kids in the hospital, only about 21 percent of children six to 23 months of age received two doses of influenza last year. With nearly 150 million influenza vaccine doses available this year, there is no reason why we shouldn’t be able to improve these rates significantly.

For most children entering preschool or childcare this year in New Jersey, influenza vaccination by December 31 is a requirement. We hope that this year’s childhood immunization rates in the state will rise significantly as a result. But let’s not stop there. We still have the time to focus on all children recommended for influenza vaccination, namely, everyone 6 months through 18 years of age.

School-aged children have the highest rates of influenza infection (~40%) and are frequent spreaders of the virus, due in large part to their close proximity to one another throughout the school day and their less-than-optimal hygiene habits. Evidence shows the substantial adverse impacts that can result from influenza infection among school-aged children, including high annual rates of school absenteeism, increased antibiotic use, costly medical care visits, and significant work loss for parents and other caregivers.

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President’s Message  Michael Segarra, MD, FAAP

The National Conference & Exhibition took place in Boston this past October, and was a great atmosphere for engulfing yourself in pediatrics. Typically, the NCE is a wonderful place to meet old friends or make new friends while learning a new fact or two. This year’s topics were varied and included everything from hypnosis to CPR.

One of the plenary sessions caught my eye. Edgar Marcuse, MD, MPH, Professor in Pediatrics from the University of Washington School of Public Health and Community Medicine was giving a talk about “Immunization Hesitancy: A Rising Tide”. The state of Washington has an immunization exemption law similar to the one legislators in NJ are trying to pass. In 2000, 3% of the children in Washington state claimed exemption and by 2008, that figure had risen to 6.3% with some counties as high as 10%. Dr. Marcuse also stated that about one-fifth of parents in many communities either refused or deferred one or more vaccines.

Dr. Marcuse said, “When you look at why parents refuse vaccines, the principal reason is concern about vaccine safety.” Other reasons include: a feeling that their child is not at risk for the disease or the disease is not dangerous. Parents who refuse to immunize their children tend to be older and more highly educated than those who immunize their children. “Many of these concerns are difficult to refute because they are based on fear or fear—a fear of environmental toxins, fear of the machinations of the medical industrial complex, faith in trusted spokespersons and faith in alternative health beliefs that are not science based”, he stated. This matches the experience we have here in New Jersey. Sometimes it is hard to fight a spokesperson such as Jenny McCarthy.

How we motivate hesitant parents is a huge challenge to pediatricians. Dr. Marcuse noted that styles that are empathetic, non-judgmental, respectful and collaborative and those which emphasize choice are the most successful. “For the concerned parent worried about their child, uncertain of what the proper course is, we need to play softball.” Of course, this is not always easy; as I explain to parents who want to know why their pediatrician did not want to see them after they refused immunizations. I truly believe that if parents do not trust us on the issue of immunization; how do we build trust as it relates to other issues as their children grow.

Nationally 85% of pediatricians report encountering a parent who refused or delayed one or more vaccines and 54% reported encountering parents refusing all vaccines. The AAP website (www.aap.org) has a template available for pediatricians to document parental refusal to have their children vaccinated (http://practice.aap.org/content.aspx?aid=1605&nodeID=4035.) It is important to give parents all of the benefits and risks of vaccination and answer each of their questions. There are many websites that give parents useful information regarding vaccines such as:


I would like to thank the efforts of the AAP/NJ Immunization Task Force: Fran Gallagher, ME, (Executive Director of PCORE), Meg Fisher, MD, (Vice President-Elect of the AAP/NJ), Larry Frenkel, MD (Chairman of the Senior Section of the AAP/NJ), Dan Notterman, MD (Co-Chairman of the Government Affairs Committee of the AAP/NJ) and Nancy Pinkin, MPA, CHE, (Legislative Agent at MBI- Gluck Shaw) for their efforts in trying to inform the public and legislature about immunizations and forming coalitions with other groups interested in vaccinating children. This February, AAP/NJ will be sending a group of pediatricians to Baltimore for training on immunization leadership.

I hope all is well with everyone. Have a safe holiday season and enjoy your families and friends.
We also bear the responsibility for vaccinating ourselves, and setting positive examples as medical professionals and educators. It is our professional responsibility to avoid exposing the children in our care to the influenza virus, yet only about four in 10 U.S. health care professionals are vaccinated annually. Let’s do better this year—by using the entire influenza season, beyond the New Year, to immunize our patients and ourselves.

To assist us in these efforts, a wealth of online materials is provided by the Childhood Influenza Immunization Coalition, which consists of more than 25 of the nation’s leading public health, medical, patient and parent groups (AAP and CDC among them). Visit www.PreventChildhoodInfluenza.org and www.prevengalagripedfni.org to find answers to questions about childhood influenza vaccination and useful educational materials that can be distributed by your practice—including informational posters and downloadable videos to be hung and played in waiting rooms, and fact sheets that can easily be slipped into magazine racks, or placed on countertops and end-tables. There are materials specific to New Jersey health care professionals as well.

New Jersey is leading the way in making childhood immunizations a public health priority. We face significant challenges, but we do so with a cadre of excellent resources available to us. Let’s make a firm resolution for the New Year to protect more children against influenza than ever.

Senior Section

Lawrence D. Frenkel, MD, FAAP

One of the missions for the Senior Section is provide education to its members and provide expert testimony to the executive and legislative branches of the NJ government.

The Senior Section was contacted regarding the “philosophical or conscientious exemption” from any and all mandated immunizations. NJ has been selected as a major battleground and the AAP must exert extraordinary efforts to defeat this issue. Every member of our organization should be ready to contact their state legislators and speak out about the importance of immunization mandates.

It is hoped that this coming year will see the creation of a computerized registry of Senior Section members to provide expertise on each of a variety of areas of pediatrics that may become legislative issues.

We are hoping to have a dinner meeting in the late fall or early spring with nationally recognized speakers to discuss several vital topics to our membership. Please keep your ears open and be ready to attend this wonderful evening.

Finally, I would like to paraphrase something from the Winter, 2008 AAP Senior Bulletin, regarding money saving membership categories. The “retired” fellow category requires that the candidate must be at least 55 years old, not receiving income from professional activities, and have been an AAP member for at least 5 years. The “emeritus” fellow category requires that the candidate must be at least 65 years old and have been a member for 30 years. If you have any questions about membership issues call 1-800-433-9016 ext 5897.
3. Engage in Partnerships that promote both Macro and Micro health quality improvements (e.g. Community Systems Integration to Medicaid Reimbursement Policies)

4. Focus on Quality Improvement within the Context of Pediatric Primary Care Medical Homes

The shared philosophy guides our work in shaping children’s health for the 21st century across NJ. A picture is worth a thousand words... in this issue we would like to highlight a few of our efforts and partnerships at the local, state and national levels by sharing some photos. Enjoy!

Our partnerships make this all possible... We are thankful for the opportunities to work together and we welcome new partners!

Dr. Meg Fisher (pictured left) and Dr. Paul Offit (pictured right) spoke at the VFC Conference.

NJ setting an example...

Larry Frenkel, MD, Fran Gallagher, ME, and Colleen Kraft, MD sharing ideas for replicating the VFC conference in Virginia at the presenters dinner, Somerset, NJ.
A Simple Nutrition Prescription

Fruits, Vegetables, Whole Grains and Low-Fat and Fat-Free Milk and Milk Products

The simplest advice is often the best advice – that’s why it’s still the best advice for your patients two years and older to eat more fruits, vegetables, whole grains, and low-fat and fat-free milk and milk products to get the nutrients that are often lacking in their diets.

So forget the here-today, gone-tomorrow trends that only seem to complicate and confuse matters – give your patients time-tested advice. Follow the steps outlined in the 2005 Dietary Guidelines for Americans and emphasize increased consumption of the four “Food Groups to Encourage.” You’ll help your patients get the key nutrients they need for a lifetime of good health.

Together with suggesting regular physical activity, that’s a prescription for success.

For more information on the USDA 2005 Dietary Guidelines and the health benefits of dairy foods, visit www.nationaldairycouncil.org.

To coincide with the seventeenth School Health Conference: MEDICINE IN THE SCHOOL YARD: PROBLEMS AND SOLUTIONS held on October 29th, 2008; Governor Jon Corzine declared October as Child Health Month in conjunction with the Association for Children of NJ.

The meeting held at the Pines Manor in Edison, New Jersey brought together 600 attendees and 27 exhibitors to hear the plenary sessions which included:

- Rash decisions for the school nurse
- Principles and impact of infection control
- 14 going on 40: How the obesity epidemic is aging the student body

Workshop instructors hosted up to 200 registrants to review topics including:

- Acute Abdomen-Office Decisions
- School Sports-Fielding the Field
- Autistic Spectrum Disorder-School Integration
- Problem Parents and Children
- Legal Issues-New Rules and Regulations

It is the AAP/NJ’s hope to continue for the eighteenth year, as we provide education for our members and members of the New Jersey State School Nurses Association.

I wish to thank all members of the planning committee, speakers, exhibitors and attendees for a wonderful day of education.
Mark Your Calendars!!!

These are some of the AAP/NJ Chapter meetings planned for 2008. Please plan on attending and encourage your colleagues to attend as well.

For details on any of the events, call 609-585-6871 or visit www.aapnj.org.

| March 10, 2009 | Educational Program - More details to follow. |

Additional Photos from the School Health Conference

Continued from page 6
A New Opportunity for your Pediatric Practice…

We are happy to share that with support from the NJ Department of Health and Senior Services, we are launching the PCORE Medical Home Program. We are recruiting pediatric and family primary care practices now. If you are located in Monmouth County area and are interested, we would like to bring you on board. If you are interested but practice in another county, please let us know that too as we look to replicate quality improvement models and we often have resources that would be helpful to your team to share (e.g. speakers, content related resources) that are available and cost free to your team.

Contact Harriet Lazarus, MBA, Program Director @ 609.588.9988 or hlazarus@njpcore.org.
In recent years, Americans have learned how to eat by learning what not to eat. Is it working?

AMERICANS CONTINUE TO BE OVERWEIGHT AND UNDERNOURISHED.

Now a shift in thinking is under way to help Americans "get more nutrition from their calories," as recommended by the 2005 Dietary Guidelines for Americans.

As health professionals, you can play a pivotal role in educating your patients on how to base their food decisions on a food's total nutrient package rather than solely on what to avoid, such as fat, sugar or sodium.

The nutrient-rich foods approach is a fresh, realistic solution to help people evaluate food and beverage choices and get more nutrition per calorie, build healthier diets and achieve better health. Based on the concept of nutrient density, a long-standing dietary principle and cornerstone of the Dietary Guidelines and MyPyramid, the nutrient-rich foods approach can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat & beans, and grains. Recent research shows consumers view the nutrient-rich foods approach to eating as a new and positive way to think about making healthy choices – they like that it shifts their thinking from how not to eat to what to eat.

Help your patients embrace the nutrient-rich foods approach. Show them that nutrient-rich foods are familiar and easy to find, so healthy eating doesn't have to be difficult, stressful, or negative. Visit www.3aday.org for more information, including science-based resources, recipes, meal ideas and a supermarket shopping list to help your patients build and enjoy a nutrient-rich lifestyle.

These health and nutrition organizations support 3-A-Day™ of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.
Leading the Way to the 'Medical Home'

In a bygone era, a pediatrician could take his time to get to know patients and their families, dispensing gentle advice amid friendly conversation. With managed care, those leisurely chats became as endangered as the solo practitioner. The world demanded efficiency and productivity.

Yet pediatricians found a way to maintain important connections with their patients and they paved the way for a new model of patient care, the Medical home. It is a place where families are partners in health decisions and physicians help coordinate with specialists, social services and, if necessary, the local pediatric hospital.

Today, the Medical home promises to bring compassion as well as efficiency to the nation’s healthcare system—for adults as well as children. This approach has the potential to dramatically change current practices in healthcare, to encourage more effective use of valuable resources and to make the care more satisfying to both the patient and the physician who provides it. It brings consistency and follow-up to the care of patients, a concept that medical payers should be willing to embrace.

We are truly on the cusp of change in medicine. Pediatricians have a unique opportunity to shape this trend, both through advocacy and example.

Leading medical organizations, such as the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians and the American Osteopathic Association, are part of the Patient-Centered Primary Care Collaborative, which also includes dozens of employers and insurers. They support demonstration projects that illustrate the superior outcomes in a Medical home model of care.

In North Carolina, 3,500 primary care physicians participated in networks based on the Medical home concept. While they received enhanced reimbursement, it is estimated that they saved Medicaid more than $231 million in 2005 and 2006 through reduced hospitalizations and fewer repeat visits. Eight states presented their own Medicaid programs at a Medical Home Summit in July.

The electronic medical record is an excellent tool that can strengthen the Medical home. With an electronic medical record, a pediatrician can easily access a list of all diabetic patients.

The doctor can determine when the child last came in to have his blood sugar checked or whether an Emergency department visit was made to the local children’s hospital. The pediatrician can e-mail the parents to remind them about diabetes care, to share an article with them or to invite them to an educational forum.

Meanwhile, a child’s parents can e-mail the physician with questions. Most of the time, a little reassurance will suffice. In some instances, the physician may be able to forestall an emergency department visit by responding more quickly to a patient’s changing medical condition. The physician can send a prescription to a pharmacist within minutes and track lab results that may have previously taken days to retrieve.

Pediatricians must demand additional reimbursement to cover the greater staffing and technology costs of providing a Medical home. They can promote or join initiatives in their states and help document the quality improvements and cost-savings. For more information about Medical home initiatives, visit www.pcpcc.net.

In a Medical home, pediatricians work in partnership with families to improve care. It is not a foreign concept. In fact, it is a new and improved version of the close relationship that has always been a part of pediatric care. After all, children deserve a place focused on their healing and wellness—a Medical home.

Jay E. Berkelhammer, M.D., is Senior Vice President and Chief Academic Officer at Children’s Healthcare of Atlanta and Clinical Professor of Pediatrics at Emory University School of Medicine.
Members of District III celebrate their awards at the their District

District III (NJ, W VA, DE, MD, CD and PA) and chapter leadership received reports and updates from their District Chairperson, District Vice Chairperson, Chapter Forum Management Committee representative and the National Nominating Committee representative. Meeting attendees also heard from the AAP President, AAP Executive Director and the two AAP president-elect candidates. Our district began a strategic planning process to look at creating infrastructure for District-wide activities and initiatives.

Congratulations to AAP/NJ and PCORE!
Leadership in Quality Improvements Recognized

Dr. Kairys, Chair, Board of Trustees for PCORE and Medical Director was presented with the AAP Leadership in Quality Improvements Award on September 9, 2009 at the AAP NJ Chapter Executive Council Meeting. Dr. Kairys is an amazing leader in pediatric quality improvement efforts and the award is national recognition of efforts demonstrated through his leadership at PCORE. Dr. Kairys’ vision, leadership, and dedication have enabled PCORE (The Pediatric Council on Research & Education, the Foundation of the AAP NJ Chapter) to successfully unite diverse stakeholders, including chairpersons of competing hospitals, public health officials, and social service agencies, inviting them into the grassroots of health care—the primary care office, to improve health care systems through public policy and private practice changes.

NEW… Take a Chance and Support Your Foundation!

It’s coming in January 2009! The first PCORE raffle…

Five hundred (500) raffle tickets will be sold at $100 each.
First prize: $12,500, Second Prize: $7,500, and Third Prize: $5000.
Tickets will be sold January – May 4, 2009 and the winning ticket will be drawn at the Golf Outing dinner.
“Food Groups to Encourage” for the Right Start in Life

American Dairy Association and Dairy Council, Inc.

It’s well-known that too many American children are overweight. But just as troubling is the fact that many are also undernourished. Because kids do not eat enough of the right foods, they aren’t getting enough of five key nutrients: calcium, magnesium, potassium, vitamin E, and fiber, according to the 2005 Dietary Guidelines for Americans (DGA).1

The 2005 Dietary Guidelines for Americans identified four “Food Groups to Encourage” from the USDA’s MyPyramid: fruits, vegetables, whole grain foods and low-fat and fat-free milk or milk products. Encouraging kids to eat adequate quantities of these nutrient-dense foods can help ensure that they are getting balanced nutrition from their diets.

“When a child learns good eating habits, it can pave the way for better lifelong health,” says Dr. Jeffrey Bienstock, pediatrician and fellow with the AAP. He further notes, “parents, schools, and the community - and especially health-care providers - all have roles to play in teaching kids to make the right dietary choices. Dr. Bienstock recently had the chance to attend the Dairy Science Forum in Washington DC, which discussed how the low-fat and fat-free milk or milk products food group can be an enjoyable way for children to increase their consumption of those “nutrients of concern”.

Dairy Foods: Rich in Nutrients, But Lacking in Some Diets

The dairy group, one of the highlighted food groups, is often underestimated as a source of key nutrients. Dairy foods like milk, cheese, and yogurt are well-known as a source of calcium, but together, they also deliver potassium and magnesium – three of the five “nutrients of concern for children.”

A number of studies have shown that getting calcium is a key to building peak bone mass and preventing osteoporosis and fractures later in life. The American Academy of Pediatrics calls dairy foods “preferred” sources of calcium compared to supplements and other foods.2

According to the National Dairy Council, half of children ages 2 through 8 and three quarters of children ages 9 through 19 don’t get the recommended daily amount of milk or milk products.3 The 2003-2004 National Health and Nutrition Examination Survey found that African-American children have lower intakes of calcium, magnesium, and potassium than children of other races and ethnicities.4 This is consistent with a recent finding that adolescent African-Americans eat and drink less dairy than non-African-Americans.5

All children 2 to 8 years should get at least two cups a day of low-fat or fat-free milk or milk products and three cups a day once they turn 9. The American Academy of Pediatrics recommends four dairy servings a day for adolescents.6

The first step to putting these guidelines into practice is to be aware of them – but 60 percent of parents don’t know how much calcium their kids are supposed to be getting.7

A Doctor’s Influence – In and Out of the Office

For a physician, promoting healthy eating starts in the office. Asking patients about their eating habits, educating them about the importance of balanced nutrition, and recommending a healthy diet pattern that follows the 2005 DGA are all constructive steps a family healthcare provider can take. A doctor can also help by referring a patient to a registered dietitian when appropriate.

Outside the office, one way a physician can promote better nutrition is by partnering with non-profit organizations, industry-supported organizations, or government agencies that promote nutrition education. A nationally prominent group working along these lines is Action for Healthy Kids (www.actionforhealthykids.org), a public-private partnership of national organizations and government agencies that encourages healthy eating and physical activity in children and youth in schools. Action for Healthy Kids teams at the state and local level welcome doctors as expert volunteers.

“Sometimes, advice can be more effective when it comes from more than one source. What you tell people in your office may influence people more if they hear the message confirmed out in the community”, reports Dr. Bienstock.

Doctors can also make a difference by engaging with local schools. One option is to encourage the local district to form a partnership with Action for Healthy Kids or a similar organization. A physician’s voice may also carry influence when a community’s schools feature unhealthy choices in a lunch program, or are weighing a beverage contract with a vendor whose products are high in sugar and low in nutrients.

Poor nutrition in American children isn’t only a behavior gap; it’s a knowledge gap. Because of their expertise and the respect they command in their communities, health professionals have an important role to play in closing that gap and steering kids onto a healthier path through education, guidance and active involvement.

7Opinion Research Corporation for GTC Nutrition.
Are You Ready to PROS

PROS, the Pediatric Research in Office Settings, the AAP’s Office based research network now in its 20th year is looking for new practices to participate. This national network of 711 practices and over 1700 practitioners has been doing office-based research for 20 years. Projects have included eye evaluations in early childhood, the study of febrile infants under 3 months of age, asthma, gastroenteritis, the new morbidity of mental health problems, newborn readiness for discharge, childhood safety and many others.

The mission of PROS is to improve the health of children and enhance primary care practice by conducting national collaborative practice-based research.

Body Mass Index (BMI) and Clinical Effort Against Secondhand Smoke Exposure. (There are two new network projects-Brief Motivational Interviewing to Reduce Child CEASE). Each study tests an innovative approach to delivering effective pediatric care on a topic of major clinical and public health importance.

The Secondary Sexual Characteristics in Boys study of pubertal onset still needs study sites-especially practices or clinics that see a substantial number of African American and Latino children.

Develop new skills, be part of practical research to enhance the office care of children and adolescents. Join PROS. For information, contact Harris Lilienfeld, MD, FAAP, the New Jersey Coordinator for the PROS network at hlilienfeld@gmail.com or call 609-896-4141. Information is also available at the AAP website-http://www.aap.org/pros or by calling the PROS office at 800/433-9016, ext. 7623.

CATCH Corner

The Community Access to Child Health (CATCH) Program is a national program of the American Academy of Pediatrics (AAP) designed to improve access to health care by supporting pediatricians and communities that are involved in community-based efforts for children. The CATCH Program began in 1991 under a grant from the Robert Wood Johnson Foundation.

The CATCH Program (http://www.aap.org/catch/) provides pediatricians with:

• Training
• Technical Assistance and Resources
• Peer Support and Networking Opportunities
• Funding Opportunities

In 2008, CATCH celebrated its 15th Anniversary and awarded it's 1000th grant.

We received 3 strong applications for CATCH grants in the last cycle from local pediatricians in New Jersey and the results will be announced very soon. Good luck to the applicants! We also encourage more pediatric residents to apply and will continue to support New Jersey applications with technical assistance and grant development guidance.

Call for Proposals is now live for the 2009 CATCH Implementation Funds and the Cycle 2 Resident Grants. CATCH supports pediatricians in the initial and/or pilot stage of developing and implementing a community-based child health initiative. Grants of up to $12,000 are awarded annually on a competitive basis to pediatricians who want to address the local needs of children in their community. The CATCH Resident Funds program also supports pediatric residents in the planning of community-based child health initiatives. Grants of up to $3,000 are available for pediatric residents to work with local communities to ensure that all children, especially underserved children, have medical homes and access to any needed health care services.

Please see their respective pages http://www.aap.org/catch/implementgrants.htm & http://www.aap.org/catch/residentgrants.htm for more information on how to apply, the guidelines, and for information on technical assistance.

All applications must be submitted online and are due Friday, January 30th at 2:00 pm CST.

It helps to touch base with your New Jersey CATCH facilitator (prior to submitting your application); so please feel free to contact Dr. Paul Schwartzberg at pschwartzberg@meridianhealth.com if you are considering applying for a CATCH grant or if you need more information or technical assistance.

The vision of CATCH is that every child in every community has a medical home and other needed services to reach optimal health and well-being.
EXTRA! EXTRA!...The AAP is calling for parent/patient nominations of pediatric heroes at www.AAPexperieNCE.org/heroes now through January.

Four winners will receive travel expenses and registration paid to the 2009 National Conference & Exhibition in Washington, D.C., October 17-20.

To receive a 2009 Heroes Poster for your office, call 1-866-843-2271 to request a copy by mail. Limited, free quantities are available.

AAP/NJ Government Affairs Update

To view this quarter’s Government Affairs updates, go to www.aapnj.org, click on “Reports and Publications,” then click on “AAP/NJ Government Affairs Committee Update.”
Announcing PCORE’s 5th Annual Golf Outing
Mark your Calendars!
May 4, 2009 at Neshanic Valley Golf Course

There are many opportunities to get involved and to support our work in shaping children’s health for the 21st Century...for ALL children. One is sure to be a good match for you. Please consider:

- Register to Enjoy a Day of Golf and/or a Lovely Evening Cocktail Hour (Open Bar) and Gourmet Dinner
- Consider Purchasing a Sponsorship
- Help to Recruit Other Sponsors
- Making a Tax-Deductible Donation (no amount is too small!)
- Donate Gifts for Door Prizes (e.g., gift basket, gift certificates for dinner or theatre, complimentary green fees or a round of golf)

To register, please visit www.njpcore.org for the 5th Annual Golf Outing Brochure.

Need more information? Contact Colleen Hogan at chogan@njpcore.org 609-588-9988 or Jim Watkins at watkinj2@wyeth.com 973-660-5027.

Greetings of the Season with very best wishes for the New Year.
I had the opportunity to present some workforce data at the NCE meeting in Boston at the Section on Administration and Practice Management (SOAPM) Program on October 11, 2008. Below is a summary of the issues I discussed and was asked to prepare for the soapmnews. My presentation was entitled “The Pediatric Workforce: What to Expect” – H1022. Any ideas or questions for the Committee on Pediatric Workforce, please give me a call at (973) 972-3314 or email me at pletcherba@umdnj.edu.

While the numbers of medical students entering training in pediatrics continues to climb slowly over time, how this relates to workforce adequacy in the future remains a mystery. In 1991 there were 7,455 pediatric trainees in the “pipeline”, whereas in 2007 the number had increased to 10,517. The percentage of trainees choosing general pediatric practice has vacillated over the past two decades, with 62% selecting this path in 2007. Gender trends are also of interest, with females representing more than 2/3 of trainees in 2007. An even greater percentage of women than men planned to enter general practice, with 10% of those completing training opting for part-time practice. With increasing numbers of women entering pediatrics and more practitioners looking for part-time positions, this is a trend that could potentially impact the pediatric workforce landscape and render the absolute numbers of trainees less reliable in workforce calculations.

Unlike manufacturing enterprises, supply and demand do not necessarily drive physician distribution. Physicians coming out of training are far more likely to enter practice in a high supply versus low supply region, resulting in access problems for pediatric patients across the US. Statistics indicate that more than 50% of children and adolescents in this country live in a primary care service area (PCSA) that has no pediatrician at all, and 10% in a PCSA that has no pediatrician or family practitioner.

While pediatricians are best positioned to provide a comprehensive medical home, care for the sickest children, and make decisions about when and where to refer patients to subspecialists, there are a number of potential threats to pediatric practice. There are increasing time constraints and the need to care for more medically fragile and complex pediatric patients, which is compounded by increasing numbers of uninsured or underinsured patients. Alternative locations for receiving immunizations and well child care undermine the medical home and potentially threaten the health of our patients. Pressure to see more patients in a day to make ends meet could result in a lower threshold for referral to subspecialists, and limit the time available to keep abreast of medical advances or introduce clinical guidelines into daily practice.

Reduced training hours may result in young colleagues feeling less confident in caring for patients in a busy pediatric practice and having less experience working with advanced practice nurses or physician assistants in an office setting. Mentoring and guiding a new partner in a practice may take time away from direct care of patients.

In light of increasing pressures in pediatric practice and, in some instances burn-out, some pediatricians are opting for a new model of practice – boutique or concierge care. For an annual retainer fee paid by parents, physicians in this practice model care for only about 1/10 of the usual numbers of patients and may even forego insurance billing. Patients are still required to carry insurance for other care, but their pediatric services are covered by this yearly expenditure. While there are just a few of these practices popping up around the US (primarily in metropolitan areas), if this trend continues, it also has the potential to alter pediatric workforce predictions.

In summary, although there are increasing numbers of pediatric trainees entering practice, as more and more women choose pediatrics, we need to be cognizant of how part-time practice may influence the numbers needed to provide care for children in this country. Maldistribution remains a huge barrier to access to health care for infants, children and adolescents. Pediatricians just coming out of training may need additional help integrating into a busy practice as a result of reduced work hours during residency. Primary care physicians continue to struggle with decreasing reimbursement and increasing time constraints; pediatricians continue to speak up for children as well as their health care providers. While clearly not a direct workforce issue, it is evident that pediatricians need to send a message to policy makers on a local, state and federal level that no health care investment has greater potential to ensure long lasting and more favorable outcomes than investing in the health of our children.

Are you interested in learning more about a PCORE program or becoming more involved?

Fran Gallagher, MEd, PCORE Executive Director
3836 Quakerbridge Rd.
Suite 108, Hamilton, NJ 08619
Phone: 609.588.9988 Fax: 609.588.9901
Email: fgallagher@njpcore.org
www.njpcore.org