



The New Jersey

Pediatrician

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Newsletter of the American Academy of Pediatrics/New Jersey Chapter

PCORE CORNER

(Pediatric Council on Research and Education)

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AAP/NJ & Executive Director, PCORE

**Coming July 1, 2009... AAP/NJ &
PCORE Integration Plan**

**Please Note Our New Address:
AAP/NJ Chapter**

**3836 Quakerbridge Road, Suite 108
Hamilton, N.J. 08619
Phone: 609-588-9988**

Together, AAP/NJ and PCORE will achieve a vision to *Shape Child Health in New Jersey for the 21st Century*. This vision drives PCORE's mission - to affect health policy and primary care practice improvements through a medical home focus, to provide education for parents and primary care provider teams, and to foster partnerships that integrate sustainable systems of care.

As discussed at length in the last NJ Pediatrician newsletter, the AAP/NJ chapter will be administered by Fran Gallagher who also serves as the Executive Director of PCORE. There are tremendous real and potential synergies for this union. For the AAP/NJ it allows for the entire leadership and staff of PCORE to be available to advocate and develop programs for the State's pediatricians and to promote prevention efforts designed to improve children's healthcare. It allows more direct support for the committee system in the AAP/NJ Chapter and the ability to infuse the committee structure with projects and educational activities being developed and maintained by PCORE.

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A Day in the Life

Eugene Shapiro, MD (PGY-3)

As part of my Community Pediatrics rotation, I was fortunate to spend a day in the Trenton State House. I was present for the New Jersey Department of Health and Senior Services Committee monthly meeting, which covered a variety of issues from the Stimulus plan to arguing for and against several Assembly bills.

My day started when I met Nancy Pinkin, MPA who is the AAP/NJ lobbyist in the State of NJ. She was kind enough to introduce me to several members of the Health Committee including Chairman Assemblyman Herb Conaway, M.D.

The session began when Heather Howard, Commissioner of the Department of Health and Senior Services, in NJ presented a report to the Committee where she discussed the funding available from the Federal Stimulus bill.

Some of the highlights of her presentation that affect NJ are:

- Early Intervention Program which includes children ages 0-3 years with possible developmental delay, is expected to get \$10.3 Million over two years from the Federal Government.
- Community Health Centers - \$2.6 Million in stimulus funds have already been given to two NJ Community Centers (Monmouth Family Health Center in Long Branch, NJ and Center for Health, Education and Dentistry in Lakewood, NJ).
- WIC (Women, Infants and Children) is a program that provides nutritional help for pregnant, breastfeeding and post partum women and their children, and is expected that WIC will get \$12-15 million from the Federal Government.

- Vaccines for Children Program includes \$300 million which will go towards vaccinations for the underinsured and uninsured children. NJ anticipates about \$5.6 million of that.
- Health Information Technology - \$19 Billion will be invested nationwide to implement HIT in order to lower health care costs and prevent medical errors. New Jersey is currently forming a Health Information Technology Division which will develop a State wide HIT plan.

After Commissioner Howard's report, the Committee voted on several new bills, one of which would designate the second full week in April as "Asperger's Syndrome Awareness Week".

There were also several proposed bills discussed. One [A-3371](#) is a bill that prohibits a hospital from charging patient or third party payer for costs associated with certain hospital-acquired conditions. Another bill [A-3633](#) requires the Department of Health and Senior Services to report patient safety indicators on a hospital by hospital basis and prohibits hospitals and physicians from charging patients for certain medical errors.

There was testimony from various sources for and against these bills. I thought that one of the critical components regarding the fairness of the bills toward New Jersey Physicians was when several practicing doctors stated their objections regarding certain parts of the bill.

Lawrence Frenkel, MD, FAAP, spoke on behalf of the AAP/NJ Chapter, and stated his concerns about the implications of non payment for preventable conditions as well as the vague

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American Academy of Pediatrics



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2nd Quarter 2009

*American Academy
of Pediatrics/
New Jersey Chapter
Established 1950*

President's Message Michael Segarra, MD, FAAP

The Annual Leadership Forum (ALF) is held once a year in Schaumburg, Illinois. The ALF was created to give chapters, sections and committees a voice in national AAP policy. This year 550 chapter officers, committee, council, and section chairpersons attended the ALF. Seventy-five different resolutions covering issues related to advocacy, education, practice management, healthcare finance and AAP operations were voted on. The resolutions that are presented allow for members to have their voice heard on the national level.



Any member can submit a resolution to the ALF. The New Jersey Chapter and District III will help you to compose your resolution.

Go to the Members Only Channel at www.aap.org and then go to the Chapters, Committees, Sections and Council box and click on ALF. There you will see guidelines for submitting resolutions. Often a chapter member will come to me, or one of the other members of the Executive Council with a concern regarding national AAP policy and I will refer them to the resolution process.

Sixty-seven of the seventy-five resolutions were adopted. These resolutions will be referred to AAP Committees, Sections, Councils, Departments or Divisions for appropriate response. The top ten resolutions are referred directly to the Board of Directors of the AAP. This year's top ten resolutions included a) making child abuse and neglect part of AAP'S strategic plan, b) establishing a standard for vaccine acquisition cost, and c) that the Academy creates a Uniform National Standard for Nutritious School Foods.

The entire list of resolutions can be reviewed on the Members Only Channel in the Committees, Sections and Council box.

I want to thank all of you who have responded to our AAP/NJ Purchasing Alliance. I know that a lot of you have questions about how this will work, but this is a new area and all the details have not been finalized. Basically we are looking to lower our malpractice insurance by forming the Purchasing Alliance. Obviously, the more members we have joining the Purchasing Alliance, the better our negotiating position. Being able to do accomplish this with more than one malpractice company is unclear.

I am also looking at establishing other benefits for AAP/NJ members in such areas as vaccine purchasing and health insurance.

Have a great summer.

PCORE Corner

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Moreover, at a time of major changes at the national level, it gives more leadership to monitor the changes and to work toward adaption of those changes in New Jersey. For more detailed information, visit www.aapnj.org or contact Fran at fgallagher@aap.net or by phone at 609.588.9988.

We are continuing to grow!
A special welcome to our newest team members...

Nicole Chabot-Waugh, MSW, Program Coordinator, a graduate of the University of Connecticut, has joined the provider education program series working in both Monmouth County and Trenton primary care practices on programs related to Medical Home, early identification of autism, and obesity prevention.

Marjorie Bafaty, MSW, Medical Home Care Coordinator, is working with the Monmouth Medical Home Project. Ms. Bafaty is onsite at eight primary care practices in Monmouth County for half

day per week to provide care coordination, serving as a resource to the practice team, and working with members of the health team to strengthen care coordination.

Lisa Murison, Ms. Murison a graduate of the University of South Florida, with background in mass communications, public relations, and marketing. She joins us as the AAP/NJ Membership and Event Coordinator and will work to enhance communication outreach efforts.

2009 PCORE AAP/NJ Golf Outing

Golfers are truly dedicated. Over 50 golfers came out in the pouring rain on Monday, May 4, to support the Pediatric Council on Research and Education at our 5th Annual Golf Outing.

The dismal forecast did not discourage the PCORE supporters from throwing on their rain gear to spend a fun-filled day at Neshanic Valley Golf Course. Golfers competed for two cars and a \$10,000 hole-in-one prize, and while we did not have any hole-in-ones, we did see some great foursome scores, straightest drives and closest-to-the-pin winners. We also had

our first winner for most balls lost in the lake (12!) A special thanks to Senator Bateman for joining us in the evening and for supporting PCORE's work to improve the quality of healthcare for children in New Jersey. PCORE would like to thank all of our sponsors, Jim Watkins of the Governmental Affairs Department at Wyeth, chairman of the golf committee and other members, and our faithful golfers for all of the support and dedication it took to make our 5th annual Golf Outing a major success. We will order sunshine for 2010! Enjoy the pictures and visit www.NJPCORE.org to see the rest!



Educational and Vocational Transition Planning for Children with Developmental Disabilities

Theodore Kastner, MD, MS, FAAP

The transition for children with developmental disabilities from education to community-based employment or habilitative training can be difficult for parents. Typically, children with developmental disabilities delay their graduation and receive additional educational programming through the age of 21 from their local school district. The educational curriculum for these last three years is usually spent on pre-vocational training, often in conjunction with a community organization or potential employer. However, upon graduation, the responsibility for providing services and supports shifts from the school district to the State of New Jersey. These services and supports are funded by the New Jersey Division of Developmental Disabilities using funds obtained through the Home and Community-Based Waiver.

Unfortunately, during the past several years, the Division of Developmental Disabilities has had insufficient funding to allow it to serve all of the newly graduated students who require services and support after graduation from high school. Some estimate that nearly 1,000 young adults are on waiting lists for such programs. When this occurs a parent or caretaker is often required to stay at home and supervise the young adult. This can result in lost wages and additional family stress.

The Division of Developmental Disabilities recently announced that it has secured funding to provide day services for 2009 graduates who are interested in either a traditional or self-directed program. The Division of Developmental Disabilities also encourages individuals who are seeking employment to contact the Division of Vocational Rehabilitation Services at the Department of Labor and Workforce Development (866-871-7867). Finally, those interested are encouraged to attend "Life after 21," a workshop that provides information about adult services available to individuals after graduation. It is offered by the Family Support Center of New Jersey and they can be reached by calling 800-372-6510, and their website is www.fscnj.org.

The Division of Developmental Disabilities has assigned an Adult Services Coordinator in the region DDD office that serves the county in which clients live. A list with their contact information is attached below. Pediatricians who care for children and young adults with developmental disabilities are encouraged to share this information.

**New Jersey Division of Developmental Disabilities
Central Office: 5 Commerce Way,
Hamilton Township, NJ 08691**

**Mailing Address:
P.O. Box 726, Trenton, NJ 08625-0726
Adult Day Program/Service Coordinators**

**Northern Region, serving:
Morris, Sussex, Warren, Bergen, Hudson &
Passaic Counties**

- Miracle Harrington (973) 977-2113
E-mail: Miracle.Harrington@dhs.state.nj.us
- Colette McLaughlin (973) 977-2107
E-Mail: Colette.McLaughlin@dhs.state.nj.us

**Upper Central Region, serving:
Union, Somerset and Essex counties**

- Rebecca Goros (973) 324-2015
E-mail: Rebecca.Goros@dhs.state.nj.us
- Seth Leibowitz ((73) 324-2008
E-mail: Seth.Leibowitz@dhs.state.nj.us

**Lower Central Region serving:
Hunterdon, Mercer, Middlesex, Monmouth and
Ocean counties**

- Roni Kantor (732) 863-4534
E-mail: Roni.Kantor@dhs.state.nj.us
- Theresa Simon (732) 863-4476
E-mail: Theresa.Simon@dhs.state.nj.us

**Southern Region, serving:
Burlington, Camden, Atlantic, Cape May, Cumberland,
Gloucester and Salem counties**

- Jeanette Marquez (856) 770-5417
E-mail: Jeanette.Marquez@dhs.state.nj.us
- Kathy Bellan (856) 770-5400
E-mail: Kathy.Bellan@dhs.state.nj.us

Committee on Pediatric Workforce Update

Beth A. Fletcher, MD, FAAP

At the April 2009 COPW meeting, we had the opportunity to hear a presentation by Dr. Andy de Freitas from the Division of Cardiology of both

Children's Memorial and Northwestern Memorial Hospitals, and Mr. Jim Harsiades who serves as the Director of the Office of Child Advocacy at Children's Memorial Hospital. They shared their

experiences with transitioning of care for adults with chronic illness through their innovative program, which generated a lively discussion about the success and

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Committee on Pediatric Workforce Update

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challenges we face here in the US with a growing population of young adults with chronic conditions and developmental challenges. We were joined by Ms. Stephanie Skipper who is the Manager of the AAP Council on Children with Disabilities within the Academy's Division of Children with Special Needs.

This was Dr. Scott Shipman's final meeting with COPW, and he shared with us his insights into future directions for research in pediatric workforce and his continued commitment to this area of investigation. We will greatly miss Dr. Shipman's expertise, and hope to continue to reach out to him as new workforce issues and challenges arise.

The COPW continues to provide feedback to the authors of several policy statements written for the Partnership for Primary Care Workforce (PPCW) which are close to completion. These statements cover how reimbursement ties directly to workforce (Payment Policy is Workforce Policy), issues of physician training (Training the Next Generation) and what needs to be done to ensure a solid primary care foundation for our country ("Flipping the Pyramid"). PPCW includes representatives from a coalition of health care organizations concerned about provision of primary care to people of all ages in the US. The Academy is one of the 17 organizations involved in this effort, and will continue to clearly communicate the unique needs of children in our country.

A lot has been happening on Capitol Hill, and we were joined by phone by Karen Hendricks, JD and Ms. Becky Fowler from the Washington Office. As we all know, there is a window of opportunity to bring children's health issues front and center and to take advantage of some of the appropriations earmarked for health care. The Academy's presence in DC has never been as critical as it is at this point in time, and there are many initiatives underway to ensure that children's issues are not forgotten in the excitement surrounding health care reform, as lobbyists and legislators rush to meet the needs of our aging population.

Dr. Andy Hotaling, liaison to COPW from the Section Forum Management Committee, presented informa-

tion on a study to be conducted by the Government Accountability Office (GAO) to examine "children's access to primary and specialty services under Medicaid and CHIP..." This two year project would include data on things such as the willingness of providers to treat patients covered by these programs, patient access, as well as availability of both primary and specialty services in various geographic regions of the US. A pediatric workforce work group that includes representatives from the Academy and other pediatric medical subspecialty and surgical specialty societies has been in touch with the Senate Finance Committee and GAO to provide background information and a contextual framework for this upcoming study.

We had in-depth discussions about revisions of the "Scope of Practice Issues in the Delivery of Pediatric Health Care" and "Pediatrician Workforce Statement". With new guidelines on maximum length of statements, we are looking at these revisions in terms of their utility as advocacy tools and ability to concisely frame workforce issues. We anticipate that the scope of practice policy revision will focus on the unique skills and training that pediatricians bring to the table and what we need to do to achieve optimal pediatric care and improve health outcomes. As always, scope of practice issues remain on the Academy's radar, with legislation pending in 16 states regarding independent prescribing practices for psychologists. In NM where psychologists already have been granted independent prescribing privileges, legislation has been introduced to now eliminate prescription oversight of these providers by the NM Board of Medicine! Twenty-eight states are considering legislation of some kind that would expand the scope of practice for APNs including, but not limited to, independent prescription privileges and even independent primary care practice. A leaner, more focused pediatrician workforce policy statement will incorporate the medical home concept on all levels and explore workforce trends that are likely to influence pediatric practice over time. In the coming year, as the COPW revises and shortens these two policy statements, we will con-

tinue to collaborate with other groups within and outside of the Academy.

Data collected as part of the Periodic Survey of Fellows in 2007 looking at subspecialty services from the perspective of the general pediatrician is being evaluated, with several more manuscripts under consideration. Some of this preliminary data was shared with the pediatric surgical specialists who were meeting at the Annual Leadership Forum in March, which generated discussion about specific, critical pediatric surgical workforce concerns. From the data already collected, it is clear that more survey data will be needed to answer key questions about access to subspecialty care for children living in various parts of the US. The top ten resolutions adopted at the ALF in March were reviewed and we began discussions about the 7 resolutions for which the COPW has been asked to prepare a response.

Dr. Gail McGuinness, Executive Director of the American Board of Pediatrics (ABP), brought the latest data from their 2008 survey of first time applicants for the certification exam. Trends seen include that: approximately 70% of applicants are female, 24% are international medical graduates, there are increasingly more women pursuing subspecialty training, and more American medical graduates are opting to do fellowship training. This year almost 1200 of the 3045 pediatric applicants are entering fellowships. Now that Maintenance of Certification (MOC) is well on its way, the ABP hopes to conduct surveys of both general and subspecialty pediatricians participating in MOC over time, which would enable them to elucidate trends that have potential workforce consequences. This is a unique opportunity to follow pediatricians longitudinally to see how they perceive their career choices and make decisions about work-life balance and retirement.

As always, it is fun to share what the COPW is doing. I trust you will contact me if you have any ideas, concerns or issues relating to the work of COPW. My email address is plechba@umdnj.edu and my phone number (direct line) during the week is (973) 972-3314.



School Health Conference

Wayne Yankus, MD, FAAP, Chair, School Health Committee and Conference Chair



Get ready to attend the annual Community Medicine and School Health meeting at the Pines in Edison, NJ on October 29, 2009. The program features our own Executive Committee Member, Dr. Jeffrey Boscamp discussing vaccine safety; Paul Yellin, MD, FAAP of the Yellin Center for Student Success discussing brain plasticity and learning; Jason

Surow, MD on hearing safety; Julie Piwoz, MD discussing Sports Infections; and Todd Mastrovich, MD presenting “Heelies and Wheelies” injury protection and prevention. Bev Stern, RN will present the annual discussion of what’s new in legal issues for New Jersey docs.

Mark Your Calendars!!!

These are some of the AAP/NJ Chapter meetings planned for 2009. Please plan on attending and encourage your colleagues to attend as well.

For details on any of the events, call 609-588-9988 or visit www.aapnj.org.



June 9, 2009

AAP/NJ Annual Meeting - Bugs, Drugs, Visuals and Codes. Atlantic City Hilton Casino Resort, Atlantic City, NJ. 1:00 p.m. - 8:00 p.m.

September 22, 2009

Resident Career Day - Hilton Garden Inn, Edison, NJ for NJ PGY-2 Pediatric Residents. Details to follow.

October 28, 2009

Eighteenth Annual School Health Conference - Pines Manor, Edison, NJ - More details to follow.

CATCH Corner

Call for Proposals - May 1 - July 31, 2009

2010 CATCH *Planning Funds* and CATCH *Resident Funds*

For the 16th consecutive year, the American Academy of Pediatrics is offering pediatricians an opportunity to put their ideas into action by taking advantage of the funding available through the CATCH Program. The CATCH mission and the focus of the Planning Funds grants are to enable pediatricians to plan *innovative* community-based child health initiatives that increase access to medical homes or specific health services not otherwise available. *A pediatrician must lead the project and be involved in the proposal development and project activities.*

CATCH Planning Funds grants are awarded in amounts from \$2,500 to \$12,000 on a competitive basis for planning activities such as needs assessments and community asset mapping, feasibility studies, community coalition/collaboration meetings, focus groups, and development of grant proposals for project implementation after the planning phase is complete. Priority is given to projects

that will be serving communities with the greatest health disparities.

CATCH Resident Funds grants are limited to a maximum of \$3,000. Resident CATCH projects must include planning activities or demonstrate completed planning activities, and may include implementation activities. *A pediatric resident must lead the project and be involved in the proposal development and project activities.*

For more information, visit <http://www.aap.org/catch/planninggrants.htm> or <http://www.aap.org/catch/residentgrants.htm>, [mailto: catch@aap.org](mailto:catch@aap.org), or call 800/433-9016, ext 7632. Note: All applications must be submitted online.

Join more than 1,000 pediatricians who, through their CATCH projects, have learned that local child health problems can be solved locally, often using local resources.

One pediatrician *can* make a difference!

Paul M. Schwartzberg, D.O.
Pediatric Residency Director

AAP NATIONAL PRESIDENT-ELECT CANDIDATES

2009



O. Marion Burton, MD, FAAP
Columbia, SC

Dr. Burton, a community pediatrician, is Associate Dean for Clinical Affairs and Director of Community Pediatrics at University of South Carolina (USC) School of Medicine.

A graduate of Clemson University and Medical University of South Carolina (MUSC), he trained at MUSC and Medical College of Georgia. For two decades he practiced pediatrics in Anderson, SC and taught in a local primary care residency program. In 1991 he joined USC School of Medicine to establish a Division of Community Pediatrics. He oversees the 210 physician multi-specialty group, conducts faculty locum tenens programs for rural pediatricians, and is senior medical consultant to the state's public health and Medicaid agencies. He helped establish 75 partnerships placing public health professionals with practicing physicians to create medical homes for children. His group cares for children in University Primary Care offices, the SC Juvenile Justice System and special health care needs clinics.

Past President of the SC Medical Association and SC Pediatric Society, he chairs the AAP AMA Delegation. His AAP service includes Chapter and District CATCH Facilitator, national DCF chairperson, and the Task Force on Committees and Sections. He also chaired the Council on Committees, attending AAP Board of Directors and Advisory Committee to the Board on Committees and Sections meetings (as a voting member).

Recognitions include the Abraham Jacobi Award for long-term national contributions to pediatrics and National Army Guard Flight Surgeon of the Year for excellence in care for military flight crews.

Dr. Burton and his wife, Debbie, have six children and six grandchildren.



Anne B. Francis, MD, FAAP
Rochester, NY

Anne B. Francis, MD, FAAP, is a senior partner of the Elmwood Pediatric Group, an 8-pediatrician practice in Rochester, NY, which celebrated 62 years in operation this year. She recently stepped down as managing partner after 22 years in that role. During that time she was actively involved in office based research as well as teaching medical students and residents. She is Clinical Professor of Pediatrics at the University of Rochester School of Medicine and Dentistry and also serves on the Board of Directors of the University of Rochester Medical Center.

Dr. Francis is the Chair of the Private Payer Advocacy Advisory Committee as well as past Chair of the AAP Section on Administration and Practice Management (SOAPM). While she was Chair of SOAPM, the SOAPM listserv was created, the practice managers' listserv (a virtual pediatric practice managers group) was initiated, the SOAPM newsletter was expanded, and Practice Management Online was launched. She currently serves as the Chair of the editorial board for Practice Management Online and is a member of the AAP Obesity Leadership Workgroup. She is District II NY State Treasurer and was President of NY Chapter 1. She has represented the AAP at various meetings with major insurers and is a spokesperson on vaccine finance issues, the medical home, and obesity issues.

She is married to Dr. Charles Francis, Professor of Medicine (Hematology), at the University of Rochester. They have three children and one granddaughter.

AAP NATIONAL PRESIDENT-ELECT CANDIDATES - 2009

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HOW WOULD YOU IMPROVE THE VACCINE SYSTEM, INCLUDING PAYMENT, ADMINISTRATION, AND POTENTIAL NEW MODELS FOR DELIVERY?

O. Marion Burton, MD, FAAP **Columbia, SC**

Pediatric offices/clinics deliver over one-half of America's childhood immunizations, and costs of procuring/managing/administrating vaccines are second only to personnel in many practices. Pediatricians, unfortunately, subsidize our most successful public health program.

Many Healthy People 2010 immunization objectives are already met or approaching their target, but payment/supply/distribution/administration/public perception infrastructure is "fragile". Focus on dysfunctions of childhood immunization services is fully integrated into AAP operations. There are logical next steps to support pediatricians.

Handling/administration costs are concerns regarding public and privately-purchased vaccines. Pediatric-specific CPT administration codes with 2009 updates recognize some equipment and staff expenses. Next step: Urge the AMA/Specialty Society Relative Value Scale Update Committee to recognize all practice expenses associated with vaccine administration (immunization registry data entry, inventory, wastage, insurance etc).

AAP-supported studies of vaccine financing for privately-insured children reveal wide pricing/payment variation. Pediatricians must thoroughly review and negotiate strong, protective language in their private-insurer contracts regarding payment for vaccine products, adjustments for manufacturer price increases, immunization schedule changes/additions and costs of administration. Next step: Using Academy resources including Practice Management Online, engage pediatricians, chapters, pediatric councils, local advocates and community resources to influence public/payer action. Encourage consideration of vaccine purchasing cooperatives.

Vaccine purchase and inventory management are six-figure expenditures

for many pediatricians, but documentation/tracking/safety-related processes are labor-intensive. Technology automating these activities is available, and the AAP is engaging vaccine manufacturers and the FDA regarding how practices can adopt bar-coding etc. Next step: Focus Academy effort on the American Recovery and Reinvestment Act's health information technology dollars to help pediatricians improve effectiveness, efficiency and safety of immunization services.

New vaccine delivery models must:

- focus on under-immunized adolescents and uninsured/underinsured children;
- allow underinsured VFC-eligible children to receive immunizations in their medical home;
- include full Medicare RBRVS-level payment for all vaccine administration;
- encourage first dollar coverage;
- solidify public confidence in safety/ importance of childhood vaccines using science and vaccine court victories;
- incentivize manufacturers to maintain vaccine supply;
- grade health plans (HEDIS etc) by members who are fully/timely immunized;
- use CDC Price List as standard for vaccine payments;
- incentivize use of appropriate combination vaccines.

Anne Francis, MD, FAAP **Rochester, NY**

We must be paid appropriately for administering vaccines to ALL children. Currently, pediatricians and family practitioners deliver over 80% percent of all vaccine in the US. Of those vaccines, over 55% are Vaccine for Children (VFC) vaccines, most through Medicaid or CHIP programs. Although VFC pro-

vides vaccines, it doesn't stipulate payment for vaccine administration. The average payment for vaccine administration under Medicaid is less than \$9 as compared to the almost \$19 fee Medicare pays for the same service. In the private sector the average administration fee is about \$15, still less than Medicare.

We must educate the payers about the true cost for vaccine products purchased in the private sector. This includes the purchase price plus direct expenses and a contribution to the overhead of the practice needed to provide those vaccines.

We must negotiate contracts with insurers using a transparent price base such as the CDC Private Sector Price rather than nontransparent cost bases like ASP, AWP, or WAP.

We must make vaccine registries a national objective with efficient sharing of data between state registries until we can establish a national registry.

We must ensure that vaccines remain a part of the medical home. We need to recognize that the medically homeless, particularly adolescents, may need to obtain their immunizations in alternate settings. As universal flu vaccine recommendations roll out, we need to consider partnerships between schools and pediatricians to deliver these annual vaccines in the school setting.

In the future, we need to continue to work on payments for administering multi-component vaccines that recognize the additional work of consenting those vaccines as well as lost administration income which occurs with multi-component vaccines.

Finally, but of significant importance, we must continue to educate the public about the remarkable value of immunizations to individuals and our entire society.

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AAP NATIONAL PRESIDENT-ELECT CANDIDATES - 2009

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The Candidates were asked to outline for the membership the area(s) they consider of highest priority for the AAP and what policy (or policies) they will focus on to advance these priorities

O. Marion Burton, MD, FAAP Columbia, SC

I support AAP's commitment to have children receive quality care in medical homes that promote optimal child health, reduce disparities and contribute to health equity while eliminating financial barriers. We must remain engaged with health care reform involving children and seize opportunities to continuing successes.

Generational poverty, a denominator for inequities/disparities, is increasing. The new Administration's CHIP legislation and commitment to health insurance for all children have advanced the Academy's strategic plan, allowing additional focus on inequities such as poverty. I know from my patients' experiences that caring for children in medical homes, linked to community resources, lessens poverty's negative influence on growth, development, health, and well-being.

Linking medical homes with community resources requires practice expenses not reflected in E & M code payments. The Academy has gained recognition of care oversight/coordination as distinct services. To support pediatricians, the AAP must assure codes are assigned appropriate values/payment.

We must secure adequate pediatric specialist payments. Fees below Medicare benchmarks reduce their ability to accept medical home referrals.

Medical homes support immunizations, but vaccine shortages and inadequate payments remain challenges. AAP's continued work on this priority is important.

Bright Futures-focused medical homes excel in value-based reimbursement/pay-for-performance measures. Academy input in defining pediatric performance measures is essential, and AAP efforts to identify pediatric-friendly and interconnected electronic health records will facilitate reporting.

If elected to lead, I will pursue my passion for medical homes using the Academy's strategic plan to correct disparities, achieve health equity, insure all children and support the value of pediatricians.

Anne Francis, MD, FAAP Rochester, NY

It's time for the AAP to move from paper into the electronic age on all fronts and also to help its members in making that change. Medical home initiatives, children's healthcare via telemedicine, communication between specialists and primary care pediatricians, our practices and our paychecks are all linked to the future electronic medical platform. Electronic medical records for all children will be necessary to provide quality continuous healthcare especially in our increasingly mobile society.

To provide for this future pediatric electronic platform, we as an Academy must:

- Insist that the initial and maintenance cost of electronic medical record systems be affordable within the medical home/practice setting
- Ensure that children have electronic medical records which are accessible, consistent, intact, portable, and protected
- Ensure that these electronic medical records are integrated with other aspects of the medical home functions such as practice management, communications with consultants, quality, and vaccine registries

To achieve these goals, the Academy must educate and support its members. We must develop methods to help evaluate electronic medical records and provide on-going support to assist our members through the transition. We need dedicated information technology staff at the Academy both for member support and policy development. We must ensure that children are included in potential stimulus funding for implementation of the electronic medical record and platform. Finally, we need systems which are designed to serve as the source of information for future evidence-based medicine, ongoing quality improvement, and outcomes research.



The Department of Pediatrics, at the UMDNJ - Robert Wood Johnson Medical School, is pleased to announce the opening of an accredited fellowship training program in Developmental Behavioral Pediatrics, starting July 1, 2009. The program is in affiliation with Children's Specialized Hospital, and is of 3 years duration. Candidates who have completed, or would have completed, 3 years of residency training in Pediatrics from an accredited program by July 1, 2009, are eligible to apply. For further information, and to apply, please contact the program director Kapila Seshadri, MD at seshadka@umdnj.edu or 732-235-7875.

Vaccine Policy Statement Ready for You to Adapt for Your Practice

To reinforce your practice's commitment to delivering timely immunizations, consider tailoring or using as is, the following vaccine policy to support the vital role vaccination plays in safeguarding the health of children. Your practice's clearly expressed commitment to immunization can be powerfully persuasive with parents who are hesitant to have their child vaccinated.

The link below to the vaccine policy statement was developed by clinicians at All Star Pediatrics in Lionville, Pennsylvania, where it is posted in every exam room and handed to parents at their infant's one-month well-check appointment. The results have been that parents new to All Star Pediatrics know exactly where their doctors stand on immunization, and the families of established patients feel supported in

the choice they've made to immunize their children.

The text of the policy statement is available as a pdf or MS Word document at: www.immunize.org/catg.d/p2067.pdf. You can cut and paste it to make your own vaccine policy statement.

Physician Advocacy Program

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A Day in the Life

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definitions of preventable conditions. In his statement, he used examples such as hospital acquired infections associated with vascular catheters which are often unavoidable despite the best precautions. Also mentioned was the risk of getting a pneumothorax in a premature infant while intubated for respiratory support. Dr. Frenkel warned the committee that we should be very careful with the listing of some

of the conditions included in this bill as this can have a profound affect on how physicians approach their medical management.

Overall, I definitely realized how important it is for the pediatricians in the community to be aware of the ongoing issues addressed by the Health and Senior Services Committee, and that we have to make sure that physi-

cians are well represented during these types of proceedings.

I think that if my fellow residents have a chance to go to Trenton, it would be a worthwhile experience to meet with some of the legislators and stay on top of the latest events affecting the medical community. Residents can play an integral part in helping shape the future of New Jersey Pediatrics.



Maintenance Of Certification Update:

The American Board of Pediatrics (ABP) continues to develop its policies toward the Maintenance of Certification (MOC) process. Every pediatrician, generalist or subspecialist, will need to recertify every five years starting in 2011. Part 1V of the certification process demands that a major component of the process involve evidence of actual performance improvement. Some of this can be by taking Performance Improvement CME is which the provider will be asked to collect and track some minimal data. At least a half of this will be actual quality improvement efforts. These projects can either be done online through the AAP eQUIPP website or can be done from some of the PCORE projects that gain approval from the ABP. Even if you are grandfathered into Pediatric certification, you will be encouraged to perform some sort of quality improvement activity or an asterisk will be placed by your name. For all of the projects, data

needs to be collected and analyzed. At the State level, PCORE plans to position itself to be a major provider of both the CME and the QI parts of part MOC. PCORE also plans to attend hospital business meetings and grand rounds to explain the process and the details of the MOC process that will start in earnest in 2011.

PCORE updates:

A number of projects continue to operate and several new programs are in the process of development. The new projects include a pilot in Monmouth County to develop more formalized medical homes in eight pediatric practices; the development of an EPIC office-based program to introduce the concepts of early identification and care for children with signs suggestive of autism, use of a formal screening tool to assess child development, hospital in Paterson, NJ and a program developing medical home for children in foster care. PCORE and AAP/NJ are partnering with other state agencies and community organizations to secure funding... check the website to keep up with the latest news!

National update:

A number of grants and programs are being promulgated by the ARRA, the stimulus package and by the CHIPRA, the reauthorization act for CHIP. Some of these will impact the pediatric office and PCORE is watching those closely. One major program to start in 2011 would provide 85% of bet costs to develop an electronic health record in the primary care office. We will keep you posted!



Have a fun and safe summer!