



PCORE CORNER

*Steven Kairys, MD, FAAP and
E. Soozee Hodgson, MD, FAAP*

The last few months have been exciting ones for PCORE. The Obesity Prevention Pilot Program hosted its community kick-off, which was attended by over 120 children from Asbury Park. Please see additional details inside the newsletter. The first charity golf outing to benefit PCORE was held on Wednesday, April 27th with almost fifty golfers swinging their clubs to show their support for our mission to improve the health and well-being of children in New Jersey. Please see the complete article inside the newsletter.

The New Jersey Improving Preventive Services Project (NJIPSP) hosted its third Learning Session to culminate the end of the pilot phase of the project in March. The NJIPSP project works in partnership with the New Jersey Department of Health and Senior Services, Division of Epidemiology, Vaccine for Children Program to improve immunization rates in children through quality improvement work directed to engage the practice in office-based change. Through a series of Learning Sessions, the practices form a learning collaborative that allows them to dialogue among themselves, have the opportunity to interface with project faculty and to enhance their delivery of services. The data collection tool utilized was the New Jersey Immunization Information System (NJIIS) that had incorporated a special projects site for the practices to input their immunization data on their patient.

At the onset of the project, the average of the participating practices was

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Election Results—New Officers and Councilors

Elections – All Members Shape the Future

The AAP/NJ Chapter Executive Council and Nominating Committee elections were held from April 1 through April 30, 2005. Several Members will be serving their first terms, while others were re-elected. The Executive Council serves as a voice for all Chapter Members and encourages communication with you, the Members. Members of the Executive Council are liaison to numerous government agencies as well as community-based organizations. Through its committees, all pediatricians can make a difference.

Elected as District Councilors were:

- | | |
|---|------------|
| Dr. Alex Hyatt (re-elected) | District 1 |
| Dr. Noha Polack | District 2 |
| Dr. Jeanne Craft (re-elected) | District 3 |
| Dr. Michele Tuck | District 4 |
| Dr. Patty Vitale | District 5 |
| Dr. Elaine Donoghue | At-Large |
| Dr. Walter Rosenfeld (re-elected) | At-Large |
| Dr. Howard Kornfeld, Nominating Committee | District 2 |
| Dr. Kristen Walsh, Nominating Committee | District 3 |
| Dr. William Wassel, Nominating Committee | District 4 |

Dr. Jill Stoller has been appointed to complete the term of Dr. Dennis Kuo.

Thanks to all the leaders who have served our Executive Council well and with distinction. The following members' terms have concluded, and we greatly appreciate their guidance and wisdom over the years:

- | | |
|--|------------|
| Dr. Ann Marie Comandatore-Soranno | District 2 |
| Dr. Steven Miller | District 4 |
| Dr. John M. Tedeschi | District 5 |
| Dr. Paul Sirna | At-Large |
| Dr. Dennis Kuo, Nominating Committee | District 1 |
| Dr. Barry Prystowsky, Nominating Committee | District 2 |
| Dr. David Cooper, Nominating Committee | District 3 |
| Dr. Alan Cabasso, Nominating Committee | District 4 |

Continuing their terms are:

- | | |
|---|------------|
| Dr. Jeffrey Boscamp | District 1 |
| Dr. Laurence Gruenwald | District 2 |
| Dr. Andrea Katz | District 3 |
| Dr. Elliot Rubin | District 4 |
| Dr. Albert Dearden | District 5 |
| Dr. Jeffrey Bienstock | At-Large |
| Dr. Pierre Coant | At-Large |
| Dr. Charles Scott, Chairman, Nominating Committee | |
| Dr. Joseph DelGiorno, Nominating Committee | District 5 |
| Dr. John B. Tedeschi, Nominating Committee | At-Large |

All AAP/NJ Chapter Members are encouraged to actively participate in Chapter activities and committees. Contact your District Councilors *TODAY!* (Phone numbers and email addresses will be available at www.aapnj.org.)

As a reminder, the AAP/NJ Chapter State Districts are comprised of these Counties:

District 1
Passaic
Bergen

District 2
Essex
Hudson
Union

District 3
Sussex
Warren
Morris
Hunterdon
Somerset

District 4
Middlesex
Mercer
Monmouth
Ocean

District 5
Burlington
Atlantic
Camden
Gloucester
Salem
Cumberland
Cape May

American Academy of Pediatrics



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Web Site: www.aapnj.org
AAP National: 800-433-9016

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2nd Quarter 2005

American Academy
of Pediatrics
New Jersey Chapter
Established 1950

President's Message

Bipin N. Patel, M.D., FAAP

Two years ago the AAP/NJ Chapter identified three priority areas on which to focus for New Jersey's children; mental health, obesity and improving immunization rates. Specifically, immunization rates in our big cities, especially in the underserved population. Projects are already ongoing in Newark and Trenton for immunizations while a project to combat obesity was launched in Asbury Park recently.

Governor Codey has declared one of his major initiatives to deal with mental health issues of NJ citizens and established the Mental Health Task Force that has held many town meetings across the state to hear from the people and experts from all walks. AAP/NJ gave testimony about our concerns for lack of services and co-ordination for children with mental health problems. The Task Force invited a working group from the chapter led by Assemblyman Dr. Robert Morgan, a pediatrician, to meet with them regularly which led to several recommendations being included in the final report to the Governor. The Mental Health Working Group continues to meet regularly to help with implementation of these recommendations.

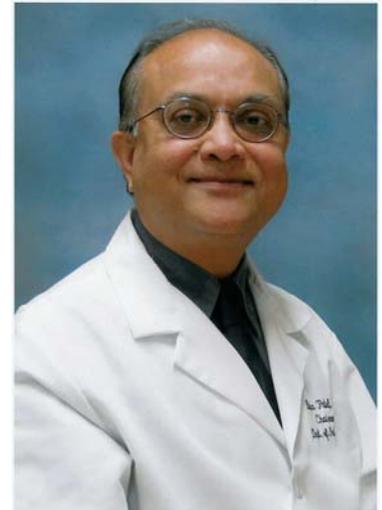
A major focus of our chapter is advocacy for pediatricians so that we can continue to provide quality services and access to our patients. Dialogue with several legislators to address challenges the pediatricians are facing about reimbursement and high malpractice insurance costs have led to new bills being contemplated to help with prompt and fair payment for services.

New vaccines have brought new challenges of logistics and reimbursement for practices as with Menactra, a conjugated polysaccharide vaccine introduced to combat meningococcal disease. While the most recently approved vaccine to prevent adolescent pertussis, Boostrix (Tdap) awaits ACIP recommendation in late June, other vaccines for human papillomavirus and rotavirus are already on the horizon. As pediatricians play a major role in public health to fight the vagaries of meningococcal disease, pertussis and other diseases, they must get appropriate reimbursement.

And finally the Chapter held its first fundraiser with a golf and dinner outing on April 27, 2005. Thank you once again to all of the sponsors and golfers who came out in support of PCORE, the Chapter's foundation, to help children achieve optimal health and potential - especially the ones who live in poverty.

My best wishes to all and thank you for the support. My special thanks to the Executive Council members, the committee chairs and all of you who volunteer to serve on the committees for countless hours.

Sincerely,
Bipin Patel, MD, FAAP



Register **TODAY** for the
AAP/NJ Chapter 2005 CME Conference and Annual Meeting.
Brochure is available at www.aapnj.org.

INFECTIOUS DISEASE— NEW CONJUGATE MENINGOCOCCAL VACCINE — REIMBURSEMENT ISSUES

Dear AAP/NJ Chapter member,

This is a letter from Dr. Carol Berkowitz regarding the new Menactra vaccine for prevention of meningococcal disease. As stated please ensure that all expenses are covered in payments in provider/health plan agreements for maximizing the beneficial effects for this vaccine and preventing the horrible sequela of meningococcal disease. We would like to hear about any barriers that you encounter as we try to protect children.

Sincerely,
Bipin Patel MD, FAAP, President

April 20, 2005

Dear Medical Director:

On behalf of the over 60,000 members of the American Academy of Pediatrics (AAP), I am writing to encourage coverage and compensation for the newly licensed meningococcal conjugate vaccine (MCV4 or Menactra®). The vaccine is licensed for those 11 to 55 years of age and the Advisory Committee on Immunization Practices (ACIP) has recommended it for

- the young adolescent visit (11-12 years old)
- for the next two to three years, teens entering high school or are 15 years old (whichever is applicable)
- college freshman living in dormitories and other groups at high risk (including military recruits, those traveling to or residing in countries in which *Neisseria meningitidis* is epidemic, complement deficient and asplenic patients, microbiologists and in outbreak situations)

Preventing meningococcal disease should have a high priority considering that fatality rates and significant sequelae are appreciable. Death occurs in about 10% of cases and an additional 11% to 19% of survivors of meningococcal disease experience significant sequelae, including limb loss, neurologic disabilities, and hearing loss. (sources: Rosenstein NE, Perkins BA, Stephens DS, The changing epidemiology of meningococcal disease in the United States, 1992-1996. *J Infect Dis*. 1999; 180:1894-1901 and Erickson L, De Wals P Complications and sequelae of meningococcal disease in Quebec, Canada, 1990-1994. *Clin Infect Dis* 1998; 26:1159-1164).

Therefore, from a quality and risk management perspective, it is in the best interests of all, including health plans and employers as payers, that there be incentives to immunize as many children and adolescents who may be at risk. The Vaccines for Children (VFC) program includes both the polysaccharide (MPSV4) and conjugate (MCV4) meningococcal vaccines as covered vaccines.

If not already specified in the provider/health plan agreement, provisions should be included that the health plan will cover new vaccine products and administration recommendations by recognizing new CPT and ICD-9-CM codes and immunization recommendations when they become effective. Additionally, contract language should also specify payment by the health plan in an amount equal to the sum of the cost of immunizations and injectables, including the cost of the drugs and supplies associated with such immunizations and injections, plus an administration fee that covers the incurred practice expenses.

Payments at or below the level of average sales price (ASP) or average wholesale price (AWP) are inadequate to cover expenses and create a disincentive for vaccination. There are considerable overhead expenses associated with vaccines and pediatricians may not be able to obtain favorable pricing from suppliers. In addition to the purchase price of the vaccine, practice expense costs include *personnel costs* for ordering and inventory; *storage costs* since the vaccines must be stored in a refrigerator or freezer, which is depreciated; *insurance expenses* to insure against loss; *estimated wastage/non-payment costs* of at least 5%; *lost opportunity costs* (the cost of the money invested in vaccine inventory); and *administration fee*. The practice expense component of the administration fee includes: clinical staff time (RN/LPN/MA blend), medical supplies (e.g., 1 pr. Non-sterile gloves, 7 feet of exam table paper, 1 OSHA-compliant syringe with needle, 1 CDC information sheet, 2 alcohol swabs, 1 band-aid) and medical equipment.

The AAP urges you to ensure that your payments for meningococcal and other vaccines cover all expenses related to vaccines and immunization administration in order to have incentives rather than disincentives for providing this new and effective vaccine. Your response regarding coverage and payment for the meningococcal vaccine as well as payments for all vaccines would be greatly appreciated and will be shared with AAP chapters and members. Should you have any questions, please contact Lou Terranova, Sr. Health Policy Analyst at lterranova@aap.org

Sincerely,
Carol D. Berkowitz, MD, FAAP
President

Report on the Steering Committee on Quality Improvement and Management Meeting April 8-9, 2005

The Steering Committee on Quality Improvement and Management (SCOQIM) convened its spring meeting at the Hotel Sofitel in Rosemont, Illinois. The committee was updated on the AAP quality improvement proposal that would have activities span three phases: 1) governance; 2) innovation network; and 3) enhancement of eQIPP. The committee continued with a discussion of ways to encourage quality improvement efforts within chapters, committees, and sections including conducting a chapter needs assessment of chapters, distributing to chapter leadership a short summary of the fundamentals of quality improvement, and conducting an assessment of committees' and section's current activities and level of interest in quality improvement.

Dr Miller provided an overview of the Johns Hopkins Children's Center's ef-

forts to make healthcare safer for their pediatric patients. Dr Lannon noted that the Academy would launch a listserv and a series of educational conference calls this spring and noted efforts to conduct web seminars and expand patient safety information on the Academy's website. She also noted collaboration with the NACHRI and other pediatric organizations.

The committee later met jointly with the AAP Committee on Continuing Medical Education (COCME) to discuss strategies to effectively link quality improvement and CME. The groups agreed that quality improvement is an "old topic," but has to be looked at differently now because of the current intrinsic and extrinsic pressures including maintenance of certification and pay-for-performance. It also was agreed that quality improvement should be incorpo-

rated into existing CME and audiences should be challenged to measure their practices. The group encouraged practical educational offerings and expanded venues including workshops at the annual conference of the Pediatric Academy Societies. At the conclusion of the joint session, it was agreed to empanel a subgroup to explore and implement various strategies to better link quality improvement with CME.

The committee bid a fond farewell to Sue [Sooze] Hodgson, MD, who has been a member of the committee since its inception in 2001. The committee presented her with a plaque and applauded his dedication and efforts over the many years. Dr. Hodgson will likely continue with the SCOQIM as a liaison from the NCQA.

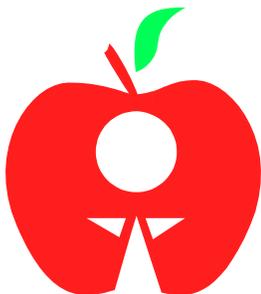
Important Election Information

Support for New Jersey Assemblyman

Assemblyman Robert Morgan, MD, FAAP is running for re-election in Legislative District 12. Assemblyman Morgan has been instrumental in working on behalf of New Jersey's pediatricians, his colleagues. Just one of his efforts was as Primary Sponsor of the "Statewide Immunization Registry Act." This Act establishes a Statewide automated and electronic immunization registry in the Department of Health and Senior Services.

To read about his other accomplishments:

<http://www.njleg.state.nj.us/members/Morgan.asp>. Please support Dr. Robert Morgan.



Fourteenth Annual School Health Conference highlights timely topics

School Health: 2005 – Critical Issues in Community Medicine and School Health promises to provide practical information on issues affecting children, such as:

- Meningococcal disease and new vaccines
- Obesity
- Irritable Bowel Syndrome
- Psychiatry
- Food allergies
- Legal regulations
- Eye emergencies and conjunctivitis
- Chronic Fatigue Syndrome

Mark your calendar: Thursday, September 29, 2005, Hilton East Brunswick
WATCH FOR THE BROCHURE IN EARLY JULY



PEDSPAC

By Michael Segarra, MD, FAAP

PEDSPAC is the political action committee of the American Academy of Pediatrics/New Jersey Chapter. By contributing to PEDSPAC you are enabling our lobbyist and AAP/NJ leaders to effectively interact with our state legislators. In the world of politics money talks. The funds will go to legislators who have effectively advocated AAP/NJ viewpoint on a number of issues such as malpractice reform, insurance regulation and patient's rights. Please send your contribution: c/o PEDSPAC, AAP/NJ, 1 AAA Drive, Suite 102, Trenton, NJ 08691

New Jersey Opens Statewide, toll free 24/7 Child Abuse Hotline

On July 1, 2004, New Jersey's 24/7 statewide child abuse hotline started taking calls. This is a dramatic improvement over previous practices in which reports had to be made to one of over thirty different offices or a different number altogether after business hours! The new hotline allows callers to call one toll-free telephone number from anywhere in the state to report allegations of abuse, neglect, or other problems concerning the welfare of children.

New Jersey's new toll-free abuse hotline improves child welfare in a number of ways:

- Suspected abuse or neglect will more likely be reported because more people will know how to make a report.
- Concerned callers can provide information anonymously.
- Trained hotline screeners will make decisions that are more consistent across the state and from case to case.

Caller information that indicates a child may be at risk will result in a prompt investigation by an investigator from the

Division of Youth and Family Services- within two hours for an emergency or within 24 hours in less urgent situations.

Hotline is receiving an average of 19,000 calls per month. Approximately 20% of those calls were referred for abuse/neglect investigations or child welfare assessments. Child welfare assessments result from calls in which the concerns are less serious than abuse or neglect but where child and family services are still needed. This percentage is similar to referrals for investigation or assessment in other states with similar types of hotlines.

In New Jersey, every citizen (teacher, doctor, and neighbor) who comes into contact with a child and observes behaviors or conditions that might indicate a risk of danger or harm to the child is required by law to report those suspicions.

To request any informational resources, please contact Ms. Toral Patel at 201.507.9500. Fact sheets, sample newsletter articles, toolkits, and English and Spanish posters are available. Please make the effort to help NJ's children in need.

1-877 NJ ABUSE

Make The Call, Help A Child

When the chapters speak, the AAP listens and acts

The top ranked resolution at the AAP 2004 Annual Leadership Forum (ALF) urged the Academy to advise pediatricians that they can ethically charge patients/parents directly when these services are not covered by the medical insurers unless specifically forbidden in the contracts with insurers and educate consumers, payers, and government. Further, the Academy was charged with explaining why phone consultation by the pediatrician should be reimbursed. In turn, the Academy charged the Section on Telephone Care (SOTC) to lead the response to this resolution; an aggressive and thorough plan is underway.

Reimbursement for telephone care depends on the CPT system having the proper codes to use, practices having

appropriate business processes in place, and payers and providers agreeing on which telephone services warrant separate charges. The SOTC is working on all of these fronts with various Academy leaders and outside groups simultaneously to expedite the response to the ALF resolution.

The section is drafting a policy statement on reimbursement for telephone care with the Committee on Child Health Finance. This statement will make a rational argument why certain types of telephone care should be a billable medical service. Ethical considerations and barriers will be addressed as well. The policy will suggest ways to introduce reimbursement for telephone care to patients and third party payers.

The SOTC has been working with the AAP Committee on Coding and Nomenclature as well as colleagues from the American Academy of Family Physicians and the American College of Physicians for the past year to update existing CPT codes for telephone services making them time-based and, therefore, easier to value. These changes are needed to make the codes work for the most common kinds of telephone care services delivered by physicians. In the meantime, there is a Category III CPT code for online evaluation and management services (0074T).

Charging for telephone care is a significant change for physicians and represents a formidable public relations challenge. It will require an education

Continued on page 7

Governor Codey is committed to improving the mental health of children and adults living in New Jersey. The following is a list of his proposed initiatives:

Mental Health Initiatives

Compassion, as well as the willingness to stand up for those who may not be able to stand up for themselves, are not only the foundation of government service; they are also the hallmarks of this Administration. Thus, despite severe budget constraints, it is with great care and concern that the Acting Governor seeks an additional \$40 million in the Fiscal 2006 Budget to recast the State's mental health system to provide services that are comprehensive, accessible, and consumer-driven. The Acting Governor's new initiative is designed to ensure adequate and timely access to varied levels of care and to help patients advocate with regard to their benefits, housing and general rights. Emphasis will be placed on treatment, wellness, and recovery, and consumer and family directed care.

Mental Health Screening Centers: A total of approximately \$10 million in additional funding is recommended to expand mental health screening centers by 50%. The Screening Centers serve as the gateway to services at every level. This initiative will add approximately 160 new master's level clinicians for emergency screening.

Self-Help Centers: An increase of approximately \$2.1 million is recommended to expand outreach and programming capabilities at the 27 Self-Help centers in New Jersey. These centers are a key resource in the move toward a more consumer and family-centered approach to successful treatment and recovery.

Post Traumatic Stress Disorder: Based on prior military conflicts, approximately 15 to 25% of the returning veterans and their families will experience some form of Post Traumatic Stress Disorder. A total of approximately \$500,000 in new funding would help clear the existing waiting list of 250 and provide services for returning military personnel and their families and for those who have lost loved ones.

Psychiatric Services: Presently, the waiting list for an appointment with a psychiatrist or an advance-practice psychiatric nurse for medication management and other psychiatric services stretches up to six weeks. New funding of approximately \$2.5 million will provide an estimated

25,000 additional hours of counseling time from psychiatrists and/or advance-practice psychiatric nurses.

Support Services for Permanent Supportive Housing: Case management, counseling, medication management, employment training and daily living skills are vital support services that help to ensure the long-term wellness and recovery of persons with mental illness in a permanent supportive housing setting. This Budget includes an additional appropriation of approximately \$5 million for these services.

Jail Diversion: Nationally, 16% of prisoners suffer from a severe mental illness. A similar situation exists among inmates in New Jersey. An estimated \$1.8 million in new funding is recommended to develop community treatment liaisons.

Governor's Council on Mental Health Stigma: Stigma, which erodes confidence that mental disorders are real health conditions, is one of the greatest barriers to treatment today. This Budget proposes a new appropriation of roughly \$250,000 to establish the Governor's Council on Mental Health Stigma with a mandate to develop and implement a coordinated master plan to increase public awareness and understanding of mental disorders.

Office of Disaster Mental Health: One of the lessons of September 11th was the importance of having readily available services to respond to the needs of victims of large-scale emergencies. A new appropriation of approximately \$250,000 is recommended to stabilize the current Office of Disaster Mental Health with the Division of Mental Health Services for that purpose.

Supportive Employment: Expanding the current funding by an estimated \$1 million would enable approximately 450 additional individuals to participate in this program which involves housing, education and employment.

Bi-lingual and Culturally Competent Services: A new investment of approximately \$1 million is proposed to expand bi-lingual and culturally diverse case management and outpatient services.

Short-Term Care Facilities: To encourage community hospitals to provide

care closer to home, the Fiscal 2006 Budget commits approximately \$1 million to implement a pilot program to provide inpatient psychiatric hospitalization in the community Short Term Care Facilities.

Residential HealthCare Facilities: An estimated \$2.2 million is proposed to improve Residential HealthCare Facilities. In addition, responsibility for the monitoring and inspection of these facilities will be shifted from the Department of Health and Senior Services to the Department of Community Affairs.

Community Health Law Project: An estimated \$600,000 to increase representation of the Community Health Law Project from currently 7 to approximately 10 counties.

Specialized Case Management: Approximately \$1.5 million for Special Case Management services to provide community services for those persons identified as "treatment resistant."

Re-entry Case Management Services: Approximately \$800,000 to implement re-entry case management services beginning with pre-discharge planning.

College Loan Forgiveness for Social Service Graduates: A new appropriation estimated at \$3.5 million will be available for NJ residents, with a qualified 4-year degree who work in a state, county or state-contracted non-profit mental health or social service facility.

Traumatic Brain Injury: An increase of approximately \$1.8 million in the Department of Human Services to serve more individuals with traumatic brain injury, in the home and community-based facilities.

Postpartum Depression: A new appropriation of approximately \$2million for Postpartum Depression Screening for uninsured new mothers and an additional estimated \$2.5million to develop and implement a Postpartum Depression education campaign.

Housing Trust Fund: A \$200 million Housing Trust Fund will be established as an initial step in creating 10,000 permanent, affordable housing opportunities.

HEALTH AND WELL-BEING NEWS FOR AAP/NJ SENIORS

By: Avrum L. Katcher, MD, FAAP

Interesting items of news and views might include some of the following. If you would like to know more, I've included the source from each. If you have some thoughts or comments, please communicate directly with me; the e-mail address and USPS address are at the end of this article.

1. Many seniors, myself included, suffer from sensorineural hearing loss related to aging (presbycusis). So many friends and associates of mine have for years cupped an ear in order to hear better in conversation, without being aware, or in many instances without being willing to become aware, of having a hearing loss. If you, dear reader and fellow pediatrician, or your relatives or friends, have wondered about this, go to <http://www.aao-hns.org/hearingteam/patientinfo/Five-Minute-Hearing-Test.cfm> and take a quick test which will tell you about the possibility of having a significant degree of presbycusis. Of course, if you are wise, you will go directly (do not pass Go, do not collect \$200—how many of you remember Monopoly?) to your friendly neighborhood audiologist, obtain a screening test, and if indeed abnormal then have a checkup with your friendly neighborhood ENT to be sure just what the diagnosis is. Not all hearing loss is presbycusis.

2. And, with reference to the practice of pediatrics, you might attend to what has been learned about the loud sounds which may cause hearing loss. This information may also be of value to younger colleagues, children, grandchildren and others for whom preventive care may make a huge difference. Just to give you an idea, 30 Decibels is the loudness of a Whisper.

90 Decibels is a lawn mower or truck traffic. There is a risk of hearing loss after eight hours of such noise.

105 Decibels is the noise of a jackhammer or nearby helicopter. There is a risk of hearing loss after *one* hour of such noise.

110 Decibels is the noise of a snowmobile from the driver's seat. There is a risk of hearing loss after *30 minutes* of such noise.

115 Decibels is the noise of a *baby's cry*. There is a risk of hearing loss after *15 minutes* of such noise.

No one in my residency every taught me that. And when I think of all those babies in all those small examining rooms...what can one say? For more useful information on this topic, go to the

Better Hearing Institute at www.betterhearing.org, or to Self Help for Hard of Hearing People, at www.hearingloss.org.

3. Another topic that is emphasized in today's world is of course Exercise. As most all of you know—or should know—physical activity can make all the difference in the world, both to physical, mental and emotional health. It is not a panacea. For example, a recent article in *Archives of Internal Medicine* (April 11, 2005) found that systolic pressure may not be significantly reduced. Lead researcher Kerry Stewart found that while diastolic pressure showed significant reductions from exercise alone, that was not true for systolic pressure. This was true even though the exercise group showed significant weight loss.

In addition, exercise is of benefit even for those seniors who are frail or have a disorder of motility. A study in *Rehab Management Journal* of March, 2005, found that the gentle movements of Tai Chi exercise are beneficial. Tai Chi focuses on building strength, balance and flexibility through slow, fluid movements combined with mental imagery and deep breathing. Studies have suggested that the elderly can reduce their risk of falls, lower their blood pressure and ease arthritis symptoms through the practice, and some research indicates Tai Chi can improve heart and blood vessel function in both healthy people and those with heart conditions.

4. Finally, sometimes the literature turns up rather far-out reports which seem interesting, but which may not necessarily be corroborated by other researchers. A very interesting example was just published in *Archives of Neurology* for April 2005. A group of 3700 adults was followed for six years. Those whose intake of folic acid was over the recommended 400 mcg per day had significantly more rapid decline of mental functions. The reverse was true for intake of vitamin B12. This result was a surprise to the study group, and needs to be regarded with care, until other investigators are able to produce similar results.

Don't forget, if you care to comment, or have questions, or other interesting results to share, do not hesitate to communicate with me at: stellave@earthlink.net or Avrum L. Katcher MD, FAAP, 100 Old Clinton Road, Flemington, NJ 08822

When the chapters speak, the AAP listens and acts

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program for physicians and office managers to help them implement this change. Patient communication, phone call documentation, billing procedures and third party payer interactions will be key to a smooth implementation. The SOTC has already sought guidance from the AAP Private Sector Advocacy Advisory Committee on these issues.

The SOTC is an energetic group of 170 pediatricians committed to excellence in pediatric telephone care. Our goal of making telephone care of reimbursed service is one that will benefit all pediatricians. Won't you join us in making that goal a reality? To

learn more about our section, please visit our website at <http://www.aap.org/sections/telecare/intro.htm> or contact Julie Kersten Ake at 847/434-7662 jake@aap.org

Pediatricians interesting in learning more about these endeavors are invited to attend the sessions on telephone care reimbursement scheduled for the National Conference and Exhibition in Washington DC this fall. AAP members interested in joining the SOTC should contact, AAP staff, Julie Ake at jake@aap.org.

NCE Washington, DC Meet-the-Expert Session # 248, Sunday, October 9th at

12:15-1:15 PM, Faculty – *Andrew R. Hertz, MD, FAAP*

To Charge or Not to Charge: Reimbursement for Telephone Care

Charging patients directly for medical services provided via the telephone is a hot topic. The expert will present "real world" cases to introduce the concepts and review the issues. The advantages, disadvantages and potential perils of billing will be illustrated and discussed. The legal implications of charging for phone calls, the economic and practice impact of billing, and the ethical and public relations aspect of the direct billing debate will be discussed.

The Legislative View

By Barbara George Johnson

This has been a busy quarter for the New Jersey Legislature and Acting Governor Richard Codey. Governor Codey signed two bills into law that greatly impact the practice of medicine in New Jersey. The first is aptly called the "Cullen Bill" which is expected to strengthen health care professional responsibility and reporting requirements. The need for such legislation became evident when nurse Charles Cullen was apprehended, charged and convicted of intentionally killing at least 23 patients who were under his care and claims to have killed a total of 40 patients in 10 hospitals over his 16 year career as a nurse. This bill (S1804) strengthens the reporting requirements for healthcare facilities regarding persons under their employment and requires all health care professionals to undergo criminal background checks.

The Governor also signed into law Senate Bill 144 known as the "Cultural Competency" bill. This legislation requires New Jersey's physicians to take cultural competency training courses as a condition of licensure and re-licensure by the State Board of Medical Examiners (BME). The BME will be responsible for establishing guidelines. The new law allows the BME to waive training courses for candidates who have received training deemed equivalent to the cultural competency training courses. The need for this type of legislation was derived from a Harvard University study noting that minorities often have difficulty obtaining certain medical procedures when compared to their Caucasian counter-

parts. In addition to the Harvard study, the United States Agency for Healthcare Research and Quality released their National Healthcare Disparities Report which noted that there are substantial differences in medical care among different ethnic groups and socioeconomic status. The Governor, while signing the bill stated that health care professionals must be aware of unique cultural beliefs that may affect the health care decisions their patients make.

In addition to bill signings, Acting Governor Codey is also immersed in moving his stem cell agenda forward. In his State of the State address in January, the Governor unveiled his \$380 million stem cell research proposal. Under his proposal, \$150 million will be used to build New Jersey's Institute for Stem Cell Research in New Brunswick and he intends to ask voters to approve a \$230 million bond referendum in November. The Governor held a press conference on May 5, 2005 in which Olympic champion swimmer, Gary Hall Jr., endorsed his stem cell initiative. Hall is a 10-time Olympic medalist who is known as the fastest man in water. He was diagnosed with type-1 diabetes I 1999.

BILLS TO WATCH

A3501 – (released favorably from the Assembly Health Committee and referred to the Assembly Homeland Security and State Preparedness Committee for further consideration) this bill is entitled the "Emergency Powers Act" and would establish statewide emergency protocol in the event of an infectious

disease outbreak. It would enable the state to takeover operations of hospitals and other health facilities as part of an emergency response.

A3346 – (passed the Assembly and goes to Senate for review) would raise the age for mandatory helmet use for bicyclist, roller skaters and bladders, or skateboarders from the current age of 14 to a new cut-off of age 17.

A3883 – (released from the Assembly Health Committee and referred to the Assembly Appropriations Committee) would require all newborn infants to be screened for toxoplasmosis (The AAP-NJ has voiced its concerns about the feasibility of such a plan to the Chair of this Committee. We will be submitting a letter of concern to all appropriate government entities).

A3496/A3743 – (released from the Assembly Financial Institution and Insurance Committee) is known as the "Health Claims Authorization, Processing and Payment Act" and concerns the prompt payment of health claims to hospitals and physicians. It also requires insurance carriers to be limited to 12 months for recoupment of over payments to physicians.

(The AAP-NJ has been significantly involved with the crafting of this legislation along with other medical professional organizations. This legislation is still being reviewed and is expected to be voted on by the full Assembly before the end of June, 2005).



PEDIATRIC DOSING HANDBOOK

This is an excellent reference with information regarding drugs used in pediatrics and a set of appendices with guidelines and normal values.

The Goryeb Children's Hospital at Morristown Memorial Hospital announces the 2005-2006 edition of our Pediatric Dosing Handbook. The Pediatric Dosing Handbook has over 1200 pages of drug information and pediatric tables, figures and algorithms.

To obtain a complimentary copy, please contact: Morristown Memorial Hospital, Attn: Maria Acevedo, Department of Pediatrics, 100 Madison Avenue (Box 29), Morristown, NJ 07962 Phone (973) 971-5150; Fax (973) 290-2388

PCORE CORNER

Continued from page 1

54% for being up to date on immunizations at 24 months for their patients on the 4:3:1:3:3:1 schedule. By February of 2005, the average went to 66% with the best practice being at 77%. In order to be part of the project, practices had to be participants in the NJIIS registry, but most were not actively using it as a tool in their daily operations. The majority of the practices are now active daily users of the immunization registry and the percent of doses being entered into the registry within seven days of administration has jumped from 58% to 72% with one practice entering over 90% of their doses within seven days of administration. In the beginning, 84% of the practices had VFC status of their patients documented in the registry and it has now increased to 99%. This is important to assure vaccine accountability.

Some of the comments from the participating practices on their overall experience included: "Our team is very proud to have been part of the learning collaborative..." "The whole process was a great learning experience. The tools we have now will be used to continue to sustain and spread our approach to immunization..." "An excellent opportunity to meet and work with our colleagues from other practices from around the state."

The project is now moving into its spread phase and will be actively recruiting additional practices from across the state to participate in the next round of Learning Sessions. The focus will remain on improving immunization rates. Final results on the pilot project will be formulated and evaluated over the summer months.

The group who serves as the Advisory Board for the NJIPSP project known as the Child Health Statewide Leadership Committee (CHSLC) was the focus of a presentation by me and Lori Donovan at the National Initiative for Children's HealthCare Quality 4th Annual Forum For Improving Children's Health Care in San Diego, CA in March. This year, there were over 550 participants from over 45 states and 15 countries. There were over 180 proposals received in response to their request for proposals and only 44 were selected for presentations.

Our session entitled, "How to Effect Change for Children's Preventive Health Issues Through Formation of a Statewide Pediatric Health Leadership Group" was presented to 47 people – one of the larger break-out sessions. Some of the people who attended included executives from the Commonwealth Fund, the Children's Health Fund, State AAP Chapters, parent advocacy groups, leaders from national quality improvement projects

from Vermont and New Hampshire and many others. There was a very positive response to our overall presentation of the micro systems of improvement focused at the practice level and the macro level systems of change at the CHSLC level to enact change.

In another national highlight on the work that PCORE is accomplishing, the AAP/NJ Chapter was invited by Dr. Alan Kohrt, the District Chairman, to make a presentation on PCORE at the AAP District III Meeting in February in Florida. We would like to thank Dr. Janice Pronnicki for her willingness to make the presentation on PCORE's behalf.

Though the last few months have been filled with exciting events and presentations, we look forward to what lies ahead in 2005. We will have more to report as we strive to expand our programs and secure new grant opportunities. This would not be possible without the support and commitment from our chapter members. Each year more and more chapter members sign on to support PCORE's mission. We would like to count you in this year! Please feel free to contact PCORE's headquarters at 609-585-6871 or send an e-mail to Lori Donovan at ldonovan@hq4u.com to get more information on how you can help sustain PCORE in 2005 and beyond.

CATCH

By Elaine Donoghue, MD, FAAP, CATCH Facilitator

Applications for CATCH Planning Grants and CATCH Resident Grants are now being accepted. The deadline for this cycle is July 29, 2005 but if you submit the application to the CATCH facilitator, Elaine Donoghue by July 11th, you can receive technical assistance prior to submission. CATCH Planning Grants are awarded in amount between \$2,500 to \$10,000 for planning activities including needs assessments, collaboration meetings, asset mapping, and grant development. CATCH Resident Grants are \$3,000 and may include planning and implementation activities. The grant application is online at www.aap.org/catch or you may call 800/433-9016 ext 7085.

Join the more than 650 pediatrician CATCHers who have made a difference with their CATCH projects by solving local problems through organizing and supporting local resources.

Need inspiration? Come hear the CATCH Visiting Professor, Murray Katcher, at the AAP-NJ Annual Meeting on June 25th speak about Community Advocacy. Dr. Katcher is the Wisconsin CATCH facilitator and even his name reflects the CATCH spirit!

For more information, contact Elaine Donoghue at edonoghue@meridianhealth.com.

Obesity Prevention Pilot Kicks Off

By Lori Donovan

On April 5, 2005, the Community Kick-off to the Obesity Prevention Pilot Program was held at the Boys and Girls Club of Monmouth County in Asbury Park, NJ. Over 120 children from Asbury Park participated in the healthy snacks demonstration conducted by professional chef, Cary Neff. The event was hosted by the Boys and Girls Club in their multi-purpose room, which was decorated with 5-A-Day banners, vegetable and fruit balloons, 5-A-Day display boards and informational literature for kids was available on tables.

Dr. Meg Fisher acted as master of ceremonies and introduced the Mayor of Asbury Park, Kevin Sanders, who was on hand to say a few remarks welcoming the program to the city. Dr. Fisher introduced Chef Neff to the audience. He made a brief presentation on the importance of incorporating nutritional foods into the kids' everyday diet and passed out healthy snacks such as honey-nut Cherrios, granola, raisins, dried plums, and almonds to the kids, some of which were donated through

contacts that Chef Neff provided. Many of the children had never experienced eating some of these foods. Chef Neff invited five children to come up and assist him in preparing a "mudslide" smoothie that was distributed to the audience for tasting.

Chef Cary Neff is an independent culinary consultant and president of his own company, Culinary Innovations and has appeared on nationally syndicated programs like the *Oprah Winfrey Show*, *Today Show*, and *The Food Network*, and has been profiled in numerous national publications including *The New York Times*, *Bon Appétit*, *Gourmet*, *Food & Wine*, and *Condé Nast Traveler*. His *New York Times* best-selling cookbook, *Conscious Cuisine*, reflects a "savoring the moment" philosophy with recipes that are delicious, elegant, and easy to prepare.

As part of the entertainment, AAP/NJ and PCORE staff members, Stephanie Scheeler and Marina Atkinson were dressed in costumes as a stalk of broccoli and a strawberry. In addition, Kay O'Keefe from the Project

Advisory Council was dressed in a grape costume. These costumes were provided along with most of the 5-A-Day displays by the New Jersey Department of Health and Senior Services (NJDHSS). Produceman, played by Mary Ann Ellsworth from NJDHSS, was a big hit with the kids. Dr. Fisher asked, at the end of the event, for all the kids to make a pledge to eat 5-A-Day and wash it down with 3-A-Day!

The children in the audience received a 5-A-Day Cookbook for Kids and stickers and were also encouraged to take some of the nutritional hand-out information. The audience members also included several of the physician presenters who will be making presentations in the next few months in Asbury Park. In addition, a reporter from the local Asbury Park newspaper, *The Coaster* attended, took photos and interviewed several people for an article. Overall, the event was a smashing success! It was a great introduction to the community for the Obesity Prevention Pilot Program.



Pictured from left to right: Mary Ann Ellsworth "Produce Man", Dr. Rita delCastillo, Kay O'Keefe, Chef Cary Neff, Dr. Meg Fisher, Stephanie Scheeler and Marina Atkinson.

Off they go to the 1st Annual PCORE GOLF OUTING...

By Lori Donovan



The rain held off and the sun was shining on the Cherry Valley Country Club on Wednesday, April 27th, the site of the first PCORE Golf Outing to benefit the foundation of the American Academy of Pediatrics/ New Jersey Chapter. Almost fifty golfers swung their clubs to show their support for the mission of PCORE: improve the health and well-being of children in New Jersey. MedImmune and Saint Peter's University Hospital were the Marquis sponsors of the event, co-chaired by Dr. Michael Graff, FAAP, Dr. Tony Marino, FAAP, and Jim Watkins of Wyeth.

The day began with tee-off at 12:30 p.m. in a scramble format. The day ended with a dinner and a Chinese auction filled with exciting golf opportunities and other interesting items. From mulligans to hole-in-one contests, the golfers enjoyed the opportunity to play on an outstanding course located just outside Princeton, New Jersey.

The Golf Hat Sponsor was Monmouth Medical Center, an affiliate of the Saint Barnabas Health Care Sys-

tem. The Golf Towel Sponsor was Jersey Shore University Medical Center, a member of the Meridian Health Family. The Cocktail Reception was sponsored by Neonatal Care, PC. The Course Beverage and Snacks sponsor was Hackensack University Hospital. The Longest Drive was sponsored by Meg Fisher, MD, FAAP and the Department of Pediat-

Hole Sponsors included Albert, Zales and Castro Pediatric Cardiology, PA, Novo Nordisk, Inc., QualCare, Inc., Ross Pediatrics, and Warren Hospital, Phillipsburg, NJ. Other supporters included Tweel Home Furnishings and Klatzkin and Company. Printing of the golf outing brochure was provided by Liberty Printing and logistics support from Association Associates, Inc.

Members of the Golf Outing Committee who collaborated on the planning of the event included the aforementioned co-chairs, Bill Healey, Healthcare Institute, Debbie Hart, Executive Director of PCORE, Sheila Borgese, Executive Director of AAP/NJ, and Lori Donovan, Director of Development for PCORE.

Mark your calendars for next spring and keep your eyes posted for more details on the 2006 PCORE Golf Outing. If you would like more information on how you can become involved in the planning or supporting the event next year, please contact Lori Donovan at 609-585-6871 or ldonovan@hq4u.com.



Golf Outing Co-Chairs—Tony Marino, MD, FAAP; Jim Watkins, Wyeth; Mike Graff, MD, FAAP; all welcomed everyone to the First Annual PCORE Golf Outing.

rics, Monmouth Medical Center, Long Branch, NJ. The Closet to the Pin sponsor was Children's Specialized Hospital. The Photo and Hole In One Contests were sponsored by Mark Projednic, Wachovia Securities, Wittenberg Executive Group. Goodie bags for the golfers were provided by Wyeth.

Mark Your Calendars!!!

These are some of the AAP/NJ Chapter meetings that are planned in 2005. Please plan on attending and encourage your colleagues to attend as well.



For details on any of the events:

609-585-6871 or sborgese@hq4u.com or Visit www.aapnj.org

June 22, 2005

CME Dinner Meeting—Breast Milk Storage and Banking—Morristown Memorial Hospital—7:00 p.m.

June 25, 2005

2005 CME Conference and Annual Meeting—“New Skills for Today’s Pediatrician” - Hyatt Regency New Brunswick

July 31, 2005

Young Pediatricians CME Dinner Meeting—Infectious Disease - Saint Peter’s University Hospital

September 29, 2005

14TH Annual School Health Conference—CME—“Critical Issues in Community Medicine and School Health”—Hilton East Brunswick

AAP/NJ CHAPTER COMMITTEE MEETINGS

July 13, 2005

Breastfeeding and Nutrition - Saint Peter’s University Hospital

AAP NATIONAL LEGISLATIVE CONFERENCE 2005

(April 10-12)

Elliot Rubin, MD, FAAP

This year’s AAP National Legislative Conference in Washington, D.C. could not have been at a better time: It was cherry blossom festival weekend and there was a pressing issue to call our legislators’ attention to—the recent cuts in Medicaid funding called for in President Bush’s State of the Union Address.

The conference’s 100 participants represented 39 states and a spectrum of experience, ranging from second year pediatric residents to “seasoned” practitioners, retirees, and even a pediatrician who is also a state legislator in New Hampshire. Our faculty/mentors were AAP leaders who lobby nationally and statewide for children’s issues as well as the staff of the AAP Washington and Elk Grove offices. Their job was to make us comfortable in our roles as lobbyists.

Our training consisted of a survey orientation covering the issues facing the nation’s children and pediatricians. These included access to healthcare, reimbursement rates and medical liability issues. Our workshops delved into these topics in greater depth and allowed us to role play in preparation for meetings with

elected officials. The workshops also gave us public relations, negotiation and coalition-building strategies.

The major focus of the weekend was on Medicaid funding. President Bush has targeted entitlement spending as a way to reduce the federal deficit. The Senate voted against Medicaid cuts, but the House of Representatives voted to reduce Medicaid spending. A House-Senate Conference Committee has been formed to work out the differences. In addition a bill calling for the creation of a Bipartisan Commission on Medicaid and the Uninsured has been proposed. The message we took to our elected officials was simple: Medicaid is a critical safety net for one-third of American children. Even though they make up more than half of the enrollees of Medicaid, they account for less than 25% of the costs. The result is that children will be disproportionately hurt by across the board cuts. Our lobbying efforts also encouraged support of the Bipartisan Medicaid and Uninsured commission.

Our experience on the Hill was eye opening. It took considerable planning to

secure the visits with the staffs of Congressman Rush Holt and Senators Lautenberg and Corzine. Our representatives were all in favor of supporting Medicaid, so our meetings were cordial, albeit brief compared to some of our colleagues from other states. That said, we felt our message was heard and that we have developed Washington contacts. But we got a Washington-style reality check as we left when we realized that we were just one more group lobbying that day. The “Beer-The American Beverage” group was on deck.

Contrary to the usual CME conferences where we focus on a few take home pearls to use in our everyday care of our patients, our common goal here was to learn skills that we could use to influence those in control over our national health care policy. We had to convince others, many of whom were half our age with little medical or even world experience, of the significance of our issues. The process relies on coalition and consensus building and could take years. On the other hand, the potential ability to inspire broad changes that affect millions of America’s most vulnerable children was extremely rewarding.



Spotlight on Committees

Young Pediatricians

Dennis Kuo, MD, FAAP

The Young Pediatricians Committee of the American Academy of Pediatrics—New Jersey Chapter is teaming with the Resident Section of the American Academy of Pediatrics in a District III initiative to track and assist graduating pediatrics residents in their post-residency plans. If you are a graduating

pediatrics resident in New Jersey, please forward your post-graduate plans to Sheila Borgese, Managing Director of AAP/NJ, at sborgese@hq4u.com.

The Young Pediatricians Committee listserv is up and running and continues to add new members. Listserv participants receive announcements about the

Committee as well as gaining access to a community of young pediatricians across the state. If you are interested in joining the listserv, please contact Patty Vitale, MD, MPH, FAAP, at pvitale@pol.net, or Henry Shih, MD, FAAP, at htishih@yahoo.com.

Practice Management

Richard Lander, MD, FAAP
Andrea Katz, MD, FAAP
Jill Stoller, MD, FAAP

The Practice Management Committee and its subsidiary, The Pediatric Council, continues to represent our membership in creating dialogue with the managed care organizations in New Jersey by meeting quarterly with medical directors from the managed care organizations (MCOs). We update the MCOs about new AAP policies (e.g. examination of all newborns on day 3-5 of life, Menactra vaccine) and discuss issues that affect both pediatricians and the payers. We will also meet with the MCOs' representatives individually to address specific policy and reimbursement issues that have been brought to our attention by our membership.

Dr. Jill Stoller (private practice, Bergen County) and some members of the Government Affairs committee met with key legislators in March at a meeting arranged by AAP NJ lobbyist, Barbara George Johnson, to discuss potential managed care reform legislation. We are hopeful that the current legislators will move to get some bills through committee.

PLEASE contact your legislators and let them know how much we need MCOs reform so that our patient's have access to quality pediatric care.

Please let us know what problems you are having so that we can address them through the Pediatric Council.

Email us at:

jsstoller@mac.com

or

andrea.katzmd1@verizon.net

The Practice Management Committee welcomes new members! Please contact us at the above emails.

Richard Lander, MD, FAAP

Andrea Katz, MD, FAAP

Jill Stoller, MD, FAAP

Co-Chairs,

Practice Management Committee

Contact Your AAP/NJ Headquarters

Phone: 609-585-6871; fax: 609-581-8244 – email: hq@aapnj.org www.aapnj.org
AAP National: 800-433-9016 - www.aap.org

