PCORE CORNER

Steven Kairys, MD, FAAP

PCORE is proud to announce a new grant program to train pediatricians to recognize, identify and screen mothers for maternal depression. Working in partnership with the New Jersey Department of Health and Senior Services, PCORE will be developing an EPIC training program on perinatal mood disorders and the use of the Edinburgh Screening Tool.

In this initial pilot phase, 40 practices from across the state will be participating in the EPIC training program, which focuses on educating the entire medical office to engage the whole practice in activating office-based change. The program will commence September 1st with the first few months dedicated to developing the training curriculum and the trainings will begin in January 2006. Continuing medical education credits will be offered to physicians and nurses for participating in the training.

The need to screen mothers of newborns for signs of depression is important for the development of a healthy and happy child. A mother of a newborn visits her pediatrician on a regular basis within the first three months of her child’s life. It is logical, therefore, to advocate for the pediatrician to screen for maternal depression at the visits with the newborn. But it is important to include the entire medical office staff in the effort to activate such a change in process for the practice – to think of the mother as a patient as well as the child.

Impaired parenting is an important issue with short and long term adverse

Continued on page 9
President’s Message

Bipin N. Patel, M.D, FAAP

The month of July welcomed our new pediatric residents. Currently New Jersey has 10 Pediatric Residency Training Programs spread across the state. I would like to welcome all the new residents to the New Jersey Chapter of the American Academy of Pediatrics (AAP/NJ) and encourage all our residents to participate in the Chapter’s advocacy and educational activities. Residents will have great opportunities to network, learn leadership skills and hopefully find gainful employment in our great state. Two years ago our state Chapter combined the Resident and Young Pediatricians Sections into one committee, “Young Pediatricians Committee,” allowing greater synergies amongst these two groups. It has been highly successful and the young pediatricians of our state have stepped up to help their colleagues learn and take advantage of the American Academy of Pediatrics. Residents are welcome to join this committee or any of our chapter’s committees.

On the advocacy front, the Chapter thanks Senator Vitale for his efforts in getting the Family Care Bill signed. This bill will allow working families to get affordable health insurance. Parents of children in the Kidcare program will have access to good health care, thus keeping entire families healthy. AAP/NJ is working with the Senator and Assemblyman Dr. Robert Morgan to have more children get affordable insurance and to help ameliorate the shortage of pediatric subspecialists in our state.

Our Annual CME Meeting at the Hyatt Regency in New Brunswick on June 25th was a great success. I want to thank all the speakers and sponsors for their support. Now on to the next event: the School Health Conference 2005 at Hilton Hotel, East Brunswick on September 29th, 2005.

Because New Jersey is expanding the panel of tests performed on all newborns, the Chapter has planned 2 teleconferences for you and your staff. On September 21, 2005 from 12-1:30, the topic will be Newborn Screening and on October 19, 2005 from 12-1:30, we will be discussing Lysosomal Storage Disease.

The Practice Council continues to work diligently on many new issues regarding payment for your services; this is especially critical after the introduction of new vaccines. I encourage you to communicate with the council with problems and suggestions.

Finally, I urge all of you to consider supporting Assemblyman Dr. Robert Morgan’s reelection bid to the NJ Assembly by making a donation of $50.00 or any other amount. Dr. Morgan, a pediatrician in private practice, has become a major voice in the legislature on health issues, particularly on children’s health issues, malpractice and health insurance reform. It cannot be stressed enough that physicians need a voice in the legislature to have a chance at any meaningful reform of health issues.

My best wishes to all.
Bipin Patel, MD, FAAP
President, AAP/NJ Chapter
The Committee on Pediatric Workforce (COPW), chaired by Michael R. Anderson, MD, FAAP, met in Elk Grove Village, IL on May 21st and 22nd. Following the decision by the AAP Board of Directors to include women in pediatrics as an Academy mega-issue this year, the COPW has continued to look at the impact of increasing numbers of women in our field. More information can be found on the Academy web page: www.aap.org/womenpeds. In July, the revised “Pediatric Workforce Statement” was published in Pediatrics. It was accompanied by the new workforce technical report, “The Pediatrician Workforce: Current Status and Future Prospects”. In order to promote and promulgate the concepts contained in these two documents, members of the COPW will be writing a series of articles for AAP News on workforce issues. The first of these was in the July issue. Current plans call for these articles to address topics including: the influence of gender on the pediatric workforce, how diversity impacts the pediatric workforce, and the growth and distribution of the pediatrician workforce.

Soon to be sent to the Board for approval is the revised policy statement on “Enhancing the Diversity of the Pediatrician Workforce”. When published, this statement, along with the policies on workforce and culturally effective care will form a comprehensive compendium of AAP workforce policy. This will better enable the AAP to advocate for children in a health policy arena that is largely dominated by adult medicine. A revision of the statement on “Prevention of Sexual Harassment in the Workplace and Educational Settings” also nears completion. We hope that these documents will provide guidance to pediatricians across the US regardless of their practice settings. Two additional policy statements are in the early stages of revision: “Financing Graduate Medical Education to Meet Pediatric Workforce Needs” and “Nondiscrimination in Pediatric Health Care”.

These workforce policies serve us well as COPW members are asked to participate in the deliberations of other groups, both internal and external to the Academy. In May, COPW members, Dr. David Goodman and Dr. Scott Shipman, as well as Committee staff, participated in the first national Physician Workforce Research Conference (“Expanding the Science, Enhancing the Impact”) hosted by the Association of American Medical Colleges. Later that month, I was asked to represent the COPW at the third “Pediatrics for the 21st Century (Peds 21) Symposium Series”. This symposium, held at the 2005 Pediatric Academic Societies meeting addressed the interface between the general pediatrician and the pediatric subspecialist. Workforce issues discussed included: subspecialty specific deficiencies, improving access to care for minority children, and pediatric subspecialist care for children in less populated or rural areas. Innovative, new models of practice were highlighted, with encouraging news about the utility of telemedicine where there is now evidence of cost-effective care and quality patient outcomes. Much of how these needs will be addressed in the future hinge upon improved communication between the generalist and the subspecialist, new competency-based requirements for trainees, improved reimbursement for care of complex and medically fragile children.

The Committee on Pediatric Workforce Update
Beth A. Pletcher, MD, FAAP, FACMG - COPW Member

CAREGIVER EDUCATION AND SUPPORT PROGRAM
609-943-3458

The In-Home Caregiver Education and Support Program is a free service that provides individual caregivers education/support at home that allows them to improve their ability and effectiveness as caregivers in the home. A Registered Nurse meets with the caregiver at home and does an initial assessment. With input from the caregiver, the Registered Nurse develops a teaching plan to meet the caregiver’s needs.

The program allows for up to five professional home visits, Nurses, Social Workers, Registered Dieticians, Speech Therapists, Occupational Therapists and/or Physical Therapists may come to the home to provide the educational and support services. A Clinical Social Worker or an Advanced Practice Psychiatric Nurse may provide short-term counseling to help the caregiver with managing stress.

The Caregiver is an unpaid person who assists the care recipients with managing daily living.

The Care Recipient is anyone who is 18 years of age or older, impaired and requires assistance to adequately perform activities of daily living. Grandparents who care for children are just as eligible for this service as grown-up children, already burdened with their own children who find that their parents now need care.

The caregiver will learn skills which may include:
- Counseling
- Bathing
- Disease Education
- Stress Management
- Lifting
- Personal Care
- Record keeping/bill paying
- Transferring
- Education
- Nutrition
- Accessing Community Resources
- Respite

For information, please contact the Sponsor Agency in your county.
New Jersey Healthcare Providers Insurance Exchange Opens for Business

Back-to-Basics Approach for Medical Malpractice Insurance in New Jersey

PRINCETON, NJ, July 7 – Physicians in New Jersey gain a new insurance provider as the New Jersey Healthcare Providers Insurance Exchange (NJHPIX) opened for business 6/29/05.

Following nearly a year of planning and cooperative interaction with the New Jersey Department of Banking and Insurance, NJHPIX is now approved to offer medical professional liability insurance to the state’s 20,000 physicians with a refreshing back-to-basics approach: a proactive relationship between insurer and physician that empowers doctors and mitigates risk.

NJHPIX offers significant advantages to our insured’s, “says NJHPIX president Robert F. Schultz. “We offer doctors the chance to have their voices heard. As we evaluate each doctor for membership, our underwriters listen to their perspectives on past clients; looking beyond mere statistics for other factors that may have influenced claim decisions. This insight helps NJHPIX make appropriate and fair decisions regarding membership and premiums,” he said.

“NJHPIX membership provides active risk management programs that help physicians control costs and earn extra continuing medical education credits, a three-year underwriting guarantee for physicians accepted into the program, flexibility that includes deductibles and full-time equivalents, joint defense – when appropriate – to control expenses and help stabilize rates, and solid reinsurance arrangements with A-rated or better carriers,” Schultz added.

“We have a committed strategy to stabilize rates,” said Schultz. NJHPIX requires physicians to report their incidents when they occur, emphasize joint defense agreements among its insured’s and coordinate defense agreements and coordinate risk management agreements with hospitals. “We believe that working closely with hospitals and addressing incidents before they mature into costly lawsuits will help us stabilize our premium increases over the long term,” he commented.

NJHPIX insurance is available through a network of independent insurance agents in New Jersey who stand ready to help doctors evaluate their insurance options objectively. Physicians in the Garden State who are interested in learning more about NJHPIX insurance should contact their independent insurance agent or NJHPIX directly.

About NJHPIX
NJHPIX is a certified reciprocal insurance exchange regulated by the New Jersey Department of Banking and Insurance and led by medical insurance industry veteran Robert F. Schultz. With 33 years of insurance experience in New Jersey, including 21 years of leadership with the state’s largest medical professional liability insurer, Schultz helped form NJHPIX to address the challenges in the professional liability insurance industry. For more information about the Exchange, contact Robert Schultz at 866-631-2510.

Fourteenth Annual School Health Conference
The Committee on School Health met during the winter to plan the Fourteenth Annual Community Medicine and School Health Meeting. The program this year will include new immunization information and feature speakers on obesity and chronic fatigue syndrome.

We have Dr. Meg Fisher as a returning speaker along with Dr. James Oleske and Dr. Ian Marshall. A roundtable discussion will include topics such as Menactra vaccine and the tetanus-pertussis vaccine for teens.

Attendance last year exceeded 600 physicians, nurses, and health educators. It is the annual proclamation of Child Health Month by the governor.

Please take time to reserve your place on September 29, 2005 for this important information sharing event. The brochure and registration form is available on line at aapnj.org or for more information, contact Stephanie Scheeler at AAP/NJ Headquarters at 609-585-6871.
Child Care Update: New Resources

Elaine Donoghue, MD, FAAP

There are some exciting new resources available to pediatricians that will help with communicating with child care providers about children’s health issues.

- Managing Infectious Diseases in Child Care and Schools is a new quick reference manual which takes all the great information in the Red Book and turns it into a user-friendly format. There are lots of pictures and the text is succinct, well organized and easy to read. The question and answer format makes it easy to direct your attention to the specific information that you need, and it is easy to copy for parents, child care providers and school nurses. The book is available through the AAP.

- If you have a child with difficult to control asthma despite looking at triggers in the home, think about triggers that might be in the child care or school setting. The Pediatric Asthma Coalition of New Jersey has developed a great training program for child care providers about asthma and they have some great checklists and tools on their website at www.pacnj.org.

Although not a new resource, the county Child Care Health Consultants continue to provide a great service and are a fantastic source of information. Contact the Child Care Committee of the AAP-NJ for more information about your local CCHC.

Mark Your Calendars!!!

These are some of the AAP/NJ Chapter meetings that are planned for 2005-2006. Please plan on attending and encourage your colleagues to attend as well.

For details on any of the events:
609-585-6871 or sscheeler@hq4u.com or Visit www.aapnj.org

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<thead>
<tr>
<th>September 21, 2005</th>
<th>October 19, 2005</th>
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<tr>
<td>Genzyme Teleconference - Newborn Screening - Speaker - Dr. Frank Desposito. 12:00pm - 1:30pm (1 CME credit)</td>
<td>Genzyme Teleconference - Lysosomal Storage Disease - Speaker - Dr. D’Alessio-Salvatore. 12:00pm - 1:30pm (1 CME Credit)</td>
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<tr>
<td>September 28, 2005</td>
<td>March 29, 2006</td>
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<td>Senior Committee Luncheon Meeting - Robert Wood Johnson Medical School, New Brunswick - CAB Building, Room 3405-12:00-2:00p.m.</td>
<td>Resident Career Day - Victorian Manor, Edison, NJ. More details to follow!</td>
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<td>September 29, 2005</td>
<td>April 29, 2006</td>
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<td>June 2-4, 2006</td>
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<td></td>
<td>8th Annual Meet the Pediatric Gurus Conference - Skytop Lodge - Skytop, Pennsylvania. More details to follow!</td>
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This issue of The New Jersey Pediatrician is sponsored by Sanofi Pasteur.
SENIOR AFFAIRS AT CHAPTER LEVEL

Avrum L. Katcher, MD, FAAP
Chairperson, National Section on Senior Members

No, I do not refer to seedy motels, the home when spouse is absent, or the parked automobile (most of us beyond that stage in any event). Rather, the topic is how senior groups may be engaged in activities productive for their Chapter, and for each other. But first, let me remind you of the national Section on Senior Members program at the National Conference and Exhibition, in Washington, DC, in October.

Our national Senior Section program, offered on Sunday, 9 October, from 1:30 to 5:30PM, will be on Planning for the Bonus Years. After the Child Advocacy Award is presented, three excellent speakers will discuss some ventures seniors may choose:

- Donna Butts will tell us about Generations United, an organization that has, to mutual profit and satisfaction, brought together grandparents and grandchildren.
- Arlene Johnson will discuss the Donovan Program, where a major university has found a way to offer free courses, with credit, in all subjects, for seniors.
- Finally, our own Jane Schaller will talk, out of her extensive experience, about International Child Health.

After the formal presentations, we will have a brief business meeting and then a reception, concluding in time for the President’s reception and the 75th anniversary celebration.

What may a Chapter senior group (call it the Senior Committee, the Senior Section, or whatever name may be chosen) accomplish? Well, there many possible ventures. All depend upon successful two-way communication between the senior group and chapter leadership, including a sense of joint commitment. For the Chapter, senior groups may encourage members to join in existing, or organize new Chapter projects or programs. Of course, many already productive Chapter leaders are already of an age to join a senior group. But there are many others in the same age group who have not found a way to engage with one or another existing and active Chapter committees. A formal senior group may be able to encourage and support them to do so. Perhaps one of them has an idea that has not yet been realized. This might be an excellent route to bring it into being.

For the senior age group, this is a time when transitions, of a personal or professional nature, may assume ever-greater importance. Family structures may alter, children form their own families, grandchildren appear. Illness or death, separation or divorce, may change long-standing relationship. Financial planning, both of a personal and a professional nature, may loom up for those who have not had careful attention to this area over a period of time. Career changes may occur, sometimes of necessity, sometimes to realize long-standing ambition. Partial or full retirement may lead to opportunities hitherto not available, to engage in non-medical work, to change a hobby into a part-time or even full-time venture, to travel, whatever it might be. A senior group may offer joint support, ideas, critical thinking, communication about possibilities, or camaraderie among colleagues and peers to supplement long-time friendships.

In order to promote and encourage all of these, the National Section on Senior Members, stimulated by outgoing Chairperson David Annunziato, has almost completed development of a Chapter Guide for those Chapters interested in forming senior groups. It is very much the belief at national level that the future of many sections such as the Senior Section lies in activity at Chapter level. National meetings are attended by only a portion of Fellows. Our outstanding quarterly Bulletin and our equally outstanding web site, offer thoughts, but not the close person to person interaction, nor quite the awareness of conditions within the Chapter geographic area. This guide, then, is designed to encourage smaller groups to take up what might be done within one Chapter. The guide will be available before the NCE in October, and will be distributed at that time, or perhaps even sooner, to Chapter leadership. A draft is now in final review. Look for it.

Finally, here in New Jersey, we hope to hold a meeting for senior members in September, to consider further plans and select a Chairperson for our Chapter senior group.

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CATCH

Elaine Donoghue, MD, FAAP, CATCH Facilitator

Congratulations to Ryan Himes, a third year pediatric resident at Jersey Shore University Medical Center on being awarded New Jersey’s first resident CATCH grant for his L.I.F.T (Let’s Improve Fitness Together) program which will address obesity in underserved children through an age-appropriate, kid-friendly exercise program.

Resident CATCH grants are a great way for residents to learn to identify community needs and plan interventions while in an educational setting. If you work with pediatric residents, encourage them to think about applying for a resident CATCH grant. There are two application cycles a year, in July and January. For more information, check the AAP website and click on Community Pediatrics and CATCH.
The Seventh Annual Practical Office Pediatrics Conference, “Meet the Pediatric Gurus” cosponsored by Goryeb Children’s Hospital, Atlantic Health System and American Academy of Pediatrics/ New Jersey Chapter, was held the weekend of June 3rd-5th, 2005 at Skytop Lodge in Skytop, Pennsylvania. Skytop Lodge (www.skytop.com) offers the perfect combination of facilities and services to enhance this conference.

It was a highly successful program of updates and workshops on topics of interest to practicing pediatricians presented in the bucolic setting at Skytop Lodge. Excellent educational programs by national speakers including William Balistreri, MD; Basil Zitelli, MD; Paul Honig, MD and Chris Plauché Johnson, MD. Areas covered included Acne, Hot Topics in Pediatric Gastroenterology, Autism, ADHD, Recurrent Childhood Infections, Viral Hepatitis, Chronic Fatigue Syndrome and Pediatric Dermatology Potpourri. There were a total of 10 plenary sessions and 9 workshops including hands-on technical demonstrations. In addition, there was a highly competitive (i.e., fun!) Medical Jeopardy contest. AHS faculty included Arthur Atlas, MD; Elizabeth Baorto, MD; Eric Lazar, MD and Kenneth Adler, MD. Attendance was solid with 130 attending the weekend conference (88% being physicians). With family members, the headcount exceeded 300.

The Friday pre-conference workshop on “Practice Management” was also very successful with 50 attendees (split evenly between physicians and office managers). National speakers included Richard Tuck, MD and Norman “Chip” Harbaugh, MD and AHS physician, Richard Lander, MD. The day consisted of 5 plenary talks and 3 workshops. Topics included Maximizing Reimbursement, Pay for Performance, Contract Negotiations and Coding Compliance – One Minute Tips. A highlight of the day was an interactive panel with three Directors of major managed care companies.

While this was the 7th annual conference, the newly opened Executive Conference Center at Skytop added tremendously to the ambience. It is a state-of-the-art facility featuring the latest audio-visual equipment and countless amenities.

Continued on page 9

Announcing
Commissioner’s First Annual Asthma Summit
September 30, 2005; 8:00 - 4:00 p.m.
The Westin Princeton at Forrestal Village - Princeton, New Jersey

Sponsoring Organizations
NJ Department of Health & Human Services
Central NJ Maternal & Child Health Consortium
The Institute of Medicine and Public Health of NJ, Inc.
Pediatric/Adult Asthma Coalition of New Jersey

Presenters Include:
Fred M. Jacobs, MD, JD
Commissioner, New Jersey Department of Health and Senior Services
Eddy A. Bresnitz, MD, MS
Deputy Commissioner/State Epidemiologist, New Jersey Department of Health and Senior Services
Matthew Marin, MD, MPH
University of Medicine and Dentistry of NJ
Leonard Bielory, MD
University of Medicine and Dentistry of NJ
Robert L. Johnson, MD, FAAP
University of Medicine and Dentistry of NJ
Glenn Flores, MD, FAAP
Director, Center for the Advancement of Underserved Children - Medical College of Wisconsin

For more detailed information, go to http://nj.gov/healthy or call 609-896-1766, ext. 258
Project TeenFit
A three year project funded by a grant from Robert Wood Johnson Foundation’s New Jersey Health Initiatives Program

Walter D. Rosenfeld, MD and Samantha Kenny

With childhood obesity at epidemic proportions in the US and a growing number of teens turning to the Internet for their health information, adolescent medicine specialists at Morristown Memorial Hospital will begin developing a web-based nutrition and fitness program for teens made possible in part by a grant from the New Jersey Health Initiatives program of the Robert Wood Johnson Foundation (RWJF).

The three-year, $300,000 grant, awarded to the Morristown Memorial Health Foundation, will be used to create Project TeenFit, a comprehensive online obesity prevention program for teens that will serve as an expansion of the hospital’s award-winning teen health website, TeenHealthFX.com.

Obesity rates for American teens have doubled in the last three decades with the percentage of overweight adolescents increasing to 15.5 percent from five percent. The New Jersey Department of Health and Senior Services reports that 20 percent of the state’s sixth-graders are obese and another 18 percent are overweight. Overweight teens face health and social problems including poor self-esteem, diabetes, hypertension, musculoskeletal disorders and heart disease among others. Furthermore, the problem of childhood obesity is also a societal issue with costs for treating children with diseases associated with nutritional and physical problems totaling $127 million in 1999.

The creators of Project TeenFit will use kids’ preferred gathering place – the web- as a starting point for their effort to tackle the obesity issue. The website will contain medically accurate, age appropriate and culturally diverse health information and will include such features as a body mass index (BMI) calculator, healthy recipes, tips on eating healthy and getting exercise, relevant quizzes, games and healthy lifestyle topics.

A multi-disciplinary team of adolescent health specialists from Morristown Memorial Hospital will develop content and features attractive to teens. Part of the website will contain material from the existing CD-ROM based software CyberShop developed by Carolyn Dunn, Ph.D., of North Carolina State University. The goal is to go beyond educating and informing young people about these issues. The project aims to actually create behavioral change that will favorably affect health, which will be assessed during and after the intervention.

The program will be offered to 1,200 seventh grade students in six Morris County middle schools over the next three years. In addition, school assemblies, parent and community lectures and teacher training programs will introduce participants to the most current fitness and nutrition information.

The team plans to measure the effectiveness of Project TeenFit by evaluating the website’s influence on changing the behaviors, attitudes and knowledge relevant to nutrition and fitness in participating teens. They will also measure changes in knowledge among parents and community leaders and will work with school professionals to maximize effectiveness in teaching about these issues. Dina Borzekowski, Ed.D., of the Johns Hopkins Bloomberg School of Public Health, with expertise in outcomes evaluation as well the effects of media on children and adolescents, will be collaborating on the design and implementation of the project.

A number of features distinguish Project TeenFit from other nutrition and fitness programs: (1) it is based on the understanding that adolescents already make choices which affect their health; (2) most teens are comfortable using the Internet as a resource, making this medium an ideal tool; and, (3) most importantly, there are few, if any existing nutrition and fitness websites for teens that have the goal of changing behavior as a primary focus.

The Project TeenFit grant is awarded out of RWJF’s New Jersey Health Initiatives (NJHI), a program that seeks to identify projects that present innovative strategies and collaborations to resolve health care needs in New Jersey communities. Through NJHI, RWJF helps bring national attention to new ideas and approaches developed by local communities. This year NJHI received 208 applications for funding. Of those, 30 were invited to submit full proposals and ultimately only 10 projects were recommended to RWJF for funding.

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation’s largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 30 years, the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. Helping Americans lead healthier lives and get the care they need—the Foundation expects to make a difference in our lifetime. For more information, visit www.rwjf.org.
outcomes for the children of depressed parents. Pediatricians are in a unique position to recognize, respond and intervene. With the proper training, the pediatricians and their staff can make a significant difference in the health and well-being of both the mother and child.

The goals for the project focus on helping pediatric practices better understand the prevalence and seriousness of perinatal mood disorders, learn about effective screening tools for perinatal mood disorders, and how to incorporate those tools into practice patterns, increase awareness of available community resources and establish protocols for referral and follow-up.

This is another example of the work that PCORE conducts to improve the health and well-being of children in New Jersey. But without your support, PCORE will not be able to continue to expand and grow each year. It is critical to the success of PCORE that there is a commitment from members of the chapter to support the overall mission of the foundation.

For those of you who have shown your continued support of PCORE, we thank you for your generosity and encourage others to become involved with the Chapter’s foundation and its efforts to improve the health and well-being of the children of New Jersey. For more information, please contact Lori Donovan, PCORE’s Director of Development at 609-585-6871 or ldonovan@hq4u.com.

Save the Dates

October 20th and October 21st, 2005
New Jersey Department of Health and Senior Services
Hosting
“A Conference on Post Partum Depression”
One in Southern New Jersey and One in Northern New Jersey
First Lady Mary Jo Codey will join a Panel of Experts
To Discuss the Issues Surrounding Post Partum Depression
More Details will be Announced Soon

MEET THE PEDIATRIC GURUS

Luck was also with us as bringing brilliant sunshine and exceptional weather for swimming, golf, tennis, biking, boating, hiking, miniature golf and many other indoor and outdoor activities. Evening music and entertainment was provided both nights. There was time for socializing with colleagues in a relaxed environment. Activities for children included hayrides, arts and crafts and a junior Olympics.

Overall evaluations of the conference were outstanding. Comments included, “practical, relevant, dynamic speakers, good camaraderie”, “beautiful setting and outstanding speakers,” “phenomenal conference,” “wonderful national speakers”, “excellent program – eager to attend next year,” and “this conference sets a standard that will be hard to beat in the future!”

Do save the date for next year: June 2-4, 2006!! For those who attended, or were not able to attend in 2005 and want to reserve for 2006, please save the date and look for future mailings and information on the 8th Annual Meet the Pediatric Gurus Conference.
patients, and development of a quality health care “team” that is knowledgeable about community, regional and governmental resources. Dr. Alan Kohrt, District III chair, was on hand to provide insight on this topic, based upon his experience caring for medically complex children.

The COPW continues to examine key workforce issues that will surely impact patients and practitioners in the years to come. Some of these issues are: 1) supply, demand and distribution of pediatricians and pediatric subspecialists; 2) family practitioners caring for children; 3) GME financing; 4) the influence of indebtedness and incentive programs on subspecialty choice and career paths; 5) age, race/ethnicity, career stage, practice location and lifestyle choices of pediatricians; and 6) the aforementioned issue of the shifting gender “pendulum” of the pediatrician workforce.

I have the privilege of chairing the COPW Subcommittee on Subspecialty Workforce. This Subcommittee has received approval to develop questions for a future Periodic Survey that will explore pediatric subspecialty referral patterns and access to subspecialty care. Our analysis of the findings will hopefully broaden our understanding of how pediatricians in the “trenches” relate to and collaborate with pediatric subspecialists.

Dr. Tom Tonniges shared, via conference call, information from an American Academy of Family Physicians meeting of their Task Force on the Care of Children by Family Physicians held in January in San Antonio, TX. Dr. Tonniges attended this meeting on behalf of the AAP and shared with the Task Force information about the Bright Futures initiative. Issues of concern that were articulated by this Task Force included: the fact that many family physicians (FPs) are seeing fewer pediatric patients, some FPs may not feel that they have sufficient or adequate pediatric training during residency, and the fact that many fewer pediatric visits to FPs are for preventative care compared to children seen by pediatricians. Since pediatric care by FPs is a key workforce issue in many parts of the US, it is great to see that the AAP is at the table and able to participate in the Task Force activities.

Dr. Gail McGuinness, Senior Vice President of the American Board of Pediatrics, shared the ABP research progress report with the COPW in an effort to facilitate our workforce deliberations. Their study on the changes in the proportion of care provided by pediatric and non-pediatric physicians supports the previous assessment that, over the past decade, visits to pediatricians have increased and FPs are now providing only 20% of pediatric care compared to 33% in the early 1990s. The ABP survey of individuals who have completed med/peds training shows that although over 80% of respondents are dual-board certified, approximately 55% are only caring for adult patients. Future ABP surveys will focus on hospital and provider panel policies and practices regarding certification and recertification, as well as providers who identify themselves as pediatricians (what percentage are actually certified and/or trained in pediatrics?). Hmmmm, can’t wait to see that data!

As you can see, there is a lot going on with the COPW and I will try to keep you posted as we continue to look at a variety of workforce issues. As always I appreciate the opportunity to represent our chapter and district as a member of COPW. Please feel free to get in touch with any and all ideas. You may reach me at pletcherba@umdnj.edu or (973) 972-3314.
Dear Healthcare Provider:

Postpartum mood disorders encompass a range of physical and emotional changes that many mothers may experience after having a baby. Mood disorders of the postpartum period range from mild and transient symptoms of postpartum or maternity "blues" to major depression, and in the most severe form, postpartum psychosis. Postpartum mood disorders can keep a woman from doing the things she needs to do every day. Without treatment, symptoms get worse and can result in significant harm to the mother, baby and family.

It is estimated that between 11,000 and 16,000 women giving birth annually in New Jersey suffer from postpartum depression. Because of the seriousness of postpartum depression, and other postpartum mood disorders, it is important that healthcare providers and consumers better understand this very treatable form of mental illness. It is also important that a mother experiencing a postpartum mood disorder seeks the help of her healthcare provider, and receives appropriate treatment.

Acting Governor Codey is focusing on the need to more comprehensively identify and treat postpartum mood disorders as part of his overall mental health initiatives. His Fiscal Year 2006 Budget proposal includes a recommendation for funding to support a postpartum wellness initiative, which will make available information for consumer and professionals on the awareness, identification and treatment of postpartum mood disorders.

As a medical provider, you are the health professional most likely to encounter a woman experiencing a postpartum mood disorder. To assist you in identifying and treating women experiencing postpartum mood disorders, several professional materials will be available to you in the near future. Included will be a professional education tool kit, seminars and Roving Symposia. We will also make available on the Internet a continuing education program on perinatal mood disorders, summaries of current research on postpartum mood disorders, a list of recommended readings, and information on screening tools for use in your practice.

On behalf of Acting Governor Codey, and the New Jersey Department of Health and Senior Services, I would like to invite you to explore the postpartum mood disorders webpage when available and attend a seminar. Thank you in advance for your support of this important initiative. Additional information will follow in the next few months.

Sincerely,

Fred M. Jacobs, M.D., J.D.
Commissioner
New Jersey’s
Pregnancy Risk Assessment Monitoring System (PRAMS)
Empowers Health Care Providers, Public Health Planners and Advocates

New Jersey’s implementation of the Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint project of the state’s Department of Health and Senior Services (DHSS) and the Centers for Disease Control and Prevention (CDC). PRAMS is a comprehensive health surveillance tool, monitoring a wide variety of issues affecting the health of New Jersey mothers and infants—such as pregnancy-related alcohol and tobacco use, unintended pregnancy, health insurance and the content of prenatal care, and post-partum issues such as breastfeeding and supine sleep. One out of every 33 mothers is surveyed each month, when their babies are 2-6 months old. Survey questions address mothers’ behaviors and experiences before, during and after their pregnancy. In 2002 and 2003, 3,104 mothers were interviewed by mail or phone, in English and Spanish, with a 72% response rate.

Information from PRAMS is used to improve health programs in New Jersey through advocacy, data assistance and related program development and research. A series of Data Briefs have been released that explore the epidemiology of risk-related behaviors and experiences, provide feedback on clinician behavior and health care interventions, provide links to resources relevant to clinicians and public health workers, and identify opportunities for policy makers and advocates. Examples of briefs published or under development include: SIDS risk factors such as sleeping position, early post-partum breastfeeding, unintended pregnancy, pregnancy-related smoking and cessation, and intimate partner violence during pregnancy. You may wish to visit our webpage to learn more at: http://www.nj.gov/health/fhs/pramsindex.shtml

Contact NJ-PRAMS
Lakota K. Kruse, MD MPH, Project Director. Telephone: 609-292-5656. Lakota.Kruse@doh.state.nj.us

New Jersey’s Childhood Immunization Collaborative: A Recipe for Success
Adrienne Millican, NJIIS Coordinator
Gateway Northwest Maternal & Child Health Network Quality Improvement Coordinator, NJ Improving Preventative Services Project

Louisiana is known for great recipes, gumbo being the most famous. It is made from quality ingredients, each of which when served alone is unique and tasty; but when mixed together they combine to form a quality dish that is unparalleled. So too has been the collaboration between the New Jersey Department of Health and Senior Services’ (NJDHSS) New Jersey Immunization Information System (NJIIS) project, and the New Jersey Improving Preventative Services Project (NJIPSP). NJIIS is an electronic registry which tracks a patient’s immunization status and provides an instantaneous record of a child’s immunizations. It produces general outreach (reminder and recall) letters to parents to inform them of vaccinations that are coming or are past due. The registry also allows for easy administration and monitoring of one’s vaccine inventory.

Twice CDC has recognized NJDHSS for NJIIS initiatives and advancements. To date more than 1,000 healthcare professionals actively use it. There are more than 800,000 records of children and over 5.4 million shots recorded in the system. NJIIS also maintains more than 186,000 child lead test results.

A Collaborative is Formed
A large amount of immunization data in NJIIS comes from small private practices. In June 2004, NJIPSP, in conjunction with NJDHSS, Vaccine Preventable Disease Program, and the American Academy of Pediatrics (AAP), New Jersey Chapter’s Pediatric Council on Research and Education (PCORE), entered into a collaboration with the National Initiative for Children’s Healthcare Quality (NICHQ) to work with six primary care practices in New Jersey to apply a quality improvement change process and a learning collaborative model to assist pediatric practices in using the Registry to improve immunization service delivery and their daily office processes.

Models for Change
The strategy calls for each practice to identify a problem or a need for change or enhancement in their administration of immunization or other preventive care service delivery. They use a Plan, Develop, Study, Act (PDSA) cycle to describe in detail what the problem/change is, the individual who will work toward improving outcomes, the date the task’s change will be tested, and how it will be tested. Barriers to the change, how the barriers will be addressed, the desired outcome, and how their success (or lack thereof) will be measured are addressed by NJIPSP staff in conjunction with each practice staff.

In addition, through NJIIS, sites access and provide statistics directly to NJDHSS and the collaborative faculty using a special report designed for them by NJIIS project staff. Doing so helps each site track its progress toward meeting the goals set by

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How do infants get PERTUSSIS?
They get it from their family
That's right — their MOMS and dads, brothers and sisters, even grandma and grandpa!

Nearly 75% of the time, a family member is the source of pertussis disease in infants

According to a recent study of pertussis in 284 infants, a family member was identified as the source of the disease in three quarters of the cases. In fact, the infant's mother was positively identified as the source in 32% of the cases. In addition to Mums, other confirmed sources included Dad 15% of the time, Grandmas/Grandpas 8% of the time, and a sibling 20% of the time. This study provides clear documentation of the threat of pertussis within the family setting and serves as a window to the growing problem of pertussis in the general population.

The growing threat of pertussis — an often silent disease reservoir

Long though to be nearly eradicated, pertussis case reports are at a 48-year high. Today, pertussis is the only communicable disease that is on the rise in all age groups for which a routine immunization is available. In 2004 there were 18,987 cases reported to the CDC, a 63% increase over 2002 and a startling 1000% increase from 20 years ago when incidence reached its nadir.3

Especially troubling are the few cases among children ages 4 years or less, and in fact, 80% of deaths attributed to pertussis occurred in infants under 6 months of age.

Among the many explanations for the resurgence of pertussis in the United States are better reporting, better diagnosis, and using immunity. What they all have in common is the acknowledgment that there exists a reservoir of disease among adolescents and adults, and more importantly, that there exists disease transmission. Pertussis is most contagious during the first few weeks of illness before it is recognizable.2 In both adolescents and adults the disease is often mild or inapparent, and not associated with the trademark whooping cough.2,3 Studies have reported significant morbidity including pneumonia, rib fractures, arrhythmia, heart failure, weight loss, osteitis media, and sinusitis.2 People with pertussis are also at risk of hospitalization and other complications such as suicide and encephalopathy. Beyond the morbidity are the social, financial, and psychological costs of pertussis disease. One recent study reports that 74% of affected adolescents lost 5 to 10 days of school while 49% of adults complained of their sleep was disturbed for more than 21 consecutive nights with 9% reporting disturbed sleep for an astounding 60+ nights.2 It’s no wonder the ancient Chinese called pertussis “the cough of 100 days.”

Soon pertussis prevention will begin in the home too

Building on the heritage of the proven pediatric acellular DTaP vaccines, acellular Tdap vaccines for adolescents and adults will soon be available. This intervention will allow health-care providers to protect a broad spectrum of people from the morbidity of primary disease, as well as limit the morbidity and mortality in vulnerable infants by curtailing disease transmission.

You can find out more about pertussis by visiting any one of the following Web sites:


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

Pertussis transmission begins at home

PEDSPAC
Michael Segarra, MD, F-AAP

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’s Childhood Immunization Collaborative: A Recipe for Success

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the NJIPSP faculty team. These goals include timely (age appropriate) vaccine administration, data entry into NJIIS, and the number of children’s immunization records input into NJIIS.

NJIPSP Sites Improve Their Service Delivery

The charts below illustrate each of the six sites, their process for improving service delivery, their successes, and various percentages for each site from January - June 2004 (before the collaborative began) to July - December 2004 (the first six months of the collaborative).

<table>
<thead>
<tr>
<th>Site</th>
<th>Performance Improvement Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Delisfort - Newark, NJ</td>
<td>This office is primarily walk-ins. Staff had a problem keeping up-to-date with current addresses, phone numbers and insurance information. One of their primary changes was to institute a new sign-in sheet asking for up-to-date information and entering the new information into NJIIS immediately after the visit. This strategy also helps with outreach efforts by mail and phone.</td>
</tr>
<tr>
<td>Single physician practice</td>
<td></td>
</tr>
<tr>
<td>Jersey Shore Family Health Center – Neptune, NJ</td>
<td>This hospital-based health center primary focus was to increase the number of children screened on-time for elevated lead levels. Staff developed a new lead screening form to prompt clinicians when a child is due for screening and allow for follow-up of children not screened on time.</td>
</tr>
<tr>
<td>Multi-Physician Family Health Center</td>
<td></td>
</tr>
<tr>
<td>Kids First Salem Road - Burlington, NJ</td>
<td>This office is a hospital-based primary care practice and the only one of the six sites not using NJIIS because they recently initiated the use of an electronic medical record (EMR) system. Soon the EMR immunization data will be able to be electronically transferred into NJIIS. Through EPIC, a patient management program, Kids First has been focusing on initiating VFC Quality Assessments. Postcards detailing the date and time of the next appointment are kept in the patient chart, completed by the physician, and handed to the patient when leaving. Staff also reminds patients about upcoming appointments the day before the scheduled appointment.</td>
</tr>
<tr>
<td>Multi-Physician Practice</td>
<td></td>
</tr>
<tr>
<td>Park Avenue Pediatrics – Orange, NJ</td>
<td>This office has instituted the use of a labeled divided tray into which the nurse places each prepared syringe of ordered vaccines for a patient. This allows her to more easily identify what type of vaccine is in each syringe when administering the doses needed. Vaccine “due” information is accessed and pulled in advance from their patient management system, PCC, into which all new immunization data is recorded and transmitted electronically into NJIIS.</td>
</tr>
<tr>
<td>Single physician practice</td>
<td></td>
</tr>
<tr>
<td>Sanford Heights – Irvington, NJ</td>
<td>To alert the physician which vaccines are due, the office now accesses NJIIS and prints each child’s shot history for the chart prior to the visit. This office has also instituted procedures to monitor daily vaccine storage temperatures.</td>
</tr>
<tr>
<td>Single physician practice</td>
<td></td>
</tr>
<tr>
<td>Trinity Health Center – Perth Amboy, NJ.</td>
<td>This health center implemented a plan to reduce their no-show rate. Two days before appointments, staffs pulls charts and print the child’s current immunization status from NJIIS. The two are compared, amended, and the parent is phoned and reminded about the upcoming visit and which shots will be given. At the end of the day, if the patient did not show up, a follow-up call is made.</td>
</tr>
<tr>
<td>Multi-Physician Family Health Center</td>
<td></td>
</tr>
</tbody>
</table>

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New Jersey’s Childhood Immunization Collaborative:
A Recipe for Success

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Each practice set their sights on issues unique to their patient population and organization. They’ve worked as a team within their practice, as well as all working collaboratively during three learning sessions and monthly conference calls where they’ve shared their successes and failures and learned from each other and the project faculty. Their level of commitment has been impressive; their use of this methodology has improved their practice and preventative care delivery to the families they serve.

According to Montrae Thomas, MD, “NICHQ gave me the tools to evaluate and improve the record keeping now to find funding to implement an electronic medical record.” Arlene Patrick, RN, Nursing Coordinator, Trinity Health Center, Perth Amboy, “I have found that when the office sees positive results, it creates a ‘snowball effect.’ The staff becomes enthusiastic! It is amazing how small changes within a practice can increase quality patient care!”

Collaboration, like a good pot of gumbo is best when it includes lots of different ingredients … or in this case, lots of support, teamwork, and collaboration … a recipe for success.

To join NJIPSP and improve your practice outcomes, contact Anne Lorenzo: 609.585.6871.

Benefits of Participating in NJ Improving Preventative Services Project (NJIPSP)
- FREE attendance at three learning sessions which support the quality improvement change process your team will be applying to your daily office routine.
- FREE topic-driven monthly conference calls to help your office apply new strategies to improve office flow and meet collaborative-set goals for your office.
- FREE scheduled monthly visits from staff for consultation, coaching, and technical support.
- FREE consultation, coaching, and technical support by NJIPSP team on an as needed basis to further assist your practice in delivery of preventive care services.
- Increased office camaraderie as a result of participation.
- Increased skills and knowledge as a result of participation.
- Participation is FREE

The only requirements are desktop Internet access and sustained participation in NJIIS

To receive free NJIIS training and technical assistance, call Jane Sarwin at 973-268-2287.

<table>
<thead>
<tr>
<th></th>
<th>Site A</th>
<th>Site B</th>
<th>Site C*</th>
<th>Site D</th>
<th>Site E</th>
<th>Site F</th>
</tr>
</thead>
<tbody>
<tr>
<td>% UTD 24 @ 24 mos.</td>
<td>13.3</td>
<td>68.6</td>
<td>22.0</td>
<td>35.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>% UTD @ 19-23 mos.</td>
<td>8.8</td>
<td>55.0</td>
<td>23.0</td>
<td>26.3</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>% UTD @ 7-11 mos.</td>
<td>12.6</td>
<td>63.2</td>
<td>27.0</td>
<td>45.5</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>At least 2 shots in NJIIS</td>
<td>34.3</td>
<td>88.5</td>
<td>76.6</td>
<td>86.8</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td># of records data entered</td>
<td>204</td>
<td>1594</td>
<td>200</td>
<td>224</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

* Not yet transferring data from their electronic medical record (EMR) system to NJIIS.

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**SENIOR COMMITTEE LUNCHEON**

Avrum L. Katcher, MD, FAAP

Several Chapters have now created a Senior Committee and this step has produced satisfaction all around. Here in NJ, we can do more! A meeting for the Senior Committee will be held on Wednesday, September 28, 2005 from 12 noon till 2:00p.m. at the Robert Wood Johnson Medical School, Room 3405, CAB Building, New Brunswick. The agenda will include but not be limited to: Creating a Chapter Committee structure for seniors, setting up programs and activities as desired and choosing some officers. There will be no entertainment and lunch will be a brown bag or dutch at the cafeteria.

If interested, contact Avrum Katcher, MD, Chairperson National Section on Senior Members, AAP at stellave@earthlink.net or phone him at 908-782-3345. You can also contact AAP/NJ headquarters at 609-585-6871.
The Young Pediatricians Committee held its third annual CME dinner on July 21, 2005. The guest speaker was Dr. Patricia Whitley-Williams, MD, FAAP. Dr. Whitley-Williams is an Associate Medical Director of the Robert Wood Johnson Pediatric AIDS Program and Infectious Disease Physician at the Bristol Myers-Squibb Children’s Hospital at Robert Wood Johnson University Hospital.

The CME dinner was held at Saint Peter’s University Hospital in New Brunswick, New Jersey. Dr. Whitley-Williams discussed the new vaccine recommendations for adolescents. The attendees of the event came from all over New Jersey. Many are members of the Young Pediatricians Committee. Everyone that attended enjoyed the event.

The Young Pediatricians Committee is open to members who are fewer than five years out of residency and/or less than 40 years of age and residents.

Influenza Vaccine is Arriving!

Influenza vaccine is arriving; the time to start vaccinating is now. Recommendations for prioritization and for inclusions, exclusions, vaccines and antivirals can be found in the July 29, 2005 issue of the Morbidity and Mortality Weekly Review. This is available on the Centers for Disease Control and Prevention (CDC) website: www.cdc.gov. Go to the main CDC website and click on the MMWR link on the left hand panel; once on the MMWR page, click on Recommendations and Reports (left hand panel) and then on current volume and the July 29 issue will come up. You can read the report or download it. You will find excellent information on the American Academy of Pediatrics website: http://www.aap.org/moc/index.cfm. Click on immunization info (CISP site); then click on vaccine preventable illnesses to get information about influenza. Also notice the flashing alert on the Immunization Initiatives page; it is a link to the CDC and gives you information on the September 2, 2005 statement: CDC issues Updated Influenza Vaccine Supply and Recommendations for Prioritization During the 2005-06 Influenza Season. This update provides information regarding tiered priority for inactivated influenza vaccine.