



The New Jersey

# Pediatrician

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Newsletter of the American Academy of Pediatrics/New Jersey Chapter

## PCORE CORNER

*Steven Kairys, MD, FAAP*

As 2005 wraps up, PCORE has been working steadily on new and exciting projects to help improve the health and well-being of children in New Jersey. In November, PCORE, working in partnership with the New Jersey Department of Health Senior Services, Vaccines for Children (VFC) Program, hosted provider education CME conferences in Northern and Southern New Jersey sponsored by Saint Peter's University Hospital and the American Academy of Pediatrics/New Jersey Chapter.

Titled "VFC and You, Working Together," the conferences focused on updating the audience on new vaccines, vaccine safety and breakthrough diseases, issues surrounding thimerosal in vaccines, and communicating with parents about vaccines. In addition, afternoon workshops centered on the VFC program with sessions offered on VFC Program accountability and eligibility, vaccine storage and handling, Medicaid CPT codes, VFC/AFIX assessments, and quality improvement.

There were two sessions held – one in East Hanover, NJ and one in Cherry Hill, NJ. Commissioner Fred Jacobs of the New Jersey Department of Health and Senior Services welcomed the attendees. Speakers such as Dr. Meg Fisher, Dr. Bill Atkinson, Dr. Robert Davis and Dr. Sharon Humiston shared their knowledge and expertise on vaccines and infectious diseases.

November also included the first Learning Session of the spread phase of the New Jersey Improving Preventive Services project. The last few months have been heavily focused on the recruitment of

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## New Database System Paves Way for Dues Invoice Improvements

The American Academy of Pediatrics will be implementing a new database system in January 2006. This web-based system will bring greatly enhanced data, reporting and web connectivity capabilities. In addition, the new system will allow for the implementation of anniversary-year membership cycles. **What does this mean to our members?**

- **No more confusion** for new members as to when their membership starts and when it ends. Beginning with the implementation of netFORUM, all new members or previously lapsed members rejoining the AAP will pay 1-year dues and begin their 12-month membership on the date of payment. No more payments covering months gone by.
- **Chapter and Section memberships** will be set to the **same expiration date** as the existing National membership to enable **single-invoice renewals**. National members joining a Chapter and/or Section will pay pro-rated Chapter/Section dues for the months remaining on their existing National membership.
- **Benefits begin immediately**. No more month-long delays in benefits or active status.
- **The elimination of initiation fees** for new Fellows, **and reactivation fees** for returning members.
- Membership **renewal invoices will be mailed 4 months prior to the expiration** of the current membership. This will allow plenty of time for members to process their invoices and return payments prior to the membership expiration date.
- On the date of netFORUM implementation, all AAP members in good standing will **retain their July 1, 2005 through June 30, 2006 membership year**. Their membership period is printed on their membership cards.
- All members in good standing on the date of netFORUM implementation **will be mailed renewal invoices the first week of March 2006**. The membership renewal will be for the upcoming membership year July 1, 2006 through June 30, 2007.
- Resident Fellows will continue to be billed separately to accommodate the consolidated invoices sent to dues sponsors. **Resident Fellow renewal notices will be sent in May 2006 for the upcoming academic/membership year July 1, 2006-June 30, 2007.**

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# American Academy of Pediatrics



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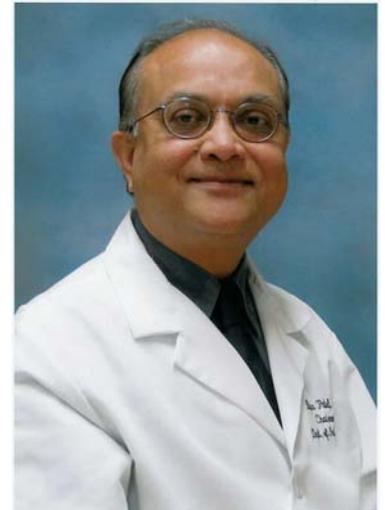
## 4th Quarter 2005

American Academy  
of Pediatrics  
New Jersey Chapter  
Established 1950

## President's Message

Bipin N. Patel, M.D., FAAP

Pediatricians, the vital link in the public health arena for children, face increasing regulatory and financial burdens of running their practices. Today's general pediatrician spends a large part of their skills in preventative care and is an expert in immunization practice. It is scary to see how tenuous this link to good public health is, as evidenced by some recent events including sudden price hikes and less than cost reimbursement for vaccines. I hear many of your concerns on a daily basis about these burdens; however, unless you write or call your legislators, the insurance commissioner and the Governor, we are often ignored. I cannot imagine a world where pediatricians, along with parents of their patients, might be put in a position by market forces, to have to decide whether to immunize a child or not based on reimbursements from insurance companies. We at AAP/NJ are looking at successful models adopted by other states to address all these issues including capital outlay for vaccine purchase and storage as well as appropriate payment of administration fees.



The AAP/NJ Chapter's Children's Health Statewide Leadership Committee (CHSLC) worked closely under Assemblyman Dr. Robert Morgan's leadership to develop a comprehensive white paper report on the state of mental health issues facing children and suggested solutions. The report is available on [www.aapnj.org](http://www.aapnj.org). We are disappointed by Assemblyman Dr. Robert Morgan's narrow loss in the recent elections. However, we are delighted that he plans to remain very active in our Chapter.

Most recently we saw Katrina, one of the worst natural disasters strike New Orleans and the gulf coast and witnessed the tragedies and heroism. It was gratifying to see so many of you called to help. Natural disasters whether local or global afflict most harm on children and so it is appropriate that a national policy with an action plan be developed by the Academy to address the needs and suffering of children so affected.

The School Health Conference was a resounding success with over 630 attendees. I would also like to remind you and your staff members to take the opportunity to earn CMEs and get the latest update on current issues in your offices via our teleconferences (with web-based slides). Recent topics included Expanded Newborn Screening and Flu. If you missed them, you can find them at [www.aapnj.org](http://www.aapnj.org) with slides and audio. Watch for details on future ones.

Lastly, if you are putting your golf clubs in storage for winter, look forward to the 2<sup>nd</sup> Annual AAP/NJ/PCORE golf outing on May 17, 2006 at Neshanic Station. A new course and great prizes!

*Wishing you all a safe and happy holiday.*



# Message from the Senior Section

*Avrum L. Katcher, MD, FAAP*

*Chairperson, Section of Senior Members, AAP*

Holiday greetings to everyone! I hope this has been a good year for you, and that next year will be as good or better. The Section on Senior Members hopes we may look back on our accomplishments and forward to the New Year with optimism.

One of our principal accomplishments this year has been completion of the Guide for Chapters on organizing a senior committee. We have felt for some time that the most effective work of a senior group may well be done at Chapter level. David Annunziato commenced to prepare the guide, with the invaluable help of Section Manager Jackie Burke. It was completed in late September and came off the press just in time for copies to be distributed at the District Breakfasts at the National Conference & Exhibition. More copies will be sent to Chapter officers in late October, so that those Chapters interested in organizing, and those who already have organized a Senior Committee, may have an opportunity to think the matter over. We hope that in New Jersey this will be possible. A survey will soon be coming out about a choice of days and dates for our next meeting. We'll see if we might be able to send it to Fellows past 55 even if

they are not members of the national Senior Section.

We are looking forward to a successful redesign of our web page, now in the capable hands of Dr. Jerold Aronson. He has been considering extensive changes on a big scale, and is now in the process of design. You'll hear more about this via the *Bulletin* and also via the seniors' listserv when his task is closer to completion. As many of you realize from reading his splendid articles in the *Bulletin*, Jerry is very thoughtful and a master in information technology, his second profession after pediatrics. Keep it up, Jerry!

On a national level, we also should mention the question of three-level communication—*Bulletin*, web page and listserv. Our *Bulletin*, in the capable hands of Joan Hodgman and Arthur Maron, is well known to you. The web page is en route. We should also consider whether we will be able to interact, exchange points of view and information, and conduct an ongoing dialogue to enhance member participation. Should we rely on the web page, perhaps with methods to allow individual members of the Section to post queries, responses, or just points of view? Is there a role for the listserv to play in all this? What about

Poster Boards at the National Conference & Exhibition or senior program or special programs at that meeting or other meetings? What about subgroups with a common interest? How can we use all these routes of communication to improve and create a genuine two-way relationship between the Academy leadership and the individual Fellow? Please send your thoughts to Av Katcher at [stel-lave@earthlink.net](mailto:stel-lave@earthlink.net), or, if you prefer, write to him at 100 Old Clinton Road, Flemington, NJ 08822-5534.

There are many changes in pediatric practice. Those of you who are still involved in clinical pediatrics know more about this than I do. My former colleagues are eloquent about the pressures on pediatricians from Medicaid, difficulty in obtaining payment for work from the insurers, the future of well child care and the new forms of insurance, such as pay for performance, consumer-driven plans, and others. We must look to the future with optimism, adopting the attitude so well described by the pioneering surgeon of the mid-eighteenth century, John Hunter, who said, "I live to be puzzled, for then I am sure I shall learn something valuable."

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## Resources for Families in Early Intervention

As your patients develop and grow, there are many resources available to their families which they may not be aware of. Please make them aware of these statewide agencies and disability related resources such as The Statewide Parent Advocacy Network (SPAN), Family Support Center of New Jersey,

and New Jersey Inclusive Childcare Project. You can find this complete list on the AAP/NJ Website under "Reports and Publications." It is titled "Resources for Families in Early Intervention." Please help your patients' families take advantage of these useful resources.

### CATCH Grant Proposals Being Sought

*Elaine Donoghue, MD, FAAP, CATCH Facilitator*

The next cycle of CATCH grants is now available. The Call For Proposals is on [www.aap.org/catch/implementedgrants.htm](http://www.aap.org/catch/implementedgrants.htm). The deadline for the current grant cycle is January 31, 2006 but our Chapter CATCH facilitator, Elaine Donoghue, should review applications by mid-January. The two types of grants available in this cycle are CATCH Implementation Funds and Resident Funds. Implementation grants are for piloting a community-based health initiative that works to improve children's access to a medical home and needed health care services. Programs can be in the development/pilot phase, but funds are not available for planning only (needs assessments, etc). The grants are provided in amounts for \$2,500 to \$10,000.

CATCH Resident grants are for pediatric residents in training who are working towards CATCH medical home goals. Resident grants may include planning and implementation activities. Grants of up to \$3,000 are available.

For more information, call Dr. Elaine Donoghue at 732/776-2385 or the national AAP CATCH office at 800/433-9016 x 7085.

# New Database System

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- The AAP will continue to offer a **2-month grace period** for late payments. This grace period will be the first 60 days of the new membership year; July 1, 2006 through August 31, 2006. Unpaid memberships will expire effective September 1<sup>st</sup>, 2006. Benefits will lapse as well.
- **Members who rejoin** the AAP after the grace period will **start a new membership year** effective with the date their 1-year dues payments is processed. Members do not have to fill out new applications to rejoin the Academy.

**Example:** Dr. Smith's membership record transfers to the new netForum database on January 3, 2006 with a membership that expires on June 30, 2006. She received her renewal dues invoice in March 2006 for membership year July 1, 2006-June 30, 2007. She doesn't send a payment. In May, Dr. Smith receives a dues reminder invoice. On June 30, 2006 her existing membership expires and the new membership begins July 1, 2006. She is now in the 60-day grace

period of the new membership. She still doesn't send a payment. On Sept. 1<sup>st</sup>, her July 1, 2006-June 30, 2007 membership expires. The expiration date of June 30, 2007 changes to Aug 31, 2006. October 10<sup>th</sup> Dr. Smith realizes she is no longer receiving benefits so she calls to rejoin. The customer service rep takes Dr. Smith's credit card number over the phone and 'sells' her a new membership beginning on Oct. 10, 2006, expiring on Oct. 9, 2007. In June 2007 Dr. Smith will receive her renewal notice for her next year of membership beginning Oct. 10, 2007.

Members who receive renewal notices in March 2006 for membership period July 1, 2006-June 30, 2007 and who pay prior to the end of the grace period of August 31, 2006 will see no interruption in benefits, nor will their membership period change from the July to June period they have always had.

## Resident Fellow & Medical Student Dues Invoices

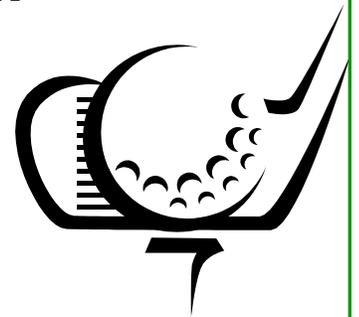
**FY 2005-2006:** Resident Fellow and Medi-

cal Student dues invoices will be generated and mailed the **first week of November 2005**. These invoices are for the membership period July 1, 2005-June 30, 2006. Resident Fellows and Medical Students have always been invoiced mid-academic year/mid-AAP fiscal year. Resident Fellows sponsored by their programs or local AAP Chapters will be included on the sponsors' consolidated invoices. Non-sponsored Resident Fellows and all Medical Students will be invoiced individually. Dues payments are due by February 28, 2006.

**FY 2006-2007:** The academic year **2006-2007** will usher in a **new process for Resident Fellows**. Consolidated renewal invoices will be sent to all Pediatric Residency Training Program and AAP Chapter sponsors for their Resident Fellows the **first week of May 2006**. These payments will be due June 30, 2006. The 2-month grace period applies; benefits will lapse on August 31<sup>st</sup> for all unpaid Resident Fellows. AAP Division of Member Services will be working closely with the residency programs to ensure a smooth transition to the new timetable.

## 2nd Annual Pediatric Council on Research and Education Golf Outing

**Wednesday, May, 17, 2006  
at  
Neshanic Valley Golf Course  
Neshanic Station, NJ**



**Save  
the Date**

This spectacular 27-hole Championship Course has been carved out of 420 acres of rolling farmland in scenic Somerset County. With a clubhouse that provides a birdseye view of the course, it features a state-of-the-art learning center as well as a Callaway Golf Performance Center, the only facility of its kind on the east coast. The price per golfer is \$300 and includes a clinic with the Golf Pro, golf, cart, lunch, cocktail hour, dinner, awards and prizes. Hole-in-One prizes include \$10,000 cash as well as a Harley Davidson Motorcycle. Marquis and hole and other sponsorship opportunities are available. Please watch for details.

# Asthma in Child Care

Elaine Donobue, MD, FAAP

Filling out forms for school or child care can be an onerous task, but we can use this as an opportunity to help our patients be healthier. Take asthma as an example. A child with persistent asthma may be having recurrent flare-ups because of factors related to child care. Is a nebulizer available and is it cleaned on a regular basis? Is there a furry classroom pet? Are there asthma triggers such as chalk dust or mold? We ask parents many questions about the home environment, but both parents and physicians often forget about the many hours that children spend in a child care setting. For a child with a special health care need, schedule an office visit to develop a care plan along with a parent. Scheduling a visit provides you with a block of time to address the issues and allows the parent to be part of the plan since it is the parent who will be working with the child care setting to implement the care plan. It also provides a mechanism for you to be appropriately compensated for your medical input.

We can use the Universal Child Health Record (which can be found on the chapter's website at [www.aapnj.org](http://www.aapnj.org), click enter this site, go down to Useful Forms and click on Universal Child Health Record) as an asthma management tool. In the medication section, we can be clear about the indications for using rescue medications. Remember that unlike schools, few child care centers have nurses, so avoid abbreviations such as "prn" and spell out exactly what is meant by "as needed". We can also specify that nebulizer tubing and masks should be cleaned and dried after use

and changed frequently. For children who use metered dose inhalers, use of a valved spacer can be encouraged. If children are not getting controller medications at home, parents can speak with the child care about whether it is appropriate for the child to get the medication in child care.

The section that specifies modifications to activities would be a good place to note whether the child should play inside on high ozone days or whether bedding for naptime needs protective covers or more frequent cleaning. Special accommodations might be needed if the children are taking a hay ride as an activity if this might trigger an asthma flare. Dietary modifications for food allergies should be noted in atopic children. Special equipment might include using a peak flow meter for an older child in an after-school program.

Emergency plans are especially important. Child care providers appreciate clear guidelines for recognizing when to call a parent and when to call 911 first. Providers should know that they can give back-to-back treatments if a child is in respiratory distress. Everyone feels more comfortable if a good emergency plan is in place.

Child care and school forms can actually be viewed as tools to improve health instead of "necessary evils". By changing office procedures to allow more time to complete the forms for children with special health care needs, we can help child care providers care for these patients more effectively, make parents a part of the process and improve the health of the child.



## 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](mailto:sscheeler@hq4u.com) or Visit [www.aapnj.org](http://www.aapnj.org)**



### **March 29, 2006**

Resident Career Day - Victorian Manor, Edison, NJ  
- More details to follow!

### **April 29, 2006**

2006 Conference and Annual Meeting - Hyatt Regency, New Brunswick - More details to follow!

### **May 17, 2006**

PCORE 2nd Annual Golf Outing - Neshanic Valley Golf Course, Neshanic Station, New Jersey - More details to follow!

### **June 2-4, 2006**

8th Annual Meet the Pediatric Gurus Conference - Skytop Lodge - Skytop, Pennsylvania - More details to follow!

# Legislative Highlights

Barbara George Johnson: AAP/NJ Lobbyist

This summer was a very busy time for Acting Governor Codey who signed a number of bills into law which have a direct impact on health care and in particular pediatric health care. With the gubernatorial and General Assembly elections behind us, the Legislature will embark on the lame duck session as various special interests try to move legislation. January will mark the beginning of a new 2-year session period as well as the reign of a new administration so any legislation that is not passed in lame duck will be “dead in the water” unless reintroduced in the new session. Below is a synopsis of bills signed recently by the Governor as well as a look forward to bills that may move in the upcoming fall lame duck session.

## **Bills Signed by the Governor**

**S2236/A3724** – sponsored by Senators Vitale (D19), Buono (D18), and Bryant (D5) and Assemblypersons Morgan (D12), Weinberg (D37), Gordon (D38), et.al. known as the “Family Health Care Coverage Act” will provide subsidized health insurance coverage, and other health care benefits as determined by the commissioner, to children under 19 years of age and their parents or caretakers and to adults without dependent children, within the limits of funds appropriated or otherwise made available for the program.

**S2085** – sponsored by Senators Vitale (D19) and Lance (R23) and Assemblywoman Weinberg (D37) is entitled the “Emergency Health Powers Act” and will allow the Governor, in consultation with the Commissioner and the Director of the State Office of Emergency Management, to declare a public health emergency while following the provisions of this Act to address such emergency.

**A3346** – sponsored by Assemblymen McKeon (D27), Chivukula (D17), and Stack (D33) raises the age under which bicycle, roller skate, and skateboard helmets must be worn from under age 14 to under age 17 years.

**A3354** – sponsored by Assemblywoman Loretta Weinberg (D37) requires reporting of all cases of severe hyperbilirubinemia to the Department of Health and Senior Services.

**S500** – sponsored by Senators Sacco (D32) and Palaia (R11) and Assembly-

woman Quigley (D32) authorizes school boards to adopt a policy, pursuant to rules and regulations adopted by the State Board of Education in consultation with the Department of Human Services, which are consistent with the New Jersey Constitution and the federal Constitution, for the allowance of random testing of the district's students in grades 9-12 who participate in extracurricular activities, including interscholastic athletics, or who possess school parking permits, for the use of controlled dangerous substances as defined in N.J.S.2C:35-2 and anabolic steroids. The testing shall be conducted by the school physician, school nurse or a physician, laboratory or health care facility designated by the board of education.

## **Bills poised to move in the fall lame duck session**

**A3931/S2622** – sponsored by Assemblypersons Morgan (D12), Panter (D12), Vas (D19), Stanley (D28) and Senator Karcher (D12) requires the State Board of Education to include two hours of instruction in suicide prevention as part of professional development for public school teaching staff members. This bill passed the General Assembly and was introduced and referred to the Senate Education Committee.

**S2652** – sponsored by Senators Karcher (D12) and Kean (R21) requires the Commissioner of Health and Senior Services, in conjunction with the directors of the Division of Developmental Disabilities and the Division of Medical Assistance and Health Services in the Department of Human Services, to apply to the federal Centers for Medicare and Medicaid Services for a 1915 (c) Home and Community-Based Services Waiver for early intervention services for infants and toddlers. This bill was introduced in June and referred to the Senate Health, Human Services, and Senior Services Committee.

**A3196/S1913** – sponsored by Assemblypersons Stanley (D28), Stender (D22), and Conaway (D7) and Senators Turner (D15), Palaia (R11) and Karcher (D12) establishes certain nutritional restrictions on food and beverages served, sold or given away to pupils in public and certain nonpublic schools. This bill passed the General Assembly and was introduced and referred to the Senate Education Committee. It was

favorably voted out of this Committee with amendments on May 23, 2005. On June 30, 2005 there were Senate floor amendments and a vote. The bill will go back to the Assembly for concurrence to the Senate floor amendments.

**A2091/S1970** – sponsored by Assemblymen Barnes (D18), Diegnan (D18), Malone (R30) and Senator Sarlo (D36) requires children who wear eyeglasses to wear protective eyewear while participating in certain sports activities. This bill passed the Assembly and was introduced and referred to the Senate Education Committee. It was voted out of this Committee with amendments. This bill should be posted for a vote in the Senate.

## **Other Legislative/Policy Action**

**S2801** – sponsored by Senator Ciesla (R10) would eliminate the use of vaccines containing mercury over the course of three years. This bill was pre-filed for introduction on September 26, 2005. The bill perpetuates false and misleading information about vaccines. The AAP/NJ plans to work with the pharmaceutical industry, DHSS and others to deter such legislation.

On October 20, 2005, Assemblyman Robert L. Morgan, M.D. (D-Monmouth, Mercer) held a press conference to unveil a plan to reform mental and behavioral health care for children and adolescents in New Jersey. This set of reforms was the result of months of meetings with a working group of mental health professionals, child welfare advocates and other legislators, all of whom contributed to the finished product. Included in this group were AAP/NJ Chapter President Bipin Patel, M.D., and members Meg Fisher, M.D. and Steven Kairys, M.D. Assemblyman Morgan noted that the group came together with the goal of providing better access to care, and a better network through which professionals can work together to provide the most comprehensive and efficient care. The group produced a work plan that, if followed, would assist the State in reaching its goals for children's mental health services.

# Marketing Breastfeeding

*Noha Polack, MD, FAAP*

It often feels like an ongoing battle to convince moms that breastfeeding is the right thing to do for their baby's health. There are so many barriers such as moms who don't want to be looked at as milk machines by their husbands, moms who are uncomfortable with their bodies, and a society that looks at nursing as something to be accomplished rather than something natural.

Who need to be convinced that breastfeeding is the right thing to do? Is it expecting moms, new moms, obstetricians, pediatrician, nurses, or all of these people? Perhaps the right place to begin, in order to make a real impact on breastfeeding rates in the United States, is with the children. This brief anecdote helped me come to this conclusion: My four-year old daughter asked me why her body looks so different from mine. When I stated to her that my breasts are different since they

provided milk for her during her infancy she looked shocked.

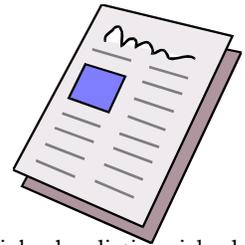
The real issue with breastfeeding in this country is that many people look at it as something out of the realm of the ordinary. If our children play with toy dolls that are fed via bottle and see on television and in books that babies are fed with a bottle, then they grow up thinking that bottle feeding is the norm rather than nursing your child via breast.

Big corporations are teaching us the lesson of marketing to children. They are easier to convince than adults and are more open minded. If McDonald's and Toys-'R-Us are marketing to kids, then perhaps we should be doing the same regarding breastfeeding. If breastfeeding is taught as a part of a healthy lifestyle to children in pre-K as well as elementary and high school, perhaps we could make a dent in our very low breastfeeding rates

compared to other countries. If the toy manufacturers were lobbied to produce dolls that nurse from their moms instead of bottles, then perhaps the next generation of boys and girls will realize that it is normal to nurse your child.

Pediatricians have a great opportunity to speak with our children both at home and in the office regarding breastfeeding; however, to change society's perceptions we need to use the school system as well as the media to get the message across. I call on the AAP to look into the possibilities of educating our children in innovative ways and attempting to persuade the toy manufacturers to help change the next generation's attitude regarding breastfeeding. The message must be that breastfeeding is natural and expected.

## The Launch of the New Pediatric Coding Companion Newsletter



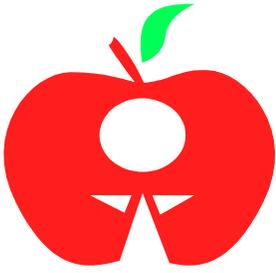
We are pleased to announce the launch of the Pediatric Coding Companion newsletter published by the American Academy of Pediatrics, with careful review by the AAP Committee on Coding and Nomenclature. This new monthly newsletter provides broad coverage of coding for pediatric primary care and subspecialty services. Look here for peer-reviewed, AAP-endorsed coding solutions, alerts on upcoming coding developments, exclusive insights from experienced practitioners, all custom-built for ready access and easy comprehension by physicians and office staff alike.

Features include:

- Full-length exploration of timely topical coding issues, including annual CPT, ICD-9-CM, and RBRVS code releases

- Guest editorials and featured articles by distinguished coding experts
- You Code It - Test your knowledge with these sample coding dilemmas
- Denial Den - How to help for resubmitting denied claims
- Reader Q&A - Proven solutions for complex coding problems submitted by your peers
- Online access to current and archived issues - with easy-to-use navigation and searching
- And much more . . .

To view a sample issue of the newsletter, please visit our online coding resource site at [www.aap.org](http://www.aap.org) and search with keyword "coding" and scroll down to view the link.



## Fourteenth Annual School Health Conference a Success

The fourteenth annual Community Medicine and School Health meeting took place in September with over 630 attendees. Featured speakers included AAP/NJ's own Meg Fisher, MD speaking on infectious diseases and James Oleski, MD speaking about chronic fatigue syndrome. Following the format of repeating workshops, the large school nurse and school physician audience benefited from the interactive sessions that covered the most recent changes in New Jersey state regulation.

The School Health Conference Planning Committee has expanded to include the following new members: Melissa Brown, MD, FAAP; Barry Kessler, MD, FAAP; Lourdes Laraya-Cuasay, MD, FAAP; Albert Sanz, MD, FAAP and Polly Thomas, MD, FAAP who will join existing Committee members including long-time Chairman Wayne Yankus, MD, FAAP; Maria Basora, MD, FAAP; Thomas Bejgrowicz, MD, FAAP; Marge Bush, MSN, RN, CNS, BC; Michael Segarra, MD, FAAP; Mary Suessmann, RN and Patricia Volpe, MD, FAAP to critique this year's meeting and to plan next year. The Committee appreciates the work of the AAP/NJ's staff and our guest speakers who are always a hit at this educational event.

Michael Segarra, MD, FAAP, Chapter Vice President-Elect; Wayne Yankus, MD, FAAP, School Health Conference Committee Chairperson; and Bipin Patel, MD, FAAP, Chapter President welcomed a record number of attendees at this year's School Health Conference.



The many exhibitors and sponsors including Alliant Pharmaceuticals Inc. helped to make this event a rousing success.

McNeil Consumer Specialty Pharmaceuticals was a Bronze Sponsor at the 14th Annual School Health Conference on Thursday, September 29, 2005 at the Hilton East Brunswick where they exhibited their wares to 630 school health nurses, medical professionals and physician.



# PCORE Corner

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additional practices to participate in the NJIPSP Collaborative. Developed by the National Initiative for Children's Healthcare Quality and the Center for Disease Control, the NJIPSP program builds on the VFC-AFIX program to assist primary care practices in making evidence-based changes in their offices to improve delivery of immunizations and preventive services. There are still spots left for practices who are interested in partnering together to improve immunization rates and other preventive services for children in New Jersey.

The benefits of participation are increased quality of care, better interaction with patients, improved processes of care, more responsive to the community, team approach to delivery of care, the entire office engaged in the care process, better ability for staff to interact with patients, enhanced office organization, and overall improvement in preventive services to assist families. Please contact Anne Lorenzo at 609-585-6871 or [alorenzo@hq4u.com](mailto:alorenzo@hq4u.com) for more information.

PCORE is also looking for practices who might be interested in receiving an office-based training on recognizing the

signs of post partum depression in new mothers. The EPIC-PPD (Educating Physicians In their Communities – Post Partum Depression) program will begin training sessions across the state beginning in January 2006. The project is supported by the New Jersey Department of Health and Senior Services, Division of Family Health Services. If you are interested in learning more about the training, please contact Marina Atkinson at 609-585-6871 or [matkinson@hq4u.com](mailto:matkinson@hq4u.com).

In addition, the Division of Youth and Family Services has extended the contract for continuing to provide EPIC-SCAN (Educating Physicians In their Communities – Suspected Child Abuse and Neglect) to expand to other counties across the state. This important training tool has been recognized for enhancing a practice's ability to recognize signs of child abuse and neglect and for connecting the practice with the appropriate DYFS case worker. Please contact Harriet Lazarus at 609-585-6871 or [hlazarus@hq4u.com](mailto:hlazarus@hq4u.com) for more information.

PCORE strives to develop projects that are dedicated to improvement – enhancing a practice's ability to provide a higher level

of quality ensures that their pediatric patients receive optimum care. It is the mission of PCORE to make sure that all children's health and well-being is improved. But PCORE needs your help in order to continue to create programs that are dedicated to improving their health and well-being. As a member of the AAP/NJ Chapter, you can help make a difference by supporting the Foundation and its mission. Please take a moment to consider making a donation that may be tax deductible to PCORE.

You can make your donation check payable to:

Pediatric Council on Research and Education, Inc. (PCORE) ; 1 AAA Drive, Suite 102 ; Trenton, NJ 08691

Or feel free to contact Lori Donovan if you would like further information at 609-585-6871 or [ldonovan@hq4u.com](mailto:ldonovan@hq4u.com). The Chapter leadership of the AAP/NJ appreciates the commitment from those who have supported PCORE in the past and would welcome any new Chapter members who would like to support the work that PCORE is doing on behalf of the children in New Jersey.



# National AAP President-elect Candidates Named

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



**Renee R. Jenkins,  
MD, FAAP**

The AAP National Nominating Committee has named O. Marion Burton, MD, FAAP, and Renee R. Jenkins, MD, FAAP as candidates for AAP President-elect. The winner of this year's race will be announced after the May election and will take office as President-elect immediately following the 2006 National Conference and Exhibition (NCE).

As part of the election campaign, candidates will have their biographies and several questions, posed by the National Nominating Committee, published in forthcoming issues of AAP News. The bios and the candidate responses' to the first of these questions are currently posted on the Chapters page of the AAP Member Center as well as on the Member Center home page under Member News

and Events. (Click on the link entitled "National Election Information" at the top of the Member Center home page.)

To find the same information under the Chapters link, first log on to the Member Center. Then, click on "Chapters," then "Newsletter Articles and Graphics." The links for the President-elect biographies and President-elect candidate responses are under the "Articles" link and the candidate photos are under the "Graphics" link. The candidates have been asked to respond to a question intended for publication specifically in chapter and section newsletters. This year, the question is:

"How did you get involved in the AAP and subsequently, who have been your most important mentors and

what have you learned from them?"

We strongly encourage you to publish the responses from both candidates in your chapter newsletters. For your convenience, I am attaching the candidates' bios, responses, and photos to this e-mail as well. If you prefer to access this information via the Newsletter and Graphics section of the Chapters page, simply right-click on the photos and then click "File-Save As" to save the photos on your computer. The text of the responses and bios can be cut and pasted.

If you have any trouble accessing the attachments or if you have any questions, please feel free to contact me at 800/433-9016, extension 7860, or by e-mail at [bsiska@aap.org](mailto:bsiska@aap.org).

## **HOW DID YOU GET INVOLVED IN THE AAP AND SUBSEQUENTLY WHO HAVE BEEN YOUR MOST IMPORTANT MENTORS AND WHAT HAVE YOU LEARNED FROM THEM?**

### **O. Marion Burton, MD, FAAP**

My AAP involvement began with my chapter. Several residency faculty and early practice mentors, all chapter officers, encouraged me to be active in the Academy. Initially, I attended chapter events to meet pediatricians, maintain contact with these mentors and obtain CME. In practice I was increasingly called to see children in emergency rooms that were not my patients and did not keep follow-up office appointments. Local officials indicated that a large number of youngsters who visited public health clinics and school health rooms had no physician. I asked chapter officers for advice, found they had similar concerns in their practices and got an assignment. Appointed my chapter's access to care liaison, I attended AAP-related training. The Academy's resources helped us establish 75 partnerships with public health professionals, working in primary care practices to create medical homes for disenfranchised children. This launched my 20-year involvement in

community pediatrics within the Academy and election to increasing leadership roles including Chairperson for the Council on Committees and participation with the AAP Board of Directors and Standing Boards. I have been blessed to have benefited from so many mentors and role models in my life:

- Edward Van Canfield, my grandpa, who raised me after my parents died when I was a toddler
- Reverend Horace Benjamin, minister during my childhood
- Dr. Mauldin Boggs, our town's first pediatrician and my doctor, who opened his home to me when my grandpa became ill
- Dr. William DeLoach
- Dr. Hulda Wohltman, pediatric endocrinologist
- Drs. Charles Darby and Warren Derrick, department chairs and chapter

Presidents

- Dr. Ed Rushton
- Dr. Cal Sia

These individuals modeled for me characteristics and qualities I have tried to emulate:

- profound respect for people
- selflessness
- value of faith, hard work and dependability
- focusing on the important
- humility
- total commitment to our patients
- the joy of pediatrics
- special health care needs of chronically ill children
- the importance of organized pediatrics
- the role of community pediatrics and the medical home

# National AAP President-elect Candidates Named

Continued from page 10

## HOW DID YOU GET INVOLVED IN THE AAP AND SUBSEQUENTLY WHO HAVE BEEN YOUR MOST IMPORTANT MENTORS AND WHAT HAVE YOU LEARNED FROM THEM?

### **Renee R. Jenkins, MD, FAAP**

My involvement in the Academy came early in my career while completing my adolescent medicine fellowship at Montifiore. As a visiting professor, Sprague Hazard introduced the fellows to candidate membership on the Committee on Adolescence (COA). My chief, Michael Cohen, successfully nominated me for the COA. As a member I had the experience of sitting at the table with Adele Hofmann, Felix Heald, and other giants in the field, participating in discussions and drafting statements about a wide range of policies on adolescent health. I appreciated the impact of the AAP's influence in child health policy and I was "hooked" on active membership from that time forward. Natalia Tanner was another early adolescent medi-

cine mentor, a pioneering African-American pediatrician, who unlike my academic models, was in practice, and very much the business-woman and confident Academy leader in Michigan, and the mid-West.

My long-term mentor in academic adolescent medicine is Elizabeth McAnarney, a nurturing adviser, always supportive, while pointing out the need to be thorough in balancing considerations with any career decision. She's also the consummate role model for organizational leadership in the Association of Medical School Pediatric Department Chairs and the American Pediatric Society.

My first boss, Melvin Jenkins, my "rock," impressed on me the need to forge departmental relationships with public health and community agencies in caring for at risk chil-

dren. He also instilled in me an appreciation for continuing the Howard legacy of Roland Scott, one of the first African-American pediatricians to belong to the Academy.

On a chapter level, Roz Epps and Charlie Schulte passed on the importance of including the variety of representatives of differing practice settings sharing chapter leadership. On a personal level, Iris Litt serves as my model for family and companionship balance in one's career, keeping the first things first in our world of competing demands. I've also treasured the opportunities to mentor others interested in becoming future leaders in the Academy. Just as I revel in the success of my mentees, those who have mentored me share in the honor of my nomination and I am grateful for all of them.

## BIOS

### **O. Marion Burton, MD, FAAP**

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

A graduate of Clemson University and Medical University of SC, he trained at MUSC and Medical College of Georgia. For two decades he practiced pediatrics in Anderson, SC and taught in a local primary care residency. In 1991 he joined USC School of Medicine to establish a Division of Community Pediatrics. Later named Associate Dean for Clinical Affairs, he oversees the 210-physician multi-specialty group, conducts faculty locum tenens programs for rural pediatricians, and is senior medical consultant to the state's public health and Medicaid agencies. He helped establish 75 partnerships placing public health professionals with practicing physicians to create medical homes for children.

His faculty group cares for children in University Primary Care offices, the SC Juvenile Justice System and clinics for children with special health care needs.

He is Past President of the South Carolina Medical Association, SC Pediatric Society and is AMA Delegate for the AAP. He was Chapter and District CATCH Facilitator, national Chairperson of the DCF and Community Action Group, member of the Task Force on Committees and Sections, Chairperson of the AAP Council on Committees, and in that capacity regularly attended AAP Board of Directors and Advisory Committee to the Board on Committees and Sections meetings.

Recognitions include the Abraham Jacobi Award and National Army Guard Flight Surgeon of the Year.

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

### **Renee R. Jenkins, MD, FAAP**

Dr. Jenkins is professor and chair, Department of Pediatrics and Child Health at Howard University and adjunct professor of Pediatrics at George Washington University, both in Washington, DC. She graduated from Wayne State University School of Medicine and completed her residency at Jacobi Hospital in New York City. After completing a fellowship in Adolescent Medicine at Montifiore Hospital, Dr. Jenkins started a program at Howard. In 1994, Dr. Jenkins was appointed Department Chair, and during her tenure directed the departmental training program and practice plan.

As a candidate member, the Committee on Adolescence provided Dr. Jenkins' first service opportunity. She's served on many task forces and committees, including the Task Forces on Pediatric AIDS, and Reimbursement, the Committee on Federal Government Affairs, and chaired the Committee on Community Health Services. Renee is a past-president of the DC Chapter. Her section memberships include Adolescent Health and Community Pediatrics.

Adolescent health and underserved children have been the foci of Dr. Jenkins career, both nationally and in her community. Dr. Jenkins was president of the Society for Adolescent Medicine, and chair of the Pediatric Section of the National Medical Association. She is a member of the American Pediatric Society, Ambulatory Pediatric Association and the Institute of Medicine, serving on its Board on Children, Youth and Families. In DC, Renee and colleagues started the Center for Youth Services, and she chaired the Mayor's Committee on Teen Pregnancy Prevention.

Dr. Jenkins is married and has one daughter, a medical student at Medical College of Wisconsin.

Dear Friend of New Jersey's Children:

Thanks to the efforts of the AAP/NJ Chapter Members and dedication of the Board members, 2005 has been a year filled with activity, accomplishment and accolades for the Pediatric Council on Research and Education, the Foundation of AAP/NJ. There has been measurable improvement in the quality of life for children in New Jersey who have been touched by the projects that PCORE has undertaken.

But first, we would like to tell you a story. One of the practices involved in PCORE's Educating Physicians in their Communities (EPIC) Provider Education Project had a patient come in for a well-visit. The mother was carrying the baby in the infant car seat, holding the hands of twins and two older children were running ahead. They all piled into the examination room, where an office manager took the time to use the Edinburgh Screening tool that she had learned about at a PCORE Practice Innovator meeting for the EPIC project. During the survey, the mother broke down and was clearly overwhelmed by the challenges of raising five small children. The office manager took it upon herself to follow up with the mother after the appointment and found out that her husband was stepping in to help and her mother-in-law had moved in. As a result of the office manager's participation in PCORE's project, she felt confident in her ability to use the screening tool, which enabled her to assist a mother and prevent the creation of a potentially harmful environment for the children.

This is just one example of a process, a tool, a procedure and educational awareness that PCORE has helped practices to facilitate. The overall goal of PCORE and our projects is to improve the quality of care that children receive. PCORE works on a variety of preventive health issues such as improving immunization rates, increasing the number of children screened for lead poisoning, preventing obesity, fostering awareness of child abuse and neglect and also will be focusing in 2006 on asthma.

To date, over 530 medical professionals have received EPIC-SCAN (Suspected Child Abuse and Neglect) training. Almost the entire pediatric healthcare delivery system in Trenton participates in the EPIC Provider Education Project, ensuring a higher level of care for over 6,000 patients under the age of five. Every practice that has been involved in improving their immunization and childhood lead poisoning screening rates has seen significant increases. An our impact continues to grow.

As you start to think about your plans for gift giving as the year concludes, think about PCORE and what it can do and has done to help improve the well-being of children in New Jersey. PCORE is the Foundation of the American Academy of Pediatrics/New Jersey Chapter and strives on your behalf to continue to foster new and innovative programs to enhance the ability of pediatric practices to optimally serve their patients – the children of New Jersey.

Thank you for everything that you do every day to ensure the health of children in your community and for supporting PCORE, your Foundation, in our efforts to enhance our work. Don't hesitate to call us with questions at 609-585-6871.

Best wishes for a happy and healthy holiday season to you and your family!

Sincerely,



Bipin Patel, MD, FAAP  
AAP/NJ President



Steven Kairys, MD, FAAP  
PCORE Chairman



Name \_\_\_\_\_

Donation Amount: **"** \$25

Address: \_\_\_\_\_

**"** \$50

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**"** \$100

**"** Other \_\_\_\_\_

Email Address: \_\_\_\_\_

In Memory Of: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

In Honor Of: \_\_\_\_\_

**Please return this form with your donation to PCORE at:**

**PCORE**  
c/o AAP/NJ  
1 AAA Drive, Suite 102  
Trenton, NJ 08691  
609-585-6871

# Practice Management

*Richard Lander, MD, FAAP*

*Andrea Katz, MD, FAAP*

*Jill Stoller, MD, FAAP*

The Practice Management Committee's goal is to identify coding, reimbursement and other practice management issues that affect the day to day finances and practices of the pediatricians of New Jersey. A subset of the committee runs the "Pediatric Council" which meets quarterly with the medical directors of the major insurance companies in NJ as well as key figures from the Department of Banking and Insurance, Department of Health and Senior Services, and the Medicaid office. The Committee has been instrumental in educating the managed care companies as to problem trends within their individual companies that, with the Committee's guidance, have been corrected.

Committee members, Dr. Jill Stoller, Dr. Andrea Katz and Dr. Richard Lander also met with members of Pediatric Councils from all over the country at the AAP National Conference and Exhibition in Washington last month. Health saving accounts, immunization payment and national AAP

drafting policy guidelines for coding and payment (within the rules!) were discussed as national agenda items. It seems the problems across the country are all the same!

The main thrust of our agenda this year will focus on vaccine payment and assuring that pediatricians are adequately paid for all vaccines, especially the newer, more expensive ones. In addition, we would like to ensure that the insurance companies will load into their systems new codes and fee increases in a timely fashion. We will continue to press for appropriate coverage for "mental health services" such as attention deficit disorder, depression, learning disabilities and anxiety. A new product, Health Savings Accounts (high deductible health plans) will pose a unique problem to pediatricians. Patients will be asked to pay for most of their health care for the year directly to the doctor, until their high deductibles are met. This will increase overhead for physician offices: much patient

education will be needed proactively, and there will be an increase in collection efforts.

Our Committee meets individually with several of the insurance companies that have the largest presence in NJ as well as the most practice management problems.

We invite all AAP/NJ pediatricians to contact any of us directly with trends that you find disturbing or difficult to navigate. We are your voice directly to the insurance companies. The more input we have, the more change we can make.

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