



The New Jersey

Pediatrician

Volume 31 • 1st Quarter 2006

Newsletter of the American Academy of Pediatrics/New Jersey Chapter

PCORE CORNER

Steven Kairys, MD, FAAP
PCORE Chairman

In PCORE's sixth year of operation, there has been significant expansion of the organization with grant projects working on improving immunization rates, preventing child abuse and neglect, screening mothers of newborns for maternal depression, increasing the numbers of children screened for lead poisoning, and developing an asthma training module for pediatric practices. These preventative health issues all touch on the mission of PCORE to improve the health and well-being of children in New Jersey.

The roll-out of the EPIC (Educating Physicians In their Communities) Postpartum Depression training module has begun with active recruitment of practices to schedule the office-based training on recognizing the signs of postpartum depression in new mothers. The goal is to have 40 practices trained by the end of June 2006. The recent Train the Trainer session that was held in January was well attended by medical professionals who are involved or interested in the mental health field. 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 for your practice, please contact Marina Atkinson at PCORE/AAP/NJ Headquarters at 609-585-6871 or matkinson@hq4u.com.

The New Jersey Improving Preventive Services Project has begun its spread phase with eight practices from across the state participating in the project. The practices will be working

Continued on page 8

Update on the EHDI (Early Hearing Detection and Intervention) Program in New Jersey

By Michael A. Graff, MD, FAAP, Chapter Champion, EHDI Program

Recently most of the pediatricians in New Jersey received a letter from Leslie M. Beres-Sochka, the program manager for the Early Identification and Monitoring program in New Jersey. In that letter, she pointed out some changes to the regulations for hearing screening and I would like to emphasize some points. Some of these changes were made at the request of pediatricians who attended my lecture series on the EHDI program.

- Hospitals are now required to notify primary care providers of the results of the newborn hearing tests. Many hospitals have developed a form that is sent to each physician. If your hospital does not provide you with this information, you should contact your administration and notify them that they need to comply with the new regulations
- Pediatricians who perform outpatient hearing screening in their offices are required to send the results to the state EHDI program within 10 days of screening. The necessary form (SCH-2) can be downloaded from the state website at: <http://nj.gov/health/forms/sch-2.dot>
- Pediatricians are now required to report to the state any child who is lost to follow-up (moved away, phone number disconnected, etc) using the new form Lost to Follow-up which can be obtained at: <http://nj.gov/health/forms/sch-3.dot>

Pediatricians are responsible for ensuring that children with risk indicators for late onset hearing loss receive ongoing audiologic monitoring. The criteria were published in Pediatrics Vol 106, No. 4, October 2000 and can be obtained at: <http://www.jcih.org/posstatemts.htm>.

If you have any questions regarding the NJ EHDI program or would like to schedule grand rounds at your hospital, you can contact me at (732) 776-4283 or by email at mgraff@meridianhealth.com. If you would like further information or would like to contact Leslie Beres-Sochka, she can be reached at (609) 292-5676 or EHDI@doh.state.nj.us.

HealthCare Institute of NJ's Rx4NJ Program

The American Academy of Pediatrics/NJ Chapter is a supporter of the HealthCare Institute of NJ's (HINJ) very successful Rx4NJ program, which has qualified over 97,000 New Jersey residents to receive vital medicines at reduced or no cost. In order to help expand utilization of this program among our state's diverse population, HINJ is looking to "share the good news" with others. Your help in identifying patients who have participated in Rx4NJ and may be willing to share their story would be very much appreciated and a member of the staff from HINJ will contact you by telephone in that regard. Please email Jim McGarry of HINJ at mcgarry@hinj.org.

American Academy of Pediatrics



New Jersey Chapter
1 AAA Drive, Suite 102
Trenton, New Jersey 08691
Phone: 609-585-6871
Fax: 609-581-8244
Email: hq@aapnj.org
Web Site: www.aapnj.org
AAP National: 800-433-9016

2004-2006 OFFICERS

President

Bipin N. Patel, M.D., FAAP

Vice President

Janice Pronnicki, M.D., FAAP

Vice President-Elect

Michael Segarra, M.D., FAAP

Treasurer

Stephen Rice, M.D., PhD, MPH, FAAP

Secretary/Editor

Margaret (Meg) Fisher, M.D., FAAP

Immediate Past President

Charles A. Scott, M.D., FAAP

Executive Director

Debbie Hart, CAE, APR

Layout/Design

Marina Atkinson

1st Quarter 2006

American Academy
of Pediatrics/
New Jersey Chapter
Established 1950

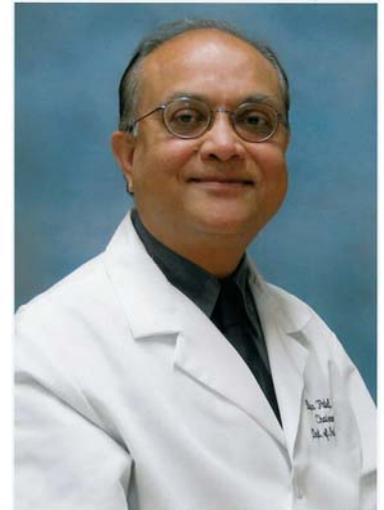
President's Message

Bipin N. Patel, M.D., FAAP

The heart-wrenching testimony of the Jackson brothers in the past few weeks reminds us of the vulnerability of children in our society and the need to protect them. The medical care system that interacts with foster children must be prepared to deal with not only the physical and medical needs of these children, but also the mental health needs that are so prevalent in these children from broken and dysfunctional families. AAP/NJ has worked closely with the Child Advocate and Department of Youth and Family Services (DYFS) to develop a comprehensive infrastructure of care for foster children. The past year has seen five centers developed in the state through Regional Diagnostic and Treatment Centers for child abuse, that offer comprehensive medical and mental health evaluations of children as they enter the foster care system. AAP/NJ is very supportive of these initiatives, but very much aware that this is only the beginning and much more needs to be done, especially in the area of mental health resources for children. We are pleased with Governor Corzine's choice of Mr. Kevin Ryan a passionate advocate for children, to the post of Commissioner of the Department of Human Services and the AAP/NJ Chapter is prepared to offer help in reforming the system.

As I talk of improving our skills in dealing with foster children, I am reminded of the emerging and increasing need for the pediatrician to be skilled in issues dealing with adopted children, children with high acuity multiple disabilities and increasing mental health needs. Please join us at AAP/NJ's Annual CME Meeting on April 29th, where many of these issues will be addressed in small group workshops.

As pediatricians continue to battle the daily grind of staying in business to take care of children, I am privileged in this position to witness pediatricians throughout New Jersey volunteering an enormous amount of their time to children's issues in their communities by their participation in AAP/NJ Chapter activities and also joining international missions to help children around the world.



Resident Career Day
March 29, 2006

Victorian Manor
Edison, NJ

7:45 am - 1:30 pm

For more information, call AAP/NJ Headquarters.
609-585-6871

American Academy of Pediatrics/New Jersey Chapter

2006 CME Conference and Annual Meeting



Saturday, April 29, 2006
Hyatt Regency New Brunswick
2 Albany Street, New Brunswick, NJ
7:30 am - 4:45 pm

This event highlights "Common Problems in Pediatrics."

Learn the latest information on: ADHD, Autism, Behavioral Pediatrics, Breastfeeding, Coding Issues, Chronic Abdominal Pain, Food Allergies, Headaches, International Adoption, Learning Disabilities, Meningococemia, Pertussis and Splinting.

Registration material can be obtained on the AAP/NJ Chapter Website
At aapnj.org under Upcoming Events: AAP/NJ Sponsored.

Questions?? Contact AAP/NJ Headquarters at (609) 585-6871
or hq@aapnj.org.

CATCH

Elaine Donoghue, MD, FAAP, CATCH Facilitator

CATCH continues to build momentum. There were 4 applications for CATCH Implementation and Resident grants in this last cycle which ended January 31, 2006. The results will be announced later this spring. We will continue to support New Jersey applications with technical assistance and grant development guidance.

Congratulations to Dr. Patricia Whitley-Williams for being awarded a CATCH Planning grant! Her grant will help HIV positive youth transition to adult medical care. The Robert Wood Johnson Aids Program serves as a medical home for many HIV + children. As the prognosis for HIV+ children improves and they pass through adolescence, they need assistance in making the transition to adult life, and planning for that transitional program will be the goal of the CATCH grant.

Past New Jersey grants are working to improve services to children with special health care needs, combat obesity, identify developmental delays in high-risk populations and strengthen services provided by the medical home. We hope to announce that more programs will be added to this list in the next year.

Don't forget that there will be another cycle of CATCH grants this summer including resident CATCH and CATCH planning grants. Look for more information in May and expect the deadline to be in July.

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

Legislative Highlights

Nancy Pinkin, AAP/NJ Lobbyist

The AAP/NJ bids fond farewell to Barbara George Johnson of MBI Gluck Shaw, who will be moving on to other endeavors. Nancy Pinkin, MPA, CHE, who was our advocate in Trenton prior to Barbara, has returned to MBI Gluck Shaw after spending two years with the New Jersey Council of Teaching Hospitals.

The following bills were signed into law during the "lame duck session":

S1926 Adler (D6) — "**New Jersey Smoke-Free Air Act**"; prohibits smoking in indoor public places and workplaces. P.L.2005, c.383. The bill prohibits indoor smoking throughout the State, except for casinos, and also prohibits smoking in any area of any public or nonpublic elementary or secondary school, whether in the buildings or on the grounds of the school.

S2481 Vitale (D19) — **Permits certain minors to consent to medical care or treatment for HIV infection or AIDS.** P.L.2005, c.342. The bill amends N.J.S.A.9:17A-4 to clarify that a minor's right to consent to the provision of medical or surgical care (including testing) under that statute extends to a minor who is at least 13 years of age and is or believes that he may be infected with the human immunodeficiency virus (HIV) or have acquired immune deficiency syndrome (AIDS). N.J.S.A.9:17A-4 currently provides that a minor who believes that he or she is afflicted with a venereal disease, or a minor who, in the judgment of a treating physician, appears to have been sexually assaulted, can consent to medical or surgical care or services. In the case of a minor who appears to have been sexually assaulted, however, the law provides that the minor's parents or guardian shall be notified immediately unless the attending physician believes it is in the best interest of the minor not to do so. Also, under that statute, a

minor who believes he or she is suffering from substance abuse (drugs or alcohol) may provide consent for treatment provided by a treatment provider or facility. Also, N.J.S.A.9:17A-1 provides that an unmarried pregnant minor can consent to the furnishing of hospital, medical and surgical care related to her pregnancy or her child.

A2091 Barnes (D18) - **Requires children who wear eyeglasses to wear protective eyewear while participating in certain sports activities.** P.L. 2005, c.306. The bill requires any child who wears corrective eyeglasses while participating in racquetball, squash, tennis, women's lacrosse, basketball, women's field hockey, badminton, paddleball, soccer, volleyball, baseball or softball, sponsored by a school, community or government agency to wear protective eyewear that meets the frames standards of the American Society for Testing and Materials (ASTM) F803 and the lens standards of the American National Standards Institute (ANSI) Z87.1. Under the bill, the New Jersey Council on Physical Fitness and Sports is authorized to provide grants to assist low-income families in purchasing the protective eyewear. The bill stipulates that no school, community or government agency engaged in organizing, teaching, refereeing or coaching a sports activity described in the bill would be liable in a civil action for failure to administer or enforce the protective eyewear requirement.

A3931 Morgan (D12) — **Requires State Board of Education to include two hours of instruction in suicide prevention** as part of professional development for public school teaching staff members and to revise the Core Curriculum Standards in Comprehensive Health and Physical Education. P.L.2005, c.310. The bill directs the State Board of Education to require that public school teaching staff members complete at least two hours of

instruction in suicide prevention provided by a licensed health care professional with training and experience with mental health issues as part of the State board's professional development requirements. In establishing this instructional requirement, the State board is to consult with the New Jersey Youth Suicide Prevention Advisory Council in the Department of Human Services. Under current State Board of Education regulations, teaching staff members are required to complete 100 clock hours of professional development every five years. This bill requires that at least two of those hours incorporate suicide prevention instruction. The bill also requires that the State Board of Education revise the Core Curriculum Content Standards in Comprehensive Health and Physical Education to provide for instruction in suicide prevention in an appropriate place in the curriculum of elementary school, middle school, and high school pupils.

S1314 Buono (D18) — **Requires managed care carriers to provide certain health care providers with fee schedules.** P.L.2005, c.286. The bill requires that managed care plans must furnish doctors covered under their plan with a fee schedule for the 20 most common fees and services under the doctor's specialty. The fee schedule must be provided within 15 days of request. Health insurance carriers are required to reimburse doctors according to that fee schedule and are subject to a \$1,000 for each violation. It included a last minute amendment which allows a carrier to revise a fee schedule upon providing written notice to a health care provider, without requiring that the notice be given at least 30 days prior to the renewal date of the contract.

Continued on page 7



The AAP/NJ Chapter Young Pediatricians listserv is up and running!

Membership to the AAP/NJ Chapter Young Pediatricians Committee is open to all Chapter members under 40 years of age or within the first five years of practice. To join the Young Pediatricians listserv, contact Henry Shih at htishih@yahoo.com.

Message from the Senior Section

Avrum L. Katcher, MD, FAAP

As a person who is auditorily challenged [we do not need to hear from those who said my challenges go much deeper than the ears], I am perhaps more aware of situations that might have an unhappy influence on subsequent hearing. Imagine musicians sitting in front of the horns. For example, a son-in-law is a professional musician—saxophone and jazz. He says that many musicians wear ear-plugs, effective enough to tone down the decibels, but not so effective as to preclude working together in harmony. Another example was recently described in *Pediatrics*, when Chung and associates described tinnitus or hearing loss after exposure to loud concerts or club music. *Pediatrics*, 2005;115:861-867. This was followed up by two letters to the editor in the January issue, p248 and 249. Both bemoan the lack of public awareness of the dangers of loud noise, particularly among children and adolescents, and call for education for parents, in school and through the media.

In addition, one wonders how many of you in the later mid-life and senior years are also auditorily challenged, and have wondered, as I have, whether this could be related to the influence of loud noises in the examining rooms where we have been occupied so many years, loud noises of baby and children crying. For the record, I have circularized every public and private hearing organization and source of expert advice I could find. None were able to say whether or not this sort of noise is loud enough to affect hearing.

Finally, you are all aware that hospital associated noise, is if nothing else a source of irritation to those old enough to voice their responses, and has been found to be significantly high, in particular, inside incubators.

If any of you have access to information about the impact of noise on subsequent hearing, arising at any age, do tell me about it. Call 908-782-3345, or e-mail stellave@earthlink.net.

On another topic, how many of you are aware of the Chapter Guide to forming a Senior Committee at Chapter level? We'd like very much to get such a committee really rolling in the next few months, perhaps at the NJ Chapter program on April 29th, perhaps sooner. A number of members of the senior section are interested, and those of you who would like to be involved, please call or write me at the above addresses. A major objective of our National Section on Senior Members is to enhance development of a Chapter Committee wherever it is feasible. That is why we wrote the Chapter Guide. There are copies at AAP/NJ Headquarters if you'd like to review it.

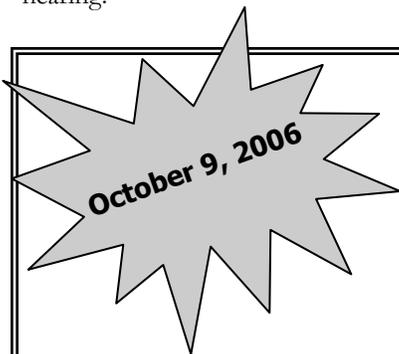
Speaking of the Senior Section, there are two events worth noting. In March the Executive Committee will meet to plan our activities for the next year. We would appreciate hearing from you about objectives that make sense. In addition to Chapter committees, we want to enhance the ability of members to advocate on important issues for children, and to have programs and learning opportuni-

ties on topics of interest available for them.

We are aware that as pediatricians age it is important to provide programs, resources and support for them as they reach transition points in career and personal life. Did you know that the Section has been helpful in pulling together a packet of information about selling a practice? Or in pushing for legislation to offer malpractice insurance for seniors who no longer practice, but who do volunteer in public clinics? We also feel it is vital to represent our constituency within AAP governance at all levels. We need to bring our opinions and needs to the attention of the AAP leadership. Speak up! Let me know where you feel hassled and itchy and want something done!

And finally, for all members of AAP/NJ, let me mention the Senior Section program at the NCE in Atlanta in October. We will have three speakers. One will review the ABCs of Assisted Living, Long Term Care, and Long Term Care Insurance. An attorney will speak on All You Should Know About Living Wills, Advance Directives, Powers of Attorney, and Health Care Surrogates. And another on End of Life Care. Much of this material is important long before one reaches the point of no return. Even if you are not an official senior, or don't feel like one (we don't), this sort of planning is important. Advance Directives and Living Wills may be needed at any age.

See you at AAP/NJ in April, and in Atlanta in October.



National Senior Section Program

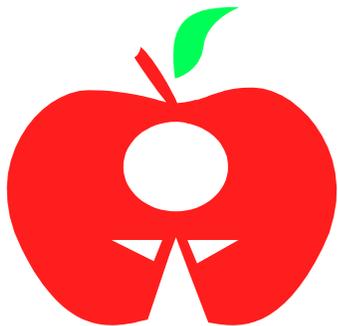
Monday, October 9, 2006

NCE in Atlanta, GA

Speaker Topics Include:

- The ABC's of Assisted Living, Long Term Care and Long Term Insurance
- Advance Directives and Power of Attorney
- End of Life Issues and Palliative Care

Reception to Follow



School Health Conference

The fifteenth annual conference on Community Medicine and School Health will be held in Somerset, NJ at the Palace on October 4, 2006. It will follow a new format of three plenary sessions with five repeated workshops. The topics will be appealing to all school health personnel including and, most appropriately, our AAP/NJ members who are school physicians or pediatricians interested in how to make their practice lives easier while working with school systems.

Featured this year will be a plenary by a board of education attorney versed in what liability exists for people volunteering or paid for working with school systems. I urge our members to attend. Another new focus will be

working with urban youth through our largest cities and school systems. Again, it is another good reason to upgrade your skills in dealing with well and ill youth who attend school.

Finally, this year most school health laws “sunset” in NJ and need state Board of Education re-approval or change. This conference remains one of the best opportunities in the state to update your knowledge of what is expected of you and your patients.

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



March 29, 2006

Resident Career Day - Victorian Manor, Edison, NJ
7:45 am - 1:30 p.m.

April 29, 2006

2006 Conference and Annual Meeting - Common Problems in Pediatrics - Hyatt Regency, New Brunswick. 7:30 am - 4:45 pm

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!

October 4, 2006

15th Annual School Conference - The Palace in Somerset Park, NJ. More details to come!

Legislative Highlights

Continued from page 4

S2824, Vitale (D19); Buono (D18); Cohen (D20); Weinberg (D37) - "**Health Claims Authorization, Processing and Payment Act**," requires that "utilization management" occur according to certain standards when it comes to authorizing certain health care services. The bill is sponsored by Senators Barbara Buono, Joseph Vitale and Loretta Weinberg. The bill requires that all outpatient service requests be answered within 15 days and all requests for all patients in the emergency room or admitted to a hospital be made within 24 hours. If a request is not made within the given time period, it will be deemed approved automatically. The bill clarifies the rules governing the reimbursement of claims made by health care providers. Current law requires that all electronically submitted claims be paid within 30 days and all paper claims paid within 40 days unless they "require special treatment." The bill removes the "special treatment" loophole from the law. The bill also places a one-year cap on the time insurers can audit a provider to see if they overpaid previous.

A3846 Weinberg (D37) — Establishes "**Task Force on Health Care Professional Responsibility and Reporting**." P.L.2005, c.279. The task force is to

assist in the development of notices that health care entities may post or distribute to health care professionals who are employed at their entities regarding the required employer and employee reporting provisions of Senate Bill No. 1804 or Assembly Bill No. 3533, including information about job performance that current or former employers must provide to prospective employers about their employees. The purpose of the task force is to assist in the implementation and monitor the impact of health care professional reform measures outlined in S1804, previously signed into law, which revises and strengthens reporting requirements of health care facilities, managed care plans and other employers of health care professionals regarding disciplinary actions taken by the entity against a health care professional for reasons related to impairment, incompetency or professional misconduct. S1804 requires health care professionals to report information about an impairment, gross incompetence or unprofessional conduct of another health care professional to State authorities and their employer. Also, certain employers of health care professionals will be required, upon the inquiry of another employer, to truthfully

disclose certain information concerning the professional's job performance.

A1698 Munoz (R21) — **Requires State Board of Medical Examiners to suspend license of physician whose license has been revoked by another state**, agency or authority. P.L.2005, c.257. The bill provides that the State Board of Medical Examiners shall immediately suspend a physician's license when they receive documentation demonstrating that a physician's license is revoked or suspended by another state when grounded on facts that demonstrate that continued practice would endanger or pose a risk to the public health or safety pending a determination of findings by the board. Otherwise, when such an action of another state is grounded on facts which would provide basis for disciplinary sanction in this State involving gross or repeated negligence, fraud or other professional misconduct adversely affecting the public health, safety or welfare, the board may immediately suspend the physician's license, pending a determination of findings by the board.

Immunization Schedule for 2006

By Meg Fisher, MD, FAAP

By now you have had a chance to see the new Immunization Schedule approved by the American Academy of Pediatrics, the American Academy of Family Physicians and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. There were several changes and perhaps a surprise or two. This short article will review the highlights.

The birth dose of hepatitis B vaccine continues to be recommended; this dose should be given even if you use combination vaccines for subsequent doses. The birth dose is essential to prevent perinatal transmission and decrease the chance for horizontal transmission from siblings and caregivers other than the mother. There is no harm in giving an extra dose.

The initial DTaP series has not changed

but there is now a teen dose of Tdap, a vaccine designed to boost pertussis antibody in adolescents and adults. Consider getting a dose yourself and providing vaccine for your employees. I have convinced my hospital to provide it for all staff members who care for children.

There are no changes in recommendations for *Haemophilus influenzae* type b, inactivated poliovirus, measles, mumps, rubella, varicella, or pneumococcal vaccines. Stay tuned on the varicella vaccine; many expected a change to a two dose schedule for all but this was voted down. There is a version of the varicella vaccine designed for adults; it prevents zoster! Ask your internist to see if you are a candidate.

Preteens now get a dose of meningococcal vaccine; catch up doses are recommended at entry to high school or college.

The influenza vaccine recommendations have not changed. The supply and distribution of vaccine remains an issue (see press release from sanofi Pasteur on page 12 and page 13).

Finally, the surprise: hepatitis A vaccine is recommended for all beginning at 1 year of age. The 2 doses in the series should be administered at least 6 months apart.

These are the January recommendations which will soon be changed to include recommendations regarding the newly licensed rotavirus vaccine – stay tuned for details. You can get up to date information about vaccines on the web: www.cdc.gov, www.aap.org, and www.cispimmunize.org. Copies of the vaccine schedule and a catch up schedule are available in the *AAP News* and on all the above websites.

PCORE Corner

Continued from page 1

with the New Jersey Immunization Information System to report on their immunization rates and will be striving to improve their immunization delivery system within their individual practices. They will be meeting at Learning Session II scheduled for April 26th to report on their successes and challenges. Ruth Gubernick, the Project Coordinator, Adrienne Millican, the Quality Improvement Coordinator and a member of the pilot phase of the project, Arlene Patrick will be presenting this project at the 40th Annual National Immunization Conference in March in Atlanta, GA.

EPIC-SCAN (Suspected Child Abuse and Neglect) will be adding a prevention module to the training program in 2006 and will be expanding to other counties

across the state. Testimonials from practices who have participated in the training have indicated that it has been a worthwhile experience for everyone involved in their practice. If you are interested in signing up, please contact Harriet Lazarus at 609-585-6871 or hlazarus@hq4u.com for more information.

Improvement is defined as making something better. PCORE works to develop projects that will make the quality of care that a pediatric practice delivers to its patients better.

PCORE needs your help in order to continue to create programs that are dedicated to improvement. As a member of the AAP/NJ Chapter, you can help make a difference by supporting the Foundation and its mission. This spring

holds the perfect opportunity to do just that.

The Second Annual Golf Outing to benefit PCORE will be held on Wednesday, May 17, 2006 at the Neshanic Valley Golf Course in Neshanic, New Jersey. It is a great way to show your support of the Chapter's Foundation and get the opportunity to spend the day on the links. Sign up for a day of golf or bring a group of friends and sign up as a foursome or sign up to attend the dinner! There are also sponsorship opportunities for you to consider as well. Additional information on the event appears in this newsletter. We hope to see you on the course!



Golf Outing to Benefit PCORE

The Second Annual Golf Outing to benefit the Foundation of the American Academy of Pediatrics/New Jersey Chapter known as the Pediatric Council on Research and Education (PCORE) will take place on Wednesday, May 17, 2006 at the Neshanic Valley Golf Course in Neshanic, New Jersey. The event is being

chaired by Jim Watkins of Wyeth.

Registration begins at 10:00 a.m. with an optional golf clinic being held at 10:30 a.m. A barbeque lunch will begin at 11:30 a.m. with a Shamle Start at 1:00 p.m. Dinner will follow and will include a Chinese auction.

The registration fee is \$300 per golfer or \$1,100 per foursome and includes greens fees, driving range, cart, starter, scoring, barbeque lunch, beverage cart service, gratuities, and cocktail hour followed by dinner with prizes. The cost to attend only the dinner portion is \$125 per person.

There are additional ways to support the Golf Outing and would be an exceptional opportunity to promote your practice to a captive audience. Sponsorship opportunities range from lunch and dinner sponsorships at \$5,000, which include one foursome to hole sponsors at \$500. If you are interested, please contact Lori Donovan, PCORE's Director of Development at 609-585-6871.

Members of the Golf Outing Committee include Anthony Marino, MD, FAAP; Paul Consiglio, Ross Products; Robert Eyerluss, Ross Products; Bipin Patel, MD, FAAP, President of AAP/NJ; Steven Kairys, MD, FAAP, chair of PCORE; and AAP/NJ and PCORE Executive Director Debbie Hart.



Spotlight on Committees

Young Pediatricians

*Patty Vitale, MD, MPH, FAAP
Young Pediatricians Committee Chair*

As the incoming chair of the Young Pediatricians Committee, I wanted to take the opportunity to introduce myself and tell you about the Committee and what it has to offer. The Young Pediatricians Committee of AAP/NJ was formed in 2001 to meet the growing and changing needs of young pediatricians in New Jersey. Membership is open to pediatricians 40 years or younger or within five years of finishing training. Over the years, we have sponsored Resident Career Day, continuing medical education activities and developed a listserv for young physicians to network and discuss current practice issues and complex cases. The Young Pediatricians Committee has several goals, one of which is to introduce young pediatricians to the New Jersey Chapter of the American Academy of

Pediatrics. We hope to provide a network of young pediatricians to discuss issues of importance such as negotiating contracts, coding and practice management. Another goal is to educate and provide resources to our young pediatricians with the hope of encouraging them to develop leadership skills within the community and the Academy. Even if you are not eligible to be a member of the Young Pediatricians, you can assist our members through mentorship, leadership and education. We encourage all pediatricians and Academy members to contact us when you hire a new physician into your practice or hospital program. The key to membership success is communication at the local and state level. It is our goal to have a membership welcome packet available this summer to introduce our new pediatricians to New

Jersey and to the New Jersey Chapter of the American Academy of Pediatrics. We are also planning to host a Practice Management and Coding Symposium for our AAP members in July. If you are interested in being a member, please contact me at pvitale@pol.net. We also encourage everyone to join our listserv which is a great resource to network and present interesting cases and discuss practice policies. Please contact our listserv manager, Henry Shih (htshih@yahoo.com) to get added to our list. Thanks for your continued support of our young physicians – they are the leadership of the future.

Our next meeting will be at 7:00 PM on April 6, 2006 at St. Peter's University Hospital. All are welcome. Please contact me for directions and room information at pvitale@pol.net.

Practice Management - Consumer-Directed Health Plans

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

Everywhere you turn you will see or read something about consumer-directed health plans or health savings accounts. Now is the time to educate yourself and your staff about these new insurance products, and make plans for how you will deal with them.

Consumer-directed health plans (CDHP) are insurance products that usually include a Health Savings Account (HSA) that contains pre-tax dollars contributed by an individual and/or their employer to use for medically related expenses. The saving accounts are backed up by a high-deductible insurance plan, which kicks in to cover 80% of

medical expenses after a deductible has been met. The amount of the deductible is variable, but usually is at least \$1250 per individual or \$5000 per family per year. The goal of CDHPs is to make the consumer responsible for much of the health care expenditures, with the hope that they will make educated and cost-saving choices. In 2005, CDHPs composed only about 10% of private health insurance products, but this is expected to increase to 20-25% in 2006.

Consumer-directed health plans will present many challenges for pediatricians. Most of the CDHP products that are being administered by the larger insurers in our area provide preventative

health visits and immunizations with first dollar coverage. This means these visits will be paid at the contracted fee schedule before the large deductibles have been met. But this is not universally true, so it is prudent for all offices to find out if well-care coverage will be paid with first dollar coverage for any particular CDHP that presents to them.

Certain insurers are requiring that the pediatrician's office submit the claim for a visit without taking any money from the parent at the time of service.

Continued on page 11

Committee on Pediatric Workforce Update

By Beth A. Pletcher, MD, FAAP

The Committee on Pediatric Workforce (COPW) met this past October in Cleveland, Ohio. The committee discussed the publication of the article “The Pediatric Subspecialty Workforce: Public Policy and Forces for Change” in *Pediatrics* as well as the posting of many new materials on the COPW webpage (<http://www.aap.org/workforce>). Additionally, 22 pediatric subspecialty data sheets have been developed and posted on the website devoted to pediatrician subspecialty workforce issues (<http://www.aap.org/workforce/copwssw.htm>). The Committee plans to use this venue to engage our AAP membership at large, and sections specifically, to provide comments and possible additions. As we begin to look at issues related to individual pediatric subspecialties, there appears to be a chasm between academic-based and non-academic-based subspecialties. Identifying these differences and how they impact care will likely help generalists better access subspecialty services for their patients.

Following the publication of the *AAP News* article on women in the pediatrician workforce (“Gender Issues Grow as More Women Enter Pediatric Workforce”, August 2005), the Committee received a number of comments from AAP members regarding concerns about how opting for part-time practice might impact continuity of care for individual patients. This led to a discussion about how shifts of workforce from solo practice to partnerships and larger group practices (that are already being seen) may result in patients being cared for by several different providers, especially when acute medical problems arise. The shift to part-time practice or fewer work hours is seen with increasing frequency for both female and male pediatricians, although women make up a larger percentage of part-time physicians. Rather than focus on “continuity of care”, the

concept of “constancy of care” over the course of a given illness was highlighted and will be discussed in more depth at our next meeting.

The non-discrimination policy statement is currently under revision, as are the policy on the prevention of sexual harassment in educational and office settings and the statement on financing graduate medical education to meet pediatric workforce needs. As we, as a committee begin to look at the future role of pediatricians, we had the opportunity to hear from Dr. Richard Shugerman, who gave a wonderful presentation on pediatrician job satisfaction. You’ll all be happy to know that more than most any other group of physicians, pediatricians as a whole report much higher levels of career satisfaction, although pediatric subspecialists fared less well than generalists. It also became apparent that there is much more we need to know, with research to include: the characteristics of part-time employment, the components of patient satisfaction, potential influence of payers on utilization of pediatricians, as well as impact of faculty development on academic careers. The Committee on Pediatric Workforce would like to move forward by exploring a number of aspects of the future role of the pediatrician. The first two topics to be tackled are 1) the role of the pediatrician as an individual (including satisfaction, burn-out, life balance, part-time practice etc...) and 2) the role of the pediatrician as physician to the underserved.

This past August, just prior to the Annual Leadership Forum, I had the opportunity to represent the Committee at a meeting on the elimination of health disparities for children. This issue is certainly one that is a priority for the AAP and it was great to see so many interested parties coming together to discuss access to care, cultural and language barriers, and issues of social justice. We were very fortunate to have one of the AAP Board

of Director members present at this meeting, Dr. David Tayloe, who was willing to bring some of these discussion points to the Board.

In November, I attended the AAP Advocacy Summit on behalf of the COPW and led a lively workshop on “Advocating for the Future: Pediatric Workforce and GME Issues”. Clearly there are many pediatricians across the country who are concerned about workforce issues and financing of pediatric training. Take-away messages for Chapters included the following: 1) educate yourself about workforce issues in your state; 2) encourage pediatric colleagues to participate in volunteer efforts such as AMA Physicians Back to School program (a well-developed program to get young people interested in careers in pediatrics); 3) reach out to your own members of Congress to let them know how important graduate medical education financing is on a federal level; 4) advocate for increased federal and state support for programs that increase access to care such as the National Health Service Corps and Rural Health Clinics; 5) talk to members and trainees about the upside of practicing in rural or underserved urban areas (now more than ever these efforts are crucial!); 6) let your own state legislators and health care policy-makers know about the unique skills and care provided by pediatricians and pediatric subspecialists; and finally 7) use workforce data (available on the COPW web pages) and quality of care data to push for legislation and public policy that is in the best interest of your patients.

The Committee on Pediatric Workforce is looking forward to an exciting year with the future role of the pediatrician as our unifying theme. As always, if you have any ideas, suggestions, or concerns that relate to workforce issues, feel free to reach out to me. My office number is (973) 972-3314 and my email address is pletcherba@umdnj.edu.

Practice Management - Consumer-Directed Health Plans

Continued from page 9

The claim is to be adjudicated by the insurer and after the pediatrician's office receives an explanation of benefits (eob) back, they are to bill the patient based on the eob. One should be aware before signing on to a CDHP that has this requirement. Cash flow will be affected, and it may be difficult to collect the money from the patient after the visit. This will be expensive as there are more billing costs associated with this type of plan. Some plans will allow you to bill the patient at the time of service, but you are supposed to bill at the discount fee schedule of that particular insurer. That means having all the fees available and loaded into your practice management system – not an easy task.

If parents are paying up front for visits, you may find that they are unwilling to pay for certain services (laboratory tests, hearing and vision screening tests, etc) that they consider “unnecessary”. Parents may try to get conditions treated over the phone to avoid the cost of an office visit. You may be put in the position of justifying the way you practice medicine, which may be an uncomfortable situation.

How should pediatricians prepare for consumer-directed health plans in their practices? First, make sure to carefully read any contracts that come through related to these products. Avoid plans that don't pay preventative care with first dollar coverage. Avoid plans that require that you submit the claim before taking any money from the patient at the time of service. Second, formulate a special financial policy for CDHPs. Post it in your office, and when a patient presents with a CDHP, give them a copy to sign. For example, you could require that the patient pay \$50 toward each sick visit and \$100 toward a check-up at the time of service. The claim would then be submitted and any additional money due would be billed to the parent. This would help prevent cash flow problems. Make sure your office staff understands the policy and that they are aggressive about collecting money up-front with any overdue balances. Third, be prepared to market what you do. Let the patients know how important their children's annual well-visits are, and what you screen for and give advice on at each of those visits. Provide good medical care. You can give advice over the phone, but don't cave in

to parental pressures and treat or prescribe over the phone. You must value what you do and provide a quality service that the parent appreciates.

The Practice Management Committee of AAPNJ will be working with both the health insurers and the legislators to help make consumer-directed health plans less onerous for pediatricians. We will lobby hard for preventative care and vaccines to be paid by first dollar coverage. We will investigate whether an insurer's requirement that no money be taken at the time of service violates New Jersey's prompt pay laws. We encourage any pediatricians to contact us with questions or problems related to CDHPs.

Health saving accounts and consumer-directed health plans will provide new challenges for those of us in private practice. However, we are not as pessimistic as some. We believe most parents are willing to pay for quality care for their children, especially if they have a good relationship with their child's physician. It will be incumbent upon us to stress the importance of quality pediatric care to our families, and to be willing to stand up for the compensation we all deserve.



New Parent Reference

Immunizations & Infectious Diseases, An Informed Parent's Guide has arrived and can be purchased from the American Academy of Pediatrics; go to www.aap.org and click on AAP Bookstore. The cost is \$14.95; consider buying a copy for yourself and for your office waiting room. The book was edited by our own Meg Fisher, MD, FAAP. It is based on the Red Book but written for parents, grandparents, etc.

Contact Your AAP/NJ Headquarters

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



Sanofi pasteur Experiences Unprecedented U.S. Demand for Influenza Vaccine for 2006-2007 Influenza Season

Swiftwater, PA – February 1, 2006 – Recognizing Sanofi Pasteur Inc. as a reliable supplier of influenza vaccine, immunization providers contacted the company in record numbers yesterday requesting Fluzone[®], Influenza Virus Vaccine for the 2006-2007 season. During the first 30 minutes of accepting prebooking requests, the company received over 40,000 phone calls and more than 200,000 calls came in during the first eight hours.

As a result of the unprecedented demand, the company has committed all influenza vaccine doses planned for production for the next season except its no preservative Fluzone vaccine in pediatric doses.

Sanofi pasteur anticipated a surge in demand for its influenza vaccine and doubled the capacity of its phone lines and on-line ordering systems. Under normal conditions, the company receives an average of 1,500 customer calls per day. During the eight-hour period from noon to 8 PM yesterday, the company received as many calls as it normally receives in a six-month period.

The company plans to produce approximately 50 million doses of all Fluzone vaccine formulations for U.S. distribution by the end of October. Additional doses could be produced for delivery in November or December based on customer needs and production yields. To determine customer need, sanofi pasteur established a waiting list of customers who were unable to prebook and will contact those providers to offer the alternative of accepting later delivery. Customers willing to accept later delivery will have the option to cancel their request later in the year if they are able to obtain earlier delivery from another supplier. At this time, the company is no longer accepting additional customers on the waiting list.

The company is currently unable to supply the entire U.S. influenza vaccine market. However, based on public statements made by other influenza vaccine manufacturers, the company anticipates that there will be an adequate supply of vaccine to meet the nation's needs for the 2006-2007 season. Sanofi pasteur is sending apologies to its customers for the frustration they experienced in attempting to place their requests. Immunization providers who were unable to prebook their vaccine with sanofi pasteur will likely be able to look to other manufacturers to meet their vaccine needs.

In the coming season, sanofi pasteur will once again supply Fluzone vaccine across all segments of the nation's influenza immunization providers. These segments include both public and private sector providers. Private sector providers include large and small physician offices, hospitals, clinics, long-term care facilities, managed care organizations and community immunization providers. Included in the public sector are the military, Veteran's Administration Hospitals, the Vaccines for Children Program and Federal, state, county and city public health departments.

The process of placing prebooking requests for influenza vaccine is a critical step in preparing for the immunization season each year. This process provides an important and early pre-production assessment of the overall demand for the company's projected influenza vaccine supply before manufacturing begins. Sanofi pasteur has consistently increased influenza vaccine production and modified distribution plans in order to keep pace with the nation's growing and changing immunization needs. While sanofi pasteur is committed to supplying influenza vaccine, the company currently does not have the capacity to supply the entire U.S. market.

To help address the longer-term needs of the country, sanofi pasteur has begun construction of a new manufacturing facility that will double its capacity to produce influenza vaccine for both routine influenza immunization and in case of an influenza pandemic. The new facility is expected to come online for the 2008-2009 influenza season.

Safety Information

Fluzone vaccine is indicated in persons 6 months and older for active immunization against influenza virus types A and B contained in the vaccine. The most common local side effects are pain and swelling at the vaccination site that can last up to 2 days. Fever, malaise, myalgia and other systemic reactions can occur. Influenza vaccine should not be administered to anyone with a history of hypersensitivity to any vaccine component, including eggs, egg products, or thimerosal (the only presentation that contains thimerosal is the multidose vial). As with any vaccine, vaccination with Fluzone vaccine may not protect 100% of individuals. Because intramuscular injection can cause injection site hematoma, Fluzone vaccine should not be given to persons with any bleeding disorder, such as hemophilia or thrombocytopenia, or to persons on anticoagulant therapy unless the potential benefits clearly outweigh the risk of administration. If the decision is made to administer Fluzone vaccine in such persons, it should be given with caution, with steps taken to avoid the risk of hematoma formation following injection. Fluzone vaccine is manufactured and distributed by Sanofi Pasteur Inc. (formerly Aventis Pasteur Inc.).

About sanofi-aventis

The sanofi-aventis Group is the world's third-largest pharmaceutical company, ranking number one in Europe. Backed by a world-class R&D organization, sanofi-aventis is developing leading positions in seven major therapeutic areas: cardiovascular disease, thrombosis, oncology, metabolic diseases, central nervous system, internal medicine, and vaccines. The sanofi-aventis Group is listed in Paris (EURONEXT: SAN) and in New York (NYSE: SNY).

Sanofi pasteur, the vaccines business of the sanofi-aventis Group, sold nearly a billion doses of vaccine in 2004, making it possible to protect more than 500 million people across the globe, which is about 1.4 million per day. The company offers the broadest range of vaccines, providing protection against 20 bacterial and viral diseases. For more information, please visit: www.sanofipasteur.com

Forward Looking Statements

This press release contains forward-looking statements as defined in the Private Securities Litigation Reform Act of 1995. Forward-looking statements are statements that are not historical facts. These statements include financial projections and estimates and their underlying assumptions, statements regarding plans, objectives and expectations with respect to future operations, products and services, and statements regarding future performance. Forward-looking statements are generally identified by the words "expect," "anticipates," "believes," "intends," "estimates," "plans" and similar expressions. Although sanofi-aventis' management believes that the expectations reflected in such forward-looking statements are reasonable, investors are cautioned that forward-looking information and statements are subject to various risks and uncertainties, many of which are difficult to predict and generally beyond the control of sanofi-aventis, that could cause actual results and developments to differ materially from those expressed in, or implied or projected by, the forward-looking information and statements. These risks and uncertainties include those discussed or identified in the public filings with the SEC and the AMF made by sanofi-aventis, including those listed under "Risk Factors" and "Cautionary Statement Regarding Forward-Looking Statements" in sanofi-aventis' annual report on Form 20-F for the year ended December 31, 2004. Other than as required by applicable law, sanofi-aventis does not undertake any obligation to update or revise any forward-looking information or statements.

Sanofi-aventis Group subsidiaries in the United States include Sanofi-Synthelabo Inc., Aventis Pharmaceuticals Inc. and Sanofi Pasteur Inc.