



Newsletter of the American Academy of Pediatrics/New Jersey Chapter

PCORE CORNER

Steven Kairys, MD, FAAP
PCORE Chairman

This spring has been the debut of the EPIC (Educating Physicians In their Communities) Postpartum Depression training module. This module focuses on training the entire medical office in order to equip the providers and the office staff with the knowledge, tools and community resources to proactively identify and provide support to mothers suffering from postpartum depression.

The participating practices gain a better understanding of the prevalence and seriousness of perinatal mood disorders; learn how to effectively utilize screening tools for perinatal mood disorders; learn how to incorporate screening tools into practice patterns; and learn how to establish protocols for referrals and follow-up. The training team consists of a physician trainer, a project staff member and a community mental health service professional. This linkage to the community provides the practice with a source for referrals and for additional resources.

By June 30th, 40 practices ranging from as far north as Summit to as far south as Vineland will have received the training. This training project has been extremely well-received by the offices that have participated. Over 60% have indicated that they will incorporate the use of the screening tool into their well-child visits during the critical first few months of a newborn. 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

Continued 8

Election Results - New Officers and Councilors

Elections - All Members Shape the Future

Janice Prontnicki will be the Chapter's next President beginning July 1st and Michael Segarra will serve as Vice President. In keeping with the usual rotation, Bipin Patel will move to the Immediate Past President and will also be the Chairman of the Nominating Committee. In a close contest between Stephen Rice and Patty Vitale, Stephen Rice was elected to the role of Vice President-Elect. Many thanks to Patty Vitale for being a candidate and offering her energy. Margaret "Meg" Fisher and Elliot Rubin will join the Executive Committee as Treasurer and Secretary-Editor respectively.

Newly elected Councilors were:

- | | |
|-------------------------------------------|------------|
| Dr. Kathleen Greaney | District 1 |
| Dr. Ellen Ganek | District 2 |
| Dr. Daniel Hermann | District 3 |
| Dr. Ernest Leva | District 4 |
| Dr. Pierre Coant | District 5 |
| Dr. Wayne Fellmeth | At-Large |
| Dr. Jill Stoller | At-Large |
| Dr. Jeffrey Boscamp, Nominating Committee | District 1 |
| Dr. Steven Kairys, Nominating Committee | At-Large |

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

- | | |
|------------------------------------------------------|------------|
| Dr. Laurence Gruenwald | District 2 |
| Dr. Andrea Katz | District 3 |
| Dr. Albert Dearden | District 4 |
| Dr. Jeffrey Bienstock | At-Large |
| Dr. Charles A. Scott, Chairman, Nominating Committee | |
| Dr. John B. Tedeschi, Nominating Committee | At-Large |

Continuing their terms are:

- | | |
|-----------------------------------------------|------------|
| Dr. Alexander Hyatt | District 1 |
| Dr. Noha Polack | District 2 |
| Dr. Jeanne Craft | District 3 |
| Dr. Michele P. Tuck | District 4 |
| Dr. Patty Vitale | District 5 |
| Dr. Elaine Donoghue | At-Large |
| Dr. Walter D. Rosenfeld | At-Large |
| Dr. Howard N. Kornfeld, Nominating Committee | District 2 |
| Dr. Kristen Walsh, Nominating Committee | District 3 |
| Dr. William C. Wassel, Nominating Committee | District 4 |
| Dr. Joseph J. DelGiorno, Nominating Committee | District 5 |

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

District 1

Passaic
Bergen

District 2

Essex
Hudson
Union

District 3

Sussex
Warren
Morris
Hunterdon
Somerset

District 4

Middlesex
Mercer
Monmouth

Ocean

District 5

Burlington
Atlantic
Camden
Gloucester
Salem

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

2nd Quarter 2006

American Academy
of Pediatrics/
New Jersey Chapter
Established 1950

President's Message

Bipin N. Patel, M.D., FAAP

The past two years have been my distinct privilege and honor to be the President of AAP/NJ and, as I leave my position at the end of June 2006, I am reassured of the Chapter's continued growth and influence in matters of children's health and pediatricians' professional lives. AAP/NJ's mission statement was a constant beacon guiding us to center our activities around improving children's lives and advocating strongly for pediatricians.

I am proud to report that the national AAP has recognized AAP/NJ each of past four years for Chapter Excellence amongst the very large chapters in the country. Chapter excellence comes from leadership, organization and advocacy, however, most of all it comes from volunteer members who give of their time for important causes for children and pediatricians. It also comes from a dedicated and passionate staff at AAP/NJ led by Executive Director, Debbie Hart, who keep us on track. The Chapter's prominence and achievements are also a testament of past leadership who continually put forth new ideas and invited change. Today AAP/NJ has a more diverse leadership with significant strides made to include many women pediatricians, confirmed by the incoming President, Janice Pronnicki, our Chapter's first woman president.

AAP/NJ's Foundation, PCORE, is playing a major role conducting projects affecting children living in poverty in our inner cities by improving vaccination rates, lead screening and preventing child abuse. PCORE is putting forth practice-based performance improvement educational models to help pediatricians and their staff achieve higher efficiencies in their offices. It is with great pride when I say that in the short six years PCORE has been in existence, it has grown in every direction. It currently handles grants of nearly a million dollars, all working on vital projects for children. We are very thankful to all of you who believe in PCORE's work and donate generously of time and money.

During the past two years of my term, we dealt with numerous issues that affect our professional lives, however, the major ones involve the constant squeeze of increased regulations intruding into medical practice and decreasing payments from insurance companies for our valuable services making it a constant struggle to stay in business. During the past five years pediatricians in all settings have seen little gain, no gain or actually lost income - - clearly, a worrisome trend. AAP/NJ will continue to fight for fair payment for our services.

Our advocacy battles will continue to call for increasing insurance coverage for children, vaccine supply and reimbursement issues, malpractice reform and constant vigilance to oppose legislation deemed harmful to children and pediatricians.

My special thanks to my fellow members on the Executive Committee, Janice Pronnicki, Michael Segarra, Stephen Rice, Meg Fisher and Charles Scott for their hard work and constant support. I could not have done it without their help. Many thanks to the Executive Council members, all very special people in helping me become a better leader. Thanks to all the members who told me what their issues are and suggested remedies.

I will always cherish all the wonderful pediatric colleagues that I got to meet and work with around the state and I can confidently say that the new leadership will push the envelope even farther to work for kids and pediatricians.

My best wishes.



Pediatric (TQI) Subcommittee Findings on SIDS and Unsafe Sleep Practices in Monmouth and Ocean Counties

In 2005, the Regional Perinatal Consortium of Monmouth and Ocean Counties initiated a regional pediatric death review process by our Pediatric Total Quality Improvement (TQI) Subcommittee. This Subcommittee has representation from each of the regions 8 hospitals (with pediatric services) and from community agencies involved with childbearing families. After 3 case review meetings (June through December 2005), Subcommittee findings point to a pattern of infant deaths which raise concern in our region related to unsafe sleep practices. Of the 25 deaths reviewed to date, 10 involved the death of a child under 6 months of age. Six of these 10 case reviews describe and implicate unsafe sleep practices (placing the infant on the stomach to sleep). Nearly 25% of ALL pediatric deaths reviewed in the region during the noted time period were likely related to unsafe sleep practices.

How are health care providers in our region doing with delivering sudden infant death syndrome (SIDS) prevention education messages? Are we committed to teaching safe sleep practices to every parent, extended family members (aunts, uncles, grandparents, friends) and all those who care for young infants (babysitters and day care providers) in the Monmouth and Ocean County area?

Providers who work with childbearing families are asked to re-examine their knowledge of current research, newest recommendations and to strengthen efforts to teach safe sleep practices with every parent/potential caregiver. For those who live elsewhere in the state, this may serve as a reminder to look at your local statistics! All of us need to educate our families about safe sleep.

Some resources (often free information - in English and Spanish):

[CJ Foundation for SIDS](#)

... and "Back to Sleep" campaigns uniting child care, health, and SIDS ... www.cjsids.com/

[NICHD "Back to Sleep" Campaign](#)

SIDS: Back to Sleep. The Back to Sleep campaign is suitably named for its recommendation to place healthy babies on their backs to sleep ... www.nichd.nih.gov/sids/sids.cfm

SIDS Center of NJ

1-800-545-7437

www2.umdnj.edu/sidsweb/

[Healthy Child Care America - Home](#)

SIDS: Reducing the Risk of SIDS in Child Care ...

<http://healthychildcare.org>

CATCH Program

AAP Division of Community-based Initiatives Department of Community, Chapter and State Affairs

For the 13th consecutive year, the American Academy of Pediatrics is offering pediatricians an opportunity to put their ideas into action by taking advantage of the funding available through the CATCH Program.

The CATCH mission and the focus of the Planning Funds grants are to enable pediatricians to plan innovative community-based child health initiatives that increase access to medical homes or specific health services not otherwise available. A pediatrician or pediatric resident must lead the project and be involved in the proposal development and project activities.

CATCH Planning Funds grants are awarded in amounts from \$2,500 to \$10,000 on a competitive basis for planning activities such as needs assessments and community asset mapping, feasibility studies, community coalition/collaboration meetings, focus groups, and development of grant proposals for project implementation after the planning phase is complete.

Priority is given to projects that will be serving communities with the greatest health disparities. For more information or to apply, visit www.aap.org/catch/planninggrants.htm.

CATCH Resident Funds grants are limited to a maximum of \$3,000. Resident

grant projects must include planning activities, but also may include some implementation activities. A pediatric resident must lead the project and be involved in the proposal development and project activities. More information and an online application are posted at www.aap.org/catch/residentgrants.htm. The deadline for submission is July 14. Note: Applications will be available online only. Join more than 750 pediatricians who, through their CATCH projects, have learned that local child health problems can be solved locally, often using local resources.

One pediatrician can make a difference!

CATCH

Elaine Donoghue, MD, FAAP, CATCH Facilitator

CATCH ing never stops! Just as we go from catching footballs to basketballs to baseballs, the cycle of CATCH continues. We are still awaiting notice about awards for January's Implementation grant applications, but the announcement for this summer's Planning and Resident grants has been posted on the AAP website. The goal of CATCH planning grants is to enable pediatricians to plan innovative community-based child health initiatives to increase access to medical homes or to specific services not otherwise available. CATCH Planning grants are awarded in amounts from \$2,500 to \$10,000 for planning activities such as needs assessments, feasibility studies, collaboration meetings, focus groups and development of implementation grant proposals. CATCH Resident grants are limited to \$3,000 and may include planning and implementation activities. The deadline for submission is July 14, 2006, but proposals should be reviewed by Dr. Donoghue in early July before submission.

Legislative Highlights - AAP/NJ 2006 Legislative Report, Spring 2006

Nancy Pinkin, AAP/NJ Lobbyist

The following bills have been considered in Trenton during the Spring Legislative Session, 2006.

A961 Munoz (R21), Voss (D38), Vandervalk (R39) - Clarifies the law concerning the emergency administration of epinephrine to students for anaphylaxis (2006: S79) - Dr. Yankus and AAP/NJ Advocate Nancy Pinkin have been working with the Allergy Network representative, school nurses and the State Nursing Association to reach a consensus on bill language. To date amendments were made to change location of epi-pen from a locked location to secure but unlocked locations accessible by the school nurse and designees; changes delegation from children with actual anaphylactic episode to include children who are subject to a life threatening allergic reaction; requires the DHSS, in consultation with the DOE, to require trained designees but would eliminate the proposed language establishing a ratio of designees. Still at issue is whether the law will require a nurse to delegate responsibility for administration of a pre-filled auto-injector mechanism to a lay person rather than enable the nurse to delegate that responsibility. The bill was amended on the floor of the Assembly and is awaiting a vote on the amended bill.

A1936 Wisniewski (D19) - Concerns coverage for childhood immunizations-The existing statutory requirement for health insurers to provide coverage for childhood immunizations does not currently apply to medical service corporations and the traditional plan and NJ Plus out-of-network under the State Health Benefits Program. The bill would extend this coverage requirement to benefits offered by these plans. In addition, the bill provides that the plans may require a copayment for this benefit, which may not exceed any copayment imposed for other similar services. Testimony was given in support of the bill when it was considered by the New Jersey Pension and Benefit Review Commission and again in the Assembly Health and Hu-

man Services Committee. The issue of inadequate reimbursement for immunization purchase and administration was raised and both Assemblyman Wisniewski, bill sponsor and Assemblyman Conaway, MD, Committee chairman, promised to work with the AAP/NJ to address this issue through other legislation.

A2936 Scalera (D36), Schaer (D36), Conaway (D7) - Prohibits minors under 14 from using tanning facilities and requires written parental consent for minors 14 to 18. (2006: S1225) - AAP/NJ testified in support of this legislation.

S1400 Vitale (D19); Buono (D18) - Prohibits sale of flavored cigarettes (2006: A1890) - Tobacco sellers testified that it is legal to purchase cigarettes so flavored cigarettes should not be restricted. However, representatives from the American Heart and the American Cancer Associations demonstrated with tobacco products and advertisements that marketing efforts are directed toward youth and, therefore, the sale of the products should be restricted.

A337 Pennacchio (R26) - Requires managed care plans to allow any clinical laboratory to participate in provider network - Currently, many health insurance companies usually contract with certain laboratories to perform tests for their plan members. This bill requires a managed care plan to permit an out-of-network clinical laboratory the right to participate as a provider in the carrier's network if the laboratory accepts the terms and conditions of the carrier's contract that are currently applicable to all other clinical laboratories that are in-network. The bill cleared the Financial Institutions and Insurance Committee and now heads to the full Assembly for consideration.

A1324 Biondi (R16), Bateman (R16), Stender (D22) - Eliminates use of vaccines containing mercury over three years (2006: S618) - Meg Fisher, MD, FAAP and Stephen Rice, MD, FAAP, gave very compelling testimony before the Assembly Health and Human Ser-

VICES Committee in March against the bill. In spite of that testimony, the Committee scheduled the bill for a hearing again in May. At that hearing, Chairman Conaway, M.D, accepted no testimony on the bill and was clearly angered that there were enough votes to pass a bill he had vehemently argued against when last heard in committee (but was held.) Assemblyman Gordon abstained. Assemblyman Scalera was sitting in for Assemblywoman Quigley, who was at the Assembly Budget Committee. Some of the remaining committee members who voted for the bill stated that they had concerns about the bill and would give the issue further consideration as it moves forward. The AAP/NJ submitted written testimony in opposition to the bill. The bill was released from committee with amendments which revise the exception under which the Commissioner of Health and Senior Services may authorize the use of vaccines containing a higher level of mercury than provided in the bill so that the provision applies when the commissioner determines that it is necessary to prevent a disease outbreak, or that there are insufficient amounts of vaccine to adequately protect public health. Dr. Patel has since sent a letter to the Governor opposing the bill. PLEASE CALL YOUR ASSEMBLY REPRESENTATIVE TODAY TO ASK THEM TO OPPOSE THE BILL.

A1781 Greenwald (D6) - Requires DHSS and DOE to provide information on meningococcal meningitis to parents or guardians of certain school-aged children. (2006: S1461) - The bill directs the Commissioner of Education to distribute the fact sheet to parents and guardians of students in grades 6 through 12 at the start of the 2006-2007 school year. Beginning with the 2007-2008 school year, the bill requires a school district to distribute the fact sheet to parents and guardians of students in the sixth grade only. Nonpublic schools are also strongly encouraged to distribute the fact sheet.

Continued on page 9

Message from the Senior Section

Avrum L. Katcher, MD, FAAP

We are looking forward to opportunities to better serve our Chapter and others nationwide in its work for children. As you know, we have a dual constituency. On the one hand, AAP/NJ looks to us, for volunteers with decades of experience to help with the many goals and objectives of our national organization. On the other hand, it is important to remember that one of our most important tools is ourselves. In order for us to be successful advocates and workers for children, we must maintain our own perspective and physical and mental health.

Now I am pleased to report that President Patel has asked us to work with him to develop a Rapid Response Team. This will be a group of seniors in New Jersey who have retired from the daily exigencies of clinical work, and who are no longer so rigidly scheduled. We are looking for pediatricians who would be available on relatively short notice to meet with government, agency and other officials interested or influential in child health and welfare. Such a volunteer, on short notice, would be thoroughly

briefed by AAP/NJ leaders and staff so as to be able to represent us credibly. We ask that members of AAP/NJ over 55, who might have some time, be ready as soon as we can schedule a meeting to allow a Chapter Senior Committee, working with Chapter officials led by Dr. Patel—and succeeded by Dr. Pronnicki—to form a Rapid Response Team.

The National Section needs to vigorously encourage the formation of Senior Committees in every Chapter. We are spread too widely to be able to gather on a regular basis, nation-wide. Each Chapter has its own issues deserving of concentration. Some are of general importance, but the process and the detailed actions are locally specific. This diversity gives us all an opportunity to learn from each other. We have produced “A Guide for Chapters” to point out goals, ways and means of bringing this about. Copies have been provided to AAP/NJ leadership. If you have Internet access, to go this site to learn more: <http://www.aap.org/sections/seniormembers/chapters/chapters.htm>.

The National Section for Senior Members welcomes members to our new and

updated Section for Senior Members website. Go to <http://www.aap.org/sections/seniormembers/> There you will find enhancements coordinated by Jerold M. Aronson, MD, FAAP as webmaster. The new website improves upon the initial design by Ben Silverman, MD, FAAP, a former New Jersey pediatrician. It will be an important communication tool for our Section.

We are building more routes to enhance communication between members and the National Section for Senior Members Our quarterly Senior *Bulletin* continues to be extraordinarily well received. All Senior Section members are encouraged to submit articles jointly to co-editors Hodgman and Maron. Their addresses are on the masthead of each issue.

We have completed a comprehensive Section for Senior Members Survey under the leadership of Lucy Crain, MD, FAAP and George Cohen, MD, FAAP. See our new website www.aap.org/seniors to read the preliminary report. A print copy will appear in the next issue of our *Bulletin*.

2006 Annual Meeting Sponsors/Exhibitors

Thank you to the following companies who were sponsors at the 2006 Annual Meeting:

Breakfast Sponsor

MedImmune, Inc.

Bronze Sponsors

Alliant Pharmaceuticals

Children's Specialized Hospital

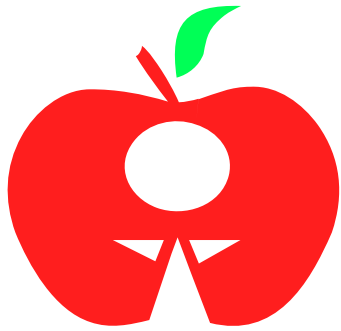
Cranial Technologies, Inc.

GlaxoSmithKline - Vaccine Division

McNeil Consumer and Specialty Pharmaceuticals

Nestle Nutrition Division

Q-MED Scandinavia, Inc.



School Health Conference

"Save the Date"

Save October 4, 2006 for the Fifteenth Annual School Health Conference entitled "Update on Child Health in the School and Community." The program is sponsored by the AAP/NJ Committee on School Health and designed for any pediatrician and allied health care staff member who is interested in learning about new immunizations, state regulations, emergency medicine, concussions and sports medicine, and much more.

Over 650 people joined the Chapter for last year's event, which consisted of plenary sessions and rotating workshops.

The program starts promptly and ends promptly to ensure a smooth transition for those returning to work or hospital. Added features this year will be a session by the incoming Chapter President Janice Pronnicki on Attention Deficit Disorder (ADD) and Related Syndromes, and another by Viola Lordi, Esq. of a large law office in Trenton on issues of lawsuits, health care, and schools.

Be sure to check www.aaapnj.org for event registration. And don't forget to mark your calendars for October 4, 2006 at The Palace at Somerset Park, NJ!

Mark Your Calendars!!!

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

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



June 21, 2006

Sanofi Pasteur Teleconference - Practice Management - Speaker - Dr. Richard Lander, MD, FAAP - 12:00 pm - 1:30 pm. (1 CME credit)

October 4, 2006

15th Annual School Health Conference - The Palace in Somerset Park, NJ. 5 Category #1 CME Credits to be awarded. More details to come!

Contact Your AAP/NJ Headquarters

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



Infectious Disease Corner

By Meg Fisher, MD, FAAP

Stay tuned for two new additions to the routine vaccination schedule. Rotavirus vaccine has been approved and the American Academy of Pediatrics recommendations will be out this summer. It is an oral vaccine, which does not eliminate all rotavirus infection, but does prevent severe illness. This should decrease hospitalizations, emergency department visits and office visits for gastroenteritis. The first dose must be given by 13 weeks of age; there will be no catch up schedule. Over 70,000 children were enrolled in the studies and there was no link to intussusception.

The other vaccine which is likely to be approved in June is the human papillomavirus vaccine. The vaccine is highly

effective in girls and women; there is limited information on efficacy in boys. Studies are in progress. Thus it is assumed that the licensure at this time will be for girls only. The vaccine will be given at the 11-12 year visit.

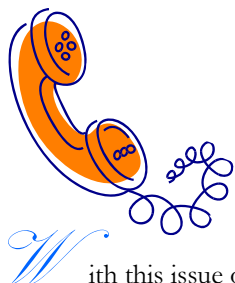
Finally, the influenza recommendation has been extended to all children from 6 months to 5 years of age and their family contacts. This means that most of your patients will be eligible. Plan now for influenza vaccine days and let's all hope that supply is not an issue!

A new *Red Book* should arrive at your door in July. There are many updated sections and tables and take time to look it over. It could serve as a great summer reading book.

Late Breaking News:

Recommendation to Defer Meningococcal Vaccination of Persons Aged 11-12 Years

In 2005, the AAP recommended routine tetravalent meningococcal polysaccharide-protein conjugate (MCV4, MenactraR) immunization of (1) 11-12 year olds, (2) 15 year olds (at high school entry) and (3) entering college freshman who would be living in dormitories. This recommendation was with the knowledge that MCV4 supply would be limited until 2008. It is now clear that demand has exceeded supply, and after consultation with AAP, the Centers for Disease Control have issued the recommendation to defer vaccination of 11-12 year olds.



Do You Need Help Taming the Telephone in your Practice?

With this issue of the Chapter newsletter, you can access a complimentary copy of *Telephone Lines*, an educational newsletter for pediatricians and telephone triage nurses. If you're looking for a way to keep your triage nurses' skills sharp, prevent burnout and reduce turnover, you should share this newsletter with your staff. If they like it you'll want to find out how this unique newsletter can be yours six times per year.

It's simple if you're a member of the national AAP - all you have to do is join the Section on Telephone Care (SOTC). Your annual section dues (only \$25) buys you a subscription to *Telephone Lines*, and access to the SOTC to listserv, an online network where pediatricians and telephone care experts exchange ideas, and troubleshoot stubborn problems. Plus, the SOTC is the best source of education on pediatric telephone management. These sessions are very popular at the National Conference & Exhibition (NCE); SOTC members get advanced notice of program offerings. At the 2006 NCE some exciting and practical seminars will be offered this fall at the in Atlanta. See our website at <http://www.aap.org/sections/telecare/education2.doc>

Did you know that the SOTC is at the vanguard of the Academy's advocacy on for payment for pediatric care telephone care? Our leaders have petitioned the RBRVS Update Commit

tee to assign values for the CPT telephone care codes, proposed new CPT codes to the CPT Editorial Panel, and co-authored a policy statement on the appropriateness of payment for telephone care statement with the Committee on Child Health Financing. A cadre of our members are developing a "Payment for Telephone Care Toolkit" to help practices systematize coding and billing for telephone care appropriately.

If these are resources that you can use and goals that you espouse, won't you join us? You can apply online; it's quick and easy:

1. Go to www.aap.org/moc and login with your AAP ID number and password.
2. Click on "Join A Section or Council" under "Get Involved".
3. Enter reference code: SOTC CHAP.
4. Chose the Section on Telephone Care answer a few questions and click "Submit."

Or if you'd rather receive a paper application, contact AAP National staff person Julie Ake at jake@aap.org or 800/433-9016, ext 7662. Feel free to contact her if you have any questions about the SOTC.

PCORE Corner

Continued from page 1

about the training for your practice, please contact Marina Atkinson at 609-585-6871 or matkinson@hq4u.com.

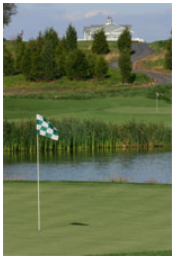
The New Jersey Improving Preventive Services Project held Learning Session II on May 3rd for the participating practices at the Trenton Marriott. The overall objectives were to assess individual and aggregate progress to date and identify opportunities for continued improvements in immunization care and preventive services; collaborate with other participants to identify new approaches to accelerate improvement in immunization care and preventive services; and determine strategies to improve active patient status within the practice or health center. In addition, each practice that is a

participant reported on their progress to date with their immunization rates. After the Learning Session, the practices will now shift to the third and final action period. They will spend the summer months and early fall capitalizing on everything that they learned at the Learning Session in order to achieve improvement in their immunization rates.

PCORE would like to take this opportunity to welcome the new board members who will be beginning their terms as Board members effective July 1, 2006. They are: Dahlia Hall, MD, MPH, FAAP; Amy Haskell, JD; Ernest G. Leva, MD, FAAP; and Gurmit Saluja, MD.

PCORE strives to develop projects that will enhance the quality of care that pediatric practices deliver to their patients. PCORE welcomes the support of AAP/NJ Chapter members and appreciates the difference their contributions make in sustaining the important efforts that PCORE achieves. On behalf of everyone involved with PCORE, I personally want to thank the Chapter members who have supported the Foundation with their generosity and consideration this year. As the summer months begin, PCORE is gearing up for new and exciting expansions into areas of preventative health that will have a direct impact on the children of New Jersey.

Golf Outing to Benefit PCORE



The rain held off and the sun shined on the Neshanic Valley Golf Course on Wednesday, May 17th, the site of the second annual PCORE Golf Outing to benefit the Foundation of the American Academy of Pediatrics/New Jersey Chapter. Sixty golfers swung their clubs to show their support for the mission of PCORE to improve the health and well-being of children in New Jersey. The event was chaired by Jim Watkins of Wyeth. Other members of the Golf Outing Committee included Paul Consiglio, Rob Eyerkuss, Steven Kairys, MD, FAAP, Anthony Marino, MD, FAAP, and Bipin Patel, MD, FAAP.

The day began with an optional golf clinic at 10:30 a.m. which was followed by a patio lunch sponsored by Goryeb Children's Hospital at Morristown Memorial Hospital. The tee-off took place at 1:00 p.m. in a shamble start. Hole-in-One opportunities were a \$10,000 Cash Prize sponsored by PCORE and a Toyota Highlander Hybrid provided by Jim Appleton, NJCAR and James Toyota in Flemington. The day ended with a dinner sponsored in part by the Banner Sponsor, Saint Peter's University Hospital and a Chinese auction filled with exciting golf opportunities and other interesting items. From mulligans to hole-in-one contests, the golfers enjoyed the opportunity to play on an outstanding course located just outside Flemington, New Jersey.

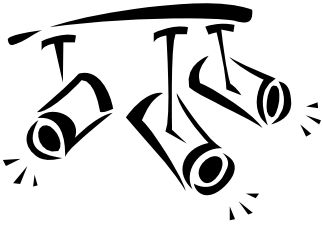
Closest to the Pin was sponsored by Wyeth. The Contributing Sponsor was MedImmune. The Golf Hat Sponsor was The Children's Hospital at Monmouth Medical Center, an affiliate of the Saint Barnabas Health Care System. The Dou-

ble Hole Sponsor was Mead Johnson Nutritionals. The Longest Drive was sponsored by Meg Fisher, MD, FAAP and the Department of Pediatrics at The Children's Hospital at Monmouth Medical Center.

Hole Sponsors included The Children's Regional Hospital at Cooper, Children's Specialized Hospital, Hackensack University Medical Center Foundation, K. Hovnanian Children's Hospital, Novo Nordisk, Inc., Ross Products, Vital Promotions, Inc., and Wyeth. The Tee Box Sponsor was the Children's Hospital of New Jersey @ Newark Beth Israel Medical Center. Supporters included Assemblyman Christopher "Kip" Bateman, 16th District, Community Medical Center, and Alexander Hyatt, MD, FAAP. The Golf Towel Sponsor was the New Jersey Department of Health and Senior Services/ Vaccine Preventable Disease Program. Printing of the golf outing brochure was provided by Liberty Printing and logistics support from Association Associates, Inc.

Additional members of the Golf Outing Committee who collaborated on the planning of the event included Debbie Hart, Executive Director of AAP/NJ and PCORE, Harriet Lazarus, Project Manager for PCORE and Lori Donovan, Director of Development for PCORE. Staff support was provided by Anne Lorenzo, Project Manager for PCORE, Dorothy Williams, and Marina Atkinson.

Mark your calendars for next spring and keep your eyes posted for more details on the 2007 PCORE Golf Outing. If you would like more information on how you can become involved in the planning or supporting the event next year, please contact Harriet Lazarus at 609-585-6871 or hlazarus@hq4u.com.



Spotlight on Committees

Practice Management - Consumer-Directed Health Plans

Richard Lander, MD, FAAP

Andrea Katz, MD, FAAP

Jill Stoller, MD, FAAP

The Practice Management Committee has been focusing its energy on vaccine reimbursement issues and continuing to make headway with coding and reimbursement problems.

On Thursday April 20, Drs. Lander, Stoller and Katz, along with President Bipin Patel met with the local representatives of Glaxo, Sanofi and Merck to discuss the problems that pediatricians in NJ and around the country have been facing in regards to the escalating costs of vaccines and the poor reimbursement. We asked the pharmaceutical companies to notify us at least 3 months in advance of any immunization price increases, so that the insurance companies have sufficient time to "load" the new prices into their computer systems. In addition, we need the pharmaceutical companies to help us work with the NJ Legislature to enact laws that provide for reimbursement above AWP. We are also going to initiate discussions about the feasibility

of implementing a statewide vaccine distribution program that would allow for pediatricians to obtain vaccine for their patients at little or no cost. And we will be alerting the companies that if none of the above are accomplished, families will be paying out of pocket for vaccines and sales will be down.

In addition, we continue to meet with the insurance company medical directors on a quarterly basis to discuss the importance of reimbursement for modifier -25, acute and well care at the same visit, and mental health diagnoses. We informed them of new vaccines coming out soon, so that they can facilitate entering the codes and fee schedules into their IT systems.

We are working on setting up individual meetings with each of the insurance companies to discuss items that cannot be discussed at a roundtable. Our most active partner in these discussions has been Horizon. Based on our concerns, they are going to be streamlining their

computer systems which will lead to more timely code changes, and reimbursement increases (especially vaccines), and they have agreed to reimburse all pediatricians for the increased reimbursement rate of Prevnar that fell "between the cracks" 10/05 to 12/05. In addition, we report claims problems and trends to them, for example copays being applied to billables instead of office visits for their managed care patients so that they can figure out if their is a processing "glitch" and correct it. They are also reviewing a list of billables we submitted to add to their own list.

Drs. Richard Lander and Jill Stoller have been elected to the executive board of SOAPM. Congratulations!

Please continue to fill out your hassle factor forms that are printable from the AAP/NJ website and send them to AAP headquarters. Any questions, feel free to contact any of us.

Legislative Highlights

Continued from page 4

Although current law requires four-year colleges and universities to provide information about meningitis and the meningococcal vaccination to prospective students, no similar requirements exist for younger students. The bill was released from the Assembly Health and Humans Services Committee and is awaiting a vote in the Assembly.

S1195 Madden (D4), Vitale (D19) - Establishes pharmacy's duty to fill prescriptions for in-stock drugs or devices without delay, notwithstanding sincerely held moral, philosophical or religious beliefs of pharmacist (2006: A992) - The

bill originally prohibited pharmacists from refusing to fill prescriptions, but pharmacists argued that they should be permitted the same exemptions available to other health providers who refuse to perform procedures due to moral, philosophical, or religious beliefs. The bill was redrafted to direct that pharmacies, rather than the pharmacist would have an obligation to ensure that prescriptions were filled. The bill passed in committee and is awaiting a vote in the Senate.

SJR30 Kean, T. (R21) - Designates fourth Sunday in February of each year as "Eating Disorders Awareness Day" -

The bill was reported out of committee and is awaiting a vote in the Senate.

S246 Palaia (R11), Allen (R7) - Requires school districts to report to DOE certain information on students removed from school pursuant to "Zero Tolerance for Guns Act." (2006: A3109) - AAP/NJ supports this legislation.

S265 Sarlo (D36), Weinberg (D37) - Concerns sale or lease of unsafe or recalled children's products. (2006: A2554)- AAP/NJ supports this legislation.

Continued on page 16



Private Payer Advocacy

Vaccine Addendum to Payer Contracts

A Physician may wish to clarify or supplement the terms of his or her third-party payer contracts by negotiating an addendum that addresses payment for vaccines. Each third-party payer contract varies, and thus a Physician negotiating with health plans and managed care organizations is encouraged to consult with an experienced attorney regarding any such addendum. The following language is intended for information purposes only and is not intended as legal advice or as a requirement by AAP. This provision assumes a “pass-through” arrangement pursuant to which the third-party payer reimburses the Physician for immunization costs. If vaccinations are included in the Physician’s capitation rate, the contract should specify which vaccinations are included. Note that the sample language in this addendum assumes that vaccinations for children who are eligible for the federal Vaccines for Children Program will be provided outside of this arrangement. See also Section 5(f) of the AAP Model Managed Care Agreement in the Pediatrician’s Guide to Managed Care available through the AAP Bookstore at http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=2299

Vaccine Addendum

Notwithstanding any other provisions of this contract, this addendum shall be the sole determinant of payment of vaccines provided to enrollees under this agreement. [Third-party payer] shall pay for vaccines for enrollees through 18 years of age. All vaccines recommended by the Centers for Disease Control, (CDC) and the American Academy of Pediatrics (AAP) shall be covered, effective as of the date of such recommendations.

Compensation for the vaccine products shall be at [price or formula to be inserted].¹ In addition, administration fees, covered by CPT codes 90465, 90466, 90467, 90468, 90471, 90472, 90473, and 90474, shall be paid at [price or formula to be inserted].²

¹ An example of a formula might be Average Wholesale Price (AWP) + some additional percentage, Average Sales Price (ASP) + some additional percentage, or Best Available Pricing + some additional percentage. Physicians should be wary of arrangements pursuant to which the immunization reimbursement amount is based solely on AWP as Physicians may not be able to obtain such favorable pricing from their suppliers.

² An example of a formula might be 2006 Medicare (or current year) rates or 2006 Medicare (or current year) + some additional percentage. If health plans and other third party payers seek to “bundle” payment for vaccine with the administration, physicians negotiating with such payers may wish to consider the CPT[®] guidelines which categorizes these as separate services.

For additional resources, link to Private Payer Advocacy on the AAP Member Center at <http://www.aap.org/moc/index.cfm> or contact AAP Private Payer Advocacy staff at lterranova@aap.org or at 800/433-9016 ext. 7633



Documenting Parental Refusal to Have Their Children Vaccinated

141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: kidsdocs@aap.org
www.aap.org

Executive Committee

President
Eileen M. Ouellette, MD, JD, FAAP

President-Elect
Jay E. Berkelhamer, MD, FAAP

Executive Director/CEO
Errol R. Alden, MD, FAAP
Board of Directors

District I
Edward N. Bailey, MD, FAAP
Salem, MA

District II
Henry A. Schaeffer, MD, FAAP
Brooklyn, NY

District III
Sandra Gibson Hassink, MD, FAAP
Wilmington, DE

District IV
David T. Tayloe, Jr, MD, FAAP
Goldsboro, NC

District V
Ellen Buerk, MD, MEd, FAAP
Oxford, OH

District VI
Kathryn Piziali Nichol, MD, FAAP
Madison, WI

District VII
Gary Q. Peck, MD, FAAP
New Orleans, LA

District VIII
Mary P. Brown, MD, FAAP
Bend, OR

District IX
Burton F. Willis, MD, FAAP
Huntington Beach, CA

District X
John S. Curran, MD, FAAP
FL
Tampa,

Immediate Past President
Carol D. Berkowitz, MD, FAAP

Despite our best efforts to educate parents about the need to vaccinate their children through discussions of vaccine-preventable diseases, the effectiveness of vaccines in preventing them, and the realistic chances of vaccine-associated adverse events, some will decline to have their children vaccinated. The incredible success of immunizations in dramatically reducing the incidence of vaccine-preventable diseases has led to an increased public focus on vaccine safety. Even though scientific data and doctors solidly support the fact that vaccines are safe and effective, research on hypotheses about harmful side effects often is taken out of context. Safety concerns, some appropriate and many inappropriate but widely discussed in the media and on unmonitored and biased Web sites, cause substantial and often unrealistic fears.

Although most parents believe they are safe, up to 25% have important misconceptions about vaccine safety that may lead the parents to refuse some or all immunizations for their children. According to an AAP Periodic Survey of Fellows, 79% of pediatricians have had one or more instances of parents refusing to allow their child or children to be vaccinated. About 10% of pediatricians report 10% or more of parents are avoiding vaccines because of safety concerns.

All parents and patients should be informed about the risks and benefits of preventive and therapeutic procedures, including vaccination. In the case of vaccination, federal law mandates this discussion. Despite doctors' and nurses' best efforts to explain its importance, some families will refuse vaccination for their children. The use of this or a similar form, demonstrating the importance you place on appropriate immunizations and focusing the parent's attention on the unnecessary risk for which they are accepting responsibility, may in some instances induce a wavering parent to accept your recommendations.

In addition to concern for the health of their unimmunized patients, doctors and nurses may be concerned about liability. The American Academy of Pediatrics' Committee on Infectious Diseases and Committee on Medical Liability state that documentation in the patient's medical record of the efforts of physicians to communicate vaccine risks and benefits may help to decrease potential liability should a vaccine-preventable disease occur in the unimmunized patient (American Academy of Pediatrics. Red Book: 2006 Report of the Committee on Infectious Diseases. Pickering LK, ed. 27th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006:5-8, and American Academy of Pediatrics. Medical Liability for Pediatricians. Berger JE, Deitschel C, eds. 6th ed. American Academy of Pediatrics; 2004:97-98).

This form may be used as a template for such documentation but should not be considered a legal document and should not substitute for legal advice from a qualified health care attorney. Completion of a form, in and of itself, never substitutes for good risk communication, nor would it provide absolute immunity from liability. For instances in which parents refuse vaccine administration, health care providers should take advantage of their ongoing relationship with the family and revisit the immunization discussion on subsequent visits. Documentation in the medical record of such re-discussion is strongly suggested. Physicians have been held responsible for harm under circumstances in which a test was recommended by the physician and refused by the patient, because the jury found that the physician did not adequately convey the seriousness of the matter or only discussed the issue on one occasion.

This form may be duplicated **or changed** to suit your needs and your patients' needs.

The Section on Infectious Diseases and other contributing sections and committees hope this form will be helpful to you as you deal with parents who refuse immunizations. It will be available on the AAP Web site (www.aap.org/bookstore), the Section on Infectious Diseases Web site (<http://www.aap.org/sections/infectedis/index.cfm>), and the Web site for the Academy's Childhood Immunization Support Program (www.cispimmunize.org/)

Sincerely,
Ellen Wald, MD, FAAP, Chairperson
AAP Section on Infectious Diseases

Ed Rothstein, MD, FAAP
AAP Section on Infectious Diseases

AAP Private Payer Advocacy Update

May 2006

AAP objects to HealthNet vaccine payment policy AAP strategies to address vaccine financing issues UnitedHealthcare clarifies therapeutic injection policy AAP and specialty societies oppose Anthem blended rates program in southern Ohio AMA issues report on Competition in Health Insurance AAP News article on Messenger Model PPO

1. AAP objects to HealthNet vaccine payment policy - The AAP sent a letter to HealthNet objecting to HealthNet Northeast's policy to pay for vaccines at 85% of average wholesale price (AWP) and urges the carrier to adequately pay for vaccines. The policy will impact Health-Net contracted providers in Connecticut, New Jersey and New York and could be implemented nationally by the carrier. The New Jersey Chapter pediatric council will be meeting with the carrier to discuss this policy. A copy of the letter is attached as HealthNet vaccine payment and is posted on the AAP Member Center, private payer advocacy page.

2. AAP strategies to address vaccine financing issues. The AAP Immunization Task Force was created to address issues related to vaccine supply and immunization of children with and without health insurance benefits, including those in the Vaccines for Children (VFC) program. The Private Payer Advocacy Advisory Committee (PPAAC) will be coordinating efforts to enhance coverage and payment for vaccines and immunization administration by payers. A summary of the Immunization Task Force activities is attached as Task Force Immunization Activities 05-06 and additional information can be accessed on the Member Center, Immunization Hot Topics link at:

<http://www.aap.org/moc/immunizations/default.cfm>

To assist pediatricians in negotiating with carriers on vaccine payments, PPAAC developed the Vaccine Addendum to

Payer Contracts. The addendum can be accessed on the private payer advocacy page on the AAP Member Center at <http://www.aap.org/moc/reimburse/VaccineAddendumtoPayerContracts.pdf>. A copy of the Vaccine Addendum to Payer Contracts is included in this issue of the newsletter.

3. UnitedHealthcare clarifies therapeutic injection policy. In response to contacts by the AAP private payer advocacy, UnitedHealthcare (UHC) will clarify its policy on payment for therapeutic injections. In its' March UHC Network Bulletin, the carrier implied that it would not pay for any E/M service provided on the same day as a therapeutic injection.

UHC policy will now be to pay for the E/M service (with the exception of CPT 99211) when reported with Modifier -25 as a separately identified service from the therapeutic injection. The E/M service (other than CPT code 99211) should be reported with a Modifier -25 and is reimbursed separately from the therapeutic injection code and the drug code. The UHC response can be accessed on the AAP Member Center, private payer advocacy page at:

<http://www.aap.org/moc/reimburse/UH-Therapeutic&InjectionPolicy.pdf>

4. AAP and specialty societies oppose Anthem blended rates program in southern Ohio - The AAP has been working with other specialty societies and the AMA urging Anthem Blue Cross Blue Shield to rescind its blended rates policy for E/M services in Southern Ohio. The AAP has sent letters to Anthem (12/05 and 2/06) and Anthem has responded in writing. The medical and specialty societies (including the AAP) have met twice with Anthem. The carrier states this is a pilot program and does not expect it to be implemented in other areas. Anthem regional executives are refusing to discontinue the blended rate policy until it develops a mechanism for limiting I

increased E/M coding in excess of national norms or otherwise meets its budget for medical cost containment. Anthem did agree to consider having an external review of a sample of claims to determine the appropriateness of the coding level and to communicate the outcome of the review to the Ohio State Medical Association (OSMA). The AAP will continue to work with the medical societies to oppose Anthem's blended rate program and will provide updates in future PPA updates and postings to the Member Center.

5. AMA issues report on Competition in Health Insurance. The American Medical Association (AMA) issued a report on Competition in Health Insurance: A Comprehensive Study of US Markets. The study provides market concentration and health insurer market share information for 48 states and 294 metropolitan areas. The study shows that a large majority of these metropolitan areas are dominated by one or two health insurers which have significant power over the marketplace.

PPAAC will share this information with AAP chapters and pediatric councils and look at strategies in response to these trends. The report is available on the AMA Web site at <http://www.ama-assn.org/ama/pub/category/9573.html>

6. AAP News article on Messenger Model PPO - To assist pediatricians in determining the pros and cons of messenger model PPOs, the May issue of AAP News identifies the implications and strategies of this option. The article can be accessed on-line at <http://apnews.aappublications.org/cgi/content/full/27/5/13>.

For additional information on AAP private payer advocacy, contact Lou Terranova, Senior Health Policy Analyst at lterranova@aap.org or 800/433-9016, ext 7633.

New AAP/NJ Chapter Membership Benefits

I am pleased to inform you of a new Chapter membership benefit. As a member of the American Academy of Pediatrics/New Jersey Chapter, you are entitled to a link to your practice on the Chapter Website, www.aapnj.org.

We encourage you to consider taking advantage of this offer as it can serve as a link to your practice for those seeking a pediatrician in your area. This link will be maintained on the

Chapter Website, as long as your AAP/NJ membership remains current.

To take advantage of this offer, please email your request with the web site address for your practice to hq@aapnj.org. Please reference "NJ Pediatric Website" in the subject line of your email.

Thank you for your membership in AAP/NJ. We hope this additional benefit will serve to increase the value of your membership.

Also, we are in the process of upgrading the Chapter Website for your convenience. Please be sure to check it frequently for upcoming CME events.

Don't hesitate to contact AAP/NJ Headquarters at 609-585-6871 with questions, concerns or ideas on other ways we can enhance the value of your investment.

NJ FamilyCare More Widely Available

Some exciting things have been going on at NJ FamilyCare. Governor Corzine has made a commitment to enroll another 50,000 children into FamilyCare as one of his major goals this year.

A new one-page application was made available to families, who are now finding it much easier to apply. This revised application includes a place to identify the primary care physician and select an HMO, eliminating the need for a separate form. Also, much less documentation is required.

NJ FamilyCare, free or low cost health insurance for uninsured children and certain low-income parents, currently has more than 500,000 children enrolled. At little or no cost, enrolled children have access to HMOs for physician visits,

emergencies, prescriptions, vision care and dental care. But there are still many more eligible children who have not become enrolled because parents do not realize they qualify. That is why pediatric providers' willingness to share this information with their self-pay patients - or those who cannot afford to pay - is so vitally important and greatly appreciated.

Become a FamilyCare participating provider, to serve the most needy citizens of our State. Instructions for applying to be a provider can be obtained at www.njmmis.com. From the left menu box, click on the "Provider Enrollment Application." To become an HMO provider in one of the program's participating HMO's, please contact the HMO(s) directly.

AmeriChoice of New Jersey
1-888-362-3368

AMERIGROUP
1-800-454-3730

Horizon NJ Health
1-800-682-9091

Health Net
1-800-963-6286

University Health Plans
1-800-780-2438

If you have any questions about becoming a participating provider, please call Joseph Cicatiello at NJ FamilyCare at 609-588-2905.

Families seeking coverage may be referred directly to the program helpline at 1-800-701-0710.



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.

Committee on Pediatric Workforce Update

By Beth A. Pletcher, MD, FAAP

The AAP National Committee on Pediatric Workforce (COPW) met June 3rd and 4th in Schaumburg, IL. The meeting began with a presentation by Dr. David Goodman on the (mal)distribution of pediatricians in the US with data showing that about 10% of children live in service areas that have no pediatrician and approximately 1% of US children have no physician in their vicinity who has child health capabilities at all. Various strategies that have been discussed to encourage physicians to enter practice in these underserved, mostly rural areas include: recruiting prospective medical students from underserved locales, increasing medical student exposure to patients living in underserved areas as part of their educational experiences, and providing monetary incentives such as loan forgiveness. Questions have been raised regarding cross-training of adult subspecialists in geographic regions devoid of needed pediatric subspecialty services. When looking at the big picture, the actual numbers of physicians providing care and the number of medical encounters per patient are clearly less important than the quality of medical care. While little specific data is available about children's health services, studies evaluating adult intensive care and end of life care demonstrate an incomprehensibly broad range of costs of care and numbers of primary and subspecialty services, despite comparable medical outcomes. Needless to say, more care is not necessarily better care.

The Academy continues to look at issues such as loan consolidation for residents and potential huge reductions in federal GME funds to support children's hospital. There has been a suggestion that not only will budgetary cuts be made, but that available monies may be shifted to the "neediest" children's hospitals. Need determination may depend on the amount of uncompensated care provided and number of FTE housestaff. The Academy continues to advocate for sustained funding of children's hospital GME, as well as for Title VII funds that are in danger of sustaining draconian

cuts. It is estimated that as many as 9 million children covered by SCHIP may lose health coverage in the coming year. We also learned that the Deficit Reduction Act of 2005 enables states to circumvent the usual channels for obtaining federal waivers to decrease Medicaid benefits on a statewide basis, providing less opportunity for pediatricians through their state chapters to weigh in on changes in coverage.

Dr. Richard E. Behrman, Executive Chair of the Federation of Pediatric Organization's (FOPO) Pediatric Education Steering Committee, shared his thoughts about FOPO and future directions for this umbrella organization dedicated to education, research and public policy development for children's health. Dr. Behrman, who is retiring from this position at the end of this year, has been a tireless advocate for children and will be sorely missed. In his report, he indicated that FOPE II initiatives are currently winding down and yet FOPO is setting its sights on new projects. To this end, FOPO is facilitating a Council of Pediatric Subspecialists to provide a forum for discussion and problem-solving among this group of pediatric health care providers. Issues they may wish to examine include subspecialty: training oversight, clinical care, career development, quality of life, reimbursement and research funding. The first meeting of this group is slated for September 19th and will include representatives from a host of pediatric medical subspecialties. Over time, this council will hopefully expand to include representatives from the pediatric surgical subspecialties as well.

Dr. Gail McGuinness provided an update from the American Board of Pediatrics (ABP). The COPW members heard about the most recent compilation of data collected on pediatric trainees. We learned that the numbers of women entering pediatric training continues to increase, with 72.5 % of first year trainees in 2005 being female. The percentage of women choosing careers in pediatric subspecialties also continues to rise (29% in 2005, up 4% from the prior year). This, however, is not at an all time high –

the peak was 33% in 1990 and the nadir was 20% in 1998. Not only are more women going into pediatric subspecialty training, but the percentage of US medical graduates selecting this pathway is also trending upward.

The COPW continues to work on revising the statement "Enhancing the Diversity of the Pediatric Workforce"; the statement on prevention of sexual harassment has been submitted for publication. Whereas the "Scope of Practice Issues in the Delivery of Pediatric Health Care" has been reaffirmed by COPW, much discussion was held in light of ongoing reports of non-physician providers petitioning to provide a variety of health-care services to children. The discussion revolved around potential problems impacting quality of care in some cases, balanced against access and convenience issues for parents. Over the next year, the COPW will continue to look at this issue and will try to sort out how different scope of practice conflicts can be individually evaluated using more objective criteria to ensure that patient safety and quality of care is at the heart of the discussion.

The COPW has also been exploring the future role of the pediatrician as a major focus over the next few years. This work will encompass an assessment of the future role of the pediatrician as a member of, as well as leader of, the healthcare team, recognizing the ever growing impact of outside forces including the interface between generalists, pediatric subspecialists and family practitioners. How will we train future pediatricians to be good leaders and child advocates while at the same time guide practicing physicians to utilize newer technologies and maintain practice efficiency without compromising quality of care? The COPW also plans to survey pediatricians through the Periodic Survey on their satisfaction with and utilization of pediatric subspecialty services.

On Sunday, Dr. Saralyn Mark, an internist and Senior Medical Advisor to the Office on Women's Health within the

Continued on page 15

Committee on Pediatric Workforce Update

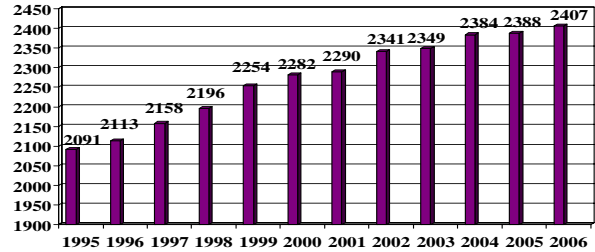
Continued from page 14

Department of Health and Human Services and NASA presented on “Reentry into Clinical Practice”. Dr. Leah Kaufman from ACOG, Ms. Phyllis Kopriva from the AMA and Ms. Kelly Towey, who serves as a consultant to both the AMA and the Academy on these issues, joined the presentation. Although in the past, reentry into medical practice has primarily been considered a “women’s issue”, more men are also taking time out of their work lives for family and health reasons. Some physicians have moved on to other careers and may wish to come back to care for patients; other physicians may have had to take time off for medical problems such as depression and substance abuse. It is unclear how many previously active physicians would consider coming back to clinical medicine after a period of inactivity if there were well-established pathways for them to be “brought up to speed”. Several major barriers must be overcome before tackling this issue in a systematic way. First, we need to find out how many physicians out there would consider reentering clinical practice; many may no longer hold medical licenses or belong to their specialty organizations. Second, developing appropriate curricula and establishing sites for clinical and technical skills assessment and retraining would

be a major undertaking. Finally, financing reentry programs may be problematic since currently available programs may cost anywhere from \$4,000 to \$30,000 depending upon the individual’s specific needs and length of clinical inactivity. Some physicians may not have the financial resources to pursue this, despite a real interest. The Academy, along with other specialty societies, may want to join forces and begin to explore some pathways for reentry if there is a demonstrated need.

Pediatrics has once again done wonderfully in the match with 96.5% of all positions filled this year. More than 75% were filled with graduates of US medical schools. Also this year, there was more than a 50% increase in the number of applicants to at least one med-peds program. All of these suggest that our field continues to be a very desirable one and we will continue to train high quality pediatricians in the years to come.

Fig 1. PGY-1 Positions Offered in Pediatrics (1995-2006)



Finally, Dr. Aaron Friedman, Department Chair from Hasbro Children’s Hospital at Brown has taken over as the Chair of COPW due to an early departure by our previous fearless leader, Dr. Michael Anderson. Dr. Friedman will be leading the Committee at least through the summer of 2007.

As always, I appreciate the opportunity to share with you what the COPW has been working on as well as plans for the future. I encourage you to get in touch if you have any suggestions, ideas, or concerns related to pediatric workforce issues. Feel free to email or call: my email is pletchba@umdnj.edu and my phone number during the week is (973) 972-3314.

NJ Members Named to National Posts

Congratulations to the following AAP/NJ members who were recently named or renamed to AAP National Committee posts:

Chair, Committee on Child Health Financing
Richard Lander, MD, FAAP

Committee on Medical Liability
Gary Noel McAbee, DO, JD, FAAP

Committee on Continuing Medical Education
Margaret (Meg) C. Fisher, MD, FAAP

Committee on Pediatric Workforce
Beth Ann Pletcher, MD, FAAP

Community on Hospital Care
Jack Martin Percelay, MD, MPH, FAAP

Committee on Pediatric Emergency Medicine
Thomas Bojko, MD, MS, FAAP

Legislative Highlights

Continued from page 9

S332 Madden (D4) - Requires development and distribution of pamphlet informing parents of student athletes about sudden cardiac death (2006: A2999) - AAP/NJ testified in support.

A1116 Rooney (R39) - Requires prescription drug labels to bear brand name of prescribed drug as well as name of any generic drug substituted for brand name drug - The substitute requires that all prescription drug labels bear the brand name of the prescribed drug as well as the name of any generic drug substituted for the brand name drug, unless the prescriber states otherwise on the original written prescription. The substitute takes effect on the 180th day following enactment, but authorizes the State Board of Pharmacy to take anticipatory administrative action in advance as necessary for its implementation.

A1510 Oliver (D34), Manzo (D31), Stender (D22) - Provides counseling and prenatal care information to pregnant women who test positive for HIV (2006: S493) - The bill would direct the Department of Health and Senior Services (DHSS) to provide physicians and health care practitioners with prenatal care information and voluntary counseling services for HIV-positive women preparing to give birth. The Department would be required to consult with public and private organizations to ensure informational materials and counseling services are uniform statewide. Currently, the Department of Health and Senior Services funds grants for HIV testing and counseling. The bill would expand HIV services to address the unique health concerns of expectant mothers and their newborns. The bill was released from committee and passed 76 to 0 in the Assembly. It now heads to the Senate for further consideration.

S1218 Turner (D15) - Establishes certain nutritional restrictions on food and beverages served, sold or given away to pupils in public and certain nonpublic schools (2006: A883) - This bill requires that, as of September 2007, the following items shall not be served, sold or given away as a free promotion anywhere on public school property, or the property of nonpublic schools that participate in

the Child Nutrition Programs, at any time before the end of the school day, including items served in the reimbursable After School Snack Program: (1) Foods of minimal nutritional value, as defined by the United States Department of Agriculture; (2) All food and beverage items listing sugar, in any form, as the first ingredient; and (3) All forms of candy as defined by the New Jersey Department of Agriculture. The bill also requires that schools must reduce the purchase of any products containing trans fats beginning September 1, 2007. The bill also requires that, as of September 2007, all snack and beverage items, sold or served anywhere on school property during the school day, including items sold in a la carte lines, vending machines, snack bars, school stores and fundraisers, or served in the reimbursable After School Snack Program, shall meet the following standards: (1) Based on manufacturers' nutritional data or nutrient facts labels, no more than eight grams of total fat per serving, with the exception of nuts and seeds, and no more than two grams of saturated fat per serving; (2) All beverages, other than milk containing two percent or less fat, or water, shall not exceed a 12-ounce portion size; and whole milk may not exceed an eight-ounce portion; (3) In elementary schools, beverages shall be limited to milk, water or 100 percent fruit or vegetable juices; (4) In middle and high schools, at least 60 percent of all beverages offered, other than milk or water, must be 100 percent fruit or vegetable juice; and (5) In middle and high schools, no more than 40 percent of all ice cream and frozen desserts shall be allowed to exceed the above standards for sugar, fat and saturated fat. Food and beverages served during special school celebrations or during curriculum-related activities shall be exempt from the requirements of the bill, with the exception of foods of minimal nutritional value as defined by the United States Department of Agriculture. These requirements shall not apply to: (1) Medically authorized special needs diets as defined by the United States Department of Agriculture; (2) School nurses using foods of mini-

mal nutritional value during the course of providing health care to individual students; or (3) Special needs students whose Individual Education Plan indicates a particular diet.

A2379 Caraballo (D29), Munoz (R21); Conaway (D7) - "Access to Medical Research Act;" authorizes certain persons to give informed consent for medical research if subject of research is unable to give consent was released from committee after a unanimous vote (2006: S1757) - Current New Jersey law does not allow participation in clinical trials without consent. Assemblyman Caraballo and clinical experts from the University of Medicine and Dentistry of New Jersey (UMDNJ) testified in support of the legislation. Dr. Katherine Scotto, of the Cancer Institute of New Jersey, stated the bill will enable New Jersey residents who are clinically unable to make an informed consent, and who have yet to delegate that decision making power to a relative or other representative through means such as a legal power of attorney, would be able to have access to the latest treatments, when time is of the essence, through the use of a surrogate consent. This type of consent would only be utilized for clinical trials and research protocols that have been approved through Institutional Review Boards (IRBs) and are fully monitored. The surrogate consent would be utilized in cases such as those that are time-sensitive, where there may not be time to obtain a power of attorney but where a patient could benefit by new treatments with the surrogate consent of their family member or other representative. The consent form explains all of the important facts about the treatment being studied, the purpose of the study, and procedures involved. It also states risks and hoped for benefits and patients or their delegates may request to withdraw from the trials at any time.