Lawmakers seek changes as school vaccination rates remain low

Dayton Daily News

Reps. Gonzales and Landis Co-Sponsor Immunization Process Improvement Legislation

American Academy of Pediatrics
Ohio Chapter

The Columbus Dispatch

Letter: Public should know school vaccination rates

Ohio Chapter
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Ohio Pediatrics: A publication of the Ohio Chapter, American Academy of Pediatrics

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Issue Focus

The Ohio AAP’s Operations Pillar oversees all aspects of the Chapter, including the fiscal responsibility for the organization and working to secure funding for Chapter programs. This pillar includes the Planning, Implementation and Performance (PIP) Committee, which evaluates the Chapter’s existing and potential programs, including Maintenance of Certification (MOC) Part IV Quality Improvement projects. If you would like to get involved, contact Renee Dickman at rdickman@ohioaap.org.

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American Academy of Pediatrics
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Ohio Chapter
President’s Message

Robert Murray, MD, FAAP
President, Ohio Chapter, American Academy of Pediatrics

At the Academy Leadership Forum (ALF) in March 2018, almost all the buzz among the AAP membership centered on two topics: gun violence and the opioid epidemic. No surprise there. The uprising by America’s youth after the Feb. 14 shooting at Marjory Stoneman Douglas High School in Parkland, Florida was a stark rebuff to us all over how little we have done to ensure children’s safety. Similarly, our decades-long “War on Drugs” has left our jails full but done little else to curb the spread of opiates and narcotics. After fetal exposure to drugs, more and more newborns are showing neonatal abstinence syndrome (NAS), the long-term implications of which have yet to be detailed. The top 10 resolutions for the year urged the AAP Board of Directors to educate, advocate, and intervene wherever possible to help curtail these two serious issues.

After the Parkland school shooting, the media gave America its grim scorecard: since the new century in 2000, there have been approximately 188 school and university shootings. Why approximately? Because the federal government does not study gun-related adverse events. So despite accounting for the vast majority of the world’s school shootings, we know little about how and where to intervene. But in just the first quarter of 2018 alone, there have been 18 new school shootings.

The attendees at ALF showed a greater sense of hope than ever. The students were angry and engaged. But unless political consequences ensue, the marches may be a better demonstration of the power of social media than of true change. Even the devastated parents of Sandy Hook Elementary School’s 20 murdered first-graders in 2012 couldn’t forge a consensus. Like Sandy Hook, the national reaction to Parkland followed a predictable, and now routine, dialogue focused on guns and mental health.

As pediatricians, we should remind ourselves to remind the public that mass shootings and opioid addiction are symptoms, just as suicide, cutting, child abuse, and bullying are symptoms, as are bigotry and hate crimes, and on and on through the long list. The status of the nation’s social fabric is reflected in the statistics on every one of those problems. So, crucially, our proposals for intervention should be deeper than just new gun laws, or insurance coverage for the depressed, or better drug treatment for the addicted.

Members of the AAP have been instrumental in illuminating the life-long damage that adverse events cause on individuals who lack the skills to buffer them, especially during early childhood. We have demonstrated how that damage occurs and why and we have the ability to recommend many well-studied interventions that have been shown to strengthen a young child’s relationships and through them their ability to navigate in this American society.

In this issue of Ohio Pediatrics, you will find a very helpful article on page 25 from Sarah Denny, MD, FAAP. Dr. Denny is co-chair of our injury prevention initiatives and will share how pediatricians can discuss firearms with their patients. On page 29, Richard Tuck, MD, FAAP, who is the chair of the AAP’s District V, shares the national efforts to address gun violence and the steps the national AAP is taking.

I am excited by the fervor of the students about gun violence and the newfound concern of politicians about the human being behind the drug statistics. This is our chance to make the national discussion more about the “us” and less about the “it” in these tragic headlines.

The Ohio AAP is excited to reveal the “Ohio Chapter Conference Room” at the national AAP’s new headquarters in Itasca, Illinois. Chapter leaders had their first look during ALF in March.

Pictured from left to right: Robert Murray, MD, FAAP, Jonathan Price, MD, FAAP, Michael Gittelman, MD, FAAP

www.ohioaap.org
Strengthening Ohio’s Immunization Laws: HB 559 Addresses Data and Opt-Outs

The Ohio AAP’s advocacy team has been hard at work on immunization legislation over the past few years, and on April 11th HB 559, the Immunization Process Improvement Bill was introduced in the Ohio House of Representative’s Health Committee. This bill is sponsored by State Representatives Anne Gonzales (R-Westerville) and Al Landis (R-Dover) and calls for a streamlined process on how immunization opt-outs are handled, and data collection and reporting for school-age children.

Provisions in the bill include:

**Standardizing the Opt-out Process.** Establishes a standard form for all school districts to use and requires that a physician or other licensed healthcare provider sign the form for all required immunizations for Kindergarten, school entry, and grades 7 and 12.

Conversations with a healthcare provider are essential to ensure that parents have all the appropriate medical and scientific information prior to making health care decisions such as immunizing their child. The Ohio Immunization Process Improvement Plan establishes a process identical to how immunization entry forms are handled for state licensed childcare centers. States that have standardized their process have seen a 35% decrease in opt-outs of vaccines in just one year.

**Strengthening reporting of immunization opt-outs.** Streamlines how data regarding immunizations is handled and reported so public health officials, parents of immunocompromised children, and other stakeholders will know the opt-out rate at each school building.

As noted in numerous recent media reports, Ohio does not currently have reliable data regarding the number of children who have been exempted from immunization requirements at the school district and school building level. As a result, the ability to effectively respond to a disease outbreak is jeopardized. Much of this breakdown is due to inconsistent handling of immunization forms and the transfer of information between school districts, local health departments, and the state.

During a March 21 kick-off event, which was organized by the Immunization Advocacy Network of Ohio (IANO), Rep. Landis spoke to the audience about why immunizations are important in his area, which had 2 unrelated meningitis deaths in December 2017, as well as highlighted that parents who choose not to vaccinate will still have that option, but only after a dialogue with a healthcare provider.

“We’re trying to protect public health and at the same time protect parents who don’t choose to immunize their children,” said Landis.

Currently, the rates of unvaccinated children are unknown, and this prevents public health officials from knowing critical data in case of disease outbreak. It also prevents parents of children who cannot be vaccinated because of allergies or other compromised medical issues from knowing the potential for exposure.

House Bill 559 makes zero changes in the ability of parents and caregivers to choose to vaccinate. In addition, the legislation does not call for or allow disclosure of a student’s vaccine status or personal identity, but rather only will report the data as a percentage by school building.

“The Ohio AAP takes every opportunity we can to protect kids in the state of Ohio in all areas of health and wellness, but especially from vaccine-preventable diseases,” said Melissa Wervey Arnold, the Ohio Chapter’s CEO. “Vaccines are the core of preventative medicine. Because of vaccines, we don’t see diseases we saw 100 years ago. This legislation will help to ensure that those who wish to opt out of immunizations are doing so only after a conversation where they can be given accurate, data driven information.”

Many organizations have voiced their support for the legislation including: the Ohio Association of School Nurses, the Ohio State Medical Association, Ohio Academy of Family Physicians, the Association of Ohio Health Commissioners, Every Child By Two, the National Meningitis Association, the Ohio Children’s Hospital Association, Voices for Ohio’s Children, the Ohio Chapter of the National Association of Pediatric Nurse Practitioners, Immunize Ohio, the National Organization for Rare Disorders, the Academy of Medicine of Cleveland and Northern Ohio, and the American College of Obstetricians and Gynecologists.

In addition, parents involved in the grassroots parent group, Ohio Parents Advocating for Vaccines (Ohio PA4V), are taking action. Some, for the first time ever.

“I wrote letters to each of my local legislators about this issue,” said Justin Rich, MD, FAAP a parent in Cleveland.

“I received a reply from one rep’s staff, thanking me for reaching out. I’ve never done this before but…it felt good.”

...continued on page 5
“This group is giving parents the tools to voice their support of vaccinations,” Denise Warrick, MD, FAAP, a pediatrician in Cincinnati and co-chair of Ohio PA4V. “We are so excited to empower them to speak up for what’s best for the health of their children – and all children in Ohio.”

The Ohio AAP is preparing for testimony that will take place in support of this bill in May. Additionally, we will be arranging meetings with legislators in their home districts throughout the summer. If you are interested in testifying in support of this legislation or attending meetings with your legislators to help advocate for HB 559 and immunizations, contact Melissa Wervey Arnold at marnold@ohioaap.org or 614-846-6258.

Other ways to get involved:
- Join the grassroots movement with “Ohio Parents Advocating for Vaccines” at ohioaap.org/ohio-pa4v. You may find a number of helpful resources on that webpage.
- Share the facts about vaccination on social media and use the hashtag: #iVax
- Write an email or letter to your legislator.
- Write a letter to the editor in your local community.
- Share PA4V with your patients and families.

Statehouse Update
Danny Hurley, Ohio AAP Lobbyist

Ohio lawmakers started off 2018 with a flurry of activity and will wrap up the first half of the year with a handful of session dates amid the May Primary. The General Assembly is expected to recess after Memorial Day and legislators likely will not return until after the November Election. During this contentious election cycle, Ohio voters will be selecting a new slate of statewide officeholders; in addition, Senator Sherrod Brown will be seeking reelection to a third term and several Republican-held Congressional seats are being targeted by the Democratic Party. Republicans are expected to maintain control of the Ohio General Assembly, but could see their historic majorities in each chamber dwindle.

The top priority for the Ohio Chapter of AAP remains passage of House Bill 559, sponsored by State Representatives Anne Gonzales (R-Westerville) and Al Landis (R-Dover). The bill establishes a uniform process for handling immunization forms required for school entry. In addition, the chapter is active on several other pieces of legislation that could see movement as the 132nd General Assembly comes to a close.

House Bill 416 (Health Price Transparency)
State Rep. Steve Huffman (R-Tipp City), a physician and chair of the House Health Committee, introduced this measure at the request of the Ohio Hospital Association and Ohio State Medical Association. HB 416 is intended to be a practical alternative to Ohio’s current health price transparency law. The bill would require healthcare providers to give patients an estimate of the cost of a procedure that is scheduled for at least seven days in advance, if requested by the patient. HB 416 has received three hearings in the House Insurance Committee and could see movement this spring.

HB 416 would also repeal the current price transparency law. Ohio’s health price transparency law was enacted two years ago in a state budget bill. It requires a cost estimate for all non-emergency procedures, regardless of whether or not a patient requests it. Many healthcare organizations and hospitals argued that this requirement was unworkable and would drive up costs. Following unsuccessful attempts to modify the statute, several healthcare groups including the Ohio Chapter of the American Academy of Pediatrics, filed a lawsuit last year. The suit, which is ongoing, placed the law on hold, meaning physicians do not need to comply at this time.

Scope of Practice Bills
The Ohio Chapter has been monitoring three scope of practice bills that have been introduced in the 132nd General Assembly. In addition, we expect to see another attempt by APRN’s to enact an independent practice bill, though this will likely be an issue for the next General Assembly. The Ohio Chapter worked with other physician organizations to defeat an APRN independent practice bill in the previous General Assembly.

House Bill 191, sponsored by State Rep. Anne Gonzales (R-Westerville) would grant independent practice to nurse anesthetists. In the last General Assembly, the legislature enacted House Bill 216, which expanded the scope of practice for all nurse practitioners except nurse anesthetists. HB 191 seeks to grant CRNA’s new authority, but the removal of the physician supervisor requirement is a non-starter for the physician community. Another CRNA-related measure, Senate Bill 275, was introduced by State Senator Dave Burke (R-Marysville) last month. That bill has the support of the Ohio State Medical Association and Ohio Society of Anesthesiologists.

The House Health Committee did report House Bill 131, sponsored by State Reps. Theresa Gavarone (R-Bowling Green) and Bill Reineke (R-Tiffin). HB 131 originally was aimed at expanding the scope of practice for physical therapists to include diagnosing patients and ordering diagnostic exams. The bill had several hearings and a number of positive changes were made at the request of the physician community. The final scope bill we are concerned about is House Bill 326, sponsored by State Rep. Bill Seitz (R-Cincinnati). The bill grants certain psychologists limited prescribing authority; it has received a handful of hearings in the House Health Committee and a substitute bill was adopted. HB 326 could see movement despite continued concerns from the Ohio Chapter and other physician organizations.
The Benefits of QI in Practice

Two pediatricians compare their experiences taking part in quality improvement programs, from a large multi-site practice and a smaller private practice.

Katherine Krueck, MD, FAAP
Chief Medical Officer and general pediatrician for Pediatric Associates, Inc. and Delegate-at-Large for Ohio Chapter, American Academy of Pediatrics

Pediatric Associates is a large, private practice located in the Columbus, Ohio area with four locations and 23 physicians. My large, suburban, pediatric practice has been involved with quality improvement projects with the American Academy of Pediatrics, Ohio Chapter for about ten years.

Our first foray into quality and performance aimed to provide optimal asthma care. This project included our introduction to QI techniques via electronic modules, interventions to improve provider assessment of asthma symptoms and patient self-management techniques, and measurements of our performance at baseline and throughout the project to demonstrate our improvement toward meeting project goals. We learned a lot about asthma care and even more about the power of QI. With this initial taste of the potential of QI applied to clinical care, we signed up for a webinar-based developmental screening project. Our involvement in this project taught us the nuts and bolts of quality improvement – Plan, Do, Study and Act, which has formed the basis for all our future QI (and there has been a lot!). We found the lessons learned regarding developmental screening so valuable that we still utilize these standardized screening tools at all AAP recommended aged well visits today. From there, we joined an in-person obesity prevention project, which further improved our QI repertoire and provided us tools such as a nutritional survey and nutritional handouts that we continue to utilize and build upon at all our well visits ages birth through 18 years.

Through the years, we have continued to refine both our QI techniques and our clinical processes and protocols by participating in a variety of quality improvement initiatives, including obesity management, mental health screening, diagnosis and treatment, comprehensive adolescent health care, and meningococcal serotype B vaccination. In addition to becoming QI experts, our participation in OAAP QI projects has given us access to critical tools necessary for achieving excellent clinical care including screening, diagnoses and treatment, as well as the understanding of how to create workflow processes to enable such high quality care. We used the many screening tools identified through various projects to develop our own toolbox of age-based universal screening questionnaires that incorporate nutrition, injury prevention, mental health, reproductive health and food insecurity. We became so adept at QI that we were able to design, implement and accomplish new goals for the optimal care of asthma, incorporating both old ideas such as asthma treatment, as well as the understanding of how to create excellent clinical care including screening, diagnoses and treatment, as well as the understanding of how to create workflow processes to enable such high quality care. We used the many screening tools identified through various projects to develop our own toolbox of age-based universal screening questionnaires that incorporate nutrition, injury prevention, mental health, reproductive health and food insecurity. We became so adept at QI that we were able to design, implement and accomplish new goals for the optimal care of asthma, incorporating both old ideas such as asthma screening so valuable that we still utilize these standardized screening tools at all AAP recommended aged well visits today. From there, we joined an in-person obesity prevention project, which further improved our QI repertoire and provided us tools such as a nutritional survey and nutritional handouts that we continue to utilize and build upon at all our well visits ages birth through 18 years.

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Lisa Ziemnik, MD, FAAP
Pediatrician, Wilmington Medical Pediatrics

Wilmington Medical Pediatrics is a smaller practice located in southwest Ohio with four pediatricians and is affiliated with a larger family practice.

While in residency 15 years ago, the focus was placed on studying evidence-based medicine. Quality Improvement (QI) is a natural progression of this focus. QI entails more than checking a box. QI is a process that evaluates what you do and how you do it to make your practice better. The benefits branch across all aspects of your practice. QI concepts and applications can impact your daily work flow, revenue, clinical practice, ancillary resources, and the overall family perception. This impact can be subtle or revolutionary.

After residency, the focus of most physicians is during face-to-face time with the patient. The physician doesn’t always evaluate what happens before or after he or she steps in and out of the exam room. It’s those overlooked steps that have a great impact on workflow and how efficiently the day may go. Taking time to map out the flow of a patient through the entire office visit (an integral portion of the QI process) can help identify inefficiencies. This can benefit a practice in a multitude of ways. By reviewing the flow, you can identify if types of patients need to be scheduled differently, if staggered start times would be more efficient for both staff and providers, and if there are duplications of staff time that could be eliminated. It can also be a time to determine if anything could be completed prior to a patient entering the office, which may make the visit more focused and productive for both the patient and the physician.

Whether you are evaluating the entire process or just a small fraction, the evaluation of the work flow can show strengths and weaknesses of your methods and your team. As a small practice, it is difficult to balance the volume of work, the level of education needed for each task, and the operating expenditures. Large organizations hire staff dedicated to Quality Improvement. Smaller practices do not have this luxury, but they have other advantages. One of the benefits of QI in a small practice is it is easier to make quick changes as a team. Implementations that may take months in large organizations can be accomplished in weeks or days in small practices. Making changes to flow and process may promote underutilized skills in your team. These skills can be exploited to enhance the team-based approach to medicine that is crucial to success.

QI is beneficial but it can be overwhelming. This is why utilizing QI projects (such as those provided by the Ohio AAP) can provide focused change with clinical impact. ... continued on 26
Smoke Free for Me

The Smoke Free for Me Learning Collaborative is a nine-month learning collaborative that launched with a learning session on January 26, 2018. The collaborative aims to build upon the existing relationships between pediatric primary care providers and families by addressing caregiver and family member smoking behavior early in a child’s life. An easy-to-implement screening tool has been developed to allow providers to seamlessly screen for family member smoking and utilize the 5As (Ask, Assess, Advise, Assist and Arrange) to encourage smoking cessation.

Participating providers receive 25 points of MOC IV credit. Monthly action period calls are held to review data and provide helpful education and resources to providers. An early QI goal of the project is to consistently screen infants for smoke exposure. The program’s first month of data indicates that sites are rapidly approaching goal and implementing the screening tool into practice 82% of the time. The following practices are participating in the collaborative:

- Locust Pediatric Care Group – Akron Children’s Hospital
- Children’s Medical Center – Middletown
- Fairfield Primary Care
- Cleveland Clinic Children’s - Euclid
- Cleveland Clinic Children’s - Main Campus
- Cleveland Clinic Children’s – Medina
- Cleveland Clinic Children’s – Stephanie Tubbs Jones
- Cornerstone Pediatrics
- Group Health Associates – Anderson
- Eastgate Pediatrics
- Ohio Pediatrics
- Pediatric and Adolescent Practitioners – COPC
- The Christ Hospital
- University Hospitals Medina
- Wheeling Pediatrics

Planning is currently underway for Wave 2 of the program, which is scheduled to launch in September 2018. Contact Kristen Fluitt, MS at kfluitt@ohioaap.org for details.

Adolescent Health – QI 2 U:

This hands-on QI collaborative provides tailored assessment, education, intervention planning and implementation, data collection, and practice mentorship to six pediatric practices. The program launched in February of 2018 and will wrap-up in June. The aim of the collaborative is to improve both the adolescent well visit rate in participating practices and the quality of adolescent healthcare in the practice. Participating practices select meaningful metrics for their practice that include improving the initiation of the HPV vaccine series, including confidential time in every adolescent well visit, and improving depression screening for adolescents.

Participants earn 25 points of MOC IV credit. The Ohio AAP hosts monthly individualized touch-base phone meetings with each clinic to review progress and monthly data. Practices also participate in three state-wide webinars that focus on educational topics to improve adolescent healthcare.

Parenting at Mealtime and Playtime Program

The Parenting at Mealtime and Playtime QI program is in full swing with our fifth wave. Beginning in December 2017, our fully-virtual program welcomed participants through an e-learning session. The program aims to improve the delivery of anticipatory guidance and identification of obesity-related risk during well-child visits for children from birth through age 5. Using motivational interviewing and an array of educational resources, the provider participants are identifying ways to incorporate developmentally appropriate preventive care regarding nutrition and play into their well child visits. During our Hot Topic Webinars, participants have enhanced ability to counsel parents with picky eaters, families in developing mealtime routines, and families experiencing food insecurity. Chart review data collected over the course of the program demonstrates a steady improvement in documentation of growth trajectory, family history, nutrition and physical activity counseling. There has been notable improvement in goal setting with families and improvements in goal follow up during well-child visits. Hats off to our practices for their accomplishments and ongoing efforts:

- Akron Children’s Hospital – Graduate Medical
- Cleveland Clinic Community Pediatrics
- Star Pediatrics
- Akron Children’s Hospital – Pediatric Hudson
- Marysville Pediatric Inc.
- Hyde Park Pediatrics
- Cleveland Clinic Pediatrics – Westlake
- Rivers Edge Pediatrics
- Partners in Pediatrics
- Stark County Medical Group
- Kidz First Pediatrics of Oberlin
- Alla Kolkin, M.D
- Cincinnati Children’s Hospital – Hopple Street Health Center
- Muddy Creek Pediatrics
- Akron Children’s Hospital – Mansfield
- Caughman Health Center

Participating providers receive 25 points of MOC IV credit and resources, such as MyPlates and Placements for completion of the program. Have you participated in our PMP QIDA program in the past? We need your input! Join our one-day sustainability program and receive over $1000 in resources and free Annual Meeting registration! Contact Renee Dickman at rdickman@ohioaap.org for more information.
Navigating “Pay for Performance” and What it Means to Your Practice

William Long, MD, FAAP

We hear about “pay for performance” and “quality care” incentives, but what does this mean to us as pediatricians? What are these performance, or quality measures, to which we are held accountable?

Our colleagues in internal medicine and family practice have much more at stake in terms of quality measures, as there is so much more to measure for adult patients. This results in a larger impact on care, and yes, a larger sum of money for those primary care specialties.

But what are we responsible for as pediatricians? There are measures that multiple payors (private and state-funded plans) look at when evaluating “quality” and “performance” for pediatricians. These measures are based on HEDIS (Healthcare Effectiveness Data and Information Set) benchmarks, as determined by the NCQA (National Committee for Quality Assurance). They center around well care, immunizations, and several common pediatric conditions.

Our practice has participated in these pay for performance incentives through private insurers, Partners for Kids (PFK) in central/southeastern Ohio, and as part of the Ohio CPC (Comprehensive Primary Care) pilot program. Of all of the measures, we have found several “constants” amongst most of the programs and payors:

Well care measures:
- Well visits by age 15 months (6 well visits by this age)
- Well visits ages 3-6 years
- Adolescent well visits (ages 12-18)

“Disease” or ill-care measures:
- Childhood immunization (full immunization set by age 2)
- Adolescent immunizations (TdaP, MenACWY, and 2 HPV vaccines by age 13)
- Lead testing in appropriate ages

Through the payor sources listed above (PFK, private insurers, and Ohio CPC), our practice has, in addition to our traditional fee-for-service income, been able to garner over $48,000 per physician in performance incentive income in 2017. While not large in comparison to the fee-for-service dollars we currently receive, it has led us to further our efforts to improve these measures. We engage in more quality improvement activities that are aligned with these measures. We believe this work helps us to not only provide better care, but also improves our bottom line.

These monies are not “free cash.” We have had to invest in human resources and technology to realize these gains. But it is rewarding to see these efforts pay off, in that we are getting paid for providing a higher quality of care, rather than just providing a higher volume of care.
Ohio AAP CME Accreditation Renewed for Six Years Due to High Quality Education

The Child Health Pillar is pleased to announce that The Ohio State Medical Association (OSMA) Focused Task Force on Accreditation met in March and voted to award Continuing Medical Education (CME) accreditation with commendation (six years) to the Ohio AAP.

The Ohio AAP was initially awarded provisional accreditation for two years in 2015. The Ohio AAP was subject to a CME program evaluation by the Focused Task Force in November 2017 on 22 Accreditation Council for Continuing Medical Education (ACCME) criterion for compliance. The Ohio AAP program was found to be in exemplar compliance with all criterion, therefore awarded six years of accreditation as opposed to the typical four years. The Focused Task Force documented that the Ohio AAP has a great CME program, with strong leadership and support. Our process for rotating committee members is one of the strengths of our program. OSMA states that we offer high-quality education, look at quality data and are helping physicians improve performance in practice.

Only 53% of the CME providers in Ohio have accreditation with commendation. The Ohio AAP is grateful for all of our members who receive their CME through the Chapter for taking the extra step to complete our evaluation and impact studies following completion of an activity. One of our strengths is our proven changes in practice and physician competence as a result of our education.

The Ohio AAP appreciates the leadership of the Child Health Pillar and CME Committee, made up of Michael Gittelmann, MD, FAAP; Rebecca Baum, MD, FAAP; Robert Murray, MD, FAAP; William Cotton, MD, FAAP; and Melissa Wervey Arnold, CEO. The Ohio AAP staff has done a tremendous job of implementing education and organizing the files that were audited. Elizabeth Dawson and Hayley Southworth led the efforts behind the CME review and onsite interview.

The Ohio AAP will continue to build CME and MOC Part II activities on our Pediatric Education Center (OhioAAP.org/pediatric-education-center), as educating our members is always top of mind.

If you have any questions about our education or CME, please contact Elizabeth Dawson at edawson@ohioaap.org or 614-846-6258.

“We are proud to have the Ohio Chapter of the AAP as a sponsor of CME. Being granted commendation (six years of accreditation) on the first time the organization was fully reviewed is an amazing accomplishment and speaks to the hard work and dedication of the Chapter. Congratulations and we look forward to working with you in the future.”

Jay Williamson, MD
Ohio State Medical Association Focused Task Force Member

Ohio AAP Operations Update

Financial Overview
Revenue: $2,227,000
Expenses: $2,080,000

- Grants/Contracts: 10%
- Dues: 86%
- Meetings/Exhibitors: 3%
- Other: 1%

*only 9% of Ohio AAP expenses go toward administrative or overhead expenses.

2018 Ohio AAP Elections

The Ohio AAP will be having annual elections this spring with details coming by the beginning of May. Watch your email for updates!

Contact Melissa Wervey Arnold, CEO at marnold@ohioaap.org with questions.
Prevent Abuse to Infants in Your Practice This Year with the TRAIN Collaborative

Children who present with unidentified sentinel injuries – an injury known to the medical provider that should have prompted concern for abuse – face high risks of future abuse and mortality. Identifying even one sentinel injury per quarter can prevent four infants from suffering further abuse per year. Over 18 years, those cases amount to 72 infants with a greater chance of growing up happy and healthy. Data suggests that sentinel injuries may present once a quarter in many pediatric practices and learning to identify children at risk is a simple and meaningful way to enhance practice.

To empower members to help reduce the risks for children with sentinel injuries, the Ohio AAP is excited to announce the launch of the TRAIN (Timely Recognition of Abuse Injuries) Collaborative for primary care physicians in Ohio. Beginning with a Learning Session on June 5, 2018, participating practices will engage in a 12-month learning collaborative to learn how to increase the identification of infants with sentinel injuries through TRAIN. This Part IV MOC quality improvement project will offer 25 Points of credit, with quarterly data collection and educational calls. The Ohio AAP will provide practice coaching to facilitate improvement and learning in practice driven areas, with flexible participation options.

To learn more or register for the TRAIN Collaborative, visit http://ohioaap.org/TRAINNetwork or contact Hayley Southworth at hsouthworth@ohioaap.org or (614) 846-6258.

Earn MOC II Credit and Pave the Way to Better Adolescent Healthcare

The Ohio AAP and the Ohio Department of Health are excited to announce a spring webinar series focused on improving adolescent healthcare in pediatric practices. The three part series will focus on:

- Creating adolescent friendly services
- Engaging families in care
- Reviewing components of a comprehensive adolescent well visit
- Incorporating effective and efficient psychosocial screening strategies
- Reviewing adolescent development for pediatricians and adult providers
- Supporting health ownership skill development

Engaging adolescents in care is critical as it is a time of rapid development and change – physically, cognitively, socially and emotionally. Arguably, during the time of most need, well-care visits decline rapidly. Studies have found that only 69% of adolescents age 12-19 reported having a primary care visit during the past year and Medicaid claims data suggests that only 39% of Ohio adolescents had an annual comprehensive well visit in the past year.

Additionally, adolescents are more likely to engage in activities that risk their overall health, including alcohol and drug use, unprotected sex, poor eating and exercise or physically-endangering behaviors. Furthermore, many mental health conditions – such as depression and anxiety -- often first manifest during the adolescent years.

Our webinar series will provide participants with practical and concrete ways to better engage adolescents in care and improve the quality of the care delivered to adolescent patients. Participants will receive 3 points of MOC II credit per webinar.


If you would like to learn more about the webinars or other adolescent health programming, please contact the program manager, Kristen Fluitt at kfluitt@ohioaap.org.
Unleash Your Super Powers to Advocate for Ohio’s Children

Keynote:
How to Win at Playing Whack-A-Mole in a Minefield: Reaching Vaccine-Hesitant Parents

International expert, Tara Haelle, saves the day by teaching you how to fight fear with science.

Ohio Legislative Update and Advocacy Treasure Hunt, 5 hours of education in 1 hour!

10 MOC Part II sessions this year! Earn up to 40 points!

2 MOC Part IV Kick-off Sessions: Obesity Prevention and Smoke Free Families

Increase adolescent well-visits, teen-centered care and a panel of young adults addressing YOUR questions.

September 21-22, 2018

Register today: http://ohioaap.org/AnnualMeeting • #OhioAAPAM
LEARNING OBJECTIVES

• Describe the cognitive biases that contribute to vaccine fears and refusals.
• Identify opportunities for common ground and storytelling to connect emotionally with vaccine-hesitant parents.
• Utilize strategies similar to motivational interviewing to help parents reframe concerns about vaccines and understand evidence-based recommendations.
• Develop key talking points for common vaccine fears.
• Utilize empathy and compassion in communication strategies while avoiding inadvertent paternalism.
• Explain state legislative update key points and initiatives that impact practicing pediatricians.
• Describe approaches to patient evaluation for BRUE based on the risk that the infant will have a repeat event or has a serious underlying disorder, and follow management recommendations for lower-risk infants.
• Apply clinical guidelines for the management of neonates with suspected or proven early-onset sepsis.
• Understand best practices for supporting breastfeeding with inpatient infants.
• Prepare to discuss and recommend treatments (including surgical and nonsurgical options) for ankyloglossia (tongue tie).
• Apply recommended approaches to the management of infants with NAS, including nonpharmacological care and implementing pharmacological treatment options as needed.
• Discuss the evidence connecting the social determinants of health, health equity and population health.
• Define the social determinants of health, health equity and population health.
• Define bullying and develop uniform definitions among public health.
• Apply best practices in adolescent brain development, adolescent-friendly services, space and culture, preventive health, positive youth development and transition to adult care.
• Explain the “teen take” on various adolescent health and prevention needs, health ownership and skill development, healthy habits/building protective factors, and teen-physician partnerships.
• Address some of the unique issues of smoking during pregnancy.
• Discuss opportunities for pediatricians to prevent post-partum tobacco use.
• Discuss current child nutrition and healthy weight topics such as picky eating, infant feeding strategies and malnutrition related to food security. Explore the most recent academic literature on these issues and many more nutrition and play topics.
• Apply sustainable tactics for optimizing the use of your EMR for decision support; standardizing work flow; engaging clinical and office staff in developing office systems and communications related to immunizations; effective conversation and digital communication strategies with parents; implementing reliable reminder/recall systems; and reducing missed opportunities by reviewing immunization status at each visit and immunizing at acute visits.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 10:00 – 11:00 am | **Registration and Exhibits**  
**Saving the Day for Ohio’s Children: Ohio AAP Foundation Fundraiser Luncheon**  
How to Win at Playing Whack-A-Mole in a Minefield:  
Reaching Vaccine-Hesitant Parents  
*Guest Speaker: Tara Haelle* |
| 11:00 am – 12:30 pm | **Break with Exhibitors/Posters**  
**Hospitalist Track**  
*Newborn Medicine:*  
Neonatal Abstinence Syndrome (NAS)  
Breastfeeding  
*Facilitator: Melissa Wervey Arnold*  
**Advocacy Track**  
*Ohio AAP Advocacy Treasure Hunt*  
**Primary Care Track**  
*Bullying/Cyberbullying*  
Sarah Adams, MD, FAAP  
*Akron Children’s Hospital* |
| 12:30 – 1:00 pm | **Break with Exhibitors/Posters**  
**Hospitalist Track**  
Brief Resolved Unexplained Events (BRUE)  
Early Onset  
Neonatal Sepsis  
*Facilitator: Melissa Wervey Arnold*  
**Advocacy Track**  
*Ohio Advocacy Update: Becoming a Pediatric Hero For Kids at the Ohio Statehouse*  
**Primary Care Track**  
*Meeting Social Needs and Pursuing Equity Patient-by-Patient and Neighborhood-by-Neighborhood*  
Andrew Beck, MD, FAAP  
*Cincinnati Children’s Hospital Medical Center* |
| 2:00 – 2:30 pm | **Break with Exhibitors/Posters**  
**Hospitalist Track**  
**Advocacy Track**  
*Ohio Advocacy Update: Becoming a Pediatric Hero For Kids at the Ohio Statehouse*  
**Primary Care Track**  
*Meeting Social Needs and Pursuing Equity Patient-by-Patient and Neighborhood-by-Neighborhood*  
Andrew Beck, MD, FAAP  
*Cincinnati Children’s Hospital Medical Center* |
| 2:30 – 3:30 pm | **Hospitalist Track**  
Brief Resolved Unexplained Events (BRUE)  
Early Onset  
Neonatal Sepsis  
*Facilitator: Melissa Wervey Arnold*  
**Advocacy Track**  
*Ohio Advocacy Update: Becoming a Pediatric Hero For Kids at the Ohio Statehouse*  
**Primary Care Track**  
*Meeting Social Needs and Pursuing Equity Patient-by-Patient and Neighborhood-by-Neighborhood*  
Andrew Beck, MD, FAAP  
*Cincinnati Children’s Hospital Medical Center* |
| 3:30 – 4:00 pm | **Break with Exhibitors/Posters**  
**Hospitalist Track**  
**Advocacy Track**  
*Ohio Advocacy Update: Becoming a Pediatric Hero For Kids at the Ohio Statehouse*  
**Primary Care Track**  
*Meeting Social Needs and Pursuing Equity Patient-by-Patient and Neighborhood-by-Neighborhood*  
Andrew Beck, MD, FAAP  
*Cincinnati Children’s Hospital Medical Center* |
| 4:00 – 5:30 pm | **Shark Tank Event**  
Innovation in Pediatric Health  
*Emcee: Angela Krile, CEO*  
Krile Communications  
*See page 6*  
**Adolescent Panel: Nothing About Them, Without Them**  
Adolescent 101: Making the Most of the Adolescent Well Visits  
*Michele Dritz, MD, FAAP*  
*Cornerstone Pediatrics*  
*See page 8* |
| 5:30 – 7:00 pm | **2018 Awards Ceremony** |
| 7:00 pm       | **Get Your Game On! Ohio AAP Fundraiser**  
*See page 8* |

*Register today: [http://ohioaap.org/AnnualMeeting](http://ohioaap.org/AnnualMeeting) • #OhioAAPAM*
Saturday, September 22, 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30 – 10:00 am</td>
<td><strong>Breakfast Meeting • District V Update</strong>&lt;br&gt;Gerald Tiberio, MD FAAP, District V Vice Chair</td>
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<td></td>
<td><strong>Ohio Pediatric Environmental Scan: Real Data and YOUR Feedback</strong>&lt;br&gt;Facilitator: Michael Gittelman, MD, FAAP&lt;br&gt;Ohio AAP President</td>
</tr>
<tr>
<td>10:00 – 10:15 am</td>
<td><strong>Break</strong></td>
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<tr>
<td>10:15 am – 12:45 pm</td>
<td><strong>Smoking Cessation in the Pediatric Setting, What the Literature Says</strong>&lt;br&gt;Michael Gittelman, MD, FAAP&lt;br&gt;Cincinnati Children’s Hospital&lt;br&gt;Medical Center&lt;br&gt;Judith Groner, MD, FAAP&lt;br&gt;Nationwide Children’s Hospital</td>
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### CME/MOC Statements

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP) is accredited by the Ohio State Medical Association to provide continuing medical education for physicians.

The Ohio AAP designates this live activity for a maximum of 7 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 40 MOC points in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program.

It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit. MOC Part II credit will be entered into the CME data portal entitled PARS and will be shared electronically with the ABP within 30 days of the activity date.

### MOC Part II

**Target Audience:** Pediatric or family medicine primary care, sub-specialists, hospitalists, general physicians, nurses, residents, medical students, psychiatrists, psychologists, law makers, community members, allied health and all other stakeholders in the safety and health of Ohio’s children.

**Course Description:** This activity is designed to provide health practitioners with the most recent curriculum in payment reform, opioid abuse, obesity prevention, mental health, parental risk assessment, pediatric advocacy issues and obesity prevention. Practitioners will be given tools to help pediatric and adolescent patients grow to be healthy, resilient adults.

Register today: [http://ohioaap.org/AnnualMeeting • #OhioAAPAM](http://ohioaap.org/AnnualMeeting • #OhioAAPAM)
Ohio AAP Foundation Fundraiser:
Saving the Day for Ohio’s Children Luncheon
How to Win at Playing Whack-A-Mole in a Minefield:
Reaching Vaccine-Hesitant Parents
Keynote speaker, Tara Haefle, an international expert story teller, author of Vaccination Investigation and The Informed Parent, and TED Talk influencer, will provide an overview of caregiver immunization fears and motivations and give providers and advocates strategies rooted in both science and empathy to improve immunization health.
• Learn why logic and reason seem to hit a brick wall when trying to discuss benefits of vaccines with hesitant or fearful parents
• Recognize what drives fear and why all our brains are susceptible to it
• Tara will share real stories and invite you to learn to tell your own stories to connect with parents and promote vaccine health
• Notably, she challenged the vocal anti-immunization activist Dr. Bob Sears and repeatedly debunks the most common misperceptions about vaccines and their risks, benefits and effectiveness
• Discover strategies for avoiding the burnout of vaccine hesitancy conversations that can dominate visits

Advocacy Track
Ohio AAP Advocacy Treasure Hunt
Facilitator: Melissa Wervey Arnold-Ohio AAP CEO
Join Ohio AAP experts on a treasure hunt through hot topics in advocacy including social media, community engagement, grassroots involvement, federal policy and a NEW advocacy opportunity - Parents Advocating for Vaccines (PA4V). We hope that you will take advantage of the opportunity to get outside of your office and learn new ways to inform and reframe your advocacy efforts in Ohio. You will leave with main points, follow-up tools and an action plan to implement lessons learned.

Ohio Advocacy Update: Becoming a Pediatric Hero For Kids at the Ohio Statehouse
Danny Hurley-Capitol Consulting
Fall 2018 will be a busy time for legislators. An exciting gubernatorial race, new governor-appointed positions and, of course, action on the floor impacting immunizations, payment and other important issues impacting Ohio’s children and pediatricians. Ohio AAP will make sure that you are informed of how this will impact pediatrics and how you can actively participate in law making in Ohio.

Hospitalist Track
Newborn Medicine: Understanding and Managing Conditions Presenting in Hospital Medicine
Speaker TBD
During this session, two expert pediatric hospitalists will provide education on the implementation of clinical guidelines for two common scenarios in newborn hospital medicine at both children’s and regional hospitals: Brief Resolved Unexplained Events (BRUE) and Early Onset Neonatal Sepsis. Each topic will be addressed in approximately 30 minutes, preparing hospitalists to evaluate and manage these conditions as they return to practice.

Newborn Medicine: Operationalizing Hot Topics for Young Infant Care
Speaker TBD
Take a deeper dive into two topics of particular interest to hospitalists in Ohio. In support of Healthy People 2020’s goal to increase breastfeeding, participants will learn about supporting breastfeeding in the hospital and addressing tongue tie. In addition, as conditions in the opiate crisis continue to evolve, Ohio hospitalists are seeing the need to increase understanding and management of Neonatal Abstinence Syndrome (NAS). Two speakers will each share one hour of presentations on how hospitalists can enhance their understanding and practice in both topic areas.

Primary Care Track
The Role of the Physician in Bullying/ Cyberbullying: Identification, Screening, Education and Anticipatory Guidance
Sarah Adams, MD, FAAP-Akron Children’s Hospital
Prevention and action in regards to bullying has become more and more important in the world today. Consequences of bullying range from fear of attending school to attending school with weapons, and most concerning, the consequences of suicide and school violence. Defining bullying is the first step and it is the role of the schools, community, parent and pediatricians to help reduce the incidence of violence through prevention, identification and treatment.

Meeting Social Needs and Pursuing Equity Patient-by-Patient and Neighborhood-by-Neighborhood
Andrew Beck, MD, FAAP-Cincinnati Children’s Hospital Medical Center
Equity gaps are ever present across conditions and age groups. Many such gaps originate during childhood. We, as pediatricians, have the ability to work with our patients, their families and community partners to identify and then respond to needs related to the social determinants of health (e.g., housing, food). This session will give you resources and tools to manage the needs of patients and families.

Shark Tank: Innovation in Pediatric Health
Facilitator: Angela Krile-Krile Communications
Do you have an idea that will improve Pediatric Health? We want to hear from you! Ohio AAP’s Fourth Annual Shark Tank invites you to submit an idea to our Shark Tank and you could win $1,000 to put your idea into action. Submit your idea through our website, see page 6 for more details.

Michele Dritz, MD, FAAP-Cornerstone Pediatrics
The Ohio AAP is excited to present this unique opportunity to hear from a panel of adolescents who will offer the “teen take” on various adolescent health and prevention needs, health ownership and skills to improve the care provided to adolescents in your practice.

Register today: http://ohioaap.org/AnnualMeeting • #OhioAAPAM
Do you have an idea that will improve Pediatric Health? Present your idea at the 2018 Ohio AAP Annual Meeting’s Shark Tank, and you could win up to $1,000 to put your idea into action!

At the Ohio AAP’s 4th Annual Shark Tank, ideas from around the state will be presented through posters and “live” presentations on Friday, September 21, 2018.

PRESENT YOUR IDEA!

• All submissions are due by June 30, 2018 through the Ohio AAP website: [http://ohioaap.org/AnnualMeeting/Residents](http://ohioaap.org/AnnualMeeting/Residents)
• Submissions should be an original idea in the beginning stages of implementation. As long as the idea aims to improve pediatric health…it fits! Send it forward! Check out winning ideas from past meetings on our website!
• A panel of “sharks” will judge all entries and select submissions for the “live” presentation.
• Three prizes will be awarded! Two prizes awarded for first and second place in oral presentations in front our Shark Tank audience. First place will be awarded $1,000, second place will win $750. The best poster will win $500.

If selected for the “live” presentation, you will present to the “Sharks” and the Ohio AAP Annual Meeting audience at 4:00 PM on Friday, September 21, 2018. Poster presenters will have the opportunity to present their posters during select times on Friday.

All are encouraged to send an idea forward!
For more information, contact Renee Dickman at rdickman@ohioaap.org or 614-846-6258.
2018 Ohio AAP Annual Meeting Session Descriptions
Saturday, September 22, 2018

It’s All About Nutrition!
Amy Sternstein, MD, FAAP-Nationwide Children’s Hospital
Elizabeth Zmuda, DO, FAAP
Nationwide Children’s Hospital
20 MOC Part II Points
In this MOC II session, you will review a wide variety of nutrition issues that may come up with your patients. In addition to diving deeper into the academic literature on pediatric nutrition, you will hear about pressing issues in picky eating, food security and infant-led weaning.

Smoking Cessation in the Pediatric Setting, What the Literature Says
Michael Gittelman, MD, FAAP-Cincinnati Children’s Hospital Medical Center
Judith Groner, MD, FAAP-Nationwide Children’s Hospital
Pediatric providers have a unique opportunity to decrease in-home smoke exposure for their patients. Join us for a review of the literature regarding smoking cessation in the pediatric setting and to learn ways to decrease in-home smoke exposure for your pediatric patients.

Best Practices in Adolescent Immunizations
Rebecca Brady, MD, FAAP-Cincinnati Children’s Hospital Medical Center
Beth Barker, BSN, RN-Ohio AAP
Following the conclusion of the first-ever Ohio AAP practice facilitation program on adolescent well visits and immunizations, with focus on the Serogroup B Meningococcal (Men B) vaccine, the Ohio AAP is gathering a summit of 19 participating practices from across Ohio to share best practices and successes achieved at the practice level. You will leave this session with sustainable tactics for optimizing the use of your EMR for decision support; standardizing work flow; engaging clinical and office staff in developing office systems and communications related to immunizations; effective conversation and digital communication strategies with parents; implementing reliable reminder/recall systems; and reducing missed opportunities by reviewing immunization status at each visit and immunizing at acute visits.

Conference Registration Information
Enrollment for this conference is limited in order to provide the best possible learning environment. Early registration is advised, an early bird discount of $10.00 applies until July 6, 2018.

Register today by visiting: http://ohioaap.org/AnnualMeeting/Registration

<table>
<thead>
<tr>
<th>Annual Meeting Package</th>
<th>Member and Member Staff</th>
<th>Non-Member (Includes dues for 2018-2019)</th>
</tr>
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<tbody>
<tr>
<td><strong>Superhero Package</strong>—Friday Luncheon (1 ticket), Friday MOC/CME Tracks, Friday Awards Ceremony, Saturday Breakfast, Saturday Sessions</td>
<td>$260</td>
<td>$430</td>
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<tr>
<td><strong>Friday Only</strong>—Friday Luncheon (1 ticket), Friday MOC/CME Tracks, Friday Awards Ceremony</td>
<td>$200</td>
<td>$370</td>
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<tr>
<td><strong>Saturday Only</strong>—Saturday Breakfast and Saturday Sessions</td>
<td>$100</td>
<td>$270</td>
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Saving the Day for Ohio’s Children Luncheon Only
$35 for 1 ticket  •  $60.00 for 2 tickets  •  $100 for 4 tickets  •  $500 for 8 tickets and table sponsor recognition

$25 discounts are available for 2017-2018 Ohio AAP QI Program participants and first-time attendees.

Register today: http://ohioaap.org/AnnualMeeting  •  #OhioAAPAM
September 21 7:00 pm
Crowne Plaza Dublin

Building on the success of Casino Night, the Ohio AAP Annual Meeting will be transformed into a night of thinking and drinking with interactive trivia and games of chance to win wine and fun prizes. Special prize awarded to best team name!

Enjoy door prizes, fun music, live auction items, networking and laughs, all while supporting Ohio AAP Foundation Programs.

Prizes will be given to winning teams, however, with your support, the children of Ohio will be the real winners!

$30/person • $60/couple • $100/group of four
Includes heavy hors d’oeuvres & 2 drink tickets per person

Table sponsor — $300
Gather a group of friends, have your own table and tons of fun!
• 8 admission tickets
• 16 drink tickets
• Heavy hors d’oeuvres
• Signage on table and throughout event
• Recognition on OhioAAP.org

Trivial Pursuit Sponsor — $2500
Support will provide hors d’oeuvres and cocktails for 100-150 attendees. Benefits include exclusive and prominent logo placement on all materials and signage, tickets for 16 attendees to the event, company branded napkins and verbal recognition throughout the event. Your signature support will also provide you with 2 banner ads in the September issue of the Ohio AAP Today e-newsletter (reaching 3,000 pediatricians) and a total of up to 6 complementary registrations to Annual Meeting and the Save the Day for Ohio’s Children Luncheon in September along with an exhibit table in a prime location.

This event supports the efforts of the Ohio AAP Foundation’s Ohio Parents Advocating for Vaccines (Ohio PA4V). Ohio PA4V is a group of Ohio parents advocating for vaccines and spreading accurate information about the disease burden, safety and effectiveness of vaccines. Some of us are vaccine-preventable disease survivors, parents of immuno-compromised children, or parents of healthy children because of immunizations. All of us are fierce advocates for combatting misinformation on vaccines!
Research shows that students who eat breakfast
- perform better in school
- get higher test scores
- show better behavior
- have better nutrition

Skipping breakfast hurts kids’ overall cognitive performance and has a negative impact on
- levels of alertness
- attention
- memory
- problem solving and math skills

Students who eat school breakfast
- attend 1.5 more days of school per year
- score 17.5% higher on standardized math tests

Ohio Teens report eating breakfast every day.

We can’t make kids smarter, but with improved nutrition and physical activity WE CAN PUT A BETTER STUDENT IN THE CHAIR.

Robert Murray, MD, Professor of Nutrition, Department of Human Sciences, College of Education & Human Ecology, The Ohio State University

OhioSchoolBreakfastChallenge.com

It’s Important. It’s Proven. It’s Smart. It’s Time.

CITATIONS: 1 Ohio Department of Health, 2013 Ohio Youth Risk Behavior Survey, Center for Disease Control
From the Lawyer: Handling Social Media Attacks

Jack D’Aurora

You have been advocating for vaccinations or another child health issue, and now you are being attacked via email or maybe Twitter. Horrible things are being said to you. You are overwhelmed by a variety of emotions, ranging from outrage to fear. Here are some thoughts on how to handle the situation.

1. Brace yourself.
Hate is always right around the corner whenever you advocate a controversial position. Brace yourself for what is inevitable and know there is no easy fix.

If it’s any consolation, you’re in good company. Let’s take a look at a few people who have had to deal with hate and start with Shannon Watts, a mother of five. Motivated by the Sandy Hook tragedy, Shannon founded Moms Demand Action, an organization dedicated to reducing gun violence.

What did Shannon get for her efforts? Think of every vile thing you can say to a woman, and that’s what has been delivered to Shannon. All this because she advocates gun safety.

A few months back, I listened to a panel of three editorial cartoonists, among them Ann Telnaes, a Pulitzer Prize-winning editorial cartoonist for the Washington Post. These cartoonists are very bright people who point out through humor the political problems our nation faces. What do they receive in response for their efforts? Death threats—over cartoons.

Here’s what you should remember: when people feel threatened, they lash out. In the case of vaccinations, all some people can see is that you’re advocating a practice that they think will harm their children. The science doesn’t matter. These people know only what they’ve heard. They’re scared and angry, and they don’t know how to politely engage in argument or ask questions, so all they can do is attack you.

2. Think twice before responding.
Your intellect and ego will drive you to respond with logic and science. Trying to show your attacker how wrong he is will get you nowhere, because logic and science are beyond your attacker. Your response might elicit a second attack. If you respond—think long and hard before doing so—the best you might do is to defuse the situation by asking questions and showing empathy.

3. Block them and alert social media providers.
If you’re receiving hate emails, block the sender. If you’re receiving hate posts on Facebook, you can unfriend and block the sender and hide the post. Facebook also provides a system to report posts that violate its standards, which means Facebook might censor the offender. Same thing goes for Twitter. Linkedin has similar policies but may be less responsive.

What about posts that are made on an another website? Your only recourse is appeal to the site’s manager in the hope of striking reason, but that’s a long shot, likely to result in you being rebuffed, which will add to your frustration.

4. If you truly feel threatened, call the cops.
Ohio law prohibits on-line harassment. Intimidating, harassing, menacing and threatening someone by way of a cellphone, computer, radio—any telecommunication—is a criminal matter that can result in a first degree misdemeanor (up to 180 days of jail time) or fifth degree felony (six to 12 months of jail time). Take a look at the statute, R.C. 2917.21— Google the term “Lawriter” and then search for R.C. 2917.21—to get a sense for its breadth.

Before making that call, be sure to capture every threatening statement you received. Prior to a detective arriving to interview you, be ready to present every piece of evidence you can gather. Be committed to helping the police prove the case. Remember, for a conviction to occur, there has to be sufficient evidence that proves beyond a reasonable doubt you were harassed. That’s a high hurdle.

5. File a civil action for libel.
Libel actions—proving that the person you’re hauling into court wrote false statements about you—are not a vehicle for soothing hurt feelings. Prosecuting a libel action is serious business and should be your last resort and reserved for a situation you absolutely cannot tolerate.

Besides the expense that comes with hiring an attorney, a civil action will cost you dearly in other ways. You will be actively engaged in a process that will require time away from your work—there will be depositions, the production of documents, multiple meetings with your attorney. The trial date will be at least a year away. None of this is meant to dissuade you, but to alert you as to the challenge.

6. Keep your eye on the prize.
The pain that comes with harassment might be softened a bit if you can remember that your goal is helping children, so keep your eye on the prize—the children you care about. There will always be those who dish out hate, but there aren’t that many healers out here, and you’re one of them.

Jack D’Aurora and Gil Gradisar are legal contributors to Ohio Pediatrics. You may send legal questions for consideration in an upcoming issue to jdaurora@behallaw.com or ggradisar@behallaw.com.
Injury Prevention Partnerships Continued, Expanded with Kiwanis Club of Columbus

Families in Franklin County will now have another opportunity to receive potentially life saving safety products from their pediatricians, thanks to a continued partnership between the Ohio AAP and Kiwanis Club of Columbus. In 2018 the Kiwanis Club has again approved funding to provide generous support for the fight against infant mortality in the form of safety products – this time in sleep sacks and pack-n-plays.

As one of six projects funded in a competitive grant cycle, the Ohio AAP will reach over 425 families with sleep sacks. The Ohio AAP’s project meets part of the Kiwanis Clubs focus to improve local infant mortality rates through innovative and grassroots programs. In addition to funding the Ohio AAP for infant mortality efforts, the Club supported the Furniture Bank of Central Ohio to purchase pack-n-plays. A new partnership between the Furniture Bank and Ohio AAP will provide families served by both organizations with the opportunity to receive sleep sacks or pack-n-plays based on need; the Ohio AAP will also provide opportunities for Furniture Bank staff to receive infant mortality and safe sleep funding as part of 2018 education offerings.

Ohio AAP CEO, Melissa Wervey Arnold, and Director of Program Management, Hayley Southworth, attended a Kiwanis Club of Columbus meeting in March to accept the donation, presented by past-President of the Kiwanis Club Kathleen Roberts. Kathleen has also partnered with the Ohio AAP to represent the Club on the Partnership for Safety of Children Around Firearms. The Kiwanis Club shared that being presented with this funding is a “great indication of the quality of your request and the great work of your organization.”

The Kiwanis Club became a supporter of the Ohio AAP in 2016 when they approved a grant to provide gun boxes at pilot practices as part of the Store It Safe program. That program has provided over 300 gun boxes to families through six Franklin County pediatric practices in one year, yielding highly positive feedback from families and participating Ohio AAP members. The sleep sack and pack-n-play distribution promises to be another opportunity to serve families in need and make innovations in injury prevention programming.

Literture Awareness Month Encourages Reading from Birth

The Ohio AAP’s Foundation Pillar was established in 2001 to support Reach Out and Read in Ohio. Despite changes in the years that followed, Early Literacy has remained at the forefront of Foundation activities. In March 2018, a new initiative was piloted to encourage Ohio AAP members to discuss the importance of early literacy in visits with patients less than 5 years of age.

As Foundation Pillar member William Knobeloch, MD, FAAP explains, “95% of brain development occurs between birth and 5 years old. Parents are their child’s first and best teacher. In America, 1 in 3 children do not have the basic literacy skills to be successful when they enter Kindergarten. However, 85% of children have the ability to read on grade level. Children who start Kindergarten behind rarely fully catch up.”

Following Early Literacy Awareness month, the Chapter will continue to evaluate future opportunities to increase early literacy awareness among members and the public. Practical ideas to incorporate early literacy into practice can be found at http://ohioaap.org/earlyliteracy/.
The Ohio AAP Gratefully Acknowledges our 2017-2018 Chapter Supporters

$10,000 and above
Cardinal Health Foundation
Children’s Practicing Physicians
Honda of America
Ohio Department of Transportation
United Healthcare Community Plan of Ohio

$5000 - $9999
Kiwanis Club of Columbus
Ohio Beef Council
Ohio Children’s Hospital Association
Paramount Healthcare
Michael Gittelman, MD, FAAP and Family

$3000-$4999
Anthem, Inc.
Pfizer, Inc.

$1500-$2900
Advantage Print Solutions
Akron Children’s Hospital
American Dairy Association Mid-East
Jill Fitch, MD, FAAP
Mead Johnson Nutrition

$500-$1499
Abbott Nutrition
Bella of the Whale Ministries
Andrew Garner, MD, PhD, FAAP and Rev. Sharon Seyfarth-Garner
Buckeye Community Health Plan
Center for Cognitive & Behavioral Therapy
(Rev. Kevin & Melissa Wervey Arnold)
Cincinnati Children’s Hospital Medical Center
Columbus Speech and Hearing
Cranial Technologies
Dayton Children’s Hospital
Ddrops
Elizabeth and Paul Dawson, Dawson IT Solutions
Sarah Denny, MD, FAAP and Mark Denny, MD
John Duby, MD, FAAP and Sara Guerrero-Duby, MD, FAAP
Bonnie and Mike Gahn
Gerber
Grow-up Safe
Carol Hall
Hopebridge
Kaleo
Magellan
The Thad Matta Family
Med Data
MedImmune
MedPals
Merck
Nationwide Children’s Hospital
Ohio Physician’s Health Program
Ohio University Physician Assistant Program
ParaPro
Project Echo
Sanofi-Pasteur
Sarepta
School Choice Ohio
Shire
Shriners Hospital for Children
UMCH Family Services
Vaya Pharma

Vorys, Sayter, Seymour and Pease, LLC

$1-$499
Andrew Beauseau
Tracy Vanden Branden, MD, FAAP
Mercy Brew, MD, FAAP
James Bryant, MD, FAAP
Norman Christopher, MD, FAAP
Matt Deitimer
Alex Dubin, MD, FAAP
Kevin Farrell
Otilia Fernandez, MD, FAAP
Kathleen Grady, MD, FAAP
Theresa Hutchings
John and Mary Kelleher
Carol and Robert Klinger, MD, FAAP
Kristie Kotten
Katherine Kruck, MD, FAAP and James Kruck
Kang Lee, MD, FAAP
Mike Miller
Robert Murray, MD, FAAP
Garey Noritz, MD, FAAP
Chris Peltier, MD, FAAP
Jessica Potts
Jonathan Price, MD, FAAP
Todd Ratcliff
Mark Redding, MD, FAAP
Darryl Robbins, MD, FAAP
Kathleen Roberts
Jo Ann Royhans, MD, FAAP
Elizabeth Ruppert, MD, FAAP
Brian Schneider
Toshi Shinoka, MD, PhD
Holly Solomon
John Sotos, MD, FAAP
Hayley and Anthony Southworth
Charles H Spencer, MD, FAAP
Amy Sternstein, MD, FAAP
Gerald Tiberio, MD, FAAP and Claire Tiberio
Richard Tuck, MD, FAAP and Cynthia Tuck
Denise Warrick, MD, FAAP and Steven Warrick, MD, FAAP
Resident Update

Column Coordinators: Kathleen Matic, MD & Mary Ayers, MD

Jump in the Tank for a $1000 Prize to Put YOUR Innovative Idea into Action

New clinical tools, practice improvement strategies, and public health approaches! At the Ohio AAP 2017 Annual Meeting Shark Tank session, there were many fantastic ideas and presentations shared with the audience and judges addressing all levels of health, from clinical procedures to social determinants of health. Dr. Margot Lazow presented her idea, “Development of an Interactive Virtual Tour of a Local Impoverished Neighborhood: Can this impact Pediatric Physicians’ Perspective and Practice?” and won first place! Dr. Lazow, a Pediatric Resident at Cincinnati Children’s Hospital Medical Center (CCHMC), created a virtual tour of an impoverished neighborhood in Cincinnati, using 360° video footage, as part of an immersive educational curriculum to increase residents’ appreciation of this neighborhood’s risks, assets, resources, and contextual hardships, as well as the overall impact of neighborhood on childhood health.

Since Shark Tank, Dr. Lazow has been hard at work implementing, evaluating, and expanding the Virtual Tour curriculum at CCHMC. Her team demonstrated that the virtual tour was not inferior to a previous in-person tour and found that residents reported effective immersion in the virtual environment through validation efforts. They have also created a shorter version of the virtual tour, with video playlists focused on specific topics such as food security, housing, and exercise, which they hope to use to scale this curriculum to pediatric providers at all levels of training (from medical students to faculty) and to different pediatric subspecialties. When asked what she learned from participating in Shark Tank, Dr. Lazow commented, “It was a great experience to be able to share our project with pediatricians from all over Ohio and hear their thoughts and helpful feedback. It was also a chance to meet possible future collaborators, which is exciting as well.” Dr. Lazow also stated, “It was fun to present my idea to the ‘sharks’ in just a few minutes. I was nervous that it would be intimidating (like the show), but the judges’ questions showed that they are really interested in and excited by our ideas.”

Dr. Lazow is one of the first winners of our Ohio AAP Shark Tank. The next could be you! We are now accepting submissions for our 2018 Shark Tank occurring at the Ohio AAP Annual Meeting. Submit your idea by June 30 at www.ohioaap.org/annualmeeting/residents. Win first place and you will receive $1,000 to put your idea into action! For questions, please contact Renee Dickman at rdickman@ohioaap.org.
“Since 2009, adults with a history of abuse have killed hundreds of Ohio kids.” That was the headline of a story published in October 2017 by the Dayton Daily News. The story explains that according to state records, “more than half of the 474 Ohio children who died from suspected abuse or neglect between 2009 and 2016 had been on the radar of a local child protection agency prior to their deaths.”

The article concludes that the current system is failing to protect Ohio children from repeat abuse, which is associated with increased morbidity and mortality. Research suggests that recurrent child abuse is associated with increased morbidity and mortality, including analysis of the Ohio trauma registry which indicates that child victims of recurrent abuse have significantly higher mortality rates (24.5% vs. 9.9%) compared to victims of a single episode of abuse.

In light of the data surrounding the risks to children facing abuse, the Ohio AAP has partnered with the TRAIN (Timely Recognition of Abuse Injuries) Collaborative to empower physicians to be part of the solution. Through the launch of TRAIN for primary care physicians in Ohio, practices can participate to learn how to increase the identification of infants with sentinel injuries.

- These injuries, known as “sentinel injuries”, are often minor – an isolated bruise or a small lesion to the mouth, for example – and because they often appear so seemingly minor these sentinel injuries may not be recognized as abuse.
- Through initial phases of the TRAIN Collaborative at children’s and regional hospitals in Ohio, the frequency with which children are identified as having a sentinel injury has quadrupled.

Beginning with a kick-off in June 2018, participating practices can earn 25 Points of Part IV MOC by engaging in a 12-month learning collaborative with quarterly data collection and educational calls. The Ohio AAP will provide practice coaching to facilitate improvement and learning in practice driven areas, with flexible participation options.

Practices may now enroll for this wave of the TRAIN Collaborative. Participating providers will receive:

- Education on identification and importance of sentinel injuries
- Training and support in implementing evidence-based recommendations for evaluation of infants with injury
- Strategies to work collaboratively with caregivers whose children have injury
- 25 Points of ABP MOC Part IV credit and opportunities to earn ABP Part II MOC credit for qualifying physicians
- Guidance and quality improvement coaching from the Ohio AAP
- Opportunities for networking and presentation with other physicians

To learn more or register for the TRAIN Collaborative, visit http://ohioaap.org/TRAINNetwork or contact Hayley Southworth at hsouthworth@ohioaap.org or (614) 846-6258.

BE PART OF THE EQUATION

8 Practices x 1 Sentinel Injury Identified Per Practice, Per Quarter x 4 Quarters = 32 INFANTS
Creating a Safer State and Country

Sarah Denny, MD, FAAP

Virginia Tech, Columbine, Sandy Hook, Las Vegas. These are just a few of the many mass shootings in the past twenty years. In fact, in 2018 alone, there have been eighteen school shootings. Thanks to the students at Marjory Stoneman Douglas High School in Parkland, Florida, the conversation of school safety has risen to the federal level and gained more momentum than in the past.

Although these mass shootings command our attention, pediatricians must remember that our children remain at risk daily for suicide, homicide, and unintentional injury. It is our commitment to help our patients stay healthy and safe, by engaging families and children in safety discussions and by influencing our policy makers to create a safer state and country.

Pediatricians can be most effective advocates by not debating the pros and cons of gun ownership, but rather the most important thing - keeping kids safe, in a home with a gun or without. Kids deserve to be safe in all environments and pediatricians can help make that happen without judgment or without weighing in on the gun debate.

Many people want to get involved, but just do not know where to start. Others want to get involved, but just don’t have a lot of time. Any time, from ONE minute in the exam room with each patient to thirty-minutes to write a letter to the editor, or a longer commitment such as meeting with legislators – it all helps and you can start small and increase your efforts as you get more comfortable. The most important idea is that we as pediatricians continue to spread the same messages – children and teenagers should not have unsupervised access to a firearm.

What can you do?

• Talk about safe gun storage – this should be part of your injury prevention anticipatory guidance at every visit, but especially at the 2 and 3 year visit as well as every adolescent visit.
• “If there is a gun in the home, is it kept locked and out of reach of children?” is less judgmental than “Are there guns in the home?”
• This discussion of a barrier avoiding access of your child to a firearm is no different than the safety discussions we already have such as: lock up medications and have a four-sided fence around your pool.
• If there are no guns in the home, parents still need to talk to their children about gun safety – odds are that the child is spending time in a home in which there are firearms.
• A physician discussion guide and a family handout can be found here: OhioAAP.org/firearms
• Engage your school board – find out their current policy on school safety and get engaged in the conversation.
• Consider writing an opinion editorial (Op-Ed) to your local newspaper explaining why it is important to find comprehensive policy solutions to firearm violence. You may find more information on writing an Op-Ed on the national AAP’s Advocacy webpage.
• Write a letter to the editor to your local paper. This is a great way to reach many readers of all ages.
• Stay in touch with state and local legislators, voicing your support for comprehensive policy solutions to firearm violence, including increased public health research funding, universal background checks, improved mental health services, avoidance of child access to firearms, safe storage of firearms and physician counseling. Legislators can be reached by e-mail, fax, phone and social media.
• Support state legislation that works to keep children safe at home, in school and in the community.
• Partner with the Ohio Chapter – we have our work cut out for us, but together we have great power.

If you would like to get more involved in the Chapter advocacy efforts, contact Melissa Wervey Arnold, CEO at marnold@ohioaap.org or sign up for Peds on Call at OhioAAP.org/peds-on-call.

Bike Helmet Safety Awareness Month Continues in May 2018

May has become synonymous with Bike Helmet Safety for many groups around Ohio, thanks to the Ohio AAP’s Put a Lid on It! Awareness Campaign. Initiated in 2011 by Injury Prevention Medical Directors Mike Gittelman, MD and Sarah Denny, MD, this program has become one of the Chapters most wide-reaching community efforts. In seven years, over 40,000 bike helmets have been provided through this effort, and more than 100 million media impressions made.

The 2018 Put a Lid on It! Campaign will see over 8,000 total helmets provided by the Ohio AAP to more than 100 partner groups. The Ohio Department of Transportation has continued to play an important role for the fourth year by supporting this program with funding and logistical assistance for helmet distribution. Bike Helmet Safety has also received $40,000 in funding from Honda of America since 2013 – enough to provide more than 20% of the total helmets distributed.

For information on how you can become involved in Bike Helmet Safety Awareness with the Ohio AAP, contact Hayley Southworth at hsouthworth@ohioaap.org.
Have You Heard About Juuling?

Melinda Mahabee-Gittens, MD, FAAP

Have you ever heard of Juuling? If not, just ask a teen, teacher, or school administrator. Juuling is the latest hot trend in the booming e-cigarette business. The Juul, as it’s called, looks like a flash drive and can be charged in a computer’s USB port. It’s a popular choice for many teens because of its look, affordability, and catchy pod flavors, like crème brulee and fruit medley. While it’s illegal for purchase by teens, underage purchasers can easily buy products online, simply by checking a box indicating legal age to buy.

The Juul pods deliver a high amount of nicotine – one pod is equivalent to a whole pack of cigarettes. While most schools have banned the devices on campus, the device is easily concealed and produces very little smoke, making it easy for teens to use at school and in public places.

E-cigarettes are NOT harmless. While the general public tends to consider e-cigarettes safe, health specialists caution that e-cigarette vapor is known to cause lung and eye irritation, cancer, and destroy cells when inhaled by people who vape e-cigarettes. Nicotine from e-cigarettes is addictive, increases the heart rate and can contribute to clogged arteries. Research also shows that nonsmokers who are exposed to e-cigarette vapor absorb the addictive nicotine and other poisons released into the air. Of particularly great concern is recent research that shows that teens who vape are much more likely to become regular cigarette smokers themselves.

Five facts about Juuling for your patients and parents:
1. Juuling exposes users to very high and dangerous levels of nicotine.
2. The Juuling device often has leaking issues which can lead to skin absorption and harmful side effects.
3. The Juul and flavorful pods are easily accessible online.
4. The Juul device can easily masquerade as a flash drive.
5. Juuling is very appealing to youth because it looks cool, is discreet, and the pods come in fun flavors.

You can find educational resources at: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Richmond-Center/Pages/Fact-Sheets.aspx

Benefits/Large Practice ...continued from page 6

action plans utilized in our very first asthma project as well as standards of care such as determination of asthma status and asthma control, and including new innovations like Fractional Excretion of Nitric Oxide and a calculation called the Asthma Medication Ratio to determine individualized therapy tailored to each patient’s unique asthma status.

While excellence in pediatric care has always been first sentence in the mission statement of our practice, it’s worth mentioning that we have achieved substantial financial gain resulting directly from our successes in quality improvement. While true pay for performance is still a few years away for general practice, incentive money to meet performance metrics is plentiful. While the amount will vary widely between practices based on factors such as the number of providers, the capabilities of the electronic health record and staff resources, I can tell you that our practice has earned more than $500,000 this year alone in incentives from Comprehensive Primary Care of Ohio, Meaningful Use and Partners for Kids.

As we wrap up our latest QI project on adolescent health, we are already planning additional goals and interventions to further improve the quality of our comprehensive adolescent health project beyond the end of the OAAP sponsored project. We would never have had the vision, much less the tools and confidence to succeed in doing so, without all the lessons learned from our participation in quality improvement over the last 10 years.

Benefits/Small Practice ...continued from page 6

Ohio AAP projects benefit small practices by giving them access to QI experts. Instead of a physician taking time to determine how to clinically integrate the most recent recommendations on a topic, the information is laid out in a logical manner. One of the first steps in participating in Ohio AAP QI projects is identifying a QI team. Once the initial project is underway, this group can be utilized to accomplish future initiatives.

QI experts introduce or review the basic concepts of quality improvement with each practice. The QI project expert will direct each practice through the QI steps. Plan, Do, Study, Act cycles (also known as PDSA cycles) are integral to each Ohio AAP project and are easier to execute than you may anticipate because most quality improvement is trial and error using small tests of change. If you have ever told your staff to try something to see how it worked, you have already completed an informal PDSA cycle. An additional benefit from participation is collaborative learning opportunities. Project leaders facilitate collaborations between participating practices throughout Ohio. This allows for exchange of ideas, problem solving, and continued improvement.

Implementing and utilizing quality improvement takes time, but it is time well invested. QI can help move a practice forward by updating clinical pathways, optimizing work flow, and positioning the practice to succeed in emerging quality contracts with payers.
Spondylolysis

Melanie Kennedy, MD, FAAP & Steven Cuff, MD, FAAP

Low back pain is a common complaint in the pediatric population with a wide range of etiologies. A thorough history and exam are imperative to distinguish benign from serious pathology, although a specific diagnosis may not always be determined. Chronic back pain, worsening pain, pain in young children or pain with systemic symptoms warrants further evaluation for pathologic causes.

Spondylolysis is a common cause of low back pain in pre-adolescent and adolescent athletes and is almost exclusive to this age group. Spondylolysis is a stress fracture of the pars interarticularis of the vertebral arch, occurring most commonly in the 5th lumbar vertebra (L5). It can be unilateral or bilateral. Bilateral defects can lead to spondylolisthesis, or slippage of the vertebra. Spondylolysis is hypothesized to be caused by microtrauma from repetitive hyperextension and rotation of the lumbar spine occurring in the growing skeleton. Consequently, sports or positions with repetitive hyperextension movements such as football lineman, butterfly swimmers, gymnasts, dancers, and volleyball and tennis players are at increased risk.

Patients with spondylolysis classically present with worsening low back pain that is most prominent in extension. Onset is typically insidious, though some patients may recall a specific inciting incident. Pain can progress from being present only with activity to occurring with activities of daily life or at rest. On physical exam there may be midline or paraspinous lumbar tenderness with possible radiation into the glutes. Range of motion of the lumbar spine may be limited, especially in extension, and tight hamstrings are often present. Pain is exacerbated with lumbar extension and intensifies with extension on a single leg (Stork testing). An AP and lateral lumbar x-ray is routinely the first step in the evaluation of spondylolysis, however radiographs are often normal. An oblique view, looking for the “scotty dog” defect of spondylolysis, is no longer routinely recommended due to a significant increase in radiation with these views without much increase in diagnostic sensitivity. If history is concerning for spondylolysis and x-rays are normal, an MRI or SPECT scan may be used depending on physician or facility preference. MRI may be preferable as it avoids radiation, however it can require special sequencing that may not be standard in all institutions.

Treatment for acute or subacute spondylolysis varies by provider but typically includes some period of rest (4-12 weeks), followed by physical therapy. Bracing with a soft lumbar corset or more rigid brace may be utilized for additional pain control or to encourage activity limitation, although evidence to support bracing is weak. Rehabilitation focusing on hamstring flexibility, core strengthening and stabilization of the lumbar spine are generally initiated before return to activity. For individuals with chronic spondylolysis where no edema is seen on advanced imaging, a shorter period of rest with earlier rehabilitation may be recommended. Individuals who do not adhere to rest or return to sports too quickly are at risk for poor healing and chronic low back pain.

Spondylolisthesis is a potential complication of spondylolysis. Presentation is similar to spondylolysis however radicular pain may be present if the slipped vertebra is compressing a spinal nerve. In severe slips, a step off may be appreciated with palpation of the lumbar spine, especially with spinal flexion. The degree of translation on standing lateral x-ray is graded from 1-4 with 1 being the most mild at <25%. Grade 2 is 26-50%; grade 3 is 51-75%; and grade 4 is 76-100%. The initial treatment for low grade spondylolisthesis is conservative with rest and physical therapy, however referral to an orthopedic spine surgeon should be considered for grade 3 and 4 lesions or those with neurological symptoms. Significant worsening of the slip over time is not typical, however annual X-rays to assess for progression should be considered, especially in those with significant growth potential.
Low back pain is a common issue for many young athletes, but it is not something that should be ignored as it can be a sign of a more serious problem. Back pain may originate from the muscles, bones, or ligaments or even the mechanics of how the back is moving. One of the most common causes of back pain in young athletes is spondylolysis. Spondylolysis is a stress fracture of a small bony segment in the back of the lumbar spine called the pars interarticularis. It is thought to be caused from repetitive hyperextension or twisting of the back. Therefore it is more common in sports where arching the back is routine like dance, diving, gymnastics, volleyball and tennis.

Typical signs and symptoms of a spondylolysis are chronic low back pain in the center or just off to the sides that begins without an injury and is worse with arching the back. Some individuals may feel stiffness in their back. To diagnose a spondylolysis, x-rays are usually taken but unfortunately can often be normal. Therefore advanced imaging with an MRI or a bone scan is often required to confirm the diagnosis and to determine if the stress fracture looks new or old.

Treatment includes rest, especially rest from arching the back, pain control and rehabilitation. Some physicians may recommend ibuprofen or acetaminophen as needed for pain. A back brace may be recommended until pain improves. There is no set period of rest but it typically ranges from 4-12 weeks. After rehabilitation, the athlete can be progressed back into sport gradually as tolerated. On average, it can take 3-5 months to fully return to sports. Returning to sports or physical activity too soon can worsen the pain, create a chronic problem and require more time off from sports.

Some individuals with spondylolysis on both sides of the low back can have forward slippage of the vertebra which is called spondylolisthesis. The presentation of spondylolisthesis is similar to spondylolysis but the slippage can occasionally push on or irritate a nerve in the back which can cause numbness and tingling down into the leg. Spondylolisthesis is usually seen on x-ray although a CT or MRI may be obtained to evaluate the slippage in more detail. The treatment varies based on the degree of slippage. In mild cases, the patient is managed similarly to a spondylolysis with rest and physical therapy. In high grade spondylolisthesis, which is rare, referral to an orthopedic surgeon is needed. However, with proper treatment, the majority of patients with spondylolysis and spondylolisthesis are able to return to sport. While kids are still growing they are at risk of further slippage of the vertebra, so even after recovery physicians may obtain x-rays periodically to monitor them.

Tips for Parents:
• Kids with good conditioning and flexibility are at lower risk for injury.
• Have your child stretch regularly and warm up before activity.
• Schedule an appointment with your doctor if your child has fever with back pain, is limping, is missing their sport, has numbness or tingling down their legs, has issues controlling their bowel and bladder, or has pain that wakes them up at night.
• Don’t ignore low back pain, especially if the pain persists over a week.
• Follow up with your doctor if your child has worsening pain.
District V Update

Richard H. Tuck, MD, FAAP
District V Chairperson
Gun Control and Violence Prevention,
Our Pediatric Public Health Crisis

Each and every one of us have been touched and tormented by the horrific mass shootings in our country, particularly when involving innocent children, as occurred in Parkland, Florida in February. This represented the eighteenth school shooting in 2018! However, as we know, the problem is much larger than the tragic mass shootings. It represents a true public health crisis for pediatricians, including accidental gun deaths, suicides, and homicides.

Dr. Fernando Stein, our immediate past president of the AAP, provided compelling information to the Board on this public health epidemic. Gun related deaths are the 3rd leading cause of death in children 1-17 years of age. 91% of children killed in first world countries are in the USA!

Mass shootings are the tip of the iceberg. There are 46 children 0–19 days of age shot everyday! Most are shot by violent attack, but 8 are unintentional, 3 suicides, and 4 murdered. Children of color are at significantly higher risk. Strikingly, 43% of homes with a child have a gun in the home. It is estimated that 70% of the unintentional shootings could be prevented if there was not access to guns by locking the firearms in a gun lock box.

The AAP has had policies related to gun violence dating back to 1985, initially addressing handgun control. Most recently in 2012, in the aftermath of Sandyhook, the AAP released our current policy stating that absence of guns is best and advocating for firearm research and surveillance. However, CDC research related to gun violence has been restricted since 1996, by the Dickey Amendment, creating an unacceptable lack of data to address these critical issues.

In response to the most recent tragic mass shooting, our AAP president, Colleen Kraft issued two forceful public AAP statements and a call to action, urging us to speak up and join in, which many of us did by joining the “March For Our Lives” in Washington and many of our local communities.

Hopes for gun violence initiatives at the national / federal level are limited and discouraging. However, our AAP has and will continue to advocate at the federal level for firearm safety and control. Learn more about our federal advocacy on the AAP federal advocacy page at aap.org. As Mark Del Monte has stated: “If we can’t change their minds, we will change the lawmakers!” Register to vote on November 6! #VOTEKIDS

Much needs to be accomplished and addressed at the state level. AAP District V efforts include the Ohio Chapter’s unique partnership with gun activists to promote safe firearm storage, “Store It Safe”. This effort has included a tool kit and handouts, as well as distributing gun lockboxes. The Indiana Chapter has been challenged with proposed firearm liberalization legislation, which they have forcefully and successfully opposed at the statehouse. In Michigan, a group of Kalamazoo Central High School students began a Change.org petition urging lawmakers to make comprehensive and responsible gun control reforms.

Recognizing this ongoing public health challenge, the AAP is taking a bold step forward by establishing the Gun Safety and Injury Prevention Research Initiative (GSIPRI), unanimously supported by the Board.

This will be funded with $500,000 of seed money from the Friends of Children and Tomorrow’s Children Endowment. Initial discussions with like-minded organizations indicate there will be additional significant funding coming from these organizations, as well.

The planned steps incorporated in the Gun Safety and Injury Prevention Research Initiative include:

1. An expert Summit of researchers, advocates, and clinicians to determine an agenda for moving forward.
2. A new Research agenda to identify gaps in existing evidence.
3. Implementation with effective interventions in the clinical and community settings.
4. These steps will help us move forward with evidence informed decisions and initiatives.

Remember that every day 46 children are shot in the USA. Mass events get the press, but the crisis is daily. We need to move beyond press releases with our new “Gun Safety and Injury Prevention Research Initiative”.

Each one of us can and must do more to address this epidemic. We have the opportunity everyday in our trusted relationship with parents to discuss gun safety. Think of what you can do to help remedy this public health crisis for children.
Shriners Hospitals for Children—Cincinnati Celebrates 50 Years of Care for Kids

This year, Shriners Hospitals for Children—Cincinnati celebrates 50 years of providing exceptional care for children. From its origins in pediatric burn treatment, Cincinnati Shriners Hospital has become a globally recognized leader in specialty health care and groundbreaking research, with a unique commitment to treat a child regardless of the ability to pay.

Shriners Hospitals have been around for nearly a century, with an early focus on polio. With the illness largely under control by 1960s, Shriners of North America needed to update the focus and settled on pediatric burn treatment. They chose Cincinnati to be one of three new hospital sites based on the city’s close proximity to a teaching hospital. In February of 1968, the doors opened to the Shriners Burns Institute.

In the early days of pediatric burn treatment, life after a serious burn was not always certain; survival was the principal goal. As research and technology advanced, the goal became fostering the child’s quality of life after wounds have healed—a philosophy of thriving, rather than just surviving. That goal inherently included plastic surgery as a part of the recovery process. The expanded medical proficiency led to Cincinnati Shriners Hospital becoming a destination for plastic and reconstructive medical treatments beyond burn care.

The hospital moved to its current building in 1992, creating on-site accommodations for families, greater capacity for acute care and an outpatient clinic. An entire floor was committed to research, part of the hospital’s mission. Soon, breakthroughs in wound healing and tissue engineering were transforming the way children improve after injury. Advanced studies on nutrition, immunology, sleep and infection control all improved patient outcomes.

Today, Cincinnati Shriners Hospital treats children from across the region and around the world after major burns or traumatic injuries, congenital and craniofacial disorders such as cleft lip and palate, complex wound or skin disorders or with issues where self-esteem development may be affected, such as breast abnormalities or ear deformities.

Honoring Dr. Arnold Friedman: 1927-2015

A great national and Ohio leader in pediatrics recently passed away and some Ohio AAP members were not aware that we lost a leader and a friend.

An avid OSU Buckeye fan and graduate of The Ohio State University School of Medicine, Dr. Friedman served in the U.S. Army from 1945-47. He also served as the Medical Director of the Department of Pediatrics for Mount Sinai Hospital.

Arnold B. Friedman, MD, FAAP, was a longtime and very respected private practice pediatrician in Solon, Ohio, who served not only as president of the Ohio AAP, but was a tremendous leader in his community.

In 2005, the Chapter’s Community Pediatrician Award was named after him to acknowledge that he is a role model in community engagement. Each year, at the Ohio AAP Annual Meeting, an exemplar pediatrician receives this distinguished honor in Dr. Friedman’s name.

The Ohio Chapter will forever be thankful for his leadership in the Chapter and his care for children in Ohio.
WHO WE ARE: Ohio PA4V is a group of Ohio parents advocating for vaccines and spreading accurate information about the disease burden, safety and effectiveness of vaccines. Some of us are vaccine-preventable disease survivors, parents of immuno-compromised children, or parents of healthy children because of immunizations. All of us are fierce advocates for combatting misinformation on vaccines!

WHY WE CARE: We vaccinate our children (if medically possible) for their own health and safety, as well as the health and safety of our community. Ohio’s immunization rates for children and adolescents are NOT where they need to be for all of our children to be protected from potentially dangerous vaccine-preventable diseases. The misinformation has scared parents, and it is time to set the record straight.

WHAT WE DO: We share factual information and stories about vaccines! To get involved, agree to our pledge and you will be directed to a page with resources and information!

THE OHIO PA4V PLEDGE:
I agree to advocate for vaccines by spreading accurate information about the disease burden, safety, and effectiveness of vaccinations.

Interested in taking the Ohio PA4V pledge and joining our efforts to spread accurate information about vaccines? Visit [http://ohioaap.org/OhioPA4V](http://ohioaap.org/OhioPA4V) today!

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“This group is giving parents the tools to voice their support of vaccinations. We are so excited to be empower them to speak up for what’s best for the health of their children – and all children in Ohio.”

~ Denise Warrick, MD, FAAP, Parent, advocate and co-chair of Ohio PA4V
Calendar of Events

May 10, 2018 • Adolescent Health Webinar: Owning It: Preparing Adolescents & Families for Transitioning to Adult Care

July 27, 2018 • Executive Committee Retreat Columbus

August 10, 2018 • Glow Ball Fundraiser Blackhawk Golf Course, Galena

September 21-22, 2018 • Annual Meeting Crowne Plaza Dublin

September 21, 2018 • Saving the Day for Ohio’s Children Fundraiser Crowne Plaza Dublin

September 21, 2018 • Get Your Game On Fundraiser Crowne Plaza Dublin

Dues Disclosure Statement

Dues remitted to the Ohio Chapter are not deductible as a charitable contribution, but may be deducted as an ordinary and necessary business expense. However, $40 of the dues is not deductible as a business expense because of the Chapter’s lobbying activity. Please consult your tax advisor for specific information.

This statement is in reference to fellows, associate fellows and subspecialty fellows. No portion of candidate fellows nor post-residency fellows dues is used for lobbying.

Ohio AAP Welcomes New Members

Deanna Barry, DO
Sydney Bryant
Alexander Calderone
Amy Catalani, CNP
Carlo Di Lorenzo, MD, FAAP
Rebecca Farr
Sofia Gofman, MD, FAAP
Daniela Humphrey, DO, FAAP
Veronica Issac, MD, FAAP
Jamie Jordan, PA-C
Aspasia Katragkou, MD
Paul Macdonald, MD, FAAP
Mellissa Mahabee, MD, FAAP
John McDonnell, MD, FAAP
Scott Pagonis, MD, FAAP
Meagan Peek, MD, FAAP
Sajithya Perera, MD, FAAP
Quiana Pollock, MD
Trisha Snair, DO, FAAP
Ina St. Onge, DO, FAAP
Claire Stewart, MD FAAP
Shruthishree Sukumar
Andrew Whipkey