Ohio AAP  
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to positively impact  
over 1 Million  
(and counting)  
children and their families each year

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2018-2019 Outcomes

<table>
<thead>
<tr>
<th>Providers trained</th>
<th>Resources provided</th>
<th>CME hours provided</th>
<th>Outcome driven QI programs</th>
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</thead>
<tbody>
<tr>
<td>2,500</td>
<td>12,000</td>
<td>3,500</td>
<td>12</td>
</tr>
</tbody>
</table>

Lives touched through print and digital media 250 million

States utilizing Ohio AAP education and resources 43 of 50

Statehouse Update 4
Annual Meeting Recap 18
Deeper Dive: Vaping 30
In This Issue

President’s Message • 3
Statehouse Update • 4
DeWine Calls for Common Sense Gun Control, Ban on Flavored Vape Products
Foundation Focus • 6
2019 Activities Lay Groundwork for Continued Growth and Expansion in 2020
Practice Transformation • 8
Opportunities
Practice of Pediatrics • 10
AAP: Working for Pediatricians in Practice
Regional Trainings • 12
Student Advocate Provided
Support from Ohio AAP Foundation for #1Helps Project
Store It Safe Program • 16
Recognized as Promising Practice Awardee, Focus of 2019 #GivingTuesday Campaign
Annual Meeting Recap • 18
Sports Shorts • 21
Ankle Injuries
District V Update • 23
Trust – Foundational to our organization and you!
Empowering Parents and Teens • 24
to Advocate for Vaccines
Medicaid Re-procurement • 25
Resident Focus • 26
A Resident Perspective on Annual Meeting
Ohio AAP Program Partners • 27
Deeper Dive • 30
Recent Vaping Illnesses and Death Creates Urgency for Pediatricians to Proactively Address Issue with Patients
Secretly Recording • 33
Doctor Visits
Community Involvement • 35
Prepared Not Scared

Issue Focus

The Ohio AAP’s Practice of Pediatrics and Membership Pillar helps those involved in pediatric care navigate the business and operations of the practice. The pillar engages specific populations of physicians – such as hospitalists, sub-specialists, young physicians and private practitioners. This pillar includes the Pediatric Care Council as well as the Senior Section, and provides support for those involved in practice management, including physicians and non-physicians.

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

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President’s Message

President, Ohio Chapter, American Academy of Pediatrics

Michael Gittelman, MD, FAAP

Dear Ohio AAP Members,

Welcome to the Fall issue of Ohio Pediatrics! Autumn is one of my favorite times of year. The leaves begin to change color, football season gets underway and we have the Ohio AAP Chapter’s Annual Meeting. Since the Ohio AAP is celebrating its 85th Anniversary, I wanted to use this platform to highlight the Annual Meeting that was just held this past September.

The meeting started with a luncheon lecture by Mona Hanna-Attisha, MD, FAAP entitled, “What the Eyes Don’t See: The Process of Uncovering the Flint Water Crisis.” Dr. Hanna-Attisha is a well-published researcher and public policy advocate who uncovered the water crisis in Flint, Michigan. The audience was composed of water department officials, public health specialists, nurse practitioners, and of course, member pediatricians and trainees. Her talk inspired great conversation and the diverse crowd discussed several opportunities for Ohio water specialists to work with clinicians to prevent similar problems in Ohio.

“The story of Flint is an incredible example of resistance and creating hope in our communities, especially for our children.”
- Mona Hanna-Attisha, MD, FAAP

It’s these types of meetings in which the Chapter brings diverse groups together to solve statewide problems that makes the Ohio AAP so unique and successful. After an inspiring introduction, the Annual Meeting provided members with several great educational opportunities. Attendees could earn up to 20 Part 2 Maintenance of Certification/CME credits by attending provided lectures. A wide array of topics were discussed, including: integrating mental health into primary care, parents advocating for vaccinations, strategies to prevent obesity, a kick-off of the Ohio AAP’s new Store it Safe program, and caring for children affected by the opioid epidemic in our state. Many of these lectures involved panel discussions with leaders in each of their respective fields. The passion and enthusiasm in each of the rooms really had me excited to advocate and make changes in the way I practice pediatrics.

Another exciting aspect of this meeting was the focus on and involvement of adolescents. Our adolescent panel combined teens with experts to discuss concussions, eating disorders and social media. The ability to learn from teens and understand their perspectives enables all providers to alter their practices in order to be more productive as we counsel young adults. During discussions about depression and firearm safety, I heard members discussing how this was the most inspiring session they have ever attended. Teens who participated expressed their excitement to be able to have their voices heard and they loved being involved and learning how to instigate change in Ohio. They engaged a room of over 200 adults with their honesty and thoughtful comments about their health care.

Lastly, how can I end this recap without describing a few incredible statistics from this 85th Anniversary meeting:

Most exhibitors ever: 56
Most attendees ever: 425
Most funds ever raised: Nearly $110,000

Overall, the Ohio AAP’s Annual Meeting continues to be a great way for members, along with other statewide public health advocates, to get together in order to accomplish the Chapter’s mission to promote the health, safety and well-being of children and adolescents so they may reach their full potential. I think the success of the meeting can be summarized by a quote from Andrew Garner, MD, PhD, FAAP, recipient of the Elizabeth Spencer Ruppert Outstanding Pediatrician of the Year Award:

“When nobody else stands up for children, their families and their communities, is when we need pediatricians the most.”
- Andrew Garner, MD, PhD, FAAP

If you were unable to attend, I hope this recap will inspire you to block off next year’s Annual Meeting dates now. (See below.)

Best regards,

Michael A. Gittelman, MD, FAAP

SAVE THE DATE!
Annual Meeting 2020
November 20-21, 2020
Columbus Hilton Polaris
Columbus, Ohio
Note the date change from previous announcement.
Ohio pediatricians will have two high profile issues to tackle this fall when the General Assembly returns to action. Ohio Governor Mike DeWine recently unveiled his Strong Ohio legislation, which includes several provisions related to gun control. Strong Ohio, which will be sponsored by State Senator Matt Dolan (R-Chagrin Falls), is DeWine’s response to the tragic shooting in Dayton. DeWine’s bill will include an expansion of Ohio’s current pink slip law to allow for individuals threatening violence to be separated from their firearms, a more thorough voluntary background check system, and stricter penalties for gun related offenses.

DeWine’s Strong Ohio proposal has received mixed reviews from gun control and second amendment advocates alike. Despite an endorsement from Dayton Mayor Nan Whaley, many gun control advocates feel that DeWine has backed off of an earlier commitment to pursue universal background checks and a strong ‘red flag’ law for individuals threatening violence. On the other side, second amendment advocates have largely criticized DeWine for focusing on gun control rather than mental health, though it is important to note that the Buckeye Firearms Association is neutral on Strong Ohio. Legislative leaders have been relatively cool to the bill, though it is expected to receive hearings later this year following introduction.

While Ohio AAP is generally supportive of Strong Ohio, we are also working to enact legislation to expand our Store it Safe program and enact a tax credit for gun storage boxes and safes. The goal is to encourage more parents to store firearms safely and out of reach of children. Representatives of Ohio AAP recently joined the Governor and his team at a press conference to announce details of Strong Ohio and we plan to support this as a first step, and push other efforts to enact common sense gun control legislation in Ohio.

The Governor also made headlines after calling on the General Assembly to pass legislation that would ban the sale of flavored vapor products. State Representative Tom Patton (R-Strongsville) has introduced a bill to temporarily ban the sale of these products unless approved by the Food and Drug Administration (FDA). House Bill 346 has been referred to House Health, but has not received a hearing. The DeWine Administration may pursue administrative action similar to Michigan, though no decisions have been made. The Ohio Department of Health recently announced nearly $4 million in funding and grants to help address adolescent e-cigarette usage.

Outside of these two issues, Ohio AAP continues to fight against harmful anti-vaccine legislation (HB 132 and HB 268) and explore options to strengthen Ohio’s immunization laws. We are also monitoring several scope of practice bills and working with allies in the Ohio State Medical Association to protect physicians and patients. Ohio AAP is also supporting Senate Bill 97, sponsored by State Senator Steve Huffman (R-Tipp City). SB 97 would replace Ohio’s current, unworkable healthcare price transparency law with a solution that providers can follow.

Ohio AAP CEO Melissa Wervey Arnold was recently selected as a member of the inaugural class of Columbus CEO’s Future 50. This class of 50 local leaders will bring their diverse experiences, innovative ideas and commitment to advancing the community together to make Columbus the great American city of the next century.

Congratulations, Melissa!
Helping businesses make a great impression for over 20 years

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The past several months have seen the greatest growth and revitalization in the history of the Ohio AAP Foundation, and the momentum built will lead into continued expansion and new programs in 2020. The addition of members to the Ohio AAP Foundation Board, as well as a fundraising campaign to support the “Reversing the Trend of Irreversible Actions: Store it Safe Adolescent Suicide Prevention Program,” are key contributors to a future of activities that will support the health and safety of Ohio’s children in 2020 more than ever before.

**Board Expansion**
A refocused effort on recruiting and recommitting members to the Ohio AAP Foundation Board has provided the Ohio AAP with new perspectives and partners from diverse organizations. The Ohio AAP Foundation Advisory Board Members include:

- Dr. Norman Christopher, Foundation Advisory Board Chair, Akron Children’s Hospital
- Dr. Robert Murray, Chapter Immediate Past-President, Ohio State University
- Dr. Michael Gittleman, Chapter President, Cincinnati Children’s Hospital Medical Center
- Dr. Jill Fitch, Chapter President-Elect, Nationwide Children’s Hospital
- Dr. Christopher Peltier, Chapter Treasurer, Pediatric Associates of Mt. Carmel
- Mr. Jay Highman, Founder & CEO, NatureOne
- Ms. Janay Stevens, Attorney, Vorys, Sater, Seymour and Pease LLP
- Dr. Karyn Wulf, Abbott
- Dr. Sarah Adams, Akron Children’s Hospital
- Dr. William Cotton, Ohio AAP Advocacy Chair
- Dr. Katherine Griswold, Rainbow Babies and Children’s Hospital
- Dr. Darryl Robbins, Nationwide Children’s Hospital
- Dr. Judy Romano, Wheeling Hospital
- Dr. Pam Oatis, MercyHealth Toledo

**Fundraising Events**

**Glow Ball Golf Outing** – The 6th Annual Glow Ball Golf Outing sold out, raising more than $7,000. The proceeds of this event will support the Put a Lid on It! Bike Helmet Safety program, which is celebrating its 10th anniversary during May 2020.

**Speak for Those Without a Voice Luncheon!** – 334 Ohio AAP members and partners contributed to the more than $20,000 raised at the Annual Meeting Keynote Luncheon, featuring Dr. Mona Hanna-Attisha, MD, FAAP. See pages 18-20 for photos of Annual Meeting 2019!

**Sips and Secrets Mystery Night** – A new twist on the Ohio AAP Annual Meeting’s evening event, the Sips and Secrets Mystery Night featured a unique combination of mystery, humor, and fun! A special thanks to Dr. Christopher Peltier, who played a featured role in the mystery!

**Store It Safe (SIS) Adolescent Suicide Prevention Program**
Beginning at the Ohio AAP Executive Retreat in July, fundraising efforts for the Foundation have focused on supporting the expansion of the SIS program to include adolescent suicide prevention efforts. Individual contributions from Foundation and Chapter leaders, a variety of grants, and profits from Annual Meeting events have raised more than $40,000 toward the goal of $75,000 to provide education and gun boxes as part of this program.

With so much success to date in 2019, the Foundation is prepared to finish the year with a final fundraising effort. A Giving Tuesday campaign will be unveiled in November, just in time for year-end giving. To make a donation to the Ohio AAP, please visit www.ohioaap.org/donate-now or contact Hayley Southworth at hsouthworth@ohioaap.org.
Foundation Donors

DONORS *List current as of publication date.

$10,000 and above
Delta Dental Foundation
Honda of America Manufacturing
Reinberger Foundation
United Healthcare Community Plan of Ohio

$5,000 - $9,999
Akron Children’s Hospital
Kiwanis Club of Columbus
Legally Mine
Ohio Beef Council
Ohio Children’s Hospital Association

$2,500 - $4,999
Anthem
CareSource
Mike Gittelman, MD, FAAP and Family

$1,000 - $2,499
Accel, Inc. and Tara Abraham
Sarah Adams, MD, FAAP and John Adams
Advantage Print Solutions
Children’s Practicing Pediatricians
Norman Christopher, MD, FAAP and Family
William Cotton, MD, FAAP
and Patty Davidson, MD, FAAP
Jill Fitch, MD, FAAP
Andrew Garner, MD, PhD, FAAP and Family
Mag Mutual
Metro Health Hospital
Robert Murray, MD, FAAP and Merry Gilbert
Paramount Advantage
Pediatric Associates
Judy Romano, MD, FAAP and Paul Romano
Melissa Wervey Arnold and Family
Karyn Wulf, MD, MPH, FAAP

$500 - $999
Rebecca Baum, MD, FAAP and Family
Nicole Caldwell, MD, FAAP
Clover Lindsay Consulting
Elizabeth and Paul Dawson
Sarah Denny, MD, FAAP and Family
Michele Dritz, MD, FAAP and Family
John Duby, MD, FAAP and
Sara Guerrero-Duby, MD, FAAP
Greater Cincinnati Water Works
Kriste and Ken Kotten
Krile Communications
Kate Krueck, MD, FAAP
and James Krueck
Nationwide Children’s Hospital

Help us close the gap on our fundraising goal!

Look for more information about our Giving Tuesday campaign or donate today at:

www.ohioaap.org/donate-now
Children and families face countless challenges in their lives...

**Accidental Shootings**  **OPIOID ADDICTION**  **Anxiety**  **Childhood Trauma**  **Injuries**  **DEPRESSION**  **Bullying**  **Childhood Obesity**  **TOBACCO**  **Smoke Exposure**  **TEEN VAPING**  **Risky Behaviors**  **Suicide**  **VACCINE PREVENTABLE DISEASES**  **Food Insecurity**  **School Readiness**  **TEEN PREGNANCY**  **Vision Problems**  **Tooth Decay**  **POVERTY**  **Lead Exposure**  **Infant Mortality**

Ohio AAP...

**Advocates for children at community and state level**
- 24/7 Advocacy for Pediatricians, Children & Families
- Strong Reputation and Relationship with Bi-partisan Elected Officials and Statewide Administration
- Parents Advocating for Vaccines
- TEENS ADVOCATING FOR VACCINES
- Peds on Call

**Educates by providing tangible and digital resources for pediatricians, families and partners**
- Bike helmets
- Sleep sacks
- GUN SAFES
- Handouts on: Vaping, SAFE SLEEP, injury prevention, helmet safety, OBESITY PREVENTION, immunization, and much more

**Engages pediatricians and partners in a collaborative network**
- Annual Meeting
- Spring Meeting
- MOC PART II
- Statewide Regional Trainings
- PUBLIC HEALTH PROFESSIONAL TRAINING
- Engagement of Schools, Community Organizations & Families in Cutting-Edge Child Health Topics
- Actionable Interdisciplinary Child Health Committees

**Guides pediatricians and families through trusted information on emergent pediatric issues**
- Mobile Apps
- Videos
- PEDIATRIC EDUCATION CENTER
- Family Resource Website
- Print Publications
- Bi-Monthly E-news Blast

**Improves practice performance through enhanced reimbursement**
- Pediatric Care Council
- Quality/Incentive-based Reimbursement
- Coding Updates and Training
- PUBLIC AND PRIVATE PAYER ADVOCACY
- Listserv for Practice Managers
- Programs Aligned with Enhanced Reimbursement

**Transforms practices with evidence-based quality improvement and outcomes**
- Practice Coaching
- Custom QI Training
- Human-centered Design
- MOC Part IV DATA-DRIVEN PROGRAM DESIGN
- Hands-on Expert Training
- Care Coordination

**Program areas:** Injury prevention, smoking cessation, obesity prevention, vision screening, dental health, early literacy, atopic dermatitis, lead prevention, population health & immunizations
4 in 10 children are exposed to secondhand tobacco smoke in their home

1 in 3 homes with kids has a gun

13.1% of 2-4 year old WIC participants have obesity

Only 40% of Ohio’s Medicaid children get the two required lead screenings

Nearly 1 of every 5 high school students reported in 2018 that they have used e-cigarettes in the past 30 days

Make a Lasting Impact on Ohio’s Children

Ohio AAP has QI and CME programs designed for you.

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INCORPORATED IN OHIO

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Ohio AAP has QI and CME programs designed for you.

Practice Facilitation/Coaching
Group Learning
ABP MOC Part IV
ABP MOC Part II
Continuing Medical Education (CME)
Family Materials & Resources
Provider Training & Resources
Practice Transformation/Quality Improvement

Parenting at Mealtime and Playtime Program
Contact: Elizabeth Dawson, edawson@ohioaap.org

Smoke Free Families Learning Collaborative
Contact: Hayley Southworth, MS, hsouthworth@ohioaap.org

Brush, Book and Bed Program
Contact: Hayley Southworth, MS, hsouthworth@ohioaap.org

Lead Screening QI Program
Contact: Elizabeth Dawson, edawson@ohioaap.org

Regional Adolescent Vaping Trainings
Contact: Kristen Fluitt, MS, kfluitt@ohioaap.org

Preschool Vision Screening QI Project
Contact: Kristen Fluitt, MS, kfluitt@ohioaap.org

Store It Safe Firearm Safety Learning Collaborative
Contact: Hayley Southworth, MS, hsouthworth@ohioaap.org

ABOUT 1 in 5 children ages 5 to 11 have at least one untreated decayed tooth

S.I.S.
Store It Safe
Ohio AAP: Working for Pediatricians in Practice

Jonathon Price, MD, FAAP
Pediatrician, Nationwide Children’s Hospital Urgent Care Centers

The American Academy of Pediatrics is best known for giving clinical guidance to pediatricians and publicizing issues about the health of children. Somewhat lesser known are its efforts to support health care coverage for children and much lesser known are its efforts to assist the pediatrician’s day to day existence by trying to prevent burnout from administrative burdens and to keep practices financially viable in today’s payment environment.

Thanks to the Ohio Chapter’s support, I take part in those efforts as chair of the National Academy’s Committee on Child Health Financing (COCHF) and, along with Cincinnati member Dr. Mike Chamberlin, as a member of the Payer Advocacy Advisory Committee (PAAC). I like to describe their respective missions as “trying to keep families from going broke and failing as they try to get health care for their children,” and “trying to keep pediatricians from going broke and failing to provide health care for children.” The first committee puts out policy positions to guide the advocacy of the AAP lobbyists and allies, the state chapters, and pediatricians who have negotiating power with payers. The second contacts payers about the impact of their policies and informs pediatricians about key payment issues.

Much of COCHF’s current work addresses the need for payment models to become more responsive to the needs of children by allowing pediatricians and the larger circle of pediatric consultants and community agencies to be financially viable and able to provide coordinated care. Our policy proposals go through an extensive review process by other committees and AAP leadership, where they are often modified. So the rule of thumb for understanding this article before you is: If it’s not yet published, it’s not yet policy. Nonetheless, the following are key concepts in what COCHF has recently published and what we contemplate will come out in the coming year and beyond, if approved by the AAP Board of Directors.

Established AAP policy published in the journal Pediatrics in 2018:
“Targeted Reforms in Health Care Financing to Improve the Care of Adolescents and Young Adults”— Calls for reducing or eliminating copays and eliminating coinsurance for visits regarding sexual/reproductive health and behavioral health.

Updates in progress to previously published statements that may become AAP policy and be published in the next year:
(These updates therefore should not be taken to represent official AAP policy at this time.)
“Principles of Financing the Medical Home for Children”— Being reviewed by the AAP Board of Directors prior to publication. COCHF is proposing to say in this statement that a solid medical home requires payers to support a full range of services, namely those required to optimize the physical, developmental, emotional, and behavioral well-being of children, and that these critically impact health throughout an individual’s life. Some financial support is required to help practices and clinics make an initial engagement with families to get them into the office. Following that, appropriate support is needed for encounters, care coordination, continuous quality improvement, implementation of an effective electronic health record system, and innovative efforts to improve community health. This support should not result in administrative burdens that erode the effectiveness of the medical home. Furthermore, payers should not encourage fragmented care outside the medical home.

“Guiding Principles for Managed Care Arrangements”, “Beyond Fee for Service: Evolving Payment Models and Pediatrics”— Both being reviewed by Anne Edwards, Senior VP of Primary Care and Subspecialty Pediatrics. Some specific principles: The specialists in the provider networks of Medicaid Managed Care Organizations should have pediatric expertise. Managed care plans should provide access to services beyond traditional medical offices, such as school-based, home visitation, and early education programs, and should promote coordination between them and the medical home. “Medically necessary” interventions should be defined to include those that promote optimal growth and development, a uniquely pediatric inclusion. Behavioral health, substance use, and mental health services are all necessary. There should be public reporting of each payer’s performance regarding prevention, behavioral health, and habilitation. Payers should support non face-to-face encounters and
coordination. Urgent services should be presumptively authorized by the payer. Formularies should grandfather coverage of an individual’s treatments that are already being titrated or found effective for that individual. Formulary changes should be to meds that are therapeutically equivalent to and result in at least equal ease of compliance to previously covered meds. Payment models should take into account the complexity of parental factors and social determinants of health. “Outcome-based payments” should not discourage care to populations with comparatively poor outcomes.

“Consideration in the Determination of Medical Necessity,” “Scope of Benefits from Birth to Age 26 Years” — Already reviewed by other AAP committees, these will be submitted for review by the Senior Vice President. These advocate for the above principles about medical necessity and that essential health benefits should be provided. They also call out recent perils to coverage: namely new latitude for states to change benefits required by the Affordable Care Act, to “swap” coverages within and between categories of benefits, and more lax definition of benchmark coverages in 2020. These statements also advocate the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) principle that the optimal growth and development of children should be counted as essential. Screening and intervention for mental health, vision, hearing, dental, reproductive, prenatal and postnatal issues should all be regarded as essential.

**The following statements are in early stages:**

“Improving Substance Use Prevention, Assessment, and Treatment Financing for Children and Young Adults” — There is a draft policy statement being reviewed by COCHF and the Committee on Substance Use and Prevention. It acknowledges coverage gaps despite the mental health parity act. It calls for enough coverage of a treatment to reasonably achieve its purpose. It calls on payers to incentivize co-management between pediatrics and substance use providers, remove “carve out” barriers, establish true parity with physical health benefits and to finance outreach and all levels of prevention.

“What is the Value of Pediatric Care?” “The Importance of Medicaid and CHIP” — Drafting stage. These will address evidence for the overarching value of prevention and interventions in early life leading to long term benefits to families, employers, and society. These benefits will be found in the health, education, and justice systems. Will review the impact of Medicaid and CHIP on the health of children and the current perils to those programs.

COCHF and PAAC are sponsoring the 2019 NCE presentation on how to advocate to states for services guaranteed under EPSDT (“Ensuring Bright Futures in EPSDT: Payment Advocacy with Your State Medicaid Program). Next year, we are sponsoring an NCE presentation on correct attribution of patients to a provider by a payer, which is critical in value-based payment models.

COCHF is also asking the AAP to enlist the American Medical Association to lobby the Centers for Medicare and Medicaid Services to streamline credentialing of physicians. We propose that when you as a physician are allowed to participate in Medicaid, you should be automatically credentialed to every Medicaid Managed Care plan you decide to join in the state.

Meanwhile PAAC shares information among state chapters about specific payers’ gaps in adequate coverage, the tactics that have been used to address them, and the resulting levels of success or failure. For problems that are widespread, PAAC tries to establish contact with specific payers for the sake of an honest, problem-solving dialogue. A number of dialogues are ongoing.

The Ohio Chapter’s status as a preeminent AAP chapter has enabled Dr. Chamberlin and me to participate in these committees and do our part to help pediatricians fulfill our mission for child health.
Thank you to the more than 550 attendees at our October and November trainings.

COMING SOON IN 2020:

Regional trainings on Lead Prevention, Obesity Prevention and Atopic Dermatitis

Visit ohioaap.org for details.

EXPERIENCE the Difference at Goldfish!

The American Academy of Pediatrics’ water safety guidelines recommend that children start swim lessons at the age of 1 to decrease the risk of drowning.

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A promise you can depend on, from a partner that gives you more.
Jeremy Hardjono is a high school junior, a distinguished tenor vocalist, and a recent presenter to Ohio AAP’s Shark Tank. Hardjono developed his adolescent suicide prevention program, #1helps, in remembrance of his friend, Jacob Bice, who committed suicide in December 2018.

Adolescent suicide rates in Ohio have increased each year since 2007, and have become the focus of an expansion of the Ohio AAP’s Store It Safe (SIS) program. Multi-disciplinary approaches with consistent messaging are recommended to decrease adolescent suicide rates. Hardjono’s concept is designed to reach other high school students. He created the acronym HELPS, which stands for:

**H**ello – make a point to acknowledge people around you

**E**mpathy – express care when talking to people about their concerns

**L**earn – improve the knowledge of teens and adults on risks for suicide and recognizing the signs of someone who is having suicidal ideation

**P**arents (and Professionals) – encourage teens to connect with their parents, or a trusted adult such as a doctor or school counselor, for help when experiencing suicidal thoughts

**S**ave – the end result that Hardjono hopes these efforts will accomplish

Hardjono started his efforts with a video project that features his vocals in a cover of Josh Groban’s “The Mystery of Your Gift.” He was aided by friend Kate Sullenberger in the video production, which features an introduction and closing that highlight the #1helps message. The video and project were used along with an oral presentation by Hardjono to share this project with a full audience at the Ohio AAP’s Annual Meeting Shark Tank presentation on September 28.

The Ohio AAP Foundation provided funding to ensure Hardjono received $500 to support the #1helps program. More information on this program can be found by searching #1helps on Twitter, or through the “The Mystery of Your Gift #1helps” video on YouTube.

“I had a very enriching experience and I was very touched to see the response to my ideas.”

- Jeremy Hardjono

Following the Shark Tank presentation, he joined a panel for discussion on the SIS: Reversing the Trend of Irreversible Actions adolescent suicide prevention program being led by the Ohio AAP.

The Ohio AAP’s adolescent suicide prevention program will continue to expand in 2020 with funding from grant applications and donations from Ohio AAP members or partners. These expansions include teen focus groups on materials, which Hardjono has agreed to be a part of. For more information on the Ohio AAP’s SIS program, contact Hayley Southworth at hsouthworth@ohioaap.org.
Healthier Patients, Healthier Practices.

We are proud to support the Ohio American Academy of Pediatrics.

We work to create a system that is connected, aligned and more affordable for all involved. One that delivers high quality care, responsive to the needs of each person and the communities in which they live.

To learn more about us, visit UHCCommunityPlan.com or give us a call at 1-800-895-2017.
Store It Safe Program Recognized as Promising Practice Awardee, Focus of 2019 #GivingTuesday Campaign

The Ohio AAP’s Store It Safe (SIS) Program was recognized on Friday, November 1 as the winner of the Promising Practice Award by the Ohio Injury Prevention Partnership (OIPP) at their annual business meeting in Dublin. The OIPP Promising Practice Award recognizes outstanding community-based interventions aimed at reducing the incidence of injury and violence in Ohio. The OIPP selection committee was impressed that the SIS Program is rooted in evidence-based strategies, showing that if more firearms are stored safely, without access for children, injuries and suicides can be prevented.

The SIS Adolescent Suicide Prevention Program will also be the focus of the Ohio AAP’s 2019 #GivingTuesday campaign. Since July 1, the Ohio AAP has raised funds with the goal of launching additional SIS programming in 2020 that will “reverse the trend of irreversible actions.” Recent research on adolescent suicide has shown alarming trends when analyzed by race and gender: transgender teens have suicide attempt rates higher than their peers, and the rates among black teens have seen increases across both genders.

Almost $60,000 of the $75,000 fundraising goal has been met for this program, which will provide education to providers on improving screening and recognition of teens at risk for suicide, and connecting them with needed resources. The SIS program will also provide gun boxes to promote safe firearm storage; every $20 donation can purchase one gun box.

SIS approaches firearm safety and suicide prevention in a new way by partnering with firearms experts to ensure messaging is inclusive and that non-judgmental, productive conversations between families and providers occur more frequently. SIS was developed by the diverse members of the Partnership for the Safety of Children Around Firearms and uniquely benefits from the expertise of non-traditional partner organizations.

GivingTuesday, which will take place on December 3rd this year, is a global day of giving that harnesses the collective power of individuals, communities and organizations to encourage giving and to celebrate generosity worldwide. Every year, on GivingTuesday, millions of people across the globe (almost 60 countries) mobilize to show up, give back, and change their communities. The goal is to create a massive wave of generosity that lasts well beyond that day, and touches every person on the planet. For more information about the GivingTuesday campaign and the SIS Adolescent Suicide Prevention Program, contact Hayley Southworth at hsouthworth@ohioaap.org. To make a donation to the Ohio AAP, please visit www.ohioaap.org/donate-now.

Reducing access to highly lethal suicide methods—such as firearms and medications—has shown declines in suicide rates of as much as 50% 25% of teens who almost died from suicide say that less than 5 minutes passed between the time they decided to kill themselves and the attempt Almost 50% of US homes have a firearm 85% of suicide attempts with a firearm are fatal

Adolescent Suicide Prevention Program

The goal of the Adolescent Suicide Prevention Program which builds on the Partnership for Safety of Children Around Firearms is to prevent unintentional injuries and suicide in teens due to firearms.
2019 Exhibitors-Thank You!

Champion Level - $5000 and Higher

Advocate Level - $2000-$3000

Friend Level - $1000
2019 Annual Meeting

Record-breaking audience to hear the amazing programs of the Foundation and Mona Hanna-Attisha’s, MD, FAAP Speak for Those Without a Voice presentation.

Briana Lusheck, Deputy Director, Children’s Initiatives for Gov. Mike DeWine, Sarah Denny, MD, FAAP, Melissa Wervey Arnold and Rep. Beth Liston, MD, FAAP served as expert coaches for the Advocacy Mini-Hackathon.

Dr. Mona Hanna-Attisha encourages members and partners to speak for those without a voice.

Teen health experts and teens each had the floor to tackle issues such as vaping, STIs, sports medicine, social media and healthy weight.
Networking, networking and more networking! We are so grateful to have time each year to engage with our industry friends.

An advocacy Mini-Hackathon brought together diverse teams to move initiatives forward.

Poster Time! Wine, cheese and posters were shared ahead of the Awards Ceremony.

Never more relevant, never more necessary – Saturday morning District 5 update and Shark Tank.

Norman Christopher, MD, FAAP announces the prizes for Shark Tank.

Who Dun It????? It was our President, Mike Gittelman, MD, FAAP! Lots of laughs during our Sips and Secrets Mystery Fundraiser.

We loved our attendees getting into the 1930’s theme as we celebrate 85 years of impact this year!
Congratulations
2019 Award Winners

Andrew Garner, MD, PhD, FAAP
2019 Elizabeth Spencer Ruppert, MD, FAAP
Outstanding Pediatrician of the Year

Ohio AAP Leadership Team
American Academy of Pediatrics Outstanding
Very Large Chapter Award

Ohio AAP Smoke Free Families
2019 Leonard P. Rome, MD, FAAP Award

Patricia Gabbe, MD, FAAP
2019 William H. Cotton, MD, FAAP
Pediatrician Advocate Award

Frank L. Combs, MBA
2019 Antoinette Parisi Eaton, MD, FAAP Advocacy Award

Ethan Lindenberger
2019 Ohio AAP Special Achievement Award

Not pictured: Sarah Adams, MD, FAAP, recipient of the 2019 Arnold Friedman Community Pediatrician Award
Ankle Injuries
Kate Berz, MD, FAAP
Cincinnati Children’s Hospital Medical Center

Acute ankle injury is a common complaint presenting to pediatricians. These injuries are most often seen in basketball, football, volleyball, soccer, and dance. A thorough history and physical is important to make the correct diagnosis. Helpful information from the patient and family includes previous history of ankle injury, mechanism of current injury, recent growth spurt, and level and amount of activity.

Because of the biomechanical makeup of the ankle, inversion is the typical injury mechanism followed by immediate pain and lateral swelling. Sometimes a pop or crack will be felt/heard by the athlete. Physical exam often reveals edema, ecchymosis and tenderness isolated to the lateral side of the ankle along with decreased range of motion and laxity when grasping the heel and moving the foot forward or medially. The athlete may or may not be able to weight bear. Tenderness over the proximal fibula and tenderness over the tibia or anterior joint line may signify a more serious or extensive injury to the syndesmosis, a fracture of the proximal fibula or a tibial fracture.

**X-RAY IS NOT NECESSARY**
Lateral ankle sprain is the most common diagnosis and plain radiographs are often unnecessary. The physical exam can guide imaging and treatment. The Low Risk Ankle Rules (LRAR) is a validated clinical decision rule that safely reduces the use of plain radiographs in children and teenagers with acute ankle injuries and has 100% sensitivity in detecting a clinically significant fracture. The LRAR states that on physical exam, isolated tenderness and edema over the distal fibula and/or adjacent ligaments distal to the tibial anterior joint line signifies a low risk ankle injury and does not warrant an x-ray as this would not change the treatment.

**Low Risk Ankle Rules**
- Isolated tenderness/edema over the distal fibular and/or adjacent ligaments distal to the tibial anterior joint line signifies a Low Risk Injury

**Low Risk Ankle Injury**
- Lateral ankle sprain
- Nondisplaced Salter-Harris types I and II fracture of the distal fibula
- Avulsion fracture of the distal fibula/lateral talus

**BUT WHAT ABOUT THE GROWTH PLATE?**
Salter and Harris reported that the physeal cartilage is weaker than the ligaments so tenderness over the distal fibular physis in a skeletally immature athlete with negative radiographs is commonly diagnosed with a Salter Harris I distal fibula (SHIDF). Boutis and colleagues found that in children with radiograph-negative lateral ankle injuries, only 3% had SHIDF on magnetic resonance imaging (MRI). Ligamentous injury or sprain was the most common pathology found on MRI. Furthermore, those with fractures only detectable on MRI had a similar treatment course and recovery time to those diagnosed with a sprain. Treatment in each group consisted of a removable splint and return to activity as tolerated by the patient. The majority of patients in their study recovered within one month with the remaining recovering within 3 months.

**WHAT IS THE TREATMENT?**
Acute treatment for ankle injuries includes protected weight bearing, ice, rest, and elevation. Immobilization and weight-bearing status depends on level of pain and edema. Brief immobilization in a pneumatic walking boot until the patient can walk comfortably helps avoid crutches and provides protection. A lace up ankle brace with or without crutches is also appropriate as the lace up brace is often used as the patient returns to sport. Early range of motion is safe and can be beneficial in recovery.

Sprains are typically graded 1-3 based on severity of swelling and laxity. Grade 1 injuries take approximately 2-4 weeks to resolve, Grade 2 injuries take approximately 4-6 weeks, and Grade 3 injuries can take up to 3 months or longer.

Grading is based on exam and sometimes imaging, though advanced imaging such as MRI is rarely indicated for acute injury. Patients that have repeat ankle sprains may have chronic instability and/or cartilage defects and require imaging if they have failed conservative treatment with physical therapy directed at strength and balance.

**PREVENTION**
High body mass index (BMI), previous ankle sprain, increased height, and poor balance have been shown as risk factors for lateral ankle sprains. The lace up ankle brace has been shown to prevent a repeat lateral injury in athletes with a prior injury but has not been shown to prevent initial injury. Balance training has been shown to decrease lateral ankle injuries.

8th Annual Nationwide Children’s Hospital Pediatric Sports Medicine & Orthopedics Conference • Friday, Nov. 22, 2019
Ankle sprains are common among children and teenagers who participate in sports. Most commonly occurring in running and jumping sports like football, basketball, volleyball, and soccer and in artistic sports like dance, ankle sprains occur when the foot twists inward causing damage to the ligaments on the outside of the ankle – also called “rolling” the ankle. A pop may be heard or felt and swelling starts immediately.

**X-RAY IS NOT NECESSARY**

An ankle injury that includes swelling, bruising, or difficulty walking should be evaluated by your child’s pediatric provider or sports medicine professional. The most important parts of the evaluation are questions about how the injury occurred and the physical exam. If the child’s pain and swelling is isolated to the outside of the ankle, even if he/she has pain with walking, an x-ray is not necessarily indicated. Certain types of fractures or breaks in the bone are called “Low Risk Injuries” and are treated the same as an ankle sprain. These low risk injuries heal in the same amount of time as an ankle sprain. Many times a costly x-ray with unneeded radiation exposure can be avoided when physicians consider low risk injuries in their decision to order imaging.

**TREATMENT**

Initial treatment of an ankle sprain is protected weight bearing in a pneumatic walker, ankle lacer, and sometimes crutches if it is painful to walk or if the child cannot walk. Ice the ankle and elevate it above the heart for the first 1-2 days or until the swelling has improved. Bruising often shows up in the first 1-2 days following the injury. Analgesics like acetaminophen and anti-inflammatory medications like ibuprofen can be helpful for pain and swelling. Early movement of the ankle within the first 72 hours can be beneficial and should be discussed with your child’s doctor.

Sprains are typically graded 1-3 based on severity of swelling and looseness of the joint. Grade 1 injuries take approximately 2-4 weeks to heal, Grade 2 injuries take approximately 4-6 weeks to heal and Grade 3 injuries can take up to 3 months or longer.

**PREVENTION**

Visit Healthychildren.org for more information about ankle sprain treatment and a return to activity/exercise guide. https://www.healthychildren.org/English/health-issues/injuries-emergencies/sports-injuries/Pages/Ankle-Sprain-Treatment.aspx


Ankle Injuries
Kate Berz, MD, FAAP
Cincinnati Children’s Hospital Medical Center
Trust – Foundational to Our Organization and You

Richard H. Tuck, MD, FAAP
District V Chairperson

Trust is important at many levels in our professional lives. It undergirds our relationships with our peers, colleagues, hospitals, health care systems, the government, society, and most importantly with the patients and families we serve. It is bidirectional, slow in development, and easily lost. Mutual distrust is destructive and undermines much of what we do, the health care we deliver, and relationships at all levels.

Trust in leadership is essential for optimal functioning for each of us, both in our personal lives and in our professional relationships. It is also important for each of you as you look to the Ohio Chapter for guidance, resources, CME, and advocacy. This same trust is critical as you look to the AAP for policies supporting your care and the profession of pediatrics, and continuing education that helps you remain at the highest professional level.

You can trust the American Academy of Pediatrics to come through for you and children. We are a membership, mission-driven organization that speaks out for children and the profession of pediatrics. The trust you have in us grows out of our mission and value statement.

**MISSION:**
The mission of the American Academy of Pediatrics (AAP) is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the AAP shall support the professional needs of its members.

**CORE VALUES:**
We believe:
- In the inherent worth of all children, they are our most enduring and vulnerable legacy.
- Children deserve optimal health and the highest quality healthcare.
- Pediatricians, pediatric subspecialists, and pediatric surgical specialists and subspecialists are the best qualified to provide child health care.
- Multidisciplinary teams, including patients and families, are integral to delivering the highest quality health care.
- The AAP is the organization to advance child health and well-being and the profession of pediatrics.

**VISION:**
Children have optimal health and well-being and are valued by society. Academy members practice the highest quality health care and experience professional satisfaction and personal well-being.

Speaking of trust, I am excited to share that Mark D. Del Monte, JD, has been selected to serve as the next CEO/Executive Vice-President of the AAP. Mark has been serving in this role as Interim CEO since July, 2018. He is the 9th CEO in the 90 year history of the AAP and the first non-pediatrician to assume the role. He will be working closely with Senior Vice President pediatricians and our Chief Medical Officer, Fan Tait, to lead the Academy forward. Prior to accepting this position, Mark served as Chief Deputy and Senior Vice President for Advocacy and External Affairs, directing communications, public relations, and advocacy activities. Mark has a long history of devoted service to the issues of children and to the AAP and we are excited to have him on board. He has represented the diverse needs and member interests of the AAP in a passionate, just, and fair way, with a focus on our Mission, Values, Agenda for Children, and strategic plan. You can trust Mark to do what’s right for children, the AAP, and for you!

You can trust the AAP to be fair and transparent, consistent in its messaging, responsive to you and to the needs of children. This vertical trust in our organization at all levels extends to you. This reinforces our shared purpose as we speak to all with clear expectations that are responsive to the needs of children and to you. Our AAP leadership contributes to those trusted relationships and the value of your membership in our organization. We are partners in this investment, aligning our purpose in proactive efforts, building trust and moving us forward.
Empowering Parents and Teens to Advocate for Vaccines

Ohio Parents Advocating for Vaccines (Ohio PA4V) is our parent-led group advocating for vaccines and spreading accurate information about the disease burden, safety and effectiveness of vaccines. This group is designed to not only advocate for pro-vaccine legislation, but also to combat the misinformation found online about the safety and efficacy of vaccines. Ohio AAP encourages PA4V members to share their stories and voice their pro-vaccine opinions on social media. Perspectives of pro-vaccine parents provide a convincing narrative to persuade many vaccine-hesitant parents to consider immunizations for their children and themselves.

PA4V was highlighted at this year’s Annual Meeting during a session featuring Diane Crawford, the founder and Chief Executive Officer of the Crawford Crew, a small non-profit whose mission is to end cervical cancer and all HPV-related cancers. Diane told her story of surviving cervical cancer in hopes of inspiring other PA4V members to tell their own stories.

Ethan Lindenerberger, who has received national recognition as an adolescent vaccine advocate, led PA4V in a conversation around social media and anti-vaxxers. When he turned 18, Ethan made his own decision to get fully vaccinated against his mother’s wishes. He said that his mother’s refusal to vaccinate him was informed partly by her online research and the misinformation about vaccines she found online. Ethan also officially kicked off our Ohio Teens Advocating for Vaccines (TA4V) group. Similar to PA4V, TA4V helps to ensure that data-driven, science information is being shared online and provides a platform for everyday kids to become fierce advocates for vaccines and their own health. Ethan was also the lead panelist on our “Nothing About Them Without Them” adolescent health panel at this year’s Annual Meeting.

Ohio TA4V has had some real success with the HPV awareness ad campaign! #DontSkipThis is the tagline for our first ad which highlights the importance of not skipping critical things in life – buckling your seatbelt, wearing a helmet, looking both ways before you cross the street, and getting your HPV vaccine. You can view the #DontSkipThis video here: https://www.youtube.com/watch?v=iqlO8F_RHsE

Our second ad will be placed on Facebook and Instagram for the month of October. We will again focus on rural counties in both southeast and southern Ohio. View the video here: https://youtu.be/dDSfZrnLT1o

TA4V has been integrated into our Teen Immunization Education Sessions (TIES) program. The TIES programs are one-hour, in-office peer-to-peer education presentations that provide training on adolescent immunizations, including HPV. TIES has 125 nurse trainers in 88 counties and reaches 300 practices and 2,000 providers per year.

Included in the TIES program are flyers to share throughout physician offices referencing the details of TA4V. Additionally, we are sending TA4V prescription pads with our TIES training materials. These pads are to be used in-office and torn off to give TA4V information to adolescents during their visit. These new resources were presented at our annual TIES Train-the-Trainer on July 23, 2019 to over 100 nurse educators from across the state.
The Ohio Department of Medicaid (ODM) has begun the process of redesigning its managed care program. More than 90% of Ohio Medicaid members currently participate in the program through five managed care plans (the remainder are fee-for-service). The foundation for Ohio’s redesign effort is an upcoming contracting opportunity known as a procurement, during which potential managed care vendors will bid or apply to be part of the redesigned program.

The redesign is much more than the technical legal task of entering into new contracts with managed care organizations. That is, ODM is not looking to just renew today’s contracts with five new managed care vendors. Shortly after taking office, Governor Mike DeWine asked ODM to begin this process; to incorporate key priorities for the administration, but also to listen. We are focusing first on the individuals served by our program, and then designing a managed care system that meets their needs. Also important to us is establishing a program that works better for the 130,000 providers that partner with us to provide services to Medicaid enrollees.

For that reason, we began the process by issuing a request for information (RFI) in June seeking input from individuals and providers about what works with the current program, what might be done differently, and to learn about other initiatives and relationships ODM should explore as we design the procurement. As of the end of September, Ohio Medicaid received more than 500 responses. We now are reading this input and thinking about how it might influence the program in the future.

Notably, nearly half of the comments have come from providers and provider associations, and nearly a third from individuals or their family members.

Throughout the summer, Ohio Medicaid also met with various provider organizations (including the Ohio Chapter of the AAP) to have candid and direct conversations. We are taking insights from those discussions back to our development team for consideration. These conversations are giving us a much better understanding of the challenges providers face doing business with five different managed care plans. As a result, one of our goals is to design ways to mitigate — if not eliminate — some of those challenges going forward.

As a next step, we are traveling around the state to meet individuals who are served by our program in small listening sessions or focus groups to discuss firsthand the successes and challenges they experience in seeking and receiving health care. While we recognize that not every observation will lead to a change in the managed care system, we are excited to get this valuable input so that we can continue to build connections with our sister state agency partners, local governments, and community-based organizations as each has a role to play in individuals’ lives.

Toward the end of this year, Ohio Medicaid will issue a second request for information that will be built on the knowledge gained from the first RFI responses, meetings, and listening sessions. The second RFI will be directed toward potential vendors who will be asked to explain how they might react to potential changes we are considering (e.g., are they feasible, do they meet our goals), or how they might propose to respond to a specific goal or challenge as part of a new managed care system.

Our task is to take the information we receive in response to both RFIs, as well as our own investigation and understanding of best practices around the country, to design a new managed care contract that will do better for the people we serve. Early next year, Ohio Medicaid will open the competitive contracting opportunity for potential vendors to apply for that contract.

The Ohio Department of Medicaid strives to be as transparent as possible, and to be open to comments throughout the process. Visit the Ohio Department of Medicaid website for information about the procurement, and email us at: MCProcurement@medicaid.ohio.gov to share your thoughts.
Pediatricians across the state beat the heat of the unseasonably warm start to the fall season on September 27th and 28th inside the Hilton Polaris in Columbus for the Ohio AAP Annual Meeting. 2019 marks the Chapter’s eighty-fifth year of service to the children and adolescents across the state of Ohio, and it is clear from this event that the active and large Chapter is by no means slowing down. The weekend was packed with workshops, panels, and networking opportunities for early career and experienced pediatricians alike. As a third-year pediatrics resident, I was excited to attend my first Ohio AAP meeting and absorb all of the wisdom and practical clinical tools from pediatric experts across the state.

The theme of this year’s meeting was one that echoes within the soul of all pediatricians, “Speaking for Those Without a Voice.” This message was delivered with a punch at the keynote address Friday given by Dr. Mona Hanna-Attisha, MD, FAAP, Flint’s whistleblower on the lead water crisis. She humbly recounted her journey of advocacy and battling dishonest and aggressive business and government officials to expose the public health crisis harming her pediatric population. Her efforts prove that one wave of change, even from a pediatrician from a small Rust Belt town, can have a significant ripple effect. Her empowering story of hope instilled a sense of urgency within all attendees to continue to speak up for kids in any way possible.

Yet the most anticipated event of the meeting for me was Shark Tank. This annual forum is a venue in which members can voice their advocacy and child health improvement ideas to judges in hopes to win a monetary prize to launch their projects. Adrenaline surged through my veins as I took the podium to give my five-minute pitch, but my fear of public speaking quickly subsided with the hospitable audience. Although the name Shark Tank sounds intimidating, the experience was nothing but encouraging. All trainees should experience this great opportunity of sharing a project idea or efforts.

Different from the national convention and exhibition, the Ohio AAP Annual Meeting sports a local charm, meeting specialists, community partners, and colleagues that one can partner with in everyday practice. From the DeWine Administration Children’s initiatives to the abundant chapter led QI programs, 2020 will have many opportunities to speak up for those without a voice in Ohio, and the annual meeting is a great place to meet those who can help to make that happen!
# Ohio AAP Program Partners

Ohio AAP Acknowledges the following partners in support for Ohio Pediatric Programs (July 1, 2018 - Present)

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
<th>Partner/Agency</th>
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<tr>
<td>Maximizing Office Based Immunizations/Teen Immunization Education Sessions</td>
<td>$400,000</td>
<td>ODH</td>
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<tr>
<td>Parenting at Mealtime and Playtime QI Program</td>
<td>$200,000</td>
<td>ODH</td>
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<tr>
<td>Smoke Free Families QI Program</td>
<td>$402,000</td>
<td>GRC</td>
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<tr>
<td>Brush, Book, Bed Education Program</td>
<td>$10,000</td>
<td>Delta Dental</td>
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<td>Brush, Book, Bed QI Program</td>
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<td>Preschool Vision Screening QI Program</td>
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<td>Prevent Blindness Ohio Affiliate</td>
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<td>Teen Vaping Educational Regional Health Trainings</td>
<td>$30,000</td>
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<td>Lead Screening QI Program</td>
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<td>Population Health Pilot QI Program</td>
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<td>United Healthcare Community Plan of Ohio</td>
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<td>Store it Safe Firearm Safety Pilot Project</td>
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<td>Ohio Division of Emergency Services</td>
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<td>Store it Safe Teen Focus Groups</td>
<td>$6,700</td>
<td>Kiwanis</td>
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<td>HPV Hackathon Program</td>
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<td>Ohio Parents Advocating for Vaccines</td>
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<td>AAP</td>
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<tr>
<td>Atopic Dermatitis QI Program and Regional Trainings</td>
<td>$350,000</td>
<td>Nationally-Funded Quality Improvement Grant</td>
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<tr>
<td>Practice Transformation Program: Improving Nexplanon Provision in Adolescents</td>
<td>$266,000</td>
<td>Nationally-Funded Quality Improvement Grant</td>
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</table>
Buckeye is committed to quality care. We received 20 stars across five categories from the Ohio Department of Medicaid, including the highest rating overall for:

- Keeping Kids Healthy
- Doctors’ Communication and Service
- Living with Illness
Get help implementing the new ADHD guidelines for FREE through a Cincinnati Children’s NIH-funded study!

Get free access at www.mehealth.com

Earn 20 American Board of Pediatrics Part 4 Maintenance of Certification points annually!

Recent Vaping Illnesses and Death Creates Urgency for Pediatricians to Proactively Address Issue with Patients

Erin R. McKnight, MD, MPH
Assistant Professor of Clinical Pediatrics, The Ohio State University
Attending Physician, Division of Adolescent Medicine, Nationwide Children’s Hospital

Vaping has produced a wave of headlines in the media over the past few months, with cases of lung injury sky-rocketing and the vaping-related death toll now at 23. It is unclear which specific chemicals in e-cigarettes are the cause of these illnesses, however all affected have vaped within 90 days prior to their illness and the majority are young and previously healthy. In fact, 16% of the patients with lung injuries are under the age of 18.

The US Surgeon General has referred to the current trends in adolescent vaping and e-cigarette use as an “epidemic” and with the most recent reports of deaths and serious respiratory illnesses related to vaping, the CDC has strongly urged everyone to STOP vaping and for physicians to inquire about vaping when a patient presents with a respiratory illness.

As pediatricians, we are slated with many tasks to accomplish in the short amount of time we have during patient visits. Even more difficult is trying to find the time to talk to an adolescent alone about their substance use. In light of the current trends in adolescent vaping and e-cigarette use, it is important to find time to ask the right questions. From 2011-2017, overall adolescent tobacco use was on the decline, however there has been a recent uptick as teenagers are flocking to e-cigarette devices in record numbers. In fact, the secretary of Health and Human Services has stated that the government market that are easier to conceal and make it difficult for parents and teachers to recognize.

Many adolescents are not aware that these devices contain nicotine and often think they are just vaping flavor. However, these devices contain strong concentrations of nicotine – one JUUL pod has approximately the same amount of nicotine as one pack of cigarettes – with some device cartridges containing even more. Kids can quickly become addicted to nicotine and that can have profound and irreversible effects on an adolescent’s developing brain.

While we may feel helpless and overwhelmed to address this very serious and growing epidemic, there is a great deal that pediatric providers can do to prevent use and protect children from e-cigarettes and tobacco. Start by asking the right questions. Asking a teenager if they smoke or use tobacco is unlikely to give the true answer. We must be specific in our questions to get the right response. Specifically asking – “do you vape”, or for those who use JUUL, “do you JUUL” – is much more likely to give a correct answer. Further delving into the device used, how many pods of liquid a day/week are vaped, as well as any other substances (ie: THC) that are added into the device are all important pieces of information to help characterize ones vaping behavior. Inquiring about nicotine withdrawal symptoms...
such as irritability, anxiety, depression, difficulty concentrating, tremors, and insomnia is important to assess if the adolescent is addicted and if further help is warranted. The Truth Initiative has developed specific quitting apps for teenagers who vape, as well as for parents who wish to help their teenager quit and can be an easy resource to provide to an adolescent who needs to stop vaping.

The AAP supports prevention as the most effective way to protect our youth through bans on flavored products that appeal to children, a minimum legal age of 21 years to buy nicotine products, and parity with taxation on tobacco and all nicotine products. The DeWine administration is imploring the Ohio legislature to ban the sale of flavored vaping devices and products. Citing the 135% increase in vaping by high school student since 2017, Governor DeWine stated:

“Nothing is more important than the safety of our children. We can’t give up on an entire generation of children and have them addicted.”

We MUST all join together to address the growing health concerns around vaping and e-cigarette use in youth.

**WE ARE EXCITED** to present these NEW vaping resources that you can share with families! To receive these, along with sleep sacks, books and MOC IV credit, **Join our Smoke Free Families Quality Improvement Learning Collaborative.** Transform your practice with NO data entry and impact modifiable risk factors to promote long-term health and reduce infant mortality risk for your patients! Space is limited, so Register NOW at: http://ohioaap.org/sffm3reg/

**What can you do now?**

The Ohio AAP has a number of programs to support providers in addressing and preventing tobacco and e-cigarette use in teens and families.

**Regional Trainings**

The Ohio AAP and CVS Health are providing regional trainings across Ohio to educate and train providers and community members on adolescent vaping. Space is limited so register NOW at: http://ohioaap.org/adolescentecigregional/

Join our Smoke Free Families Quality Improvement Learning Collaborative!

Transform your practice, earn MOC IV credit, and impact modifiable risk factors to promote long-term health and reduce infant mortality risk for your patients! Space is limited so register NOW at: http://ohioaap.org/tobacco

Contact Program Manager Hayley Southworth at hsouthworth@ohioaap.org for more information.

Call your local legislator and tell them you support a ban on flavored vaping products.
FROM OUR FAMILY FARMS TO YOUR FAMILY'S TABLE

LEARN MORE ABOUT OHIO'S BEEF FARMING FAMILIES AND HOW BEEF CAN BE APART OF A STRONG DIET AT OHIOBEEF.ORG.
Can Patients Record Office Visits?

Gilbert J. Gradisar, Esq.
Attorney At Law, The Behal Law Group LLC

Nearly every patient or parent who visits your office has a smartphone with them. There is a good chance that at least one of the last 10 parents who came to your office recorded her child’s visit—with or without your permission. In most cases, parents only want to capture the flood of information they receive during what they perceive as a too-brief and information-loaded encounter.

Most people share their recordings with a family member or caregiver, or they review the recording themselves, so they can better recall information received during the encounter. Studies of this practice reported greater understanding and satisfaction in patients who recorded their physician interactions.

While research is limited, one small UK study1 found that 15 percent of respondents recorded a clinician encounter without consent, and 35 percent of participants said that they had considered doing so. Sixty-nine percent indicated a desire to record clinical encounters, split equally between wanting to do so covertly or with permission.

Doctors worry about the ownership of recordings and their potential to be used in complaints or even lawsuits. Patients also worry that recording a doctor’s visit might be illegal, especially if done covertly.

What is the law in Ohio regarding this issue and how should physicians react to this new fact of life? Wiretapping or eavesdropping statutes govern recording practices and privacy concerns. In Ohio, the consent of any one party in the conversation is sufficient, meaning a patient can record a clinical encounter without the doctor or health care provider’s consent.2 Could those recordings be used as evidence in a lawsuit? Most likely they could.

As with any formal medical record, the HIPAA Privacy Rule covers audio or video recordings made by the physician, healthcare provider or health plan. However, HIPAA doesn’t extend to recordings made by patients. In other words, in Ohio, the patient can distribute the recording as she pleases.

But secretive recordings can erode trust. A JAMA “Viewpoint” article on this issue concluded that “developing clear policies that facilitate the positive use of digital recordings would be a step forward.” According to the article, a handful of healthcare organizations have already done so and report benefits for both patients and clinicians.

For example, according to the Barrow Neurological Institute in Phoenix, Arizona, they routinely offer patients video recordings of their visits, and clinicians who participate in these recordings receive a 10% reduction in the cost of their medical defense and $1 million extra liability coverage.

The Viewpoint authors recognize, however, that “not all possible uses of these recorded conversations are beneficial to patients and physicians. ... Patients can conceivably record conversations with the specific intent of establishing the grounds for a lawsuit or gathering material with which to manipulate a physician.”

Given that the reality of patient recordings is upon us—whether openly or surreptitiously—physicians should acknowledge the possibility of being secretly recorded during every clinical visit. By doing so, a physician can proceed with less anxiety and focus on patient care. But perhaps this approach doesn’t work for everyone. Alternatively, a physician could ask the parent whether the session is being recorded and then express her concerns about being recorded, listen to the parent’s concerns and reach an understanding about whether the session should be recorded.

Health care is moving toward greater transparency, and patient recordings are becoming more common. If your practice group does not already have them, then take the time develop the guidelines that take into account what makes you feel comfortable and the needs of the parents of your patients. And to get a sense for the needs of the parents, you need to talk with them about why they feel the need to record medical sessions.


2Currently 39 of the 50 states and Washington, D.C., conform to the ‘one-party’ consent rule, while the remaining 11 are ‘all-party’ states. Ohio’s law is set forth at: Ohio Revised Code 2933.52
“Prepared, not scared” was the theme for this year’s National Preparedness Month, which was held in September. The goal of the Federal Emergency Management Agency (FEMA) sponsored campaign (www.ready.gov/september) is to enhance preparedness and response for all types of emergencies, including natural disasters and potential terrorist attacks. The campaign emphasized preparedness with a unique theme for each week of September. The Ohio AAP participated by highlighting different aspects of preparedness to help pediatricians, offices and families become better prepared for small emergencies or big disasters.

As pediatricians who are likely engaged in activities and organizations in your communities, we believe you are uniquely qualified to support these efforts by becoming a local spokesperson for children and disaster preparedness. The concept of community resilience is the foundation for not only preparing for a disaster, but also solidifies the bonds between people and the community so that recovery from a disaster can occur (http://www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx).

Smaller prehospital agencies (EMS) don’t often take care of sick or injured children. In addition, local hospitals may have limited experience in caring for children in these situations. Through education and conversations about personal preparedness with the patients and families you see; encouraging daycare, schools and other places that regularly have children in attendance to consider their disaster plans; and inquiring with emergency management and public health personnel about how their disaster plans include children and families for feeding, shelter and evacuation and even more importantly psychological support post event, you can help to ensure your community is prepared to withstand a disaster.

As a pediatric expert you can serve as a resource for your pediatric specific knowledge, but you also may be able to assist in providing care. Consider becoming a member of your local Medical Reserve Corp (http://ohioresponds.gov/omrc.stm) or helping to train members of the local CERT (Community Emergency Response Team). Getting involved or remaining involved as an advocate for children and families in community disaster preparedness can provide reassurance to members of the community that they are ready and can assist each other if a large event occurs.
Upcoming Events and Education

**NOVEMBER 13 - Teen Vaping Regional Training, Northwest Ohio**
University of Toledo, 7:00 – 10:00 am

**NOVEMBER 13 - Brush, Book, Bed Regional Training and Webinar**
Ohio University Athens, Baker University Center, 1:30 – 4:30 pm

**NOVEMBER 15 - Teen Vaping Regional Training, Southwest Ohio**
Dayton Children’s Hospital, 1:00 – 4:00 pm

**DECEMBER 5 - Parenting at Mealtime & Playtime Regional Training**
Columbus, Ohio, 9:00 am – 12:00 pm

**JANUARY 31, 2020 - Ohio AAP Winter Executive Committee Meeting**
Ohio AAP Office, 10:00 am – 3:00 pm

**APRIL 24, 2020 - Ohio AAP Spring Education Meeting**
Athens, Ohio, 10:00 am – 3:00 pm

**NOVEMBER 20-21, 2020 - Ohio AAP Annual Meeting**
Hilton Polaris in Columbus

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