#SafePedsHealthyKids

How do I stay connected with patients?

**WHAT WILL HAPPEN TO IMMUNIZATION RATES?**
Will telehealth continue?
How do I get patients back to the office?

**How can my staff feel safe?**

**What does my staff need to get through this?**

**HOW CAN I MAKE MY PATIENTS FEEL SAFE?**
How do we adjust our operating standards to be profitable in the long-term?

**How do we prepare for flu season?**

**Will there be a second wave of COVID-19 in the fall?**

**Will I have enough PPE?**
What are the mental health impacts of COVID on children?

**What will the new normal look like?**

**HOW WILL I PAY MY STAFF?**

**What new opportunities do we have now that we didn't before the pandemic?**

**HOW DO I INCREASE MY PATIENT VOLUME?**
Do we need to increase our resources for behavioral healthcare?

**Are there long-term health effects of the virus we don’t know about yet?**

**How do I catch patients up on well visits?**
What are the best ways to use telehealth in my practice?

**Do families trust healthcare now?**
Ohio AAP educates, innovates and advocates for 2,900 pediatricians to positively impact over 1M (and counting) children and their families each year, ultimately enabling them to grow and achieve their dreams.

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

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Dear Ohio AAP Members,

What a past few months! We have all been affected by the pandemic and forced to adjust the way we work, interact, and live our lives. Despite these challenges, I am incredibly proud of the work the Ohio AAP, and you, its members, have done for the health and safety of Ohio’s children. Continuing to advocate for our members and Ohio’s children at the Statehouse and on calls with National AAP and ODH; offering COVID-19 related education and updates; and most importantly, providing care to children throughout the pandemic are just a few of the things that make our Chapter one of the best. By working together we are stronger, and we will get through this. I’m sure many of you are now waiting for travel limitations and Coronavirus to be out of the news. Hopefully you can sit back and enjoy a lovely summer and get completed in a timely fashion, and staff keeps members on target, goals get completed in a timely fashion, and programs are initiated that benefit pediatricians and the families they serve. This concept of having hired staff responsible for organizational priorities (eg, Pillar goals), has proven to be so successful that I have started to implement this idea into my everyday work as a pediatric ED attending. I am so fortunate to work with this Ohio AAP team. They have made my job as Chapter President incredibly easy and they have helped so many members and families within Ohio!

As many of you know, on January 1st of this year, I was elected to serve as the District V Vice Chair. This position is a great opportunity for me to get more involved with National AAP and other Chapters within our district. Although I will continue to work with the Ohio AAP as the immediate past chair, I have turned over my duties as the President of the Chapter to Jill Fitch, MD, FAAP. Since this is my last presidential update for this newsletter, I wanted to leave you all with a few things I have learned in this position.

First, the key to a productive and successful organization is a dedicated and hard-working staff. The keystone of the Chapter is our CEO, Melissa Wervey Arnold. Her vision, ability to network, obtain funds and manage people sets the tone for the Ohio AAP. Elizabeth Dawson, the organization’s COO, concentrates on details, oversees staff duties and has grown the Chapter’s Annual Meeting each year. With these two leaders at the helm, they have hired employees that demonstrate compassion, dedication, and motivation and they tirelessly search for grants that support important programming. As a membership organization, members tend to rely on each other to carry out tasks. However, with the Board’s vision, the staff keeps members on target, goals get completed in a timely fashion, and programs are initiated that benefit pediatricians and the families they serve. This concept of having hired staff responsible for organizational priorities (eg, Pillar goals), has proven to be so successful that I have started to implement this idea into my everyday work as a pediatric ED attending. I am so fortunate to work with this Ohio AAP team. They have made my job as Chapter President incredibly easy and they have helped so many members and families within Ohio!

Another lesson I learned as the Ohio AAP President is the importance of networking. In the past, I have always believed that hard work and passion is all you need to be successful. Was I wrong! Building relationships and working with a comprehensive and diverse team leads to productivity. These interactions start at Ohio AAP meetings where I was able to learn from Chapter leaders about how to get more involved and formally be mentored. It was at such a meeting when I met Gary Smith, MD, DrPH who encouraged me to complete more injury prevention work at the Chapter level and Andy Garner, MD, PhD who encouraged me to be involved in Chapter leadership. Networking also occurs while working with Chapter staff where different areas of expertise unite and work together to solve problems, develop programs and educate members, families and community leaders. And lastly, networking amongst state leaders, foundations and local businesses helps fund important programs like Store it Safe, Put a Lid on It!, Smoke Free Families and many others.

Finally, I have been so fortunate to work with an incredible board and passionate members like all of you. As I have published earlier, it is the dreams and interests of our members that brings ideas for programs and educational endeavors to life. For example, my interest in preventing pediatric injuries to children by encouraging physicians to increase anticipatory guidance during well-child visits led to funding through a Healthy Tomorrow’s grant, a 5-year educational and quality improvement program, that lead to 43 states and the country of Israel using our provided tools. Of course, the infrastructure of the organization cannot support every important pediatric idea. For that reason, the talented board works in the pillar structure to strategize annual goals and help our Foundation and the Chapter’s CEO to search for funding. Each board member dedicates a significant amount of their time to make sure that our Chapter will be successful. I know I could never have been able to accomplish so much as President without their help.

Over the past several years, I have witnessed the Ohio AAP grow financially, reach out to all areas of the state, re-formulate the Chapter’s Foundation and add more than 13 new programs. As a result, our Chapter was recognized recently as the Outstanding Very Large Chapter nationally for the 4th consecutive possible year, an unprecedented accomplishment.

Although I will be officially saying goodbye as your Chapter President, I will not be gone as I continue to serve each of your interests as the District V Vice Chair. Feel free to contact me with any questions at Mike.Gittelman@cchmc.org. Hope to see you at an Ohio AAP event and network soon.

Best regards,

Michael A. Gittelman, MD, FAAP
Ohio has received national and international attention for its handling of the COVID-19 pandemic. In recent weeks, Governor DeWine and his team, as well as the Ohio General Assembly, have acted quickly and decisively to support Ohio’s healthcare providers. DeWine and Dr. Amy Acton, the Director of the Ohio Department of Health, have provided strong leadership during this unprecedented time.

While there have been several orders issued and actions taken, this article highlights some of the most impactful policies that have been adopted over the past few months. Ohio was one of the first states to issue a Stay at Home order, which temporarily closed non-essential businesses and encouraged citizens to remain indoors and practice social distancing. Governor DeWine also issued an order very early on freezing non-essential medical procedures. This policy was aimed at preserving the supply of PPE needed by healthcare providers and facilities.

The Ohio Department of Medicaid, under the leadership of Director Maureen Corcoran, has made several programmatic changes to protect providers and patients. Most notably, ODM dramatically expanded coverage of services delivered via telehealth. This policy, which expires on July 19th, is aimed at preserving the supply of PPE needed by healthcare providers and facilities.

ODM adopted several pharmacy program changes including waiving prior authorizations for new prescriptions, removing in-network and out-of-network classifications for pharmacies, allowing for 90-day supplies of maintenance medications, and waiving all co-pays for prescription drugs. Many private insurers have followed suit and expanded access to services delivered through telehealth and allowing for more flexibility for drug prescriptions.

On the legislative front, the Ohio General Assembly convened in late March to quickly pass House Bill 197, a tax corrections bill that was used as a vehicle for a package of COVID-19 related changes. On the healthcare front, HB 197 including the following provisions—

- ODM was given statutory authority to pursue an 1135 waiver related to COVID-19;
- Healthcare providers who have a license expiring this year will be given a grace period extending 90 days after either the end of the Governor’s emergency declaration or December 1st (whichever is earliest);
- Childcare subsidies will continue to be paid during the COVID-19 pandemic;
- Nursing school graduates who have not taken their licensure exam will be able to obtain temporary permits from the Ohio Board of Nursing;
- Statutes governing CRNA’s were modified to allow greater flexibility for these providers.

A number of bills were also introduced in recent weeks to address various aspects of the COVID-19 pandemic. These include bills to modify the scope of practice for physician assistants (HB 561), change Medicaid coverage of certain drugs (HB 568), require BWC to cover COVID-19 as an ‘occupational disease’ (HB 573), and mandate that private insurers cover telehealth services (HB 580).

The Ohio General Assembly is expected to return next month to consider additional priority legislation and COVID-19 related bills. These legislative items could include additional scope of practice changes, modifications to medical liability laws, and financial assistance to hospitals and healthcare providers who have been hard hit by the freeze on non-essential procedures. With state revenues expected to decline sharply, lawmakers will also need to consider a budget corrections bill to stabilize the state budget. Expect to hear more on these fronts in the coming weeks.
TURNING EDUCATION & ADVOCACY INTO ACTION SO THAT CHILDREN CAN Achieve their Dreams

Ohio AAP 2020 Annual Meeting
November 20-21, 2020
Polaris Hilton Columbus

REGISTER TODAY: ohioaap.org/annualmeeting

Keynote
Federal Legislative Update by AAP CEO, Mark Del Monte, JD

Earn up to 9 CME/MOC Part II, with an additional 20 points for a follow-up activity!

Up to 12 Topic Areas
- Advocacy
- Primary Care

AMA PRA Category 1 Credit(s)™
Up to 9

2020 Annual Meeting Topics

- Reversing the Trend of Irreversible Actions Luncheon and Fundraiser
  - Teen Suicide Prevention for Providers, Parents and Teens: Safe Storage, Depression Screening and Education
- State Advocacy Update
- Top 10 Articles That Changed (or should have changed) Your Practice This Year
- Billing and Coding Changes in 2021
- Adolescent Vaping Prevention Tools for Your Practice
- COVID-19 Lessons Learned
- Preventing Infant Mortality Between Pregnancy: Interconception Care
- Panel of Emerging Science in Play, Hunger Cues and Food Allergies

FREE Resident Pre-Annual Meeting Workshop
November 20, 2020 • 9-11 am
Physical and Financial Fitness
- Yoga
- Contracting
- Planning for the Future and Retirement

Ohio Chapter
INCORPORATED IN OHIO
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Polaris Hilton Columbus

REGISTER TODAY: ohioaap.org/annualmeeting
Foundation Programs Continue to Grow & Succeed During COVID-19

Norman Christopher, MD, FAAP
Chairman, Department of Pediatrics, Akron Children’s Hospital

In these uncertain times it is comforting to know we have dedicated and hard-working members who are on the front lines and continuing to provide excellent care to Ohio’s children. The past few months have certainly brought challenges and difficulties no one could ever have expected, and Ohio AAP appreciates your hard work and commitment to the wellbeing and health of children. Most practices have felt the impact of this COVID season, and all have been innovative and thoughtful in how they continue to provide essential services to the most vulnerable children and families in our communities. We send our most heartfelt thank you to you all and look forward to moving onward together!

Since the onset of the COVID-19 pandemic, Ohio AAP has continued to provide updates, relevant resources, and programs and trainings for our members. We recognize the need and desire for pediatricians to improve care and learn new skills even in these difficult circumstances. Though our central office was physically closed, Ohio AAP remained dedicated to supporting our members. Continue reading to learn more about what the Ohio AAP Foundation has been working on during the past few months!

The Store It Safe Adolescent Suicide Prevention Program surpassed its fundraising goal of $75,000 this past January, 6 months ahead of schedule! The program aims to increase the knowledge of pediatricians, healthcare providers, caregivers, and more by improving the recognition of adolescent suicide risk through depression screening at every doctor’s visit; encouraging families to lock up firearms, medications, and alcohol; and providing families with lock boxes where possible.

Our official launch of the Store It Safe Adolescent Suicide Prevention program will be at the 2020 Annual Meeting this fall where we will distribute updated handouts for providers, parents, and teens and distribute gun boxes for safe storage. As a part of the program, we are asking our partners to take the Store It Safe Pledge (http://ohioaap.org/SISPledge). By taking the pledge, partners are committing to be a part of the solution of reversing the trend of irreversible actions and will also be among the first to receive the most up to date SIS resources and news.

This year also marks the 10th Anniversary of the Put a Lid on It! Bike Helmet Safety Awareness Program. The month of May would typically have been the kickoff of Bicycle Safety Month and also the time we distribute bike helmets to our partners, but plans had to be changed in accordance with COVID-19 orders. While we may not have been able to celebrate this milestone as originally planned, the need for encouraging children to practice bike helmet safety is just as important as ever. Luckily, our partners from across the state, representing over 160 communities, were in agreement! We worked closely with our partners at the Ohio Department of Transportation and were able to distribute helmets on June 11th, and plan to promote bike helmet safety all summer long!

We would also like to take the time to thank our Ohio AAP members who so generously donated towards Put A Lid on It! Bike Helmet Safety Awareness throughout March and April. We put out a call to action for our members to help us spread the word on bike helmet safety by donating funds for the purchase of bike helmets. Through your generous support we raised enough money to put a helmet on more than 100 additional kids in Ohio!

While 2020 has already been quite an eventful year, we have many more exciting events to look forward to. We will be hosting our annual golf fundraiser on August 7th at Royal American Links (we will follow all distancing and safety guidelines to ensure safety). This year’s theme has been updated to Goofy Golf and will feature 9 holes of silly games and obstacles to complete. All golf levels are welcome! For more details and to reserve your team or sponsor a hole, refer to page 13. And don’t forget this year’s Annual Meeting is scheduled November 20th-21st at the Columbus Hilton at Polaris. Our luncheon speakers will address the Store It Safe Program and include expert panelists. Funds raised at the luncheon will go towards support of the Store It Safe Program. For more details and information on how to reserve your ticket or table, refer to page 14. We hope you and your family are safe and healthy, and while observing physical distancing, still striving for social connection – we look forward to seeing you all soon!
Studies have shown that vaping can exacerbate the symptoms of COVID-19.

Learning Objectives:
At the close of this activity the learner will be able to:
- Explain the dangers and health crisis of e-cigarette use with adolescents and families.
- Implement prevention strategies and treatment resources of e-cigarette use among adolescents.
- Describe current trends in lead poisoning epidemiology and adherence to medical management guidelines.
- Explain and utilize resources with families.
- Integrate counseling on lead poisoning prevention in anticipatory guidance.
- Identify opportunities to increase lead screening and testing rates and referral to appropriate resources.

Target Audience:
Pediatric primary care, sub-specialists, hospitalists, general physicians, nurses, residents, medical students, psychiatrists, psychologists, law makers, community members, social workers, allied health professionals, teachers, parents, families, 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 lead and vaping prevention. Practitioners and public health professionals will be given tools to help pediatric and adolescent patients grow to be healthy, resilient adults.

Can’t attend the whole meeting? That’s ok! Feel free to attend the sessions that fit your schedule.

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 5 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 5 (five) MOC point 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.

http://ohioaap.org/education-meetings
### 2019-2020 Impact Highlights:

- **1/3** of Ohio’s children are overweight or obese. Parenting at Mealtime and Playtime program impacted 84,000 children with nutrition and play materials.

- **40%** of 12th graders admitted to vaping at least once in 2018. Ohio AAP reached 500,000 teens with vaping prevention materials.

- **40%** of Ohio’s children are exposed to smoke at home. Smoke Free Families program reduced in-home smoke exposure by 47%.

- **1 in 3** homes with children have a gun. The Store It Safe Learning Collaborative will provide safety counseling and lock boxes to 1,000 families by 2021.

- **ONLY 41%** of children are ready when they enter kindergarten. The Brush, Book, Bed program provided more than 4,000 young children with books.

- **85%** of bicycle related head injuries can be prevented with a helmet. The Put-A-Lid-On-It program gave children 65,000 helmets over the past decade.

- **ONLY 59%** of females and 64% of males receive the HPV vaccine. The HPV Pediatric Practice Transformation program reached 300 community members to help increase vaccine rates in Ohio.
While you were on the front lines, Ohio AAP worked hard to lead, preserving and protecting pediatrics during the COVID-19 pandemic.

- **24/7 advocacy** with ODH, the DeWine Administration, Medicaid/MCO leaders, national AAP to ensure the pediatric voice is heard when decisions are being made.

- **Provided talking points to Dr. Amy Acton/Ohio Department of Health** for the Governor’s press conference on the importance and safety of routine well visits during the pandemic, along with bike helmet safety tips for summer.

- **Virtual visits by Ohio AAP staff** with practices to help navigate COVID-19 operational needs.

- Quick changes to QI program timelines and education/training dates and formats to **adhere to the needs of our members** and health department orders.

- **Called upon by Dr. Amy Acton** to provide Ohio AAP resources for families on routines, anxiety and wellness during COVID-19.

- **Developed social media tool kit and campaign** for families and providers promoting the safety of routine well care and office visits during the pandemic utilizing #safepshealthehkykids.

- **Created videos** communicating the need for routine well care and immunization visits posted to Facebook, Twitter, Instagram and TikTok to reach providers, parents and teens.

- **Distributed press release** to media outlets across the state encouraging routine well care and immunization visits during pandemic.

- **Educated more than 140 providers** in a series of three webinars addressing pressing issues on telehealth, well care/immunization visits, clinical challenges, physician wellness, back to school, and planning for life after COVID-19.

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**Thank you Dr. Amy Acton!**

Thank you for the leadership, expertise, and calming guidance you brought to your role as Director of the Ohio Department of Health. You tirelessly guided Ohioans through the COVID-19 pandemic, no doubt saving lives, and calming fears through facts and education. You were and remain an ally in our efforts to promote safety and protect Ohio’s children!

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Check out our new recruitment opportunities!

[www.ohiosap.org](http://www.ohiosap.org)
Ohio AAP and the Medicaid Managed Care Organizations (MCO) of Ohio have partnered to develop a quality improvement project that will serve to deliver improved health outcomes and mitigate barriers for children around well care and immunization rates. The project will use data to identify gap counties and work together to determine the practices with a high population of Medicaid patients for this program. Ohio AAP will train several practices across Ohio on how to improve and operationalize HEDIS measures, provide billing for preventative care to reflect improvement in population health, communicate about the safety and importance of routine well care using provided tools and resources, and increase well visits through reminder/recall and intentional outreach as a foundation to the work. Participants will receive 25 MOC Part IV points!

Follow the COVID-19 pandemic, patient volume has decreased by 70% and immunity rates are plummeting

Well Care and Immunization/Population Health Quality Improvement Program

Ohio AAP and the Medicaid Managed Care Organizations (MCO) of Ohio have partnered to develop a quality improvement project that will serve to deliver improved health outcomes and mitigate barriers for children around well care and immunization rates. The project will use data to identify gap counties and work together to determine the practices with a high population of Medicaid patients for this program. Ohio AAP will train several practices across Ohio on how to improve and operationalize HEDIS measures, provide billing for preventative care to reflect improvement in population health, communicate about the safety and importance of routine well care using provided tools and resources, and increase well visits through reminder/recall and intentional outreach as a foundation to the work. Participants will receive 25 MOC Part IV points!

Contact Program Manager, Kristen Flutt at kflutt@ohioaap.org or at (614) 846-6258 for more information or if you are interested in participating.

Since April 2020, HPV vaccine rates have decreased 73%

Teen Immunizations National Quality Improvement Project

The Ohio AAP is pleased to announce the launch of an adolescent immunization learning collaborative convened through the National AAP Chapter Quality Network (CQN). The primary goal will be to increase rates of the vaccines recommended for adolescents between 16 and 18 years of age. Practices will participate in a learning collaborative that includes four practice learning sessions (two in person & two webinars), and six practice webinars in collaboration with other practices in their region. Participants will have access to subject matter experts, curriculum, and QI coaching. Eligible participants will receive Maintenance of Certification Part II and Part IV, and Performance Improvement Continuing Medical Education (PI CME). Deadline to enroll is August 31, 2020.

Contact Program Manager, Lory Sheeran Winland, at lwinternland@ohioaap.org or at (614) 846-6258 for more information or if you are interested in participating.

Make a Lasting Impact on Ohio’s Children

Improve Your Practice and Receive Free Education, QI and Resources

A sexually active teen who does not use contraceptives has a 90% chance of becoming pregnant within a year

LARC Quality Improvement Program

The Ohio AAP’s Transforming Adolescent Reproductive Healthcare Quality Improvement Project seeks to support pediatric adolescent healthcare providers in improving access to contraceptive counseling and LARC in a patient's medical home during yearly well care appointments. The project will aim to educate and train providers and clinic staff about adolescent-friendly services, adolescent development, reproductive and menstrual health treatment, and procedural training for etonogestrel implants. This is a 9-month QI program and will award 25 MOC IV points.

Contact Program Manager, Kristen Flutt at kflutt@ohioaap.org or at (614) 846-6258 for more information.

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## Make a Lasting Impact on Ohio’s Children

*Improve Your Practice and Receive Free Education, QI and Resources*

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### Upcoming Trainings & QI Opportunities

- Human Trafficking Webinar - Register at [http://ohioaap.org/CANRegional](http://ohioaap.org/CANRegional)
- Atopic Dermatitis Training - Register at [http://ohioaap.org/adproject/](http://ohioaap.org/adproject/)
- Summer Education Meeting - Register at [http://ohioaap.org/education-meetings](http://ohioaap.org/education-meetings)
- Annual Meeting - Register at [http://ohioaap.org/annualmeeting/](http://ohioaap.org/annualmeeting/)

### New Digital Education-CME/MOC Part II Points

Visit the Pediatric Education Center at [http://ohioaap.org/pediatric-education-center](http://ohioaap.org/pediatric-education-center) to access new trainings from the comfort of home on the following topics:

- Lead Prevention
- Atopic Dermatitis in Primary Care
- Power of Play
- Sentinel Injuries
- Implicit Bias
For the first time ever, beverage guidelines have been identified for children ages birth - 5 years. The Academy of Nutrition and Dietetics, American Academy of Pediatric Dentists, American Academy of Pediatrics and American Heart Association all recommend the following:

**BIRTH-6 MONTHS**
Breast milk (recommended) or infant formula only; no fruit juice or other liquids of any kind.

**12-24 MONTHS**
Whole milk and plain drinking water; very limited 100% fruit juice on occasion.

**6-12 MONTHS**
Breast milk (recommended) or infant formula; small amounts of plain drinking water once solid foods are introduced; no fruit juice.

**2-5 YEARS**
Fat free or low fat milk and plain drinking water; very limited 100% fruit juice on occasion.

**EDUCATIONAL RESOURCE:**
**Airplane Choo Choo**

Airplane Choo Choo is an educational resource that provides evidence-based guidance on how to feed children from birth to 24 (B-24) months. This resource was co-created by National Dairy Council and the American Academy of Pediatrics. This revision is significant because for the first time ever the upcoming 2020-2025 Dietary Guidelines for Americans will include the B-24 age range.

Find this resource on Drink-Milk.com by searching “Airplane Choo Choo.”
9 Holes of Golf Fun!
Guests will enjoy an evening of networking, golfing and fun activities on each hole in this non-traditional 9-hole outing. Not the greatest golfer? Perfect, grab a few friends and join us! Singles are welcome too! Come, have fun and help us support Ohio AAP’s Put-a-lid-on it Bike Helmet Safety Program! SPOTS ARE LIMITED, SO REGISTER NOW!

Unable to attend the whole event? Attend the happy hour for ONLY $35!

Spring 2021 - Date TBD Soon!
Royal American Links, 3300 Miller Paul Rd, Galena, OH 43021
$300 per foursome $100 per person
• Green fees and cart for 4 • Green fees for 1
• Dinner and 2 drink tickets • Dinner and 2 drink tickets

Since it was introduced in 2011, the Ohio AAP’s Put-A-Lid-On-It! Bike Helmet Program has grown to be one of the Chapter’s farthest reaching community programs. In eight years, this program has:
• Provided 57,000 bike helmets to Ohio children in need
• Expanded to more than 600 partners, representing law enforcement, legislators, schools, public health departments, and community groups
• Earned over 160 million media impressions in Ohio and nationally

Sponsor Levels

Presenting Sponsorship – $3,000
• Company name on ALL promotional materials
• Registration for two foursomes
• Customized carts
• Sponsorship of appetizer station
• Sponsorship of the 9th hole
• Full page ad in the summer issue of Ohio Pediatrics
• Two banner advertisements in the Ohio AAP Today e-newsletter

Signature Sponsorship Options
Limited quantities—all available on a first come, first served basis. Each Signature Sponsorship option includes signage at the sponsored area during the event, admission for one foursome or four attendees ($300 value) and recognition on the Ohio AAP website. Sponsors may also purchase additional foursomes for $250.

Tee-Off Food & Beverage Sponsor – $1,500
• Provides food and two complimentary drinks for 75 attendees during happy hour prior to tee-off

Late Night Bite Sponsor – $1,000
• Provides food and drinks for 75 attendees at the presentation of prizes to the winning teams

Hole Sponsor – $600
• Selection of a goofy theme for your hole!
• Registration for one foursome
• Sponsorship of one hole (2-8)

Fed. ID No. 31-1700823
For more information, contact Olivia Simon at osimon@ohioaap.org or (614) 846-6258

All levels of sponsorship will receive recognition on OhioAAP.org. To register, visit www.OhioAAP.org/Glowball.

Many Thanks for Your Continued Support of the Ohio AAP!
Ohio AAP 2020 Annual Meeting
November 20-21, 2020
Polaris Hilton Columbus
Ohio Chapter

Ohio AAP Foundation Fundraiser Luncheon:
Reversing the Trend of Irreversible Actions
Teen Suicide Prevention for Providers, Parents and Teens:
Safe Storage, Depression Screening and Education

11:30 am – 1:30 pm

Features:
• Ohio AAP Awards Ceremony to honor distinguished pediatricians and advocates
• Interdisciplinary panel on teen suicide prevention: Families, teens and experts
• “I Pledge to Store it Safe” campaign with gun boxes and resources to use with patients and clients

$60 per ticket (Included with some Annual Meeting registration packages)
$100 for two tickets

Want to bring your practice? Sponsor a table!
Table Sponsor-$750
• Recognition in event video
• Admission for 8 to the luncheon
• Recognition in print, social media & digital marketing

All funding for the luncheon will be used to scale up and spread the Ohio AAP Store it Safe Program.

Register today:
OhioAAP.org/am
Female Athlete Triad

Kayla Daniel, MD, FAAP, Nationwide Children’s Hospital

What is the Female Athlete Triad?
The Female Athlete Triad (FAT), as defined by the American College of Sports Medicine, is a medical condition in female athletes involving any one of three components: (1) Low Energy Availability (EA) with or without disordered eating, (2) Menstrual Dysfunction and (3) Low Bone Mineral Density (BMD). The prevalence of the FAT varies amongst high school, college, and professional athletes. Of note, 78% of high school athletes have at least one component of the triad. The most recent model of the triad is portrayed on a spectrum to highlight the importance of recognizing subclinical abnormalities and encouraging early intervention to avoid serious pathologic endpoints.

Low Energy Availability with or without Disordered Eating
EA is defined as the amount of dietary energy remaining after exercise for all other physiological functions. Low EA is often the consequence of lack of knowledge of proper nutrition, insufficient appetite for calorie needs, disordered eating, and not making time to appropriately fuel the body. Effects of low EA include disruption of the hypothalamic-pituitary-gonadal axis, alterations in thyroid function, changes in appetite regulation, decrease in insulin and IGF-1, increase in growth hormone resistance, lowered resting metabolic rate, endothelial dysfunction, lower IGF1, increased susceptibility to URI and GI illnesses, and an overall negative impact on performance. Disordered eating is categorized into Anorexia nervosa, Bulimia nervosa or Disordered Eating NOS, which can have serious fluid and electrolyte disturbances leading to severe dehydration, acid-base issues, arrhythmias, and death.

Menstrual Dysfunction
Menstrual Dysfunction is defined as primary amenorrhea, secondary amenorrhea, or oligomenorrhea. Primary amenorrhea is delayed menarche until the age of 14 without the development of secondary sexual characteristics, or delayed menarche until age 15. Secondary Amenorrhea is the absence of menstruation for 3 consecutive months with previously regular cycles or the absence of menstruation for 6-12 months if previously oligomenorrheic. Oligomenorrhea is menstrual cycles occurring greater than 35 days apart. For athletes on hormonal contraceptives, these symptoms are under recognized and underreported. Consequences of menstrual dysfunction include decreased peak bone mass, increased risk of musculoskeletal injuries, increased injury recovery time, increased risk of stress fractures, endothelial dysfunction, and negative effects on fertility.

Low Bone Mineral Density
Low BMD is defined by the American College of Sports Medicine as a Z score less than or equal to -1.0 with a history of nutritional deficiencies, hypoestrogenism, and/or stress fracture. Alterations in BMD are diagnosed with DEXA scan, specifically looking at lumbar spine and total body minus head values in adolescents. Up to 60% of BMD is acquired during adolescence and peaks at the end of the second decade. Chronic hypoestrogenism, in the context of predicted menstrual dysfunction, is well-studied and has been accepted as the major cause of bone loss in adult women. Bone loss can also be a result of a chronic hypometabolic energy deficient state leading to a decrease in markers of bone formation and an increase in markers of bone resorption. The major consequences of low BMD are higher rates of stress injuries, fractures, and traumatic fractures.

Screening and Diagnosis
Early detection of at-risk athletes is essential to prevent consequences of the FAT. Screening for the FAT should occur during Pre-Participation Physical Exams (PPEs), well child visits, annual gynecologic exams, and applicable acute care visits. It is essential to screen for other components of the triad when one component is identified. Screening questions currently used on the PPE are shown below. Further evaluation and diagnosis of components of the FAT is best completed with a multidisciplinary team.

PPE questions from the OHSAA form 2020-2021
- Have you ever had a menstrual period?
- How old were you when you had your first menstrual period?
- When was your most recent menstrual period?
- How many periods have you had in the past 12 months?

Treatment Strategies
The goal in treating the spectrum of the FAT is to increase energy availability by increasing energy intake and/or decreasing energy expenditure. Energy availability can be recovered after days of increased energy intake/decreased energy expenditure, ultimately leading to appropriate weight gain. Recovery of menstrual function usually takes a couple months of consistently increased energy intake/decreased energy expenditure. Recovery of BMD may take years after recovery of menstrual status and energy availability has been achieved and maintained. At this time there is no evidence to unequivocally recommend pharmacologic therapy in athletes with FAT.

Return to Play
Currently there are no standardized guidelines for clearance and return to play for athletes with FAT. Ultimately this process includes a comprehensive evaluation of health status, participation risk, and unique decision modifiers.
Female Athlete Triad

Kayla Daniel, MD, FAAP, Nationwide Children’s Hospital

What is the Female Athlete Triad?
The Female Athlete Triad describes a spectrum of three interrelated health problems found in female athletes:

1. Low energy availability or “under-fueling” with or without disordered eating
2. Menstrual problems
3. Weak bones

Components of the Female Athlete Triad are found in female athletes of all ages. Of note, 78% of high school female athletes have at least one component of the triad. The health problems of the triad are described on a spectrum to emphasize the importance of early identification and intervention to prevent long term consequences. Female athletes with one component of the triad are encouraged to seek care in order to make appropriate changes to lead a healthy, active lifestyle.

Under-Fueling
Energy availability is the amount of energy from food that is available for the body to use. Low energy availability occurs when the calories burned from exercise exceeds the calories taken in from food. This is often the result of decreased appetite, busy schedules without set meal times, underestimating the number of calories burned during exercise, and/or lack of information about appropriate nutrition. Female athletes may “under-fuel” accidently or intentionally. When under-fueling is thought to be intentional, the athlete should be evaluated by a physician for an eating disorder.

Menstrual Problems
Having regular periods is a sign of appropriate fueling and energy availability. A regular period should occur every 21-35 days. You should contact your child’s doctor if:

• Periods are occurring greater than 35 days apart
• Periods get lighter during times of heavy athletic activity
• Your child is 15 years old and never had a period

It is also important to note that hormonal contraceptives (birth control) can mask symptoms of menstrual problems. Irregular menstrual periods can have many health consequences including weak bones, increased risk of muscle/bone/ligament/tendon injuries, increased recovery time after injury, increased risk of stress fractures and a negative impact on future fertility.

Weak Bones
Adolescence is a very important time for bone development. Peak bone building years are from puberty to the early 20’s. If your child’s doctor is concerned for low energy availability, significant weight loss, or multiple stress injuries/fractures, they may order a test called a Dual Energy X-Ray Absorptiometry (DEXA) scan to look at overall bone health. Poor bone health or weak bones increases the risk for stress fractures, traumatic fractures, and developing osteoporosis later in life.

Risk Factors for Developing the Female Athlete Triad
There are many risk factors for developing components of the Female Athlete Triad. For example, participation in sports or activities that favor or promote a lean body size/shape such as gymnastics, cross country, and figure skating can be a risk factor for under-fueling. In addition, sports that mandate weight classes such as wrestling and rowing or that have revealing uniforms such as swimming can also cause athletes to have unhealthy habits.

Signs and Symptoms of the Female Athlete Triad
It is important to be mindful of your child’s eating and exercise habits. Excessive dieting, skipping meals, preoccupation with a certain weight or body image, compulsive exercise, or other signs of disordered eating should raise a red flag for under-fueling. Irregular or absent menstrual periods and stress reactions or stress fractures are usually signs of prolonged energy deficiency. Signs and symptoms of the Female Athlete Triad often overlap with other medical issues such as eating disorders and mental illness.

Screening and Diagnosis
Early detection of at-risk athletes is essential to prevent consequences of the Female Athlete Triad. Screening for the Female Athlete Triad should occur during your child’s Pre-Participation Physical Exam (PPEs), well child visits, annual gynecologic exams, and acute visits for fractures, overuse injuries, changes in weight, disordered eating, depression, or anxiety. Further evaluation and diagnosis of components of the Female Athlete Triad is best completed with a multidisciplinary team.

Treatment and Prevention
The ultimate strategy in treating the Female Athlete triad is to increase energy availability by increasing the amount of calories taken in and/or decreasing the amount of calories burned. At this time there is no evidence to recommend any specific medications to treat the Female Athlete Triad. All athletes should be encouraged and supported to have a healthy attitude toward food and exercise. Athletes should prioritize three meals per day and additional “mini-meals or snacks” throughout the day, especially during periods of increased physical activity. Encourage your child to keep track of her menstrual cycle and bring these records to review with your doctor. The goal is to keep your child healthy and active in childhood, adolescence and into adulthood.
COVID-19, Your AAP, and You

Richard H. Tuck, MD, FAAP
District V Chairperson

Once again, your AAP is on the front line for infants, children, adolescents, young adults, and the providers who care for them. The COVID-19 pandemic has impacted each of us at some level, with no clear end in sight. It affects the children and families we care for, our practices, whether primary care, subspecialty care, or academic; and our communities. Your national and state chapter of the AAP has been with you every step of the way, revealing the true character of pediatricians and the organizations that represent us. As I write this article, I realize the status of this crisis and our future are unclear.

Issues that have been before us include not only the medical and infectious disease management, but also the issue of mental health wellness as this epidemic continues. This is important at multiple levels, including the children, adolescents and families impacted by COVID-19, and us as providers. A key element in dealing with this is communication with everyone touched by the crisis, which means all of us. Families can look to healthychildren.org, our peer reviewed family communication site, as well as to the national and state media communications provided by the AAP. The AAP has been a primary source of media information, with more reference sightings than any other medical organization. We continue to make ourselves available with the most credible information for children and the families we serve. The AAP can connect journalists with pediatricians and pediatric subspecialists on a broad range of COVID-19 related topics. Our AAP president, Sally Goza, has been ever available and relentless, communicating with the media and with us at every juncture.

Your wellness is also critical, with many of us hitting the wall, as the challenge wears on. Look for ways to positively relieve your stress. Mindfulness, communication, exercise, humor, and virtually connecting with others are helpful ways to start and maintain our energy and a way forward.

A positive outcome from the epidemic has been catapulting telehealth and telephone medicine forward. These non-face-to-face patient care areas have been neglected by payers in the past. With the tremendous need for physically distanced care delivery, telemedicine has been advanced with CPT codes and payment for telehealth and telephone services. The guidelines have been liberalized, and promoted by CMS/ Medicare. They have been adopted by most Medicaid programs and most private payers. An important related issue has been the inability to provide and be paid for well child visits by telemedicine. It is expected that the AAP will be providing guidance on this question, recognizing that we do not want to undermine the delivery of face-to-face preventive medicine and the evidence informed, highly valued Bright Futures Guidelines. Getting children back to their medical homes for face-to-face preventive medicine visits and immunizations will be a priority as the epidemic lessens.

As we move forward, the AAP will be aggressively pushing to have telehealth services retained and paid for; while restoring our face-to-face practices, both primary and specialty care, in the recovery phase to follow.

The financial viability of pediatric practices everywhere has not been an unexpected issue, as the demand for the work of pediatric generalists, medical, and surgical subspecialists has plummeted. Primary care face-to-face office visits have decreased by as much as 70%! This has resulted in the need for obtaining the SBA PPP loans to maintain their practices and pay for their employees. The AAP has been actively involved championing these initiatives as well. Just now, we are learning of a positive result of this advocacy with new financial relief as the Department of Health and Human Services announced access to the Provider Relief Fund for Medicaid and CHIP providers, left out of previous waves of financial support.

A recently recognized issue is the concern with ethnic and racial disparities exhibited by the COVID-19 virus. It appears to be disproportionately aggressive with the African American community. At this time, much remains to be learned about this. The AAP now has directed significant attention to issues of race, disparity and diversity, having established a Board committee on equity. This is an example of an extension of these critically important ethnic disparities issues, and will be addressed.

Look to your Ohio AAP and AAP resources and communications. These include:

- The AAP has issued a Frequently Asked Questions document along with an Interim Report regarding the Management of Infants Born to Mothers with Suspected or Confirmed COVID-19. The guidance and related resources
will be updated when additional evidence becomes available.
• A discussion board including clinical and professional topics has been established on AAP.org. The discussion board is intended to offer peer-to-peer networking, education, and support to our members. The discussion board will also be made available to non-members upon request. Be sure to take advantage of this excellent way to connect, share concerns, and information.
• The AAP has provided interim COVID-19 guidance on providing pediatric well-care, use of telehealth, newborn care, breastfeeding, return to school considerations, and child care.
• To date, AAP has developed ten webinars on COVID-19 topics such as coding, telehealth, mental health needs, approaching racial health inequities, and children with complex conditions. The webinars have been recorded and archived on AAP.org.
• AAP has developed an overview of new resources and programs potentially available to pediatric practices through the Families First Coronavirus Response Act (FFRCA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
• The AAP parenting website, HealthyChildren.org hosts a variety of COVID-19 information for families such as protective masks for children, positive parenting during the pandemic, and newborn care.
• Look for frequent updates and communication on key issues from our AAP President, Sally Goza, MD, FAAP.

We all wonder what medicine and pediatrics will look like when this is over, as we all move forward. Be assured that your AAP will be there now and in the future, championing the care of children and the issues we all face as pediatricians.
Ohio Pain Management Toolkit

Get support with implementing the Ohio rules for prescribing opioids in the primary care setting.

It’s time to take charge, Ohio.
Take the Ohio Pain Management Toolkit training at TakeChargeOhio.org
Foundation Donors

DONORS *List current as of publication date.

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Thank You for Helping Us
“Close the Lock” on Store It Safe Fundraising!
Our grassroots funding effort launched to build the Store It Safe Adolescent Suicide Prevention Program was able to achieve our goal of $77,045 in five months thanks to the generosity of our leaders, members, and partners.

Here’s what’s Next...
The Store It Safe Adolescent Suicide Prevention Program will officially launch at Annual Meeting on November 20, 2020. We are currently updating our informational handouts for providers, parents, and teens, which will be invaluable tools for health care providers and families as they educate others about safe storage. We are also reaching out to our physician and hospital partners for material review and collaboration opportunities. As a part of the program, we are asking our partners to take the Store It Safe Pledge and commit to be part of the solution of reversing the trend of irreversible actions. These partners will also be among the first to receive the most up to date SIS resources and news. Take the pledge at http://ohioaap.org/SISPledge.
# Ohio AAP Program Partners

Ohio AAP acknowledges the following partners in support for Ohio Pediatric Programs:

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<tr>
<th>Program Description</th>
<th>Funding Information</th>
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<tbody>
<tr>
<td>Maximizing Office Based Immunizations/Teen Immunization Education Sessions</td>
<td>$400,000 (ODH)</td>
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<tr>
<td>Parenting at Mealtime and Playtime QI Program</td>
<td>$200,000 (ODH)</td>
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<td>Smoke Free Families QI Program</td>
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<td>Brush, Book, Bed Education Program</td>
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<td>Preschool Vision Screening QI Program</td>
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<td>Child Abuse and Neglect Prevention Summits</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>Store it Safe Firearm Safety Pilot Project</td>
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<td>Chapter Quality Network (CQN) Improving Immunization Rates for Adolescents QI Project</td>
<td>$40,000 (American Academy of Pediatrics)</td>
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<td>Ohio Parents Advocating for Vaccines</td>
<td>$20,000 (Unrestricted Education Grant)</td>
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<tr>
<td>Atopic Dermatitis QI Program and Regional Trainings</td>
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<td>Practice Transformation Program: Improving Nexplanon Provision in Adolescents</td>
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<tr>
<td>HPV QI Program</td>
<td>$150,000 (Unrestricted Education Grant)</td>
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<tr>
<td>Interventions to Minimize Pre-term and Low Birth Weight through Continuous Improvement Techniques (IMPLICIT) QI Program</td>
<td>$1.2 Million</td>
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www.ohioaap.org

Ohio Pediatrics • Spring 2020 21
Hello and I hope everyone is doing well. While it only has been a few weeks since I first wrote about the novel coronavirus, it seems like years ago. The social distancing and “sheltering in place” has been difficult and provided its share of challenges, but, it seems to be working. To date, Ohio is seeing many fewer cases than other states. So even as the State continues to open up, let’s hang in there and stick with the social distancing. Hopefully in a few more weeks we will be able to return to our pre-COVID-19 life!

While many people have done a great job of stockpiling, especially toilet paper; we still occasionally will need to leave the house. So, I thought I would provide an update on the novel coronavirus and how to minimize becoming infected during your outings.

It now is becoming clear that COVID-19 has a wide spectrum of illness among all age groups. On the whole, about 80% of COVID-19 infections are mild or asymptomatic. The problem is that we have no way to predict who is going to be the one who has mild illness and who has severe. At first, it was said that children weren’t infected. We now know that is not true. Children can get infected, they just do not seem likely to get severe illness. A publication from the CDC on April 8, 2020 showed that COVID-19–associated hospitalization rates increase with age. In children and adolescents, the hospitalization rate was 0.2 per 100,000 population as compared to 2.5 in those aged 18–49 years, 7.4 in those aged 50–64 years, and 13.8 in those aged ≥65 years.

We do not know why children are not getting as sick. It does not appear to be due to previous coronavirus infections. If previous infections were protective, then adults too would be protected because over 90% of adults have antibodies to at least 5 different coronavirus’. Remember, coronavirus is a common respiratory virus that causes infections every year. We now are dealing with a novel coronavirus (meaning 1st time humans have been exposed) so people don’t have antibodies against the novel coronavirus.

People often ask me, “what can I do to prevent becoming infected with COVID-19?” The primary measure is social distancing. It appears that the vast majority of infections are passed by droplet spread. That is the reason for the recommendation for spacing of about six feet. If you are within six feet of another person and the person has an uncovered cough or sneeze in your direction, it is likely that droplets will fall on you. If the droplets happen to be infected (i.e. carrying the virus), the virus is now likely on you. Masks MAY be of help if you are in a situation where social distancing is difficult. We are strongly recommending people to not be in crowded areas so social distancing is possible.

If you choose to use a face covering while in public, remember that this is a supplementary measure. The Centers for Disease Control and Prevention (CDC) is advising the use of simple cloth face coverings. This may slow the spread of the virus and help people who have the virus and do not know it from transmitting to others. Cloth face coverings fashioned from household items or made at home from common materials is a voluntary public health measure that MAY help prevent spread. The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders.

Currently, we have no specific treatment against COVID-19. Therefore, PREVENTION IS THE KEY! The best ways to prevent infections are:

• social distancing
• frequent hand washing (minimum 20 seconds in duration, which is about the length of time it takes to sing the “Happy Birthday” song)
• frequent cleaning of commonly touched surfaces (cell phones, door knobs, counter tops)
• wearing face masks when going into spaces where you cannot maintain social distancing

Stay safe and we will get through this.
Novel Coronavirus (COVID-19)

Human Coronavirus are a family of viruses that commonly cause mild to moderate illness like the common cold. Almost everyone gets infected with one of these viruses at some point in their lives, and most of the time the illness lasts for a short amount of time. A new human coronavirus, called the 2019 Novel Coronavirus (2019-nCoV), was discovered in Wuhan City, China, in December 2019.

SYMPTOMS:
- Sore throat
- Cough
- Fever
- Headache
- Runny nose
- Difficulty breathing

TRANSMISSION:
- Personal contact
- Contaminated objects

PROTECTIVE MEASURES:
- Wash hands frequently, for at least 20 seconds in soap and water.
- Utilize a greater than 60% alcohol-based hand sanitizer.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Stay home when sick and keep your immune system strong by eating healthy foods, drinking plenty of water and getting enough rest.
- Clean and disinfect household objects and surfaces in your home.
- Cover coughs and sneezes with tissues that are immediately thrown away.

STAY HEALTHY,
ACTIVE, CONNECTED, & ENGAGED DURING THE COVID-19 PANDEMIC:
- Reassure and communicate with your child.
- Take social media breaks.
- Keep a healthy and productive schedule.
- Stay active. Physical activity can help manage stress.
- Schedule virtual play dates using free apps like Zoom or Google Hangout.

For more information from Ohio AAP, the CDC, and other trusted sources, please visit: http://ohioaap.org/covid19resources
Residents Leading Interprofessional Quality Improvement Initiatives

Arnaldo Zayas, MD, FAAP
Staff, Pediatric Hospital Medicine and Pediatric Residency Program Quality Improvement Director, Cleveland Clinic Children’s

For over 20 years, since the publication of “To Err is Human: Building a Safer Health System” by the Institute of Medicine in 1999, Quality Improvement (QI) and Patient Safety curricula have been developed and adopted in medical training programs at both the undergraduate and graduate levels. According to the Accreditation Council of Graduate Medical Education (ACGME), resident education in QI is not only a common program requirement, but residents also need to have opportunities that allow engagement and participation in QI initiatives.

ACGME Common Program Requirements for residency include:

- Residents must receive training and experience in quality improvement processes, including an understanding of healthcare disparities
- Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations
- Residents must have the opportunity to participate in interprofessional quality improvement activities. This should include activities aimed at reducing healthcare disparities

In today’s world, as we move from volume- to value-based care, healthcare delivery sciences focus on interprofessional and team-based approaches to patient care. The resident’s experience in QI is not any different. Residents routinely engage in communication and collaboration with nurses, pharmacists, dietitians, therapists and social workers among others as part of their medical training. These physicians-in-training understand and have embraced the privileged position they are in to lead interprofessional QI initiatives, as they find themselves at the frontline of patient care surrounded by healthcare providers from multiple professions and disciplines. Some examples include: standardizing patient transfer of care process from the Pediatric Intensive Care Unit to the regular nursing floors; increasing influenza vaccination rate in patients with inflammatory bowel disease; and improving identification of patients at risk of clinical deterioration.

This past year, residents Dr. Emine Tunc and Dr. Jamie Pruitt, together with nursing and pharmacy professionals, collaborated on a project aimed at reducing the rate of medication errors identified by nursing staff at the time of patient discharge. The team developed a new inpatient discharge medication reconciliation process, and analysis of data showed improvement over time. This project also demonstrated how interprofessional collaboration may influence the healthcare delivery process, improving quality of patient care and providing value to the healthcare system. According to Dr. Tunc, “This project showed me the importance of multidisciplinary approach to a process issue that I used to think was only resulting from one group’s mistake. It taught me greatly on how powerful it is to have all the stakeholders at the table and see their perspective on the process. Moving forward, I’m sure this knowledge will help me immensely to solve the problems I may encounter in my practice.” Dr. Pruitt said, “With the diligence and hard work of all members of our team, this new process has shown to increase discharge efficiency and satisfaction, as well as, and most importantly, it has improved the safety of our patients.”

This resident-led QI initiative had support from healthcare leaders in our Children’s Hospital. Dr. Casey Moore, PharmD, RPh, our pediatric medication safety pharmacist, stated “Medication safety begins with prescribing and continues to order verification, dispensing, storing, administration, and monitoring. Therefore, it’s vital that providers, pharmacists and nurses collaborate in order to ensure the highest level of safety is delivered to our patients throughout the entire medication use process.”

A way to ensure ongoing resident participation in interprofessional QI initiatives is to develop best practices in the Residency QI curriculum. One way that we have incorporated this is by requiring residents to create an interprofessional team when looking at improving inpatient process and outcome measures. Ensuring residents who participate in QI projects in the emergency departments, intensive care units and inpatient medical units do so as part of an interprofessional team will not only have a positive impact on overall project success but also promote seamless high quality healthcare delivery to patients when they need it the most.

In conclusion, interprofessional quality improvement initiatives provide residents with experiences that have long lasting effect on their future physician practice improvement process. Commitment and support from Chief Academic Officers, Residency Program Directors and Quality Improvement Officers is key to ensure success and participation in Residency QI curricula.
Parents Advocating for Vaccines Host Effective Storytelling Webinar

With some parents nervous about visiting pediatricians and other healthcare providers during the COVID-19 pandemic, vaccination rates across the country are plummeting. In-person routine well-care visits are still recommended to maintain vaccine schedules, but many parents need some reassurance. Real-life stories, told by family members, friends and healthcare providers, bring first-hand knowledge that physician offices are safe and that life-saving vaccines are still critical during this time. Personal stories touch us, educate us, influence us and remind us of the value of prevention.

If you missed our Storytelling Webinar last month or if you’d like to review the information at your convenience, please visit our Ohio Parents Advocating for Vaccines (PA4V) resource page to view the recording. We would also like to send a big thank you to Angela Krile from Krile Communications for presenting and sharing her wisdom!

Preparing for Back to School and Flu Season

Join Ohio AAP for our final COVID-19 related webinar providing the latest information and resources on COVID-19. Together we can get through this!

**Wednesday July 15th: 12:15-1:15 PM**

Register today at: [http://ohioaap.org/COVID19Webinars](http://ohioaap.org/COVID19Webinars)

**Objectives:**
1. Increase knowledge on best practices for the back to school crowd & upcoming flu season
2. Prepare for anticipated challenges for the upcoming flu season

*Please pre submit questions or other topics for discussion by July 10th to Kristen Fluit at kfluit@ohioaap.org*
Ohio AAP: Protecting and Preserving Pediatrics During A Pandemic

The past few months have certainly been stressful and put a strain on us all. Navigating through these truly unprecedented times has been difficult and forced us all to establish a new “normal”. While the COVID-19 pandemic has been challenging, we hope Ohio AAP has been a constant support and source of information. As an essential business, Ohio AAP has been diligently working remotely and making adjustments the past few months to provide continuous updates, resources, and programs for our members. We recognize the importance of maintaining our programs and trainings so Ohio’s pediatricians can continue to improve care and learn new skills, even in these difficult times. Although our office locations were physically closed, Ohio AAP remained dedicated to supporting our members even while abiding by stay-at-home orders.

Staying Connected
Since the onset of COVID-19, we at Ohio AAP have worked to ensure we are keeping our members and all Ohio families informed on the latest COVID-19 orders, news, tips and recommendations. Through our daily social media postings and our weekly e-newsletter we aimed to highlight the most up-to-date news briefings from Governor Mike DeWine and the Ohio Department of Health as well as recommendations from the Center of Disease Control and the National Chapter of American Academy of Pediatrics. In the fast paced and often oversaturated stream of new information that was released daily on COVID-19, we hope you were able to turn to Ohio AAP for trusted information.

Staying Informed
Over the past few months, Ohio AAP aimed to be a hub for answers to all your questions and concerns regarding COVID-19. Information on COVID-19 was rapidly evolving and not always abundantly clear. Out of this concern, Ohio AAP created a dedicated page of COVID-19 resources (http://ohioaap.org/covid19resources) that providers and families could utilize and refer to for up-to-date health orders and resources. Our leadership was on the front lines on calls with National AAP, ODH and other expert teams to stay ahead of the breaking news and allowed us to stay in the know and able to provide detailed updates to our members. We worked during this time to create COVID-19 infographics for provider and family use that easily explained symptoms and transmission methods and provided simple measures one could take to stay healthy both physically and mentally (graphic can be found on page 23). We also listened to our members concerns and created the #SafePedsHealthyKids Resource Toolkit (along with a social media campaign) to aid with “clinical re-mobilization”. The toolkit contained resources, sample messaging, and tactics to promote pediatric care and preventative wellness and encourage in-person visits with pediatricians to ensure the continued care of Ohio’s children.

Continuing Education & Programs
A top priority Ohio AAP has held during the pandemic was to continue providing quality trainings and QI programs for our members. Part of how we achieved this is by remaining flexible and making the decisions early to move many of our trainings and meetings to virtual webinars. From our Parenting at Mealtime and Playtime Breastfeeding Training and our Child Abuse and Neglect-Sentinel Injuries Training, we appreciated our presenter and attendee’s flexibility by making the transition to virtual with us. We also understood many of our member’s practices daily schedules were affected and we worked accordingly with them. We adjusted many of our QI timelines and delayed launches to better fit current needs. Many of our practice coaching sessions were also moved to “virtual coaching” to comply with social distancing orders. Ohio AAP also listened to your feedback and created and hosted a series of webinars that addressed pertinent concerns currently affecting pediatricians surrounding COVID-19. The webinars focused on telehealth, resources, clinical challenges, planning for life after COVID-19, as well as preparing for the upcoming school and flu season. Ohio AAP also teamed up with Groundwork Ohio to host a webinar promoting preventative healthcare to a wider audience including families, childcare providers and more. Webinars were well attended and were hosted by a panel of experts which allowed for opportunities for discussion and questions.

The past few months have brought considerable hardships, but we are encouraged by the dedication and care we see from our members. Your hard work and support towards pediatrics and the health of Ohio’s children is inspiring and we thank you. Ohio AAP is committed as ever to the safety and wellbeing of children and we hope you’ll continue to be a part of that mission. We are stronger together and we look forward to the amazing work we came accomplish together!
Celebrating 10 Years of Put A Lid On It!

Since 2011, Ohio AAP has promoted bike helmet safety awareness and distributed over 65,000 helmets across the state. This year, despite challenges due to COVID-19, Ohio AAP still distributed over 8,000 helmets to partners across the state!

With warmer weather comes more opportunities for time spent outside and on bicycles. Riding a bike is a great form of exercise that naturally creates social distance but should be done safely wearing a properly fitted helmet. 75% of bike-related fatalities would be prevented by wearing a bike helmet and wearing a helmet can reduce the risk of head injury by 85%. On Thursday May 28th, Governor Mike DeWine shared Ohio AAP’s important messaging on bike helmet safety awareness and our Put A Lid on It! campaign during his daily press conference! To view the full clip from Governor DeWine’s press conference please visit https://www.youtube.com/watch?v=-ubzSwaIngs. We would like to thank Governor DeWine for being a constant advocate and ally for the health and wellness of Ohio’s children. Through Put A Lid on It! we have already reached millions and we are proud to work with Governor DeWine and his team to help spread this important message even farther!

Since 2011, Ohio AAP has promoted bike helmet safety awareness and distributed over 65,000 helmets across the state with the help of our partnerships with Honda of America Manufacturing and the Ohio Department of Transportation. We were worried that given the current COVID-19 climate, we might not be able to distribute and promote bike helmet safety quite like we have done in years past. But despite the time delays and a few new safety protocols put in place, the 10th Anniversary of Put A Lid on It! was a major success! Ohio AAP was able to distribute over 8,000 helmets to partners across the state, including Ohio AAP members, schools, police and fire departments, pediatrician offices, and many more. We are thankful to our partners and the Ohio Department of Transportation and Honda for helping us make this another successful year and we look forward to promoting bike helmet safety for years to come! You can help us spread the message on bike helmet safety by using the hashtags #PutALidOnIt and #BikeHelmetSafety on your social media posts.

Please contact Olivia Simon at osimon@ohioaap.org for more information on becoming involved in Bike Helmet Safety with the Ohio AAP or for more information on the Put A Lid on It program.

Safe Distribution on June 11th
Upcoming Events and Education

**JULY 24** — Executive Committee • Gravity • 10 am - 5 pm

**AUGUST 19** — Human Trafficking Training Webinar • 1 pm

**SEPTEMBER 4** — Summer Education Meeting
Athens Community Center • 10:30 am - 3:30 pm

**SEPTEMBER 14** — Atopic Dermatitis Virtual Training
9:00 am - 12:00 pm

**SEPTEMBER 17** — Atopic Dermatitis Regional Training
American Red Cross, Cincinnati Kensington Hotel • 9:00 am - 12:00 pm

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