RESILIENCY

Support funding to address behavioral health crisis

Oppose legislation targeting vulnerable populations

Lead efforts to pass Store It Safe expansion
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Ohio Pediatrics: A publication of the Ohio Chapter, American Academy of Pediatrics

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Ohio AAP educates, innovates and advocates for 2,900 members to positively improve the health and well-being of all children and their families each year, ultimately enabling them to grow and achieve their dreams.

President’s Message

Christopher Peltier, MD, FAAP
Ohio Chapter, American Academy of Pediatrics

"Unless someone like you cares a whole awful lot, nothing is going to get better. It’s not." ~ Dr. Seuss

Well, another NFL season has ended and neither the Browns nor the Bengals won the Super Bowl. But hope springs eternal as opening day for the Reds and Guardians is just around the corner. As we head into spring, I wanted to share some opportunities for you and your practice that can positively impact the care of the families you see.

The first involves the nearly 1.25 million children in the state who rely on Medicaid for healthcare coverage. 2023 is shaping up to be a very important year for Ohio’s most vulnerable children. On February 1, the Ohio Department of Medicaid (ODM) implemented the next generation of Ohio Managed Medicaid Plans, which increased the number of Managed Medicaid Plans from five to seven. I am very proud to work in an independent practice that has accepted Medicaid over the past 25 years. Children who rely on Medicaid for coverage come from all over Ohio - from the most rural areas to the most populated urban areas. Studies have shown that children who are enrolled in Medicaid early in life lead healthier lives into youth and adulthood, including better school performance, lower risk of hypertension, diabetes, obesity, and heart disease, and earn higher wages as adults. ODM has implemented centralized scheduling and claim submission, as well as utilizing a single pharmacy benefit manager to eliminate the mystery behind pharmacy reimbursements.

Despite all these exciting changes with Ohio Medicaid, there is a potential threat to children on Medicaid looming on the horizon. When Congress passed the Medicaid continuous coverage requirement as part of the Families First Coronavirus Act in March 2020, they froze the requirement to reevaluate Medicaid eligibility, ensuring that people retained coverage during the pandemic. With the announcement that the Public Health Emergency will end on May 1 and the subsequent “unwinding” of this freeze in Managed Medicaid Redetermination, over the next twelve months the state will review and process redeterminations. The multiple steps required to successfully renew Medicaid coverage create many touch points where someone could lose coverage despite remaining eligible. It is vital that your families have provided ODM with their current contact information to ensure they do not lose coverage. The Ohio AAP is currently working on resources that practices can share with families to help educate them.

Sometimes I hear from colleagues that they struggle with parts of Medicaid, so they don’t participate as a provider. I want to assure you the Ohio AAP is here to help, not only advocating for patients and families, but building support for our members too. For example, the Ohio AAP MOBI Program helps practices easily navigate enrollment in and administrative issues of the Vaccine for Children (VFC) Program. Information can be found at https://ohioaap.org/sisteen.

The final practice opportunity I want to highlight is related to a popular injury prevention topic every spring: bike helmets. May is Bike Helmet Safety Month and each year, the Ohio AAP’s Put A Lid On It program, in partnership with pediatric practices and other community partners, distributes nearly 10,000 bike helmets to the children of Ohio. Through participation in Put A Lid On It, my practice has been holding a bike helmet safety event for the past couple of springs. It is a great way for your practice to get into the community and educate families. More information can be found here: https://ohioaap.org/patalidonit.

I am truly thankful for all that each of you do for your patients and families. The Ohio AAP is here to support you however we can. Please reach out to me via email (christ.peltier@cchmc.org) or on Twitter (@cpeltier007) with questions or suggestions for the Chapter.

#Believe
Best regards,
Christopher Peltier, MD, FAAP
135th General Assembly Dives Into Child Health Policy

Danny Hurley
Vice President, Capitol Consulting Group, Inc.

The first two months of the 135th General Assembly have already seen a contentious vote for House Speaker, a budget proposal seeking historic investments in child health, and the reintroduction of some controversial pieces of legislation. 2023 is shaping up to be a critical year for health policy in Ohio, with several bills already introduced and potential ballot issues related to abortion and cannabis likely to surface in November. As the leading voice for child health in Ohio, we are involved in all these debates.

Last month, Governor DeWine unveiled his two-year operating budget proposal. As has been a feature of previous budgets, House Bill 33 (Edwards) includes significant investments in child health and wellness. Highlights of Governor DeWine’s budget proposal include:

- Increased funding and eligibility for the BCMH program, which is also being renamed the Program for Children and Youth with Special Healthcare Needs.
- A sales tax exemption for baby products and an increase to the child tax credit for families.
- Significant funding for behavioral health initiatives, including $50 million in additional funds to support pediatric behavioral health.

In addition to support for these proposals, as well as other child health and wellness initiatives in the budget, the Ohio Chapter is also pursuing a budget amendment to create a statewide Store It Safe campaign modeled on our successful work on the issue of safe storage of firearms. This multi-year program was developed in coordination with law enforcement community, and mental health professionals with the goal of preventing unintentional firearm injuries to small children and suicides among adolescents. Our amendment would create a statewide campaign to promote public awareness and quality improvement work and would allocate funding to support the program, including purchasing gun lock boxes to be given out at primary care practices and hospitals across the state.

Unfortunately, we have already seen the return of contentious legislation that would harm transgender youth in Ohio. The first is House Bill 6 (Powell), the Save Women’s Sports Act. This legislation would prohibit transgender athletes from participating in women’s sports. The Ohio Chapter is leading a broad coalition of healthcare provider groups in opposing this legislation. Additionally, House Bill 68 (Click), dubbed the SAFE Act, would restrict transgender patient access to gender-affirming care and limit the ability of parents to make decisions for their children.

While we are certainly concerned over these measures, there are also several bills that have been introduced that the Ohio Chapter will eagerly support. This includes House Bill 7, the Strong Foundations Act (White, Humphrey), which is a broad legislative proposal seeking to address maternal and infant mortality, as well as improve health and developmental outcomes for newborns. We are also excited to see the reintroduction of Representative Andrea White’s Biomarker Testing legislation (House Bill 24). This legislation would require health plans and Medicaid to cover biomarker testing. The Ohio Chapter will also be supporting House Bill 47 (Brooks), which would require all public-school buildings and public recreation centers to have an AED onsite.

In the Ohio Senate, we are supporting Senate Bill 39 (Schaffer), which would exempt baby products (i.e. strollers, cribs, diapers, wipes) from the state sales tax and Senate Bill 59 (Johnson), which would prohibit individuals under 18 from using tanning beds. Last year, we also provided funding to support the program, including purchasing gun lock boxes to be given out at primary care practices and hospitals across the state.

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Supporting New Endavors
With so many significant and often overwhelming issues facing today’s children, teens, and families, it is often hard to know where to begin. At the Foundation Board’s last meeting, we discussed the worsening of the current drug overdose and poisoning crisis. Between 2019 and 2021, the monthly average overdose deaths in children, adolescents and the pediatricians who care for them. In the fall newsletter, I shared the AAP 2023 priorities, and at our January 2023 meeting these were formally adopted:

1. Equity, Diversity and Inclusion (EDI)
2. Healthy Mental & Emotional Development
3. COVID Recovery & Disaster Readiness
4. Safety & Wellbeing within the Pediatric Profession

Equity, diversity, and inclusion (EDI) will be an overarching priority that will infuse all the work we do including policy, education, leadership opportunities, and advocacy.

The Ohio AAP Foundation is only made possible because of the generous support of our members and partners. Thank you for helping us make a difference! The year is already off to a great start, and we know with your continued support we will keep making meaningful impacts to the health and safety of Ohio’s children all year long!

Thank you for helping us make a difference to the health and safety of Ohio’s children all year long!

District V Update

Happy 2023! In this year of renewed hope and energy, the AAP has many exciting initiatives coming your way to improve the lives of children, adolescents and the pediatricians who care for them. In the fall newsletter, I shared the AAP 2023 priorities, and at our January 2023 meeting these were formally adopted:

1. Equity, Diversity and Inclusion (EDI)
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4. Safety & Wellbeing within the Pediatric Profession

Equity, diversity, and inclusion (EDI) will be an overarching priority that will infuse all the work we do including policy, education, leadership opportunities, and advocacy.

Covid-19 and disaster readiness work is ongoing in the face of a respiratory triademic and medication, formula and bed shortages. The AAP monitors data, provides guidance for pediatricians and the public, and holds a reputation as the voice for children and adolescents with the attention of federal, state and agency leaders where we are welcomed to the table.

In the mental health and pediatric well-being and safety spaces, I want to share some very exciting developments.

• The new AAP Council on Healthy Mental and Emotional Development (COHMED) is launching soon and will be open to all members. This is an opportunity for pediatricians to voice needs and to promote policy as we attend to the mental and emotional well-being of our patients and families.

• To meet our educational needs, a new Pediatric Mental Health Education Center is being developed that will offer a robust menu of educational opportunities in a variety of learning formats completely dedicated to mental health.

• Finally, in response to the #1 Leadership Conference resolution concerning the safety of pediatricians, the AAP is developing resources to support you. AAP President Dr. Sandy Chung has asked the Board to explore tangible solutions and meaningful interventions to meet the needs of our members. This will be a thoughtful, comprehensive process and your stories will inform our work. We are looking beyond individual wellness and instead focusing on well-being, not more yoga (although yoga is also great).

Please feel free to contact me with your concerns and thoughts and as always, I am grateful for all of you and the work you do serving kids.

Thank you, Central Ohio Pediatric Society,
for 75 years of service to Ohio’s Pediatricians!

The Ohio AAP would like to thank the Central Ohio Pediatric Society (COPS) for their commitment to the practice of pediatrics and their passion for the health and safety of Ohio’s children! We thank you for being a leader in the field and a partner to the Ohio AAP for so many years!

My association with the Central Ohio Pediatric Society (COPS) began in 1979 as a Pediatric Resident at Columbus Children’s Hospital (as it was called at the time). Then in 1983, I joined the organization as a new “Community” pediatrician. I quickly went on to serve as Secretary-Treasurer, Vice-president, and President. It was a wonderful experience to become friends with the pediatric medical practitioners and to meet experts from around the country.

I owe COPS a debt of gratitude because my association enabled me to become a Spokesperson for the national American Academy of Pediatrics. The focus of COPS, the Ohio Chapter AAP and the national AAP is to offer high quality pediatric medical information to the community, which of course includes the families who utilize us as their source of accurate medical advice. I salute the Central Ohio Pediatric Society for its 75 years of providing advocacy, education, and camaraderie to the pediatric medical community and to the community in general. We have certainly left a legacy.

- JoAnn Rohyans, MD, FAAP, Past COPS and Ohio AAP President

Join COPS for their final dinner meeting on Thursday, April 27, 2023 at Scioto County Club. To RSVP or for inquiries, please contact Amy Hernandez@nationwidechildrens.org.

Save the Date!

Goofy Golf 2023
Friday July 28, 2023
Royal American Links
3300 Miller Paul Rd, Galena, OH 43021
Exciting NEW sponsorships and activities available!

Register or learn more at https://ohioaap.org/goofygolf
Cerebral Palsy Guidelines

Garey H. Noritz, MD, FACP, FAAP
Lynn F. Davidson, MD, FAAP
Katherine J. Steingass, MD, FAAP

A newly updated report, “Providing a Primary Care Medical Home for Children and Youth with Cerebral Palsy” emphasizes the role primary care practitioners (PCPs) play in the detection and management of children with cerebral palsy (CP), the most common motor disorder of childhood.

Because CP is so common (1.5-4 per 1,000 live births), all PCPs in Ohio need to be alert to the possibility of CP in children with known risk factors, signs, managing medical needs, and families can be referred for an evaluation.

The care of children with CP can be extremely complex and costly. Children and families may be eligible for a range of services that are difficult to access, such as home nursing care and various items of medical equipment. Many Ohio children with CP are eligible for coverage through the Children with Medical Handicaps (CMH) program, and families can be referred for an eligibility assessment. CMH’s mission is to ensure, through the development and support of high quality, coordinated systems, that children with special health care needs and their families obtain comprehensive care and services that are family centered, community based and culturally sensitive.

The National and Ohio AAP are advocating for systemic change to help children with CP, their families, and their medical homes.


Dr. Noritz, Davidson and Steingass are lead authors of the clinical report and the executive summary. Ohio authors include Drs. Noritz, Steingass, and Laurie Glader of Nationwide Children’s Hospital; Jessica Foster of Akron Children’s Hospital, and Hilda Vargas-Adams of Cincinnati Children’s Hospital.

Programs Expanding to Address Needs of New Populations in 2023

Two Ohio AAP programs are expanding to new populations and adding resources in 2023. As part of the overall efforts to address the emerging needs of Ohio’s pediatricians, families, and children, the Chapter frequently looks for ways to grow existing programs in new directions. Read on to learn how you can be involved in future opportunities for adolescent suicide prevention and maternal-child health programs.

Store It Safe Adolescent Suicide Prevention

In response to unintentional firearm injury to children, Ohio AAP lead established the Store It Safe program in 2015. The program brought together organizations and individuals with different viewpoints about firearm safety, to develop unified messaging, resources and approaches to reduce unintentional firearm injuries and deaths in children, then expanded to address suicides by firearms in adolescents. Over the years, the program has grown to include a wide variety of education, advocacy, quality improvement and community initiatives (see image below). In 2023, the Store It Safe program will continue this trajectory with new education and resources for adolescent suicide prevention.

Upcoming SIS Program Activities

- The Ohio AAP received support from CareSource to fund $250,000 in new education and resources for SIS this year, which will include:
  - Focus groups with diverse parents and teens this spring; results will help improve existing SIS materials to best impact populations most in need.
  - Ohio AAP will implement regional training for youth serving organizations that includes lethal means counseling, screening, safety planning, and utilizing resources.
  - Following these trainings, participants will be identified for a “QI Lite” project focused on SIS toolkit implementation, support/practice coaching, and modified data.
  - To further engage communities, Ohio AAP will coordinate a safe storage community distribution, where participants will receive firearm lock boxes, cable locks and medication lockboxes, and implement an awareness campaign to share data from the project.
  - Following the recent close of a QI pilot funded by the Ohio Department of Health (ODH) and Ohio Mental Health and Addiction Services (OMHAS), Ohio AAP has partnered with ODH to continue working with participants for further sustainability and spread opportunities through June.

- An additional wave of this QI project is being planned for later in 2023, incorporating lessons learned in the pilot.

- In partnership with the Ohio Suicide Prevention Foundation and Life Choice Ohio, the Chapter will continue to share the message of SIS with new audiences, including firearm owners and retailers, at non-traditional educational events in 2023.

- Additional funding for work with local and national partners in being explored – stay tuned for more updates in upcoming Ohio AAP news!

If you are interested in learning more about SIS, contact Program Manager Kristen Fluit at kfluit@ohioaap.org or visit https://ohioaap.org/storeitsafe

Continued on page 14…

2015
2016
2017
2018
2019
2020
2021
2022

Established Times Safe Program.

Breakdown primary sources, planned firearms safety box distribution (age 11-14 years).

County/City/Region with ongoing community engagement: Cuyahoga County’s Children’s Hospital, LaRosa’s."

Revised approach with CareSource Children’s Hospital investigation.

In 2018, CareSource Children’s Hospital received firearms safety lockbox program.

In 2019, CareSource Children’s Hospital partnered with the Ohio AAP to support expanded safety messaging.

In 2020, the Ohio AAP expanded its QI project to focus on supporting the Safe storage of out-of-home medical equipment.

In 2021, CareSource Children’s Hospital received funding to support new dialogues on firearm safety.

In 2022, the Ohio AAP expanded its QI project to focus on supporting the Safe storage of out-of-home medical equipment. In 2021, CareSource Children’s Hospital received funding to support new dialogues on firearm safety.

Suicide Stats:

- In 2015, 3.3% of high school students attempted suicide.
- In 2016, 3.3% of high school students attempted suicide.
- In 2017, 3.3% of high school students attempted suicide.
- In 2018, 3.3% of high school students attempted suicide.
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- In 2020, 3.3% of high school students attempted suicide.
- In 2021, 3.3% of high school students attempted suicide.
- In 2022, 3.3% of high school students attempted suicide.

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Vaccines make the world a better and safer place for families and society. Vaccine advancements over the last century have eradicated childhood illness and improved health and life expectancy. It’s important that we continue and increase the use of vaccines for a healthier and more prosperous world. Yet, it is also reasonable to have questions and concerns about health, safety, and efficacy. Too often the conversation is overtaken by the loudest voices on either side of the debate which shuts out thoughtful engagement.

Ohio AAP is bringing together immunization partners across the state to ultimately improve immunization uptake and prevent the spread of disease. The conference will be a forum to address immunization and public health challenges by sharing successful strategies that strengthen the work our coalitions and partnerships perform.

**Spring Education Learning Objectives**
1. Explain vaccine safety, efficacy and risk/benefits to hesitant patients.
2. Review best practices and strategies for increasing HPV vaccination rates.
3. Collaborate with school health clinics on joint vaccine and communication efforts.

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

The Ohio AAP designates this live activity for a maximum of 3 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 6 MOC points in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program.

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

**Target Audience:** Pediatric or family medicine primary care, sub-specialists, hospitalists, general physicians, nurses, residents, medical students, educators and allied health.

**Course Description:** This activity is designed to provide health practitioners with the most recent curriculum and strategies aimed at increasing provider confidence and family uptake of adolescent immunizations.

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**Agenda Schedule**

<table>
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<tr>
<th>Time</th>
<th>Topic/Speaker</th>
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| 12:00-1:00 pm | **HPV Clinical Update, Hesitancy and “On the Horizon” for Immunizations**  
|           | David Karas, MD, FAAP, Akron Children’s Hospital                               |
| 1:00-1:15 pm | **Break**                                                                     |
| 1:15-2:15 pm | **HPV Best Practice Panel from the HPV QI Program**                          
|           | Moderator: Katherine Krueck, MD, FAAP, Partners for Kids (PFK)               |
|           | Panelists: Nazhat Taj-Schaal, MD, OSU Outpatient Care, Lewis Center; Tricia Lucin, MD, FAAP, Hilliard Pediatrics; and Natalie Alexander, RN, Nationwide Children’s Pediatric & Adolescent Gynecology |
| 2:15-3:15 pm | **School Health & Adolescent Vaccines**                                     
|           | Moderator: Robert Frenck, MD, FAAP, Cincinnati Children’s Hospital Medical Center |
|           | Panelists: Sara Bode, MD, FAAP, Nationwide Children’s Hospital; Lisa Crosby, DNP, APRN, CNP, Cincinnati Children’s Hospital Medical Center; and Christina Randolph, DO, MPH, MetroHealth |
| 3:15 pm   | **Wrap-up and Next Steps**                                                    |

*Priority for in-person attendance will be given to Ohio AAP members*
Save the Date

FREE Resident Virtual Training

May 11, 2023

Noon - 2 pm

Schedule of Events

12:00 pm: Welcome and Introductions – Kelsey Logan, MD, MPH, FAAP, Ohio AAP President-Elect
12:05 pm: Advocacy in Ohio – Melissa Wervey Arnold, Ohio AAP CEO
12:35 pm: Contracting and Legal Aspects - Speaker TBA
1:15 pm: Zoom Room Breakouts

• Financial Literacy: John R Adams CLU®, ChFC®, CASL®, RICP®, CFP®, Adams, Gut and Associates
• 45 Minute Business Class We Wish Every Resident Had to Take: Chip Hart-Physicians Computer Company

Register here: https://ohioaap.org/virtual-resident-training

3 attendees will be selected from a raffle for a $50 gift card!
Please be sure to secure your spot TODAY!

Coming soon!

Lead-Free Ohio Children’s Board Book

The Lead-Free Ohio Program is launching a children’s board book titled *Thanks for Keeping Me Lead Free* this spring! The book features guidance for parents on keeping their children lead free, while also providing updated health information on the issue. Providers, home visitors, community health workers, and other allied health professionals can use the book with families as an additional educational resource. Keep an eye out for additional information when it launches in a few months!

The Ohio AAP would like to thank Dr. Nick Newman and Dr. Roopa Thakur for their time and expertise creating and editing the book as well as the Ohio Department of Health for their support on the project.

www.ohioaap.org
Ohio AAP 2023 Annual Meeting • Save the Date

Restore, Rebuild, Recover: A Path Towards Resiliency for Ohio’s Children

November 3-4, 2023
Hilton Columbus/Polaris

Ohio AAP Foundation Luncheon Keynote Address
Uvalde Tragedy: Resiliency and Rebuilding a Community
Ron Guerrero, MD, FAAP

TOPICS:
- Infant Sleep: Importance, Struggles, Cycles & Safety
- Trauma Informed Care: Older Ages & Trauma of the Past 3 Years
- Ohio Advocacy Update
- Treating Anxiety in Primary Care: Screening, Treatment and Pharmacology
- Focused Topics in Pediatrics
- Dermatology
- New Clinical Guidelines on Obesity
- Sports Medicine Update
- Reproductive Health Update
- Diagnosing and Treating Disordered Eating
- Correcting Blind Spots in Infant Feeding

Full Brochure and Registration Details Coming Soon!

Continued from page 9

Care2 – Two Generation Health Approach Inspired by Ohio AAP Programs

The Smoke Free Families (SFF) and Healthy Mom, Healthy Family (HMHF) programs began exploring ways pediatricians could impact the health of children by addressing parental needs in 2017. In a combined nine waves of quality improvement, SFF and HMHF demonstrated that pediatricians are able to implement screenings, discussion and resources for topics that impact all members of a family, including tobacco use and vaping, maternal depression, and family planning.

In a new expansion of this work, the Ohio AAP will launch the Care2 project in summer 2023. This new approach will combine lessons learned in SFF and HMHF into a two generational care approach for physicians serving children in family medicine or internal medicine-pediatrics locations. The age of children served is also expanding up to five years, bringing innovative new approaches to populations not served in previous Ohio AAP maternal-child health programs. Topics of focus in the Care2 program include:

- Smoke exposure and cessation of tobacco or vape use
- Family planning and multivitamin use
- Safe sleep environments
- Maternal depression

As a 12-month quality improvement program, Care2 will provide participating practices with a $3,000 stipend to support implementation of screenings and discussions on the focus topics, as well as free materials, project coaching, and MOC credit. This project is funded by the Ohio Department of Health and Ohio Department of Medicaid, and supported by the Ohio Colleges of Medicine Government Resource Center. Contact Hayley Southworth at hsouthworth@ohioaap.org to receive more information.
Ohio AAP Program Partners
Ohio AAP Acknowledges the following partners in support of Ohio Pediatric Programs.

Maximizing Office Based Immunizations/Teen Immunization Education Sessions
$300,000 (ODH)

Parenting at Mealtime and Playtime Education Program
$174,350 (ODH)

Lead Screening QI Program
$400,000 (ODH)

Ohio Parents Advocating for Vaccines
$20,000 (Unrestricted Education Grant)

Atopic Dermatitis QI Program
$250,000 (Nationally-Funded Quality Improvement Grant)

Practice Transformation Program: Improving Nexplanon Provision in Adolescents
$250,000 (Unrestricted Grant)

HPV QI Program
$296,000 (Nationally-Funded Quality Improvement Grant)

Atopic Dermatitis: Understanding Health Disparities in Underprivileged Populations
$314,000

Polyarticular Juvenile Idiopathic Arthritis (pJIA) – Building a System of Care to Improve Patient Compliance and Provider Connections in the Medical Home
$296,000 (Nationally-Funded Quality Improvement Grant)

Injury Prevention Plus SEEK Program
$400,000 (ODH)

Store It Safe (SIS) Program
$325,000

Sports Shorts

Gymnastics Injuries
Coles Papakrykos, MD, Cincinnati Children’s Hospital Medical Center

Gymnastics is a popular sport with 4.9 million athletes engaged from the youth to Olympic levels as of 2019. Of these athletes, almost half are between the ages of 6 and 12. During competitions and training, they are divided by their skill levels ranging from level 1 to 10. Although the diagnosis can be made with clinical examination, imaging is often helpful in identifying the extent of damage to the physis and determining treatment course. An increased lumbar lordosis (AP) and lateral x-rays of the wrist may demonstrate widening of the radial physis early on, with sclerosis and cystic changes as the injury progresses.

Gymnast’s Wrist
Gymnast’s wrist is a stress injury to the distal radial physis (growth plate), secondary to repetitive use of the wrist as a weight-bearing joint. It is a result of repetitive stresses such as round-offs, hand springs, and walkovers that subject the joint to loads of up to twice the gymnast’s body weight.

Presentation
Typically, a patient will present with dorsally located wrist pain that is described as “achy” and worsened with gymnastics. Most commonly patients will be between 8 and 15 years of age with the highest risk group being those between 12 and 14 who participate in more than 35 hours of gymnastics per week. It is important to note that some gymnasts will ignore wrist pain until they can no longer perform skills as the pain is viewed as “something to overcome.”

Physical Exam
The patient will have tenderness to palpation over the dorsum of the wrist near the distal radial physis. This pain is often reproduced with wrist hyperextension and performing a push up. It is important to do a complete wrist exam including scaphoid palpation in the anatomie snuff box and palpation of the triangular fibrocartilage complex (TFCC) as these injuries may also present with wrist pain.

Treatment
Treatment varies with clinical presentation. For gymnasts with clinical evidence of gymnast’s wrist but no radiologic evidence, it is recommended they abstain from axial loading of the wrist until pain resolves. Return to sport should be gradual with emphasis on a slow increase in skill repetition. For those with radiographic evidence of physeal widening, refer to a Sports Medicine specialist for cast immobilization and gradual return to gymnastics when pain resolves. The gymnast will be allowed to continue activities that do not involve upper extremity weight-bearing. Initial treatment is nonsurgical and should be referred to an orthopedic surgery when pain-free lumbar extension is achieved. Full return to sport can often be achieved by three months but may take longer. It is not necessary to place the patient in a full-time rigid orthosis as these may warrant surgical management. Additionally, patients should be referred to physical therapy to address the biomechanics and strength deficits that contribute to the development of overuse injuries.

Spondylolysis
Spondylolysis is a stress fracture to the pars interarticularis joint of the spine. It is common in gymnastics due to the high number of skills that require lumbar hyperextension.

Presentation
Athletes present with low back pain, often for several weeks, typically without any acute injury. The pain is worse with activity or back hyperextension and usually improves with rest. Often, the athlete has joint hypermobility with an increased lordotic curve, competes at a high level in gymnastics, or has recently joined gymnastics and is not conditioned for vigorous exercise.

Physical Exam
Examination often reveals lumbar paraspinal tenderness and pain with lumbar extension. The Stork test can be helpful in identifying athletes with spondylolysis. The test is positive when pain is elicited when the patient is asked to stand on one leg and bend backwards. Additional exam findings include tight hamstring muscles coupled with an increased lumbar lordosis. Lower extremity neurologic exam should be normal.

Imaging
Initial radiologic evaluation should include plain radiographs with AP and lateral views. Recent evidence has shown that there is no advantage in obtaining additional oblique views. If these images are negative and clinical suspicion is high, MRI or bone scan can be performed to confirm the diagnosis.

Treatment
Initial treatment is nonsurgical and typically requires rest from painful activities and specifically rest from lumbar extension. Physical therapy is recommended to increase lumbar muscle activation, core strength and hamstring flexibility. Athlete’s activity can be increased once pain-free lumbar extension is achieved. Full return to sport can often be achieved by three months but may take longer. It is not necessary to place the patient in a full-time rigid orthosis as evidence has demonstrated that their use does not influence clinical outcomes. For patients who do not improve over the course of six months, referral to Sports Medicine or Orthopedics is indicated.
Gymnastics Injuries
Cole Papakyrikos, MD, Cincinnati Children’s Hospital Medical Center

Gymnast’s Wrist
Overuse injuries, or injuries sustained due to repetitive forces on the body, are common in gymnastics due to their often-intense practice schedules. Gymnasts, unlike many other athletes, use their wrists as load bearing joints when they perform skills such as cartwheels and back hand springs. This constant load can cause pain in the wrist and irritation of the soft tissues specifically at the area called the growth plate which is made of cartilage. This irritation is termed Gymnast’s wrist and is one of the most common injuries in young gymnasts.

Signs and Symptoms
With this injury, children often notice gradually increasing pain in the wrist when they tumble. At first this pain may be infrequent, but then it increases over time. This usually occurs during periods of increased training and is commonly seen prior to progressing to the next competition level. There may be some mild swelling over the wrist, and it may be sensitive to touch at this point. If your child is experiencing persistent pain of their wrist with tumbling, a healthcare provider should evaluate them.

Diagnosis & Treatment
The severity of gymnast’s wrist varies. Your physician will complete a thorough history and a focused physical exam of the wrist and upper extremity. X-rays are sometimes necessary to visualize the bones of the spine. Once the diagnosis is made, complete rest from gymnastics and any activities involving lower back movement is necessary. Additionally, physical therapy should be prescribed to strengthen your child’s core, activate the low back muscles, and prevent further injury to their lower back. During the initial rest period of your child, they should avoid over the-counter pain medicines and supportive measures such as intermittent heat or ice. Children with this injury are usually restricted from gymnastics until pain has resolved and they are progressed through rehab, which often takes months.

Prevention
Your doctor may recommend stretching exercises and stretches to the muscles that support the wrist in order to help prevent this from occurring again. Gymnasts may also elect to use over the counter braces designed for gymnast’s wrists which may provide additional support to their wrists.

Spondylolysis
Back pain is common in young gymnasts and is often due to muscular imbalances in the core muscles. It is important to monitor your gymnast for persistent lower back pain as this may be a sign of something called spondylolysis. This is another overuse injury where a portion of the spine called the pars interarticularis becomes weakened and breaks due to repeated back bends. This is a type of fracture called a stress fracture because it occurs from repetitive forces over time.

Signs and Symptoms
Pain in the lower back is the most common symptom of spondylolysis. The pain will get worse with strenuous exercise, especially activities that involve leaning backwards. If your child is developing persistent lower back pain with activity, a healthcare provider should evaluate them.

Diagnosis and Management
Your child’s pediatrician will complete a thorough history and a focused physical exam of the back. X-rays or other tests are sometimes necessary to visualize the bones of the spine. Once the diagnosis is made, complete rest from gymnastics and any activities involving lower back movement is necessary. Additionally, physical therapy should be prescribed to strengthen your child’s core, activate the low back muscles, and prevent further injury to their lower back.

Prevention
Once fully recovered, it is important for your child to continue home exercises to keep their core strong and to increase flexibility. This will help prevent recurrence of injuries. It is also important to encourage breaks between sports seasons and competitions as well as emphasize the importance of not pushing through lower back pain.
Ohio AAP Welcome New Members

Tahira Adelekan, MD, FAAP
Samuel Ajayi, MD, FAAP
Edward Allen, MD, BS, FAAP
Trentley Anderson
Sofia Arruda
Maria Luiys Beltman Quintero, MD, FAAP
Ian Brett, MD, FAAP
Michelle Carter, MD
Crystal Cole, MD, FAAP
Camilla Curren, MD, FAAP
Rebecca Dandoy, MD, FAAP
Drew Duerson, MD, FAAP
Christian Earl, MD, FAAP
Michael Freiberg, MD, FAAP
Joshua Friedman, MD, FAAP
Catherine Geiger, MD, FAAP
Krista Gelford, MD, FAAP
Shivani Gupta, DO, FAAP
Lauren Haack
Elizabeth Hagen, MD, FAAP
Allison Ignatz-Hoover, MD, FAAP
Andrew Kern-Goldberger, MD, FAAP
Beth Kline-Fath, MD, FAAP
Landon Kranz, MD, FAAP
Elizabeth Krupa, MD, FAAP
Sara Mansfield, MD, MS, FAAP
Kyle Maus, DO, FAAP
Rebecca Moates, FNP
Eric Mull, DO, FAAP
Mark Nadad, MD, FAAP
Jennifer Nicholas, MD, FAAP
Samantha Narasimhan, MD, FAAP
Germaine Nehr, MD, FAAP
Namrita Odakal, DO, FAAP
Bianca Oteng
Koyejo Oyerinde, MD, FAAP
Christopher Page-Goertz, MD, FAAP
Diana Pandey, MD, FAAP
McKenzie Parks
Brittany Ponziani, MD, FAAP
Monique Quinn, MD, FAAP
Lekhana Rajan, MBBS
Stacey Ramey, MD, FAAP
Samantha Roberts
Arjun Sarin, MD, FAAP
Shauna Schord, MD, FAAP
Mahesh Shah, MD, FAAP
Tina Smith, MD, FAAP
Gregory Stewart, MD, FAAP
Lindsey Thompson, MD, MS, FAAP
Amita Yalamanchi, DO, FAAP

OhioRISE Webinar
FREE Resources for Your Practice

On February 1, the Ohio AAP hosted a virtual training in partnership with the Ohio Department of Medicaid to share information about the new OhioRISE (Resilience through Integrated Systems and Excellence) program with our members. OhioRISE launched July 1, 2022, and is Ohio’s first-ever highly specialized behavioral health program for children and youth with the most complex behavioral health needs who are served by Medicaid. OhioRISE was created with the goal of developing a child- and family-centric system of care that works to increase accessibility to in-home and community-based services to keep families together. Ohio AAP members learned about the program and what roles they may have in serving OhioRISE youth and families across the state. You can review the PowerPoint slide deck at https://ohioaap.org/wp-content/uploads/2023/02/OhioRISE-PowerPoint.pdf

Below you will find a link to the recording along with contact details for our faculty.
OhioRISE Webinar: https://www.youtube.com/watch?v=7XMkLldJT7Y&feature=youtu.be
Laura Gipson, OhioRISE Provider Services Administrator: Laura.Gipson@Medicaid.Ohio.gov
Stephanie Humphrey, Network Relationship Manager: humphreys1@aetna.com
Kelly Smith, OhioRISE External Affairs: Kelly.Smith@Medicaid.Ohio.gov
Dr. Sala Webb, Chief Medical Officer OhioRISE: WebbS@aetna.com

Please contact Elizabeth Dawson at edawson@ohioaap.org with additional questions.
In Remembrance

The Ohio AAP would like to recognize former Ohio AAP members, leadership, or staff who made a difference in the chapter or child health matters who are no longer with us. If you wish to recognize a former member or leader who has passed away in the last year, please submit the members’ name as well as any thoughtful comments or relevant information to Olivia Simon at osimon@ohioaap.org.

Thank you for helping us shine a light on the amazing work and legacy of our membership.

NUTRITION FOR THE FIRST 1,000 DAYS OF LIFE

- Dairy Foods For Infant Brain Development & Cognition
  An American Academy of Pediatrics policy statement recognizes 14 nutrients important for early brain development, and dairy foods provide seven of them.

- The Importance of Iodine in Prenatal Brain Development
  Prenatal iodine deficiency may lead to irreversible neurocognitive defects and lower childhood IQ. Dairy foods are important sources of iodine for women to meet increased needs during pregnancy and lactation.

- PediaCast With Dr. Mike: Iodine and Child Brain Development
  Dr. Mike of Nationwide Children’s Hospital sat down with Dr Liz Zmuda, Dr Elizabeth Pearce and registered pediatric dietitian Marina Chaparro to discuss iodine deficiency as a cause of intellectual disability in children.

Learn more at
MolinaHealthcare.com/providers/oh/medicaid/comm/ItMatterstoMolina.aspx
Upcoming Events and Education

MARCH 30, 2023
Parenting at Mealtime & Playtime: Eating Disorder
Webinar

APRIL 21, 2023
Spring Education Meeting
Ohio University Dublin Integrated Education Center

JULY 28, 2023
Goofy Golf Outing
Royal American Links

NOVEMBER 3-4, 2023
Annual Meeting 2023
Hilton Columbus Polaris