Minnesota Pediatrician

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THE NEWSLETTER FOR THE MINNESOTA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS

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A Word from the President: Marilyn Peitso, MD

Greetings to all Minnesota Pediatricians and all friends of children! May 2011 find us re-energized in our work on behalf of all children in Minnesota.

The Board of your state AAP Chapter has focused attention on key priorities for the coming year with input from many of you through the annual membership survey.

One key objective is to reduce childhood obesity. To that end, our obesity taskforce, headed by board members Sarah Jane Schwarzenberg, MD, and Jessica Larson, MD, has prepared a series of webinars on obesity prevention and is working on an MOC Part 4 module for members. They have also created a one-page guide for pediatricians to help them meet the First Lady's *Let's Move* obesity prevention challenge.

A second key objective is to remove or decrease obstacles for clinics to increase childhood immunization rates. The immunization taskforce, chaired by President-elect Bob Jacobson, MD, and board member Larry Morrissey, MD, has explored a statewide vaccine group purchasing pool and universal purchase option, surveying pediatric practices regarding these options.

A Healthy People 2010 grant implemented at Mayo Clinic has allowed production of immu-

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Health Care Reform: Moving Forward

By Anne Edwards, MD, MN-AAP Chair of the Policy and Advocacy Committee and Immediate Past President

Nearly one year has passed since the passage of health care reform, referred to as the Affordable Care Act (ACA), and significant debate over implementation, appropriation and the Act itself continues. Indeed, at times it consumes policy conversation and the media. Yet, while some debate the very future of the Act, it is important to note that implementation continues to move forward with many early elements of implementation benefitting children and families.

Perhaps most importantly for children, the ACA already requires coverage of all Bright Futures services for children without cost sharing by non-grandfathered health plans. (A grandfathered plan is an existing health insurance plan already on the market when the ACA was signed into law in March of 2010.)

Insurance plans that undergo changes such as significantly raising premiums or cutting

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Statement of Purpose
Minnesota Pediatrician is dedicated to providing balanced, accurate and newsworthy information to Minnesota pediatricians about current issues in pediatrics and the actions of the Minnesota Chapter of the American Academy of Pediatrics. Articles and notices cover organizational, economic, political, legislative, social, and other medical activities as they relate to the specialty of pediatrics. The content is written to challenge, motivate, and assist pediatricians in communicating with parents, colleagues, regulatory agencies, and the public.

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All products and/or services to be considered for advertising must be related to pediatrics. The Minnesota Chapter does not accept advertising or sponsorship dollars from pharmaceutical companies. The Chapter reserves the right to reject or cancel any advertising.

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2011 Local CME Opportunities

February 17
ADHD in Children and Adolescents
Presented by Dr. Russell Barkley, Hosted by Groves Academy
Sheraton Minneapolis West, Minnetonka

February 26
23rd Annual Harold Katkov Tutorial in Pediatric Cardiology
Hosted by Children's Heart Clinic
Children's Hospitals and Clinics of Minnesota, Minneapolis

May 5
Rural Health Meeting
Children's Hospitals and Clinics of Minnesota, Minneapolis

July 25-30
PREP: ID Course
Hosted by AAP
Hyatt Regency, Chicago

September 2-4
Practical Pediatrics CME Course
Hosted by AAP
Renaissance Chicago, Chicago

September 10-14
PREP: An Intensive Review of Developmental-Behavioral Pediatrics
Hosted by AAP
Chicago

September 19-20
Pediatric Days 2011
Hosted by Mayo Clinic
Chicago

October 9-12
27th Annual Electrocardiography
Hosted by Mayo Clinic
Rochester

To register or for more information, visit www.mnaap.org/calendar.htm

Upcoming Events and Webinars

February 15
Webinar: A General Pediatrician's Approach to Obesity
12-1 p.m.

Between 20 and 30 percent of children in MN are overweight or obese. Through clinical cases, Dr. Nancy Beery will discuss the assessment of overweight and obese children, treatment options, and referrals to specialists.

February 15
Peds Day at Capitol
St. Paul, MN

Meet with legislators from your district and let them know how they can support you in looking out for children. We will brief you on key issues and talking points.

February 15
Clinical Meaningful Use Boot Camp
The College of St. Scholastica, St. Cloud

The electronic health record (EHR) incentive rule is complex. Understand the rule and its implications for your clinic.

March 13-15
AAP Legislative Conference
Ritz-Carlton, Arlington, VA

Learn how to successfully impact Congress and state legislators, visit with members of Congress, and begin building relationships with peers, elected officials and the press.

(Word from the President continued from page 1)

nization education videos for use in the Somali community and will soon be available for widespread distribution. The group is also working on an MOC Part 4 module for members on increasing immunization rates.

A third key objective revolves around health care reform and health care home. MN-AAP continues to provide leadership at the state level and within our own clinics across the state as the health care home certification process rolls out clinic by clinic.

Our members serve on state legislative taskforces for health care home payment methodology, workforce shortage, and payment reform. An MN-AAP health care home taskforce led by board member Gordy Harvieux, MD, and myself, has goals of addressing pediatric concerns such as tiering tool problems and maintaining a pediatric track in the upcoming state health care home learning collaborative.

A fourth key objective deals with increasing cultural effectiveness in pediatric practices, and this effort is led by Past President Anne Edwards, MD, and board member Emily Borman-Shoap, MD. A Healthy Tomorrows grant from HRSA has allowed work with Somali and Liberian preschoolers in two inner-city pediatric practices with plans to add outstate clinics in the next two years. The group has worked with the CDC and the Somali community to address concerns about autism in that population.

Many Chapter members have also worked on autism screening, developmental screening, and fetal alcohol screening.

If you have questions about the activities of your MN-AAP Chapter, or if you would like to join in our efforts to improve the health of Minnesota's children, we would love to hear from you.

Email me at peitsom@centracare.com

Marilyn J. Peitso MD, FAAP

Marilyn Peitso, MD, FAAP
MN-AAP President

June 3
MN-AAP Annual Meeting
Marriott, Bloomington

Save the date!

Join us as we hear from local leaders about the future of pediatrics, vote in our newest board members, and network with fellow members and friends.

If your organization is interested in having a booth at the annual meeting, please contact debilzan@mnaap.org

To register or for more information, visit www.mnaap.org

De-Coding Maintenance of Certification (MOC) Part 4

What is it and what should you know before you start it?

By Melissa DeBilzan, MN-AAP Communications Director

Until recently, a test was all that was required to achieve board certification in pediatrics. Now an extensive four-part process needs to be completed every five years, consistent with the upgraded certification process of other national physician boards.

Parts 1, 2 and 3 are relatively straightforward. You need to hold a valid medical license, complete an education course and pass the re-certification exam. Part 4 may be a little more confusing, however, considering it is relatively new and few pediatricians have actually completed it.

What is MOC Part 4?

MOC Part 4 requires pediatricians to participate in a pre-approved quality improvement project or web-based activity, ranging from increasing immunization rates to improving asthma management.

More than 60 quality improvement projects and activities have already been approved by the American Board of Pediatrics (ABP) to date. All of them are aimed at helping pediatricians measure the current quality of care being delivered and identify ways to close the gaps.

Pediatricians with licenses expiring in 2010 were required to complete MOC Part 4 for the first time last year.

POPULAR MOC 4 ACTIVITIES:

- ADHD
- Asthma
- Influenza Immunizations
- Hand Hygiene – Fast
- Safe Prescription Writing – New

MN-AAP IS DEVELOPING THE FOLLOWING MOC 4 ACTIVITIES:

- Obesity prevention/reduction
- Immunizations
- Health Care Home

Common Questions and Concerns

Dr. Aaron Friedman, vice president of academic health sciences and dean of the medical school at the University of Minnesota, sits on the ABP board and acknowledges there has been some pushback to MOC.

"There continue to be some concerns, especially from those in smaller practices," he says. "If you're in a good size institution, there may be a series of collaborative quality improvement projects already available to you. But if you're in a four-person practice in rural Minnesota, it may be more difficult to participate."

> *"There continue to be some concerns, especially from those in smaller practices."*
>
> *Dr. Aaron Friedman, ABP board member*

To address this issue, ABP has approved several web-based activities that are applicable to most practices. In addition, pediatricians may soon be able to participate in quality improvement programs developed by local organizations, such as Mayo Clinic, MN-AAP, and the Minnesota Department of Human Services (MDHS).

Other concerns include time and cost, which vary depending on the Part 4 project selected. On average, it takes several months to complete Part 4. (The Hand Hygiene module is recommended for pediatricians with little time remaining to complete Part 4.)

The cost also varies, depending on whether the project was developed by ABP or another organization. The $1,030 MOC enrollment fee includes access to ABP-developed projects, but does not include access to ABP-approved projects that have been developed by other organizations. EQUIPP modules developed by AAP, for example, cost an additional $200 per person, approximately.

Another common question is how and where to even begin. The best thing to do is visit the ABP website at www.abp.org and click on "my ABP portfolio." There you can follow step-by-step instructions to guide you through all the requirements you need to fulfill based on the year your certificate expires. If you have difficulty navigating the website, you can email MOC@abpeds.org

Finally, there are some pediatricians who are concerned about MOC overall, claiming they are already providing

Maintain Your 2011 Certificate

Your time-limited certification expires in 2011

Part 1: Completed if you hold a valid, unrestricted medical license. ✓

Part 3: Completed if you have passed an exam within the previous 10 years. ✓

Part 2: Complete **ONE** Knowledge Self-assessment ✓

Part 4: Complete **ONE** Performance in Practice Activity ✓

Submit your ONLINE enrollment application ✓

a high level of quality care. Others feel that the requirements aren't fair to older pediatricians who have been grandfathered in and may be working part-time. Dr. Michael Severson, AAP District VI chairman and AAP liaison to the ABP board, says MOC has been woven into the professional behavior of all physicians and must be accepted as the new reality.

"Every time you ask physicians about the quality of care they provide, they'll always rank themselves in the top 10 percent," he says. "Also, standards of care change over time. It's quality improvement that enables you to stay on top of your game all the time – and it has to be a continuous process."

Dr. Severson went on to say that the convergence of EMRs with quality improvement initiatives in the future will be very exciting. "You might find with EMR that you can find out what your most common chronic disease diagnosis is and how many of those patients have been in the ER or hospital," he says. "Then you can do your own quality assessment and see what it will take to improve that."

Thoughts from Minnesota Pediatricians

Dr. Thomas Schrup, a pediatrician at CentraCare Clinic in St. Cloud, and Dr. Anne Stephen, a pediatrician at Duluth Clinic, recently completed MOC Part 4 and had mixed feelings about the process.

"I felt that the course content was good and that it had a direct relationship to every day practice," says Dr. Schrup, who completed the EQUIPP asthma course in about eight hours. "The goal of the course is to encourage pediatricians to consider CQI in their management of asthma, and it surely did that. My only criticism is that the work flow on the website itself was difficult to follow at times."

Dr. Stephen completed the EQUIPP course on GERD and was surprised by how easy it was. "The hardest part about MOC Part 4 was navigating the instructions for MOC in general," she says. "I was surprised at how basic many of the tasks were that were intended for practice improvement. The project wasn't actually very challenging.

"However, I did change my practice. We created educational material that I add to the patient instructions. It doesn't look like a huge accomplishment; however, it is improvement and helpful to my patients and families. I feel I do provide better care because of printed information."

> *"The hardest part about MOC Part 4 was navigating the instructions for MOC in general."*
>
> *Dr. Anne Stephen, pediatrician at Duluth Clinic*

Mayo Clinic's MOC Part 4 Program

Last year Mayo Clinic became the first and only institution in the country allowed to approve MOC activities for multiple specialties, meaning a pediatrician, family physician, and an internist now can work on the same quality improvement project together for MOC Part 4 credit. To date, Mayo Clinic has approved 52 projects.

"We were starting to realize that individual physicians were participating in individual projects that may or may not have any relevance to our care or our system," said Kelly Nowicki, administrator at Mayo Clinic. "So we put a review board in place to make sure the projects we were already doing would satisfy the requirements of all three boards and be eligible for MOC credit."

One of those projects involves formal screening tools to identify patients who may have developmental delays or

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autism. Mayo Clinic developed a system by which questionnaires (either in English or Spanish) are mailed out to families of 18-month-old and 30-month-old patients in advance of their appointments. MDHS is working on a Part 4 project involving behavioral/developmental screening, also.

At this point, only Mayo Clinic physicians can participate in Mayo Clinic's MOC Part 4 activities, but others may be able to participate in new projects as early as 2012, contingent upon ABP approval.

Results

To what extent will MOC Part 4 help pediatricians improve patient care? Only time – and data – will tell. However, several quality improvement projects approved for MOC Part 4 are already showing promising results.

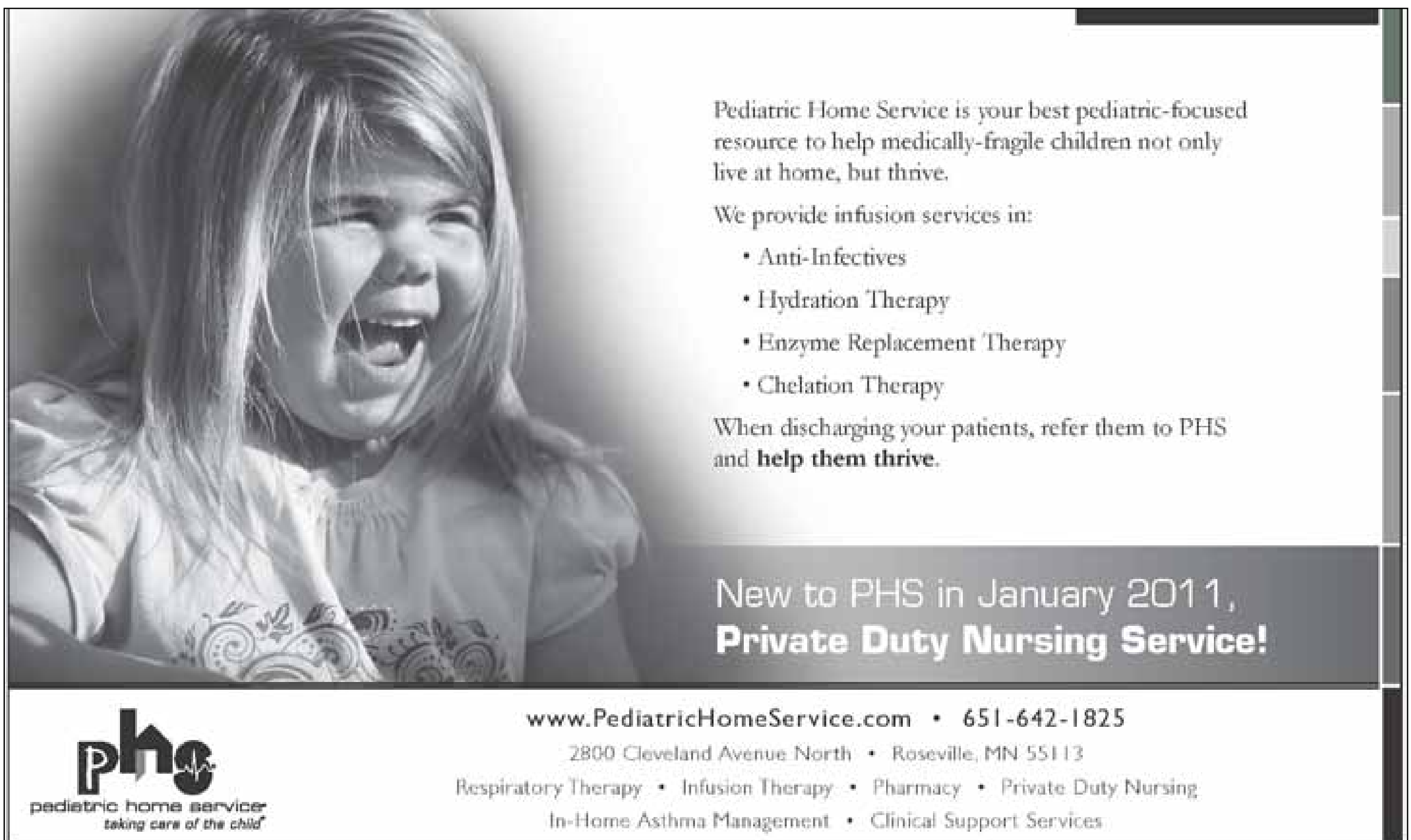
A quality improvement collaborative developed by NACHRI to reduce blood stream infections in the PICU, for example, has saved 113 lives, prevented 940 infections and saved $32.9 million dollars since 2006, according to the ABP website.

"The public has a right to ask about the quality of care they are receiving," Dr. Severson says. "If we don't provide opportunities to show that quality is being measured and reported, then the state will try to do it for us."

DID YOU KNOW?

- Pediatricians aren't the only ones required to participate in MOC. More than 24 specialties representing 75 to 85 percent of physicians in the Unites States now participate in MOC.
- Patient surveys will be a future requirement of MOC Part 4.
- Many Part 2 and Part 4 activities also provide CME credits
- MOC credits can be reciprocated for diplomates with more than one specialty
- Nearly a quarter of all physicians participating in MOC are lifetime certificate holders, meaning they voluntarily choose to meet the requirements of MOC

For more information about MOC ,
www.abp.org and login to your personal portfolio



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benefit categories forfeit their grandfather status and are referred to as “new” in the context of this provision.

The ACA now bans pre-existing condition exclusions for children up to age 19 who are enrolled in non-grandfathered individual market plans and group insurance plans. At the same time, five billion dollars has been set aside to fund affordable health coverage through the Pre-existing Condition Insurance Plan (PCIP) program for individuals who have been uninsured for at least six months. Health insurance coverage has been extended to young adults under a parent’s health insurance plan to age 26 if the plan provided dependent coverage. Plan enrollees in all non-grandfathered plans are able to choose a participating pediatrician as a child’s primary care provider.

Private insurance plans are banned from rescinding coverage, except in the case of fraud or misrepresentation by the enrollee, and are barred from imposing lifetime dollar limits on coverage for “essential health benefits.” Non-grandfathered plans must establish internal appeals and external review processes for denials of coverage. Out-of-network emergency care services must be covered at the same cost to enrollees as in-network emergency services. Insurers are required to pay out a specific percentage of premiums on clinical care and quality improvement mechanisms (“medical loss ratio”), with 85 percent of premiums paid by large group plans and 80 percent of premiums paid by small group plans. The first phase of health care tax credits to small businesses, including private pediatric practices, have been provided to assist small businesses with coverage of the cost of health care for employees.

Much is yet to be implemented under the current ACA--from pediatric accountable care organizations to state health insurance exchanges to extension of Child Health Insurance Program (CHIP) funding while addressing issues surrounding Medicaid and CHIP enrollment.

Medicaid medical homes will be implemented with careful monitoring by child advocates to assure pediatric issues such as preventative care are part of this implementation. All this is occurring in the context of multiple other key elements of health care transformation. The Health Information Technology for Economic and Clinical Health Act (HITECH) provides the funding to address EHRs, including “meaningful use.” The 2009 CHIPRA legislation directs the development of pediatric core quality measures while at the same time form centers of excellence to develop and pilot new quality measures.

While the debate continues, it is vital that children remain part of all discussion. As pediatric providers, we are all child advocates. Children have no voice in Congress--together we must be their voice, as they are our very future.

MN-AAP 2011 POLICY PRIORITIES

Access to Care

- MN-AAP supports efforts to ensure that every Minnesota child, adolescent, and pregnant woman has access to comprehensive medical care, mental health services, oral health care and access to a medical home.
- MN-AAP supports efforts to address workforce shortages and access to providers of care for infants, children and adolescents.
- MN-AAP supports efforts to increase access to children’s mental health services.
- MN-AAP supports efforts to ensure all children have access to an appropriate health care home.

Early Childhood Brain Development

- MN-AAP supports initiatives that support access to programs which promote early childhood brain development and education.

Read more about our policy positions at www.mnaap.org/pedsdayatthecapitol.htm

Post your comments or questions on our online forum at mnaap.wordpress.com

Join us

February 15:

Peds Day at the Capitol

Meet with legislators from your district to discuss issues important to you, your practice and your patients.

For more details or to register, visit www.mnaap.org/pedsdayatthecapitol.htm

Pediatric Obesity: Taskforce Update

Between 20 and 30 percent of children in Minnesota are overweight or obese. MN-AAP's pediatric obesity prevention taskforce is charged with helping pediatricians meet the First Lady's *Let's Move* initiative.

A member survey conducted last year revealed that not all pediatricians are tracking and plotting BMI at each well child visit. In addition, many said they are not aware of obesity treatment and prevention resources in their areas.

MN-AAP's pediatric obesity prevention taskforce is developing and collecting a variety of tools and resources for Minnesota pediatricians to use within their practices and to share with families.

The following can be found at www.mnaap.org/obesity

- FAQs on pediatric obesity from local peds
- Upcoming and archived webinars and podcasts
- Clinical resources (assessment, prevention and treatment tools)
- State and national data and statistics

The taskforce is also reaching out to other organizations, such as MDH and the Minnesota Academy of Family Physicians, to explore ways to work together on this issue.

In addition, an MOC Part 4 program on pediatric obesity will be submitted to the American Board of Pediatrics for review.

If you are interested in participating on the obesity taskforce, email debilzan@mnaap.org

2011-2012 WEBINAR SERIES

A General Ped's Approach to Pediatric Obesity
Feb 15, 2011, noon – 1 p.m.
By Dr. Nancy Beery, general pediatrician, Duluth Clinic

Motivational Interviewing
April 21, 2011, noon – 1 p.m.
By Dr. Nimi Singh, assistant professor, U of M

Dietary interventions
July 12, 2011, noon – 1 p.m.
By Michaeleen Burroughs, R.D., L.D., pediatric dietician at Mayo

Managing Co-morbidities: High Cholesterol
Oct. 11, 2011, noon – 1 p.m.
By Dr. Christine Hills, pediatric cardiologist at Children's Heart Clinic

Managing Co-morbidities: Hypertension
Dec. 6, 2011, noon – 1 p.m.
By Dr. Carl Cramer, pediatric nephrologist at Mayo Clinic

Managing Co-morbidities: PCOS & Insulin Resistance
Jan. 20, 2012, noon – 1 p.m.
By Dr. Betsy Schwartz, pediatric endocrinologist, Park Nicollet Clinic

Extreme Treatments for Morbidly Obese Children
April 10, 2012, noon – 1 p.m.
By Dr. Claudia Fox, Amplatz Children's Hospital

Free for members! For details or to register, visit www.mnaap.org/obesitywebinars.html

Recession's Effect on Child Well-Being

Researchers from the PolicyLab at the Children's Hospital of Philadelphia (CHOP) recently released a report titled, "The Effect of the Recession on Child Well-Being." Included in the report are these statistics:

- In 2008, 21 percent of all households with children were classified as "food insecure."
- Approximately 43 percent of families with children report that they are struggling to afford stable housing.

Immunizations: Taskforce Update

With only 74 percent of children up-to-date on vaccinations by 24 months of age, the immunization taskforce is exploring ways to increase immunization rates among Minnesota children.

Currently, the taskforce is collaborating with MDH on options for a vaccine purchasing pool and is developing a survey to explore pediatrician/clinic interest in a universal vaccine purchase.

In addition, an MOC Part 4 program on immunizations will be submitted to the American Board of Pediatrics for review.

For more information, visit www.mnaap.org/immunizations.htm

If you are interested in participating on the immunizationstaskforce, email cairns@mnaap.org

Health Care Home: Taskforce Update

The health care home taskforce is working to ensure all children have access to an appropriate health care home.

It has identified three main priorities for the coming year:

- Provide input to further refine the HCH tier assessment tool
- Reconvene a learning collaborative/technical assistance group with a pediatric focus to help implement HCH certification standards
- Identify QI measures for pediatrics with MN Community Measures

In addition, an MOC Part 4 program on health care home will be submitted to the American Board of Pediatrics for review.

For more information, visit www.mnaap.org/projects.htm

If you are interested in participating on the HCH taskforce, email cairns@mnaap.org

MN-AAP CONGRATULATES IMMUNIZATION ACTION COUNCIL (IAC) FOR WINNING RECENT AWARD

The Minnesota-based Immunization Action Council (IAC) was presented with the G. Scott Giebink Award at the Minnesota Statewide Immunization conference last fall.

MN-AAP nominated IAC for the award based on its efforts to improve vaccination rates locally and nationally by creating and distributing educational materials for health professionals and the public.

The award is given by MDH to a clinic or organization that has displayed leadership or innovative work in the area of immunization.

More than 14,000 people visit www.immunize.org every day to access IAC's informational handouts.

Thank you, Dr. Wexler, Diane Peterson, and IAC staff for your work! We look forward to our joint efforts for healthy kids/teens in the coming year!

SOMALI HEALTH RESOURCES

Minnesota has the largest Somali population in the United States. An estimated 50,000 or more Somalis now live in Minnesota.

The MN-AAP project "Investing in Health for New Americans" provides this update on new resources available for pediatricians in Minnesota:

Overview of Somali cultural issues:
www.culturecareconnection.org/matters/diversity/somali.html

Parent education videos for Somali Americans developed by Mayo Clinic with funds from AAP:

- Autism video
  www.youtube.com/watch?v=xBAmfskuMps
- Vomiting and diarrhea video
  www.youtube.com/watch?v=WHBcAxu5YHk

Somali translated materials from MDH
www.health.state.mn.us/divs/translation/somali.html

ECHO 2010 health topics videos
www.echominnesota.org/2010_Season6_DVDRequests

Minnesota Community Health Workers
www.mnchwinstitute.org/

Lessons Learned: Health Care Home Certification

By Melissa DeBilzan, MN-AAP Communications Director

About six months ago, the Minnesota Department of Health (MDH) announced the state's first certified health care homes. Since then, more than 50 clinics from around the state, representing more than 400 clinicians, have begun the certification process.

MDH's goal is to certify up to 150 organizations by the end of 2011.

Certified health care homes offer a team approach to primary care and qualify to receive monthly care coordination payments for patients with multiple chronic conditions. However, the process of achieving health care home certification is not easy.

To be certified as a health care home, providers and clinics must meet a rigorous set of standards that were developed through a public-private stakeholder process.

Pediatricians Gordy Harvieux (Duluth Clinic), Amy Burt (Park Nicollet) and Elsa Keeler (HealthPartners) were among the first providers to achieve health care home certification. Here are their words of advice for others who are beginning the certification process.

How long did the certification process take?

Harvieux: It took about six months of work -- meeting irregularly when time was available.

Burt: Our site visit was two days. Preparation for the site visit took many months and many hours of multiple people's time. We started the cultural transformation with small changes a few years in advance. We started preparing for certification about a year in advance, but ramped it up about four to six months in advance.

How did you accomplish all of the policy writing while also taking care of your practice?

Harvieux: Two HCH pediatricians and our care coordinator set aside two half-days from seeing patients so we could focus on going through the certification tool.

Burt: The policy writing was done by the care coordinator, managers and clinic managers. We reviewed them all as a team, which included docs, care team providers, and managers. The actual writing was done by managers.

Keeler: The documentation and policy writing was handled by an administrative group.

Who did the writing of the policies?

Harvieux: We brainstormed and wrote rough drafts for the policies. Then our administrator and her secretary wrote them into acceptably formatted policy.

Burt: The policy writing was primarily done by the care coordinator managers and the clinic managers. The docs did not write the policy, but we did read and understand it.

Keeler: An administrative organizational team did the work to complete the certification tool, based on our current care model process

Who did the site visit?

Harvieux: Our site visit consisted of Marie Maes-Voreis, program manager with MDH; a physician, and two patients who were to review our process from the patient's perspective.

Burt: Our team consisted of patients, providers, managers, frontline staff, administrators, and nurses. The state team spoke with people individually (we tried to make sure this was scheduled ahead of time), looked through many documents, and attended our quality team meetings.

What was the site visit like?

Harvieux: It was extensive. After an initial introduction and our telling of how we became involved in health care home, we gave them a tour of our clinic site, and they proceeded to interview all of our clinic staff along the way. This included asking the people who register patients if they're checking the family's preferred contact information, cultural needs, need for interpreter, etc. They asked our patient service assistants (PSAs) how they confirmed that the patients actually made it to the appointments which were being scheduled, etc

Burt: The site visit was very intense. We tried to have a clear agenda in order to be mindful of everyone's time. The visiting team of inspectors were curious and thorough. They expected and needed access to people and information that we tried to have ready. In a couple of instances we did some scrambling to provide documentation of processes that we didn't know they would want. It was also a bit stressful because so many people at our sites were involved. The timetable was tight and our people didn't know for certain what to expect because we were one of

DID YOU KNOW?

Minnesota Pediatrician Amelia Burgess is developing a health care come for children in the Hennepin County foster care system. She received a CATCH (Community Access to Child Health) grant from AAP.

the first visits done by the team from the state. However, the state team was very supportive and it was an opportunity to grow. It felt like we were on the same side of trying to develop patient-centered care re-design. It was not punitive. The state team met with team members individually and as part of groups.

Keeler: At HealthPartners, we had four clinics that prepared for site visits. The site visit at our clinic required a lot of prep time from our clinic manager physician chief, support staff, and our regional administrators. Clinic tour, multiple interviews, and roundtable discussions are all done during a typical busy work day, and schedules had to be held to accommodate interviews. Good communication and flexibility is essential among staff. I was part of a roundtable discussion with the site visitors, patient representatives, and our care team (care coordinator, office assistant and myself).

What questions do they ask?

Harvieux: You can count on them to ask about everything that's in the certification tool.

Keeler: We were asked very appropriate questions about care coordination, care plans, visits, in-between visit care and other pertinent health care home activities. I especially appreciated the patient representative, as it confirmed the patient-centered nature of the process.

What advice do you have for those preparing for their first site visit?

Harvieux: First, make sure you know your processes. Second, speak with teams who have been recently certified. Third, make sure you do a walk through of your clinic site beforehand and make sure that every person in your clinic who has patient contact understands what health care home is and knows their role.

Keeler: Advice I would give to other providers is to look at the day as a time to share the transformational practice changes being done as a part of health care home and be open to ideas for further change and innovation that are necessary parts of the certification process. Be confident *and* open to opportunities for improvement.

Burt: Make checklists, go through each standard with the checklist. Start many months in advance. While you are writing and developing policies, work as teams. Sometimes the internal words we use are not the same as the words the state uses. Take each standard and develop knowledge quizzes for the staff. The entire team should be able to answer any question about the standard.

Also, make sure you set up an agenda for the day of the visit, otherwise you may be scrambling to pull people offline to interview with the state team. Engage everyone early in quality improvement, including patients and families.

What were the biggest challenges and "lessons learned" throughout the certification process that might be beneficial for others to know about?

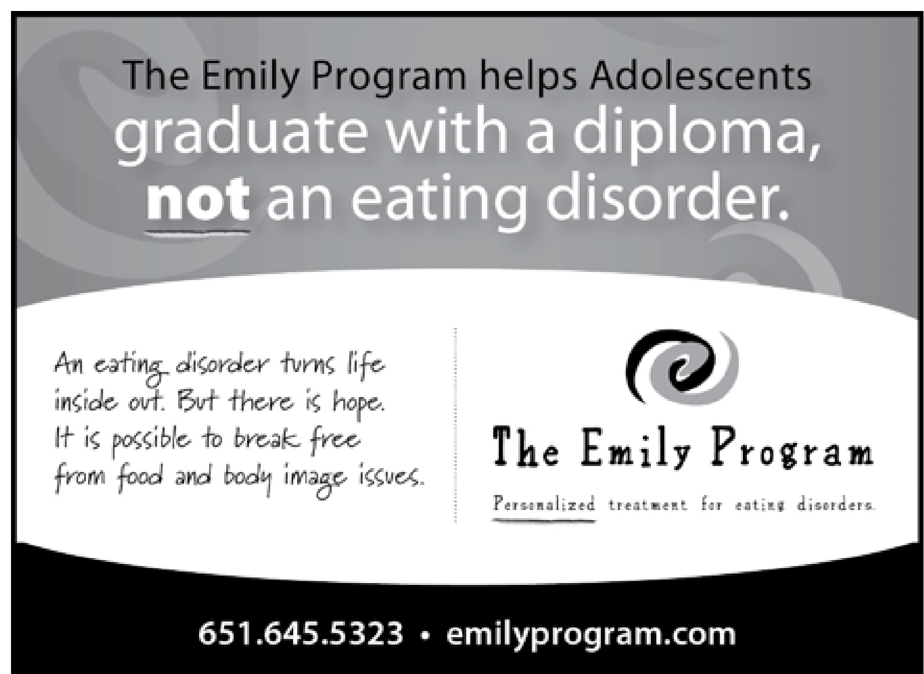
Harvieux: The state had interviewed our parent partners and asked their goal, but the goals they stated in the interview weren't the goals listed in their child's care plan. Advice: make sure that every detail in the certification tool is covered.

Burt: It is a huge transformation of culture. Dedicated and protected physician time, staff time, and time from every department including IT/HIM and finance are all important to success. The cultural transformation is hard and takes a great deal of time. Involve patients early and before you think you are ready.

The state will go through each standard, so make sure that everyone on the team is very familiar with each standard and that you have access to all information within your organization that addresses the standard. It takes months of work. The standards are reasonable and provide opportunities to improve quality even if you are not going for certification. The visit was a growing experience and I felt the state really wanted to help us.

Also, have snacks and beverages available. It is a long and stressful process. If folks have to leave to replenish their energy, it interferes with the flow.

To access past webinars and other resources on health care home, visit www.mnaap.org/projects.htm



PROS Fall 2010 Meeting Summary

By Heidi Woo, Chair of PROS Committee

PROS (Pediatric Research in Office Settings) had a wonderfully productive meeting last fall in beautiful San Francisco.

PROS has begun work on an effort to build and test an EHR-based version of the network and to conduct a comparative effectiveness research project through this subnetwork.

PROS will also be starting a teen smoking cessation study (Smokebusters) very soon. If you have a high adolescent population in your practice, this would be a great study for you! Most smokers get hooked in their early teens. Helping them quit early would make a huge impact on the life of that teen and the teen's future family.

The National Institute of Child Health and Development (NICHD) also presented a potential study to look at the use of atypical antipsychotics in children and the medical consequences of their use. This is a topic of great interest to many pediatricians throughout the nation, whether or not there is any viable access to mental health professionals. And the NICHD also proposed future studies looking at the more common but unstudied "off-label" use of medications in the pediatric population.

Ongoing studies under development include studies to look at dental health of children, ways to more accurately identify child victims of abuse, and the use of "Common Factors" to help address mental health topics during pediatric visits.

Current ongoing studies in the middle of data collection include CEASE (Clinical Effort to Address Second-hand Smoke Exposure) to promote parental smoking cessation, a pilot study to look at the acceptability/tenability of a test for the tobacco marker continue in practice, and BMI2 (Brief Motivational Interviewing to reduce BMI) to study obesity prevention.

The Boys' Puberty Study (Secondary Sexual Characteristics in Boys) has finished data collection and analysis and is almost complete. The manuscript is being written for publication, which should follow soon.

PROS is starting an exciting dissemination study in selected states (NY, FL, CA, PA, IN, HI, and NC) to address teen driving. The study is funded by the CDC to help pediatricians help parents discuss driving with their teens and to promote safety rules and driving contracts to decrease accidents, injuries, and deaths.

The first six months of driving without adult supervision is the highest risk period for all teen drivers. Setting limits above and beyond the graduated driving license laws have been shown to decrease morbidity and mortality. This is a very simple study and a good one to try if you are new to PROS or interested in joining PROS (provided you are in the aforementioned target states). And, it addresses a very important topic to help save lives.

This is a very exciting time for PROS and we welcome interested practitioners as several important studies are about to start, with teen driving being the one most proximate.

Please see the PROS website for further information (www.aap.org/pros) or contact the PROS Central office at 1-800/433-9016, extension 7623 for the EASY-TO-ENROLL registration materials.

LOCAL PRACTICES INVOLVED IN PROS

South Lake Pediatrics, Eden Prairie

Partners in Pediatrics, Brooklyn Park

Brainerd Medical Center, Brainerd

Pediatrics Associates, Duluth

Vannon Valley Clinic, Faribault

Watertown Pediatrics, Watertown

Hennepin Faculty Associates Pediatrics, Minneapolis

Ted Jewett, MD FAAP is the PROS representative in Minnesota.
He can be reached at tjewett@slpeds.com or (952) 380-5164

Smoking costs Minnesota nearly $3 Billion Per Year

Each year in Minnesota, smoking is responsible for 5,135 deaths and nearly $2.87 billion in associated medical costs.

That's enough money for 5 Target fields ($2.7 billion), 12 35W bridges ($2.8 billion) or 72,000 jobs salaries ($2.9 billion).

Minnesota's smoking rate is 17 percent, which is three percent below the national smoking rate. However, 56,000 of the 634,000 people who smoke in Minnesota are high school students.

Source: "Health Care Costs and Smoking in Minnesota" Report by Blue Cross and Blue Shield, 2010

Member Profile: Abe Jacob, MD

Abe Jacob, MD, pediatrician at Amplatz Hospital and MN-AAP board member, with his wife and six children.

What do you like best about your job?

I love the diversity of patients and families that we see in terms of their backgrounds as well as their diagnostic and therapeutic challenges We take care of patients from the entire region. I really enjoy working on systems that nurture family-centered care and improve outcomes. I love the diversity of my day-to-day work that includes patient care, education, quality improvement and leading teams.

What are some of the biggest challenges you face in your career?

Balance between work and family and knowing when to say "no" to something that I would really enjoy doing but that might undermine the other things I am trying to accomplish.

If you weren't a pediatrician, what would you be?

A consultant in systems improvement and design or marketing.

In what ways is pediatrics different today than when you started?

There is more awareness that much of the work we used to do can be done just as effectively, if not better, by other members of the care team and that, as physicians, we should be focused on those activities that best utilize our expertise.

What advice do you have for young pediatricians?

Love what you do and who you do it with. Continue to focus on those activities that optimize your relationship to your patients and their families and improves their outcomes, because, ultimately, that is what really matters.

What has your role been at University of Minnesota Amplatz Children's Hospital?

I've been directing the pediatric hospitalist program since 2005. I'm also one of the medical directors of one of our med surg units and have been involved in various quality improvement projects.

I've also been pretty involved in spreading family-centered rounding and the design of the new hospital we're about to move into in March. At the new hospital, I'll probably be taking on more of a role around inpatient operations.

Which professional or community organizations are you involved in?

I'm on the boards of MN-AAP and the University of Minnesota Physicians. I'm also currently getting my Masters in health care administration at the University of Minnesota School of Public Health. And that's about all I have time for.

To read about or contact other MN-AAP members, go to www.mnaap.org and click on Community of Pediatricians.

Your username is your AAP ID and your password is your last name (case sensitive)

STAY CONNECTED BY E-MAIL!

MN-AAP communicates primarily by e-mails... Are you receiving them?

If you're not receiving bi-weekly e-mails from MN-AAP, please take the following steps to make sure you stay in the loop:

1. Check your spam/junk folder for messages from "Marilyn Peitso, MD (MN-AAP)." If you find them, be sure to mark them as "safe" or "not spam."

2. If you don't find any messages in your spam/junk folder, email debilzan@mnaap.org with your e-mail address.

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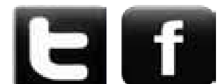

Vision of Pediatrics 2020

In an attempt to proactively prepare for a variety of conceivable futures, the board of directors of the American Academy of Pediatrics established the Vision of Pediatrics 2020 Task Force in 2008.

This group was charged to think broadly about the future of pediatrics, to gather input on key trends that are influencing the future, to create likely scenarios of the future, and to recommend strategies to best prepare pediatric clinicians and pediatric organizations for a range of potential futures.

The following is a snapshot of each megatrend:

1. Changing demographic and clinical characteristics of children and families: shifts in prevalence of complex chronic conditions; increasing number of children with previously fatal disorders living to adulthood; changes in ethnicity, language, and cultural norms of patients and their families.

2. Burgeoning Health Information Technology (HIT): implementing electronic medical records, telehealth/telemedicine, collecting health data of patients and population, and information security.

3. Ongoing medical advances: genomics, nanotechnology, new diagnostic technology, and availability of medical information and diagnostic tools to the general public via the Internet or media.

4. Alterations in health care delivery system(s): appropriate payment for services, quality improvement efforts, and medical home.

5. Growth of consumer-driven health care: increase in patients accessing health information online, desire for constant communication with providers, and growing desire for more accountability and transparency in the health care system.

6. Dynamics of pediatric workforce: growing demographic diversity of pediatricians, increases in medical student debt, and geographic distribution of primary care and subspecialty providers.

7. Disasters (environmental, infectious, man-made): increasing frequency and severity of natural disasters and growing concern of environmental health issues.

8. Globalism: increased patient international travel and potential exposure to infectious disease, linking pediatricians across the globe, and establishing global learning communities between hospitals and providers.

For more information about the megatrends described above, visit www.aap.org/visionofpeds

Job Opportunities Posted on www.mnaap.org

Pediatric Nurse Practioner, CentraCare Clinic
St. Cloud

General Pediatrician, HCMC
Minneapolis

Pediatrician, CentraCare Clinic
St. Cloud

Pediatrician, HealthPartners
St. Cloud

For details, go to www.mnaap.org and click on employment opportunities.

To post an opportunity at your clinic, email cairns@mnaap.org

Deadline for National Committee Nominations is Feb 28

AAP is seeking nominations for its national committees for the 2011-2012 term year.

The following committees have vacancies:

- Bioethics
- Continuing medical education
- Drugs
- Development
- Early childhood, adoption and dependent care
- Genetics
- Infectious diseases
- Membership, district
- Native American child health
- Nutrition
- Pediatric AIDS
- Pediatric workforce
- Practice & ambulatory medicine
- Psychosocial aspects of child & family health
- Residency scholarships
- State government affairs
- Substance abuse
- Steering committee on quality improvement and management
- Violence prevention subcommittee

For more information, visit www.aap.org. Contact cairns@mnaap.org to inquire about a letter of support from the Chapter for your nomination.

Top 5 Visited Pages on www.mnaap.org

1. Obesity
2. Employment Opportunities
3. Immunizations
4. Legislative Updates
5. Board Members

Visit www.mnaap.org for news, updates and resources specifically for Minnesota pediatricians.

CATCH™
Community Access to Child Health

Funding Available

Need funding for a project in your community to increase children's access to health care homes or services that would otherwise be unavailable? Grants of up to $12,000 are available through AAP's CATCH program.

In addition, pediatric residents may apply for CATCH grants in amounts up to $3,000 to plan and/or implement a community-based child health initiative.

2011 projects applicable for funding include medical home access, access to health services not otherwise available, secondhand smoke exposure reduction and Native American child health.

Deadlines and details at www.mnaap.org/projects/catch.htm

New/Renewed Members

Maxine Asnis, MD
Denise Bonde, MD
Darren Bray, MD
Christopher Collura, MD
Christina Dunn, MD
Julie Ewasiuk, MD
Susan Fagre, MD
Pamela Gonzalez, MD
Melissa Hersey, MD
Christopher Johnson, MD
Heather Johnson, MD
Jennifer Keis, MD
Sarah Kemble, MD
Sarah Lucken, MD
Jason Maxwell-Wiggins, MD
Hila McCoy, MD
Neeru Narla, MD
Ross Perko, MD
Kimberly Rathmann, MD
Daniel Ries, MD
Olufunmilayo Salami, MD
Melissa Schultz, MD
Rahul Tamhane, MD
Heather Wade, MD
Deepti Warad, MD

Nearly 900 pediatricians are members of MN-AAP!

To join or renew, visit www.mnaap.org/statememberinfo.htm

Distinguished Service and Child Advocacy Award Nominations Due May 1

Each year MN-AAP recognizes a pediatrician for outstanding efforts to contribute to the improvement of child health care -- the Distinguished Service Award.

In addition, MN-AAP chooses an individual from the community who goes above and beyond his or her everyday routine to advocate for the health and welfare of children in Minnesota -- the Child Advocacy Award.

Submit your nominations at www.mnaap.org/nominatingcommittee.htm

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JOIN US

FEBRUARY 15:

PEDS DAY AT THE CAPITOL

Meet with legislators from your district to discuss issues important to you, your practice and your patients.

For more details or to register, visit
www.mnaap.org/pedsdayatthecapitol.htm

Rural pediatricians

May 5 Meeting

12-6 p.m.
Children's Hospitals and Clinics, Minneapolis

Rural Minnesota represents half of all children but only a quarter of all pediatricians in the state.

This meeting is designed to address the unique needs of rural pediatricians and their patients.

For more details or to register, visit
www.mnaap.org/ruralhealthcommittee.htm

Save the date!

Friday, June 3 - MN-AAP Annual Meeting, 6-9 p.m.