



Minnesota www.mnaap.org Pediatrician

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

May 2011

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Annual Meeting June 3: Register Now!



Jeff Schiff, MD, Medical Director, Minnesota Department of Human Services, with his daughter, Julia.

When was the last time you ate dinner with people who share the same excitement and concerns about the future of pediatrics?

Join us for MN-AAP's annual meeting on Friday, June 3 from 6-9 p.m. at the Marriott in Bloomington.

We'll hear from pediatric leaders on their vision for the future, honor those who have made a significant impact on child health, and network with members and friends of MN-AAP.

(Continued on page 4)

A Word from the President: Marilyn Peitso, MD



April 23-30 was National Infant Immunization Week. On the heels of a measles outbreak in Minnesota, this was a great time for pediatricians to re-focus on key messages about vaccines:

- 1. Vaccines are safe and effective.** We have all followed the saga of concerns over vaccine safety and know about the many studies refuting claims that vaccines cause autism, etc. We must continue to have conversations with our parents about this and point them to accurate, factual information.
- 2. The success of vaccines has led to complacency about the need for vaccination.** The recent measles and Hib disease outbreaks in Minnesota are startling reminders of how close these diseases are to our vulnerable infants. We must continue to remind the public about the dangers of vaccine preventable diseases and enlist allies, such as parents of children who have experienced vaccine-preventable disease, and public health authorities, wherever we can.

- 3. Cost should not be a barrier.** The MnVFC program provides help, and free or low cost shots are available to children around the state. Check the website:

www.health.state.mn.us/divs/idepc/immunize/howpay.html

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Minnesota

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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.

Advertising

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.

To inquire about advertising, email debilzan@mnaap.org

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Local CME Opportunities

May 12, 8 a.m. - 4:55 p.m.
Depression and "Biopolar Disorder" in Pediatrics
Children's Hospital, St. Paul

June 3
Health Care Home Success Stories
Bloomington, MN
Hosted by MN-AAP, MAFP, MN-ACP and DHS

June 10 - 11
2011 Topics and Advances in Pediatrics
Minneapolis, MN
Hosted by U of M

June 18
Patient-Centered Care
Bloomington, MN
Hosted by MN-AAP, MAFP, MN-ACP and DHS

July 12, 12-1 p.m.
Webinar: Dietary Interventions for Pediatric Obesity
Hosted by MN-AAP

July 29 - 31
Future of Pediatrics Conference
Chicago, Illinois
Hosted by AAP

Sep. 2 - 4
Practical Pediatrics Course
Chicago, Illinois
Hosted by AAP

Sep. 10 - 14
PREP - The Course
Hyatt Regency, Minneapolis
Hosted by AAP

Sep. 15 - 17
Pediatric Hypnosis Skills
Plymouth, MN
Hosted by National Pediatric Hypnosis Training Institute

Sep. 15 - 17
21st Annual Practical Pediatrics for the Primary Care Physician
Children's Hospital, St. Paul

Sep. 19 - 20
Pediatric Days 2011
Chicago, IL
Hosted by Mayo Clinic

Oct. 9 - 12
27th Annual Echocardiography in Pediatric and Adult Congenital Heart Disease
Rochester, MN
Hosted by Mayo Clinic

Oct. 11, 12-1 p.m.
Webinar: Cholesterol Screening/Management and Pediatric Obesity
Hosted by MN-AAP

Dec. 6, 12-1 p.m.
Webinar: Managing Hypertension and Pediatric Obesity
Hosted by MN-AAP

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

Pediatricians and Politicians at the Capitol for Peds Day



Normally, the first people on their schedules are children, but on February 15, pediatricians had an appointment with key legislators.

More than 120 pediatricians gathered at the capitol to speak with Representatives Jim Abeler (GOP - Anoka, Chair of the House HHS Finance Committee), Erin Murphy (DFL - St. Paul) and Tina Liebling (DFL - Rochester), and Senator Linda Higgs (DFL - Minneapolis).

Their message was simple. In spite of a \$5 billion dollar budget deficit, child health must remain a priority. MN-AAP's priority issues this year include health care coverage for all children and early brain development.

Several pediatricians also met individually with legislators from their district, many of whom were new. Of the 201

legislators at the capitol, 60 are freshman, a remarkably high percentage.

"Our main goal this year was to introduce ourselves and establish relationships with many of these new legislators," said Anne Edwards, MD, MN-AAP Policy Chair.

"It's important to educate them about key programs that protect the health of children, especially when so much is at stake with the budget this year."

Several pediatricians drove from Rochester, St. Cloud, Duluth and other rural areas. They were joined by the pediatric and med-peds residents from the U of M and Mayo.

Watch for more information coming soon about the next Peds Day at the Capitol and plan to join us!



Public Policy Committee Update

By Anne Edwards, MD, FAAP, MN-AAP Policy Committee Chair and Immediate Past President

The public policy committee has been actively working to prepare for the legislative session. The Board approved two main policy priorities for action including: access to care and early childhood education in addition to 12 other policies/positions.

The majority of legislative focus this session has involved retaining the newborn screening program, retaining minor consent, and retaining health care access/services.

Other updates include:

- Dr. Sue Berry prepared testimony on newborn screening and activated a statewide and national network of advocates who journeyed to St. Paul to support the cause, bringing their children to participate in a press conference with the March of Dimes and contact their legislators.

- Dr. Gerry Gilchrist provided statements on behalf of MN-AAP at a press conference to retain newborn screening
- Many legislators reported receiving communications from parents and pediatricians on the newborn screening proposals.
- Dr. Anne Edwards attended a hearing on minor consent and presented testimony in support of the current law.
- Over 120 pediatricians and pediatric residents attended Peds Day at the Capitol on Feb. 15, 2011.

Sign up for our legislative FAN list to receive bi-weekly emails about legislative issues affecting pediatricians and children in Minnesota.

To be added to MN-AAP's legislative FAN list,
email cairns@mnaap.org

Annual Meeting Sponsors/Exhibitors



(Annual Meeting continued from page 1)



Speakers include Dr. Ed Ehlinger, Commissioner of the Minnesota Department of Health, who will address the opportunities and challenges that lie ahead for Minnesota pediatricians due to health care reform.

MN-AAP President Dr. Marilyn Peitso, will provide members with a summary of the organization's recent accomplishments as well as goals and objectives for the coming year. Learn how you can benefit from MN-AAP's projects and programs in your area.

Finally, there will be a networking reception prior to the dinner with an opportunity to learn more about local resources

and referrals specifically for Minnesota pediatricians.

If that isn't enough to convince you, maybe the iPad drawing will do it. *Visit five or more booths and be entered into a drawing for a free iPad.*

Space is limited, so register early to reserve your seat! To register, see the next page or go to www.mnaap.org



Child Poverty Rate in Minnesota Rising Sharply

The child poverty rate in Minnesota increased from 9 percent in 2002 to 14 percent in 2009 despite the state's above-average median income and high rate of working parents, according to a Kids Count report funded by the Children's Defense Fund-Minnesota.

Data found the state had particularly high poverty rates for Asian-American and African-American children. (See table to the right.)

For more information about the report, visit www.cdf-mn.org

How Does Minnesota Compare?

African American Child Poverty Rate, 2009	Asian American Child Poverty Rate, 2009
1. Arkansas 49%	1. Minnesota 22%
2. Mississippi 48%	2. Michigan 20%
3. Wisconsin 48%	3. New York 19%
4. Michigan 47%	4. Wisconsin 16%
5. Minnesota 47%	5. Indiana 15%



2011 Annual Meeting

Register online at www.mnaap.org

Friday, June 3, 2011

6:00 - 9:00 p.m.

Marriott Hotel in Bloomington

Join us as we hear from pediatric leaders on their vision for the future, vote in our newest board members, honor those who have made a significant impact on child health, and network with members and friends of MN-AAP. It will be an evening you won't want to miss!

6:00 - 7:15 p.m. Reception, Exhibits and Networking

7:15 - 7:45 p.m. Dinner and Speech from MDH Commissioner Dr. Edward Ehlinger

7:45 - 9:00 p.m. Presentation of Awards

Visit 5 or more booths for your chance to win an iPad!

To pay by check, send form and check by June 1

To pay by credit card, register online at www.mnaap.org

Name	Title	Company/Organization	Email
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Guest Name	Title	Company/Organization	Email
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- Reservation:**
- \$60 per member (or guest)
 - \$15 per resident

- Meal Preference:**
- Rosemary Chicken
 - Fresh Walleye
 - Pasta Primavera

Sponsorship/Exhibitor Opportunities

- Gold level (\$1,000)
- Silver level (\$500)

For sponsorship/exhibitor details, visit www.mnaap.org/annualmeeting.htm

Mail completed form and check to MN-AAP, 1043 Grand Ave. #544, St. Paul, MN, 55105. Questions? Contact cairns@mnaap.org or call 651-402-2056. Or visit www.mnaap.org

Immunizations: Taskforce Update

Dr. Robert Jacobson chairs the Immunization work group with participation from Drs. Dawn Martin, Sylvia Sundberg, Parvin Dorostkar, Crystal Shen, Larry Morrissey, David Estrin, Andrew Kopperud, and Sheldon Berkowitz. An MPH graduate student, Steven Haasken, MD, is providing support to the workgroup as a field placement.

The work group meets monthly by noon conference call and is open to members. Additional members are especially needed from greater Minnesota areas.

Work group activities include:

- **Survey of 287 Minnesota clinics** to determine interest in vaccine purchasing pool and/or universal vaccine purchase.
- **ABP application** to offer a Minnesota immunization MOC Part 4 program.
- **Webinar on March 30th on the measles outbreak**, which had over 60 registrants. (You can view a copy at www.mnaap.org/immunizations.htm).
- **Update from MDH/DHS on the new billing and coding documentation for immunizations.** This information was distributed to all members via the all member email.
- Preparation of a **grant to AAP on vaccine hesitancy.**
- More info at www.mnaap.org/immunizations.htm

Adolescent Vaccination is a priority for the Minnesota Immunization Practices Committee (MIPAC)! MIPAC voted at the April meeting to make adolescent vaccination and vaccine hesitancy focus issues for 2011. Work groups are being established in both of these areas; please contact Dr. Dawn Martin at dawn.martin@hcmcd.org if you have questions or interest.

Tdap, MCV, and HPV (1 dose and 3 dose) vaccination rates in Minnesota are near the U.S. average. However, these rates are not good. Minnesota has long been a leader in national public health measures and can continue to improve upon these statistics (data is per NIS). Tdap coverage rates in 13-17 year olds in MN is 52%; MCV coverage rates is 44%; and 1 dose HPV: 45%; 3 dose HPV: 27%.

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

Health Care Home: Taskforce Update

The Medical Home/Health Care Home work group chaired by Drs. Gordy Harvieux and Marilyn Peitso meets by conference call. Additional members include Drs. Elsa Keeler, Yeng Yang and Amy Burt.

The work group's web page is at www.mnaap.org/projects.htm where you can also view recent webinars on health care home topics.

Activities and main priorities include:

- **Meeting with the Commissioner of Health** in April to advocate for improvements in HCH implementation that recognize the unique care coordination needs of children and their families.
- **Provided input to further refine the HCH tier assessment tool**--issues identified by work group and forwarded to MDH and were addressed at a HCH payment methodology steering committee in March.
- **Reconvene a learning collaborative/technical assistance group with a pediatric focus to help implement HCH certification statewide.** A pediatric track of the learning collaborative has been agreed to by ICSI and MDH; Dr. Elsa Keeler is serving on the steering committee for this development.
- **Identify QI measures for pediatrics with MN Community Measures.** Dr. Anne Edwards met with MCM staff and they have identified some possible pediatric indicators for further development.
- **Over 243 pediatricians have been certified** as Health Care Home providers in Minnesota.
- **Discussed the RFI for health care system development/ACO** which can be found at www.dhs.state.mn.us/RFP_Grants

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

Pediatric Obesity: Taskforce Update



The Pediatric Obesity work group is chaired by Drs. Sarah Jane Schwarzenberg and Jessica Larson. Other members include Drs. Angela Fitch, Brian Lynch, Cindy Garr, Claudia Fox, David Smith, Jean Fahey, Julie Boman, Marissa Hendrickson, Millie Santiago, Timothy Culbert, and Nancy Beery.

To help address the obesity epidemic, this work group has developed and collected a variety of tools and resources for pediatricians, including:

- **Lunchtime CME webinars:** Hear from experts from around the state on how to assess, treat and prevent pediatric obesity. A variety of topics are being covered. Cost: Free for MN-AAP members; \$30 for others. Sign up at www.mnaap.org/obesitywebinars.html
- **Answers to frequently asked questions:** What is the lab evaluation for obesity? What are pharmacological options for treating obesity? The answers to these and other questions can be found at www.mnaap.org/obesity.htm
- **Local data and statistics:** We are creating a map that shows average BMI rates and other factors for all Minnesota counties to help determine which areas would most benefit from intervention programs. Go to www.mnaap.org/obesitystatistics.html
- **Local community resources for referrals:** We are collecting nutrition, fitness and other referral resources across the state.
- **MOC Part 4 program.** MN-AAP is planning to develop an MOC Part 4 program on pediatric obesity.

Free lunchtime CME webinars for members!

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, Pediatric Weight Management Center, Amplatz Children's Hospital*

For details or to register, visit:
www.mnaap.org/obesitywebinars.html

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

Lessons Learned: Electronic Health Records

By Melissa DeBilzan, MN-AAP Communications Director

Many providers are finding that EHRs – like much of technology – can be both friend and foe. On the one hand, they can help to reduce paperwork and improve communication, quality and safety measures. On the other hand, EHRs present new challenges with regard to workflow, standardization, and IT infrastructure.

In 2010, the Minnesota Department of Health (MDH) surveyed 1,285 clinics in Minnesota and 97 in Wisconsin and Iowa. They found that about two-thirds of clinics in Minnesota have already adopted an EHR system, with EPIC, Allscripts and Cerner being the most frequently used vendors. Small and medium pediatric clinics many find the task much more daunting, however, because many of them do not have the budget or technical expertise to implement an EHR system. The software alone can cost anywhere from \$50,000 to millions of dollars.

To help offset the initial costs, the federal government has set aside \$27 billion over 10 years – or up to \$63,750 per provider – to reward clinics that have adopted certified EHR systems and are demonstrating “meaningful use” of the technology. These clinics must have at least 20 percent of their patient encounters over a 90-day period attributable to Medicaid. In Minnesota, about half the clinics surveyed anticipate applying for meaningful use incentives.

Dr. Kristin Benson, pediatrician at Park Nicollet Clinic in Minnetonka, is an expert in health information systems and a member of AAP’s Council on Clinical Information Technology (COCIT). She says EHRs, while not perfect, are revolutionizing the way doctors communicate and care for their patients and their benefits cannot be ignored.

“It’s just become too complicated to keep track of everything on paper,” she said. “EHRs enable us to manage

PROS (Pediatric Research in an Office Setting) is about to offer a study called ePROS, which will test the ability of a variety of Electronic Health Records (EHRs) to be used in clinical research.

ePROS is especially looking for independent pediatric practices with EHRs. The study will likely fund the interfaces required and assist with the development of the appropriate screenshots needed to extract identity-free data from clinic databases of a variety of popular EHRs.

If your practice is interested in participating, contact Ted Jewett, MD, Minnesota PROS coordinator, at tjewett@SLPEDS.com or (952)389-5164.

results, keep track of medical histories, reduce the likelihood of errors, and prescribe electronically. The ability to access patient records from home is becoming increasingly important and so is the ability to perform outcome studies and quality measures with large data sets. As the EHR systems evolve, we will have increasingly sophisticated decision support.”

The process of implementing an EHR system is far from easy, but there are pediatricians who are willing to share lessons they’ve learned along the way.

Below are some thoughts from pediatricians at small and large clinics: Bob Snook, MD, at Metropolitan Pediatric Specialists, P.A.; Kristin Benson, MD, at Park Nicollet in Minnetonka; Michael Bronson, MD, at Essentia; and Ameenuddin Nusheen, MD, at Mayo Clinic.

Q: Which EMR system are you using? How did you decide which one to use?

Metropolitan Pediatric Specialists: We decided on NextGen after 10 years plus of looking for an EMR to fit our pediatric needs. We liked NextGen because we could build our own templates based on Microsoft Access.

Park Nicollet: We are transitioning from GE to Epic this July. The major vendors that provide EHR for both hospital and clinic use were invited to present their products.

Essentia Health: We are using Epic. We had a committee in the late ‘90s that looked at EMRs and visited several large health systems to look at their EMRs and decided Epic was the best product available.

Mayo Clinic: Mayo Clinic uses Synthesis and MICS Last Word. The Mayo Clinic has committees with individuals who represent multiple areas that examine what would work best for providers within our system.

Q: How do you stay on top of government regulations and software updates?

Metropolitan Pediatric Specialists: They are handled by outsourced IT.

Park Nicollet: These responsibilities are designated to various members of our leadership team, our IT specialists, and our company vendor.

Essentia Health: We have an EMR committee that will split into two committees for ambulatory and acute care and at intervals meet together to discuss issues in common. Our staff in information systems does this and brings issues that need discussion to the EMR committee.

Mayo Clinic: Most of these details are handled by designated individuals and/or committees at the clinic.

Q: Are you receiving any meaningful use payments? What challenges have you experienced?

Metropolitan Pediatric Specialists: No, we are not receiving any meaningful use dollars because we have difficulty reaching the 20 percent Medicaid/Medicare population to qualify for the payments.

Park Nicollet: Not yet, but we plan to apply after our “go live.” Meeting eligibility requirements is not simple or easy, but it is pushing us to use our EHR to provide better functionality for patient care.

Essentia Health: Meaningful use of the EMR is a big issue at all health systems and expectations for our providers on this issue will go into effect on July 1.

Q: What is one lesson you’ve learned about EMRs that may be helpful for others to know?

Metropolitan Pediatric Specialists (Dr. Snook): Most systems have been adapted from either inpatient systems or from adult medicine systems. As such, there are often additional challenges when using it for pediatrics. The key is often finding hardware and software support that is there when you need it, and you will. Most physicians do not have a lot of time to devote to such issues. And be prepared for the loss of productivity that WILL occur as you transition to an electronic record. It is not likely to be a revenue enhancer as you embark upon the journey.

Park Nicollet (Dr. Benson): I have developed a lot of respect for the number of people, roles and interfaces that have to be considered in a fully-fledged EHR. Small and medium clinics will need to form some kind of alliance with a larger organization in order to help provide these complex services.

Essentia Health (Dr. Bronson): First, going to an EMR is difficult and physician leadership supporting the change is vital. Second, don’t underestimate the amount of staffing you need for support of staff and providers with go-lives. You can never have too much support.

Minnesota has the highest EHR adoption rate in the nation, according to the CDC

National average: 50.7%
Minnesota: 80.2%

Resources for Providers and Clinics

- AAP Council on Clinical Information Technology (COCIT): www.aapcocit.org
(View FAQs and read product reviews.)

If you are interested in learning more about AAP’s Council on Clinical Information Technology, email Dr. Kristin Benson at kb0293@gmail.com

- Minnesota Medical Association: www.mnmed.org
(Education and help for physicians wanting to take advantage of the Centers for Medicare and Medicaid Services incentive program.)
- Regional Extension Center for Health Information Technology: www.khareach.org
(Meaningful use boot camps and tool kits.)
- MN e-Health Initiative: www.health.state.mn.us/e-health/index.html
(Resources, tools, and online guides related to EHR implementation.)
- Minnesota Department of Human Services: www.dhs.state.mn.us/ehrincentives
(MN EHR Incentive Program information.)
- Minnesota Department of Health’s Office of Rural Health and Primary Care (ORHPC): www.health.state.mn.us/divs/orhpc/hit/index.html
(Resources, tools, and an EHR loan program for eligible recipients.)
- Stratis Health www.stratishealth.org/expertise/healthit/

Health Care Home certification does not require clinics to have an EHR; however, they do need to have some format of an electronic registry.

High Quality Care for Kids with Asthma: Medical Home/HCH Model

By Sarah Manney, DO, FAAP, Essentia Health Duluth Clinic



Do you want to learn more about providing a medical home/health care home (HCH) for children in your practice who have asthma? Look no further! Your AAP chapter is involved in a new program, the Medical Home Chapter Champions Program on Asthma, and now has a member champion who is here to help.

The American Academy of Pediatrics (AAP) developed the medical home model for delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective to every child and youth. Clinical guidelines and recommendations may have the most impact on children's wellbeing if they are executed within the patient's medical home/HCH. These guidelines were released by the National Heart, Lung and Blood Institute (NHLBI) as the Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma:

A Medical Home/HCH Framework for Asthma Care

The seven joint principles of the patient-centered medical home provide a framework for implementing these national asthma guidelines.

1. A *personal physician* provides continuity of care in a partnership, (e.g. scheduling routine follow-up care and monitoring use of beta2-agonist medications).
2. A *physician-directed medical practice* coordinates family-centered, high-quality, accessible and affordable services for children with asthma.
3. The practice has a *whole person orientation* providing comprehensive, compassionate, culturally-effective care in a family-centered partnership. This holistic approach includes control of environmental triggers such as allergens and irritants—especially tobacco smoke, and treats or prevents co-morbid conditions that affect asthma. It also promotes physical fitness for children with asthma.
4. *Care is coordinated* and integrated across the community-based system and facilitated by information technology including asthma registries. Care coordination includes referrals to specialty care, if needed, and eventual transitions to adult care. A medical home with electronic health records improves performance and outcomes measurement and accountability.

5. *Quality and safety* are hallmarks of patient-centered and evidence-based asthma care. NAEPP provides guidelines on establishing the asthma diagnosis, providing asthma education on patient self-management, prescribing medications, especially inhaled corticosteroids for persistent asthma, using a stepwise treatment approach for patients of different ages, and developing a written asthma management plan to help families.

6. *Enhanced access* to care includes pediatrician availability to assess, classify and monitor asthma severity and control. It also reduces disparities in processes and outcomes in asthma care.

7. *Appropriate payment* recognizes the added value provided to patients with asthma who receive care in a medical home as defined above. Minnesota pays an extra fee for care provided in a MN certified HCH.

To connect with Minnesota's asthma medical home chapter champion, contact Sarah Manney, DO, FAAP, at smanney@smdc.org



Urgent Care for Kids is an after hours pediatric urgent care in Minnetonka open 365 days a year.

Seeking board certified pediatricians for moonlighting opportunity. Hours of operation: weeknights 6-9 p.m. and weekends/holidays 11 a.m.-7 p.m.

Send inquiries to: Dana Rae Barr, MD, physician coordinator Drbarr@aol.com

ENDING CHILDHOOD OBESITY WITHIN A GENERATION

We support school-based nutrition and physical fitness initiatives, such as Fuel Up to Play 60, that help achieve these guiding principles:

1. Increase access to and consumption of affordable and appealing fruits, vegetables, whole grains, low-fat dairy products and lean meats in and out of school.
2. Stimulate children and youth to be more physically active for 60 minutes every day in and out of school.
3. Boost resources (financial/rewards/incentives/training/technical assistance) to schools in order to improve physical fitness and nutrition programs.
4. Educate and motivate children and youth to eat the recommended daily servings of nutrient-rich foods and beverages.
5. Empower children and youth to take action at their school and at home to develop their own pathways to better fitness and nutrition for life.



**Only 14 people
in the world** have suffered
the same condition as Lexi.

And you'd
**never know she had
anything at all.**

Bilateral Wilm's Tumor is exceedingly rare, and in Lexi's case, it cost her both kidneys. But because no one knows kids better than we do—PHS focuses on *every* aspect of pediatric care and *only* pediatric care—our infusion nurses and other caregivers made it possible for Lexi to thrive at home. Now, after receiving one of mom's kidneys, a child with one of the rarest conditions is like any kid out there.

Meet Lexi and learn more at MeetTheMiracle.com



Newborn Hearing Screening: Most Hospitals Now Listening

By Melissa DeBilzan, MN-AAP Communications Director

Before 2007, most birthing hospitals were screening newborns for hearing loss, but many weren't reporting the results. And some were screening babies on a monthly basis as outpatients, missing some babies entirely. As a result, a number of infants with hearing loss didn't receive the early intervention services they needed.

Today, all but one or two hospitals in the state have an inpatient hearing screening program – and those that don't are working on it. Over the last three years, screening rates have increased from 85 percent to 98.4 percent.

The Minnesota Department of Health holds training sessions at hospitals across the state to educate staff about screening and reporting protocols, which has helped to improve rates. Still, it hopes to see those rates closer to 100 percent.

However, even with increased screening rates, follow up care remains a challenge. According to MDH, 5.9 percent of the 68,000 newborns born in 2010 were referred for further testing after failing the newborn hearing screening. Of those, another 5.9 percent were confirmed to have hearing loss and 14.6 percent had no follow up or the results were unknown. The rest had normal results.

"If we learn that a newborn needs further testing or has an identified hearing loss, we contact that child's primary care provider and offer just-in-time information and follow up recommendations," said Nicole Brown, MDH Early Hearing Coordinator.

She urges pediatricians to look for the results prior to the

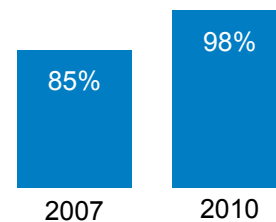
child's first check up. If the results are missing, contact the birthing hospital. If the hospital has referred the child for additional testing, be sure the family schedules an appointment with an audiologist before they leave.

"Make sure parents know that timely follow up is critical, even if it's for just one ear," Brown said. "If you do the diagnostic testing before three months of age, it can be done in a natural sleep state and you don't have to use sedation."

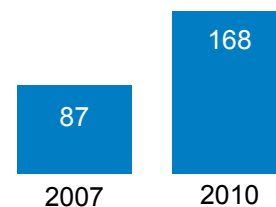
Finally, she reminds pediatricians that even if newborns pass their hearing screening, they can still develop hearing loss later in life. While approximately 200 infants are diagnosed at birth each year in Minnesota, another 200 will be diagnosed by Kindergarten. In those cases, parental concern is the number one red flag.

"Continued surveillance is critical," Brown said.

Percent of newborns screened for hearing loss:



Number of newborns diagnosed with hearing loss:



Resources for Providers and Clinics

- AAP Algorithm: www.medicalhomeinfo.org/how/clinical_care/hearing_screening/
- Online Referrals to Minnesota's Help Me Grow http://parentsknow.state.mn.us/parentsknow/Newborn/HelpMeGrow_SpecialNeeds/ReferChild/index.html
- MDH - Newborn Hearing Screening Website www.health.state.mn.us/divs/phl/newborn/hear_providers.html
- MDH - Next Steps After Diagnosis of Hearing Loss: www.health.state.mn.us/divs/fh/mcshn/ncfu/hear/index.htm

Almost every AAP chapter has an Early Hearing Detection and Intervention Chapter Champion who serves as the point person on newborn hearing issues at the state and local level to ensure success of reaching each of the AAP EHDl program goals.

Minnesota's Champion is Lisa Schimmenti, MD, associate professor of pediatrics at the University of Minnesota. She can be reached at las@umn.edu

(Word from the President continued from page 1)

Finally, we can speak out publicly regarding the importance of vaccines for children. It's critical for pediatricians to remain vocal about the benefits of vaccines within their own communities. Last month pediatricians from around the state sent letters to the editors of their local papers stressing the importance of immunizations -- and it's not too late for you to do the same. Feel free to use a letter similar to the one below:

Measles is circulating through Twin Cities communities. Carried from another continent by a child too young to be vaccinated, this contagious virus has spread to more than a dozen others. Some of the children infected with measles could have been vaccinated but were not. This highly contagious virus can spread to our community or others in the state wherever there are unvaccinated children, bringing with it the risk of preventable hospitalizations for complications like dehydration, pneumonia, even death. All unimmunized children from all segments of society are at risk.

Vaccines are among the most successful and cost-effective public health tools for preventing disease and death. They not only help protect vaccinated individuals, but also help protect entire communities by preventing and reducing the spread of infectious disease. Children are immunized for 14 vaccine preventable diseases by age 2. When this happens, the youngest infants in a community are protected until they are old enough to receive the vaccines.

Because of the success of vaccines, parents often are unaware that their children are at risk for so many serious and

life-threatening diseases. The recent measles outbreak is a startling reminder that continued vaccination is necessary to protect everyone from potential outbreaks.

Also, parents may have heard stories about vaccines being unsafe. These fears stem from inaccurate information and misconceptions about vaccines, but the diseases they prevent are very real, and present far greater danger to children. In the course of a few decades, parents' concerns have shifted from fear of the disease to fear of rare side effects. Immunization is extremely safe. Vaccines are thoroughly tested before they are approved for public use. They are monitored carefully by doctors, researchers and public health officials.

Immunization is one of the best ways parents can protect their children against serious disease. I encourage parents to talk to their health care provider about their concerns and to make sure their infant is up-to-date on immunizations.

As pediatricians, we are familiar with the benefits of immunizations, but many parents aren't. Let's do what we can to educate our communities on this topic and avoid unnecessary outbreaks in the future.



Marilyn Peitso, MD, FAAP
MN-AAP President



Dr. Robert Jacobson (second from the left, back row) representing MN-AAP at a press conference about the importance of immunizations last month.



Dr. Gerry Gilchrist (right) representing MN-AAP at a press conference about the importance of newborn screening last month.



Drs. Robert Jacobson (back row) and Gordy Harvieux (third from right) representing MN-AAP at a meeting with the Commissioner of the MN Department of Health regarding health care homes.

New, Early Childhood Exhibit at Science Museum of Minnesota

By Anjali Goel, MD, University of Minnesota



As a pediatrician I have the honor of meeting and engaging with our future every day. That's because our future is inextricably tied to how we work to foster the health and well-being of the next generation.

When we fully attend to the cognitive, physical, social/emotional domains of children's development we can expect to see children grow up to be productive and responsible citizens who participate in civic life. When we fail to attend to ALL the developmental domains of our children, we pay a steep price: a diminished and insecure society.

Recent discoveries in the neurosciences confirm this important life lesson. The early years of life matter because early experiences affect the architecture of the developing brain. As it emerges, the quality of that architecture establishes either a sturdy or fragile foundation for all of the development and behavior that follows — and getting things right the first time is easier than trying to fix them later.

When early experiences are positive, the architecture of the brain can build itself from the bottom up in a healthy fashion. For children that experience stressful things such as poverty, abuse or severe maternal depression, the building process is thwarted, and the probability of poor outcomes increases. Toxic stress happens without consistent supportive relationships, and leads to lifelong problems in learning, behavior, and both physical and mental health.

The research is eminently clear. All children need to live in an environment of healthy relationships — with family members, with caregivers, with members of the community. Like the process of serve and return in tennis children naturally reach out for interaction. For our youngest children, it may be through babbling and facial expressions; for older children, it is through conversation and positive attention. If adults do not respond by getting in sync and offering back the same level of engagement, the child's learning process is incomplete. This has huge negative implications for later learning and health.

The Wonder Years is an exhibit developed by The Science Museum of Minnesota in collaboration with the University of Minnesota's Center for Early Education and Development. It is an interactive, scientifically accurate distillation of the science of birth to 5 years. The exhibit explores how young children learn and how scientists learn about children's development.

The exhibition is about children but is for everyone, parents and non-parents alike. Try out puzzles and glasses that help you see and experience the world as toddlers do, test yourself at the early childhood quiz, see videos from researchers that show how children understand the world around them.

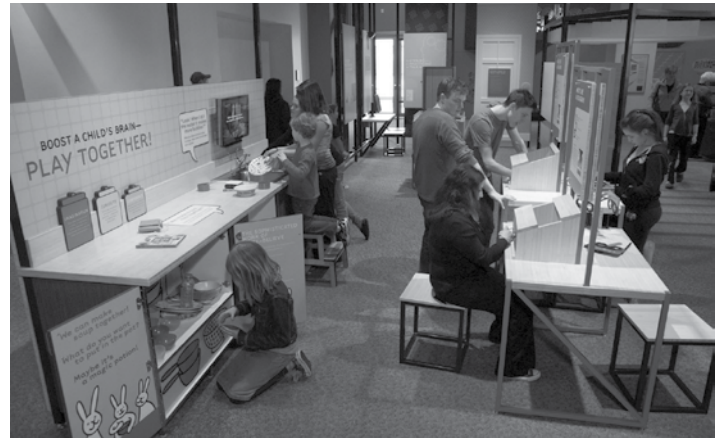


Image courtesy of Science Museum of Minnesota

Citizen Conferences

A goal of the Wonder Years project is to help the public understand the role society must play in providing strong foundations for a healthy and productive life. To achieve this there will be a series of Citizen Conferences held in the Twin Cities and outstate Minnesota beginning in May 2011. Parents, state and local policymakers, early childhood advocates and interested citizens will gather for half-day working sessions to discuss what society's responsibility is to children ages 0-5.

As primary health care providers, we have the first point of contact with children and families and are privileged to have trusting relationships with families. It is imperative that we play a more active role in these conversations that are going on across the state. Members of the planning committee are very interested in engaging members of the medical community. Please consider participating in the citizen conferences. For further information contact me: Anjali Goel at goel0010@umn.edu.

If you would like further information about the actual exhibit or hosting a meeting at the Science Museum please contact Robert Garfinkle at rgarfinkle@smm.org or 651-221-4587.

Pediatricians in the News

Awards: **Dr. Marilyn Peitso** received the Spirit of Women Award from CentraCare, which celebrates women who take action make their communities healthier.

Press/Media: **Dr. Gerry Gilchrist** provided statements on behalf of MN-AAP at a press conference to retain newborn screening. **Drs. Dawn Martin, Robert Jacobson, Marilyn Peitso, Tom Schrup and Jon Dennis** participated in press conferences held during National Infant Immunization Week. **Dr. Mary Meland** was interviewed by WCCO radio on behalf of MN-AAP about pediatric care. **Dr. Daniel Gruenstein** was interviewed by CBS on implanting a new transcatheter heart valve in pediatric patients with pulmonary congenital valve defects.

Testimony: **Dr. Anne Edwards** presented testimony in support of the current law on minor consent. **Dr. Sue Berry** provided testimony in support of newborn screening.

New/Renewed Members

Nearly 900 pediatricians are members of MN-AAP!

Welcome new/renewing members!

Susan Asch, MD
Laurel Anderson, MD
Philip Fischer, MD
Tina Slusher, MD
Robert Johnson, MD
Jeffrey Schiff, MD
Danielle Bennett, MD
Haley Carden, MD
Imad Absah, MD
Parvin Dorostkar, MD
Patricia Scherrer, MD
Michelle Hulse, MD
Emily Moody, MD
Richard Allen, MD
Theresa Wampler-Muskardin, MD
Katherine Venable, MD
Sonya Schober, MD
Donavon Hess, MD
Edward Martin, MD

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



2012 Call for Proposals:

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.

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

Employment Opportunities

Minnetonka, MN
Pediatrician, Urgent Care for Kids

St. Cloud, MN
Pediatrician, CentraCare Clinic

Stillwater, MN
Pediatrician, Stillwater Medical Group

Minneapolis, MN
Pediatrician, Park Nicollet Clinic

Minneapolis, MN
Pediatrician, Hennepin County Medical Center

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

Seeking Nominations for Distinguished Service and Child Advocacy Awards

Nominate a pediatrician for outstanding efforts to contribute to the improvement of child health care. Or nominate 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.

Details and nomination forms at www.mnaap.org/nominatingcommittee.htm

American Academy of Pediatrics

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Join us for MN-AAP's

2011 Annual Meeting

Friday, June 3,
6:00 - 9:00 p.m.

Marriott Hotel, Bloomington

Featured Speaker: MDH Commissioner Dr. Ed Ehlinger

For details or to register, turn to page 5
or visit www.mnaap.org/annualmeeting.htm