



# Minnesota [www.mnaap.org](http://www.mnaap.org) Pediatrician

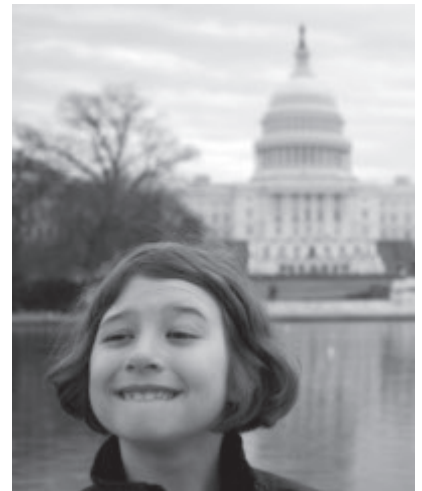
THE NEWSLETTER FOR THE MINNESOTA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS

## November 2011

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## Pediatrics and Politics: What to Expect in the Next Session

The Minnesota Legislature is expected to be off to a relatively quick start in 2012 and many anticipate a short legislative session. In addition to the policy proposals that usually constitute the majority of the legislative work in the second year of a biennium, legislators and the Governor are likely to once again face a budget deficit, the size of which is yet to be determined. The majority has already begun laying out a busy agenda of items they'd like to get done.



As discussions continue on how our state will respond to health care reform, it will be key to make certain the voice of children is not lost in the debate.

With the 2012 session drawing near, MN-AAP is in the midst of crafting its policy priorities to take to the Legislature. Our process for determining legislative priorities begins with input from all of you. We look to the annual member survey sent each August to membership to set the direction for legislative priorities.

*(Continued on page 4)*

## A Word from the President: Marilyn Peitso, MD



Greetings to all pediatricians and child advocates throughout our great state and beyond! As we sadly bid farewell to another great Minnesota summer, we return to pursuits not involving lakes, mosquitoes, and sun block.

Your MN-AAP Board has been hard at work planning for the upcoming year. At our annual strategic planning session in September, we reaffirmed our mission statement...

*(Continued on page 3)*

Minnesota

# Pediatrician

*The official publication of MN-AAP*

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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](mailto:debilzan@mnaap.org)

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## Upcoming CME Opportunities

2011

**Nov. 9**  
[What's New in Pediatrics?](#)  
Community Memorial Hospital

**Nov. 22**  
[Neonatal Resuscitation](#)  
HealthEast

**Dec. 2**  
[Management of Musculo-skeletal Conditions](#)  
Gillette Children's

**Dec. 5**  
[Pediatric Advanced Life Support \(PALS\) Renew](#)  
HealthEast

**Dec. 15, noon - 1 p.m.**  
[Webinar: Managing Hypertension in Children](#)  
Hosted by MN-AAP

**Dec. 13**  
[Live Video Conference: The Pediatric Sexual Assault Examination](#)  
Essentia Health

**Dec. 21**  
[Live Video Conference: Depression in Children/Adolescents](#)  
Essentia Health

2012

**Jan. 4**  
[Interesting Cases in Pediatric Critical Care](#)  
Rainy Lake Medical Center

**Jan. 20, noon - 1 p.m.**  
[Webinar: PCOS and Insulin Resistance](#)  
Hosted by MN-AAP

**April 10, noon - 1 p.m.**  
[Webinar: Extreme Treatments for Morbidly Obese Children](#)  
Hosted by MN-AAP

**May 10**  
[Sexuality in Children and Adolescents](#)  
Children's Hospital, Mpls.

**May 21 - 23**  
[Clinical Gait Analysis: A Focus on Interpretation](#)  
Gillette Children's

**May 30 - June 1**  
[Third Biennial Pediatric Neurosciences Conference](#)  
Mpls Convention Center  
Hosted by Gillette Children's

**June 1**  
[Immunization Hesitancy Training and Pediatric Obesity Conference](#)  
Hilton, Bloomington  
Hosted by MN-AAP

To register or for more information, visit  
[www.mnaap.org/calendar.htm](http://www.mnaap.org/calendar.htm)

*(Word from the President, continued from page 1)*

The MN-AAP, a partnership of pediatricians, will lead to assure optimal health of all children in the state of Minnesota. We will accomplish this by:

1. Advocating for all children and their families as the resource for child health policy makers so that children of Minnesota achieve maximum potential of physical, social and emotional well-being;
2. Collaborating and networking with others with shared vision to guide ongoing improvement of children's health as a resource for information about pediatric health care.
3. Acting as the statewide resource to connect pediatric health care providers, to engage members' talents and to increase the effectiveness of physicians and staff through advocacy, networking and educational opportunities; and
4. Guiding transformation of pediatric practice to a sustainable model that improves child health and thereby society.

Our priorities for the coming year are guided in part by input from the member survey. A high priority will be to continue to improve communication to the members by email, newsletter, and in person. We want to connect with specialty and primary care pediatricians whenever possible.

MN-AAP's legislative advocacy has a high value for MN-AAP members, and we will work to broaden communication regarding legislative issues. If you have ideas about how

you want to receive information from your chapter, or would welcome a visit to your practice from a board member, let us know.

Another priority will be to further develop MOC 4 activities as a benefit of membership. Coming soon are MOC 4 modules on obesity, immunizations, and health care home.

A third priority involves data. MN-AAP members will be working with Minnesota Community Measurement to develop appropriate pediatric measures for use in public reporting. We will be focusing on use of data in our existing workgroups on obesity, immunizations, and health care home.

Lastly, we will continue to work on our grant-funded projects to improve cultural effectiveness with immigrant populations, and develop materials to assist pediatricians in working with vaccine refusers.

Thanks for your support in our shared commitment to improving the health of children in Minnesota.



Marilyn Peitso, MD, FAAP  
MN-AAP President

*Save the date and plan to attend our next annual meeting and CME conference*

**Friday, June 1, 2012 | Hilton, Bloomington**

Morning - CME conference on pediatric obesity  
Afternoon - CME training on vaccine hesitancy  
Evening - Annual meeting and dinner

*Stay for all or part of the day!  
More details soon. Mark it on your calendar now!*

*(Peds and Politics, continued from page 1)*

Next, MN-AAP's public policy committee will be meeting November 17 to identify expected public policy issues and focus on 2-3 priorities for the coming session. The recommendations for key priorities will be sent to the board for final approval. Throughout the session, not only do we advocate on these priorities, but we respond to significant issues that arise which may impact children. Last year, for example, we rapidly responded to bills which would have repealed minor consent and which would have significantly altered our existing newborn screening program.

This year's session promises both opportunities and threats, and we invite your participation.

#### *Public Policy Meeting: November 17*

To prepare for the 2012 legislative session, MN-AAP's public policy committee will be meeting on November 17, 2011 from 6:30 - 8:30 p.m. in Minneapolis. The purpose of the meeting is to identify expected public policy issues and focus on 2-3 priorities for the coming session. As a member, you are welcome to send your legislative questions, issues and priorities to [cairns@mnaap.org](mailto:cairns@mnaap.org) for consideration at the meeting.

#### *Peds Day at the Capitol: February 21*

Another great way to voice your concerns to legislators is by meeting with them during our annual Peds Day at the Capitol, which will be held Tuesday, February 21, 2012 from noon - 4 p.m. at the State Capitol in Room 316.

Peds Day at the Capitol is a great way to inform and advise legislators on ways to improve child health in Minnesota. Last year more than 110 pediatricians and pediatric residents gathered at the Capitol to address access to care and other issues, and we hope to have even more in 2012!

Register at [www.mnaap.org/pedsdayatthecapitol.htm](http://www.mnaap.org/pedsdayatthecapitol.htm)

### **SIGN UP TO RECEIVE LEGISLATIVE UPDATES FROM MN-AAP**

Want to know what's happening at the Capitol with regard to pediatrics throughout the session?

If you want to be added to the list of members who receive legislative updates about issues affecting pediatricians, e-mail [debilzan@mnaap.org](mailto:debilzan@mnaap.org)

## **FEBRUARY 21: PEDS DAY AT THE CAPITOL**

*Join MN-AAP and more than 110 community pediatricians and pediatric residents from around the state on Feb. 21, 2012.*

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

Last year we successfully preserved our newborn screening program, preserved minor consent to care for adolescents, and with our coalition partners sought to decrease child and teen smoking rates through a "little cigar" tax and increased tobacco taxes. 2012 is a whole new session with much policy to be debated.

Never been to Peds Day before? MN-AAP prepares you with all the talking points. Don't miss this opportunity to advocate for children!

Questions? Contact Anne Edwards, MD, Chair of the Policy and Advocacy Committee, at [aredwards@aap](mailto:aredwards@aap).



For more details or to register, visit [www.mnaap.org/pedsdayatthecapitol.htm](http://www.mnaap.org/pedsdayatthecapitol.htm)

### **New National Database to Show Payments and Perks to Doctors, Effective Jan. 1**

Physicians who accept gifts such as note pads and coffee mugs could be listed in a new public database .

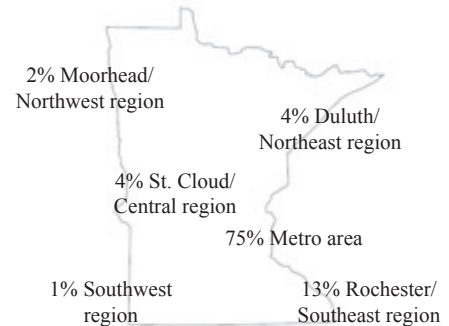
The Sunshine Act, which takes effect Jan. 1, requires manufacturers of medical products covered by Medicaid, the Children's Health Insurance Program or Medicare to report direct payments and gifts of more than \$10 to physicians or teaching hospitals. If gifts valued less than \$10 reach \$100 annually, they must be disclosed also. Items and samples that benefit patients are exempt.

# Who and where are Minnesota's Pediatricians?

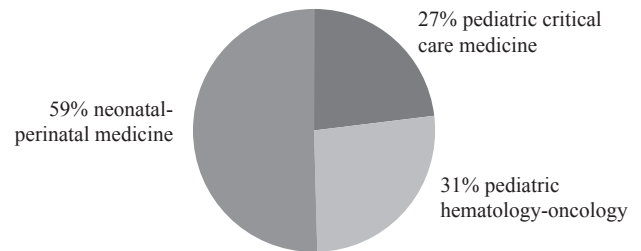
The Minnesota Board of Medical Practice maintains the official database of licensed pediatricians in the state. MN-AAP staff reviewed this data in July 2011 and identified the following interesting facts:

- There are 1,272 licensed pediatricians in Minnesota. Of these, 66 percent are MN-AAP members.
- 52 percent of Minnesota's pediatricians are females
- 75 percent of Minnesota pediatricians are over age 40
- 75 percent of pediatricians practice/work in the seven-county metro. 25 percent practice/work in greater Minnesota.
- 20 percent of pediatricians are certified with a specialty. Neonatal-perinatal medicine is the most common, followed by pediatric hematology-oncology and pediatric critical care medicine.

*Where they reside/practice:*



*Most common specialties:*



To read about or contact other MN-AAP members, go to [www.mnaap.org](http://www.mnaap.org) and click on Community of Pediatricians.

Your username is your AAP ID and your password is your last name.

## Statewide Child Psychiatric Consultation Service is Coming

Primary care practitioners and other health care professionals will soon be required to call a collaborative psychiatric consultation service in order to receive guidance and authorization for prescribing certain psychiatric medications for children enrolled in [fee-for-service MA](#).

The service is expected to open later this year, Monday through Friday from 7 a.m. to 7 p.m. A triage professional, most likely a licensed social worker, will answer calls and determine the most appropriate response to each request. Requests for medication authorization and/or collaborative psychiatric consultation will be routed to on-call psychiatrists who have qualifications specific to the request.

Minnesota Department of Human Services officials will track the cost of the consultation services provided and monitor the effect of the program on emergency room utilization, inpatient psychiatric hospitalizations, use of psychotropic medications, use of residential and day treatment, partial hospitalizations, use of outpatient therapies and rehabilitation services, and use of other health care services.

In addition to tracking costs and utilization, they will measure whether access to and quality of treatment improves as a result of better collaboration between primary care and behavioral health providers.

There is an excellent article with more details about this service in the October 2011 issue of Minnesota Medicine titled, "Collaborative Psychiatric Consultations." It can be found online at [www.minnesotamedicine.com/CurrentIssue/CollaborativePsychiatricConsultations.aspx](http://www.minnesotamedicine.com/CurrentIssue/CollaborativePsychiatricConsultations.aspx)

Do you have questions about this new service? If so, please send them to [cairns@mnaap.org](mailto:cairns@mnaap.org)

Your questions will be addressed by DHS during MN-AAP's next board meeting in December.

# Texting, Sexting and Posting: 4 Tips to Offer Parents

Three quarters of teens maintain a profile on Facebook or a similar social networking site. The same percentage of teens also carry a personal cell phone. As a result, they are texting, posting and sharing more information than ever before.

In fact, teens send an average of 3,700 text messages per month -- that's about 120 texts per day. Even more shocking is the fact that many aren't just texting, they're also sexting. Recent surveys indicate that fully 20 percent of teens have sent or received a sexually explicit photo.

Most kids and parents may not realize it, but sexting could lead to a felony in Minnesota. That's because it's illegal to generate, possess or distribute images of children under 18. If caught, these kids could be labeled as a sex offender.

Parents aren't the only ones who are concerned about inappropriate texting, sexting and postings on Facebook. The Minnesota Department of Education says sexting and cyber-bullying are impacting the classroom.

"What's become quite apparent is that even though Facebook slams or texts are sent to kids at 2 a.m. off school grounds, that still has an impact on the learning environment on Monday morning," said Nancy Riestenberg, a school climate specialist at the Minnesota Department of Education.

She said many schools are trying to take steps to educate students and parents about the consequences of sexting and cyber-bullying both before and after these events occur.

"The schools have found that many parents and kids don't realize sexting is illegal," she said. "Many parents also don't realize they can monitor or even take away the computer or cell phone."

She offered several suggestions on what pediatricians can say to parents and children about these issues, which can be found in the sidebar to the right.

## Common texting codes

LOL = Laughing Out Loud	PIR = Parents In Room
TTYL = Talk to You Later	OTB = Off to Bed
BRB = Be Right Back	^5 = High Five
OMG = Oh My Goodness	CU = See You
WTF = What The F***	GNOC = Get Naked on
B2W = Back to Work	Camera
L8R = Later	IDK = I don't know

## 1. Set some ground rules

Establish basic guidelines like how much time kids can spend online for homework and recreation and when they are allowed to text. Turn off cell phones during meal times. Remind kids about the possible consequences of texting or posting inappropriate photos. If they receive a sext, they should tell a parent.

## 2. Keep computers and cell phones out of the bedroom.

Parents should put the computer in a common, public area in the house. Cell phones should not be kept in kids' bedrooms overnight and shouldn't serve as an alarm clock. This will reduce the temptation to check or send messages late at night.

## 2. Let your kids know you'll be monitoring their online and cell phone activity

Parents have the right and responsibility to monitor their kid's activity, even online. They should occasionally check the Internet history on their computer, visit their child's Facebook profile and scan through text messages or cell phone records for unusual activity. They might also consider turning on certain security features and disabling the camera setting on the computer or cell phone.

## 4. Look for ways to increase physical activity and family time

AAP recommends no more than 2 hours of recreational screen time per day. Kids who are involved in sports and family activities -- including family meals -- will have less time to spend online and fewer opportunities to engage in inappropriate behavior.

To download parent handouts on cell phones, sexting and social networking, visit [www.mnaap.org/forparents.htm](http://www.mnaap.org/forparents.htm)

## Running for Good: Duluth Pediatrician Coordinates 5K for Charity

In 2007 Dr. Nancy Monaghan-Beery, a pediatrician at Essentia Health, decided to organize a simple 5K to raise awareness of childhood obesity in her community. Little did she know the Duluth Harvest Run would grow to involve hundreds of families from the area and raise thousands of dollars for children's health services.

This year's race, held on October 15, involved more than 700 runners/walkers and raised more than \$10,000 for the NICU at St. Mary's Hospital. Over the past five years, the race has raised \$22,000 for children's services at Essentia Health.

To promote the event this year, Dr. Monaghan-Beery gave t-shirts to her entire pediatric department, inpatient nurses at pediatrics, and NICU. Everyone wore the shirts every Thursday one month before the event.



"This was a great way to encourage others to sign up and really brought us together as a team," she said.

Runners took the North Shore Scenic Railroad to the starting line and ran along Lake Superior in the midst of changing fall colors.

"We put our heart and soul into it and it is worth it -- we say that every year," she said.

Next year's race will be held Saturday, October 13, 2012. Find out more at <http://dccharvestrun.com/>

*Free lunchtime CME webinars  
for members!*

### Managing Co-morbidities: Hypertension

Dec. 15, 2011, noon – 1 p.m.

By *Dr. Carl Cramer, pediatric nephrologist, 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](http://www.mnaap.org/obesitywebinars.html)*



Delivering Next Generation Care



## RESEARCH IN CHILD HEALTH DINNER FORUM: Focus on Childhood Obesity

**Wednesday, November 16, 2011**

6-8 p.m.

Children's Hospital Minneapolis Education Center

This is a great opportunity to hear from your peers and learn about potential opportunities to participate in clinical research. Dinner is included.

*This is the first in a new series of dinner programs highlighting child health research collaborations between the University of Minnesota and Children's Hospitals of Minnesota. The focus will be on engaging primary care providers in practice-based research generating new knowledge about important and unmet child health care needs.*

For more information or to register, contact  
Andrea Leinberger-Jabari at [lein0072@umn.edu](mailto:lein0072@umn.edu) or (612) 624-4247 by Friday, Nov. 11

# MN-AAP Surveys Interest in Vaccine Purchasing Options

The Minnesota chapter of the American Academy of Pediatrics (MN-AAP) Immunization task force surveyed primary care clinics with at least one pediatrician on staff from the period of April to June 2011.

The survey included a total of fifty two (52) pediatrics-only clinics with a 63% response rate and one hundred seventy-eight (178) multi-specialty primary care clinics with at least one pediatrician on staff, which had a lower response rate of 30%.

The MN-AAP Immunization task force partnered with the Minnesota Department of Health-Immunization Unit to identify survey questions that focused on vaccine purchasing, administrative issues related to immunizations, education needs and other comments.

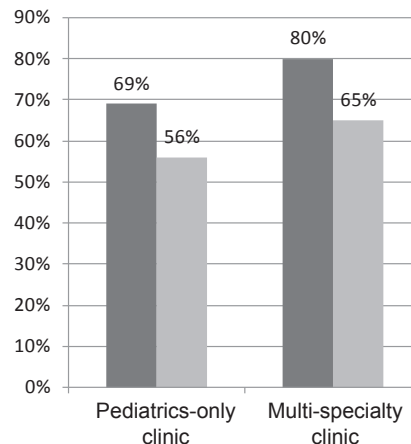
Based on these preliminary results, it would appear that the majority (81%) of responding pediatrics-only clinics feel their net revenue from providing childhood and adolescent immunizations has decreased in the last 3 years. This compares to a minority (45%) of multi-specialty clinics responding to the same question.

- Responding clinics report similar levels in increased referrals to public health for vaccinations: 17% in pediatrics-only clinics compared to 16% in multi-specialty clinics.
- Responding pediatrics-only clinics (18%) report much higher rates of consideration/discussion in discontinuing provision of ALL vaccines to privately insured patients due to vaccine cost/ administration fee/ reimbursement issues compared to a much lower rate of 7% in the multi-specialty clinics.
- Multi-specialty clinics with at least one pediatrician

on staff report a higher rate (18%) of consideration/discussion on whether to stop participating in the state immunization/VFC program compared to the lower rate of 12% in pediatrics only clinics.

- Both pediatrics-only clinics as well as multi-specialty clinics with at least one pediatrician on staff are interested in both the vaccine purchasing pool and universal vaccine purchase. Responding pediatrics-only clinics have a nearly equal interest in both vaccine purchasing pool (56%) and universal vaccine purchase (69%) compared to the multi-specialty clinics that were more interested in the universal purchase (80%) than the vaccine purchasing pool (65%).
- There is a strong interest from both types of clinics in a CME on vaccine hesitancy, pediatric immunization QI project and information on integrating MIIC into EMR systems.

MN-AAP is exploring ways to decrease vaccine costs. Is your clinic interested in information on either of these options?



- **Universal vaccine purchase.** (State and health plans pay for vaccine through single-purchasing agent. This agent is responsible for purchase and distribution of vaccine; clinics are still reimbursed for administration of vaccine.)
- **Vaccine purchasing pool.** (Clinic still pays for vaccine, but at a discounted rate due to volume purchase with other clinics.)

## Adult Vaccinations Increasing at Local Stores

Americans head to the store for milk, bread, eggs, and increasingly, vaccines.

While the single most common place of influenza vaccination was the doctor's office during the 2010-2011 influenza season, an increasing proportion of influenza vaccinations took place in supermarkets and drug stores, according to the CDC's weekly morbidity and mortality report from June 17.

This report estimates that the proportion of adults vaccinated

in a doctor's office was 40 percent during the 2010-2011 influenza season. The proportion of adults vaccinated in stores (e.g., a supermarket or drug store) during the 2010-2011 season was 18 percent, an increase of at least 10 percentage points compared to the 1998-1999 and 2006-2007 influenza seasons.



# The Cocoon Effect: Addressing the Importance of Family Immunizations

Despite an effective vaccine, pertussis cases are on the rise in the United States and pertussis remains one of the most common vaccine-preventable diseases. Some experts believe this is due in large part to un-immunized or under-immunized individuals.

Unfortunately, those most at risk for pertussis complications and even death are infants younger than 6 months of age. Despite starting routine pertussis immunizations, full protection is not typically achieved until after the third dose at 6 months of age.

For this reason, the CDC recommends a vaccination strategy known as “cocooning.” This approach calls for the parents of the infant as well as other close contacts to become immunized against pertussis, providing a “cocoon” of extra protection around the infant.

Several hospitals in Minnesota also offer the vaccine to new parents before they head home with their newborn. However, the CDC now recommends that pregnant women receive the vaccine before the baby is even born.

In addition, the CDC and AAP advise pediatricians to ask whether parents, siblings and others who come in close contact with the infant have been immunized against pertussis. In September, AAP went as far as to say that all new grandparents should receive the pertussis vaccine. The CDC also recommends this and expanded the age from under 65 to include those greater than 65 who have contact with infants less than 12 months.

The cocooning strategy isn't limited to pertussis, however. It can also be an effective strategy during flu season.

*More than 75 percent of young infants who contract pertussis are infected by a member of their household.<sup>1</sup>*

*Young infants have the highest rate of pertussis; in 87-100% of all deaths, the victim is less than 6 months of age.<sup>2</sup>*

Like many clinics, Mayo Clinic now offers flu vaccines to adults and bring-along siblings while they are in the room with patients.

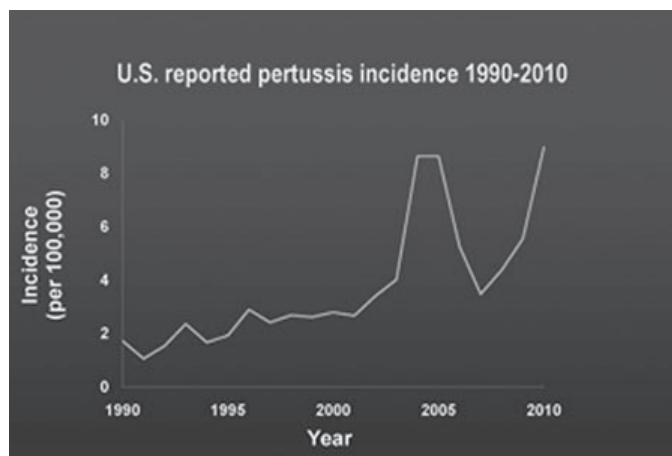
“I think that the child’s immunizations should be addressed at every visit and that it is very reasonable to ask at that time about other family members,” said Dr. Robert Jacobson, pediatrician at Mayo Clinic.

Dr. Cindy Howe at Partners in Pediatrics says she tries to discuss the importance of parents, grandparents and caregivers receiving flu vaccines at every well visit, especially for infants under 6 months of age.

“We also give prenatal visits at hospitals and recently added a discussion about the importance of flu and Tdap vaccines for parents,” she said.

Dr. Lisa Schweiger with Cambridge Medical Center says reminders do help and seem more well received if they are done in a non-confrontational way.

“Another thing that helps is telling anecdotal stories about non-immunized or under-immunized patients who have suffered some serious illness or consequences that could have been prevented with vaccine,” she said. “In some cases, these stories have helped them decide not to further delay vaccines.”



CDC, National Notifiable Diseases Surveillance System, 2010

<sup>1</sup> Center for Vaccine Awareness and Research at Texas Children's Hospital, <sup>2</sup> CDC

## Key messages to get across to parents

- There's no time like now to get up-to-date. The next outbreak may be just a plane ride away.
- No vaccine is completely protective. It's important to build a cocoon around your child through your household's immunity.
- That goes for me, too. My vaccines are up to date so that I can provide a cocoon for you and your family.

# Lesson Learned: Charging for Phone Care

In pediatric practice, telephone care is utilized to a much greater extent than in other medical specialties. However, some pediatricians charge for phone care and some don't.

Metro Pediatric Specialists, P.A., for example, doesn't bill for any phone consultations. Like many clinics, phone calls are generally routed to in-clinic nurses who send along specific questions to pediatricians for follow up, if necessary.

On the other hand, Fairview Medical Group began billing for physician phone care earlier this year after realizing physicians were doing a lot of things over the phone that were taking the place of an office visit.

HealthPartners has been billing for physician phone care for several years now. In fact, phone and e-visits make up as much as 8 percent of appointments at one location.

MN-AAP asked Dr. Larson with Fairview Clinic in Elk River as well as Dr. Elsa Keeler and Dr. Beth Averbeck from HealthPartners about how they charge for phone care. Their answers are below.

## **Are there certain protocols your clinic follows with phone care? Are they limited to certain diagnoses?**

Dr. Larson (Fairview): A follow-up phone visit is at the discretion of the provider. However, we are currently piloting using a list of certain complaints that can automatically be offered a same-day phone visit in place of an office visit by our schedulers.

Dr. Averbeck (HealthPartners): We're learning along with our patients what might work best for a phone visit versus an office visit or even an e-visit. We're finding that phone visits work well for acne treatment, follow up on ADHD visits and follow up on chronic conditions or minor, acute illnesses.

## **Do you schedule the phone care/e-visits in advance?**

Dr. Larson (Fairview): Yes, we will soon have time blocked on our schedules every day for phone visits; we're hoping this will encourage more same day visits. In addition, follow-up phone visits for medical management or chronic conditions can be scheduled at any time, just like a regular office appointment.

## **What is an example of a recent phone visit you charged for?**

Dr. Keeler (HealthPartners): I recently received an e-mail from a mom via her son's electronic medical record with questions about a recent behavioral health evaluation and next steps. I called her at a pre-arranged time and we spoke for 20 minutes about the recent assessment,



her concerns, options for further assessment, behavioral strategies for home and school, and my recommendations for her. I documented the information in the medical record under a telephone encounter and billed the visit based on the time spent (11-20 min).

## **Have you received any push back from payers?**

Dr. Larson (Fairview): None. We didn't start billing for phone visits until we had it worked out with insurance.

Dr. Averbeck (HealthPartners): We haven't had any push back from the insurance companies. I think we're all recognizing there are likely different ways of providing care.

## **Any lessons learned you could share with others?**

Dr. Larson (Fairview): We bill by time, so I always tell the family how long the call was. We have two staff confirm with the family that they understand the billing process when the appointment is scheduled and when they're "roomed." We also don't give a specific time for the appointment, but more of a time window.

Dr. Keeler (HealthPartners): As a provider, I needed to change my mind set and recognize that there is value in these modes of communication (e-mail and phone visits) in a more formal, scheduled manner. They improve the patient's (parent's) experience, timeliness of care, and are often easier for parents than a traditional clinic visit (no need to take extra time off of work, deal with distractions, etc).

The 2008 CPT manual for non-face-to-face services states that if the subject of the telephone call is NOT related to a visit that took place 7 days prior and does not lead to a visit with 24 hours of the call, then it is a separate service that can be reported.

For more information about charging for phone care, visit <http://practice.aap.org/telecarepmt.aspx>

# Virtual Visits: How Minnesota Hospitals and Clinics are Using Telemedicine

At Winona Health, Terry Donnal, MD, receives a message. One of his patients is wheezing at school and is in the nurse's office. He turns on his monitor and immediately connects with the child and the school nurse. He begins to monitor the child's vital signs. With a blue-tooth stethoscope fixed to the child's chest, he can even listen to the child's heart beat. Over the next few minutes, Dr. Donnal determines whether the child needs to use medication, come in for a follow up visit or head to the ER.

In conjunction with Mayo Clinic, Winona Health is studying how health care costs can be reduced through telemedicine while improving the continuum of care. The \$12.5 million grant brings together Mayo Clinic, Winona Health, Olmsted Medical Center, Austin Medical Center and 11 counties.

"The general concept is we're taking the appointment room to the patient," Dr. Donnal said. "We're sending a lot of kids to school with chronic conditions these days. The value of telemedicine is you don't have to take the child out of school or the parents out of work in every situation."

Three schools in the area are now equipped with secure telemedicine stations, allowing school nurses to access a physician within minutes. Right now the stations are being used exclusively for kids with asthma, but eventually they will be used to connect with doctors about other chronic conditions. In the near future, additional stations could be placed in area nursing homes, assisted living centers, and even major companies.

So far, local residents and patients are excited about the potential benefits of this new model of care.

So what are the cost savings to Winona Health? Right now there are none. That's because the only way telemedicine visits are reimbursed under the current law are when visits occur from eligible sites, such as a clinic, hospital or long-term care facility located in a health professional shortage area. Schools currently are not an eligible site for reimbursement.

Dr. Donnal is out to change that, however, and prove that telemedicine stations in the community can help to reduce absenteeism and improve access to care. He and others from Winona Health and Mayo are petitioning the state for changes in the current reimbursement model.

"If we can prove the technology works, and it's accurate and beneficial for the patient, then I believe reimbursement will follow," he said.



A doctor listens to a young patient's lungs through a Bluetooth stethoscope.

## Examples of other programs

- In the past, Gillette Children's Specialty Hospital provided follow-up monitoring through Tri-County Hospital in Wadena to its cranio-facial infant caseload residing within a 50 mile radius of Wadena. Families appreciated this outreach and saved 6 to 8 hours of travel time for each visit. They reported they were 99 percent satisfied with the care.
- Essentia Health is using telemedicine to provide genetics counseling for its patients in conjunction with metro area hospitals.
- Children's Hospitals and Clinics of Minnesota is using telemedicine to provide remote consultations for high-risk deliveries.
- The University of Minnesota Amplatz Children's Hospital is using telemedicine to connect patient rooms to families at home.

### Telemedicine Resources for Clinics:

[www.americantelemed.org](http://www.americantelemed.org)

American Telemedicine Association

[www.telehealthlawcenter.org](http://www.telehealthlawcenter.org)

Center for Telehealth and e-Health Law

[www.gptrac.org](http://www.gptrac.org)

Great Plains Telehealth Resource and Assistance Center

[maureen.ideker@essentiahealth.org](mailto:maureen.ideker@essentiahealth.org)

Maureen Ideker, RN

# New Parent-to-Parent Support Program by Family Voices

In a 2009 survey Minnesota families of children and youth with special health care needs and disabilities (CYSHCN) reported challenges finding information about their child's conditions, services and information about specialists. (Leite, 2010)

In response to this survey and requests from families and healthcare organizations Family Voices of Minnesota established a state-wide Parent to Parent program for families of CYSHCN.

Backed by 30 years of research, parent to parent support has shown to be an important part of providing care to families of CYSHCN. The third edition of Bright Futures by the American Academy of Pediatrics provides guidance to health care providers about the role of primary care in promoting family support and states that, "Helping families identify natural support networks and community resources is essential."

Jennifer, one of Family Voices of Minnesota's volunteer support parents is the mother of Reier, a 5-year-old who has spastic quadriplegic cerebral palsy and epilepsy.

"There are many situations that happen I don't think parents of typical kids understand," she said. "The first

time I felt less scared in this new world of special needs was when our son's physical therapist connected us with another family who had a child with a similar diagnosis and demographics. When I first spoke with her, it was so reassuring to hear her story and to share similar experiences. I finally felt like someone understood me. Parent to Parent support offers families the opportunity to not be alone."

Family Voices of Minnesota is the resource for parent to parent peer support for families and health providers throughout Minnesota. Please consider referring families of CYSHCN you know or work with to Family Voices of Minnesota for parent to parent peer support and information.

Also, if you know parents of CYSHCN that might like to share their expertise with other parents and become trained "Support Parents," please refer them to Family Voices of Minnesota. Contact Carolyn Allshouse at Family Voices of Minnesota at 1-866-334-8444 or 612-210-5547 or at [P2P@familyvoicesofminnesota.org](mailto:P2P@familyvoicesofminnesota.org).

For more information about Family Voices of Minnesota, visit [www.familyvoicesofminnesota.org](http://www.familyvoicesofminnesota.org) and follow them on Facebook and Twitter.



**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](http://MeetTheMiracle.com)



# Peds Day at the Park: A Big Hit with Members

In August, MN-AAP members and their families gathered at Target Field to cheer on the Minnesota Twins and learn more about MN-AAP. This was the second annual Peds Day at the Park event.

If you're a Twins fan, watch for details next Spring and plan to join us!



The Bateman family from Willmar, MN.



Current and future pediatricians from around the state.

## AAP Announces New President Elect



Thomas K. McInerney, MD, FAAP, has been named 2012-2013 president of the AAP.

As president, he will work with legislators and other organizations to promote "facilitated enrollment," which identifies and encourages eligible families to acquire continual health insurance for children. Dr. McInerney will also press for pediatricians to be paid appropriately for providing a coordinated medical home for children.

Dr. McInerney has been a primary care pediatrician in private practice at Panorama Pediatric Group in Roch-

ester, N.Y. for 40 years and is professor and associate chair for clinical affairs in the Department of Pediatrics at the University of Rochester Medical Center and Golisano Children's Hospital. He is a graduate of Dartmouth College and Harvard Medical School and did his pediatric residency training at Cincinnati Children's Hospital and Children's Hospital Boston.

Dr. McInerney has held many elected and appointed positions in the AAP, and is editor-in-chief of the AAP Textbook of Pediatric Care and Pediatric Care Online. He and his wife, Beverly, have been married for 46 years and have four children and five grandchildren.

*Fact: 18 percent of eligible Minnesota members participated in the national election.*

## 2011 Chapter Member Survey Highlights

Thanks to all who took the 2011 member survey. Below are some of the results of the survey, which will help guide legislative and chapter initiatives in the coming year.

- More than one-third of respondents contacted their legislator last year in response to a legislative alert -- you played a key role in preserving newborn screening!
- More than 25 percent of respondents attended a CME event in the last year -- watch for additional CME opportunities in the coming year.
- Nearly 90 percent of respondents read the newsletter -- we hope you find it helpful!

Members' top legislative priorities:

1. Universal coverage and access to health care for children
2. Mental health (e.g. improved access to services, screening, suicide prevention)
3. Newborn screening preservation
4. Childhood obesity prevention



If you would like to receive legislative updates by email, send an email to [debilzan@mnaap.org](mailto:debilzan@mnaap.org)

## Member Profile:

# Mike Severson, MD, FAAP

*Pediatrician at Winona Health in Winona, Minnesota*

As the oldest of 13 children, Mike Severson, MD has been surrounded by kids for as long as he can remember. His career in pediatrics has spanned nearly 35 years, long enough to see how one person can make a difference in an individual, a practice, and even a community.

The highlight of his career was spending 15 years in Northern New York, where 100 Amish families decided to move shortly after he opened up his solo practice in 1977. The pay wasn't great, he said, but the rewards were high.

"I was able to develop some great relationships and helped change their immunization practices and how they used hospitals for high-risk deliveries," he said. "I worked for food and blankets and quilts and chairs, until my wife finally said, 'No more beets!'"

As the only pediatrician in the community, he put in long hours and frequently made house calls. By the time he and his family moved back to Minnesota, he had 6,000 patients. He left exhausted, but knowing he had made a difference in that community.

Another highlight of his career, he said, was when he decided to join AAP shortly after his residency and begin advocating for both pediatricians and children. In New York, he helped change the way pediatricians were compensated for coordinated care or health care homes. In Minnesota, he helped to shape MinnesotaCare, which became a national model for other states.

"If you're in rural practice for any length of time, you recognize the need for rural advocacy for children," he said. "You realize what they're not getting and what they deserve."

As a pediatrician at Winona Health, Dr. Severson is still making a difference in the lives of rural children. He continues to advocate for children by serving on the national board of AAP, representing children and pediatricians across the Midwest.

He also enjoys spending time with his wife, four children and nine grandchildren. "My wife has been as committed to the Academy as me," he said. "Without that commitment from her and my kids, I wouldn't have been successful."



Dr. Mike Severson with his wife, Linda.

### **You are currently working part-time at Winona Health. What are you doing with the other "half" of your time?**

I do enjoy reading and exercising, but right now the Academy takes up most of the time I have left. At a board level, we review everything that's written, and sometimes we have to rally the troops, like when Michelle Bachman made those erroneous comments about the HPV vaccine. I'm also chairman of the finance committee during this tough economy. So there's never a day when there isn't a challenge.

### **What is your greatest professional accomplishment?**

The biggest reward for me has been acknowledgement from parents and observing my patients grow up. Some have become major athletes, movie stars, teachers and doctors.

### **If you weren't a pediatrician, what would you be and why?**

Perhaps a journalist. I'd love to have the credentials to walk up to someone and figure out what's happening. The other would be doing research in a bioscience area.

### **What are the biggest challenges you face each day?**

You have the major challenges of earning enough money to pay huge vaccine bills and meet payroll. The other challenge is time. The fact that you were up through the night with a critically ill child or a high-risk delivery does not excuse you from starting your "A" game the next morning at 7:30 a.m.

### **What advice do you have for younger pediatricians?**

Take care of yourself and your family. Don't let income drive the amount you work so that you get into a cycle of making more and spending more and being away from what's important. Your biggest reward will be in giving back in terms of advocacy and teaching.

## New/Renewed Members

Welcome to those who have joined or renewed in the last three months!

Kristen Aggerbeck, MD	Tara Lang, MD
Renas Almubarak, MD	Nathalie Lechault, MD
Lauren, Becker, MD	Hannah Lichtsinn, MD
Calla Brown, MD	Daniel Mauriello, MD
Danielle Brueck, MD	Sarah McIntire, MD
Tim Capecci, MD	Beth Medford, MD
Gillian Centerwall, MD	Stephen Meyers, MD
Donald Chadwick, MD	James Moller, MD
Joshua Chapman, MD	Abby Montague, MD
Karl Chun, MD	Dana Mueller, MD
Raul Cifuentes, MD	Jennifer Mullally, MD
Colleen Correll, MD	Janielle Nordell, MD
Sansan Craig, MD	Ewa Oberdorfer, MD
Charles DeRubeis, MD	Ngozika Okoye, MD
Elizabeth Dietz, MD	Danah O'Neil, MD
Margaret Doose, MD	Angela Parsons, MD
Elissa Downs, MD	Katie Pfister, MD
Christina Dunn, MD	Chad Ramler, MD
Amanda Engstrom, MD	Janet Rasmussen, MD
Ryan Fabrizius, MD	Brenda Schiltz, MD
Amy Fair, MD	Luke Schroeder, MD
Sarah Fuerstenberg, MD	Joachim Schugel, MD
Thomas George, MD	Lacy Schwarze, MD
Natalia Gonzalez Paz, MD	Danielle Shimek, MD
Andrew Gottfried, MD	Kimberly Simon, MD
Barbara Gould, MD	Erin Stepka, MD
Laura Hagemeyer, MD	Matthew Straley, MD
Krista Hagen, MD	Michael F. Sweeney, MD
Emily Hall, MD	Michael Taylor, MD
Benjamin Hanisch, MD	Michele Tuepker, MD
Diane Harrington, MD	Katherine Venable, MD
Sara Hoff, MD	Amanda Webb, MD
Maureen Honish, MD	Adam Weber, MD
Jennifer Hsu, MD	Yosef Wexler, MD
Allison Hunt, MD	Jenna Wheeler Anderson, MD
Kelly Ishizuka, MD	Tyler Winkelman, MD
Amie Jones, MD	Samuel Wong, MD
Lesley Jones, MD	Paul Wratkowski, MD
Zach Kaltenborn, MD	Jade Wulff, MD
Tyler Ketterl, MD	Jason Young, MD
Erin Knudtson, MD	Tara Zamora, MD
Andrew Kopperud, MD	

## Congratulations to MN-AAP Member James H. Moller, MD, FAAP

AAP's Section on Cardiology and Cardiac Surgery recently awarded Minnesota's Dr. James Moller with the *Founders Award* for his "outstanding contribution in the field of pediatric cardiology and surgery." Congratulations, Dr. Moller!

## Do your families know about Text4Baby?

Since February 2010, pregnant women and new moms have been receiving information to help them care for their health and give their babies the best possible start in life.



This has been made possible by text4baby – a free text messaging service that sends 3 health messages to these women each week from pregnancy until the baby is 12 months old. It's even timed to their due date or baby's date of birth.

Women can sign up for the free service by texting BABY to 511411 (or BEBE for Spanish).

To order promotional materials for your clinic, visit [www.circlesolutions.com/text4baby/](http://www.circlesolutions.com/text4baby/)

## Employment Opportunities

St. Cloud/Sartell  
Pediatrician, HealthPartners

St. Paul, MN  
Pediatrician, Gillette Children's Specialty Healthcare

Minneapolis, MN  
Pediatrician, Park Nicollet

Minneapolis, MN  
Pediatrician, Hennepin County Medical Center

For details, go to [www.mnaap.org](http://www.mnaap.org)



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## Minnesota Pediatrician Takes First Place in AAP's 5K Race

Five Minnesota pediatricians participated in AAP's NCE 5K Fun Run/Walk last month to help raise money for Friends of Children.

Pictured left to right are Weining Hu, MD; Marilyn Peitso, MD; Brian Lynch, MD; Rachel Lynch, MD; and Jay Homme, MD.

Dr. Brian Lynch, center, took first place for the **third** year in a row! Way to go Minnesota!



## Please consider donating to our Foundation on November 16

GiveMN has declared Tuesday, November 16 as "Give to the Max Day" and is offering incentives for those who participate.

Please consider making a donation to the Minnesota Academy of Pediatrics on this day.

Watch your email for more information soon...