Word from the President: Lori DeFrance, MD, FAAP

I want to start off with a hearty congratulations to Dr. Nathan Chomilo who recently started his new position as Minnesota’s Medicaid medical director. He is an impassioned advocate who has highlighted the deep racial, health, and educational inequities in our state. He also serves as one of the early childhood champions to the MNAAP Board.

Leadership of the MNAAP met with Minnesota Commissioner of Education Mary Cathryn Ricker in February to discuss recommendations for safe and healthy schools, including the need for every school to have access to mental health professionals and physical activity. Included in the meeting were Drs. Janna Gewirtz-O’Brien, Tom Scott and Gretchen Karstens along with MNAAP Lobbyist Eric Dick and Executive Director Melissa DeBilzan. It was a focused discussion and hopefully the first of more to come.

As we continue to work through this winter’s seemingly relentless wave of RSV, influenza and unfortunately pertussis, I want to encourage all of you to take care of yourselves. I attended a Bounce Back conference in Minneapolis this winter which provided reflection and a reminder of our human experience and vulnerability as we navigate challenges in our professional and personal lives. This was the fourth annual event sponsored by the Bounce Back Project. The conference focused on stories, strategies and assembling our toolbox to renew and strengthen our resilience. I encourage you to take a look at their website www.bouncebackproject.org and consider attending one of their events.

I want to end with a deep and sincere thank you to each and every one of you. You make a difference every day as you care for children and families in their worst and best moments.

Elijah Cummings, former politician and civil rights advocate, said, “Children are the living messengers we send to the future we will never see. The future we are creating needs to be a brighter one for every child.”

Lori DeFrance, MD, FAAP
MNAAP President
lori.defrance@essentiahealth.org
LOCAL PEDIATRIC CME EVENTS

**Monday, March 23**
Pediatricians’ Day at the Capitol
Hosted by MNAAP

Friday, March 27 | 12:15 - 1 p.m.
MNAAP Webinar: Increasing Adolescent Vaccination Rates: An Introduction to Recall/Reminder Messages

Friday, March 27 | 8 a.m. – 3:30 p.m.
Autism Conference: Driving inclusion in clinical care
Hosted by Children’s Minnesota

Friday, April 17 | 12:15 - 1 p.m.
MNAAP Webinar: Creating a Plan: Five Steps for Sending Recall/Reminder Messages through MIIC

April 30-May 3
Child & Adolescent Psychiatry Practical Review for Primary Care Providers and Mental Health Professionals
Grand Superior Lodge, Two Harbors, MN
Sponsored by CentraCare

**Monday, May 11 – Tuesday, May 12**
Mayo Clinic Summer Pediatric Review 2020
Bloomington, MN
Hosted by Mayo Clinic

Friday, May 15 | 7:30 a.m. – 4:15 p.m.
Mental Health for Primary Care: The School Age Years
Science Museum of Minnesota
Hosted by Children’s Minnesota

**Thursday, September 10 – Friday, September 11**
2020 Twin Cities Pediatric Update
St. Paul RiverCentre
Hosted by Children’s Minnesota, University of Minnesota, and MNAAP
The 2020 legislative session started with the crack of a gavel midday on Tuesday, Feb. 11. Legislators wasted no time in beginning the work of the session with committees immediately meeting to begin processing bills. With 2020 being a short legislative session, legislators and advocates alike are moving quickly to advance their priorities.

Vaccine proponents opened the session with a rally on Feb. 18 to celebrate the tremendous success of vaccines in preventing disease and death. Patsy Stinchfield, an APRN with expertise in pediatric infectious diseases who practices at Children’s Hospitals and Clinics, acted as emcee for the rally, which featured remarks by health care providers as well as individuals with weakened immune systems wary of the risk of rising rates of non-vaccination. A 12-year-old with Crohn’s Disease, a young cervical cancer survivor, and the parents of a newborn hospitalized with pertussis all spoke to their concern that the return of vaccine-preventable diseases pose serious risks to their and their families’ health. Rally goers also warmly welcomed remarks by the legislators leading the effort to strengthen our immunization law. Rep. Mike Freiberg (DFL – Golden Valley) and Sen. Chris Eaton (DFL – Brooklyn Center) thanked the attendees for their advocacy and urged them to keep the pressure on legislators. All too often, they noted, anti-vaccine advocates have dominated the airwaves, pushing aside the majority of parents who strongly support vaccines.

Vaccines were also the subject of several pieces of legislation recently introduced. The two bills, authored by Sen. Scott Jensen, MD (R – Chaska), are seen by most observers to be designed to weaken Minnesota’s already inadequate laws governing immunizations. One bill would prohibit employers from requiring vaccinations of employees if the employee has a “conscientiously-held belief” against being immunized. The second bill would require the Minnesota Department of Health (MDH) to post on their website a number of studies about vaccine safety. Some of the required studies – including safety trials using placebos – are seen by many as a means to weaken existing law even further. The bills are unlikely to become law.

The coming weeks will see the pace of the session continue to accelerate. Legislative leaders have set very tight deadlines to process bills for consideration by the full House and Senate, so legislators and advocates alike are scrambling to get their proposals scheduled for hearings. The speedy start to the session, combined with the growing use by legislators of large omnibus bills that gather dozens of bills together into a single package, can often make tracking and influencing legislation challenging.

If you haven’t already done so, please make plans to attend the annual Pediatricians’ Day at the Capitol. The event, set for March 23, is the single most important advocacy effort for the MNAAP. The day is one of fun, fellowship, and advocacy on behalf of kids.

More details about Pediatricians’ Day at the Capitol can be found on page 4.

Register today at www.mnaap.org/day-at-the-capitol/.
Save the Date!

Pediatricians’ Day at the Capitol 2020

M O N D A Y
MARCH 23
2 0 2 0
1 - 4 P.M.

Christ Lutheran Church on Capitol Hill
105 University Ave.
St. Paul

Register today!
www.mnaap.org/day-at-the-capitol

Each year, MNAAP brings together more than 100 residents, community pediatricians and medical students to discuss and advocate for issues that have a direct impact on the health of Minnesota children.

Join us in 2020!
Network Promotes Positive Approach to Challenging Behaviors

The Minnesota Positive Behavior Support Network acts as a partner in promoting positive approaches to support children with challenging behaviors, and can be a useful resource to pediatricians in their interactions with families.

What is Positive Behavior Support (PBS)?

PBS includes a range of empirically supported practices to teach people new skills, decrease problem behavior, and increase quality of life. This is done by adjusting what we (professionals, caregivers, families, teachers, and others) do and say, and how we arrange systems of support around the person. Positive Behavior Support is widely applied across settings (early childhood, K-12 education, home, community, residential, vocational), lifespan, disability types, and typically developing children with behavioral challenges.

In December 2018, the American Academy of Pediatrics issued updated guidance on effective child discipline, which took a definitive stance against parents spanking their children and instead focusing exclusively on positive means to teach skills and address problematic behavior. This is consistent with AAP’s guidance since the late 1990s, including creating a nurturing home environment based in loving relationships, and rewarding desirable behavior. These features are entirely consistent with Positive Behavior Support.

The Minnesota Positive Behavior Support Network

The MNPBS Network launched in 2016 as a statewide interagency effort to bring together professionals and family members interested in implementing and promoting Positive Behavior Support (PBS) to address challenging behavior and unique learning needs in home, community, educational, and mental health settings for people of all ages. Led by both the Minnesota Departments of Education and Human Services, the Universities of Minnesota and St. Thomas, and in partnership with community services providers and regional implementation projects, the main functions of MNPBS are:

- Providing information, resources, and tools for implementing PBS to communities across Minnesota
- Building on current and ongoing PBS efforts
- Creating mechanisms to share news across agencies, programs, and groups

The primary vehicles for engaging in this work have been our annual conference (the Collaborators Forum, held each spring since 2017), social media and web presence and nurturing an active membership of providers, administrators, and state agency leadership from early childhood and K-12 education, human services, and higher education. In addition, an interactive map will be available through our website in 2020 that will highlight the locations of PBS providers and trainers across the state working in early childhood, educational, home, community, and residential settings.

Partnership with Pediatricians

The leadership of MNPBS offers the Network as a helpful addition to resources that pediatricians can share with families in clinic who present with difficulties in managing challenging behavior. We have developed a brochure for distribution to families through pediatric clinics describing the basic tenets of PBS (please find at https://mnpsp.org/mnpbs/). In it we offer simple suggestions for what parents can start doing now to shift their disciplinary approach toward the positive, and provide guidance to web-based resources and other literature for learning more. We invite connection with parents and providers, and value the opportunity to provide additional information and resources about PBS.

Connect with MNPBS

Web: mnpsp.org/mnpbs
Facebook: @mnpbsnetwork
Twitter: @mnpbs
YouTube: MN Positive Behavior Support Network
Email: mnpbsnetwork@gmail.com

About the Author

Tim Moore, PhD, LP, BCBA-D is clinical services manager for Positive Behavior Support at Fraser where his team provides services to improve quality of life for children and families with behavioral and skill acquisition challenges. He is also adjunct faculty in the School of Education at Webster University.
Comprehensive Eating Disorder Care for Adolescents and Adults

Our services include:

- 24/7 residential treatment
- Intensive Outpatient and Partial Hospitalization Programs
- Individual and group therapy
- Nutritional evaluation and counseling
- Psychiatric services
- Medical services
Filling the Gap: Doctors and Dentists Coming Together

On a chilly evening last November, a group of local medical and dental professionals interested in oral health and improved collaboration met for an evening of relaxed networking. We played a fun version of speed-networking (speed-dating style), enjoyed appetizers and beverages. Attendees were so invested in their conversations it was difficult to get people to move on when time was called. The event was funded by the American Academy of Pediatrics and Delta Dental of Minnesota.

The idea grew out of a similar program in Massachusetts created by Dr. Hugh Silk where he arranged informal gatherings of medical and dental professionals to create more collegiality. Dentistry is one of the few specialties where pediatricians don’t pick up the phone to discuss a complicated referral or challenging case.

What I learned was that the pediatric dental community, particularly, and the dental community overall was very interested in an opportunity to get to know their colleagues in primary care. We had an overwhelming response with 16 pediatric dentists attending! Unfortunately, only four pediatric providers attended, though Valeria Cristiani, MD, pediatrician at Mayo Clinic and oral health advocate, won for traveling the farthest.

Many voiced the desire to meet again so plans are underway. We will plan the next event with more emphasis on representation by pediatricians and primary care providers. The evening taught us that we are all passionate in caring for children and want them to grow up healthy.

I hope to see many more of you at our next event. Look for an invite later this spring.

Eileen Crespo, MD, FAAP, is a pediatrician at Hennepin Healthcare and is the Vice President of Medical Services, Delta Dental of Minnesota.

Dr. Crespo serves on the MNAAP/MAPF Board of Directors as the treasurer.

AAP Offering Coding Education Ahead of 2021 Changes

The Centers for Medicare and Medicaid Services (CMS) proposes to adopt the following policies for Office Visits effective January 1, 2021:

• Separate payment for the five levels of Office Visit CPT codes, as revised by the CPT Editorial Panel effective January 1, 2021, and resurveyed by the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC). This includes deletion of CPT code 99201 (Level 1 New Patient Office Visit) and adoption of the revised CPT code descriptors for codes 99202-99215.

• Elimination of the use of history and/or physical exam to determine code levels.

• Choice of time or medical decision-making (MDM) to decide the code level of Office Visits.

The American Academy of Pediatrics will be providing many coding resources to help members prepare for the Office Visit coding changes in 2021, including:


Previous and upcoming newsletter topics include:

Overview of changes, overview of MDM, overview of time, MDM -- problems, MDM -- data, MDM -- risk, MDM -- calculation.

Additional education opportunities include:

The 2020 National Conference & Exhibition will have a session dedicated to the Office Visit codes.

AAP Pediatric Coding Webinars on the Office Visit codes

Coding resources for the Office Visit codes on our Coding @ the AAP web site available to members.

Members and staff may submit questions to the AAP Coding Hotline by emailing aapcodinghotline@aap.org.
Long Acting Reversible Contraceptives (LARCs): Beyond Birth Control

Long Acting Reversible Contraceptives (LARC) methods, which include intrauterine devices (IUDs) and the etonogestrel implant, are the first-line birth control methods recommended for adolescents. However, their use extends far beyond contraception alone. This article will review medical indications of LARCs for non-contraceptive use.

Adolescents with dysmenorrhea, anemia and bleeding disorders

Many adolescents experience heavy, painful periods that interfere with their quality of life. Hormonal IUDs can be an excellent therapy, especially the 52mg levonorgestrel device, as 90 percent of users report reduced blood loss or amenorrhea. Those with anemia or bleeding disorders, such as Von Willebrand disease, may also benefit from this side effect. While most users will experience irregular spotting after initial placement, bleeding patterns tend to improve over time. If placement is a barrier to treatment, placement under anesthesia or with sedation can be considered; however, most adolescents tolerate placement quite well.

Unfortunately, the etonogestrel implant’s bleeding pattern is less predictable. About 22 percent of users experience amenorrhea, 24 percent experience light/infrequent spotting, and about 25 percent experience increased and/or irregular bleeding. Thus, the etonogestrel implant may be less preferred for patients with heavy bleeding.

Adolescents with learning and/or physical disabilities

Many adolescents with disabilities have unique physical needs, and menstrual suppression may be desired by the patient and their caregivers. Hormonal IUDs may be considered to achieve this goal, as they may have a more favorable safety profile than other methods of contraception. For example, estrogen-containing methods may be contraindicated in adolescents with limited mobility or prolonged immobilization due to the increased risk of thrombosis. Oral contraceptive pills may also require attention to dosing as they can interact with other medications, such as antiepileptics. In some patients, anesthesia or sedation may be necessary for placement; therefore, the benefits and risks should be discussed with patients and families using shared decision-making.

Transgender, non-binary, and gender non-conforming adolescents

In some patients experiencing gender incongruence, menstruation may contribute to worsening gender dysphoria and can result in significant distress. While transmasculine patients on testosterone typically experience amenorrhea with appropriate dosing and duration of testosterone treatment, trans and non-binary patients may wish to induce amenorrhea without the use of testosterone. If this is the case, hormonal IUDs may be considered, particularly if the adolescent would also gain contraceptive benefit.

Adolescents with polycystic ovarian syndrome (PCOS)

Adolescents with PCOS are at increased risk of endometrial hyperplasia due to prolonged exposure of the endometrium to unopposed estrogen, which occurs in the setting of chronic anovulation. Similar to combined hormonal contraception, hormonal IUDs can be used to reduce this risk by thinning the endometrium. There is evidence suggesting that the etonogestrel implant is similarly protective, although high-quality studies are lacking.

In summary, LARCs have a wide range of uses beyond contraception and should be considered as viable treatment options by pediatric providers.

Works Cited

5. WPATH. Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming people - WPATH World Professional Association for Transgender Health.

About the Authors
Katy Miller, MD, FAAP; Janna R. Gewirtz O’Brien, MD, FAAP; Mollika Sajady, DO, FAAP; Taylor Argo, MD; Nicole Chaisson, MD, MPH; Christy Boraas, MD, MPH contributed this article.
SAVE THE DATE

2ND ANNUAL
TWIN CITIES
PEDIATRICS UPDATE

Join us to learn about current hot topics and the latest evidence-based guidelines in pediatrics.

SEPT. 10–11, 2020
Saint Paul RiverCentre

REGISTER TODAY AT
childrensMN.org/conferences
Pediatric Device Innovation Consortium Addresses Technology Gap

By Jodi Fenlon Rebuffoni, PDIC

Medical devices available for children are approximately a decade behind those available in the adult market. This innovation gap results in families and health care providers frequently improvising or making due with inadequate products across the spectrum of healthcare from intensive care to home health. An example of this disparity is the external pump ventricular assist device available for children as opposed to the internal and mobile ventricular assist devices available to adults.

As a pediatric ICU physician, Gwen Fischer, MD, FAAP, witnessed this technology gap first-hand. Drawing from her clinical experience, as well as knowledge gained through her fellowship in the Earl. E. Bakken Medical Device Innovation Fellows Program at the University of Minnesota (UMN), she formed the Pediatric Device Innovation Consortium (PDIC). The PDIC is dedicated to understanding and overcoming the complex barriers to pediatric medical innovation.

The PDIC program at the UMN includes three primary components:

1. An advisory board comprising industry and academic medical device experts to provide guidance to innovators of pediatric health technology

2. Funding to support the creation of new pediatric health innovations being developed at the University of Minnesota, and in collaborations between the UMN and industry, community or other academic partners. The PDIC funding programs were developed through a strategic partnership with the Office of Discovery and Translation, part of the University of Minnesota’s Clinical and Translational Science Institute.

3. A unique program that solicits descriptions of unmet needs and challenges caring for children’s health needs directly from patients, parents and other care providers in the community. This program is intended to help the PDIC better understand important unmet needs in pediatric health. Unmet needs are evaluated for innovation opportunities, and in certain cases, funding is dedicated to advancing a new solution.

Pediatric Medical Devices are 10 Years Behind

Goals of the PDIC Program:

• Identify unmet pediatric medical needs and opportunities for innovation; including unique challenges of care in low-resource settings

• Support the development of pioneering medical solutions that improve care for the pediatric population

• Form innovative partnerships that advance pediatric device development

The PDIC has awarded more than $500,000 in project funding to advance 20+ unique pediatric innovations, and licensed two technologies to UMN start-up companies. Nearly one-third of PDIC-supported projects include collaborations between the UMN and industry or non-profit organizations.

Looking forward, the PDIC aims to raise awareness of the work being done at the UMN to close the innovation gap in child health. Through outreach, collaborations and strategic thinking the PDIC hopes to increase the reach and impact of its successful programs toward a better future for children. The PDIC is interested to hear from pediatricians about needs and challenges their patients have faced that could potentially be improved through innovation of new medical solutions, and medical device solutions pediatricians may be developing.

Learn more at www.thepdic.org.

Inquiries can be directed to contact@thepdic.org.
The Power of Words

I learned a lesson early about the importance of the words I use in taking care of patients. I’m not sure where I learned it, but the value of the lesson became quite apparent in this one patient encounter.

Setting: I was on-call for my small private pediatric group and was called to see an infant at Harrison Memorial Hospital in Bremerton, Washington. While at the ER before I arrived, this febrile infant had a febrile seizure but recovered quickly and fever controlled quickly. The exam was normal and young child was alert, happy and no longer ill appearing.

I introduced myself, but the young parents appeared quite alarmed by my diagnosis of “febrile seizure.” I explained the exam and how this is a fairly common occurrence but not dangerous. However, the father remained quite agitated and insisted we take him over to Children’s Hospital in Seattle, an hour’s ferry ride away.

I then started using ‘different words’ for the same condition and all of sudden the father smiled and was visibly quite relieved! He then blurted out, “You said febrile seizure and now you said febrile convulsion!” I said yes, they are the same problem but I am using just a different word for the same problem.

He then remarkably replied: “Oh, I am not worried about febrile convulsions, because three of his siblings had that more than once and did just fine! ‘When you said ‘seizure’ I thought you meant ‘Heart Seizure or Heart Attack’ and my father had that and died!”

Ah, the words we use can make such a difference for our patients’ understanding. So, my learned lesson had been confirmed by this one encounter. Keep the practice of changing the words that mean the same thing because our patients may understand the words in such different and unexpected ways.

About the Author

Mark Nupen, MD, is a retired pediatrician active with MNAAP’s Senior Pediatricians’ group.

The Senior Pediatricians’ group will meet on Thursday, March 19 from 12 to 1:30 p.m. at The Wedge Table in Minneapolis. Email Melissa DeBilzan at debilzan@mnaap.org to RSVP.

MNAAP is collecting stories from retired pediatricians to share more broadly. If you have a story to share, email Bethany Venable at venable@mnaap.org
AAP Urges Physical Activity Prescriptions at Doctor Visits

To help children grow healthy minds and bodies -- and prevent many chronic diseases -- parents need not look far to find a treatment that is free and does not come in the form of a pill or a shot.

Physical activity plays a significant role in children’s health, yet only one in four children report meeting the daily recommended guideline of 60 minutes of activity per day. The American Academy of Pediatrics, in a new clinical report, calls on pediatricians to assess their patients and write a prescription for physical activity, as needed.

The report, “Physical Activity Assessment and Counseling in Pediatric Clinical Settings,” will be published in the March 2020 Pediatrics. The report includes tables highlighting national recommendations by the 2018 US Physical Activity Guidelines for Americans by age group, as well as tools for integrating assessment and counseling in practice.

“As pediatricians, we diagnose children with illnesses such as obesity, fatty liver disease, prediabetes and depression every day,” said Natalie D. Muth, MD, MPH, FAAP, FACSM, coauthor of the clinical report, written by the AAP Council on Sports Medicine and Fitness and AAP Section on Obesity. “Research tells us that physical fitness can and should be part of an overall treatment plan for every patient, from infant to adult, including those with special health care needs.”

The AAP recommends that physicians assess and document children’s motor skill development, physical literacy and physical activity levels at all health supervision visits. The pediatrician can help identify barriers and strategize with the family on how to overcome them.

A prescription detailing the recommendations can be shared with other medical providers, therapists and caretakers to help put the plan into action.

As an additional resource, AAP offers a 30-second PSA, in which pediatrician Dr. Shelly Flais urges parents to find ways to help their child find activities they enjoy, while keeping the focus on fun, rather than winning. The PSA, “Keep Kids Active,” can be accessed at https://www.youtube.com/watch?v=x4f9sdSMyyM or shared from AAP Facebook pages at @AmerAcadPeds and @HealthyChildren.

-Information provided by AAP

A brighter future
starts with healthier kids

We’re working to improve the health and well-being of children and their families by emphasizing the importance of early brain development, providing family centered care, and strengthening our communities. Through this investment, we’re helping lay a foundation that will benefit generations to come.

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**Member Profile: Lisa Cinar, MD, FAAP**  
*Pediatrician at M Health Fairview*

Dr. Lisa Cinar serves on the Board of Directors, acting as MNAAP’s chapter climate advocate. She has been an AAP member since 2006 and joined MNAAP in 2016. Dr. Cinar answered these questions from Minnesota Pediatrician as part of our quarterly member spotlight.

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**What does a typical work day look like for you?**

As a general pediatrician, I see children for all types of medical and behavioral concerns. This includes preventive care such as well child checks and vaccinations, as well as sick care for asthma, influenza, broken bones and chronic diseases. I have a special interest in mental health, particularly because so many children and adolescents struggle with depression, anxiety, ADHD and trauma-related disorders. Lifelong developmental issues such as autism are typically diagnosed in childhood, allowing me the opportunity to help families through the often difficult process of diagnosing, treating and accommodating children with special health care needs.

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**You recently became the chapter’s climate advocate. What interested you about this role?**

I believe that climate change is the most important public health issue of our time. Rising temperatures and carbon dioxide in our atmosphere have already caused significant annual losses in crops and livestock, resulting in millions more people going hungry every year around the world. We are also seeing our food supply become less nutritious and more polluted by the toxins we release into the environment. I am honored and excited to be the Climate Advocate for the Minnesota AAP Chapter because we need to take immediate action to decrease our carbon emissions and reverse the trend of climate change. By collaborating with other physicians and climate enthusiasts in the AAP, I believe that we can make a significant impact on the future of our planet and the human race. Not only can we advocate for more climate-healthy lifestyles in our patients and families, but we can also advise state and federal agencies to implement policies that will decrease our carbon footprint and improve public health on a much greater scale.

**Why did you choose pediatrics?**

I chose pediatrics because it’s the field of medicine that allows me to take a very well-rounded approach to improving the health and lives of children. In addition to providing routine health care and treating illnesses, I also help children and families to address social issues such as food insecurity, disability accommodations, education, bullying, family dynamics, child abuse, transportation, health care access and much more. Remembering that “it takes a village to raise a child,” I enjoy working with my entire team of professionals to help families and children live their best possible lives.

**Outside of work life, how do you enjoy spending your time?**

I have a passion for gardening, not only as a hobby but also as a way to feed my family fresh, healthy, locally grown produce. The positive environmental and health impacts of home gardening are amazing, and it’s a relaxing way to enjoy our Minnesota summers outdoors. Our vegetable, fruit and flower gardens have been a huge attraction for bees, butterflies and other important pollinators that are crucial to our global food supply. I also have a lifelong love of music, and I enjoy playing the piano and the French horn.

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MNAAP has more than 1,000 members with careers that span differing lengths, specialties and interests. The Member Spotlight offers a chance to meet a fellow MNAAP member and learn a little bit more about them.

If you are interested in being the subject of a Member Spotlight, or have a suggestion of someone Minnesota Pediatrician should interview, email Communications Manager Bethany Venable at venable@mnaap.org.
Robert Jacobson, MD, FAAP, and Mark Schleiss, MD, FAAP, were recently quoted in a Minnesota Reformer article that shines a spotlight on the connection anti-vaccination advocates have with Minnesota legislators.

Marc Gorelick, MD, MSCE, FAAP, president and CEO of Children’s Minnesota, participated in a panel discussion hosted by Minneapolis/St. Paul Business Journal to discuss what the future may bring to the health care industry in 2020.

Diana Cutts, MD, FAAP, has been appointed Chair of Pediatrics at Hennepin Healthcare. Dr. Cutts served as interim chair since 2018.

Janna Gewirtz O’Brien, MD, FAAP, was published with collaborators on the new AAP report "Runaway Youth: Caring for the Nation’s Largest Segment of Missing Children" in the January 2020 issue of Pediatrics.

Nathan Chomilo, MD, FAAP, has been named as the state of Minnesota’s new Medicaid medical director.

Andrea Singh, MD, FAAP, has been selected to serve on the Governor’s Children’s Cabinet Advisory Council.

Nathan Chomilo, MD, FAAP, authored an opinion piece in the MinnPost: "Educational disparities: The gap we need to address is the opportunity gap."

Angela Mattke, MD, FAAP, and Valeria Cristiani, MD, FAAP, answered questions about the importance of well-child appointments through a Facebook Live video Q&A hosted by the Mayo Clinic.

Submit MNAAP member news and announcements!

Email venable@mnaap.org for all member news and announcements.

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Join our team: EssentiaCareers.org
STAY CONNECTED!

If you are a member, you should be receiving:

- Weekly emails from MNAAP President Dr. Lori DeFrance -
- Bi-weekly legislative updates during the legislative session -
  - Quarterly newsletters from the chapter -

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