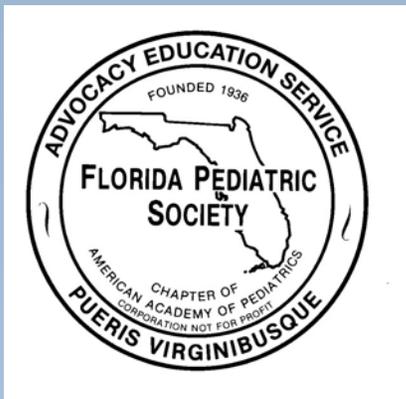


THE FLORIDA PEDIATRICIAN

VOLUME 31, NO 1, SPRING 2008



The Florida Pediatric Society is the Florida Chapter
of the American Academy of Pediatrics

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN



Victoria Falls, Zambia by Edward N. Zissman, MD, FAAP

CONTENTS & CME

- 2 Continuing Medical Education
- 4 President's Page
- 5 Editor's Page
- 6 University Department Chair
- 7 Leadership Update
- 9 Committee Reports
- 11 PROS
- 12 Scientific Update
- 17 Physician Heal Thyself
- 19 At Your Leisure
- 20 Resource Highlights
- 23 Who's Who

Celebration of Pediatric Pulmonology

Fort Lauderdale, FL
Hyatt Regency Bonaventure Resort
Apr 4-6, 2008

Register @ www.chestnut.org or call (800) 343-2227

6th Annual Pediatric Conferences for Physicians and Nurses

Fort Myers, Florida
Sanibel Harbour Resort & Spa
May 3-4, 2008

Maximum 11.00 *AMA PRA Category 1 Credit(s)*TM

Conference fee for physicians = \$250

Register @ www.leememorial.org/childrenhospital or contact Joanne Gorgone @ 239-574-0397 for additional info or to request a brochure .

2008 International Child Health Forum

Fort Lauderdale, FL
Miniaci Center for Performing Arts
Nova Southeastern University
May 5, 2008
CME available

Register @ www.nova.edu/ichp. For more details see insert on Page 8 of this issue of The Florida Pediatrician.

Safer Healthcare for Kids: Management of Suspected Staphylococcal Infections in Children in the Era of Community MRSA

Webinar
May 15, 2008
Maximum 1.00 *AMA PRA Category 1 Credit(s)*TM

Practical Pediatrics CME Course

Hilton Head, SC
Hilton Head Marriot
May 22-24, 2008
Maximum 17.25 *AMA PRA Category 1 Credit(s)*TM

Practical Pediatrics CME Course

Portland, OR
Portland Marriot Downtown Waterfront

CONTINUING MEDICAL EDUCATION

May 23-25, 2008

Maximum 17.25 AMA PRA Category 1 Credit(s)TM

32nd Annual Florida Suncoast Pediatric Conference—SEE BELOW

Clearwater Beach, FL

Hilton Clearwater Beach Resort

Jun 12-15, 2008

PPC Sports Medicine Course

Vancouver, CAN

Marriot Vancouver Pinnacle Downtown

Jun 19-22, 2008

Maximum 17.25 AMA PRA Category 1 Credit(s)TM

PREP: The Course

Indianapolis, IN

Hyatt Regency Indianapolis

Jun 21-25, 2008

Maximum 37.25 AMA PRA Category 1 Credit(s)TM

For more info on most of the above, visit <http://www.pedialink.org/>



**32nd Annual
Florida Suncoast Pediatric Conference
June 12 - 15, 2008
Hilton Clearwater Beach Resort**

**FPS Members
Receive a 5% discount!***

*Enter Discount Code: FPS08

**To register or for more info:
www.allkids.org/conferences
727-767-4188**

Presented by All Children's Hospital

Editor's Request:

Please contribute to the Newsletter. You, the member, are a vital part of the process for helping the Newsletter become an excellent resource tool and vehicle of unification for the entire Florida Pediatric Society. Subject matter need not only be scientific. I strongly encourage you to submit articles and artwork of a personal nature. Contribute well and contribute as often as you like.

Artwork Needed!

Articles Needed!

Scanned artwork, photography, or other digital artwork are accepted in jpeg, bmp, & pdf format. Please submit all articles and artwork for the next issue of The Florida Pediatrician **by May 31, 2008.**

PRESIDENT'S PAGE



Jerome Isaac, MD FAAP
President

I have recently assumed the position of president of the Florida Chapter of the AAP and Florida Pediatric Society. Dr. Jorge Del Toro felt the need to step down due to family illness. We all thank him for his service to the chapter and express our condolences to him and his family on the passing of his father. The society accomplished a great deal during his tenure and has been recognized for its achievements of the last year by being nominated for the American Academy of Pediatrics' large chapter award. The winner will be decided at the Academy Leadership Forum in mid March.

I was honored to inherit a dedicated Board of Directors including our officers, regional representatives and alternate

regional representatives. Their energy and commitment to the work of the chapter is a major reason for the success of our society.

Our Executive Vice President is Dr. Louis St. Petery, Jr. As part of his many responsibilities, he has been a staunch supporter of this chapter's goals in the legislative arena in Tallahassee for many years. He has been doing an outstanding job spearheading our lawsuit against Medicaid. Louis and his wife Dr. Judy St. Petery will be receiving a Humanitarian Award in March, and we applaud them both for this well deserved recognition.

Along with the St. Peterys, we all share a common passion to improve the health and well being of the children of Florida. This is the goal of the Florida Pediatric Society. The pediatricians of Florida can best accomplish this by working together and combining our efforts. This will enhance our ability to bring about positive changes that will enhance the lives of future generations of Floridians.

I plan to keep you informed regarding the progress of the chapter on a monthly basis. Please feel free to e-mail me with your ideas and comments.

Jerry Isaac, MD, FAAP

FPS/FCAAP Press Release:

Dr. Isaac as New President

The Florida Chapter of the American Academy of Pediatrics, the Florida Pediatric Society and their over 1,500 member pediatricians are pleased to announce that Jerome H. Isaac, M.D. has become their 67th president. He is a solo practitioner of Pediatrics since 1976 whose practice includes both Sarasota and Manatee Counties. Dr. Isaac is also the Medical Director of the Child Protection Team in Manatee County, a position he has held since 1989. He looks forward to working with Florida Pediatricians, citizens, legislators and government officials to improve the healthcare of all Florida's children.

The Florida Chapter of the American Academy of Pediatrics/ the Florida Pediatric Society has as its' goal a medical home for all the children of Florida. They remind all voters that this political season is a perfect time to find out from all candidates how they would improve access to medical care for our children who are both our most vulnerable and valuable resource for the future.



Friends and Colleagues,

The Legislature is now in session. In many ways, I feel as if I should be the conductor on a train ride, shouting, "All Aboard!" If you close your eyes, you may even be able to hear the whistle blowing. That is exactly what is needed. Many of your Executive Board members will be in Tallahassee during Children's Week, the first week of April this year. We will try to accomplish great things for children this year. However, we cannot do it alone. There is strength in numbers. We need you to jump aboard. We will need your continued support; the Legislature must hear from it's constituency in order to know that these issues are important.

In addition, you will read about the loan deferment process gone awry on pages 17-19 of this issue of The Florida Pediatrician. Help protect

our future physicians. You will find a copy of the letter written by Michael D. Maves, MD, MBA, the AMA's Executive Vice President asking the Chair of the Committee on Education & Labor to reinstate the debt-to-income pathway (20/220 Pathway). Please join in on the important issue; mail or email your personalized version to the Chair and to your legislature. A downloadable version should be available on the website soon.

And now, for my requests ...

Please submit any photography and artwork you desire to share in the Newsletter. Currently, I do not have a cover for the upcoming Summer issue. In addition, other photos or artwork is needed for our "At Your Leisure" section. Not sure what a cover and/or "At Your Leisure" story could entail? For wonderful examples, feel free to look at our prior issues. In the current issue, you are sure to enjoy Dr. Zissman's recent trip to Zambia and Victoria Falls as shown on the cover and on pages 20-21.

If any of you have won special awards that you would like to share with the members of your Florida Pediatric Society, then, please submit digital pictures and a history of the award, and any other pertinent information. We have amazing members in our Florida Pediatric Society. So many of us are local and national child

advocates. Let us be proud of each other's accomplishments, thereby encouraging others to do the same.

We all have a voice, waiting to be heard. So speak up. Share. Someone is listening.

Sincerely,

A handwritten signature in black ink that reads "Nancy". The signature is fluid and cursive.

Nancy M. Silva, MD, FAAP



<http://www.katiesstory.com/>

UNIVERSITY DEPARTMENT CHAIRMAN



Department of Pediatrics Nova Southeastern University College of Osteopathic Medicine

**Edward E. Packer, DO, FAAP,
FACOP**
Department Chair

February 26, 2008

Our pediatric residency at Palms West Hospital was successful in filling through the osteopathic match with excellent candidates. We look forward to the new class starting in July. A new Internal Medicine/Pediatric four-year residency was approved at Palms West to begin in July 2009. Our department will be involved in developing the pediatric

component of the training. Our residents participated in a rural health fair in the Belle Glade region. Many pediatric medical issues were discovered, and patients were referred for continued health care in our resident's continuity clinics.

Our undergraduate pediatric special interest group had its third annual "Resident's Dinner." At this event, graduates from our college that are currently in a postgraduate pediatric residency come to the campus and talk to the undergraduate students about pursuing postgraduate training. The students have the opportunity to discuss the application process and the life experiences of a pediatric resident.

The 2008 International Child Health Forum is scheduled on our campus as a joint project of the Institute of Child Health Policy under Dr. Deborah Mulligan and Nova Southeastern University. The program has several local and international speakers covering child health issues such as child abduction and trafficking, physical activity and health, obesity and type II diabetes, and traumatic blast injuries and pediatric brain injury.

Approved
for benefits
in 50 states*

Trust Nutramigen® —
the most extensively studied formula
for infants with cow milk–protein allergy¹⁻²²



Nutramigen infant formula is supported by more than 20 published studies and is studied in more organ systems than other extensively hydrolyzed formulas available

References

1. Lothe L et al. *Pediatrics*. 1982;70:7-10.
2. Lothe L, Lindberg T. *Pediatrics*. 1989;83:262-266.
3. Forsyth BWC. *J Pediatr*. 1989;115:521-526.
4. Hill DJ et al. *J Allergy Clin Immunol*. 1995;96:886-892.
5. Berezin S et al. *Am J Dis Child*. 1989;143:361-362.
6. Iyngkaran N et al. *J Pediatr Gastroenterol Nutr*. 1988;7:68-75.
7. Powell GK. *J Pediatr*. 1978;93:553-560.
8. Van Sickle GJ et al. *Gastroenterology*. 1985;88:1915-1921.
9. Eastham EJ et al. *J Pediatr*. 1978;93:561-564.
10. Høst A, Samuelsson E-G. *Allergy*. 1988;43:113-118.
11. Oldæus G et al. *Arch Dis Child*. 1997;77:4-10.
12. Rugo E et al. *Clin Exp Allergy*. 1992;22:635-639.
13. Plebani A et al. *Clin Exp Allergy*. 1997;27:949-956.
14. Gjesing Bet al. *Allergy*. 1986;41:51-56.
15. Juvonen P et al. *J Pediatr Gastroenterol Nutr*. 1994;18:344-349.
16. Vaarala O et al. *J Allergy Clin Immunol*. 1995;96:917-923.
17. van Beresteijn ECH et al. *J Allergy Clin Immunol*. 1995;96:365-374.
18. Oldæus G et al. *J Allergy Clin Immunol*. 1992;90:133-135.
19. Halcken S et al. *Pediatr Allergy Immunol*. 1993;4:173-181.
20. Halcken S et al. *Pediatr Allergy Immunol*. 1993;4:53-59.
21. Sampson HA et al. *J Pediatr*. 1991;118:520-525.
22. Oldæus G et al. *Pediatr Allergy Immunol*. 1991;4:156-164.

*Nutramigen is an approved product in the Women, Infants and Children Program. No endorsement of any brand or product is implied or intended.



© 2007 Mead Johnson & Company LA3701 NEW 9/07



Restore relief

LEADERSHIP UPDATE: DISTRICT X



District Chair Report/ Reflections/Musings

Board of Directors Meeting
January 2008
Report of the Strategic Planning
Committee

John S. Curran, MD, FAAP

R3P Group Report

On your behalf, I had the opportunity to participate in appraisal of the need for the American Academy of Pediatrics to clearly assure that we are providing the educational and knowledge tools, as well as practice management tools, to continue to function effectively as primary care pediatricians, not only in this decade, but at least the decade to come.

As we are all clearly aware, the environment of pediatric practice is

changing with continued erosion from other disciplines that are legislatively expanding their scope of practice. At the same time, our profession has come under attack for training in the methods of the sixty's and seventy's for practice in the eighty's which is far different in 2008 and prospectively for the future.

We heard from the R3P Group, who is envisioning the future world of training for pediatric practice in our academic medical centers. The R3P workgroup has been meeting since 2005 with a group of 14 members and hope to have a final report in late 2008 or early 2009. Membership is from the Academic Societies of Pediatrics and the American Board of Pediatrics. As part of their charge, they circulated a questionnaire, which provides the following current proportions of pediatric professional activities for those leaving training today. They are as follows:

Ambulatory Generalist – 30%
Hospital based Generalist – 5%
Broad Generalist – Not
otherwise specified –
20%
Subspecialty Training – 40%
Other, such as international
and public health
constitute the remaining
5% of our trainees

It is recognized that medical education must move toward an

outcome based measurement system, even though it is exceptionally difficult, that paying patients and practice have changed, and the residency training paradigm has not. Simultaneously, there has been a major hospitalization shift with bed days with chronic care being occupied by children with greater than two admissions per year, not the acute models of the past, perhaps due to the advances in immunization and infectious disease treatment.

It is anticipated that the R3P Group will have no list of prescriptive recommendations because it is conceived that redesign is too ambitious and insufficient at the same time. Rather, it is likely that they will foster creation of a process to nurture goal directed innovation following examples of EIP project in Internal Medicine and the P4 Project in Family Medicine. Dr. Doug Jones, Chair of the committee, provided a succinct statement that the emphasis will be on "Innovation, evaluation, and improvement in education recognizing that the learning never stops."

He was able to delineate several specific goals, which I may imperfectly describe from my frenzied note taking.

Better preparation for practice with better use of time

LEADERSHIP UPDATE: DISTRICT X

not specified by the pediatric residency review committee (RRC) in order to create a more career appropriate experience for the trainees.

Better matching of the continuum of medical learning with the continuum of education.

Better preparation for self sufficiency and function within teams, particularly in chronic care.

Less fragmentation

An emphasis on personal responsibility for learning and patient care.

Emphasis on faculty, that they be prepared to teach, assess, and counsel trainees.

Provision of an efficient medical education

Support for innovative methodologies for improving medical education

Although the description is perhaps not as directed as many of us on the Board of Directors would like to hear, it provides broad latitude for future restructuring but without a clear cut catalyst for change at this time.

For more information, please go to http://www.innovationlabs.com/r3p_public/

Sincerely,
John S. Curran, M.D., FAAP
Chair, District X

**Global Problems
Require Global Solutions...**

NOVA SOUTHEASTERN UNIVERSITY
YOUR FUTURE. YOUR TERMS.

What: 2008 International Child Health Forum
Continuing Education Available

When: Monday, May 5, 2008

Where: Miniaci Center for Performing Arts
Nova Southeastern University
Fort Lauderdale, Florida

Hosted by the Institute for Child Health Policy at Nova Southeastern University

For more information and to register, visit us at
www.nova.edu/ichp
or contact Beth Zeldis, Psy.D. at bcz@ichp.nova.edu or
Deborah Mulligan, M.D. at dams@ichp.nova.edu

ACCME
Nova Southeastern University College of Osteopathic Medicine is accredited by the ACCME to provide continuing medical education for physicians. This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for continuing medical education through Nova Southeastern University College of Osteopathic Medicine Nova Southeastern University Health Professions Division designates this educational activity for a maximum of 9 hours towards the AMA Physician's Recognition Award Category 1 Credit(s)™. Physician should only claim credit commensurate with the extent of their participation in the activity.

AOA
Nova Southeastern University College of Osteopathic Medicine is an accredited Category 1 sponsor of the American Osteopathic Association. 9 hours of continuing medical education credits in Category 2-A is being offered through the American Osteopathic Association for this program.

Nova Southeastern University is a 501(c)(2)(3) organization registered with the Department of Agriculture and Consumer Services.

COMMITTEE REPORT: MEDICAID P & T



Medicaid Pharmacy and Therapeutics Committee

Lisa A Cosgrove, MD, FAAP

Greetings colleagues,

The Medicaid Pharmacy and Therapeutics committee met January 9th for its quarterly meeting in Tampa. Each quarter a number of medication categories will be examined to see ways to save money and look at outcomes vs meds use to get the most bang for the buck. This year we have even more of a problem in that our money that comes from the Medical Trust fund has been cut by 11 million dollars resulting in a cut to the Pharmacy committee of 6.4 million dollars. So with that in mind, the committee debated wisely on which were important medicines to continue to use for the Medicaid population.

Medicines important to Pediatrics: Rocephin generic, Claforan generic and Fortaz all still on formulary as IV/IM.

Elmite, Eurax, Acticin, Permethrin, Lindane on formulary for topical antiparasitics.

Zovirax ointment (not cream) on formulary for topical antivirals.

Omnitrope, Tev-Tropin, Saizen, Serostim, Nutropin, Genotropin on formulary for growth hormones.

All incretin hypoglycemics are on formulary. Humalog, Humulin, Lantus, Humalog mix and Leveir on formulary for insulin hypoglycemics.

Zegrid and Prevacid (all forms) on board for Proton Pump inhibitors.

Only the generic diazapines are on formulary for sedative hypnotics.

Alinia, Neomycin generic, Metonidazole generic for GI antibiotics are on formulary.

Azasite added to ophthalmic antibiotics on formulary, as well as all previously including Quixin and Vigamox. Allergic conjunctivitis agents on formulary are all, except: Emadine, Alomide and Alocril.

Bronchodilators changes included adding Foradil to formulary, but taking off Xopenex HFA inhaler. All anticholinergic bronchodilators are on formulary.

Antihistamines had no changes. It is best to order just Loratadine OTC which is covered.

Our next meeting is March 11, 2008. I will update all who want it after the meeting. If you have questions or requests, please email me.

COMMITTEE REPORT: MEDICAL ECONOMICS



Medical Economics Committee

Lisa A. Cosgrove, MD, FAAP

A summit will be held in Tallahassee on February 29th at the Pointe that will bring stakeholders together for a 3 hour meeting where the FMA will summarize perspectives on current challenges facing health care delivery and the Florida health care economy.

There is a push to get physicians into an EMR. There is a law that will go into effect unless changed that will do away with computer to fax prescriptions, but still allow computer to computer prescriptions. This should cut down on fraud.

There is a program by Governor Crist to save billions of dollars to the State by "Triaging" patients

when they come to the ER's to a "Medical Home" and move the minor illnesses to Medical Homes instead of ER's. They hope that with early access and early diagnosis, diseases can be handled in a more cost effective manner.

From the Specialty Society meeting: Legislative priorities of the FMA include, getting physicians from Medicaid to Medicare rates which should cost 200 million (which should come from the Triage, Medical home program).

Another priority is changing the look back period for insurance companies from 30 months for insurers and 6 months for offices to 6 months for each. Also, insuring the rights of a practice to collect money charged to the patients to be paid directly to the practice instead of to the patient, who in the past has spent money ear marked for the physicians. Also, getting rid of "silent" PPO's where some PPO's sell their provider networks to smaller companies who don't have the clout to get a network.

There was discussion about a new tactic that is coming up in Florida under Medicare that could trickle down to other insurers. Medicare is hiring Recovery Audit Contractors who are going through patient charges from physicians for sometimes up to 5 years and are asking for money back when they find some physicians have over

charged. An example of this is when an anesthesiologist does a block, he is not paid unless he does the block with flouroscopy. So they have disallowed all of their blocks after they changed the rules to look at the blocks. Unfair---yes. And the "hunters" get 1/3 of any money they find.

The committee will support sovereign immunity for all ER visits.

There was also a support for a resolution on EMG's that should only be done by qualified physicians.

Apparently, there have been some physicians forced into the PRN (recovery network) when they admitted to a prior mental illness. Hence, there was a discussion regarding the questions asked about past medical illness on the Florida application for license.

Please email me with further questions @ lisacosgrove@usa.net.

PROS



PROS Report

Lisa Cosgrove, MD, FAAP

Here are a few items that came up at the PROS session in San Francisco.

Healthy Lifestyle Pilot Study - Participants are learning Motivational Interviewing techniques. It would be helpful to have dieticians involved in the study.

Smokebusters - For the next 2 months there are still 2 open spots to participate in the study. It was found that the office staff of the practices involved needed a lot of coaching. A nicotine receptor blocker has been found to be 25-30% effective in adults.

CORNET (Community Research Network) - part of the Ambulatory Pediatric Association is interested

in partnering in studies of quality of care for minorities. They have studies in progress on pediatric asthma care in residency using web based educational interventions based on Bright Futures. They are measuring educational and pediatric care outcomes. They are also studying application of fluoride varnish and secondary sexual characteristics of boys.

Also, I am looking for a replacement Florida Coordinator for PROS. Anyone who is an AAP member may apply for the position. Responsibilities include participation in bi-annual meetings, encouraging/contacting members of the FPS/FCAAP to enlist in participation in studies, and follow-up with members if they aren't completing the study. There are no teleconferences. Meetings are paid for and face to face. The next meeting date is in April, 14, 15th in Chicago with all expenses paid. This is a great way for someone who is interested in getting involved with the Pediatric Society to start. Please contact me at lisacosgrove@usa.net.



New, and Very Different, Ideas Mary Pavan, MD, FAAP

Florida pediatricians should be alerted to the new, and very different, ideas presented at the American Academy of Pediatrics National Conference and Exhibition in October, 2007.

Implementation of the Developmental Surveillance and Screening Policy (*Pediatrics*, July 2006) continues. Two new policies for Autism Screening and Treatment are in the November 2007 *Pediatrics*. [Caring for Children with Autism Spectrum Disorders. A Resource Toolkit for Clinicians](#) is now available through the AAP bookstore to support pediatricians so that they will feel as comfortable as possible as they identify and care for these children in the Medical Home. The frequency of

autism is one in every 150 children, and the recurrence risk in siblings is 10%. These two facts make it very likely that all pediatricians will care of children with these needs.

Dr. Denise Dowd stressed the importance of identifying families that are impacted by interpersonal violence. Children who are impacted have behavior disorders, anxiety, post traumatic stress disorder, depression, nightmares, somatic complaints, and hyper-vigilance. It is confusing for children to experience the cycle of tension building and arguing, acute battering, and then the honeymoon phase when they believe everything is okay. Although women may not seek help for themselves, nearly 100% use well child care. Dr. Dowd promotes (1) collaboration with community services that assist these families and (2) screening every parent by asking if she is concerned about her safety and if she would like information about a program to help with violence in the home. She describes basic competency as identifying cases, assessing need for services, expressing concern, and offering support and referral.

Emphasis is now being placed on the almost 21% of children between 9-17 years of age who have attention, behavior, and mental health needs including anxiety and depression.

Pediatricians are encouraged to develop relationships with mental health providers both for children with emergency needs and for children with initial management questions. Children and their families value the continuing relationship with the primary pediatrician. Some offices are bringing part time professionals to their practices to assist. The Task Force on Children's Mental Health released a chapter action kit in October to facilitate strategies for system change. Five states have grants for pediatricians to start conversations with other professionals who provide mental health services. Expect more in 2008 as this Task Force encourages us to learn what services are available in our communities, and to build skills and competencies to meet the needs of these children. Providing services for high risk groups such as children in foster care is a way to get started. Using screening tools such as the Pediatric Symptom Checklist will aid clinical history in identification of children with needs. Basic services to address sleep, nutrition, playing outdoors, and safety are important. Screening for interpersonal violence and academic problems are needed. Being alert to problems, showing interest when problems are discovered, and establishing a plan to come back and to talk more are initial steps that the Task Force proposes at this time.

SCIENTIFIC UPDATE: SUBTITLE

High frequency of Adverse Childhood Experiences (ACE) was reported by Dr. Vincent Felitti (Am J Prev Med, 1998;14;245-258) with research through Kaiser Permanente and the CDC. Dr. Felitti studied middle class adults (average age 57) in San Diego. Of 26,000 adults receiving annual medical care, 71% participated. The adults reported whether or not they had experienced 10 types of stress in childhood. In the abuse group, 11% reported psychological; 28%, physical; and 16-28%, substance abuse. In the neglect group, 15% reported emotional, and 10% reported physical neglect. In the family dysfunction group, 27% reported parental alcohol and drug use; 23% reported losing a parent when they were less than 18 years; 17%, parental depression; 13%, interpersonal violence; and 6%, parent in prison. Although 33% had experienced none of these adverse experiences, 25% reported one; 15%, two; 10%, three; 6%, four; and 11%, five or six. These experiences in childhood, while often hidden, were certainly common. The number of ACE factors was strongly correlated with the frequency of adult public health problems, such as obesity, alcoholism, IV drug use, smoking, coronary artery disease, chronic obstructive pulmonary disease, and depression. When these stressors are identified in families of children in our practices, Dr. Felitti recommends saying, "Tell

me how that has affected you later in life," or "Tell me how that affects your parenting." Recognition of these unidentified childhood problems may be the first step in developing community and social support for children and their families.

Since I have been home, the Tampa Tribune carried a report by Bob Balfanz at Johns Hopkins University. Balfanz found Florida second only to South Carolina with approximately half of our high schools having more than 60% of students who start as freshman dropping out before their senior year. Although many factors such as mobility, poverty, academic problems may be involved, the impact of adverse childhood experiences undoubtedly plays a role. Pediatricians may be able to assist communities in addressing the needs of students to support staying in school.

As we reflect on the new ideas, we all agree that we are getting started by working with the Early Intervention service coordinators and intervention providers and with the Children's Medical Services nurse care coordinators. Now we need to find opportunities to collaborate with mental health and school health professionals as we strive to provide the best care for the infants, children, adolescents, and young adults. We have a long way to go.

Mary H. Pavan, MD, FAAP
Florida Liaison, AAP Council on
Children with Disabilities

Similac Solutions for Most Feeding Needs



A GREAT PLACE TO START



Similac® Advance®
Supports brain, eye, and bone development, and the maturing immune system.^{1,5}



Similac® Organic
The only organic formula with the trusted nutritional benefits of Similac Advance.



Similac® NeoSure® Advance®
Provides excellent catch-up growth for preterm infants.⁶



SOLUTIONS FOR COMMON FEEDING ISSUES



Similac Sensitive™
For fussiness and gas.⁴



Similac® Isomil® Advance®
Soy formula for tolerance issues due to cow's-milk-protein sensitivity.



Similac Sensitive R.S.™
54% less frequent spit-up.^{7†}



Similac® Alimentum®
Hypoallergenic formula starts reducing colic symptoms[‡] in most infants within 24 hours.⁸



A NUTRITIONAL PARTNER TO TABLE FOOD AND MILK



Similac® Go & Grow™
Excellent nutrition for babies aged 9-24 months.

* Due to lactose sensitivity.

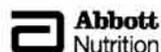
† Among healthy 2-month-old infants, compared with standard formula.

‡ Due to protein sensitivity.

References: 1. Auestad N, Scott DT, Janowsky JS, et al. *Pediatrics* 2003;112:e177-e183. 2. Nelson SE, Frantz JA, Ziegler EE. *J Am Coll Nutr* 1998;17:327-332. 3. Koo WWK, Hammami M, Margeson DP, et al. *Pediatrics* 2003;111:1017-1023. 4. Buck RH, Thomas DL, Winship TR, et al. *Pediatr Res* 2004;56:891-900. 5. Pickering LK, Granoff DM, Erickson JR, et al. *Pediatrics* 1998;101:242-249. 6. Carver JD, Wu PY, Hall RT, et al. *Pediatrics* 2001;107:683-689. 7. Data on file, AJ68, May 2007, Ross Products Division, Abbott Laboratories Inc., Columbus, Ohio. 8. Data on file, AC8-4, August 2004, Ross Products Division, Abbott Laboratories Inc., Columbus, Ohio.

Abbott Nutrition
Abbott Laboratories
Columbus, Ohio 43212-1724 USA

©2007 Abbott Laboratories Inc.
71115.001/NOVEMBER 2007



SCIENTIFIC UPDATE: SCHOOL HEALTH SUCCESS



Debi Tucker, RN



Joyce Wood, RN



Martha Hanna, RN

School Health Success Stories

Debi Tucker, RN, Joyce Wood, RN and Martha Hanna, RN

As we near the end of the first semester of the 2007/2008 school year, we wanted to share a few School Health "success" stories with everyone. We are grateful for the opportunity to make a difference in the lives of so many students.

Story #1

On August 23rd, I encountered a student with a health need. This student had a large polyp in his nose which appeared to be blocking 80-90% of his right nostril. He was having difficulty breathing, a constant sore throat, hoarseness, and congestion. I called his home and spoke with his grandmother and his mother. I learned of their insurance problems. I referred his family to KidCare and followed up with our new KidCare liaison, Stacey Ray. This student's family did not qualify for KidCare,

however, and they were referred for Medicaid.

Upon speaking with student's grandmother and mother, I urged them to get immediate medical care. They were unaware of his condition and how serious it had become. The student went for emergency care, received medication and is scheduled for outpatient surgery. This student is doing much better, already. He was very concerned about his health. He had not voiced his fears/concerns with anyone because he understood that there was no insurance, no money and that his family was doing the best that they could.

I will be following up with this

student post surgery. Of course, we will help with any needed accommodations.

Story #2

Karen Thoennes and Sight for Students were able to help me with a 9th grader who is new to Florida. His father requested help in obtaining glasses as they have no medical insurance. Karen assisted in awarding this student a Sight for Students scholarship and Dr. Porch evaluated him. This student was 20/400 in both eyes. He received his glasses and now can see 20/20 in both eyes. He is so happy he can SEE!

Story #3

A grief counseling patient is doing better after several weeks of visiting me every single day for a few years. I had to go look for him

SCIENTIFIC UPDATE: SCHOOL HEALTH SUCCESS

yesterday. When he saw me, he ran to me and hugged me. He said, "Ms Wood, I am having a gooder day today." I cried all the way home.

He is 6 yrs old, he is repeating Kindergarten. About a week after school started this year, his mother suffered a massive heart attack as she was walking down the stairs of their apartment. She was talking to him at the time. He was at the foot of the stairs when his mother and fell down and died in front of him. He thought he did something wrong to kill her. He doesn't want to leave home because he thinks somehow that she may come back. So every day he was in here wanting to go home. At first, he would go to the copy clerk in the office since he knows her kids. She was automatically calling his grandmother to come get him; I didn't even know what was going on.

When I found out, I asked the clerk to not do that anymore and to refer him to me. I would spend some time with him, asking him questions about his Momma. Apparently, no one else would talk to him about her. He told me her favorite color was gold and that she liked McDonald's French fries. He knows what her perfume bottle looks like but he doesn't know the name of it. He told me she liked to

go fishing with him and his daddy. He would bait her hooks for her. Then, I would give him a big hug and send him to class and encourage him to stay at school.

He was a "late in life miracle" and his mother was crazy about him. She was 51 when she died. So he was very spoiled by her and is going to have a rough time for a long time over this. When he told me that he was having a good day, I felt so happy for him.

Here are a couple of examples of the difference an RN in the school can make:

Story #4

A student came into my office very agitated. He had recently been diagnosed with depression and started a new medication. He stated he just became very angry without cause. His mom wanted me to allow him drive himself home. I told her I was not comfortable putting him behind the wheel at this time. I was able to spend over an hour with him talking and walking, and most importantly listening. He admitted to having felt suicidal and to having a plan. In relating this information to his mother, she states he had never shared that before with her. This transpired during the lunch rush. If I had

been running the clinic, I would not have had the time to spend with this student. The student was taken for evaluation and treatment and hopefully will not become another statistic.

Story #5

Last week a student approached me outside the cafeteria and shared that she had been bleeding for 3 weeks. I strongly encouraged her to see her doctor. I called her mother; her mother made her an appointment. She was anemic and required two units of blood. She was down to 97 pounds. Having a visible and approachable presence on campus allows students to speak to me when they might not come to the clinic. This student now has a great appetite and has gained 4 pounds. This is very important to her as she wants to join the Marines next year!

Our days are full of such events.
~[Karen Capps](#), RN, BS, NCSN
Director, School Health



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

December, 2007

Dear Health Care Provider:

On behalf of the Department of Health, I want to thank you for your continuing support of the Florida WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children). We support the American Academy of Pediatrics' *Statement on Breastfeeding and the Use of Human Milk*. The Academy has also issued a policy statement about the importance of the WIC Program. They recommend health care providers and WIC agencies work together to promote and support breastfeeding as the normal feeding method for infants.

Our mothers are encouraged to exclusively breastfeed for at least six months, then add complementary foods, and continue breastfeeding until one year of age or longer. WIC staff are available to assist mothers with breastfeeding and to make appropriate referrals. We realize that not all mothers choose to breastfeed or breastfeed exclusively. We are asking your support for the use of the WIC contract brand formulas for these WIC infants.

The Department's Infant Formula Manufacturer's Rebate contract has been awarded to Nestlé USA. This award, through a competitive bidding process, will be in effect until January 31, 2010. The WIC contract brands of infant formula will continue to be Nestlé® Good Start® Supreme DHA & ARA and Good Start® Supreme Soy DHA & ARA for infants under the age of 12 months. Nestlé® Good Start® 2 Supreme DHA & ARA and Good Start® 2 Supreme Soy DHA & ARA are also available for infants 9 months of age and older. For infants who are not able to use one of these Nestlé® Good Start® brands of infant formula, Nestlé® Good Start® Supreme Natural Cultures™ will be available for WIC infants starting February 1, 2008.

WIC currently serves about 440,000 clients per month in Florida. Services provided to clients include supplemental nutritious foods, breastfeeding promotion and support, nutrition education and counseling, and referrals for health care. This year WIC rebates from the Department's contract with Nestlé USA will allow the program to provide services to an additional 140,000 women, infants, and children. By recommending the use of the contract brand formulas for all WIC infants who are not exclusively breastfed, you can help us serve these clients.

The Department's contract has no effect on providing special formulas to infants and children with health problems. As always, special formulas may be requested for WIC clients who have a diagnosed medical problem or condition. The Florida WIC Program Formula Request form is available at www.floridawic.org.

We remain committed to the coordination of services in order to ensure the optimal health and nutritional status of mothers and children in Florida. We look forward to working with you and your staff to achieve these mutual goals.

Thank you for your time and consideration. If you have any questions regarding this issue, please contact your local WIC office at the county health department or call the state WIC office at (850) 245-4202 or 1-800-342-3556 and ask to speak to a nutrition consultant.

Editor's Note: The new WIC Formula contract with Nestle USA will be in effect until January 31, 2010, with an option to renew for three (3) years. Of note, the State of Florida has approved that Nestle's Good Start Natural Cultures formula may be distributed to WIC Moms without

Sincerely,

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

PHYSICIAN HEAL THYSELF: LOAN DEFERRALS

20/220 Pathway

The AAP is working for us on the issue of loan deferment, but we need to help too as decisions are being made by **April 14!**

In order to keep some of the loan deferment momentum moving... please give your congressmen (women) a call/email/fax about the importance of the 20/220 pathway to you (and it is if you defer loans) because the AAP is depending on us for the **personal anecdotes**. To find your congressmen, check out <http://www.congress.org/congressorg/directory/congdir.tt>. Feel free to use the letter I sent out last night as the "leave behind" talking point attachment, and to pass along this info to program delegates (or even all residents in your district).

AAMC, AMA Urge Reinstatement of 20/220 Pathway

The AAMC and the American Medical Association (AMA) March 12 sent a joint [letter](#) to members of the House and Senate education committees, urging them to reinstate the debt-to-income ratio (20/220) of the economic hardship deferment in the ongoing conference of the Higher Education Act (HEA) reauthorization bills. The committees are expected to finish conferencing the bills in April following the Easter recess. The letter follows the Department of Education's announcement at

the March 4-6 Negotiated [Rulemaking sessions](#) on student loans that the department intends to eliminate the 20/220 pathway in regulation after July 1, 2009 [see [Washington Highlights, March 7](#)].

The letter notes that "medical residents rely on the 20/220 pathway to help defray their high debt burden," and "Borrowers with high loan debt may be deterred from entering public health service, practicing medicine in underserved areas, starting a career in medical education or research, or practicing primary care medicine."

Medical residents will be eligible for economic hardship until July 1, 2009, at which point they can enter the new income-based repayment (IBR) program. The 20/220 pathway allows medical residents to qualify for the economic hardship deferment and postpone repayment of their student loans (without penalty). Conversely, the IBR will require medical residents to make small monthly loan repayments. The economic hardship deferment has been operating under the Secretary of Education's authority after it was eliminated in statute last year by the "College Cost Reduction and Access Act of 2007" ([P.L. 110-84](#)). Negotiators will meet again April 14 before the Department publishes draft regulations in the Federal Register for public comment. Carrie Steere-Salazar, chair of the AAMC Committee on Student

Financial Assistance, represents the AAMC and the graduate/professional education community on the negotiated rulemaking committee.

Information:

Matthew Shick, Legislative Analyst
AAMC Office of Governmental Relations
mshick@aamc.org
(202) 828-0525

Editor's Note: Please refer to the website for a copy of the letter on the following two (2) pages written by Micael D. Maves, MD, MBA, the Executive Vice President of the AMA. You may print out the letter or email it after personalizing it with your own name.. Help future physicians benefit from loan deferment as many of us have.



Tomorrow's Doctors, Tomorrow's Cures®

March 12, 2008

The Honorable George Miller
Chair
Committee on Education and Labor
2181 Rayburn House Office Building
United States House of Representatives
Washington, DC 20515



Dear Mr. Chairman:

On behalf of the physician and medical education membership of the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC), we urge you to reinstate the debt-to-income ratio pathway (20/220 pathway) of the economic hardship deferment in the conference report to accompany the Higher Education Act (HEA) Reauthorization to assist medical residents during this crucial time in their training.

As you know, medical residents rely on the 20/220 pathway to help defray their high debt burden. Helping medical students finance their education and assisting medical students, resident physicians, and young physicians to better manage their high debt burden are top legislative priorities for the AMA and the AAMC.

High medical student debt, averaging \$140,000 in 2007, is a significant hardship throughout the loan repayment period, particularly during the three to eight years of training in medical residency programs. The average first-year stipend for medical residents is less than \$45,000 and can be especially challenging for residents who pursue their training in urban areas where the cost of living is high. The high debt burden that many medical graduates face often influences their career choices. Borrowers with high loan debt may be deterred from entering public health service, practicing medicine in underserved areas, starting a career in medical education or research, or practicing primary care medicine.

There is a growing consensus that the United States faces a future shortage of physicians. In its last report in 2005, the Council on Graduate Medical Education (COGME) predicted a shortage of 85,000 physicians by the year 2020. Complicating student debt burden repayment could further deter students from pursuing a career in medicine.

Under Public Law 110-84, after July 1, 2009, medical residents will be eligible for the income-based repayment program, which caps participating borrowers at 15 percent of their income that

The Honorable George Miller
March 12, 2008
Page 2

exceeds 150 percent of the poverty line for the borrowers' family size. Unfortunately, the new income-based repayment program does not offer medical residents the option to postpone loan repayment during their initial years of residency. Rather, medical residents wishing to postpone repayment may be forced to enter forbearance, during which interest accrues on their entire federal loan portfolio.

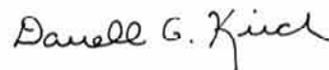
Following the enactment of Public Law 110-84, the Department of Education (ED) used its regulatory authority to retain the 20/220 pathway and sent a letter to Congress confirming this action. Throughout the 2007-2008 negotiated rulemaking process, the Department stood by this commitment by retaining the 20/220 pathway language in proposed draft regulations. However, we were disappointed to learn that on March 5, 2008, the ED reversed its position and pulled the 20/220 pathway language from the proposed draft regulations. We urge you to work with the Department and take the necessary legislative steps to reinstate the 20/220 pathway or provide an equivalent funding mechanism for loan deferment in the final HEA reauthorization conference report.

We look forward to working with you to address this pressing issue.

Sincerely,



Michael D. Maves, MD, MBA
Executive Vice President, CEO
American Medical Association



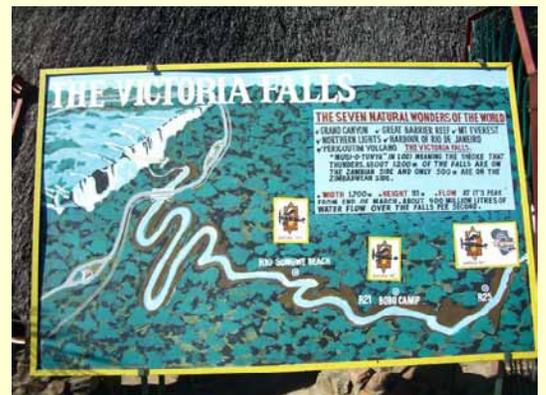
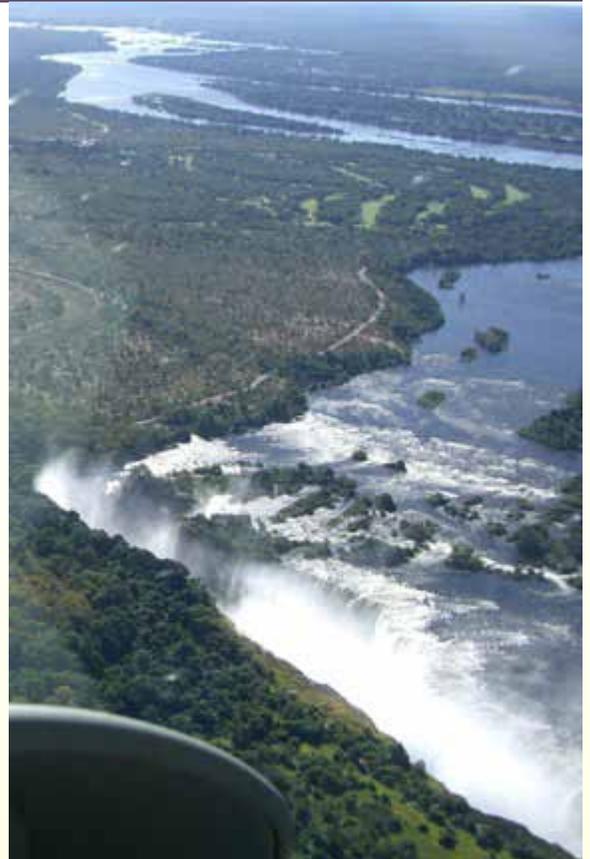
Darrell G. Kirch, MD
President and CEO
Association of American Medical Colleges

AT YOUR LEISURE: PHYSICIAN TRAVEL/PLACE



Last Spring, in May 2007, we travelled to South Africa with an additional two days in Zambia at Victoria Falls. The people in Zambia that we met were wonderful though the country is economically challenged.

*Author & Photographs by
Edward N. Zissman, MD, FAAP*



AT YOUR LEISURE: PHYSICIAN TRAVEL/PLACE



In our brief stay we visited the Falls and enjoyed our accommodations on the Zambezi River.

Highlights at the lodge included a sunset “cruise” during which we observed hippos, alligators, and monkeys; a sunset dinner on the river; and the walk at the Falls. The walk was a two hour experience in which we explored the Falls and got soaking wet. The views were spectacular.



However, the most amazing experience was our helicopter ride over the Upper Zambezi, the Falls, and then through the canyon of the Lower Zambezi.

Edward N. Zissman, MD, FAAP

To the Left :Tongabezi Hippos

RESOURCE HIGHLIGHTS: FCF & MORE



Florida's Children

First, Inc. was founded in 2001 when Advocates from across Florida, who had been intervening on behalf of individual children, decided a more coordinated approach was needed. A non-profit corporation was formed dedicated to the improvement of the lives of our most valuable resource, our children. FCF is now a group of hundreds of advocates across the state from Pensacola, Jacksonville, Miami, Tampa, and points in between.



*Dr. Deborah Mulligan & Feldman,
President of Florida's Children First*



*NSU Pres Ferrero, Gen Amos,
Gen Nyland, Ron Armstrong*

"Once a Marine Always a Marine"

A former Marine and daughter of a Marine, Nova Southeastern University's President Ray Ferrero and FCAAP Past-President Dr. Deborah Mulligan, were privileged to host the South Florida 2008 Marine Corps Scholarship Foundation (MCSF) Gala Event. The MCSF has embarked on a historic fundraising campaign. Their goal is to double the average scholarship award to \$3,000 a year for children of current and former Marines and endow the commitment to award \$20,000 in scholarship assistance to every child of a Marine, or of a Navy Corpsman serving with the Marines, whose parent is killed in the Global War on Terror. This is a five year capital campaign (2006-2010) to raise \$50 million and is entitled "American Patriots Campaign". For more information, please visit, <http://www.mcsf.com/site/c.ivKVLamTIuG/b.1677655/k.BEA8/Home.htm>

2008 Fostering Success: Strategies to Empower Youth to Succeed as Adults

Nova Southeastern University was pleased to host the February 14, 2008 *Fostering Success: Strategies to Empower Youth to Succeed as Adults*. Florida Department of Children & Families Secretary **Bob Butterworth**, three panels of national experts, government and businesses leaders explored ways by which Florida can better work to prepare foster youth to transition into adulthood.

All Officers will serve 2007-2009.

Voting Positions

Officers

President: Jorge Del Toro, MD

Vice President:

Jerome Isaac, MD

1st Vice President:

John Donaldson, MD

2nd Vice President:

Lisa A. Cosgrove, MD

Immediate Past President:

David Marcus, MD

Region 1

Rep: Robert Patterson, MD

Alt Rep: Jesse Walck, MD

Region 2

Rep: James Cheek, MD

Alt Rep: David Wood, MD

Region 3

Rep: Carolyn Carter, MD

Alt Rep: John Nakashi, MD

Region 4

Rep: Brian Harris, MD

Alt Rep: VACANT

Region 5

Rep: Rani Gereige, MD

Alt Rep: Michael J. Wilsey, MD

Region 6

Rep: Benjamin Helgemo, MD

Alt Rep:

Cristina Pelaez-Velez, MD

Region 7

Rep: Tommy Schechtman, MD

Alt Rep: Sara Connally, MD

Region 8

Rep: Thresia Gambon, MD

Alt Rep: Michelle Floyd, MD

Non-Voting Positions

Editor: Nancy M. Silva, MD

Pediatric Department Chairs

Miami Children's:

Christian C. Patrick, MD

Nova:Southeastern

Edward Packer, DO

Orlando Regional Healthcare:

Joan Y. Meek, MD

University of Florida Gainesville:

Richard Bucciarelli, MD

UFCM Pensacola:

Edward C. Kohaut, MD

University of Florida Jacksonville:

Thomas Chiu, MD

University of Miami:

Steven Lipshultz, MD

University of South Florida:

Robert Nelson, MD

Child Advocate Representatives

Gerold Schiebler, MD (*Emeritus*)

John Curran, MD

David Childers, MD

Staff

Executive Vice President:

Louis St. Petery, MD

Executive Director:

Dawn Pollock

Legislative Liaison:

Nancy Moreau

Committee/Active Members

Randall Alexander, MD

William Bruno, MD

David Cimino, MD

Alex Constantinescu, MD

Sharon Dabrow, MD

Mark Dorfman, MD

Gary Josephson, MD

David Lobo, MD

Jorge Lujan-Zilbermann, MD

Art Maron, MD

Joan Meek, MD

Mary Mheta, MD

Deborah Mulligan, MD

Maureen Novak, MD

Mary Paven, MD

Mobeen Rathore, MD

Lynette Ringenberg, MD

Lee Sanders, MD

Judith Schaechter, MD

Christopher Siano, MD

Lorena Siqueria, MD

Daniel Wohl, MD

Edward Zissman, MD