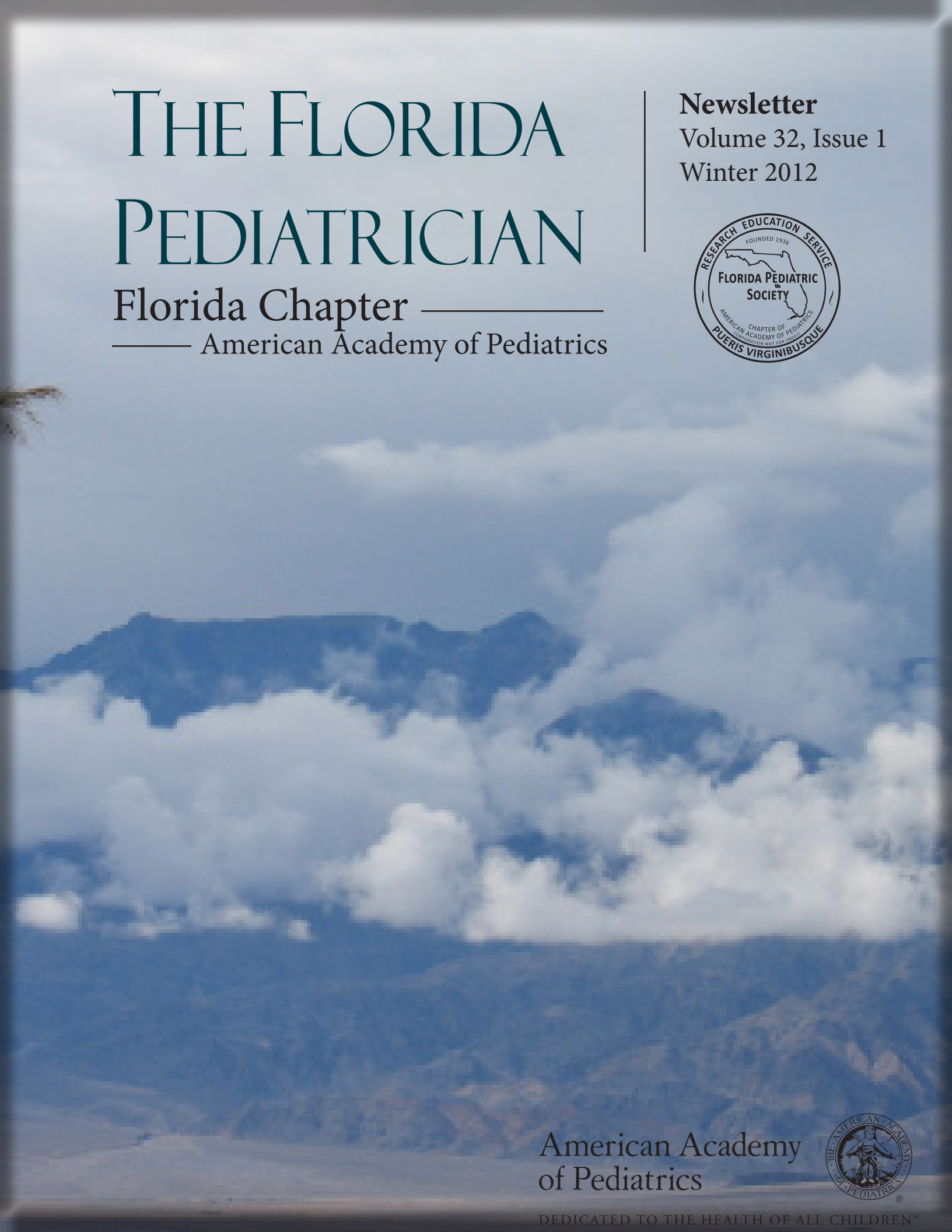
The Florida Pediatrician

Florida Chapter
American Academy of Pediatrics

Newsletter
Volume 32, Issue 1
Winter 2012



American Academy of Pediatrics

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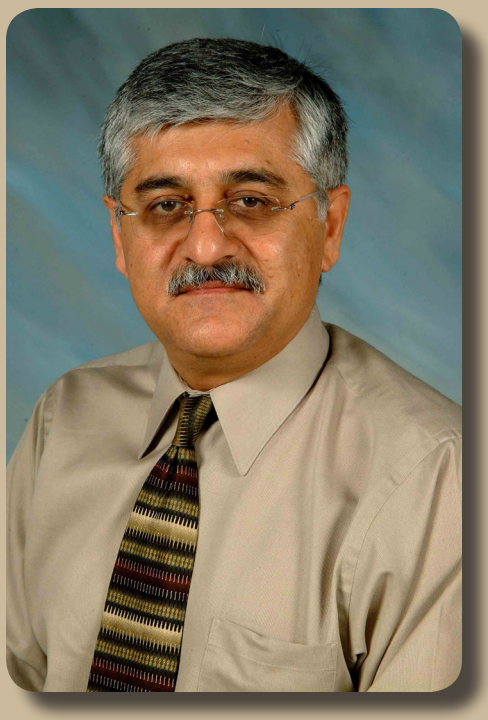
NEWSLETTER CONTRIBUTIONS

Articles & Artwork
Please contribute to your Society's 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 FCAAP. 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. Scanned artwork, photography, or other digital artworks are accepted in jpeg, bmp, & pdf format.

Please submit articles for the next issue of The Florida Pediatrician by December 18, 2012.

Please submit artwork by December 25, 2012.



Mobeen H. Rathore, MD, CPE, FAAP, FIDSA

FCAAP/FPS President

Today, many pediatricians focus on establishing a Medical Home within their practice and community. This can be a daunting yet highly rewarding effort. The Florida Chapter of AAP/Florida Pediatric Society understands the level of time, dedication and hard work that goes into making a successful Medical Home. In fact, I'd like update you on what the Florida Chapter is doing on behalf of the Medical Home.

The Florida Chapter is currently in year two of a four-year Children's Health Insurance Program Reauthorization Act (CHIPRA) Florida Pediatric Medical Home Demonstration Project. We work with the following stakeholders:
Agency for Health Care Administration (AHCA)
American Academy of Pediatrics (AAP)
National Committee for Quality Assurance (NCQA)
Institute for Child Health Policy (ICHP) at the University of Florida
Florida Healthy kids Corporation
University of South Florida
Illinois Chapter of AAP, Joint state grant applicant and collaborative partner

The ultimate goal of the Florida Medical Home Project is to improve child health outcomes. To effectively achieve this, we focus on testing and refining a core set of 24 pediatric performance measures. In 2010, when we first started, Florida reported on 12 measures. In 2011, under the CHIPRA leadership team, Florida reported on 20 measures:

1. Frequency of Ongoing Prenatal Care
2. Timeliness of Prenatal Care
3. Percentage of Live Births Weighing Less than 2,500 grams
4. Cesarean Rate for Nulliparous Singleton Vertex
5. Childhood Immunization Status
6. Immunization for Adolescents
7. Chlamydia Screening
8. Well-Child Visits in the First 15 Months of Life
9. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
10. Adolescent Well-Care Visits
11. Child and Adolescent Access to Primary Care Practitioners
12. Appropriate Testing of Child with Pharyngitis
13. Percentage of Eligibles that Received Preventive Dental Services
14. Percentages of Eligibles that Received Dental Treatment Services
15. Ambulatory Care: Emergency Department Visits
16. Annual Percentage of Asthma Patients 2-20 Years Old with One or More Asthma-Related Emergency Room Visits
17. Follow-up Care for Children Prescribed ADHD Medication
18. Follow-up Care After Hospitalization for Mental Illness
19. Otitis Media with Effusion
20. CAHPS Consumer Assessment of Healthcare Providers and Systems Survey

We will rotate the remaining four measures throughout the grant cycle to gain experience in each:

1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Body Mass Index Assessment for Children Adolescents
2. Developmental Screening in the First Three Years of Life
3. Pediatric Central-Line Associated Bloodstream Infections
4. Annual Pediatric Hemoglobin Testing and Control

It is a great feeling to say that we, the Florida Chapter, participating members, and stakeholders, have accomplished much progress in a short period time.

As always, your membership in the Florida Chapter makes a difference. Thank you for your continued support as together we work to help pediatricians improve the health and welfare of Florida's children.

Regards,

Florida Chapter

American Academy of Pediatrics

The FCAAP/FPS supports medical professionals who serve the needs of Florida's children.

We provide you with tools, resources, and programs that benefit pediatricians and pediatric specialists.

Join Today!

Apply online at www.fcaap.org. To join the American Academy of Pediatricians, go to www.aap.org.

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Careers

Florida Chapter

American Academy of Pediatrics

Nancy M. Silva, MD, FAAP
Editor

Friends and Colleagues,

It has been much too long since the last issue of our Newsletter. For that, I offer you my most sincere apologies. Over three years ago, my son became very ill. He is full of health and vigor now. But he had contracted Swine Flu and pneumonia. As a result, he spent 9 days in the ICU. He was playful, normal, the picture of health waiting to board the plane. Six hours later, he couldn't breathe. My world changed in those days. I prayed that God would make me strong enough to face whatever I had to face. After all, I had seen this before. And I was not above anybody. My child was like all those other children I cared for in the past. A mother's pain is universal; my pain was their pain. And I felt I would survive no matter even if he died. Then, once my prayer was over, it was on; we fought the fight.

However, to be honest, I so desperately, just wanted to be a Mommy. And at times, was angry that I had to divide myself between both Mommy and Doctor roles. What I learned very quickly, is that it is so important to have a medical advocate when one is in the hospital. Even watching the IV antibiotics was important. After an hour, they hadn't entered his little body. My boy had paradoxical breathing and we lost an hour. My husband called the nurse, the IV was closed somehow. Now it would run in over 30 minutes. What if I hadn't watched? There were many little moments like that. Eventually, I realized that I had been blessed to be both Mommy and Doctor, and so it must be. In those days, I was both.

Ironically, Dr. Nelly Marcano, our dear friend, who was the emergency room doctor that helped save my son's life, died within 2 weeks of caring for our little boy. I must admit, I still do not understand how this could happen; one life was saved and another wasn't. Instead, I watched as another family suffered. This took a toll. And still has moments when it affects me 'til this day.

I am so very blessed that I had the support of family, friends and many from the Florida Chapter of the American Academy of Pediatrics. However, I must admit to you that this affected me profoundly. The whole experience led me to question many of my feelings and thoughts about life, God, family, people, and myself.

I did not know there would be an aftermath. Even as I write this, I feel guilty discussing about a survivor aftermath. After all, he was well. He was home; we were fine. But I have come to see that "fine" is a relative term. I made new discoveries about life and about myself. I changed some thoughts, made some discoveries, and grew stronger. And yet, up until now, I could not bring myself to write much less edit this wonderful Newsletter when I was not my "full" self.

I thank you for your patience, your understanding, and your support during a time when I have allowed myself to feel vulnerable. Sometimes, walls must be broken in order to let in the light. It was a light I did not know I was missing. As a result, I am allowing myself to be more accepting of the world, accepting of myself, and allowing love inside, more and more with each passing day. Every day is a lesson of letting in and letting go.

Sincerely,
Nancy

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Tribute® Plan 5 YEAR ANNIVERSARY

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We are proud to partner with The Doctors Company, the nation's largest insurer of physician and surgeon medical liability. The Doctors Company offers industry-leading coverage and extensive benefits unmatched by any other insurer.

A BOLD IDEA AT WORK

The Doctors Company has arrived at an important milestone. This year marks the fifth anniversary of the Tribute® Plan, a financial benefit that provides doctors with a significant reward when they retire from the practice of medicine.

Today, over 1,300 Tribute awards have been distributed, and 22,700 members have qualified for a Tribute award when they retire from the practice of medicine. The average balance for members who have qualified for an award is $11,500.

DOCTORS ARE TALKING ABOUT THE TRIBUTE PLAN

What do members of The Doctors Company say? The vast majority of doctors would recommend the company to their peers. Fully 96 percent have said that they will likely remain with The Doctors Company until they retire.

Watch the special five-year anniversary video to find out what members of The Doctors Company are saying about the Tribute Plan. Visit www.thedoctors.com/tribute.

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LEGISLATIVE UPDATE

The 2013 legislative session, which extends from March 5 to May 3, 2013, will very likely be another difficult one, with much energy spent minimizing assaults on child health and safety issues. We are hopeful that the change in the House leadership to Speaker Will Weatherford will finally allow pro-child safety bills, such as booster seats, to move forward. The list of issues we will track this session is extensive. It remains to be seen which of these will see significant movement and what new ones will be added:

- Booster seats
- Texting while driving
- Update graduated driver's license
- Mandated Meningiococcal vaccine for 7th grade entry
- Mandated neonatal pulse oximetry screening
- Defend mandated insurance benefits for children
- Criminalize withholding or giving false evidence in child abuse cases
- School start time
- Training teachers to recognize anaphylaxis and use Epi-pen
- CMS privatization (protect core CMS programs such as poison control, neonatal screening, etc.)
- Appropriate vaccine administration reimbursement for CHIP
- Healthy Start funding

Our list of issues is further complicated by several things:

- The lingering waiver request by Florida to expand Medicaid Reform statewide. Federal CMS still has not ruled on this request. Most observers feel that no decision will be forthcoming until after the election. If approved, this will move Medicaid Managed Care statewide.
- The bench trial in our Medicaid lawsuit concluded in April, and we still await Judge Jordan's ruling. In case you have not previously seen it, we have below included a side-by-side comparison of the Medicaid lawsuit and the Affordable Care Act.
- Governor Scott has appealed Judge Cooke's ruling that the 2011 bill which interferes with our ability to ask about firearms in the home is unconstitutional. Our pro-bono lawyers are preparing our response and the AAP and the AMA have submitted amicus briefs in support of Judge Cooke's ruling.
- Governor Scott has indicated unwillingness to move forward with implementation of the Affordable Care Act. Some of the items of importance to children include
  - o Increasing Medicaid primary and specialty physician payments to Medicare levels
  - o Development of Insurance Exchanges
  - o Development of Essential Health Benefits package for children (EPSDT)
  - o One-stop online eligibility for Medicaid and CHIP children
  - o Appropriate vaccine administration coding and reimbursement for Medicaid (VFC)

We will keep you informed as we get closer to the session. Please let us know if you have questions or suggestions.

Tommy Schechtman, M.D., and Louis St. Petery, M.D., EVP, Legislative Co-Chairs & Samuel Bell, Esq., Lobbyist

Louis St. Petery, MD, FAAP
FCAAP Executive VP
Co-Legislative Chair

Now Than The Supreme Court Has Ruled, Do We Still Need The Florida Pediatric Society Medicaid Lawsuit?

ABSOLUTELY!

The relief sought in our lawsuit is far broader than the Affordable Care Act provides. Our Florida Medicaid lawsuit seeks the following:

1. Ending the arbitrary setting of reimbursement rates based on budget neutrality
2. Increasing reimbursement for primary care physicians who treat children
3. Increasing reimbursement for specialists who treat children
4. Increasing reimbursement for dentists who treat children
5. Eliminating wrongful terminations of children entitled to continuous eligibility
6. Eliminating switching of physicians
7. Restoring an outreach program directed at eligible children
8. Requiring a simplified application for children eligible for Medicaid.

The Affordable Care Act provides a limited two year solution to only two of these eight issues.

We are expecting Judge Jordan's decision by the end of August. Obviously, there is no guarantee that he will rule in our favor, but the evidence in our case is extremely strong and we remain hopeful. So, **ABSOLUTELY**, we still need the FPS Medicaid Lawsuit! If Judge Jordan rules in our favor, below is a quick guide to the differences between our lawsuit and the Affordable Care Act.

Please feel free to contact me if you have any questions,
Louis

Affordable Care Act	FCAAP Medicaid Lawsuit
Increases Medicaid Payments to Medicare levels **only** for 2013 and 2014	**No time limit** on the increase in Medicaid payments
Increases payments to primary care physicians	Increases payments to **all** physicians who see Medicaid children, regardless of specialty
May increase payments to pediatric subspecialists, **if** proposed rules are adopted	Increases payments to **all** physicians who see Medicaid children, regardless of specialty
Does **not** increase payments to **dentists** who see Medicaid children	Increases payments to **all** dentists who serve Medicaid children
Does **not** address Medicaid hassles, like switching, inappropriate loss of eligibility, failure to cover newborns in a timely manner, etc.	Requires Medicaid to **resolve** hassles, like switching, inappropriate loss of eligibility, failure to cover newborns in a timely manner, etc.
Does **not** address application process or outreach	Requires Florida to provide **simplified** application for children on Medicaid and to conduct outreach as required by federal law
Congress may still try to repeal the Affordable Care Act	Our Medicaid lawsuit is not subject to the whims of Congress

PHOTO OP!

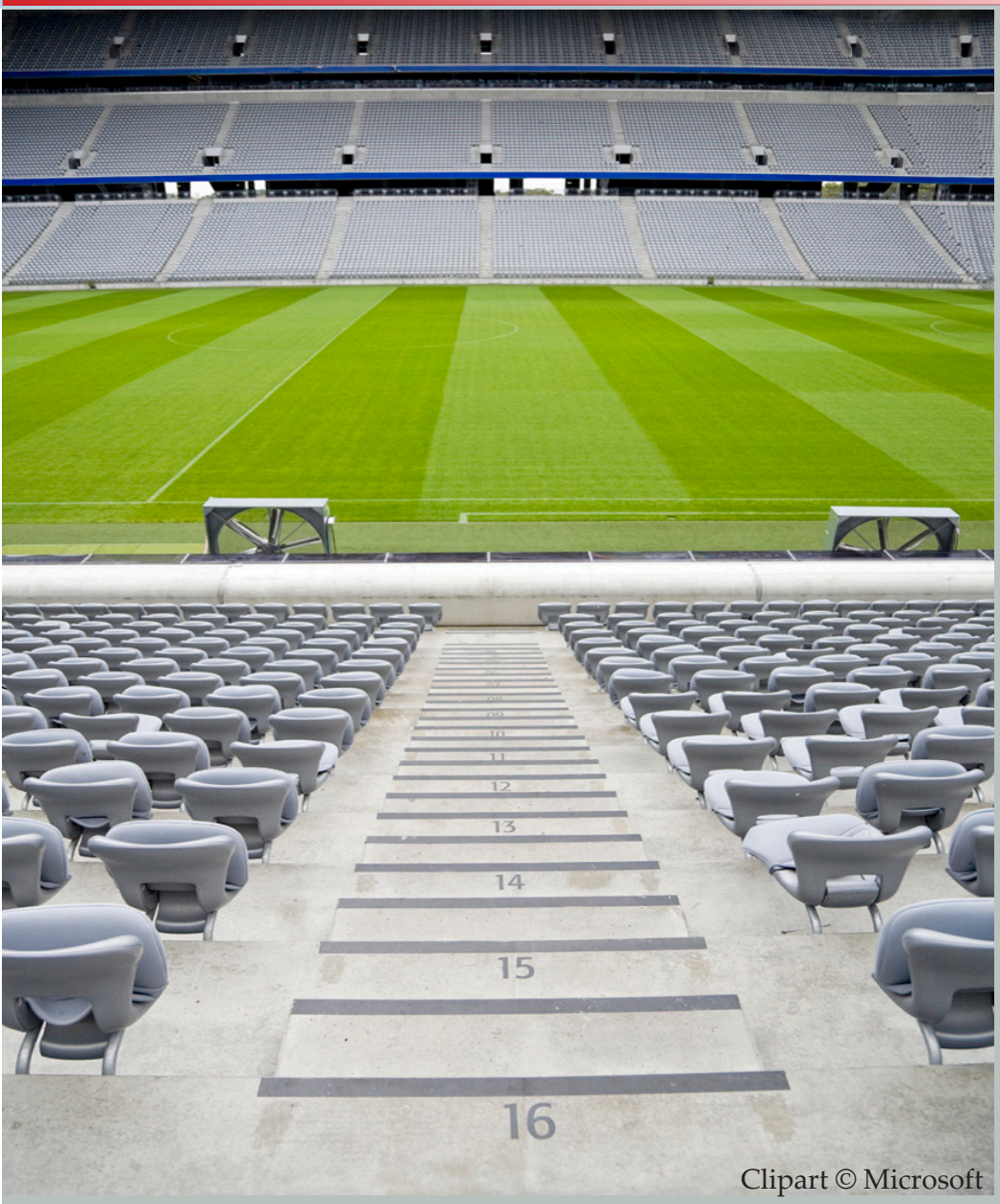
FCAAP/FPS Delegates meet with Florida Surgeon General, Dr. John Armstrong

FCAAP/FPS is represented on FMA Committees during the 2012 FMA Annual Meeting: Sharda Udassi, MD, FAAP – Reference Committee I: Health, Education, and Public Policy

FCAAP/FPS President, Dr. Mobeen Rathore, and Florida Surgeon General, Dr. John Armstrong, discuss how the Chapter and the Department of Health can work together

FCAAP/FPS Delegate, Dr. Kris Deeter, offers a compelling debate before the FMA House of Delegates 2012

FCAAP/FPS is represented on FMA Committees during the 2012 FMA Annual Meeting: Louis St. Petery, MD, FAAP – Reference Committee II: Finance and Administration



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Concussion Conscious!

What Players, Parents and Coaches Need to Know About Concussion Injuries

By
Anna Tsikouris
Medical Student
Gainesville

With football season approaching, sports safety becomes increasingly important. There are many common misconceptions about what exactly constitutes a concussion and how players suffering from a concussion should be managed. This article will attempt to clarify these misconceptions and provide resources for student athletes, coaches and parents regarding concussion management.

A panel of experts on concussion injury met in Zurich in 2008 and agreed on the following definition of concussion. "Concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces." In general, it is a type of traumatic brain injury that interferes with the normal function of the brain.

Myth #1: A concussion can only be caused by a blow to the head.
Fact #1: Concussions may be caused by a direct blow to the head, face or neck or a blow anywhere else on the body and transmits an impulsive force to the head.
Tip #1: Consistently wear proper protective equipment for the activity or sport. Teach and practice safe playing techniques.

Myth #2: Most people lose consciousness when they have a concussion.
Fact #2: Less than 10% of players will have loss of consciousness with a concussion.
Tip #2: If an athlete does experience loss of consciousness, or has any symptoms of a concussion, they should seek immediate medical evaluation by a trained medical professional.

Myth #3: Symptoms of concussion only include things that the player can feel such as headache, feeling dazed or drowsy.
Fact #3: Symptoms can be within any of the following domains. Although some symptoms appear immediately, other symptoms may have delayed onset.

- Physical: Headaches, loss of balance, changes in vision, dizziness, lightheadedness, fatigue, weakness, nausea, vomiting, ringing in the ears
- Cognitive: Slow reaction times, forgetfulness

or amnesia, difficulty concentrating, feeling disoriented or confused, drowsiness, loss of consciousness

- Emotional/Behavioral: Personality changes, emotional lability, anxiety or depression (may be more persistent)

Tip #3: Encourage athletes to report any of these symptoms and parents and coaches to be on the look out for them. One study, which investigated the frequency of unreported concussions, found that only about 47% of players reported their concussion. This was either because they felt the injury was not serious enough to warrant medical attention, they did not want to be withheld from the game or they lacked awareness of the probability of a concussion injury.

Myth #4: Players may return to practice or game on the same day of enduring a concussion once the symptoms resolve.

Fact #4: A player should never return to play on the same day of injury, whether during practice or a game. Both the NCAA (National Collegiate Athletic Association) and NHFS (National Federation of State High School Associations) mandate removal of players from activity once any signs or symptoms of concussion are present.

Tip #4: The AAP (American Academy of Pediatrics) recommends that a physician evaluate children or adolescents who sustain a concussion and receive medical clearance before returning to play.

Myth #5: Cognitive exertion, such as doing schoolwork, watching television, playing video games, texting or social media use, may be resumed even if the patient is experiencing symptoms of a concussion but any physical exertion should be avoided.

Fact #5: The AAP recommends cognitive or "brain rest" as well as physical rest in order to prevent exacerbation of the athlete's symptoms and allow for continued recovery. After medical clearance, return to play should follow a step-wise approach starting with light activity and progressing to more vigorous activity as long as the patient remains asymptomatic.

Tip #5: An example of return to play strategy is listed below with approximately 24 hours for each stage (or longer if the patient is still symptomatic).

1. rest until asymptomatic (physical and mental rest)
2. light aerobic exercise (i.e. stationary cycle)
3. sport-specific exercise
4. non-contact training drills (start light resistant training)
5. full contact training after medical clearance
6. return to competition (game play)

Now that you know the facts, use these strategies to help ensure safe return to play. As of December 2011, 31 states have enacted legislation that sets guidelines for appropriate clearing of athletes with concussions to return to the playing field. Importantly, Florida recently passed legislation that supports this! It requires any athlete with symptoms of concussion to be evaluated by a medical doctor (only) who is trained in concussion management. They can no longer be cleared by neuropsychologist, Athletic trainers, chiropractors, etc.

Concussion injuries are serious and should not be taken lightly. If you are questioning whether an athlete should return to play, remember, "When in doubt, sit them out!" Please see the following resources below for more information on concussion injuries.

Resources:
www.cdc.gov/concussion
www.aap.org

References:

1. Halstead M and Walter K and The Council on Sports Medicine and Fitness. Sport-Related Concussion in Children and Adolescents. Pediatrics. 2010;126;597-615.
2. McCrea M, Hammeke T, Olsen G, Leo P, Guskiewicz K. Unreported concussion in high school football players: implications for prevention. Clin J Sport Med. 2004 Jan;14(1):13-7.
3. McCrory et al. Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport Held in Zurich, November 2008. Clin J Sport Med. 2009;19:185–200.

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