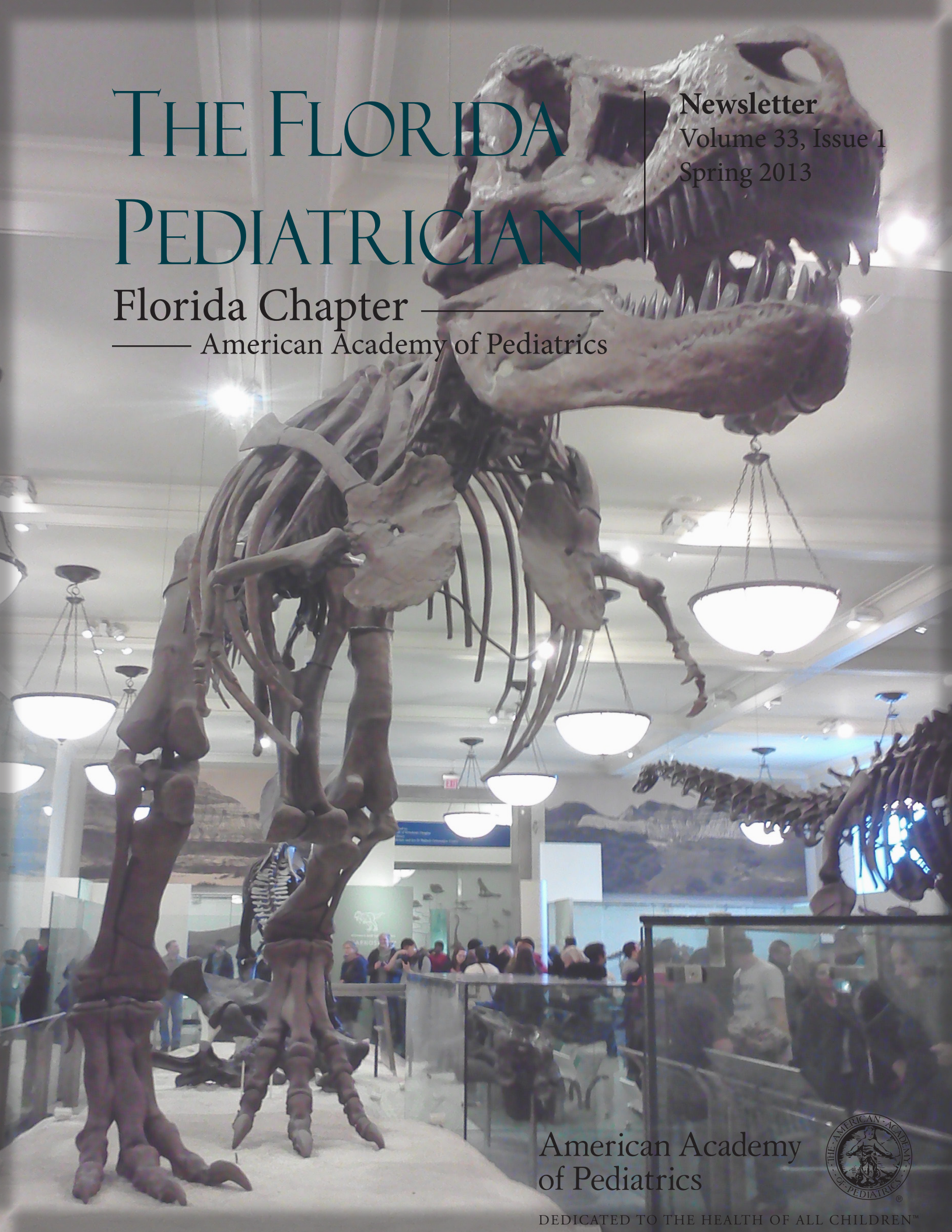


The Florida Pediatrician

Newsletter
Volume 33, Issue 1
Spring 2013

Florida Chapter
American Academy of Pediatrics

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

CONTENTS

Clipart © Microsoft

AAP CME

Practical Pediatrics
New Orleans, Louisiana
April 12-14, 2013
AMA PRA Category 1 credits: 17.25

Pediatricians DOing Education Together
Columbus, Ohio
April 25-23, 2013
AMA PRA Category 1 credits: 25.00
www.acopeds.org/cme.iphtml

2013 Legislative Conference
Washington, DC
April 25-28, 2013
AMA PRA Category 1 credits: 16.50

Practical Pediatrics
Orlando, Florida
April 23-25, 2013
AMA PRA Category 1 credits: 17.25

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 advertisements for the next issue of The Florida Pediatrician by June 21, 2013.

Please submit articles & artwork by June 28, 2013.

Florida Chapter
American Academy of Pediatrics

Renew Your Dues & Remain:

Involved with child health and wellness programs

Informed and educated on issues affecting your practice

Influential with non-profit, regulatory, and governmental boards and committees

Renew Today!

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

Helping pediatricians improve children's health and welfare

www.fcaap.org | 850.224.3939 | info@fcaap.org

Richard E. Anderson, MD, FACP
Chairman and CEO, The Doctors Company

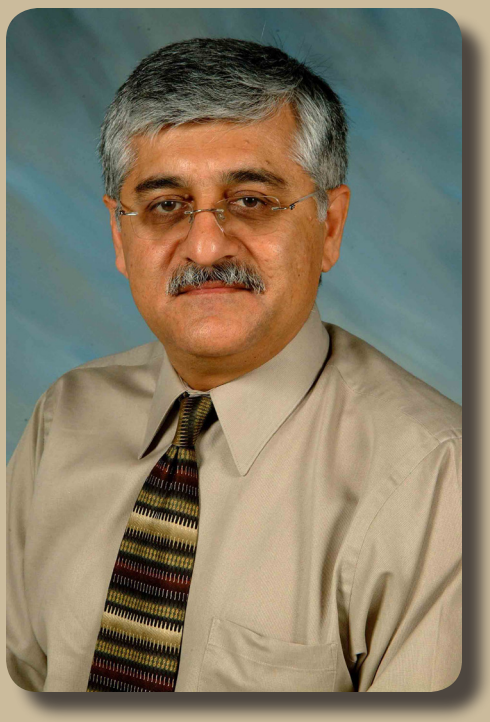
We do what no other medical malpractice insurer does. We reward loyalty at a level that is entirely unmatched. **We honor years spent practicing good medicine with the Tribute® Plan.** We salute a great career with an unrivaled monetary award. We give a standing ovation. We are your biggest fans. **We are The Doctors Company.**

Tribute® Plan
5
YEAR ANNIVERSARY

We created the Tribute Plan to provide doctors with more than just a little gratitude for a career spent practicing good medicine. Now, the Tribute Plan has reached its five-year anniversary, and over 28,000 member physicians have qualified for a monetary award when they retire from the practice of medicine. More than 1,900 Tribute awards have already been distributed. So if you want an insurer that's just as committed to honoring your career as it is to relentlessly defending your reputation, request more information today. Call (800) 741-3742 or visit www.thedoctors.com/tribute.

THE DOCTORS COMPANY
www.thedoctors.com

Tribute Plan projections are not a forecast of future events or a guarantee of future balance amounts. For additional details, see www.thedoctors.com/tribute.



Mobeen H. Rathore, MD, CPE, FAAP, FIDSA
FCAAP/FPS President

March 18, 2013

Dear Colleagues,

This weekend, Florida Chapter members and leaders attended the American Academy of Pediatrics (AAP) Annual Leadership Forum(ALF) in Schaumburg, Illinois. It was a weekend focused on improving the health of children, and enhancing and protecting your profession.

I want to be the first to congratulate you on your **Chapter receiving the AAP Outstanding Chapter Award for the Very Large Category (1,001+ Fellows). It is a win for Florida that hasn't occurred since 1993.**

This distinction was received due to the hard work and commitment of each one of you. In recognizing the Florida Chapter the AAP specifically identified our fiscal stability, improved governance, advocacy, young physician engagement and leadership, the activities and programs of our Section on Medical Students, Residents, and Fellows in Training, and increased membership. The award is also a result of hard work in the areas of obesity prevention, immunization promotion, and disaster preparedness.

This recognition would not have been possible without the commitment and support of each and every one of you, the hard work of my predecessors in the position of President, the leadership of the Board of Directors and our outstanding Executive Director.

I want to thank you all for everything you do for Florida's children every day, and the support you provide to the Chapter to work on behalf of children and pediatricians of Florida.

Regards,

(Top L-R) David Burchfield, MD, FAAP, AAP Section on Perinatal Pediatrics Chairperson; Arthur Maron, MD, MPA, FAAP, AAP Section on Senior Members Chairperson; Deborah Mulligan, MD, FAAP, AAP Council on Communications and Media Chairperson; Cristina Pelaez-Velez, MD, FAAP, AAP Section on Young Physicians District X Representative (Bottom L-R) Lisa Cosgrove, MD, FAAP, FCAAP Immediate Past President, AAP Chapter Forum Management Committee; Tommy Schechtman, MD, FAAP, FCAAP President-Elect; Mobeen Rathore, MD, FAAP, FCAAP President; Allison Finley, FCAAP Executive Director, FMA Director of Management Services

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.

Helping pediatricians improve children's health and welfare

www.fcaap.org | 850.224.3939 | info@fcaap.org

Find the Best

- Resumes
- Physicians
- Job Searches
- Employers
- Allied Health

Be the Best

www.fcaap.org

Careers

Florida Chapter
American Academy of Pediatrics

Nancy M. Silva, MD, FAAP
Editor

April 10, 2013

Friends and Colleagues,

On December 14, 2012, our nation faced a tragedy beyond compare in Newton, CT. We lost 27 brave little angels and their teachers and leaders. On the same day, my son lost his first tooth. I could not have anticipated that one little tooth would ever mean so much to me or anyone. However, that day, I realized that not everyone lost their first tooth prior to that day. There would be many, many other firsts that would be missed. Like many of you, I'm sure the sadness still remains inside. We are all forever changed.

The heroism that was displayed by those adult caretakers who died that day was also beyond compare. I thought about my own teachers, my son's, and even his principal. It was an event that we all could feel personally.

How does one explain the Sandy Hook tragedy to our children? How do we explain that which we cannot fully understand ourselves? For me, it comes down to love. The love shown by the family members is evident in their dedication to preserving meaning in those brief lives and in their passionate advocacy for improved gun safety anti-violence laws. Aside from the family members, there are the first responders, the community, and so much more. People have donated items, money, and time to help these families and their cause.

This week, 12 Sandy Hook parents whose children died that horrible day, have been at our nation's Capitol, speaking to members of Congress in favor of gun safety anti-violence laws, including such measures as background checks on all gun purchases. These families are part of the Sandy Hook Promise, which include advocates and supporters of gun safety anti-violence laws, in hopes of making sure that our nation, our schools and our children are safer, so that this will never happen again. How exactly this is best accomplished is still being discussed on a Federal level. It is likely that as of this publishing, Congress will vote on such legislation this week. While I support individual's right to bear arms, as a Pediatrician and a mother, I know there must be a better way.

I dedicate this issue to those angels of Sandy Hook. We owe it to them to live our best life. 0May you rest in peace. You inspire us, with each passing day, to be better than we are today. You will not ever be forgotten.

Sincerely,

Nancy

Two Residents' Experience at the AAP NCE

Dr. Erin Wright
and
Dr. Miriah Gillislie
USF AAP Representatives

The four day conference in New Orleans was a great mix of learning, advocacy, food, fun, and music. The conference started off in true New Orleans style with a Mardi Gras parade and jazz music. Beads were thrown; fun was had! Then it was time to meet as residency district sections where we discussed our advocacy program to improve literacy and made resolutions on topics including Medicaid reform, improving the health options in hospital cafeterias, and making hospitals breast feeding friendly. The day ended with all three of District X resolutions being passed! Then it was time to enjoy the true heart of New Orleans with a night of Cajun food and jazz music.

For the next couple of days we attended sessions ranging from ethics in social media, to visual diagnosis of common dermatological and infectious disease cases, to redefining asthma treatment. We learned about advances in the field of genetics and molecular informed therapy in which they are effectively curing disease in animals, such as sickle cell through gene manipulation. One of the most moving parts of the conference was hearing the keynote speaker, Stephen Lewis, talk about his experiences as a child advocate across the world. His words were an inspiration to anyone that has ever worked with children and has ever stood up for children's' rights. But don't worry. It wasn't all so serious; we also enjoyed a New Orleans cartoonist share his comical view of medicine and politics. After 4 days of Cajun food, we needed a good workout so we were part of the Fun Run for Kids through the city streets of New Orleans.

Overall the entire experience was informative and truly unique to the rhythm of New Orleans.

Miriah Gillispie, MD
Joan C. Edwards School of Medicine at Marshall University
PGY-1

Miriah is originally from southern Ohio but went to undergrad at Marshall University where she was a cheerleader for the Thundering Herd and a biochemistry major. She stayed in Huntington for medical school but decided to get away from the snow and cold for residency and now attends USF. On her time off she loves to run.

Erin Wright, MD
Northeastern Ohio Universities Colleges of Medicine & Pharmacy
PGY-1

Erin was born and raised in Ohio and majored in Neuroscience at the college of Wooster where she also played volleyball. She loves beach volleyball and being outdoors and love to travel to new places. She currently lives in St. Petersburg and is a resident at USF.

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

I am writing this in the middle of the sixth week of the 2013 legislative session. At this point the booster seat bill is surely dead. It has not been heard in either chamber. The Senate passed this bill several years in a row, but the House refused to hear the bill each of those years.

Surprisingly, the distracted driving bill, which would make texting while driving a secondary offense, is moving well and will likely pass in this session.

Another success will likely be the epinephrine autoinjector legislation, requiring schools to keep these devices on hand for anaphylaxis emergencies. That issue has passed the Senate and should be on to the House soon.

Another likely success is the Sudden Unexpected Infant Death bill. It has been amended to include Child Protection Teams, and appears that it will make it all the way through the process.

The two (2) KidCare bills are unlikely to pass. One would allow legal non-citizens to be enrolled in KidCare, and the other would require presumptive eligibility for all components of KidCare.

At this point, it seems unlikely that anything will happen regarding the optional Affordable Care Act (ACA) Medicaid expansion, to cover approximately 1 million uninsured young adults.

The ACA physician fee increase, although not yet implemented by Florida, is in the budget and should move forward as soon as Florida Medicaid releases the physician self attestation form. (Not sure what is taking them so long. When we twice requested to meet with them to try to assure timely implementation, we were refused.) One of our concerns has been that the ACA allows lump-sum payments for the difference between the 2012 Medicaid rate and the new 2013 Medicare rate. If lump-sum payments are not accompanied by an Explanation of Benefits (EOB), it will be impossible to tell whether Medicaid has actually paid us the correct amount, and for which patients. As result, we are attempting to place proviso language into the budget, requiring Medicaid to give us a full accounting of any lump-sum payments.

Finally, we are hopeful that pulse oximetry screening to detect critical congenital heart disease will be added to the required newborn screening elements. We had expected this to be accomplished by a specific piece of legislation, but it appears now that the Department of Health seeks to do this through budget authority using existing resources. Since there will be no specific legislation spelling out how this is to be done, we are attempting to get proviso language inserted into the budget authority to assure that this issue is properly handled.

I and our lobbyist, former State Representative Sam Bell, will continue to provide weekly updates. Watch your e-mail for those weekly videos.

Consent and Confidentiality in the Provision of Adolescent Friendly Services

Lorena Siqueira, MD, MSPH
FCAAP Chair of Council on Adolescent Medicine

In seeking autonomy from parents and exploring the world around them, adolescents may engage in risky behaviors. Thus, every visit with an adolescent is an important opportunity to screen for these behaviors and intervene if necessary. It is important to remember that if you don't ask, they won't tell. Ensuring confidentiality and time alone with the adolescent becomes crucial in eliciting sensitive information.

As background, common law was the basis for parental consent laws in this country and considered children to be the property of parents; minors (<18 years) were believed to be developmentally incapable of making decisions related to their health care. All states in this country still require parental consent for medical care to minors except when there is an emergency or if the subject is an emancipated minor. Emancipation is a legal process by which minors can attain legal adulthood before reaching the age at which they would normally be considered adults ("age of majority" i.e. 18 years). The rights granted might include the ability to sign legally binding contracts, own property, keep one's own earnings and includes the ability to consent to health care. Each state has different laws governing emancipation; some states simply have no law or legal process concerning emancipation (1). In Florida there are two bodies of law that determine whether a minor can become emancipated: 1) under common law or 2) pursuant to statute, Section 743.015 - Disabilities of nonage; removal. A circuit court has jurisdiction to remove the disabilities of nonage of a minor age 16 or older residing in this state upon a petition filed by the minor's natural or legal guardian or, if there is none, by a guardian ad litem (2). A minor is emancipated under common law if the minor is financially independent and maintains a residence away from his or her parent. A minor is statutorily emancipated only if the "disability of nonage" is formally removed by a circuit court upon petition. Providers may ask for proof that a minor is living away from home and is financially independent to determine if the minor falls within the common law parameters for emancipation. Although technically not emancipated, the disability of nonage is also removed when a minor marries or is in the armed services.

Confidentiality refers to an agreement between the patient and provider that information discussed during or after the encounter will not be shared

with other parties without their explicit permission. While related, informed consent is a separate concept.


Clipart © Microsoft

Informed consent can be given by an individual who acknowledges understanding of the diagnosis, risks and benefits of a proposed treatment, alternative procedures and treatments and their associated risks, and the consequences of not undergoing the proposed procedure or treatment. The individual must also be able to decide voluntarily whether to proceed with the physician's recommendation. Confidentiality can be provided in a visit where there are no treatments or procedures requiring consent. Laws regarding notification of parents vary by state; if none exist then the mature minor doctrine is usually used. A mature minor is a minor who is emotionally and intellectually mature enough to provide informed consent. (sS)he may live under the supervision of a parent or guardian. Florida has not defined "mature" criteria and has not ruled that a mature minor can independently obtain health care.

In the 1960s and 1970s, the Supreme Court decided that minors had constitutional rights in the areas of free speech, due process and privacy. It was becoming clear that sexual activity among adolescents was more widespread than previously believed. States then started adding laws that allowed minors to consent to treatment for sexually transmitted infections, contraception, alcohol and substance abuse and mental health care services. These laws have been endorsed by major medical organizations such as the AAP, AMA and ACOG. However, the scope of care and the minimum age at which an adolescent may consent varies by state. The types of care to which Florida teenagers can consent include emergency health care, sexually transmitted infections, including HIV/AIDS, prenatal care, labor and delivery services, substance abuse and mental health services. Interestingly, contraception services are only sanctioned if the minor is already pregnant, a mother, married, or if a "health hazard" would result. Under the Parental Notice of Abortion Act, a termination of pregnancy may not be performed or induced on a minor unless notice has been provided to at least one parent, or to the minor's legal guardian, at least 48 hours in advance. In contrast, Florida law does state that even when a parent consents to treatment, medical information about substance abuse treatment cannot be released without the parent's and the minor's consent.

The intent of these laws is to remove barriers for those who might not otherwise seek treatment. They are not intended to usurp the parental role. In fact, most practitioners dealing with adolescents believe parental involvement is positive and to be encouraged. Studies indicate that from a physician perspective most believe that the adolescent is more likely to return for follow-up care if provided with confidential services but they are also more likely to agree to provide confidential care for contraception than for drug use. It is rarely appropriate to do drug testing if requested by a parent without first informing the youth and getting permission. The history is the most important element in diagnosis and a plan of action for mental health or behavior issues should be put in place, if

suggested by the history, before performing a drug test. From a parent's perspective, according to studies of those who are aware of confidential care, most agree that it is a good law. It has been shown that most parents significantly under-estimate the behavior their kids engage in and that if they were aware of the extent of this behavior they would agree to confidentiality. Adolescents state that they would be less likely to seek care if their parents were informed and that it would be very unlikely that they would stop the behavior in question if their parents found out and would be more likely to not return for services. Thus, ensuring confidentiality increases the probability that the teen will share information about high-risk behaviors and mental health issues and consent to care.

One may broach the issue of confidentiality by saying, "anything we discuss today will be kept confidential between you and I, unless I am concerned that you are at risk of harming yourself (suicidal), or others (homicidal) or if you are being abused. If we have to involve your parents I will decide with you, how best to let your parents know. I will never disclose this information without letting you know first and giving you the opportunity to talk to them yourself, with my help". It would be optimal to have written policies in place specifying these limits and to review this policy with all staff and new employees. Guidance on dealing with an individual patient is influenced by the relationship with their parents, legal constraints, and the nature of the behavior and severity of the consequences. In addition, the past history may be helpful i.e. have they exhibited poor decision making with serious consequences to life and limb? Exhibited impulsiveness? Shown an ability to learn from past mistakes? This might inform the decision to override the patient's preference i.e. justified paternalism; however, it is very important that this decision be documented in the medical record.

Providing confidential services requires (1) an awareness of the laws and regulations of the State in which services are provided, (2) that the adolescent be made aware of the protection and limits of confidentiality, and (3) families be informed of this protection and the limits of confidentiality. It would be important to make it an office policy to discuss confidentiality at the very first visit with a new adolescent patient and their parent(s). If a child in one's practice is entering adolescence (approximate age span from 10-21 years), consideration should be given to sending the parents a letter in advance of the next visit, discussing how visits will now include time alone with the teen to help him or her get more involved with their own care.

Confidentiality may on occasion be inadvertently breached as when transferring records. Often the entire record is sent along with the confidential information. Consideration should be given to sending the record directly to another physician rather than to the parent. Confidentiality may also be compromised by the method of payment. Most adolescents are covered under a parent's insurance plan and the parent may receive an itemized bill after the visit. While this usually is a concern with private insurance even patients on Medicaid may be subjected to an occasional random Medicaid audit. If an adolescent is requesting confidential services, (s)he should be made aware of this potential problem as they may opt to pay for some services.

In summary, ensuring time alone and confidentiality will improve outcomes for teens.

References:

1. English A, Kenney KE. State Minor Consent Laws: A Summary, 2nd Edition, 2003. Center for Adolescent Health & the Law. Chapel Hill, NC 27516

2. The 2012 Florida Statutes accessed on 1/24/13 http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_

Reflections on the Surgeon General's Symposium: Achieving Healthiest Weight in Florida

January 14, 2013

Cynthia C. Clayton, MD, FAAP
FCAAP Co-Chair of the Childhood Obesity Prevention Committee

"The number one public health threat in Florida is WEIGHT". Dr John H. Armstrong , Florida's Surgeon General and Secretary of Health, began the symposium with these words.

Excess weight at every stage of life threatens America's future in terms of the development of chronic disease, disability, and the high cost of healthcare - today and for the future. If disregarded, the cost of managing diseases related to obesity (diabetes, heart disease, stroke, hypertension, arthritis, and associated cancers) could consume half of the current state budget by 2030. The symposium panel put forth a new definition of health for Florida; we need medical, physical, and social wellbeing, in order to make the healthiest choices, maintain our livelihood, and live longer lives without the burden of chronic disease.

Over 100 individuals, knowledgeable in preventive medicine and public health policy attended the symposium including 3 members of the Board of Directors of the Florida Chapter of the American Academy of Pediatrics (FCAAP), Cynthia C. Clayton MD FAAP and Madeline Joseph MD FAAP- Co Chairs of the Obesity Committee, and Lisa Cosgrove MD FAAP, Past President of the FCAAP. The importance of early childhood obesity prevention was emphasized by holding the symposium at the new Nemours Children's Hospital. Many programs and activities in the area of the medical, nutritional, and psychological care of children with obesity are available under the leadership of Lloyd Werk, MD, MPH, Chair of the Division of General Pediatrics, and a member of the symposium panel. As Pediatricians, we understand that the lifelong problem of obesity starts with the problem of obese pregnancies which continue as overweight infants and children who then become difficult to treat adolescents and adults. Involvement of Pediatricians in advocating for breast feeding, appropriate diet and physical activities for children will encourage healthier habits for the next generation and their families. It is not easy to swim against the tide of fast food, computers, TV, and the lack of safe places in many neighborhoods for play. In addition, just using the words fat or obese in our offices causes panic and dismay among many families who are trying their best to care for their families.

Instead of focusing only on weight, weight measurements in balance are required. Calories In must be balanced by Calories Out. Diet changes must include Exercise. Food for a healthier Lifestyle is important. All of these aspects are necessary.

The Florida State Health Improvement Plan (SHIP) for 2012-2015 is asking for a collaborative and comprehensive approach to:

- Increase the percentage of adults and children who are at healthy weight.
- Increase access to resources that promote healthy behaviors.
- Make it safer for people to live active, healthy lives.
- Increase the availability of healthy food.

We need resolutions which will engage schools in providing improved physical activity environments and healthier menus. Other actions are required at healthcare and work environments, and for food and beverages environments. Only a "constellation of efforts" can fight the complex issue of obesity.

The plan targets clinicians in the area of BMI documentation and counseling in nutrition and physical activity. It promotes the use of evidence based guidelines

for diagnosis and treatment of weight issues. The plan also requests the Department of Education and Agriculture to improve school wellness policies, and develop food and exercise curricula. Finally, the Department of Health wishes to collaborate with partner agencies and organizations to promote healthy behaviors.

No specific measures other than documentation of the BMI have been established to date to track progress in weight reduction or deal with the cultural differences of our communities. It is important to note that no defined programs or grant opportunities were offered by the State Department of Health during the symposium.

Dr. Armstrong began the panel discussion with: "We Cannot Legislate a Healthy Weight."

Regarding Access to Healthy Food:
Unfortunately, access to healthy food choices at affordable prices and physical activity is not identical in our schools, communities and regions. The responsibility for school menus and the acquisition of food products was transferred from the Department of Education to the Department of Agriculture and Consumer Services. Although the budget for school menus has been increased by only $0.06 per meal, the "farmer to school produce system" promises at least 1 fresh fruit or vegetable daily on the lunch menu and 100% whole grain products by 2014. Plans exist for inserting agricultural education topics into the curriculum. Robin Safley, Director of the Division of Food, Nutrition and Wellness at the Department of Agriculture hopes to successfully expand the US Healthy School Challenge, which includes food policies, into more Florida schools.

Florida Childcare sites received a poor score for nutrition and physical education. The Department of Education must develop and enforce new regulations to improve the care and nutrition of our young children.

Regarding Food Banks:
A survey of existing facilities is the first step.

Regarding the health disparities and cultural differences in our state:
One of the most important impediments for lifestyle improvement occurs because of the cultural differences of our citizens. Dr. Lauren Josephs reminded us that any dialogue on healthier body image, weight and physical activity must be given in cultural context, and with the understanding of differences in access to food and transportation. Mental health issues, funding allocation to healthier environments, commitment to training of trusted community health workers all play significant roles. The state is looking to partner with individual neighborhood improvement plans and large grant opportunities from federal and other programs to fill in the gap.

Major initiatives to fight obesity already exist. Many of our county Health Departments recognize obesity as a serious public health problem and allocate personnel and funding wherever possible. The Florida Alliance of YMCAs has programs and services at 400 locations. University based programs such as the Florida Prevention Initiative in Childhood Obesity at the Nemours Children's Hospital are models for the future. Dr. Ramona Hunt founded The Worker Lifestyle Management Program at the Rosen Medical Center in Orlando to empower individuals to improve their own health and lifestyle choices.

In the end, I cannot see significant progress unless our state releases funds for advocacy in the area of health for all our citizens with opportunities for proper nutrition and physical activity. Our children need to learn healthier habits that will stay with them into adulthood. The Pediatricians of Florida and the Florida Medical Association must also become models for better living and lifestyle. We must advocate for open spaces, parks, better school lunches, and improved choices in vending machines. Nutrition counseling must be easily available at our offices and clinics.

The time for comments and questions was very brief. The time to mingle and collaborate with others in the gathering was limited. At least the State Department of Health has reached out to the medical and public health community. We must follow up by reviewing the new health improvement plans and ask that they be implemented with the appropriate funding. Given the enormous cost of ignoring obesity as a health problem, I hope the legislature will become more active in

promoting good health for all.

There are many ways to Legislate a Healthy Weight for Florida and collaborate with medical and community partners.

Cynthia C. Clayton, MD, FAAP
Member Board of Directors of the FCAAP

FCAAP Co-Chair of the Childhood Obesity Prevention Committee

Nova Southeastern University College of Osteopathic Medicine, Department of Pediatrics
Clinical Associate Professor, Department of Pediatrics

Palm Beach County Health Department, Volunteer

Executive Committee Officers

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

President-Elect
Tommy Schechtman MD, FAAP

Secretary
José D. Jiménez, MD, FAAP
joseflmd@yahoo.com

Treasurer
Deise Granado-Villar, MD, MPH, FAAP

Immediate Past President
Lisa Cosgrove MD, FAAP
lisacosgrove@usa.net

Executive Vice President
Louis St Petery MD, FAAP

Pediatric Department Chairs
(Non-voting)

UF College of Medicine - Gainesville
Scott Rivkees, MD, FAAP

UF College of Medicine - Jacksonville
Mark Hudak, MD, FAAP

UM Miller School of Medicine
Judy Schaechter, MD, FAAP

USF Health Morsani College of Medicine
Patricia Emmanuel, MD, FAAP

Nova University
Edward Packer DO, FAAP

Committee & Task Force Chairs

Adolescent Medicine
Lorena M Siqueira MD, MSPH, FAAP, FSAM

Breastfeeding
Sandra Sullivan, MD, FAAP

Child Abuse Prevention
Jerome Isaac MD, FAAP

CME Committee
Rani S Gereige, MD, MPH, FAAP

Committee on Constitution & Bylaws
Tommy Schechtman MD, MS, FAAP

Committee on Ethics
Lisa Cosgrove MD, FAAP

Committee on Finance
Deise Granado-Villar, MD, MPH, FAAP

Communications/YP
Cristina Pelaez-Velez, MD, FAAP

Healthcare & Transitions
David Wood, MD, MPH

Legislative-Advocacy Committee
Louis St. Petery, MD

Managed Care-Practice Management
José D. Jiménez, MD, FAAP

Mental Health
Nazeema Khan-Assad, MD, FAAP

Nominating Committee
Lisa Cosgrove, MD, FAAP

Obesity Prevention
Madeline Joseph, Co.Chair

Quality Improvement
Lisa Cosgrove, MD, FAAP

Resident Section Advisor
Sharon Dabrow MD, FAAP

Vaccines
Tommy Schechtman MD, FAAP

Regional Representatives

Region 1
Jesse Walck, MD, FAAP
jawalck@bellsouth.net

Region 2
Madeline Joseph, MD, FAAP
madeline.joseph@jax.ufl.edu

Vandana Bhide, MD, FAAP
Vbhide67@bellsouth.net

Region 3
Sharda Udassi, MD, FAAP
udasss@peds.ufl.edu

Region 4
Brenda Brown Holson, MD, FAAP
bholson@cfl.rr.com

Region 5
Cristina Pelaez-Velez, MD, FAAP
cpelaez@health.usf.edu

Region 6
Nazeema Khan.Assad
nazassad@gmail.com

Region 7
Jacob Seligsohn, MD, FAAP
drjakemd@hotmail.com

Region 8
Rani Gereige, MD, MPH, FAAP
Rani.Gereige@mch.com

Alternate Regional Representatives

Region 1
Paul Robinson, MD, FAAP
Paul.robinson@tmh.org

Region 2
Vacant

Region 3
Vini Vijayan, MD, FAAP
vvijayan@ufl.edu

Region 4
Thomas Fisk, MD, FAAP
tfisk@intpeds.com

Region 5
Vacant

Region 6
Scott Needle, MD, FAAP
sneedlemd@gmail.com

Region 7
Cynthia Clayton, MD, FAAP
drcclayton@gmail.com

Region 8
Plato Alexander, MD, FAAP
plato.alexander@mch.com

At-Large Directors

Editor FCAAP Newsletter
Nancy M. Silva MD, FAAP

Medical School Representative
Randall Bertolette MD, FAAP

Residency Program Representative
Sharon Dabrow MD, FAAP

Child Advocate Representatives
(Non-voting)

Gerold Schiebler MD, FAAP
(Child Advocate Representative - Emeritus)

John Curran MD, FAAP

David Childers MD, FAAP