

THE FLORIDA PEDIATRICIAN

VOLUME 30, NO 3, WINTER 2007



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™



Baru Home Along the Banks by Deborah A Mulligan, MD, FAAP, FACEP

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Practical Pediatrics CME Course

Copper Mountain, CO
Copper Mountain Resort
Jan 24, 2008 - Jan 27, 2008
Maximum of 17.25 *AMA PRA Category 1 Credit(s)*TM

Safer Health Care for Kids: Improving Handoffs of Care: Impact on Patient Safety

AAP Live Webinar
Feb 12, 2008 - Feb 12, 2008
Maximum of 1.00 *AMA PRA Category 1 Credit(s)*TM

PPC Allergy & Asthma Course

Orlando, FL
Hilton in the Walt Disney World Resort
Mar 06, 2008 - Mar 08, 2008
Maximum of 17.25 *AMA PRA Category 1 Credit(s)*TM

Uniformed Services Pediatric Seminar (USPS)

Honolulu, HI
Waikiki Beach Marriott Resort & Spa
Mar 10, 2008 - Mar 13, 2008
Maximum of 24.00 *AMA PRA Category 1 Credit(s)*TM

Prep The Course

Jacksonville, FL
Hyatt Regency Jacksonville
Mar 29, 2008 - Apr 02, 2008
Maximum of 37.25 *AMA PRA Category 1 Credit(s)*TM

Workshop on Perinatal Practice Strategies

Scottsdale, AZ
Doubletree Paradise Valley Resort
Apr 04, 2008 - Apr 06, 2008
Maximum of 15.50 *AMA PRA Category 1 Credit(s)*TM

3rd Annual Bullying Prevention Conference

Orlando, FL
April 24-25, 2008

Florida Department of Education, Office of Safe and Drug Free

CONTINUING MEDICAL EDUCATION

Schools in partnership with the Safe, Disciplined and Drug Free Schools project at the University of Florida are sponsoring the conference. Workshops and presentations will include:

- Effective bullying prevention programs and strategies
- Cyberbullying and Internet Safety
- Changing school culture/climate to address bullying
- Bullying and athletics
- Bullying prevention programming for girls and boys
- Bullying and students with disabilities
- Bullying Hotspots: Examining the Physical Context of Schools

For further information: <http://www.fldoe.org/safeschools/bullying-conference.asp>

Practical Pediatrics CME Course

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

Practical Pediatrics CME Course

Portland, OR
Portland Marriott Downtown Waterfront | Portland, OR
May 23, 2008 - May 25, 2008
Maximum of 17.25 *AMA PRA Category 1 Credit(s)*TM

PPC Sports Medicine Course

Vancouver, CAN
Marriott Vancouver Pinnacle Downtown
Jun 19, 2008 - Jun 22, 2008
Maximum of 17.25 *AMA PRA Category 1 Credit(s)*TM

PREP The Course

Indianapolis, IN
Jun 21, 2008 - Jun 25, 2008
Maximum of 37.25 *AMA PRA Category 1 Credit(s)*TM

For more, please visit <http://www.pedialink.org/cme>

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 February 29., 2008.

EDITOR'S PAGE



Friends and Colleagues,

As the New Year is upon us, I sit and think of all the children in front of me. My desk has pictures of smiling children that I have been blessed to care for over the past seven (7) years. In many ways, so many of us have just begun our lives as pediatricians. Many are still residents, many are set to retire. Then, there are those of us that are somewhere in the middle. Where exactly is the middle? It's the point of no return, for better or worse. The middle is where you realize you have accomplished much, but not enough. There is still so much more ahead; there is much more to accomplish, more to give, and yes, ultimately more to learn and gain.

At an impromptu meeting at the First Annual Pediatric Review Course, I was informed that in the past, the AAP asked our Florida Chapter, "What have you done for Florida children?"

While we may feel we have done so much, there is much more we can do. We are currently in the middle. However, it may be difficult to know how to advance from our current position.

I propose that our members contact the leadership of the Florida Pediatric Society and share your views and work. What can we the Society do for our Florida children? Many of us are actively doing our personal part. But collectively, we can do so much more. There truly is strength in numbers, ideas, and joint ventures. Perhaps there are certain programs that you have started on a local level that you would be interested in sharing with us. Please do so. We need to support each other for the advancement of this chapter.

This issue has a "Spotlight!" section. Many of us have already received awards for the work we do for and with children. You can be recognized in other ways as well. Send me information on the fruits of your labor. I will gladly put you in the "Spotlight!" It may not be a shiny plaque, but if you deserve recognition, here is a place

where it can be received and appreciated. Please keep in mind, by sharing your story, you may create a spark in someone else. We can all benefit from each other.

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

Sincerely,

Nancy M. Silva, MD, FAAP



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

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†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.

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UNIVERSITY DEPARTMENT CHAIR UPDATE



University of Florida Gainesville

The Department of Pediatrics at the University of Florida has experienced several recent changes. First, most of the medical pediatric services have moved to Shands at Alachua General Hospital, a hospital within Shands HealthCare System. The pediatric surgical services remain at Shands at UF. This move occurred in an attempt to address the serious bed shortage facing multiple departments within the College of Medicine. This dual location of services has caused some confusion for patients and referring physicians, but we believe that there now is more clarity regarding site of admissions and follow-up.

The move also required hiring

more faculty in several programs including the Congenital Heart Center, Critical Care, and Hematology-Oncology. Although the additional space is greatly appreciated, we see this as an interim move while plans for a new children's hospital in Gainesville are finalized.

Of major importance is the fact that Dr. Terry Flotte, previous Chair of Pediatrics, was appointed as Dean of the University of Massachusetts Health Science Center, Worcester. Rick Bucciarelli became the Interim Chair on May 5, 2007. Dr. Flotte served as a faculty member of the Department for eleven years, being Chair for five. Without a doubt, Terry took the Department to a new level by doubling the size of the faculty and greatly expanding the research based and funding. This year alone faculty within the Department received extramural national competitive funding in excess of \$1.8 Million.

The combination of the relocation of services and continued growth of our research programs has resulted in hiring 14 additional faculty bringing the total number of pediatric faculty to 125. While growing, the faculty remains vibrant and have received many individual and group awards for teaching, service, and commitment to children.

We, like all the programs throughout the country, are in the midst of recruiting for next year's class of residents. Once again the quality of the applicants is outstanding, which bodes well for the future of pediatrics in the state.

On a sad note, we recently lost one of the founders of the Department, Franklin Layfatte DeBusk. Dr. DeBusk was the consummate pediatrician. His work on Hutchison-Gillford Syndrome (Porgeria) is to this day considered the seminal work in this area. Besides being an incredible academician, his real legacy is the way he cared for children in rural North Florida and his impact on residents and students. Simply put, he was the best. Ironically his passing occurred within a month of the completion of the endowment of the Franklin DeBusk Lectureship at the University of Florida. Those of us who were touched by Dr. DeBusk truly benefited from that experience. He will be deeply missed.

Richard L. Bucciarelli, MD, FAAP

Professor and Interim Chair
Department of Pediatrics
University of Florida

UNIVERSITY DEPARTMENT CHAIR UPDATE



Michigan Medical School where he was a recipient of the University of Michigan Medical School Merit Scholarship, as well as the University of Michigan Scholar Recognition award. Dr. Middleton completed his pediatric residency at Henry Ford Hospital in Detroit. He did a chief residency year at Henry Ford, as well as Children's Hospital of Michigan. Dr. Middleton joined the full-time faculty at Arnold Palmer Hospital for Children in August of 2007.



Dr. Anita Moorjani received her Bachelor of Science with high honors from the University of Florida. She also completed her Medical Degree at the University of Florida. Her pediatric residency was completed at the Medical College of Virginia in Richmond, Virginia. She was previously in private practice for 5 years and was a Clinical Instructor of Pediatrics at the Children's Medical Center in Dallas, Texas. Dr. Moorjani joined the full-time faculty at Arnold Palmer Hospital for Children in August of 2007.

Dr. Margaret (Maggie) Hood received her Bachelor of Arts in biology from Florida State University. She is a graduate of the program in Medical Sciences at Florida State University and the University of Florida College of Medicine. She completed her pediatric residency at the University of Florida, Shands Teaching Hospital. Dr. Hood's professional journey has extended from board certification and practicing in Pediatric Emergency Medicine in 1984 to co-founding Hospice and Palliative Medicine. Until moving back to her home state of Florida, Dr. Hood held the position of Clinical Associate Professor in the Department of Pediatrics at the University of Washington. She joined the faculty at Arnold Palmer Hospital for Children as a hospitalist in November of 2007.

Orlando Regional Healthcare/Arnold Palmer Hospital for Children

We have added three new general academic pediatric faculty:



Dr. Margaret (Maggie) Hood received her Bachelor of Arts in biology from Florida State University. She is a graduate of the program in Medical Sciences at Florida State University and the University of Florida College of Medicine. She completed her pediatric residency at the University of Florida, Shands Teaching Hospital. Dr. Hood's professional journey has extended from board certification and practicing in Pediatric Emergency Medicine in 1984 to co-founding Hospice and Palliative Medicine. Until moving back to her home state of Florida, Dr. Hood held the position of Clinical Associate Professor in the Department of Pediatrics at the University of Washington. She joined the faculty at Arnold Palmer Hospital for Children as a hospitalist in November of 2007.



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Dr. Robert Middleton received his Bachelor of Science in Biology from the University of Michigan. He is a graduate of the University of

The September Florida Pediatric Program Director's Meeting was held at Arnold Palmer Hospital for

UNIVERSITY DEPARTMENT CHAIR UPDATE

Children in September and included program directors, coordinators, and chief residents attending from all Florida programs except Pensacola. This was a wonderful opportunity to discuss the joys and challenges of pediatric medical education and to share the strategies that each program is using to meet the ever increasing



demands of training and documentation. Pediatric residents offered tours to our visitors of the newly opened and renovated areas to Arnold Palmer Hospital for Children and Winnie Palmer Hospital for Women and Babies.

Our hospital's Care of the Sick Child Conference was held from October 19-21, 2007. Featured speakers from Florida included Dr. Eric Tridas from the University of South Florida School of Medicine, Dr. Renee Modica from the University of Florida, and Drs. Michael Keating, Floyd Livingston, and Patricia Wheeler from the Nemours Children's Clinic Orlando, Drs. Donald George and Robert Hered from Nemours Children's Clinic Jacksonville.

Speakers from Arnold Palmer Hospital for Children included Drs. Jay Albright, Daniel Garcia, Janice Howell, Carlos Sabogal, Doug Short, Mark Swanson and Pharm.D.'s Heidi Smith Hoopingartner and Bill Maish. Dr. J. Allen Meadows from the University of Alabama at Birmingham discussed Allergy and Inhaled Steroid Use, and Dr. Joseph Chorley from the Baylor College of Medicine Section of Adolescent Medicine and Sports Medicine discussed sports injuries and ergogenic aids. Nancy Clark, M.Ed., from the FSU College of Medicine presented a medical informatics workshop. The highlight of the conference was the Robert H. Sherwood Memorial Lectureship, introduced by Dr.

Michael Muszynski, Dean of the Florida State University College of Medicine Orlando Campus and presented by Dr. Mark Kline from the Baylor College of Medicine. Dr. Kline's moving presentation included a global perspective of pediatric AIDS and the Baylor College of Medicine Pediatric AIDS Initiative in Romania and Africa. Dr. Kline received a standing ovation from the audience, with comments including, "this reminds me why I went into medicine." Departmental Photograph 2007

**Joan Y. Meek, MD, MS,
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Academic Chairman and
Residency Director**

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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 GI 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 B et al. *Allergy*. 1986;41:51-56.
15. Iuvonen 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.

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LEADERSHIP UPDATE: DISTRICT X



District Chair Report/ Reflections/Musings

National Conference and Exposition San Francisco

John S. Curran, MD, FAAP

It is time to provide some thoughts from the District X AAP Chair to the membership of the Florida Chapter/Florida Pediatric Society. Since our national conference has just ended, I thought that it might be of value to share with you three areas of more global presentation that I believe may be of value to us in meeting the challenges of pediatric care delivery and support of both families and their pediatricians.

Unbelievably, 104 AAP members traveled from Florida to San Francisco in October to attend

educational meetings, meetings of specialty sections and to enjoy the networking and the uniqueness of San Francisco and its environments. Over 11,000 physicians attended the conference making it the largest annual educational meeting of the American Academy of Pediatrics. Unfortunately, I could not meet all of you but think we had an excellent District Breakfast and there were a number of other venues for interaction with you as your District Chair in between Board Meetings. I have sent a personal email to almost all of those from Florida who I do not recall meeting to thank them for their participation in the educational and other activities of the meeting. If you were there, thank you!

Children of Military Deployed (Particularly National Guard and Reserve) in our Practices

As pediatricians in Florida we are caring for many children of all components of the military Reserves as well as National Guard members who are being deployed, some for multiple times, to Iraq and Afghanistan from within our communities. The families are often at substantial distance from military bases and are often dependent upon you as the pediatrician participating in one or more versions of Tricare or even the family's group insurance for their healthcare support. There are

real concerns about the impact of the military actions on both children and adolescents. Early recent published research in JAMA (Vol 298:5, pp 528-535, August 1, 2007) and elsewhere shows substantial areas of concern for the emotional welfare of the children and remaining spouse/others in the family context. Major Keith Lemmon USA MC FAAP presented his work on developing materials to support families with a small Healthy People 2010 grant from the AAP. As a pediatric adolescent physician he has produced a first class DVD entitled "Military Youth; Coping with Separation" together with an integral list of resources available to families. The product is so good that the US Army is producing 500,000 copies and through the courtesy of Dr. Lemmon and the Uniformed Services Section these will be available to you as AAP members for use in your practice or as a giveaway to families of those who are defending us and are in harm's way every day. In addition, he has had Sesame Street produce "Mr. Poe and Friends; Discussing Family Reunion after Deployment" likewise available free of charge for support to families in your practices. The take home message is that if you know the family may have a deployed family member, ask about the family and its welfare and need for assistance. With these resources you can be a very tangible asset to

LEADERSHIP UPDATE: DISTRICT X

meet the needs of this special group of children and young adolescents in our communities. (I have a moderate supply enroute and have asked the Florida Chapter to apply for a reasonable number.)

The Future of Community Pediatrics

Peds 21 was an afternoon summary related to the challenges facing community pediatrics. Outstanding speakers discussed the changing environment and the need to evolve from the care of the 1970's model, to which many of us have been trained, to a contemporary model which recognizes the emerging new themes for the community pediatrician as the epidemiology of childhood is changing. Two major themes are emerging specifically the management of chronic disease and their genetic precursors. Some contemporary observations would include:

- Alternative well child care solutions are multiplying—midlevel providers, retail based clinics, changing payment methods
- Increased complexity of hospital care and dependence on hospitalists in urban settings
- Increased expectations disseminated in AAP Statements and Reports
- Reduced distinction between inpatient and outpatient care; growing needs in mental health

access and care potentially in pediatric offices

- Pressure to increase volume while there is simultaneously a growing demand to meet the needs of chronically ill children without commensurate growth in reimbursement for cognitive skills based on time and costs of care coordination

- Need for improved coordination of care between hospitalists (ER, Neo, Critical Care, General Hospitalists), specialties, and primary care

- The need to grow increased capacity and commitment to chronic care

- The need to reevaluate the future of pediatric graduate medical education (Currently under study by RP group)

- Maintenance of certification coming in 2010; expectations of new requirements to maintain state licensure

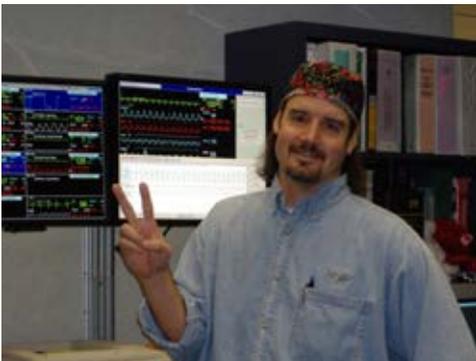
- Changing life style and economic expectations of the community pediatrician Changing perceptions to external audiences relative to the medical profession's integrity and commitment to patients.

All of these are real challenges to our profession and will need aggressive planning at the national level to collaboratively guide the maintenance of the pediatrician as the preeminent provider and advocate for health care for children. The leadership of District

X and VII (Texas et al) are committed to reviewing these issues and making specific recommendations at their early summer meeting.

Lastly, James Hechtman Ph.D., a Nobel Laureate economist reviewed the convincing evidence for the development of a national policy to invest in the health and education of children in early childhood as having a greater return on investment (ROI) than any investments at a later date. That is the topic of my next column to be shared with you as it presents a convincing business case for pediatricians as essential to not only the health and well being of this country but also to assure our future global competitiveness. That's all for now. Call or write me at jcurran@aap.net with your comments and/or questions.

GRASS ROOTS: REGION I & II REPORTS



Region I Update

Robert Patterson, MD, FAAP
Region I Representative

We continue the good fight. I and others in my region have continued to call and write to our representatives in support of the Medicaid and other issues affecting children. You may have heard of that guy, Louis St. Petery. He is technically in my region (though he seems to be a region of his own). I have been asked by my constituents here to extend a public thank you from all of us in Northwest Florida for his continued efforts on behalf of our children with the legislature.

It is with some sadness that I see Dr. Amy Foland step down from the role of alternate regional representative. Personal and professional obligations (mother of 2, full-time private practice pediatrician, and (worst of all) wife of a pediatric intensivist (my partner)). We realized too late that in order for me to take a weekend off to attend an FPS meeting, Jason

(her husband) had to cover the PICU so that she had to cover the kids making it just about impossible for both of us to attend meetings. I greatly appreciate her willingness to serve and bemoan the idiosyncrasies that have placed barriers to her being as active as she would have liked. Thanks Amy!

That being said, I am greatly pleased that Dr. Jesse Walck will be assuming the vacated role of alternate regional representative. Dr. Walck is the Medical Director of the Pediatric Emergency Department at Sacred Heart Children's Hospital and full-time faculty with the FSU Pediatric Residency program here in Pensacola. He is a fantastic educator and clinician and will be a valuable addition to our executive committee. I have known Jesse since my residency when he had the unenviable task of trying to teach me the ins and outs of emergency medicine as a Peds ED faculty at All Children's Hospital. I am looking forward to working with him in the coming year.

Thanks.
Rob

Robert Patterson, MD, FAAP
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Region II Update

James W. Cheek, MD, FAAP
Region II Representative

We do things a little differently up here in North Florida. Our local medical society, The Northeast Florida Pediatric Society (NEFS), and Region 2, Florida Pediatric Society are organized in our By-Laws to be one in the same. We strongly adhere to the theory that "all politics are local," believing that the state society will benefit the most if local organizations are strong. Local leaders double as NEFPS officers as well as Regional Representatives. Currently, NEFPS President is James Cheek, MD (also Regional Rep.). Vice-President is David Wood, MD (Alternate Regional Rep.). Samir Midani, MD is NEFPS Secretary-Treasurer. I

GRASS ROOTS: REGION II & IV REPORTS

suppose we could call Samir our Alternative Regional Rep. In-Waiting, as he will take over for David as officers advance.

Current NEFPS membership is approximately 180. The goals of the Society are similar to the FPS as a whole. The Society attempts to foster a collegial and collaborative relationship between Primary Care Providers and Subspecialists, as well as help maintain cooperation between the major organizations in the area: Nemours Children's Clinic, University of Florida School of Medicine, Jacksonville and Wolfson Children's Hospital. In addition, NEFPS is attempting to increase its expertise in the area of advocacy for the children of Northeast Florida.

NEFPS has quarterly meetings during months that have a fifth Wednesday, where members are updated on areas of local interest as well as developments at the state level. Recent topics have included the trials and tribulations of Medicaid reform, development of a local Transitional Clinic for adolescents with chronic health conditions, as well as ongoing developments with the FPS Medicaid lawsuit.

NEFPS sponsors an Educational Symposium and Awards Banquet every spring. Our 2007 banquet was held in March at Epping Forest Yacht Club with over 150

attendees. The event was sponsored by Nestle. For the educational portion of the evening, Donald George, MD gave a review of the effects of probiotics on gut flora. Following presentation of awards for excellence in child healthcare for Northeast Florida, attendees enjoyed an evening of dancing.

The Society has a number of projects for the upcoming year. Former President/Regional Representative Gary Josephson, MD, is spearheading a drive to increase the local participation in Florida Shots (an especially commendable task for a surgeon!). Dr. Cheek is currently working with Jeff Goldhagen, MD to form an alliance between NEFPS and the local office of Managed Access to Child Health (MATCH) to develop a central framework for child advocacy in our area. Goals include improving the ability and confidence of local practitioners in acting as a more effective voice for children of our area. In addition, NEFPS/MATCH will assist physicians in pursuing grants to determine effective means of intervention and advocacy for children.

NEFPS/Region 2 FPS is attempting to mirror the increased vigor shown by the Florida Pediatric Society in supporting physicians as well as acting as an improved voice for the children of the area. While

we are proud of what we have done so far, NEFPS officers and members feel that we have barely scratched the surface and hope to relay far more accomplishments in the future.

James W. Cheek, MD, FAAP
Region II Representative



Region IV Update
Brian Harris, M.D, FAAP
Region IV Representative

We were lucky to have the first annual Florida Pediatric Society Board Review Course in our region. The sold out event was well received and provided an excellent tangible benefit to our members.

The HUG ME (Help Understand and Guide Me) program at the Howard Phillips Center received the 2007 Sapphire Award of Distinction and was awarded \$75,000. The program was one of 42

GRASS ROOTS: REGION IV & V REPORTS

nominated and 5 winners for excellence in community health. They were nominated for their ongoing efforts in the HIV/AIDS community.

In a rare show of solidarity, Florida Hospital, Health Central, and Orlando Regional Healthcare announced a unique partnership and joint decision to become tobacco-free on July 1, 2008. Orlando Mayor Buddy Dyer stated that this "shows a unique partnership that goes beyond each hospital's walls."

Florida Children's Hospital, the Orlando Magic Youth Foundation, and KidsDocs have teamed up to provide a Pediatric Obesity Program to begin in January. This free program will provide a prescreening physician examination and 15 weekly sessions including information on nutrition, behavioral topics and physical activity.

In other Florida Children's Hospital news, the Walt Disney Company has provided a \$10 million contribution toward the construction of a new facility. The seven story, 200 bed project is expected to be completed in 2010.

Respectfully Submitted,
Brian Harris, MD, FAAP



Region V Update
Rani S. Gereige, MD, MPH,
FAAP
Region V Representative

The following are highlights from Region V

Dr. Carmen Alfaro, a USF Assistant Professor is a co-investigator on a PROS Network study

Dr. Jennifer Takagishi, a USF Associate Professor was accepted to the APA Faculty Scholars Program

Dr. Antoinette Spoto-Cannons, a USF Associate Professor was accepted to a Faculty Development Fellowship at Michigan State University

Sharon Dabrow, MD and Rani Gereige, MD will be co-investigator on a CORNET multi-center study of the Bright Future Guidelines

Dr. Xavier Sevilla was

appointed as the AAP Florida Chapter Liaison to the Section on Young Physicians.

After 13 years of directing the USF Pediatric Residency Program, Dr. Lynn Ringenberg was appointed as the Division Chief for the USF General Academic Pediatric Division. Dr. Ringenberg continues to direct the USF Med-Peds Program

Dr. Valarie Panzarino was appointed as the USF Pediatric Residency Program Director

Starting in July 2008, USF Pediatrics will be starting a 2 year General Academic Pediatric fellowship directed by Dr. Rani Gereige. The fellowship will have an Ambulatory Track and a Hospitalist Track.

The USF Health South Tampa Center for Advanced Health Care opens in September 2007: The Center is a state-of-the-art 126,000-square-foot, \$27-million medical office building which houses all USF Clinics currently existing in South Tampa, including Pediatrics. The Center will have administrative offices, 90 exam rooms, clinical space, diagnostic imaging, information technology, laboratory and pharmacy

GRASS ROOTS: REGION V REPORT

services, and several diagnostic procedures. Outpatient pediatric services include general pediatrics, pediatric subspecialties, transitional care, eating disorders/healthy weight clinic, adolescent medicine, acupuncture (Dr. Weathers), and a multidisciplinary Primary Care Sports Medicine Clinic (Dr. Gereige) with the USF College Medicine School of Physical Therapy.

Dr. Ringenberg was a Tampa Bay Business Journal finalist for 2007 Health Care Heroes Award in Community Outreach – October 2007. Congratulations Lynn!!

Dr. Sharon Dabrow received a “Special Achievement Award” from the AAP recognizing her for her work with the Florida Improvement Network for Kids (FINK). Congratulations Sharon!!

Dr. Jennifer Takagishi presented Grand Rounds in Sarasota “Got Breast Milk?” – September 2007

Dr. Rani Gereige was a faculty presenter at AAP NCE 2007 in San Francisco. His talk was titled “Residents Training in School Health: Tools and Opportunities”.

Dr. Spoto-Cannons presented

Grand Rounds in Sarasota on “Humanism in Medicine: Putting Patients First” – November 2007

Dr. Rani Gereige continues to provide Training for the AAP Oral Health Risk Assessment and Fluoride Varnish Initiative. In addition to providing Training at the ACH Suncoast Pediatric Conference, he trained private practices, USF students, presented Grand Rounds in Pensacola for Nemours Children’s Hospital and training for their residency program and the USF Family Medicine residency program at Morton Plant. He will serve as a visiting Professor for the AAP Oral Health Initiative.

Dr. Rani Gereige was one of three Florida Pediatricians to participate in the AAP Leadership Alliance – November 2007

Dr. Luis Maldonado presents a regular community/parent talk “Your Son is Maturing: What the Two of you can Expect?”

(My apologies if I missed someone. To all Region V members, please send me your news, achievements, and anything you like to share with the Florida Chapter)

Respectfully submitted
Rani Gereige, MD ...

"Please note new contact information below"

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HEALTH CARE COVERAGE: MEDICAID LAWSUIT



Medicaid Lawsuit Update

**Louis B. St. Petery, Jr. MD,
FAAP**

Dear FPS Members,

I am long overdue in providing an update on our suit against the State regarding Medicaid. It is not that nothing is happening. I have just been overwhelmed with all of the issues plus the usual day-to-day practice pressures.

As you know, the suit was filed in November of 2005. We are now just over 2 years into this endeavor. Hard to believe!

The State immediately filed a motion to dismiss our suit, and after over a year, Judge Jordan ruled in our favor; the suit continues. Currently we are in the discovery phase. We are responding to the defendants'

document requests, and the state has provided substantially over 100,000 documents which our lawyers must now digest.

On December 14, 2007 our lawyers participated in a discovery hearing with lawyers from the State, at which time a number of technical issues were resolved. Most importantly, we learned for the first time that the State had hired a private law firm (Kenny Nachwalter), a well known Miami-based boutique law firm, to assist the State in defending our suit.

This raises a very critical question: How much money is the State paying for this high powered law firm, in an effort to crush the pediatricians and pediatric dentists of the State, who are endeavoring to get the state to do the right thing for poor children? Why not spend these dollars to improve access to health care for poor children? Even Medicaid Director Tom Arnold

has been on TV many times lately stating that Medicaid patients do not have access to health care. It is unbelievable that the Governor and the bureaucracy have chosen to dig in their heels, rather than work with us to resolve the access problem.

On January 11, 2008, we will engage in a mediation session with the State, with former federal Judge Edward Davis serving as

mediator. I will attend, representing FPS/FCAAP. I can only hope that the State is ready to seriously discuss resolving the problem of access for Medicaid children.

We are still interested in documenting egregious instances of kids who cannot get access to care because they are on Medicaid or because their Medicaid is inappropriately discontinued or denied, even though they are eligible.

Please continue to send me your comments and suggestions.

Louis

Florida Pediatric Society
Florida Chapter of the American Academy of Pediatrics
Louis B. St. Petery, Jr., M.D.
Executive Vice-President
1132 Lee Avenue
Tallahassee, FL 32303
950-224-8833

October 20, 2007

Andrew Agwunobi, M.D.
Secretary, Agency for Health Care Administration
2727 Mahan Drive, MS#1
Tallahassee, FL 32308

Dear Dr. Agwunobi:

Thank you again for spending almost an hour and a half on the telephone conference call with the Board of Directors of our organization this past Sunday.

The purpose of this letter is to enumerate the issues raised by various Board members during that conference call. We are most of all concerned about access to health care for poor children.

- We are concerned about administrative issues which impede access to care for Medicaid children. These include, but are certainly not limited to:
 - Switching
 - Lack of presumptive Eligibility
 - Lack of continuous Eligibility
 - Newborn Eligibility (which is only partially encompassed by presumptive eligibility)
- We are concerned about low reimbursement levels for all physicians who see Medicaid children
 - Your decision that the first step to improving access is to increase at levels to only five specialties is of concern.
 - Pediatricians, who are specialists in their own right, have hung in there in spite of low reimbursement rates, continuing to see the children.
 - We would hope that you would consider an across-the-board increase, rather than single out certain groups of physicians. That is the only fair thing for patients and all of their doctors.

- We are concerned about equity of access to a medical home. Since you are a member of the AAP, we know that you are aware that the AAP is similarly concerned. This item is of necessity locked into the administrative and reimbursement issues.
- There needs to be a marked increase in outreach directed at Title XIX (Medicaid) children, not just Title XXI (SCHIP) children.
- We would hope that you would take steps to engage in an ongoing dialogue with our organization and seek our input before making decisions which affect Medicaid children, and thereby our ability to serve them. These decisions include, but certainly are not limited to:
 - Medications placed on or off of the Medicaid formulary
 - The decision that pediatricians can not bill for mental-health codes on Medicaid children, especially when there are no other providers to serve them.
 - The decision that pediatric intensivists cannot bill for deep sedation on Medicaid children.
- We agree with your statement that Medicaid HMOs need to have their feet held to the fire. Of particular concern are:
 - Specialty panel limitations
 - Payment rates to primary and specialty physicians
 - Unnecessary roadblocks to care
 - Medicaid HMOs have somehow escaped reporting encounter data, despite a federal requirement to the contrary since the late 1990s.
- We are not convinced that Medicaid HMOs are the best and most cost effective way to deliver care to Medicaid children. It is well documented that the administrative cost for State run Medicaid programs is around 6%, whereas for Medicaid HMOs is around 15%. In this time of scarce dollars, this approach does not compute.
- We are concerned that Children's Medical Services, as a PSN in the reform areas, is being held to unnecessarily higher and expensive standards than the HMOs.
- We are concerned about your agency's plan to farm out therapy services to 2 prepaid vendors, one for North Florida and one for South Florida, apparently despite the potential negative impact on these children.
- We are concerned about the lack of involvement of Children's Medical Services in your agency's decisions regarding children.
- We feel that administrative consolidation of KidCare is essential, and that consolidation in Children's Medical Services is the best solution. As you know, Children's Medical Services is the only state agency with a statutory requirement that the head be a physician skilled in child health care. Additionally, CMS has a long history of setting appropriate standards for children.

- We feel that AHCA should support the KidCare process changes proposed by the coalition of child advocates, of which the Florida Pediatric Society is a member.

As we have discussed, I will contact your office to arrange the meetings you offered to address these issues. We sincerely appreciate your willingness to communicate with us regarding our concerns.

Sincerely yours,



Louis B. St. Petery, Jr., M.D.
Executive Vice President

Cc: Board of Directors

RESIDENT SECTION: MIAMI CHILDREN'S HOSP



Residents Initiate Dance Fitness Program at Miami Children's Hospital **Lili N. Banan, MD, PGY-3**

The residents at Miami Children's Hospital are excited about our newest advocacy project. We have previously participated in the Presidential Fitness Project and several advocacy fairs, but senior residents Kirin Munar and Lili Banan have decided to expand the advocacy opportunities for residents at Miami Children's Hospital and create a Dance Fitness Program for underserved kids in our community.

The Overtown Youth Center (OYC), founded by Martin Z. Margulies and Alonso Mourning in 2003 works with one of the most underserved communities in Miami to offer in-school, after-

school, weekend, and summer programs that include academic enhancement, physical fitness, health care and nutrition, creative arts, prevention, character-building, and family-oriented activities, including parent orientation (see www.overtownyouth.org for more information).

The program targets children who live in downtown Miami area of Overtown area. This population is 79% African American with a median household income of \$12,188 per year. Targeted children and their families are considered at-risk as the neighborhood is characterized by a high incidence of violence, drugs, households eligible for Temporary Assistance to Needy Families (TANF), low household incomes, and other social indicators. Miami Children's Hospital already participates in the OK FINE program (Overtown Kids: Fitness Instruction and Nutritional Education) to provide health care screening and other services to the children.

Dr. Munar and Dr. Banan were inspired both by the movie *Take the Lead* and by the July 2007 *Pediatrics in Review* article in which residents at Children's Hospital of Philadelphia created Ballroom Dance for LIFE, a program where the residents worked with inner city children in Philadelphia to teach them dance while promoting

fitness and social skills. The Miami Children's Residents decided to apply these concepts to the children at the OYC. The after school program is already in place; children participate in athletic activities ranging from basketball to baseball to swimming, but there is currently no dance program.

Creating a dance program will not only introduce another form of physical exercise for these children that may entice those less inclined towards competitive sports, but it will also serve to teach the children social skills and enhance self esteem. We hope to enhance a sense of community and plan on having end-of-term performances where we will create dance shows for the parents and members of the community.

We plan on designing some measurable outcomes, such as weight, physical fitness level, and measures of self esteem and social skills to track throughout our program. We are currently writing a CATCH grant for implementation funds and hope that we will be able establish the program as a permanent fixture both in the OYC and our residency program.

Upon visiting the center, we found that the children were very enthusiastic about the idea and are eagerly awaiting its inception. We will be meeting with a group of

RESIDENT SECTION: SCHIP

approximately 60 children on December 27th as a focus group where we will define the types of music and dance they are most interested in and establish the needs and interests of the participants, and we hope to have the first dance session started by mid January 2008. Approximately 15 residents and 2 dance teacher volunteers have expressed interest in participating in the project. We plan on inviting the residents of Jackson Memorial Hospital to participate if they wish. The residents of Miami Children's are very excited about the potential for our program and look forward to implementing it, hopefully with the funding of a CATCH grant.

Quiet Protest for SCHIP

Diane Chun

Sun staff writer

Dr. Sarosh Batlivala, a senior resident in pediatrics, stood in a noontime downpour for 15 minutes in front of Shands at AGH on Tuesday. He was joined by about 25 colleagues - residents, family physicians, pediatric specialists and others - while 10 others showed their support at Shands at UF.

Pediatric residents meet at the flagpole at Shands at AGH for a demonstration urging support for continued funding for the SCHIP program. The federally-funded

program, which covers children's medical services, expired Monday and Congress has not acted to continue it.

They were joining young pediatricians and faculty members from residency training programs across the country in a quiet protest against President Bush's threatened veto of SCHIP funding. The State Children's Health Insurance Program provides



*Photo by Doug Finger/
The Gainesville Sun*

federal funds for health insurance for children from low-income families.

Some 6.6 million youngsters are now enrolled in the 10-year-old SCHIP program. It was designed to bring affordable health care to children in families who earn too much to qualify for Medicaid and

have incomes up to two times the poverty level, or about \$41,000 a year for a family of four.

Authorization for the federal program expired Sunday.

KidCare, Florida's SCHIP, is now providing coverage for some 226,000 children, and thousands more are eligible. Under the program administered by the Centers for Medicare and Medicaid Services, federal money goes to the individual states to administer health-care benefits. The federal government match makes up approximately 70 cents of every dollar the state of Florida spends on KidCare.

In a bipartisan effort, Congress voted last week to expand the SCHIP program to provide coverage for up to 10 million children nationwide. The additional funding would be paid for by a 61-cent-per-pack increase in the tobacco tax. The bill would reauthorize the program for five years.

According to figures from the House Energy and Commerce Committee, Florida would receive \$51 million from the federal government in 2008 to cover low-income children.

President Bush has said that when the bill comes to his desk, probably later this week, he will veto it.

The Senate has enough votes to

RESIDENT SECTION: SCHIP

override a veto, but the House is some 50 votes short of the required 290 it would take to override a veto.

The White House has said the bill "goes too far toward federalizing health care," according to Health and Human Services Secretary Mike Leavitt.

"We think there are ways to be helpful to Americans who have need, but don't think SCHIP is the way to do that," Leavitt said.

If Bush vetoes the legislation to reauthorize the program, as expected, and Congress and the president can't come up with a compromise by next October, 36 states would by then exhaust their SCHIP funding, according to a recent Congressional Budget Office report.

The young resident physicians standing in the rain, along with colleagues across the country, say they hope that mobilizing medical professionals will generate enough votes in the House to override the threatened veto.

They were, as Batlivala said, "standing up for the children whose health should be the first priority" in the political maneuvering over SCHIP.

Diane Chun can be reached at 352-374-5041 or chund@gvillesun.com

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First Annual Pediatric Review Course Dawn Pollack, CAE

Over 100 FPS members attended the 1st Annual Pediatric Review Course sponsored by Abbott Nutrition (formerly Ross Pediatrics) in Orlando November 10 – 11, 2007.

It was a fast-paced two day course designed to prepare candidates for their pediatric board exams and participants received 17 hours of CME credit. The course featured lectures by seasoned pediatricians from across the country. Participants enthusiastically endorsed the format and many requested a repeat review course for 2008. The course study materials for each of the 17 sessions

are available on the FPS web site in the Members Only section www.fcaap.org.

It was coordinated by Jeff Levine, PhD, MA, Director of the Division of Academic Affairs for Atlantic Health, a hospital system in New Jersey, and by FPS/FCAAP staff.

Dr. Levine is a member of the Accreditation Review Committee of the Accreditation Council for Continuing Medical Education (ACCME) and Editor-In-Chief of the Association for Hospital Medical Education (AHME) Guide to Medical Education. He has been Course Director for the Metro NY/NJ Pediatric Board Review Course for the past two (2) years. He earned his PhD and MA in clinical psychology at Washington University in Saint Louis, Missouri. Dr. Levine has coordinated similar educational events and was instrumental in the success of the FPS course.



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For Immediate Release

HEALTH DATA SERVICES ANNOUNCES

FREE EMR FOR HEALTHCARE PROVIDERS

Health Data Services, Inc., (a medical records and practice management company) announces FreeDOM, its free integrated EMR and PM software solution for small healthcare offices. Dan Brody, President of the twenty year old company, explained "Providers are seeing smaller reimbursement coupled with rising costs. Smaller offices are particularly threatened by these changes. FreeDOM is a solution that will allow practices to not only survive these challenges but to grow and prosper."

FreeDOM is free to all healthcare practices with one or two providers. (Larger practices pay a monthly fee based on the number of providers.) Physicians, physician assistants, nurse practitioners, podiatrists, mental health professionals, chiropractors, and physical therapists can all take advantage of FreeDOM. All a practice needs to do is visit www.freedommd.com, fill out the forms and agreement, download FreeDOM, and follow the simple installation instructions.

"A tremendous effort has been made to not only make FreeDOM easy to use but to design a Help System that allows the office staff to efficiently use FreeDOM without the expensive training mandated by older systems. We have taken the most modern tools and matched them to our extensive experience to create a better solution for small office providers. Two examples are the ability to access patient records from home or the hospital and automatic daily back-up," said Brody. Clearinghouse fees, elective services, and discrete advertising generate the revenue that support the free distribution of FreeDOM.

Health Data Services has been providing practice management and electronic medical records software and support, clearinghouse services, statement print and mail services, data storage and back-up services to healthcare providers since 1988. Any questions can be addressed to: info@freedommd.com.

Health Data Services, Inc.

504 Old Lynchburg Road | Charlottesville, VA 22903-6550
434.817.9000 | 434.817.9006 Fax | www.freedommd.com

SCIENTIFIC UPDATE: VACCINES

AAP E-Breaking News: Merck Recalls Certain Lots of Hib Vaccines

Merck Recalls Certain Lots of Hib Vaccines

Merck has announced a voluntary recall in the United States for certain lots of PedvaxHIB and COMVAX vaccine. Providers should immediately discontinue the use of affected lots of vaccine. Merck will provide instructions for returning recalled vaccine.

Although the recalled vaccine lots passed standard sterility tests before release, Merck is initiating this voluntary recall as a precaution. Merck has identified the potential for contamination with *Bacillus cereus* during an evaluation of the Hib vaccine manufacturing process. No problems have been reported in Hib vaccine recipients but physicians should be aware of the possibility of localized or disseminated infection appearing within 1 week of vaccination. There are no concerns about the effectiveness of the vaccines being recalled, therefore, children who have received vaccine from these lots do not need to be revaccinated.

Additional information is being evaluated to determine the impact this recall will have on the overall availability of Hib vaccine. In the

meantime, AAP recommends continuing to use Hib vaccine as recommended. Providers with a limited supply of Hib vaccine should contact sanofi pasteur to determine the availability of Hib vaccine to meet their needs. Health care providers facing a temporary shortage of Hib vaccine may defer the booster 12-15 month old dose of Hib containing vaccine for those children who are not at increased risk for invasive Hib disease. Children at increased risk for Hib disease include: Alaskan Native and American Indian children, children with sickle cell disease, HIV, anatomic or functional asplenia, malignancies or other immunocompromising conditions. Further recommendations will be developed based on evaluation of additional information on current supply, expected duration of Merck's suspension of production, and sanofi pasteur's capacity for increased production.

The Centers for Disease Control and Prevention has developed an information sheet and a Q & A to address the most common anticipated questions and to provide additional information for health care providers. To view the Centers for Disease Control and Prevention's Q & A, and Merck's announcement of the recall, please log into the [AAP Member Center](#).

AAP E-Breaking News: Recommendations for Influenza Vaccine, 2007-8

The American Academy of Pediatrics (AAP) recommends annual influenza immunization for all children with high-risk conditions who are 6 months and older; all healthy children ages 6 through 59 months; all household contacts and out-of-home caregivers of children who have high-risk conditions and/or healthy children younger than 5 years; and all health care professionals.

The purpose of this statement is to update the current recommendations for routine use of influenza vaccine in children, which were originally published in a condensed version in April 2007. New information includes (1) harmonization of the recommendation of the AAP and the Centers for Disease Control and Prevention that children younger than 9 years receive two doses of influenza vaccine in their second season of immunization if they received only one dose in the previous season; and (2) further details on the administration of live-attenuated influenza vaccine (LAIV), including the recommendation for the use of LAIV in children as young as 2 years.

To view the statement, please log into the [AAP Member Center](#).

SCIENTIFIC UPDATE: HEALTHY TEETH



Healthy Teeth, Healthy Child... The AAP Oral Health Initiative Part 3 of 3

**Rani Gereige, MD, MPH,
FAAP**

ORAL HEALTH INITIATIVES IN FLORIDA:

The University of South Florida (USF) received one of seven AAP preceptorships for oral health risk assessment (OHRA) and Fluoride Varnish application training. Faculty, residents, and clinic staff received the training. This is a "train the trainer" model. Since then, I provided training to other community practices and will be providing more training in June as part of the Suncoast Pediatric Conference. If you are interested in receiving the training, contact me

at rgereige@health.usf.edu.

Dr. Frank Catalanotto, DMD; Professor, Department of Community Dentistry and Behavioral Science, University of Florida College of Dentistry received a HRSA grant to provide education to physicians, including pediatricians and family physicians about oral health and to apply certain oral health preventive strategies to high risk children aged birth to 4 years. The advisory group includes members from DOH, UF, the Agency for Health Care Administration (AHCA), Florida Academy of Pediatric Dentistry (FAPD), Florida Dental Association (FDA), Florida Pediatric Society/Florida Chapter of the AAP (FPS/FCAAP), and others. I represent FPS/FCAAP on the committee. The committee will be working on advocacy issues on behalf of the physicians for reimbursement codes following the example of other States such as North Carolina.

The Florida Dentists joined FPS/FCAAP in the Medicaid lawsuit filed against the State of Florida to help provide better and more comprehensive care to Medicaid recipients.

YOU CAN MAKE A DIFFERENCE:

Until the reimbursement rules changes, you still can make a difference. Here are few tips and

minor practice-based changes you can institute:

- Include oral health risk assessments in well-child visits.
- Provide patient education regarding oral health.
- Provide appropriate prevention interventions (eg, feeding practices, hygiene).
- Document findings and follow-up.
- Train office staff in oral health assessment.
- Identify dentists (pediatric/general) in your area who accept new patients/Medicaid patients.
- Establish a referral relationship.
- Investigate fluoride content in area water supply.
- Seek training on preventative measures if needed

And stay tuned!!!!

Together we can work with our dental colleagues to help address the health care disparities and provide Florida Children with Healthy Teeth, Healthy Childhood.....

Rani Gereige, M.D., MPH, FAAP
Associate Professor of Pediatrics
University of South Florida
Department of Pediatrics
USF Health

SCIENTIFIC UPDATE: DEVELOPMENTAL SCREEN



Good News about Developmental Screening Mary H. Pavan, MD, FAAP

“Prior to the recent AAP recommendations for formal developmental screening to occur at the well child visit, we had instituted the Ages and Stages Questionnaire in my pediatric practice close to two years ago. This addition has not lengthened our office visits and has given parents something constructive to do while waiting. The Ages and Stages Questionnaire is handed out with each well child care visit starting at 4 months through 5 years. We receive inconsistent reimbursement from all payer sources. Straight Medicaid is not reimbursing the 96110 code. We have been able to pick up a few children that would have been missed with the less formal

questions found in Bright Futures.”
Patricia J. Blanco, MD, Sarasota, FL

Family completed questionnaires such as the Ages and Stages Questionnaire (ASQ) and the Parent Evaluation of Development (PEDS) allow pediatricians to provide evidence-based standardized screening by reviewing information that parents complete prior to their well child care visits. Pediatricians in Boca Raton, Sarasota, St. Petersburg, Tallahassee, and Tampa have told me that they are providing this service. Performance of these standardized screening tools allows the physician to bill the 96110 code with a 25 attached to the visit code. The good news is that third party insurance is reimbursing the 96110 code on some contracts.

The 2006 AAP Policy on Developmental Surveillance and Screening (*Pediatrics*, 118: 405-420) recommends screening at every 9, 18, 24 (or 30) month WCC visit. Screening is clearly defined as use of standardized evidence based tools. Surveillance with questions about developmental milestones and skills, family concerns and history continues at every WCC visit. Surveillance provides significant information but is difficult to interpret. If concerns are noted on surveillance, screening is recommended. If

concerns arise in screening, referral is recommended to Early Steps Programs for evaluation, intervention, family support, and transition to pre-kindergarten programs at 36 months of age.

Dr. Marian Earls, a primary pediatrician in North Carolina, provided a model of this process and reported increase in identification of children with developmental needs. Twenty-two states are participating now in implementation projects. Families report high levels of satisfaction with the process. They find new ideas for play and are alerted to skills their child can do.

If you are screening and billing, please let me know so that I can spread the news. If you have questions, concerns, need help, or have advice for other physicians, let me know so that we can work together on this project. We want services for our children in Florida to be as close as possible to the quality that other states are starting to provide.

Mary H. Pavan, MD, FAAP
Florida Liaison for the Council on
Children with Disabilities
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Florida Chapter Breastfeeding Coordinator Update

**Joan Y. Meek, MD, MS, RD,
IBCLC, FAAP, FABM**

Throughout 2007, I have had the opportunity to participate in Breastfeeding Education and Advocacy both within our state and on a national level. I discussed Breastfeeding and Infectious Disease and Neonatal Hypoglycemia as part of the Fundamentals of Lactation Management at Arnold Palmer Hospital in February 2007. I was invited to present Breastfeeding Support: Practical Tips for the Pediatrician to the Pediatric Society of Puerto Rico at their annual convention in February. I discussed Clinical Breastfeeding Management at the Florida Academy of Physician Assistant

Winter CME Symposium, also in February. In March, I presented Breastfeeding: Applying the Evidence to Improve Practice to the National Academy of Pediatric Nurse Practitioners. I provided the Keynote Address for the 2007 North Carolina WIC Nutrition Services Breastfeeding Coordinators' Meeting in Greensboro, NC, in June.

For August World Breastfeeding Week, I discussed the Agency for Healthcare Research and Quality (AHRQ) Evidence-Based Review of Breastfeeding and Maternal Health Outcomes in Developed Countries at Winner Palmer Hospital for Women and Babies, in Orlando, FL. Based on the AHRQ review, conducted by Tufts, there is good evidence that breastfeeding is associated with reduction in risk of acute otitis media, non-specific gastroenteritis, severe lower respiratory tract infections, atopic dermatitis, asthma in young children, obesity, Type 1 and Type 2 diabetes, childhood leukemia, sudden infant death syndrome, and necrotizing enterocolitis. The executive summary as well as the full report may be downloaded: <http://www.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf>.

At the same session, I also gave a brief overview of the new AAP Infant Nutrition During a Disaster Fact Sheets. This topic is

particularly important in our hurricane-prone state. The fact sheets can be requested from the AAP or are available for downloading on the AAP Breastfeeding Home Page: <http://www.aap.org/healthtopics/breastfeeding.cfm>

In September, I was invited to discuss Breastfeeding and Obesity from both the maternal and child perspective at Jacobi Medical Center in Bronx, NY, and Supplementation; "Why, What, How, How Much?" with the Lactation Consultant Association of Greater Washington in Fairfax, VA. In October, I presented Practical Strategies for Breastfeeding Management for the North Collier Hospital Pediatric Department in Naples, FL. One of the lactation consultants at North Collier, Dorothy Horn, reported that her consults increased after the presentation, so hopefully, that translates into greater breastfeeding initiation and duration in that area.

I serve as the Education Chair for the Academy of Breastfeeding Medicine (ABM). I also am the program chair for the "What Every Physician Needs to Know about Breastfeeding" course developed by ABM. This year's course was attended by 75 physicians, residents, and medical students in Fort Worth, TX, in October. ABM received an educational grant to

SCIENTIFIC UPDATE: SUBTITLE

videotape the course and hopes to make it available for widespread distribution. This year I completed a six-year term on the Board of Directors of the Academy of Breastfeeding Medicine, including a one-year term as President from 2005-2006. The AAP Chapter Breastfeeding Coordinators had a meeting during this session to discuss strategies for increasing breastfeeding. Several of the Chapter Coordinators gave mini-presentations during this session.

I am the Program Chair for the AAP Section on Breastfeeding, so I moderated the Section Program at the AAP National Conference and Exhibition in October. We had a number of interesting presentations during the section meeting, including one by Dr. Ruth Lawrence, the Chair of the Section on Breastfeeding. Dr. Lawrence discussed "Promoting Breastfeeding: Knowledge without Guilt." Along with Dr. Michelle Brenner, I co-presented two general sessions at the NCE on Developing Breastfeeding Clinical Counseling Skills. Breastfeeding mothers and babies serve as teachers/models for these breastfeeding demonstration and discussion sessions.

There is a resolution being proposed by Dr. Mary O'Connor on the "Use of Flexible Spending Account Money to Pay for Breast Pumps." The support of the

Florida Chapter for this resolution would be greatly appreciated. In addition, there is a growing movement across the nation to eliminate hospital discharge bags. These bags are a primary marketing tool for the formula companies. In several areas, such as Portland, and the New York City Hospitals, formula marketing has been eliminated in their institutions. The "Ban the Bag" campaign emphasizes that hospitals should market health and breastfeeding and not infant formula. The list of institutions that have joined this campaign are available as follows: http://banthebags.org/?page_id=17. The hospitals in Florida who have banned the bags are as follows:

- ◎ [Cape Canaveral Hospital](#), Cocoa Beach, Florida
- ◎ [Martin Memorial Medical Center](#), Stuart, Florida
- ◎ [Morton Plant Hospital](#), Clearwater, Florida
- ◎ [Naval Hospital Jacksonville](#), Jacksonville, Florida
- ◎ [North Florida Regional Medical Center](#), Gainesville, Florida

I was elected to the Leadership Team of the United States Breastfeeding Committee (USBC), as a representative from the International Board of Lactation Consultant Examiners. I have served on the Board of Directors of the International Board of Lactation

Consultant Examiners (IBLCE) as a representative of the Medical Associates of La Leche League International, upon recommendation by Dr. Arnold "Bud" Tanis, my fellow Florida Breastfeeding Coordinator. While I am completing my term on the IBLCE Board, I will continue a two-year term as Vice-Chair of the United States Breastfeeding Committee on behalf of IBLCE. I will be attending the USBC Meeting in January. I will also attend the USBC sponsored State Coalition meeting, during which I will meet with other representatives from Florida, including the Florida WIC Department.

Please contact me at joan.meek@orhs.org if I may be of assistance to members of the Florida Chapter in your breastfeeding advocacy efforts or if you have ideas to promote and support breastfeeding in Florida. Please let me know what you are doing in your local practices, hospitals, or counties to support breastfeeding children and their families. When we promote breastfeeding, we promote optimal health for children!

INFANT NUTRITION DURING A DISASTER

BREASTFEEDING AND OTHER OPTIONS

IN AN EMERGENCY

- There may be no clean drinking water.
- There may be no sterile environment.
- It may be impossible to ensure cleaning and sterilization of feeding utensils.

PEDIATRICIANS CAN TAKE ACTION TO SUPPORT BREASTFEEDING DURING A DISASTER

1. Keep families together.
2. Create safe havens for pregnant and breastfeeding mothers. These havens should provide security, counseling, water, and food. Pediatricians can contribute using offices, hospitals, or other shelters.
3. Assure mothers that human milk can contribute significant nutrition in the absence of safe complementary foods for the first year of life and beyond.
4. Advocate for optimal feeding options for orphaned infants, including HIV-negative donor human milk.
5. Assist new mothers to initiate breastfeeding within 1 hour of birth, promote exclusive breastfeeding for 6 months*, and encourage breastfeeding for at least 1 year or longer.
6. Provide support for breastfeeding through assessment of the infant's hydration and nutritional status.
7. In situations where human milk is not available, recommend ready-to-feed formula. Powdered formula is the last resort. Use concentrated or powdered formula only if bottled or boiled water is available.
8. Lactating women may be immunized as recommended for adults and adolescents to protect against measles, mumps, rubella, tetanus, diphtheria, pertussis, influenza, *Streptococcus pneumoniae*, *Neisseria meningitidis*, hepatitis A, hepatitis B, varicella, and inactivated polio.
9. Refer to www.cdc.gov for further information about precautions for lactating women involving specific diseases and treatments.
10. Advocate for breastfeeding promotion, protection, and support with relief agencies and workers. Infant feeding practices and resources should be assessed, coordinated, and monitored throughout the disaster.



THE CLEANEST, SAFEST FOOD FOR AN INFANT IS HUMAN MILK.

- Human milk is nutritionally perfect.
- It is readily available without dependence on supplies.
- It is protective against infectious diseases, especially diarrhea and respiratory illnesses.
- It is the right temperature and helps to prevent hypothermia.
- The release of hormones during breastfeeding relieves maternal stress and anxiety.

DISADVANTAGES OF FORMULA USE DURING A DISASTER

- It may not be available.
- It may become contaminated.
- Errors in formula preparation may occur.
- Water that is mixed with powdered or concentrated formula may be contaminated.
- There may be no method to sterilize the formula, bottles, or nipples.
- If there is no electricity, opened prepared formula cannot be preserved in the refrigerator.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



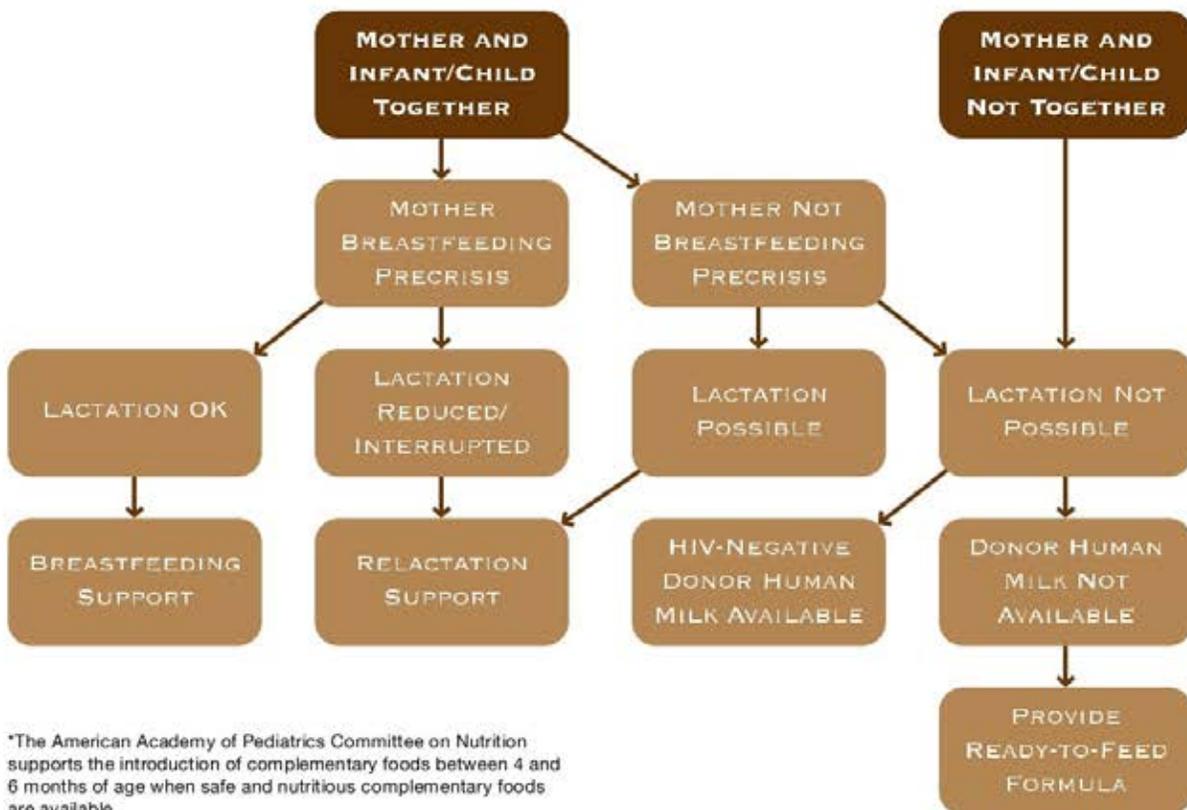
KEY STRATEGY: INCREASING THE CURRENT RATE OF BREASTFEEDING IN THE UNITED STATES IS FUNDAMENTAL TO OPTIMIZE INFANT NUTRITION, ESPECIALLY WHEN DISASTER STRIKES.

BREASTFEEDING FACTS

1. With appropriate support and guidance, stress does not cause milk to dry up.
2. Malnourished women can breastfeed.
3. Optimal human milk supply is maintained by infant demand.
4. For some mothers and babies, once breastfeeding has stopped, it may be resumed successfully.
 - a. Encourage skin-to-skin contact and frequent suckling (every 2 hours).
- b. Supply increases gradually over days to weeks and supplementation should decrease accordingly.
- c. Careful assessment of the infant's nutritional and hydration status is critical.
- d. A full milk supply is established more rapidly with the younger infant.
- e. Mothers need encouragement during this process.

FOR MORE INFORMATION ON INFANT FEEDING DURING A DISASTER AND RELACTATION TECHNIQUE, PLEASE VISIT ANNEX VIII, INFANT FEEDING IN EMERGENCIES: POLICY, STRATEGY & PRACTICE, AVAILABLE AT WWW.ENNONLINE.NET/.

INFANT FEEDING DURING DISASTERS



*The American Academy of Pediatrics Committee on Nutrition supports the introduction of complementary foods between 4 and 6 months of age when safe and nutritious complementary foods are available.

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The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

FOR MORE INFORMATION, PLEASE CALL OR E-MAIL AMERICAN ACADEMY OF PEDIATRICS BREASTFEEDING INITIATIVES AT 800/433-9016 OR LACTATION@AAP.ORG.



United States
Department of
Agriculture

Food and
Nutrition
Service

3101 Park
Center Drive
Alexandria, VA
22302-1500

MEMO CODE: SP 04-2008

DATE: December 17, 2007

SUBJECT: Incorporating the 2005 Dietary Guidelines for Americans into School Meals

TO: Special Nutrition Programs
All Regions

State Agencies
Child Nutrition Programs
All States

The Dietary Guidelines for Americans (DGAs) serve as the foundation for national nutrition policies, including the meal patterns and nutrient standards of the USDA Food and Nutrition Service (FNS) school meals programs. As you are aware, the Child Nutrition and WIC Reauthorization Act of 2004 (P.L. 108-265) amended section 9(a) of the Richard B. Russell National School Lunch Act to require that the Secretary issue guidance to increase the consumption of foods and food ingredients that are recommended for increased serving consumption in the most recent Dietary Guidelines for Americans. This memorandum provides guidance to incorporate the applicable recommendations of the 2005 DGAs into the National School Lunch Program (NSLP) and the School Breakfast Program (SBP).

Following the release of the 2005 DGAs, USDA assembled an internal working group of experienced nutritionists and program administrators to examine ways to implement the 2005 DGAs into the school meals programs, within group feeding limitations and cost restrictions, in preparation for beginning the rulemaking process. Given the complexity of issues uncovered during this process, USDA decided to contract with the Institute of Medicine (IOM) to convene a panel of experts from diverse specialties in child nutrition. This expert panel will provide USDA with recommendations to update the meal patterns and nutrition requirements for both the NSLP and the SBP. Once a cooperative agreement is signed, USDA estimates that it may take IOM from 18 to 24 months to provide the Department with these recommendations. USDA will then engage in the formal rulemaking process to promulgate a proposed rule that incorporates the IOM recommendations to the fullest extent practicable.

While awaiting a formal rulemaking, State Agencies (SAs) should encourage School Food Authorities (SFAs) to begin proactively implementing the applicable recommendations of the 2005 DGAs within the current meal pattern requirements and nutrition standards. Gradual implementation provides an opportunity for students to develop a taste for new items and/or modified recipes. The Department expects SAs to encourage the progressive implementation of the following recommendations by all SFAs, regardless of the menu planning approach being used.

AN EQUAL OPPORTUNITY EMPLOYER

FOOD GROUPS TO ENCOURAGE

WHOLE GRAINS

- SAs should strongly encourage SFAs to increase the amount and variety of whole grain products offered to students, and progress toward the goal of making half of all grains offered and served, whole grains.

The consumption of whole grains is strongly encouraged in the 2005 DGAs; one of the key recommendations states, "In general, at least half of the grains should come from whole grains." The Food and Drug Administration, in draft industry guidance released after the publication of the 2005 DGAs, has defined whole grains as, "cereal grains that consist of the intact, ground, cracked or flaked caryopsis [kernel], whose principal anatomical components - the starchy endosperm, germ and bran - are present in the same relative proportions as they exist in the intact caryopsis." According to the 2005 DGAs, the whole grain should be the first item listed in the ingredient statement in order for a product to be considered a whole grain; for many whole grain products, the words "whole" or "whole grain" appear before the grain ingredient's name in the ingredient statement. Examples of common whole grains can be found in Table 7 of the 2005 DGAs document.

FRUITS AND VEGETABLES

- SAs should encourage SFAs to increase the availability and service of both fruits and vegetables within the school meals programs.
- In the NSLP, SFAs should provide meals that offer both a fruit and a vegetable, regardless of the menu planning approach being used.

One of the key recommendations in the 2005 DGAs is to, "Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week." Fruits and vegetables, as well as vegetable subgroups, offer somewhat different combinations of nutrients; thus, consuming a variety of each is important for a well-balanced diet.

MILK

- SAs should encourage SFAs to offer only low-fat (1% or less) and fat-free milk in the school meal programs for all children above the age of two.

The 2005 DGAs include a recommendation to consume fat-free and low-fat milk and milk products on a daily basis, with a key recommendation stating, "Consume three cups per day of

fat-free or low-fat milk or equivalent milk products. Children two to eight years should consume two cups per day of fat-free or low-fat milk or equivalent products. The recommendation for low-fat and fat-free milk/milk products does not apply to children younger than two years of age. Statutory requirements necessitate offering fluid milk in a variety of fat contents in the NSLP; this requirement can be met by offering both low-fat and fat-free milk. Higher fat milks are unwarranted for children older than two.

NUTRIENTS WITHOUT CURRENT REGULATORY BENCHMARKS

SODIUM

- SAs should strongly encourage SFAs to begin reducing sodium incrementally, with a long-term, step-wise plan for meeting the DGAs recommendation.

For the first time, the 2005 DGAs have set a quantitative upper limit on daily sodium consumption. A key recommendation of the document is, Consume less than 2,300 mg (approximately 1 tsp of salt) of sodium per day. Previous versions have encouraged reduction of sodium intake, without providing a numeric target. Since past DGAs have not provided a quantitative sodium recommendation, neither have the school meals programs. However, SFAs have long been encouraged to reduce sodium in foods offered/served, and sodium levels have been monitored by FNS and SAs during School Meals Initiative reviews.

Current DGA recommendations are substantially lower than the average American's daily intake. Since sodium is a common preservative, as well as a distinct flavor enhancer, successfully shifting the American palate toward no more than 2,300 mg per day will require a concerted effort across all food systems. SAs should strongly encourage SFAs to establish and commit to a plan that would reduce the sodium levels in school meals incrementally; a gradual, long term approach to meet the DGAs recommendations will allow students' palates and the product marketplace the necessary time to adjust.

FIBER

- SAs should encourage SFAs to plan meals that provide fiber at levels appropriate for each age/grade group that reflect the 2005 DGAs recommendation.

The 2005 DGAs are the first to quantify a daily fiber recommendation: The recommended dietary fiber intake is 14 grams per 1,000 calories consumed. Previous versions of the DGAs simply encouraged increased fiber intake, without specifying a numeric target. Hence, the nutrient standards of school meals followed suit by encouraging consumption without requiring a minimum level.

Now that a specific intake target has been published in the DGAs, SFAs should encourage SFAs to move toward this target. Even SFAs that have been meeting recommended benchmarks for fiber over the past few years will likely need to increase fiber to meet the DGA level. For example, school meals planned to meet the nutrition requirements for the Grade IV age/grade group in the Traditional Food Based Menu Planning Approach should offer meals that, on average over a school week, provide at least 11 grams of fiber based on the minimum caloric requirement of 785 calories.

Fiber is found naturally in fruits, vegetables (particularly legumes) and whole grains; these food groups can be significantly, but gradually, increased in school meals. Gradual increases now, will allow students' palates to adjust and will make the transition to a numeric fiber target easier. Fruits can be served without the addition of salt, butter or sauces; the addition of whole fruits as a choice in school menus will increase fiber while reducing sodium.

CHOLESTEROL

- SFAs should encourage SFAs to plan meals that, on average over a school week, provide less than 100 mg of cholesterol at lunch and less than 75 mg of cholesterol at breakfast for all age/grade groups.

The current nutrition requirements for both lunch and breakfast encourage schools to reduce cholesterol levels. A maximum threshold has not been established because the previous version of the DGAs encouraged low cholesterol intake, but did not specify a numeric target. A key recommendation of the 2005 DGAs, however, is to consume less than 300 mg/day of cholesterol. Therefore, SFAs should encourage SFAs to plan menus that, on average over a school week, do not exceed more than one-fourth of the daily recommendation at breakfast and no more than one-third of the daily recommendation at lunch. Data from the third School Nutrition Dietary Assessment study (SNDA-III) indicate that many SFAs are already offering meals at or below levels that reflect the 2005 DGAs recommendation (i.e., 100 mg for lunches and 75 mg for breakfast).

TRANS FATS

- SFAs should encourage SFAs to plan meals that minimize trans fats.

The 2005s DGAs represent the first discussion of trans fats in national nutrition policy. A key recommendation of the document includes, keep trans fatty acid consumption as low as possible. While a numeric target is not included, SFAs should encourage SFAs to be cognizant of trans fats in all foods that are offered/served and to work toward minimizing these unhealthy fats.

SUMMARY

While awaiting publication of the final rule updating the school meal patterns and nutrition standards, SAs should encourage SFAs to begin proactively implementing the 2005 DGAs. Implementation can be accomplished through a variety of initiatives such as:

- increasing whole grains
- increasing both fruits and vegetables
- offering only low-fat and fat-free milk/milk products
- reducing sodium
- increasing fiber
- controlling cholesterol
- minimizing trans fats.

FNS is in the process of developing technical assistance tools that will further assist schools in meeting the 2005 DGAs; these tools will be distributed as they are finalized.

Thank you for your dedication and cooperation in ensuring that Child Nutrition Programs deliver the best possible nutrition service to the Nation's children.



STANLEY C. GARNETT
Director
Child Nutrition Division

AN EQUAL OPPORTUNITY EMPLOYER

AT YOUR LEISURE: PHYSICIAN TRAVEL/PLACE



Operativo Esperanza: A Mission of Hope to Baru, Colombia, March 2007

Deborah A Mulligan, MD,
FAAP, FACEP

Jeanette Kaplun

Humberto Calderon Rodriguez

Notwithstanding the numerous articles published, blogs-a-plenty, radio and television programs made available to us on any given topic, there is nothing that can replace the power of first-hand experience. The usual medical mission is a short term project bringing much needed health care to poor people in needy areas of our world, and to provide opportunities for medical professionals to use their gifts and abilities while serving others.

When we touch one person, they in turn touch others.

Unquestionably we can make a significant impact on another city in another country. What occurs when we leave? What does it take to plant the seeds toward building a successful community infrastructure? At its root the key elements of success are people - families and individuals living in extreme conditions.

To share the story of this particular mission as written by Todobebé international radio and television program co-hosts, is to see through their eyes a first-hand experience; the discoveries from which unleashed creativity and resources heretofore untapped. The experience in Baru is civic action at its core; people become leaders because they choose to muster the personal will to change adversity into rational, constructive



Columbian Pediatric Society Pediatrician,
Karen Martinez, & El Gato

action that builds healthy communities.

Operativo Esperanza (Operation Hope) brought healthcare, education and resources to the community of Baru, Colombia, in partnership with HOLA (Hispanic Organization for Leadership & Achievement), Johnson & Johnson Contributions www.jnj.com/community/contributions/,

Todobebé, the Colombian Coast Guard, local Colombian government and healthcare organizations including members of Colombian Pediatric Society.

Todobebé is a family-focused media company recognized with the first-ever *Canyon Ranch Institute Prevention Pioneer Award* in March 2007 by the 17th Surgeon General of the United States and



Our Group Back from Baru with Coast Guard Emblem

AT YOUR LEISURE: PHYSICIAN TRAVEL/PLACE



Children from Baru at Play

President of Canyon Ranch Institute, Dr. Richard H.

Carmona. "We know that the health needs of children grow into the health problems of adulthood, so during The Year of Wellness and Prevention, I am taking a hard look at ways to improve the health of children both domestically and internationally," Dr. Carmona said. "The Canyon Ranch Institute Prevention Pioneer Award recognizes Todobebé for serving as a role model for improving wellness, increasing prevention, eliminating the scourge of health disparities; and improving health literacy at the individual, family, community, national, and global levels." www.todobebe.com

Operativo Esperanza Baru as told by Jeannette Kaplun, Co-host and author of Todobebé and Humberto "El Gato" Rodriguez Calderon, Co-host Todobebé Television Show

Beyond the fortress walls of Cartagena de Indias, in the northern

Atlantic coast of Colombia, and two hours across the bay lies the island of Baru – where nature's beauty contrasts, like blood on linen, with the poverty and hardship of its residents.

Beautiful beaches, translucent waters, mangrove swamps

and multicolor coral reefs have put Baru on the map for long-term development by those who build spas and mega-hotels for well-heeled tourists. But for now, and into foreseeable future, islanders are faced with a lack of life's most basic necessities – clean drinking water, medical care and a decent education.

But on a beautiful March day, 80 people, including doctors, nurses, school teachers, yoga experts, journalists, TV/radio personalities, models/actresses and business executives, crossed the Bay of Cartagena in small boats commandeered by Colombian Coast Guard to try to make both a practical and spiritual difference in the lives of the people of Baru.

If nothing else, we wanted to say to the fishermen there, and their families, "There are people who have not forgotten about you." We thought of it as a "Flotilla of Hope," and even the dolphins that swam beside our boats [with] their silver backs glittering in the sunlight seemed happy to see a group of people trying to do something for the islanders.

The March initiative was conducted under the auspices of *Operativo Esperanza*, which translated means: "Operation Hope." *Operativo Esperanza* is a Colombian-based organization that battles poverty, medical deprivation, and illiteracy one village at a time. In the case of Baru, an international team of *Operativo Esperanza* volunteers and members of the Colombian Coast Guard ferried medical supplies and more than 1,500 pounds of donations to the island.



Children Help with Environment Recycling

AT YOUR LEISURE: PHYSICIAN TRAVEL/PLACE



Fishing Boats

Once on the island, we quickly discovered that our well-intentioned, well-educated concept of how to help the people of Baru had to be rethought. For instance, on the night before we left Cartagena, we were told that teenage pregnancy is a leading problem for the community, along with domestic violence. So, we prepared videos and printouts to help educate the islanders. But once there, looking into the faces of the women, babies and children packed into a small classroom in the local school, we realized that even the materials that we thought were simple to understand were too complicated.

What is the solution? Speak in the most basic of terms and realize that what we take for granted, like clean water or a thermometer, cannot be found in the average home in Baru. And realize that, too, that in cases of domestic violence, calling the police is not an option

because there might not be phones or law enforcement nearby. Indeed, it was eerie and disconcerting to witness the silence and stillness that settled into the room as the women watched a video segment about domestic violence during pregnancy.

How many had suffered from such attacks? And how many knew such an attack was only one more hard argument way?

In the end, we realized that the most beneficial thing we could do was give those moms the time and encouragement to ask questions.

It was amazing to see the happiness and innocence of their children, despite all the basic things the islanders lack. But it was heartbreaking listening to an 18-year-old pregnant with her third child who is struggling with the babies' father. It was heartbreaking saying "no" to a little girl who begged to keep a colored pencil borrowed from school to color nutrition and education drawings; the school had no

more pencils and thus needed it back. Also heartbreaking to see special needs children get physical therapy while knowing that after *Operativo Esperanza* leaves, there will be no more such care.

In the end, we can only hope that we, in some small way, bettered a handful of lives in this small fishing village. It is certain that it changed the lives of the *Operativo Esperanza* volunteers who went there. If nothing else, it created a sense of moral responsibility within us to share the story of the people of Baru so that others can know about their plight.

We take so many things for granted as we hurry to make deadlines and meet car payments and mortgages, tossed by the many currents of our busy and supposedly plenty-filled lives. But we never should forget that there are still those who have only heard about a land of comfort and



Housing

AT YOUR LEISURE: PHYSICIAN TRAVEL/PLACE



IV Hydration

convenience that lies far away from where they are; yet only two hours across the Bay of Cartagena. People who still go down to the sea in small boats and live off of the bright glory of the catch.

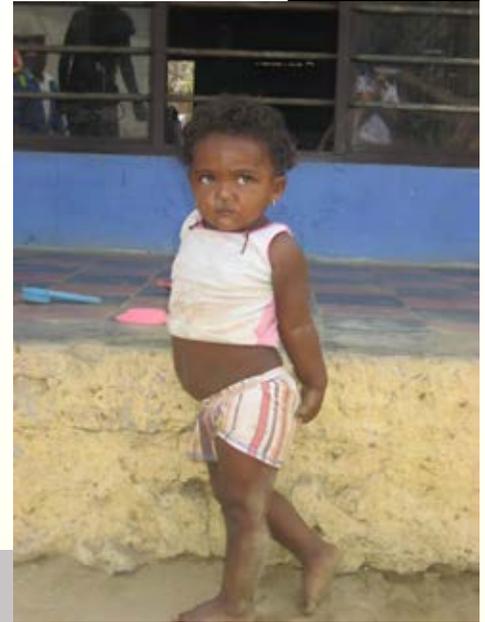
& Johnson Contributions made connections with various Colombian foundations to continue the region initiative. Staff committed to provide the following resources to contribute toward villagers' health and economic well-being:

- Training: Arranging technical workshops for artisans
- Logistics and Procedures: Set up internal distribution network of artisans work.
- Export: Begin social marketing program with US locations (J & J PILOT)

The momentum builds for Operativo Esperanza as thousands join to help the foundation achieve its mission to foster sustainable communities. Following the mission to Baru, with the support of dedicated corporate partners and devoted friends from all walks of life the City Bolivar, located south of Bogota, in the districts of Bellaflor and Paradiso became the third initiative. The following links are provided for those who wish to learn more about

Operativo Esperanza:

1. www.operativoesperanza.org
Katherine Sutton, Director
Miami, Florida



Toddler of Baru

katherine@intolifestyle.com
www.intolifestyle.com

2. Third Operativo Esperanza:
Ciudad Bolivar

YouTube search:

OperativoEsperanza#3

Ciud.BolivarPrensa.mov

<http://www.youtube.com/watch?v=WFpSv0sTppE&mode=related&search=>

3. Second Operativo Esperanza:
Baru, Colombia

HOLA & Operativo Esperanza en Colombia

Hispanic Organization for Leadership and Achievement

An Organization of Employees of the J & J Family of Companies

<http://www.slideshare.net/liligil/operativo-esperanza-oe-report-baru-colombia/>

For more info:

<http://client.todobebe.com/corporate/>



Dr Mulligan, Jeanette Kaplan, & Simon

Next steps -- Social Responsibility in Action:

Partners from HOLA and Johnson

SPOTLIGHT! KAREN H TOKER, MD



Susan Jaskevich Award **Karen H Toker, MD, FAAP**

On April 20, 2007, Dr. Karen Toker was given the *Susan Jaskevich Award* for outstanding commitment to children with special needs and their families by the Jacksonville Commission on Services for Children with Special Needs. This commemorates her lifetime work with children with special needs. This award is presented annually in memory of Susan Jaskevich, a visionary leader and advocate for children with special needs and their families.

Dr. Toker graduated from Yale University School of Medicine in 1967 and completed her residency in pediatrics at Albert Einstein School of Medicine in New York City. In the 1970's, she helped to develop one of the first true medical homes for children with

special needs. A medical home is an approach to care that is accessible, affordable, comprehensive, coordinated, caring, and compassionate. Dr. Toker was one of 12 pediatricians featured nationally in a 1998 publication called: "Twelve Stories: Pediatrician-Led Community Child Health Initiatives," for establishing a medical home for children with special needs at the Center for Women and Children in Jacksonville.

Dr. Toker arrived in Florida 16 years ago and has continued her dedication to children at the Nemours Children's Clinic, Duval County Health Department and the University of Florida. She has worked as a pediatrician on the Cleft Palate, Cerebral Palsy, and Spina Bifida multidisciplinary teams at Nemours. Throughout her career as a practitioner and educator, she has taught medical and nursing students, medical residents, and nurse practitioners while on faculty with the School of Medicine at Albert Einstein and University of Florida. In Maryland, Dr. Toker worked with children who were chronically-ill in various settings such as Crippled Children's Clinics, a developmental assessment team, school health, Head Start, public health, and in private pediatric practice.

Dr. Toker is a dedicated

community-engaged pediatrician, leader, and advocate. While caring for children and their families in a variety of offices/institutional settings she always balances a focus on medical needs with a complementary focus on non-medical community and health system needs. For example, she observed that few of the infants she was seeing in her clinic were being breast fed and noted that these infants had more problems during their first months of life. She acted on this. She approached the Nutrition Division at the Health Department and in 2000 helped to revitalize the Northeast Florida Breastfeeding Coalition. The Coalition collected data on breastfeeding practices in all our hospitals and brought these to the attention of our hospital administrators. Shands Hospital subsequently retained lactation consultants to support mothers to breastfeed.

Her dedicated advocacy on behalf of children and their families in northeast Florida has spanned more than twelve years. She has served her community in numerous ways in this short time:

- Florida Chapter of the American Academy of Pediatrics School Health Committee
- Florida State Reach Out and Read Coalition Board
- Florida Diagnostic and Learning Resource System Advisory Committee

SPOTLIGHT! KAREN H TOKER, MD

Northeast Florida Literacy Coalition Board
Commission on Services for Children with Special Needs
Infants and Toddlers Early Intervention Program, Regional Policy Council Advisory Board
Duval County Lead Poisoning Prevention Board
Duval County School Health Advisory Council
Mayor Peytons Early Literacy Program

Allow me to elaborate on two of these 9 areas of service.

Dr. Toker was the Chair of the Health Committee, Commission on Services for Children with Special Needs, from 2003-2006 and Interim Board Vice-President from 2004-2006. During her tenure she led a multidisciplinary Health Committee in procuring a \$10,000 grant from the American Academy of Pediatrics CATCH (Community Access to Child Health) to develop a comprehensive strategic plan for improving community coordination of care for children with special needs. One of the outcomes of this plan was the production of informational newsletters targeted for Pediatricians to help them connect children and families to community resources.

Another CATCH outcome relates to addressing the need for better communication between pediatric

providers and school nurses. She led the Health Committee in the development of a proposal, and subsequent study of school nursing practice related to children with special health care needs which is currently being conducted with the University of North Florida, School of Nursing. As a member of the Duval County School Health Advisory Council, she is strategically positioned to affect systems change. Her tenacity as an advocate is demonstrated by initiating a community-driven strategic plan in 2003 and continuing to see it through into 2007 and beyond. Her drive to see things through over four years is a marvelous example of her commitment.

In a second example, Dr. Toker led the team that developed the Jacksonville Children's Commission, Healthy School Readiness Program. She is a passionate advocate for early literacy. She established the first Reach Out and Read Program in Northeast Florida at the Center for Women and Children. She serves on the Board of the Florida State Reach Out and Read Coalition which she helped to convene in 2002. She served as a consultant to the Mayor's Early Literacy Program and on the Board of the Northeast Florida Literacy Coalition.

Dr. Toker was honored by her

medical peers as the 2005 recipient of the prestigious *Francis Edwards Rushton Award for Outstanding Achievement in Community Pediatrics and Child Advocacy* from the University of Florida/Jacksonville, Department of Pediatrics.

Dr. Toker has demonstrated a passionate and long-standing commitment to advocacy, leadership and service to children and families in her community, particularly children with special needs which extend beyond her tenure in Florida to over 40 years of practice as a pediatrician.

SPOTLIGHT! ROSARIO GONZÁLEZ DE RIVAS, MD

Rosario González de Rivas, MD was given the 2007 AAP *Holroyd-Sherry Award* which Recognizes outstanding contributions in the field of children, adolescents and the media by an AAP member.

Dr. González graduated from the University of Puerto Rico School of Medicine, where she also completed her pediatric training. She has been active in the Academy since 1987, occupying positions at the chapter and national levels. Dr. González is the editor of the Spanish version of several AAP books. Since the early '90s, she has been active in advocacy and education on the impact of media on children and adolescents, taking part in community coalitions and governmental efforts, and lecturing at professional meetings and in academic and community settings as well as in the state legislature.

Past AAP President, previous Holroyd-Sherry Award recipient and Alabama Chapter's Dr Carden Johnston is photographed with Dr Rosario Gonzalez, Dr Deborah Mulligan as well as leadership from Puerto Rico Chapter.

Background

The award was established in 2000 in honor of H. James Holroyd, MD,

Holroyd-Sherry Award Rosario González de Rivas, MD



FAAP, and S. Norman Sherry, MD, FAAP, whose leadership in the medical profession has called serious attention to the powerful influence mass media have on the health and well-being of children and adolescents. Drs. Holroyd and Sherry were instrumental in initiating the American Academy of Pediatrics' ongoing examination of the media's relationship to such factors as aggressive behavior and violence, substance use and abuse, nutrition, obesity, sexuality, body-image, self-concept, and school performance. Their longstanding commitment as ardent spokespersons, policy-makers, researchers, and advocates of media literacy has led to enormous progress and greater understanding of these issues, and has made a significant difference in the lives of children.

Dr. Holroyd chaired the Task Force

on Children and Television from 1983 to 1985. This task force authored the first AAP policy on the role of television in children's lives and was the predecessor to the Committee on Communications on which Dr. Holroyd served from 1993 to 1998. He chaired the Media Resource Team from 1994 to 1996, a group which consults with television and motion picture industries to ensure that pediatric health issues are conveyed

accurately and appropriately. Dr. Holroyd also represented the Academy in negotiations with the television industry to establish the ratings system that helps parents choose suitable programs for children.

Dr. Sherry chaired the Council on Child and Adolescent Health from 1981 to 1985. He served on the Committee on Communications from 1993 to 1998 and was a founding member of the Task Force on Children and Television from 1983 to 1986, playing a major role in establishing the Academy's first policy on television as a children's health issue. By recommending parents set limits on their children's television viewing choices and habits, and encouraging media education as a way to help children become critical viewers, these early efforts helped to underscore the

SPOTLIGHT! DR. MULLIGAN, DR. DIAZ

importance of a pediatrician's role in youth education.

Injury Prevention Award **Deborah A Mulligan, MD,** **FAAP, FACEP**



Deborah Ann Mulligan, M.D., FAAP, of Fort Lauderdale, FL, received the annual Injury Prevention Award from the Florida Department of Health's Office of Injury Prevention for her commitment to child safety.

Dr. Mulligan is a member of the AAP Council on Communications and Media, and the AAP Sections on International Child Health and Emergency Medicine. She is a past member of the AAP Committee on Pediatric Emergency Medicine and past president of the AAP Florida Chapter. She serves on the chapter's Governance and Disaster Medicine

councils.

Dr. Mulligan is director of the Institute for Child Health Policy and a professor of pediatrics at Nova Southeastern University in Fort Lauderdale. She also is an emergency medicine attending physician at Joe DiMaggio Children's Hospital in Hollywood, FL, and the Florida Department of Health's senior adviser on emergency medical services for children.

This article was reprinted as it appeared in AAP News.

Latina Pioneer Award **Isabel Diaz, MD, FAAP**



Broward County Commissioner Diana Wasserman Rubin, Dr. Isabel Diaz, recipient of the annual Latina Pioneer Award and Erwin M. Vasquez, founder of Viva Broward!

Isabel Diaz, M.D., AAP Chapter Affiliate, of Plantation, FL, received the *Latina Pioneer Award* from the Hispanic Women of Distinction. Dr. Diaz was recognized for her contributions to the community and to her heritage.

Among her efforts, Dr. Diaz pushed for support to establish a neonatal intensive care unit at Broward General Medical Center. She also founded La Luz del Mundo, a free clinic in Pompano Beach that provided care to underserved patients.

This article was reprinted as it appeared in AAP News.

SPOTLIGHT! DANIEL CARR



AAP Pediatrics' 2007 National Art Contest Daniel Carr

LOCAL YOUTH WINS THE AMERICAN ACADEMY OF PEDIATRICS' NATIONAL ART CONTEST

San Francisco, CA – Daniel Carr, a 10-year-old from Tampa, Florida was honored today as a winner in the American Academy of Pediatrics' (AAP) 2007 National Art Contest. Daniel was the winner in the 3rd -5th grade category.

As a winner, Daniel and his family received a free trip to San Francisco to accept the award. AAP President Jay Berkelhamer, MD, FAAP, presented Daniel with the first-place award of \$500 today during the AAP's National Conference and Exhibition at the

Moscone Convention Center. As part of his award, the AAP will donate \$400 to the Patel Conservatory in Tampa and \$100 to the Florida Aquarium (as part of the AAP's matching donation) on Daniel's behalf.

This year marked the third annual contest and drew more than 500 entries from 36 states and the District of Columbia. All entries were judged by a panel of pediatricians and AAP staff. The winning entries, along with several runners-up, will become part of the AAP's Art Contest Calendar.

The theme was "things I can do to be safe and healthy." Daniel's entry featured getting enough rest and eating healthy. Daniel is an avid artist, writer and performer. He has been recognized on the



local, state and national level for his artwork/design, poetry and storytelling. Daniel is home schooled and enjoys drawing everyday. His hobbies include surfing and making his own comic books and movies.

This article is reprinted as it was released by the AAP San Francisco Press Room on Saturday, October 26, 2007.





First Professionals Announces More Rate Relief for Florida Doctors

For the second year in a row, First Professionals Insurance Company (First Professionals) filed for a double-digit base rate decrease of 10 percent, recently approved by the Florida Office of Insurance Regulation. Unfortunately it was also announced recently that the Florida Insurance Guaranty Association (FIGA) approved a third assessment that totaled \$4.2 million for our company and reduced the impact of our filed decrease to 6.39 percent.

FIGA is state-created and is funded by assessments against property and casualty insurers based on their written premium dollars. In the event a licensed property and casualty insurer in the state goes bankrupt, its losses are paid by FIGA. All three FIGA assessments have been made because of the insolvency of the insurance subsidiaries of the Poe Financial Group and the insolvency of Vanguard Fire & Casualty Company. Both Poe and Vanguard became insolvent as a result of claims arising from the intense hurricane activity of 2004 and 2005.

First Professionals is proud to have a Best's Rating of A- Excellent, and a Fitch rating of A- with a Stable Outlook from both rating agencies. Fitch ranked our company among the top 15 U.S. writers of medical malpractice insurance and number one in Florida, with significant positions in other markets, including Georgia, Missouri and Arkansas. Both ratings validate that we are a stronghold among insurance carriers and that our policyholders can rely on our continued solvency and protection.

Our Goal: Rate Stability

First Professionals strives to maintain rate stability for doctors and to operate a financially sound insurance company so that state-mandated funds like FIGA do not have to bail us out at the expense of policyholders. We have done so for more than 30 years in Florida.

We believe in rate stability because we understand the economics of the practice of medicine, and we know that premium payments are a significant cost of doing business for a doctor, said President Robert E. White Jr. We are happy that we are able to again reduce our base rates and look forward to being able to lower them even further.

Ongoing we monitor the loss trends and the rates we charge, and respond with rate changes as warranted. As long as the number of claims against doctors continues at these low levels, we expect future rate decreases.

These decreases demonstrate our continued commitment to Florida's doctors and their patients. We have protected Florida's doctors and health care professionals since 1975, and we have seen start-up companies and non-Florida based companies come and go. Florida is one of the most challenging legal jurisdictions in the country, and it does not fit a cookie cutter model of claims management that many other carriers want to use. We know how it works here and provide relentless claims management and defense for our policyholders, and consistently close more than 60 percent of claims with \$0 indemnity.

At First Professionals we will always do our best to work with you on price without sacrifice to the protection we provide. Talk with your agent representative or contact our Assistant Director of Society Relations Shelly Hakes, hakes@fpic.com or (800) 741-3742 ext. 3294 to learn more about our premium discount program for members of our endorsing societies.

Information in this article does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained here are generalized and may not apply to all practice situations. First Professionals recommends you obtain legal advice from a qualified attorney for a more specific application to your practice. This information should be used as a reference guide only.

First Professionals Insurance Company is Florida's Physicians Insurance CompanySM and the endorsed carrier for professional liability insurance.

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All Officers will serve 2007-2009.

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