

# THE GROWING TIMES



## Utah Chapter of the American Academy of Pediatrics

***"You must be the change you want to see in the world." –Mahatma Gandhi***

### Child Advocacy in a Big People World

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If I say words like government, legislature, school board, education, Big Pharma, Big Tobacco, or Big Food, what's your reaction—positive or negative? And, why? Is it because they are doing to great job for you and your patients? Or, are there issues you care about that they're not getting right?



Perhaps it brings to mind a patient whose working parents are without insurance and can only afford acute care office visits or severe illness care. Or, maybe the child you know is out there, but can't afford treatment and ends up in the ER, where costs are high for parents, the hospital, insurance companies, and you with health insurance premiums? Is Medicaid expansion (if passed by our legislature) going to

help your patients as it provides coverage for parents? Will it cost you money as a practitioner?

Is the school board doing odd things without the benefit of pediatric or parental input? Is there enough recycling in your community? Is the destruction of our air quality and world causing you to choke up? Is your training or CME program improving your medical skills? Is community pediatrics all it should be in your area? Is our legislature providing enough education funds for your children, as well as your patients? (I know a public school sixth grade teacher who has 36 pupils in her class, with no classroom aide.)

If you're not completely happy with the performance of your elected or appointed officials, or with the lack of public involvement or influence on an issue, what can you do about it? Can you find issues that you're passionate about and want change? Can you find ways to take action and have more influence than just one vote at the ballot box? Is your passion strong enough to sacrifice some time and energy from your days off, family time, recreation/outdoor time? Then YOU can be an advocate! And, perhaps you should be.

My former Chair of Pediatrics at the University of Rochester, Bob Haggerty, once said, "Your responsibility to children does not stop at your office door—you should advocate in your community, state, nation, and perhaps even internationally." Here's how to get started:

1. Pick one issue—something that motivates you to do better (choosing more than one issue will dilute your effort).
2. Find the person, group, or local, state, national, or international agency already working on it—they'll welcome your input and you won't have to re-invent the wheel.
3. Research the issue, get literature on your own and from your new colleagues, attend meetings when possible, and keep talking with groups to stay abreast of the topic.
4. Become engaged with the group. Learn what you can do to make a difference *and* begin to define your own usefulness and agenda. Your pediatric viewpoint and influence are unique and helpful to the common cause. Pediatric care providers are "White Hats" on kids' issues. We are often listened to by community and state leaders, because we seldom have an axe to grind beyond the appropriate care, feeding, and raising of children.
5. Contact legislators interested in your issue and see if a bill can be written to address your issue.
6. On your own and with your group, write opinion editorials, letters to the editor, and be available to talk to community groups, make phone calls, and testify during the legislative session.

### INSIDE THIS ISSUE

- Get Out and (Do More Than) Vote!
- UPIQ Edge: Does your practice offer care coordination services?
- Young Physician Column & Seeking Practice Opportunity
- Medical Home Corner: FASD Consistent Message
- COPEM Update
- Chapter Member Spotlight – Whittemore
- Fruin Named AAP Local Hero Award Recipient
- Pediatricians' Awareness and Use of Developmental Screening Tool
- Responding to the Challenge of Climate Change
- Coming Soon: E-Prescribing for WIC Foods and Formula!
- Mental Health Primary Care Group
- Daring to Lead: UMA House of Delegates
- Crucial Conversations about Safety
- In Memoriam

Are you fired up? Then get busy! Below is a list of potential contacts and resources to guide and assist your efforts. Mahatma Gandhi said, "You must be the change you want to see in the world."

### **Legislative, State & Federal**

#### **Health Care Reform**

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#### **Bulletproof Kids Utah Campaign**

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#### **Child Abuse Prevention**

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#### **Child Care & Parenting**

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#### **Childhood Obesity**

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Mark Templeman, MD

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#### **Children with Special Health Care**

##### **Needs**

Harper Randall, MD  
Email: [harperrandall@utah.gov](mailto:harperrandall@utah.gov)  
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#### **Climate Change**

Dave Folland, MD, Citizens Climate  
Lobby-Salt Lake City  
Email: [dsfolland@gmail.com](mailto:dsfolland@gmail.com)

#### **Domestic Violence**

Kathy Franchek-Roa, MD  
Email: [kathy.franchek@hsc.utah.edu](mailto:kathy.franchek@hsc.utah.edu)  
Office: (801) 585-5790

#### **Early Hearing Detection & Intervention**

Nathan McArthur, MD  
Email: [nat.pediatrics@gmail.com](mailto:nat.pediatrics@gmail.com)  
Office: (801) 492-1999

### **Education**

#### **Utah State Office of Education**

Office: (801) 538-7500  
Website: Utah Directory of Schools  
<http://www.schools.utah.gov/main/INFORMATION/Educational-Directory.aspx>

#### **Utah Education Association**

Sharon Gallagher-Fishbaugh, President  
Office: (801) 266-4461

#### **Emergency & Disaster Preparedness**

Hilary Hewes, MD  
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#### **Environmental Health & Air Quality**

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#### **Foster Care**

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#### **Immunizations**

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#### **Injury Prevention & Firearm Safety**

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#### **SAFE Kids Utah**

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**Hold On to Dear Life** (child passenger  
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#### **Medicaid Expansion/Utah Communities for Healthcare Coverage**

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### **Mental Healthcare Advocacy**

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#### **Oral Health Advocacy**

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#### **School Health**

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#### **Tobacco-Free/E-cigarettes**

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#### **Utah Health Policy Project**

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#### **Voices for Utah Children**

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Chuck Pruitt, MD

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## Get Out and (Do More Than) Vote!

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Mid-term elections are November 4, only a few weeks away and counting. We will elect four Congressional Representatives from our four Utah Districts. What should, *we the people*, do besides registering to VOTE and then make time to vote by mail or in person?

You can be certain the Congressional candidates in your district are asking, begging for help in their campaigns. Would you like to do more than just cast your one vote, a mere pittance, for the candidate you favor?

Well then, if you're determined to be a bit more involved, find out who's running for Congress at <http://elections.utah.gov/election-resources/2014-candidate-filings>. Click on each candidate's website to see where they stand on issues impacting you and your family, as well as the patients you care for. What you've been exposed to in the media or in the polls may differ from the candidates actual position!

Next, call the campaign office of your favorite candidate and volunteer, anything from having a lawn sign delivered, to phone calls, to hosting a fund raiser—lots of opportunities; as I said, *all* the campaigns are looking for help. And, if you're so inclined, talk with friends about the issues and where each of the opposing candidates stands.

Come November 4, you'll feel like you have a stake in the outcome of the election when you go to the polls. Incidentally, THANK YOU for helping to make democracy work!

## Extra! Extra! Read all about it!

*"Parents Find New Adaptive Recreation Possibilities!"*

*"Dr. Smith Finds Key Tools to Help Her Manage Children with Autism"*

*"Care Coordinators Find Ways to Resolve Complex Patient Issues Using the Medical Home Portal Website"*

The [Medical Home Portal](#) wants to add YOUR headline to these. The following major projects to improve the Portal are underway and we anticipate making them available to you in the coming months.

- **Complete redesign** of the site, including adaptation to mobile platforms & enhanced accessibility; see [medicalhomeportal.org/new-design](http://medicalhomeportal.org/new-design) for a preview (*fall 2014*). The look will be clean, easier to read, and have more intuitive navigation.
- Users can create **custom lists of services & resources** that can be edited, printed, saved, & shared. Lists will always have the latest information (*fall 2014*). Clinicians, care coordinators, and families can use pre-filled lists of local service providers and customize them. Dynamically created lists based on a diagnosis and zip code are coming soon.
- **Improved search and search results display** will better enable you to find what you are looking for – and even more you didn't know you were looking for (*late 2014*). Search results will be categorized as content pages, forms, tools, other links, or service providers.
- **A game app** to help parents (and you) find resources for children with special needs (*summer 2015*). A way to quickly filter out the extra stuff to get to the service or resource your child needs now, wherever you are, via your smartphone.

And we always want to hear from you. Please let us know your ideas for improving the Portal or access to it by emailing us at [info@medicalhomeportal.org](mailto:info@medicalhomeportal.org).



## ***UPIQ Edge: Does your practice offer care coordination services?***

Coordinating the care of children and youth with special health care needs (CYSHCN) is increasingly important as the number of providers involved and the complexity of care, information, and payment systems grow. Care coordination is valued by families, patients, delivery systems, and even insurers. The location and goals of a care coordinator may influence the effectiveness and value of their roles to patients and families. Basing care coordination services in primary care practices offers numerous advantages.

Intermountain Healthcare began supporting practice-based care coordination in several pediatric practices in the 1990s and continues to expand this service. Since 2001, the Utah Department of Health's Bureau of Children with Special Health Care Needs (BCSHCN), Utah Medicaid, and the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) have strived to emulate this model through several projects. The most recent is a 3½-year Medical Home Demonstration<sup>1</sup> involving 9 primary care and 3 pediatric specialty practices.

Practice-based care coordinators help patients, families, and clinicians organize and understand the inter-related medical, social, developmental, education, and financial needs. They provide a welcoming entry point into a complex system and support families in accessing needed care. Key responsibilities include assuring that accurate information is shared among care team members and other providers, creation and maintenance of care plans, tracking required and recommended care, following through on referrals, connecting families with community and social resources, and advocating on patients' behalf with insurance providers and other agencies.

Through the Medical Home Demonstration, UPIQ developed a network of practice-based care coordinators that provides a venue for learning about resources, troubleshooting problems, and sharing solutions and methods for improving care and outcomes for CYSHCN. The Demonstration ends in a couple months but, through collaborations with the UDOH Asthma Program<sup>2</sup> and the BCSHCN<sup>3</sup>, UPIQ will continue support for the Care Coordinator Network and hopes to expand its membership and the number of practices that provide care coordination. **If you want to learn more about the Care Coordinator Network and how it might help your practice improve the care you provide, please contact us at [info@upiq.org](mailto:info@upiq.org).**

1. Funded by the Centers for Medicare and Medicaid Services (CMS)
2. Funded by the Centers for Disease Control and Prevention (CDC)
3. Funded by the Health Resources and Services Administration (HRSA)

# Young Physician Column

This is my first column as the Young Physician Representative of the Utah Chapter AAP. I'm very glad to be here!

I grew up in Virginia and attended the Virginia Commonwealth University School of Medicine in Richmond, then came to Utah for my pediatric residency. While I sometimes miss the "big water" recreation afforded by the ocean on the East Coast, I love the dry air and mountains of Utah, and can always get my big water fix by rowing on the Great Salt Lake. When people ask me why I chose pediatrics, I always say "for the pediatric foot." Kids' and babies' feet are so cute! And, it doesn't hurt that I enjoy working with families, too.

This is a great time for young physicians to get more involved with the AAP's Section on Young Physicians (SOYP), which supports pediatricians under age 40 or in their first five years of practice. We do fun things, like attend an annual summer concert. (This year's was [Amos Lee at Red Butte Garden on July 28](#). It was pouring rain during the opening act, but cleared up for Amos and we had a great time!) But we also do a lot of practical things to help young physicians navigate the particular challenges they face. At the recent District I (New England) and District VIII (which includes Utah) meeting in Boston, the following areas of focus were emphasized:

- Work/Life Balance
- Financial Health
- AAP Membership
- AAP Leadership
- Communication

To get a sense of all the resources the SOYP offers in these areas and more, check out their [homepage](#) and [Young Physicians Guide](#)—there's lots of helpful info about networking, finding the right workplace, continuing your education, and more. Meanwhile, [The AAP Real World](#) delves into some of the business concerns of your work, including coding and billing, contracts, and debt management.

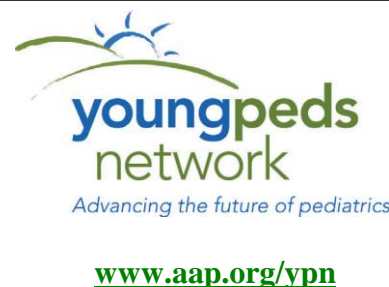
I had it easier than many young pediatricians, as I've been working for the past five years at the same place I trained, the RTU at Primary Children's, in the Emergency Medicine Department. But, as I transitioned from residency to practice, I still had questions, and I found the SOYP to be a valuable source of information and guidance. I hope you'll get involved, too!

Do you have ideas about how our local Utah Chapter can better meet your needs, or serve as a liaison to the national SOYP? Or, maybe you have a suggestion for a fun social activity we can do? Whatever's on your mind, I'd love to hear from you at [lucy.hansen@hsc.utah.edu](mailto:lucy.hansen@hsc.utah.edu).

By:

**Lucy Hansen, MD**

Utah Chapter Young  
Physician Representative



## Seeking Practice Opportunity!

**Jeffery Sabey, DO**, is seeking a full-time general pediatrician position in Northern Utah. He is looking to move back to Utah and is available to start July 2015. He is currently a third year resident at Penn State Hershey. A close knit midsize to large group is preferred. For a copy of Jeff's CV, contact him at [jsabey@hmc.psu.edu](mailto:jsabey@hmc.psu.edu) or (801) 735-4745.





## Medical Home Corner

### Fetal Alcohol Spectrum Disorders: Consistent Messages

Alfred N. Romeo, RN, PhD, Department of Health  
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The ninth day of the ninth month—September 9<sup>th</sup>—is celebrated as International Fetal Alcohol Spectrum Disorders (FASD) Awareness Day, to remind women to avoid alcohol during the nine months of pregnancy. Many organizations will be promoting awareness to reduce the number of children born with FASD.

At Pregnancy Risk Line's MotherToBaby Utah, one of a limited number of Teratology Information Services in North America, we receive a wide variety of calls regarding alcohol exposures. We sometimes hear from women with chronic alcoholism who are struggling with their disease during pregnancy. More often, we receive calls from a distressed woman about briefly using alcohol before she knew she was pregnant. Our discussions with pregnant women and their providers, considering the individualized situations, are informed by years of critically reviewing the evidence from the research literature regarding the risks of alcohol use in pregnancy. Our advice to women and their providers is based on that analysis and our many years of counseling.

For women who have problems with drinking or quitting drinking, there is no amount of alcohol in pregnancy that is safe. These women should avoid all sources of alcohol. For women who have had an occasional drink in early pregnancy, before they discovered the pregnancy, they don't have to be worried about having caused damage to their baby. Since alcohol is not a necessity for anyone in pregnancy, it can be and should be avoided once someone is pregnant.

Pediatric Medical Homes have the opportunity, due to the frequency of visits for young children, to reinforce these messages during pregnancy and breastfeeding. They also have the opportunity to help women with alcoholism seek appropriate treatment. Together, we are all working toward the goal of reducing the number of children born with the various birth defects, developmental delays, and behavioral problems that accompany the range of FASD complications.

For questions about alcohol use in pregnancy or breastfeeding, please contact MotherToBaby Utah at 801-328-2229 or visit [www.mothers-to-baby.org](http://www.mothers-to-baby.org). For information about FAS or local resources, please visit the Medical Home Portal at [www.medicalhomeportal.org](http://www.medicalhomeportal.org).

## COPEM Update

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I am a representative on the AAP Committee on Pediatric Emergency Medicine (COPEM). We are looking at ways to improve communication between pediatricians and emergency departments (ED's), to ensure that children with an emergent condition receive the best care. One initiative supported by COPEM, is to reduce radiation exposure for children evaluated in the ED setting. The AAP Section

of Radiology also encourages pediatricians to reduce exposure from ionizing radiation. The Image Gently® Alliance <http://www.imagegently.org>, was formed to educate referring physicians, the community and other health professionals about radiation from imaging studies and ways to reduce the exposure.

It is generally known that most children with emergent conditions are cared for in general emergency departments by emergency medicine physicians. Physicians often refer patients with head injury or abdominal pain to ED's for evaluation. It is important to find out what guidelines or protocols are in place at your local ED for the evaluation of children. The largest study of head injuries to date enrolled over 42,000 children, identifying children at low risk for clinically important traumatic brain injury. This study, published in *Lancet* (Kuppermann et al., 2009), provides evidence based guidelines as to when children with minor head injury need CT imaging, and when observation is a better alternative avoiding unnecessary radiation exposure. Children who previously might have undergone CT can now be observed for a period of 3-4 hours and sent home without imaging. These guidelines for children with minor head injury can be adopted in your clinical practice, as well as in urgent care settings and ED's. Many hospitals are also moving away from CT imaging for the diagnosis of appendicitis in children with abdominal pain, and using clinical algorithms to stratify patients needing an immediate operation or further imaging with the use of ultrasound (Saucier, Huang, Emeremni, & Pershad, 2014). Physicians can participate in discussions with their local surgeons, hospitals and ED's regarding these issues to avoid reliance on CT imaging for children with suspected appendicitis. When CT imaging is felt to be necessary for any reason, it is important to be aware of the imaging protocols used at your local hospital, and to encourage the radiologists to use ALARA (As Low As Reasonably Achievable) techniques to reduce ionizing radiation doses. Further information from the Section of Radiology is available at: <http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Radiology/Pages/default.aspx>.

COPEM is also working on other topics, and recently finalized reports on the *Death of a Child, and Patient and Family Centered Care in the ED* to be published in *Pediatrics*. Other reports in progress that will be interesting outside the ED setting include reports on *Mental Health Needs and Medication Safety*. We are also working on the topics of *Children in Disasters, Point of Care Ultrasound, Procedural Sedation*, and the *Role of Pediatricians in Advocating Life Support Training*.

#### REFERENCES:

1. Kuppermann, N., Holmes, J. F., Dayan, P. S., Hoyle, J. D., Atabaki, S. M., Holubkov, R., ... Wootton-Gorges, S. L. (2009). Identification of children at very low risk of clinically-important brain injuries after head trauma: a prospective cohort study. *Lancet*, 374(9696), 1160–70. doi:10.1016/S0140-6736(09)61558-0
2. Saucier, A., Huang, E. Y., Emeremni, C. a, & Pershad, J. (2014). Prospective evaluation of a clinical pathway for suspected appendicitis. *Pediatrics*, 133(1), e88–95. doi:10.1542/peds.2013-2208



# Chapter Member Spotlight

## Kerry Whittemore, MD, FAAP



**Years in practice:** 3 years. I'm currently in practice at the U's South Jordan Health Center where I've been for the last six months.

**Where are you from originally?** I'm from Saratoga Springs, New York which is a town at the foothills of the Adirondacks, about 3 hours north of New York City.

**Where did you do your medical school and residency training?** I went to medical school at McGill University in Montreal, Canada. I completed my residency in 2011 at the University of Utah School of Medicine and Primary Children's Hospital.

**What attracted you to pediatrics as a specialty?** The kids! I love working with families. I especially love taking care of children with special health care needs.

**Tell us about your family:** I'm married with a three year old son and am pregnant with another son due around Christmas time.

**What is your favorite food?** Probably *Red Iguana's* enchiladas suizas.

**What do you enjoy doing in your free time?** Being outdoors—especially hiking and skiing. I also enjoy yoga, photography and spending time with my friends and family.

**Have you been involved in the Utah Chapter and how do you find it valuable to you as a pediatrician?** I just recently became the School Health Chapter Champion and am excited to engage with the community and the Chapter on this very important topic! I love how active the Chapter is in the Utah State Legislature and advocacy, as well as CME. I'm excited to be back in Utah after an almost 2 year absence and plan on participating in the Chapter's activities, as much as possible. I'll be attending the AAP National Conference in San Diego, CA in October and am hoping to network with other AAP members across the country on important children's health topics.

**In what way could our Chapter work on improving the practice of pediatrics in Utah?** Continue the strong legislative work the Chapter does and help practicing members liaison with the medical school and pediatric residency program in Salt Lake City.

## 2014 AAP Local Hero Award Recipient Claudia Fruin, MD, FAAP



The AAP Council on Community Pediatrics has named **Claudia Fruin, MD**, recipient of the *2014 Local Hero Award*. This award recognizes pediatricians who lead community action and advocacy for children in their local communities. Claudia will be honored on Sat., October 11, 2014 during an award ceremony at the AAP National Conference and Exhibits in San Diego, CA.

A past Utah Chapter President and general pediatrician at Wasatch Pediatrics-Willow Creek, Claudia designed a broad-based campaign promoting safe firearm storage, *Bulletproof Kids Utah*. This campaign is quite unique; it is non-confrontational and apolitical—both are critical in advocating firearm safety in Utah. The focus is on protecting all children and adolescents from accidental firearm injury, death and suicide. Her tenacity and collaborative work with community leaders, health care providers, parent groups, government agencies, gun retailers, and gun advocates led to development of a mission statement, *"Owning a gun is a right, protecting children is a responsibility."*

Education and training on *Bulletproof Kids Utah* has been provided to pediatric residents, police-in-training, social work conferences, Safe Kids Utah and parent expos, school districts, gun store retailers (who now hang posters and distribute brochures), doctor offices and emergency room departments, and many other community organizations. The campaign has become a model for other AAP chapters and continues to be a valued resource. The *Bulletproof Kids Utah* website can be viewed at <http://bulletproofkidsutah.org/>

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## Welcome Aboard! New members of the Utah Chapter AAP

**Cynthia Carmack, MD**  
*Comfort Care Pediatrics, Taylorsville*

**Jeremy D. Meier, MD**  
*Division of Pediatric Otolaryngology*

**Shaji C. Menon, MD**  
*Division of Pediatric Cardiology*

# Pediatricians' Awareness and Use of Developmental Screening Tools

Harper Randall, MD, FAAP

Medical Director, DOH Division of Family Health & Preparedness

Email: [harperrandal@utah.gov](mailto:harperrandal@utah.gov)

It's estimated that 12-16% of children in the U.S. have a developmental delay. Early recognition, further evaluation and timely referral to appropriate interventions, such as Baby Watch Early Intervention in Utah, are needed to improve the outcome of Utah's children.

In 2005, the AAP conducted a survey which found that only 23% of pediatricians used a standardized screening tool.

In 2006, the AAP published a policy for use of standardized developmental screening. This policy recommends routine standardized developmental screening tests at the 9, 18, and 24 to 30 months during well child visits. Use of a standardized screening tool is also recommended at any time there are concerns raised on the part of the parent or pediatrician. This policy emphasizes that repeated and regular screening is more likely than a single screening to identify developmental delays.

The Utah Department of Health developed a survey to assess Utah's pediatricians' awareness and use of developmental screening tools. In 2013, this survey was sent to Utah Chapter members identified as providing general pediatric care. 150 surveys were returned for a response rate of 37% and 78% of those responding indicated that they routinely provided care for patients six years of age and younger. The following results are based on these 117 respondents:

- 81% were in a group/multispecialty practice as their main office setting.
- 31% had been in practice more than 20 years.
- 80% allocated 15-20 minutes for well child checks.
- 88% were aware of the AAP policy statement on the use of standardized screening tools. (48% agreed with the entire policy; 51% agreed with some of the policy.)
- 70% reported routinely using a standardized developmental screening tool at well child checks.
- Use of the following tools were reported:

- 35% - Ages and Stages Questionnaire (ASQ)
- 31% - Denver Developmental Screening test (DDST)
- 9% - Parents Evaluation of Developmental Screening Status (PEDS)
- 38% - Other
- The ages at which children were routinely screened in >50% of responders:
  - 6, 9, 12, 18 and 24 months.
  - 18 months—highest percentage reported screening at this age (91%).
- 71% of those that reported not using a standardized screening tool routinely (30% of respondents) indicated that they had developed their own *non-standardized* developmental screen.
- The most common reasons given for those not routinely using a standardized screening tools:
  - 71% - Too difficult to incorporate into pediatrician's schedule.
  - 67% - Able to identify developmental delays without using a tool.
  - 63% - Difficulty incorporating the tool and results into EMR.
  - 54% - Developmental screening is not separately reimbursed by most insurance companies.

The results of this survey suggest that despite awareness of the AAP policies, standardized developmental screening tools are not used in many pediatric practices. While challenges exist, there are resources available for those wanting to implement the use of a standardized developmental screening tool. Please refer to the following resources:

AAP Policy: Identifying Infants and Young Children With Developmental Disorders in the Medical Homes, <http://pediatric.aappublications.org/content/118/1/405.full.html>

Birth to Five, help me Thrive: <http://www.acf.hhs.gov/programs/ecd/watch-me-thrive>

Help Me Grow: <http://www.helpmegrowuc.org/>

Learn the Signs, Act Early: <http://www.cdc.gov/ncbddd/actearly/>

Medical Home Portal: <http://www.medicalhomeportal.org/clinical-practice/screening-and-prevention/developmental>

Utah CCHD Screening Project website is now live at <http://health.utah.gov/cchd/>



The mandated start date for CCHD screening in newborns is October 1, 2014. If you have any questions about the website or CCHD screening in Utah, contact Amy Nance, CCHD Screening Project Coordinator, at [anance@utah.gov](mailto:anance@utah.gov)



*"The most compelling reason to act on climate, our children's health." –Gina McCarthy*

## Responding to the Challenge of Climate Change

David S Folland, MD, Co-Leader, Citizens Climate Lobby-Salt Lake City  
Email: [dsfolland@gmail.com](mailto:dsfolland@gmail.com)

This past June, I and seven Utah volunteers joined 600 others in Washington, D.C. to lobby for action to address climate change. Why would a retired pediatrician spend his time and money trying to convince our members of Congress that Federal action is necessary, even urgent? A partial answer comes in a recent Guest Commentary in August AAP News by EPA



Administrator Gina McCarthy, "Most Compelling reason to act on climate: our Children's Health."

My transition from active pediatrician to retiree climate activist was pretty seamless. A couple of years before I retired I travelled to Alaska. The dramatic melting of glaciers that I observed stunned me. About nine months after I retired, I heard professor Naomi Oreskes talk about her then new book, *Merchants of Doubt*. When she told of the many well-funded, ideologically-based organizations that had successfully spread doubt about the science of climate change, similar to what the tobacco companies did in the 1970s, I knew I had to speak up. Shortly thereafter I learned about Citizens' Climate Lobby (CCL), a non-partisan organization working for the political will for a stable climate. Subsequently I have lobbied for a week in Washington, D.C. during each of the past four summers and am currently co-leader of the Salt Lake City Chapter of CCL.

The science that humans are causing climate change is clear and convincing. Indeed 97% of scientists agree on this, including to my knowledge, every climate scientist in Utah. This is not a just a problem of polar bear extinction and melting glaciers. The children we care for and future generations will be among the most harmed by climate change. Such impacts as intense heat, destructive storm surges, and air pollution from wildfires all affect children disproportionately.

The National Climate Assessment that was released this year made it clear that everyone will be affected by climate change. We are seeing these changes in Utah. Our climate has warmed almost twice the world average. Compared to 40 years ago, 9% less precipitation is falling as snow in the Utah Mountains.

...continued on page 9.



## Coming Soon: E-Prescribing for WIC Foods and Formula!

Harper Randall, MD, FAAP & Phyllis Crowley, State Nutrition Coordinator  
Email: [PCROWLEY@utah.gov](mailto:PCROWLEY@utah.gov)

Many Utah pediatricians help their patients receive nutritional support through Utah's WIC (Women, Infants and Children) program. This requires Utah physicians to complete Formula and Food Authorization Forms (FAFAs) when ordering special medical formula for their patients who are WIC participants. These hard copy forms are taken by WIC participants to the applicable WIC clinics. This manual process can be burdensome for health care providers, WIC participants and local WIC staff, particularly when these forms are not completed in full.

Utah WIC and UHIN are collaborating to move this manual process to a more efficient electronic process using cHIE Direct. cHIE Direct can make communication between the health care providers and the local WIC staff faster, safer and easier for everyone. Health care providers can simply complete Adobe fillable FAFAs, attach them to a cHIE Direct message, and email them to their WIC clinic contact, eliminating lost or incomplete hard copy forms. The Adobe FAFAs fillable forms can be stored electronically for easy access. After receiving a cHIE Direct message containing an Adobe FAFAs fillable form, if WIC staff need more information; staff can send a cHIE Direct message to the health care provider and get a reply within the system – no more spending time trying to communicate via fax or phone!

The Utah Health Information Network (UHIN) uses cHIE Direct which is a HIPAA-compliant, secure message system for exchange of patient medical information. cHIE Direct was built on data exchange standards that were developed as part of the nationwide health information exchange program called the eHealth Exchange (formerly the NwHIN) and are federally recognized. cHIE Direct works similarly to regular online email services, except that its messages are fully encrypted and thus secure. cHIE Direct can be used independently of EHR software, so users can exchange information with other Direct users nationwide no matter what (if any) EHR they have. It is a very flexible system, supporting up to 40 MB of attachments in a wide variety of file formats.

As part of supporting cHIE Direct, UHIN verifies the identity of everyone who wants a cHIE Direct account before they are set up. For large organizations like the Department of Health, a trusted agent within the organization often performs user verification under the terms of a specific agreement with UHIN. Once verified, cHIE Direct users are issued a digital certificate that authenticates their accounts as legitimate to other Direct users. This process ensures that communication by cHIE Direct is safe.

This cHIE Direct process for electronically transmitting Utah WIC Adobe fillable FAFAs forms from health care providers to WIC clinic staff will be piloted in September 2014. UHIN will be happy to pilot this program with your county office. Contact us at 877-693-3071 or [chie@uhin.org](mailto:chie@uhin.org) if you're interested!

And as a reminder, WIC offers many nutritional services for mothers and children. Briefly, an infant/child is eligible if

- they are less than 5 years of age, live in Utah, citizenship is not required, with a special nutritional need and the family income is less than WIC guidelines.
- [Click here to see the guidelines](#). A person receiving Medicaid, the Family Employment Program (TANF) or Food Stamps already meets the income eligibility requirement.

Click on the WIC website, <http://www.health.utah.gov/wic/wic.html> for more information on available services.



# Climate Change

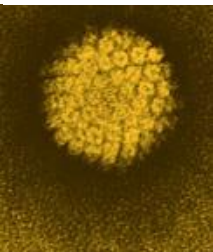
Our mountain snow is nature's reservoir. Our ground water is being removed faster than it is being replenished. Indeed, many who have studied this issue think that water scarcity will be the biggest climate threat to Utahns.

While the risks of climate change are daunting, the benefits of responding to the challenge of climate change are enormous. For instance, a recent study showed that a revenue-neutral carbon tax in the U.S. would create jobs, add to the economy, reduce deaths from air pollution and curtail greenhouse gas emissions.

Given the immense challenge of climate change, what is a busy pediatrician to do? One can start by becoming better informed. The next time you want to go to a movie, rent "Chasing Ice." Besides seeing a fascinating human adventure and stunning images of ice, you will gain an appreciation for how fast the ice is melting. Also read the new booklet written for the general public by the American Association for the Advancement of Science, "Climate Change: Reality, Risks, and Responses." If you can't read the entire booklet, read the concise 2-page summary. Bring up the issue with friends, relatives, politicians, and candidates. As you make personal decisions for yourself and your family, consider how you can reduce your greenhouse gas emissions. If you are able to get more involved, please contact me at [dsfolland@gmail.com](mailto:dsfolland@gmail.com), as I would love to tell you of other opportunities. And as the AAP reminds us, we care for kids, and we VOTE!

## REFERENCES:

1. Gina McCarthy in AAP News: <http://aapnews.aappublications.org/content/35/8/29.full>
2. Citizens Climate Lobby: <http://citizensclimatelobby.org>
3. National Climate Assessment: <http://www.globalchange.gov/what-we-do/assessment>
4. "Chasing Ice:" <http://www.chasingice.com>
5. "Climate Change: Reality, Risks, and Response:" <http://whatweknow.aaas.org/get-the-facts/>



Electron micrograph of HPV. Photo courtesy: U.S. National Institutes of Health.

## HPV Vaccine Remains Effective 8 Years Later

The study, "[Long-Term Study of a Quadrivalent Human Papillomavirus Vaccine](#)," appearing in the September 2014 issue of Pediatrics, examined whether the HPV vaccine remains effective 8 years after initial vaccination. Researchers followed boys and girls who were vaccinated with the HPV vaccine between the ages of 9 and 15. The results showed that these preadolescents and

adolescents still showed vaccination-induced anti-HPV response 8 years later and that no new, significant adverse effects were reported. Among these preadolescents and adolescents who received the HPV vaccine at a mean age of 12, none developed disease related to the HPV types covered by the vaccine. According to the CDC, each year HPV vaccination rates remain near the current level of 33 percent, an additional 4,400 women will be diagnosed annually with cervical cancer. Study authors conclude that high uptake of the HPV vaccination is paramount in reducing HPV-related cancers and that results of this study should reinforce the national recommendations for HPV vaccination of all preadolescents and young adolescents.



## Mental Health Primary Care Group

Lou Allen, MD, FAAP – Able-differently  
Email: [louis.allen49@gmail.com](mailto:louis.allen49@gmail.com)

Accolades for the upcoming 18<sup>th</sup> Annual Critical Issues Facing Children & Adolescents Conference at the Salt Palace, October 23-24, 2014: "A highly regarded CE/CME program for professionals working with youth and families who face behavioral health and addiction issues."

Trauma and toxic stress in children stands to be a foundation for many underlying DSM-5 disorders with impairment of function and worsening of medical illness and bodily systems. Forty percent of children with special health care needs are reported to have mental health challenges. Learn to use Motivation Interviewing as a best practice to bring about quick change in your patients during brief office visits. By starting to integrate these skills, providers will have great tools to use in the office in tandem with their psychopharmacologic acumen.

Topics include clinical office approaches to child depression/ anxiety; and psycho social-behavioral approaches to ADHD, autism, and PTSD. Michelle Vo, MD, U's Division of Child and Adolescent Psychiatry, will address "Considerations in the medical management of psychiatric disorders in preschool children: What medications can and cannot do" and Doug Goldsmith, PhD, Executive Director for The Children's Center, will present on treatment of attachment disorders-using attachment to guide clinical practice. Other topics, you will find inviting, will include keynotes by nationally recognized experts on Dissociation in children—recovering disconnected experience and best practices for behavior disorders in children.

With local services, you will be able to add to your "practice resource list" such as understanding DCFS, navigating the best interest of the child, and how you can ask the school to do a functional behavioral assessment to evaluate the consequences of serious behaviors before intervention through the IEP; as well as, how a Family Resource Facilitator with Allies for Families can help sort out troubling family issues.

This program, founded by the University Neuropsychiatric Institute and Primary Children's Hospital will award a maximum of 28.5 hours of AMA PRA Category I Credits.<sup>TM</sup> A registration brochure with more program information is available at [esimgt.org](http://esimgt.org) using conference code CI-1023 or click on <https://esimgt.org/criticalissues/CriticalIssues-2014.pdf>.

ESI assures me for **rural practitioners** and those **new to mental health integration who want to take additional steps in their primary care practice** or those who can only **attend one day**, a special rate will be offered until October 15<sup>th</sup>. You can note which option is relevant to you in your **mailed registration** and contact ESI at (801) 501-9446, or contact me at [louis.allen49@gmail.com](mailto:louis.allen49@gmail.com) and I will help mediate the registration fee for you.

# Daring to Lead: UMA House of Delegates



Ross Hightower & Carrie Johnson

Many thanks to Delegates who represented the Utah Chapter at the annual meeting of the UMA House of Delegates, Sept. 19-20, in Lehi. **Jennifer Brinton, Ross Hightower, Carrie Johnson, Kristen Lynch, Kevin Nelson and Mark Templeman** were among the Delegates from each specialty organization gathered together to work on all kinds of issues affecting medicine in Utah. Of the 13 resolutions considered, two were sponsored by the Utah Chapter and approved to advance to the AMA House of Delegates Interim meeting in November: *Improve Safety of Mail-Ordered Medication* and *Critical Congenital Heart Disease Screening Procedure Code*. A third resolution sponsored by the Utah Chapter, *Oversight of CME Involving Non-FDA Approved Products*, was approved to insure adherence to conflict of interest policies and discourage use of the tobacco industry to deliver CME.



Jason Hoagland, Jen Brinton, Kristen Lynch,  
Mark Templeman & Kevin Nelson

## ONLINE RATINGS INFLUENCE PARENTS' CHOICES FOR PHYSICIAN

The study, "Parental Awareness and Use of Online Physician Rating Sites," published in the October 2014 Pediatrics examines the influence of online ratings in parents' choice of physician.

The study, which features the results of 1,619 survey participants, used three different vignettes to see if parents would choose a neighbor's recommendation for their child's physician and whether online ratings affected their choices. Both positive and negative online ratings strongly influenced the likelihood of selecting a physician recommended by a neighbor. Participants were more likely to use the neighbor's recommendation if it came with positive online reviews, versus no reviews. And negative online review for the physician made selection of the neighbor's recommendation much less likely. Approximately 75% of parents in this study were aware of physician rating sites and about 25% used those reviews to inform their choice of physician for their children.

The authors note that review sites have the potential to change the patient-physician relationship and transform it into more of a service consumer-provider relationship.

## AAP RECOMMENDS SEASONAL INFLUENZA VACCINE FOR ALL CHILDREN SIX MONTHS AND OLDER

The AAP released updated influenza vaccine recommendations in a new policy statement, "Recommendations for Prevention and Control of influenza in Children, 2014-2015," in the October 2014 Pediatrics.

The updated policy recommends that all children ages 6 months and older be immunized against influenza with either the trivalent or quadrivalent vaccine once it is available. The quadrivalent vaccine protects against one additional strain of the virus, but neither vaccine is preferred over the other. The vaccine composition for the 2014-2015 season is unchanged from last year for either strain. Optimal protection is achieved through annual immunization. Antibody titers wane to 50% of their original levels 6 to 12 months after vaccination. Although the vaccine strains for the 2014-2015 season are unchanged from last season, a repeat dose this season is critical for maintaining protection in all populations.

Children 6 months through 8 years may require two doses in 2014-2015 to be adequately primed. The dosing algorithm for children in this age group reflects that virus strains in the vaccine have not changed from last season. The live attenuated influenza vaccine (LAIV) should be considered for healthy children 2 through 8 years of age who have no contraindications or precautions to the intranasal vaccine. The inactivated influenza vaccine (IIV) should be given when LAIV is not readily available. No one should not delay vaccination waiting for LAIV. A special effort should be made to vaccinate people in vulnerable groups, including children with chronic health conditions, children of American Indian or Alaska native heritage, health care personnel, child care providers and staff, women who are pregnant, considering pregnancy, are in the postpartum period, or are breastfeeding, and household contacts and caregivers of children in high-risk populations.

# Crucial Conversations about Safety

Janet Brooks, Primary Children's Hospital Child Advocacy

Email: [janet.brooks@imail.org](mailto:janet.brooks@imail.org)

At the end of 2013, the Child Advocacy Department at Primary Children's Hospital conducted an evaluation of our **child passenger safety program**. Results indicated that many physicians were not aware of the services we provide. We are a resource for families leaving our hospital and



for families in the community by providing free car seat inspections, education in proper use and installation, consultation for children with special healthcare needs and, in certain situations, we help families obtain car seats. Thank you for reminding all families to use the proper car seats for their children and no matter where you practice, please feel free to refer families to us when they have concerns regarding child passenger safety issues. We can guide them to resources throughout the state, even if they do not reside near our hospital. **Child Passenger Safety Hotline: (801) 662-6583.**

Beyond keeping young passengers safe during travel, we hope that you will share the importance of **safety in and around cars**. Nationally, nearly two dozen children have died this summer after being left in hot cars and on average, one Utah

child is run over in a parking lot or driveway every week. Your assistance in visiting with caregivers and children about this risk can help reduce these tragedies. You can request free safety fliers with a Spot the Tot window cling, car seat and other risk area information pieces at no cost for use in your practice by calling (801) 662-6580.

Lastly, Primary Children's Hospital recently launched a new campaign, Safe Trails Serious Fun, to educate families about **ATV safety**. Our hospital sees the fourth highest number of children admitted from traumatic brain injury of all other children's hospitals in the country. Many of the injuries are the result of ATV use. This campaign focuses on proper helmet use and rider safety certification. Resources for families can be found at [www.safetrailsseriousfun.com](http://www.safetrailsseriousfun.com)

All of Primary Children's safety and injury prevention information can be found at: [www.primarychildrens.org/safety](http://www.primarychildrens.org/safety).

## In Memoriam



**Janna Dons Fick, MD, 1952-2014**

Former Chapter member and colleague, Janna Fick passed away on September 13, 2014 at age 62. Janna practiced pediatrics at the Salt Lake PediCenter for 18 years before moving to Houghton, MI. To view Janna's obituary or to send condolences to the family, visit [www.memorialchapel.net](http://www.memorialchapel.net).

## The Growing Times

is a newsletter of the

Utah Chapter of the  
American Academy of Pediatrics



### Share your comments!

We invite members to comment on current issues, articles, editorials, or submit story ideas. Deadline for submission of articles published in the next issue is December 15, 2014. Send to [office@aaputah.org](mailto:office@aaputah.org).

Past editions of *The Growing Times* are available online at <http://www.aaputah.org>, click on Newsletter. For older editions, contact Cathy Oyler at (801) 968-3411 or [office@aaputah.org](mailto:office@aaputah.org).