



The GEORGIA Pediatrician

A Publication of the Georgia Chapter of the American Academy of Pediatrics

President's Letter

Greetings from the Georgia Chapter of the AAP!



Ben Spitalnick, MD, MBA, FAAP

I'm both thrilled and a little saddened to bring you one final column as President of your @GChapterAAP! It's been a busy spring, both with Child Advocacy and Chapter activities. Thanks for taking just a few minutes and letting me catch you up.

In March several of us attended the AAP's Annual Leadership Forum ("the ALF") in Schaumburg, Illinois. If you've never attended, I often describe it as a cross between a C-Span hearing and a TV game show, where all the AAP leadership for the various Chapters, Sections, Councils, and Committees gather for 4 days to discuss national issues. This is where new AAP policies and programs get voted on for potential adoption by the National AAP Board. Dr. Terri McFadden, Chapter Executive Director Rick Ward, and I represented Georgia, and Past Georgia Presidents Evelyn Johnson and Bob Wiskind attended in their roles with our national AAP District. Much was discussed and passed, with focus this year on the public health crises of gun violence and opioid abuse.

Also in attendance at ALF were our two candidates for your next National AAP President: Sara "Sally" Goza, MD from Fayetteville, Georgia; and George Phillips, MD, from Kansas. We are excited about this year's national AAP Elections. We hope members will review both excellent candidates and encourage their colleagues to vote this fall!

Exciting news at the ALF this year, as you and your Georgia Chapter were awarded as the MOST OUTSTANDING CHAPTER, for the very large chapter category! It's quite an honor that we have won in the past and been in the running for in recent years—but have been oh so close.

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State Legislative Session Review

Wins on ASD benefits, tobacco taxes; but more conditions added to CBD registry

On March 29th, the State Legislature finished up its 2018 session and adjourned to end this year's session. For the Georgia AAP, the last few days were for the most part devoid of any of the drama the General Assembly usually displays on the final hours of the final days.

During the last days, many bills that had not "moved" were inserted into other bills which

were further along in the process—a common tactic to get bills passed when time is running out. This was done in deluxe fashion during this session, due in part because it's an election year with vacancies in both Governor's chair and Lt. Governor's ahead in the November election. That hasn't happened for a long time.

Notable positive legislative action was passage of bills to increase mandated coverage for Autism from 6 to 21 years old (HB 118) and increase the annual cap for ABA Tx; and to allow providers to reject payment from insurers via credit cards and require check or EFT; and the defeat of bills to allow APRN's to practice independently (SB 351), and to reduce tobacco taxes on "modified risk" tobacco products.

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Governor Deal addresses the attendees at the PCPC Legislative Day.

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State Legislative Session Review

Continued from the cover

We were disappointed in the addition of 2 more conditions as “medically qualifying” to access medical cannabis (see below).

Following is the list of other bills we followed and their final status:

ADOPTION — HB 159, this bill was introduced last year to revise Georgia’s adoption laws—this first re-write of them in 3 decades—but got caught up in politics and stalled. Re-worked for 2018, it passed early in the session and was immediately signed by the Governor.

DISTRACTED DRIVING — HB 673 would make the use of cell phones illegal while operating a vehicle, with certain exceptions. Passed.

HEALTH SYSTEM INNOVATION CENTER – SB 357, would have created a Health System Innovation Center, headed by a director of health care policy & strategic planning, whose purpose would be to “unite major stakeholders and components of the state’s health system.” Passed but vetoed by the Governor.

MEDICAL CANNABIS — HB 65 expands the Low THC Oil Program to add PTSD (if 18 or older) and “intractable pain.” Passed. We urged an amendment that would limit “intractable pain” pts to be aged 18 years or older but were unable to get that in the final bill.

PHYSICIAN COMPACT — SB 325 would have Georgia join the Interstate Medical Licensure Compact Act to streamline licensure of physicians in Georgia if a physician is licensed in another state. Failed.

RURAL HEALTH — HB 769, would create a Rural Health System Innovation Center to carry out recommendations by the House Rural Development Council including a grant program for rural physicians for “medical malpractice premium assistance.” Passed.

SUDDEN CARDIAC ARREST PREVENTION — HB 743, would require schools to post information about warning signs of SCA and hold informational meetings, have parents sign a form to acknowledge they have received the information, etc. Passed House. Failed.

SURPRISE BILLING — Two bills HB 678 and SB 359, aimed at addressing the “surprise medical billing” issue, in different ways. But in the end no compromise could be reached and they both Failed.

SMOKING IN CARS, BAN — HB 274 this was introduced last year to prohibit smoking in vehicles when a child under the age of 13 is present. It could have been taken up this year but was not. Failed.

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Chapter News & Updates

Nutrition & WIC

Do you need a WIC workshop for your practice? If you have questions about WIC, we are here to help. We are available to provide a WIC workshop in your practice or at your local hospital to review WIC policies and address any concerns you may have about the program. Please contact Kyla Crane, RDN, LD to schedule a workshop. For up to date information about Georgia WIC, please visit wic.ga.gov Contact: Kyla Crane, RDN, LD the Chapter's Nutrition Coordinator at kcrane@gaaap.org or call 404-881-5093. ■

Maternal & Child Health Program

The Georgia AAP is collaborating with Georgia Department of Public Health to host the following upcoming educational events:

- Autism Outreach Project – The Georgia AAP is hosting in office presentations around early language development, Autism Spectrum Disorders and the new Early Periodic Screening Diagnosis and Treatment benefit around Adaptive Behavioral Services.

If you have any questions, please contact Fozia Khan Eskew at the Georgia AAP via email at feskew@gaaap.org or via phone at 404-881-5074. ■

EPIC Breastfeeding

We offer free breastfeeding educational programs for physicians, practices and health care providers called EPIC (Educating Physicians in their Communities). Our programs target physician's offices and nursing staff as well as hospitals and residency programs. We have three topics: Breastfeeding Fundamentals, Supporting Breastfeeding in the Hospital, and Advanced Breastfeeding Support. The curriculum includes information on current research, teaching staff about breastfeeding, supporting skin-to-skin, encouraging exclusive breastfeeding, and supporting active follow-up after discharge. ■

When you host an EPIC program in your office we send a free resource kit with books such as Medications and Mothers Milk and The Breastfeeding Triage Book along with many other resources for your office. We also provide continuing education credits to physicians, nurses, and lactation consultants. Remember, our programs are free.

If you are interested in hosting an EPIC program in your office, please contact us via fax at 404.249.9503. Please contact: Arlene Toole, IBCLC, RLC, Breastfeeding EPIC Program Director at atoole@gaaap.org for more information.

Chapter member receives 2018 CDC Childhood Immunization Champion Award

Feoderis Basilio, MD, FAAP is the recipient of the 2018 CDC Childhood Immunization Champion Award. Dr. Basilio is a pediatrician at Uptown Pediatrics in Columbus, GA and serves as Secretary for the Georgia Chapter AAP. One champion is selected from each of the of the 50 U.S. states, 8 U.S. Territories and Freely Associated States, and the District of Columbia.

The Champion Award is intended to recognize individuals who are working at the local level. It honors those who are doing an exemplary job or going above and beyond to promote or foster childhood immunizations in their communities. ■



**Feoderis Basilio
MD, FAAP**

Congratulations Dr. Basilio!

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Chapter News & Updates

AAP National Elections Update



Dr. Sara "Sally" H. Goza



Dr. George C. Phillips

In February, AAP CEO and Executive Vice President Karen Remley, MD, FAAP, announced that the AAP National Nominating Committee has selected Sara "Sally" H. Goza, MD, FAAP, a general pediatrician in Fayetteville, Ga., and George C. Phillips, MD, MBA, FAAP, an academic pediatrician in Overland Park, Kan., as candidates for AAP president-elect (2019 term). Voting will begin Nov. 2 and ends Dec 2. Members should visit the Election Center to learn more; they will need their AAP login information to access the page to learn about the candidates and vote. Additional information about the candidates, including profiles and position statements, will be published in upcoming issues of AAP News and online at the AAP Election Center, www.aap.org/election. "We are excited about the future of the American Academy of Pediatrics, and hope members of the Georgia Chapter learn about both candidates. It's a special opportunity to be able to vote for our National President, and I personally hope our colleagues encourage each other to make their vote count." said Chapter President Ben Spitalnick, MD, FAAP.

Immunization

Practices needed for HPV Quality Initiative

The Chapter is recruiting for practices to enroll in an HPV Quality Initiative (Space is limited to 8 Practices).

As part of this initiative:

- Practices will improve 1st Dose HPV Immunization rates
- Practices will improve HPV Series Completion rates
- Practices will decrease missed opportunities
- Practices will implement a reminder/recall system

Please contact Noreen Dahill 404-881-5094 or email ndahill@gaaap.org for more information or to enroll your office. ■

Medicaid

Attestation Update: The Georgia Department of Community Health (DCH) posted a banner message entitled, House Bill 44 Primary Care Rate Increase and Additional Provisions on April 4, 2018. This message addressed both location-based issues for those who attested in 2013 and 2014 and of those newly licensed in Georgia on or after January 1, 2015 who wish to attest for the rate increase. Those providers who were previously attested but added or changed their location will now be listed as attested at all locations. The Georgia Medicaid Management Information System (GAMMIS) will note updates to this effect in the Demographic Section of the providers' profile under indicators known as "Specialty." The process for those newly licensed as of January 1, 2015 who did not attest at the time of their enrollment in Medicaid has yet to be posted. However, those who are recently newly licensed and enrolling in Medicaid for the first time should see information on how to attest when they begin their application.

Georgia Medicaid EPSDT: Georgia Medicaid released the April edition of the EPSDT manual on GAMMIS. As a reminder, the manual is updated four times a year, January, April, July, and October. Updates include the 2018 immunization schedule, rate increases established by HB 44 for certain codes, (e.g. vaccine administration, interperiodic visit, office consultation, behavior change smoking, and preventive visit), added new 2018 HCPCS code 90756 – for Influenza virus vaccine, quadrivalent (ccIIV4) derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use, and Clarifications to Weight Assessment – BMI.

If you have any questions about the information included above, please contact Fozia Khan Eskew at the Georgia AAP via email at feskew@gaaap.org or via phone at 404-881-5074. ■

EPIC Immunization

Have you requested an EPIC Immunization Program for your office?

EPIC® is a physician led; peer-to-peer immunization education program designed to be presented in the private physician office and involves the participation of the complete medical team (provider, nurse, medical assistant, office manager, etc.). The program is free, offers CME and contact hours for participating physicians and nurses, and provides a valuable resource box filled with useful immunization tools for your office.

EPIC Immunization offers six curriculums to meet your staff education needs: Childhood, Adult, Combo, Women's Health, School, and Coding for Childhood Immunizations (GA Chapter AAP Members Only).

Please schedule your free immunization education presentation today! For more information or to request an EPIC program, contact the EPIC staff: Cordia Starling, Ed.D, RN, Program Director at 404-881-5081 or Shanrita McClain, Program Coordinator at 404- 881-5054 or visit the EPIC website at: www.gaaap.org or www.gaepic.org. ■

Project Launch

Project LAUNCH, a five year federal initiative from the Substance Abuse and Mental Health Administration (SAMHSA), seeks to promote the wellness of young children ages birth to age 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Referring to Project LAUNCH provides families with support, social emotional and developmental screenings, links to community and mental health resources as well as parent and professional training.

Do you practice in Columbus, Georgia and want to learn more about Project LAUNCH?

As part of our collaboration with Project LAUNCH, we are hosting in-office presentations to physicians providing pediatric primary care in Muscogee County. The purpose of this outreach is to increase awareness of Project LAUNCH and to help the physician better understand the linkage process to public health programs and services in Muscogee County.

If you are interested in a Project LAUNCH in-office presentation, please contact Kathryn Autry at the Georgia AAP at 404-881-5089 or kautry@gaaap.org. ■



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Nutrition Update Summer 2018



Jay Hochman, MD

Several important nutrition articles have been published recently which may be of interest to Georgia pediatricians. The first three references add to a growing body of literature that indicates that an empiric gluten-free diet is NOT a good idea in children or adults with gastrointestinal symptoms.

1. R Francavilla et al. *Am J Gastroenterol* 2018; 113 (3), 421-430) examined “non-celiac gluten sensitivity” (NCGS) in a multicenter prospective trial from Italy (2013-16).

Key findings:

- Out of 1,114 children, 96.7% did not exhibit any correlation with gluten ingestion.
- Among the 36 patients who seemed to show a correlation between gluten ingestion and symptoms, 28 patients entered the double-blind, placebo-controlled (DBPC) gluten challenge. Of these 28 children, eleven children (39%) tested positive.
- “No predictive laboratory tests can help in identifying NCGS”

Thus, this study shows that very few children (<4%) with chronic gastrointestinal symptoms had correlation with gluten ingestion. Even in this group, NCGS was excluded with a DBPC in >60% of cases.

2. GI Skodje et al. (*Gastroenterol* 2018; 154: 529-39) implicates fructans, not gluten, as a culprit in increasing symptoms in those with self-reported non-celiac gluten sensitivity (NCGS). These researchers performed a double-blind crossover challenge in 59 individuals who had instituted a gluten-free diet (GFD). The symptoms were assessed with a Gastrointestinal Symptom Rating Scale Irritable Bowel Syndrome (GSRS-IBS) through 3 challenges –gluten, fructan, and placebo.

Key findings:

- GSRS-IBS mean values for gluten 33.1, for fructan 38.6, and placebo 34.3. The overall GSRS-IBS value for fructans was significantly higher than for gluten $P=.04$
- GSRS-IBS mean values for bloating with gluten 9.3, for fructan 11.6, and placebo 10.1

3. BP Chumpitazi et al. *Clin Gastroenterol Hepatol* 2018; 16: 219-25) evaluated 23 children in a double-blind placebo (maltodextrin) cross-over design (2014-2016) to determine whether fructans (0.5 g/kg/day with max 19 g divided over 3 meals) worsen symptoms in children with irritable bowel syndrome (IBS). Fructans are a commonly ingested FODMAP carbohydrate (oligosaccharides). All subjects were 7-18 years (median 12.4 years) and met Rome III IBS criteria.

Key findings:

- Subjects had more episodes of abdominal pain/day while receiving a fructan-containing diet (3.4 ± 2.6) compared with the placebo-group (2.4 ± 1.7) ($P<.01$).
- The fructan group had more severe bloating ($P<.05$) and flatulence ($P=.01$). This was associated with higher hydrogen production (617 ppm/h compared with 136 pph/h) ($P<.001$)
- 18/23 (78%) had more frequent abdominal pain with a fructan-containing diet and 12 (52%) had fructan sensitivity which the authors defined as having an increase of $\geq 30\%$ in abdominal pain frequency following fructan ingestion.
- 4. The increasing risk of cancer due to overweight and obesity has been reported by the Centers for Disease Control and Prevention in a recent MMWR report (CB Steele et al. *MMWR* 2017; 66: 1052-8)

- Overweight and obesity are associated with increased risk of at least 13 different types of cancer.

The references add to a growing body of literature that indicates that an empiric gluten-free diet is NOT a good idea in children or adults with gastrointestinal symptoms.

- Overweight- and obesity-related cancers accounted for 40% of all cancers diagnosed in 2014

While the medical risks related to overweight/obesity generally are attributed to worsened cardiovascular disease, this study adds information regarding the increased risks of some types of cancer as well.

5. J Collins et al *Nature* 2018; 553, 291–4. This article showed that changes in a common food additive, trehalose, particularly in ice cream, pasta, and ground beef, has likely increased the frequency and virulence of *Clostridium difficile* infections. Over the last 20 years, the concentration of the disaccharide trehalose in food has increased from around 2% in 2000 to ~11%. Because of the ability of *Clostridium difficile* ribotype 027 to metabolize trehalose, this has increased the growth of both epidemic and hypervirulent *Clostridium difficile* strains.

Update: Dr. Stan Cohen and Dr. Jay Hochman will be presenting an update on toddler and infant formula algorithms at this year’s Pediatrics by the Sea (June 16, 2018). ■

Jay Hochman, MD
Chair, Nutrition Committee
Georgia Chapter of AAP

Blog site: gutsandgrowth.wordpress.com



Update on Pediatric Blood Pressure



Don Batsky, MD, FAAP

The American Academy of Pediatrics published a new Clinical Practice Guideline (CPG) in August 2017.¹ This set of guidelines is an update to the 2004 “Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents.” While some might want to consider this guideline “the fifth report,” it is the initial CPG sponsored by the AAP to address this issue.

There are a number of significant changes addressed in these recommendations. They include the following: the replacement of the term “prehypertension” with the term “elevated blood pressure;” a set of new normative pediatric blood pressure (BP) tables based on normal-weight children; a table to be used to identify BPs that need further evaluation; a simplified BP classification in adolescents (≥ 13 years of age) that aligns with the forthcoming American Heart Association and American College of Cardiology adult BP guidelines; a recommendation to perform screening BP measurements only at preventive care visits; streamlined recommendations on the initial evaluation and management of abnormal BPs; an expanded role for ambulatory BP monitoring in the diagnosis and management of pediatric hypertension; and revised recommendations on when to perform echocardiography in the evaluation of newly diagnosed hypertensive pediatric patients (generally only before medication initiation), along with a revised definition of left ventricular hypertrophy.

Based on a comprehensive review of nearly 15,000 articles published between January 2004 and July 2016, the CPG includes 30 Key Action Statements and 27 additional recommendations. Each Key Action Statement includes level of evidence, benefit-harm relationship, and strength of recommendation. This CPG, endorsed by the American Heart Association, is intended to foster a patient- and family-centered approach to care, reduce unnecessary and costly medical interventions, improve patient diagnoses and outcomes, support implementation, and provide direction for future research.

How the recommendations in this CPG will be put into action will be interesting, based on the expressed intentions noted above. There remains an anxiety about blood pressure

elevation in children and adolescents, despite the fact that it is seen more commonly and there are many resources available to address it. One of the most overlooked issues about assessment of any patient’s blood pressure is the technique used for determination of the reading. The CPG does discuss measurement techniques, which should be taken very seriously, because all that occurs downstream from the actual reading may or may not happen as a result of an inaccurate BP determination in the first place. It is also important to underscore the use of auscultatory BP measurements in this setting, as that method is rarely taught and/or practiced by providers of pediatric healthcare. Being familiar with the best BP measurement practices is critical.

One of the most overlooked issues about assessment of any patient’s blood pressure is the technique used for determination of the reading.

Another element of the CPG to be very aware of addresses the issue of ambulatory BP monitoring (ABPM). The new recommendations make the case for using

ABPM studies to confirm the diagnosis of hypertension. Issues about this method of BP determination include lack of availability of devices; challenges with getting patients to wear them; challenges with getting families to get the device back to the ordering center to be interpreted; and current norms used for interpretation are based on a very limited data set of nearly 1100 White German children, hardly a group representative of most children in Georgia.

As this CPG becomes incorporated into the healthcare of children and adolescents in Georgia, it will be very important for healthcare providers in primary care and subspecialty care to work together to implement these recommendations in an organized way to improve the care of those patients for whom we serve. ■

Don Batsky, MD, FAAP
Professor of Pediatrics,
Emory University School of Medicine
Pediatric Nephrologist,
Children’s Healthcare of Atlanta

Reference:

1 Flynn JT, Kaelber DC, Baker-Smith CM, Blowey D, Carroll AE, Daniels SR, de Ferranti SD, Dionne JM, Falkner B, Flinn SK, Gidding SS, Goodwin C, Leu MG, Powers ME, Rea C, Samuels J, Simasek M, Thaker VV, Urbina EM; SUBCOMMITTEE ON SCREENING AND MANAGEMENT OF HIGH BLOOD PRESSURE IN CHILDREN. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. *Pediatrics*. 2017 Sep;140(3). pii: e20171904. doi: 10.1542/peds.2017-1904. Epub 2017 Aug 21. Erratum in: *Pediatrics*. 2017 Nov 30. PMID: 28827377



Clinical Hypnosis in Pediatric Medicine



Robert A. Pendergrast, MD, MPH

In the spring of 2002, a 12 year old boy in my primary care practice with chronic migraines (let's call him Jimmy) became the first patient for whom I tried out a new clinical tool I had just learned: hypnotherapy. I had recently returned from the Pediatric Hypnosis Workshops at the Society for Developmental and Behavioral Pediatrics meeting and was eager to try out some new skills. In a single brief session in the middle of a busy clinic day, I taught Jimmy a practice that I call self-hypnosis, but he called it his "imagination power." When he came back for his well check a couple of months later and reported his great success in reducing headaches by using his "imagination power" at home, I was both secretly surprised at how well it had worked, and also immediately "hooked" on this new and possibly very effective modality for practice.¹

Because hypnosis allows people to use more of their potential, learning self-hypnosis is the ultimate act of self-control.

Although called by different names, clinical hypnosis has been of interest to health professionals caring for children as far back in Western history as the 18th century. Kohen and Kaiser² reviewed it, then Kohen and Olness wrote the definitive book *Hypnosis and Hypnotherapy in Children*.³ Since the 1960s, there has been a rapid expansion of knowledge in the field, with increases in the numbers of professionals receiving training and certification, and in the development of a specifically pediatric curriculum. Since 1987 in the US, annual pediatric training workshops have been offered, initially under the auspices of the Society for Developmental and Behavioral Pediatrics, and, since 2010, by the National Pediatric Hypnosis Training Institute.

The American Society of Clinical Hypnosis defines clinical hypnosis as "a state of inner absorption, concentration and focused attention. It is like using a magnifying glass to focus the rays of the sun and make them more powerful. Similarly, when our minds are concentrated and focused, we are able to use our minds more powerfully. Because hypnosis allows people to use more of their potential, learning self-hypnosis is the ultimate act of self-control. ... Recent research supports the view that hypnotic communication and suggestions effectively change aspects of the person's physiological and neurological functions." (www.asch.net). Consistent with that foundation of imparting self-control, a guiding principle of pediatric clinical hypnosis is that the encounter must enhance developmental mastery for the child and provide the child with a greater sense of self-control and ability to self-regulate. Each clinical encounter must be designed to build skills for the child or teen that they can use on their own at home to meet their own goals for wellness. The enhanced self-regulatory skills that children learn may be emotional, cognitive, behavioral or physiologic.⁴ For example, a child or teen with abdominal pain,

separation anxiety, and school avoidance may successfully use a self-hypnosis practice to reduce abdominal symptoms, feel less worried and more comfortable going to school, and thus grow in self-confidence and performance. In fact, the largest clinical trial of hypnosis in children with recurrent abdominal pain or irritable bowel syndrome (IBS) showed superior results to conventional practice, even at follow-up months later.⁵

Other clinical scenarios in which hypnosis may be considered by the pediatrician include habit problems such as hair pulling or enuresis, anxiety, sleep disorders, IBS, tic disorders, migraines and other headaches, acute or chronic pain,⁶ and procedural preparation in hospital settings. In my own practice, I have found it helpful for children and teens with needle phobia, a common problem in all pediatric practices.

Increasing numbers of licensed health professionals who care for children have been trained in clinical hypnosis. The evidence base for the safety and efficacy of this therapeutic approach in a wide variety of conditions is also growing. The practical application of such skills will take very different forms depending on the practice setting, types of acute or chronic conditions, patient and family preferences, and the developmental stages of the child or teen. While the literature is growing, clinical hypnosis practice is only learned in hands-on skills-based workshops, the pre-eminent of which are the annual workshops of the National Pediatric Hypnosis Training Institute (NPHTI, a United States registered non-profit 501(c)(3) corporation. Experienced clinician educators direct these workshops and achieve consistently high ratings from attendees. More information is available at www.nphti.org, including registration for the October 2018 workshops. ■

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Reference:

1. Pendergrast RA. Imagine Something Different (commentary). *Archives of Pediatric and Adolescent Medicine*. 157:325-326, 2003
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3. Kohen D.P, Olness K.N. *Hypnosis and Hypnotherapy with Children* (4th ed). Routledge Publications: New York, USA. 2011.
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5. Vlieger, A., Rutten J.M.T.M., Govers A.M.A.P., Frankenhuis, C., and Benninga,M.A. (2012 February) Long-Term Follow-Up of Gut-Directed Hypnotherapy vs. Standard Care in Children with Functional Abdominal Pain or Irritable Bowel Syndrome. *Gastroenterology* 10.1038/ajg.2011.487
6. Kuttner L. Management of young children's acute pain and anxiety during invasive medical procedures. *Pediatrician* 1989, 16, 39 – 45.



Just Fly



Robert Wiskind, MD, FAAP

The special effects in Superman (1978) are a little dated, but they live up to the tagline of “You’ll believe a man can fly!” Before Superman has revealed himself to the public, he saves the life of the President after Air Force One is struck by lightning, destroying an engine and part of the wing. Superman (Christopher Reeve in his iconic role) holds onto the wing and flies in place of the missing engine. The pilot sees this, but doesn’t even try to explain to the co-pilot why they are able to stay aloft, only saying “Fly. Don’t look, just fly. We got something; I ain’t saying what it is. Just trust me.” As Pediatricians, we hesitate at times to ask for our patients, their families and the public to trust us. We work to explain our recommendations and hope that others will share our goal of achieving optimal child health and well-being. When it comes to gun violence and gun safety, it is time for Georgia’s pediatricians to do our job without explanation or qualification. We need to Just Fly.

When it comes to gun violence and gun safety, it is time for Georgia’s pediatricians to do our job without explanation or qualification.

The toll of gun violence is staggering:

- Every day, on average, more than 300 people in the U.S are shot and 96 die
- Every day, 46 children are shot and 7 die (4 murders, 3 suicides)
- Every year, gun violence results in more than 12,000 murders, more than 21,000 suicides and 500 accidental deaths
- Every year, more than 100 children in Georgia die due to guns

Mass shootings capture the public’s attention, but it is the daily carnage that should horrify us. Nearly 1,000 kids kill themselves with guns annually because guns are efficient killers; 80 to 90 percent of suicide attempts by gun are successful compared to less than 20 percent of attempts by prescription overdose.

Many Georgia Pediatricians are gun owners and want to preserve the ability for families in their communities to use guns for recreation, hunting and security. These Pediatricians need to be the most vocal advocates for measures that promote responsible gun ownership. They need to speak up for measures that limit access to firearms by children and work to eliminate public availability of assault weapons.

The National Rifle Association is the very vocal representative of gun owners. They successfully trumpet that the Second Amendment right to bear arms supersedes all other rights and responsibilities. The National AAP recommends these gun control measures that can coexist with Second Amendment rights:

- Mandate background checks for ALL gun purchases (22% of guns sales nationally are currently exempt)
- Consider background checks for ammunition purchases
- Ban gun sales to individuals under 21
- Ban the sale of assault weapons and bump stocks
- Mandate safe storage of firearms
- Provide family members and law enforcement with the ability to petition to remove guns from those who are a danger to themselves or others
- Use technology to make guns smarter and safer
- Protect the role of physicians to ask about guns in the home and safe storage

In recent legislative sessions, expansion of concealed carry rights to bars, houses of worship and college campuses has earned Georgia the dubious distinction as the “Guns Everywhere State.” The Georgia AAP and its members should take the lead in pushing for legislative and regulatory measures to safeguard Georgia’s children.

Christopher Reeve may be best known for how he lived the final nine years of his life after a horseback-riding accident left him paralyzed. He became a tireless advocate for disabled individuals and a real-life hero, which he defined as “an ordinary individual who finds the strength to persevere and endure in spite of overwhelming obstacles.” I hope that my fellow Pediatricians in Georgia embrace my call to arms (irony intended) and have the courage to do what it takes to keep patients safe from gun violence. In Reeve’s words, “So many of our dreams at first seem impossible, then they seem improbable, and then, when we summon the will, they soon become inevitable.” Reducing the toll of gun violence on Georgia’s children will happen if we work together and aren’t afraid to Just Fly. ■

**Robert Wiskind, MD, FAAP
Past President, Georgia AAP
Peachtree Park Pediatrics, Atlanta**



The Pediatrician's Role in Identifying and Managing Co-Occurring Conditions in Children with Autism Spectrum Disorder

A recently published study that used surveillance data from the Centers for Disease Control and Prevention's Autism and Developmental Disabilities Monitoring Network during the 2010 surveillance year reported that more than 95% of both 4 and 8-year-old children who met the surveillance definition of autism spectrum disorder (ASD) had at least one co-occurring health or behavioral condition. More than 80% of those children had at least two co-occurring conditions.¹ This study collected information about a variety of co-occurring conditions mentioned in education and health records, including developmental (e.g., intellectual disability, developmental regression, motor problems), medical (e.g., sleep difficulties, gastrointestinal problems), behavioral (e.g., attention-deficit/hyperactivity disorder, aggression, temper tantrums) and associated genetic diagnoses (e.g., Down syndrome, fragile X syndrome). The average age at which children were diagnosed with ASD was influenced by the presence of co-occurring conditions with children with co-occurring developmental conditions more likely to be diagnosed with ASD earlier than those without. Conversely, children with attention-deficit/hyperactivity disorder, oppositional defiant disorder, or anxiety tended to be diagnosed with ASD at older ages than those without. These findings highlight the heterogeneity of co-occurring conditions in ASD and their relevance when evaluating children for a potential diagnosis of ASD.

It has also been reported that various co-occurring conditions are present during the first few years of life of children who subsequently will be diagnosed with ASD.² Co-occurring conditions can affect the expression and severity of core ASD symptoms and the long-term outcomes of those with ASD, and can contribute to the increase in health and education spending for those with ASD.^{3,4} In addition, because of the diversity of co-occurring conditions in those with ASD, those affected are more likely to have various healthcare needs and require services involving diverse specialties.^{3,5} Coordination of care among different providers, therefore, is clearly needed. Since children with ASD have a high prevalence of co-occurring conditions, researchers have suggested that these children will benefit from receiving care through

an integrated system of care (e.g., medical home).⁵ Studies have shown, however, that having a medical home is still an unmet need for most children with ASD,⁵ and for those who do have it, care coordination and integration are two components of the medical home that are mostly lacking.^{5,6} As a primary care provider and a gatekeeper for access to specialty care, the pediatrician has an important role in screening and diagnosing co-occurring conditions in children with ASD, and in facilitating timely referral and care coordination among different providers.

It is important for pediatricians to appreciate the diversity of co-occurring conditions that may affect children with ASD. Well-child visits provide a unique opportunity for pediatricians to screen proactively for symptoms of co-occurring conditions as part of a review of systems. These screenings complement the developmental screening recommended by the American Academy of Pediatrics at 18 and 24 months. A review of systems form could include questions about motor problems; developmental regression; behavior disturbances, including hyperactivity, aggression, anxiety, and self-injurious behaviors; and sleep and gastrointestinal disturbances. Systematic screening for co-occurring conditions is important since parents of children with ASD may not always report these conditions, focusing instead on core ASD symptoms. Some co-occurring conditions (e.g., developmental regression, intellectual disability) may precede the manifestations of core ASD symptoms. The documentation of such conditions can increase the index of suspicion for ASD in children who screen positive on ASD screeners. On the other hand, other co-occurring conditions (e.g., anxiety, attention/hyperactivity symptoms, motor problems) may mask the core ASD symptoms and increase the likelihood of missing or delaying ASD diagnosis.

Although pediatricians in primary care settings may not always be fully equipped to provide comprehensive care for some of the co-occurring conditions,^{5,6} they have an important role as advocates and referral sources for these children and their families.⁶

Continued on next page.

Pediatrician's role

Continued from previous page

In addition, they can play a pivotal role in coordinating these services among different service providers.⁶ In order to provide the best care for their patients with ASD, pediatricians should first become knowledgeable about different services available in their communities.^{5,6}

Coordination of care will contribute to timely access to these services, avoid duplication of services and reduce the high prevalence of unmet healthcare needs in children with ASD.

Disclaimer:

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention. ■

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Children Raised by Grandparents



Susan J. Kelley, RN, PhD, FAAN

The number of grandparents assuming primary parenting responsibilities for grandchildren continues to rise, as evidenced by a 64% increase over the past two decades (Kreider & Ellis, 2011). In Georgia, grandparents raise over 100,000 children (U.S. Census Bureau, 2014). It is important to note that grandparent-headed families tend to be economically disadvantaged. For instance, 12% of adults age 60 and older in the general Georgia population live below the poverty line, while a staggering 25.2% of those who are raising grandchildren live below the poverty line (U.S. Census Bureau, 2014). Parenting “later in life” often exacts its toll on the caregivers. Research indicates that grandmothers raising grandchildren have a propensity for relatively high levels of depression and psychological distress (Kelley, et al., 2013a; Musil, et al., 2011), as well as diminished physical health, which can interfere with their ability to parent effectively (Kelley et al., 2013b).

Over the past several decades, a well-established body of research has substantiated the harmful, long-term health consequences of ACEs

Pediatric health care providers need to be aware of the significant emotional trauma most grandchildren experience prior to living with grandparents. The major antecedents to children being raised by grandparents include substance abuse, abandonment, neglect, incarceration, and the death of one or both parents. As such, most of these children have experienced multiple adverse childhood events (ACEs). Over the past several decades, a well-established body of research has substantiated the harmful, long-term health consequences of ACEs (see https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf). Given the level of trauma these children have experienced, it is not surprising that they often display significant emotional and behavioral difficulties (Kelley, et al., 2011; Smith & Palmieri, 2007). In addition to being at increased risk for behavioral problems, children raised by grandparents often have developmental delays, which also intensify the demands of parenting (Kresak, Gallagher, & Kelley, 2014).

Supporting Grandparent-Headed Families

Custodial grandparents are often lacking the basic resources needed to raise grandchildren (e.g. housing,

clothes, beds, food), especially when they find themselves suddenly thrust into this situation. The state of Georgia is fortunate to have a network of regional kinship navigator programs. The Department of Human Services’ Kinship Care Portal provides important information on resources available to grandparents raising grandchildren (see <https://dhs.georgia.gov/kinship-care-portal>). Because many grandparents do not have a legal relationship with the children in their care,

referrals to legal services, such as through local legal aid programs, are important. While pediatric health care providers understandably focus on the health of the children in their care, it is important to make certain the grandpar-

ents also have access to a primary health care provider as many put their own health care needs last. Because they are often socially isolated, referrals to local support groups for grandparents raising grandchildren are also beneficial.

Project Healthy Grandparents (PHG)

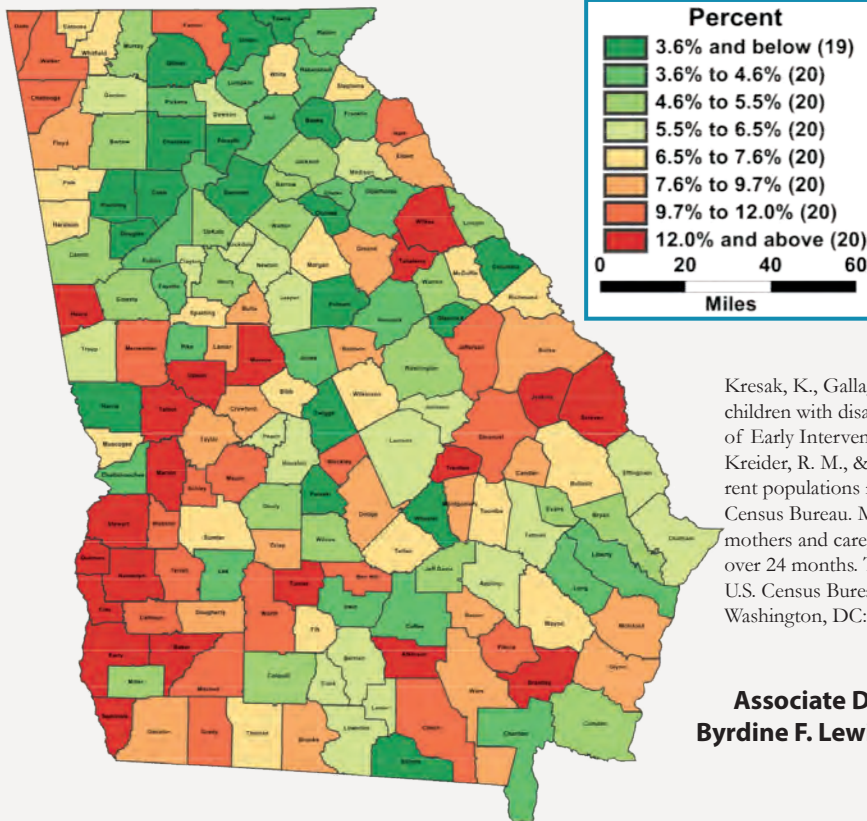
In response to the growing number of children raised by grandparents, PHG was established in 1995 at Georgia State University. PHG’s comprehensive services include monthly home visitations by registered nurses and social workers, parenting education classes and support groups, legal service referrals, as well as early intervention services for young children. All services are free of charge to clients and are available for one year. To date, PHG has served over 1000 grandparent-headed families, including 2400 children. Additional information on PHG can be found at <http://phg.lewis.gsu.edu/>.

Referrals to PHG. To be eligible for PHG’s services, grandparents must be responsible for at least one grandchild age 16 years or younger, the child’s parents must be absent from the home, the family must also reside in Fulton or DeKalb counties and within a 20-mile radius of downtown Atlanta. Referrals can be made by calling 404-413-1125, by sending an email to mckesson@gsu.edu, or by completing a referral form at <http://phg.lewis.gsu.edu/contact>.

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Children Raised by Grandparents

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Georgia Chapter



Pediatrics by the Sea
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June 13-16, 2018

The Ritz-Carlton, Amelia Island, Florida



Section on Early Career Physicians Corner: What Makes a Good Teacher



Sylvia Washington, M.D., F.A.A.P.

“See one, do one, teach one” is the motto we all learned during medical school and residency. Teaching has become one of the most important tasks we have been assigned from the first day of training. If you are like me, teaching is an on-going journey. Usually I get a phone call or an email that asks, “Can you take a medical student/resident/nurse practitioner student/physician assistant student/high school student/college student for the next 4-6 weeks?”

As a general pediatrician, I have taught many students through the years. I am married to an educator, who has a poster hanging in our home that inspired me to write this article: “What Makes a Good Teacher.”

1. Glad to see us

Sometimes teaching seems like a burden, and I admit that I feel a sense of “Not another student” some days. Then I remember how I felt as a student: confused, overwhelmed, and afraid that I’d hurt someone’s child. What made the difference was the attitude of my preceptor. I try my best to be prepared and greet my students with a smile, an empty chair, and an attitude that says “I am happy you are with me in the office today!”

Then I remember how I felt as a student: confused, overwhelmed, and afraid that I’d hurt someone’s child.

2. Believes in us

The next generation of pediatricians will be taking care of my grandchildren, so I want them to be prepared. Not only do I want them to see classic otitis media, asthma, and other common childhood illnesses, I want them to be challenged with discussing the treatment of mental health illnesses such as depression, anxiety, and attention deficit/hyperactivity disorder.

With changes in duty hours and documentation systems, I believe the next generation will find a solution to problems in medicine. There has got to be a better way to do a simple health check or sick visit note. The next student may have the answer!

3. Always on his/her toes

Yes, I am always on my toes. I live in a relatively small community with a good community hospital, including a NICU, newborn nursery, and pediatrics unit. We have a limited number of pediatric subspecialists, so I have the privilege of seeing a variety of patients. I start my mornings in the newborn nursery, then move to the floor for inpatient pediatrics, prior to heading to my office for outpatient pediatrics. Like many pediatricians, I see the gamut of ages from newborn to teenagers in my practice. Students love having the type of experience that takes them to new places and keeps them on their toes!

4. Helps us learn new things

It’s always a joy to teach someone a new thing. I love to see that “Ah-ha” moment when a student finally gets it, with topics such as stoichiometry and fluid calculations. It brings out my inner science geek! A good teacher should be intentional about helping students learn new things. For example, I find that students are great at researching and presenting their findings on rare medical cases on which I am currently working.

5. Helps make the world a better place

With all the recent news about school shootings, the opioid epidemic, and childhood obesity, pediatricians are on the front lines of defense. We serve to protect and keep our children well. Pediatricians are also on social media, where we educate families and meet folks where they are. So, I encourage you to continue teaching and have fun! Stop typing in the EMR system for a little bit, and inspire the next generation!

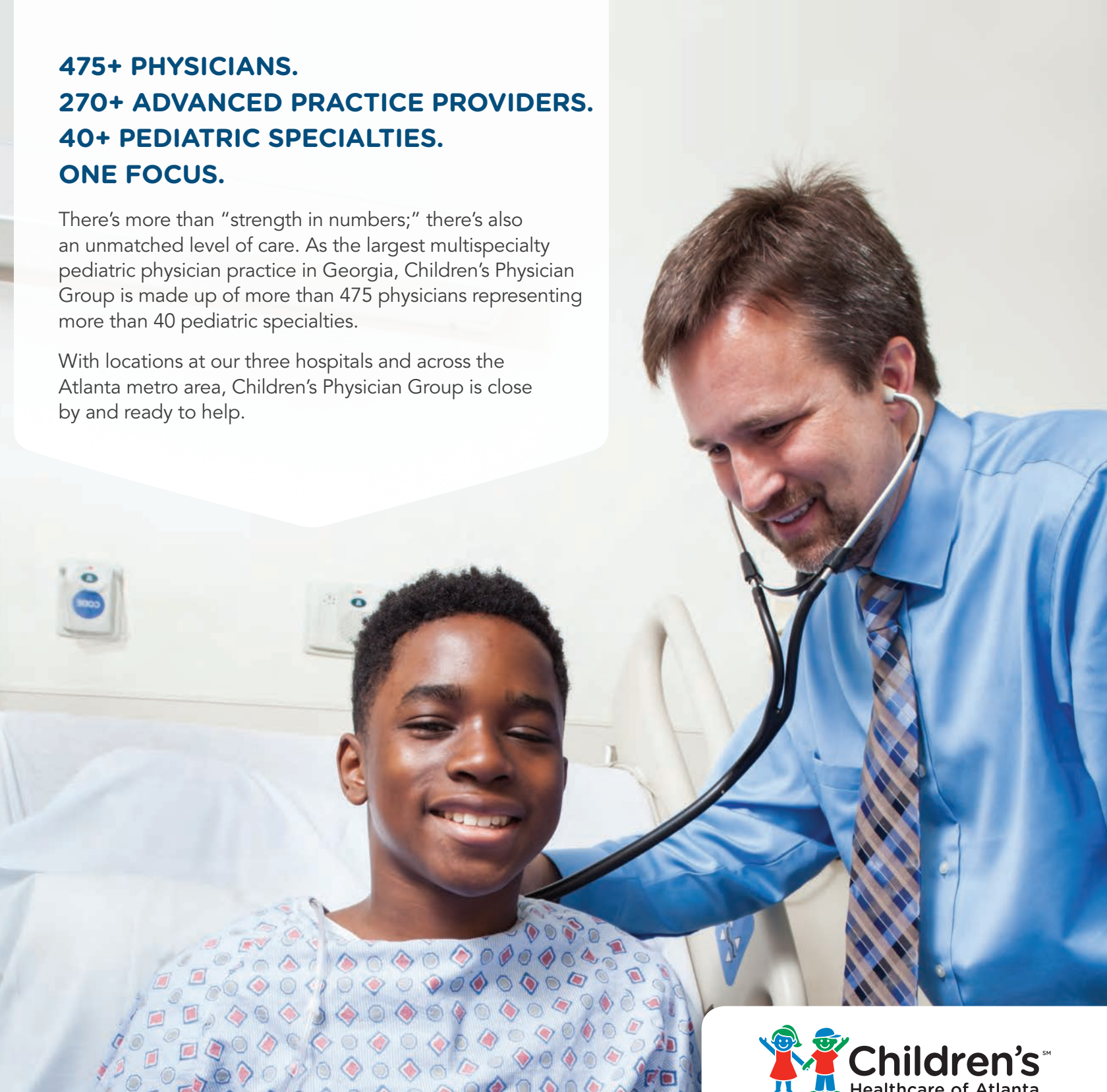
As the new chair of the Early Career Physician Section of the Georgia Chapter of the American Academy of Pediatrics, my goal is for every young pediatrician in Georgia to feel connected and heard. Please let me know how I can best serve you. Sending a little love your way! Can’t wait to see you at Pediatrics by the Sea this June!!! ■

Sylvia Washington, MD, FAAP

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Medical Missions Section Coming Soon!

The Georgia AAP is forming a Section on Medical Missions. The idea is to connect the many members who do medical missions so that they can exchange information. Once the Section has been created a listserv will be established, and an information bank developed. The section will be free to join and open to all Chapter members.

“So many of our members are engaged in medical mission work,” said Chapter President, Ben Spitalnick, MD. “It just made sense to provide a way for them to link together, to learn from one

another and share experiences. The section will also provide information to members who might be considering medical mission work to better their understanding of it.”

The Section enrollment forms will come via blast communication to all Chapter members in the next few weeks.

For more information, contact Kathryn Autry at the chapter office. ■

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State Legislative Session Closes

Continued from page 2.



Melinda Willingham
MD, FAAP

STEP THERAPY — HB 519 would have required insurance plans to utilize certain clinical review criteria to establish step therapy protocols for prescription drugs. This bill too got caught in the 11th hour politics of the Capitol. Failed.

PROVIDER PAYMENT VIA CREDIT CARDS — HB 818 requires health insurers to allow providers to choose whether they will accept payment via credit card or not. Passed.

LEVELS OF CARE — HB 909, allows the Department of Public Health to designate perinatal facilities providing maternal or neonatal care, on a voluntary basis. Passed.

MEDICAID ATTESTATION PROBLEM:

Though not a bill or budget item, we used the legislative session to work towards further resolving this problem. We believed that this was fixed last spring when the legislature passed the FY 2018 budget. However, problems remained for certain physicians with certain circumstances.

Working with the Appropriations leaders and Medicaid senior officials, we believe the following situations have been corrected and the following are now able to attest for the enhanced fee schedule:

- Those who failed to attest (in '13 or '14 under the ACA) at all their office locations.
- Those who closed an attested location (after 12-31-14) and opened another; or moved to a new office.
- Those previously attested providers who opened new office locations after 12-31-14.
- Also, providers who received their Georgia license on 1-1-15 or later, are eligible to attest under current Medicaid policy.

Thanks also to all the members of the Legislative Committee for their conscientious work and interest during the session. ■

Melinda Willingham, MD, FAAP
Chair, Legislative Committee
Decatur Pediatric Group
Clarkston, Ga

Mark your calendars & Join us !!

20th Anniversary of the Pediatric Foundation of Georgia Celebration Gala

Renaissance Waverly Hotel, Atlanta
6:30pm – 9:00pm | Saturday, September 14, 2018

The Georgia AAP charitable foundation, the Pediatric Foundation of Georgia is observing its 20th anniversary of giving to worthy charities in our state serving children & adolescents. Join us as we commemorate the occasion with a gala celebration with an evening of fun and excitement with a reception and dinner, Silent Auction, and music by one of Atlanta's top high school jazz band, Pediatrics on the Parkway will be held Friday thru Sunday at the Cobb Galleria Centre next door; so we'll hope to see you all on Saturday evening!

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It's a recognition not just for what we are doing currently, but the exceptional leadership and programs that have developed over the past several years. It's a reflection of the hard work so many of you are doing beyond the simple expectations of your practice, delivering care and advocacy well beyond the norm.

The Georgia Legislative session was a busy one, and under the guidance of Legislative Committee Chair Dr. Melinda Willingham, ED Rick Ward, Lobbyist extraordinaire Betsy Bates, and so many on the Legislative Committee, many victories can be claimed. A distracted driving bill was passed, and while there is room for improvement, it's a welcome step to protect our young passengers and often distracted teenage drivers. A bill to increase the scope of practice for nurse practitioners was amended into a more appropriate version, and while some thought it had the potential to increase medical care to rural areas, we continue to look for high quality ways to reach the most remote regions of our state. The bill ultimately failed. Issues with helping physicians attest for increased Medicaid reimbursement were remedied and looking ahead we hope to next help our subspecialists find relief from stagnant procedure codes that remain unchanged despite costs increasing. While once again medical cannabis oil laws were passed to include new treatment diagnoses (including intractable pain and PTSD, despite lack of clinical data showing effectiveness), we hope to stop this slow march over the coming year.

Several of your colleagues traveled to Washington DC in April for the joint Legislative Conference and Leadership Fly-in, and this year's topics were highlighted by the recent gun tragedies across our nation, especially at Douglas High School in Parkland, Florida. Drs. Amy Hardin, Rana Chakraborty, Sara Sarvis Milla, Parmi Suchdev, and I were able to spend time in learning sessions, and more importantly advocate on "the hill," for the health and safety of Georgia's children. (The day was pretty well chronicled on our Twitter feeds, take a peek if you want to see the view from the "secret" underground Senate train).


Your Georgia chapter continues to offer ways to improve your practice and increase your lifelong learning, both with live meetings and webinars. The live meeting calendar was quite robust this winter and spring. The *Pediatric Infectious Disease and Immunization Conference* was held in March, and included wisdom from Drs. Walter Ornstein, Harry Keyserling, and Larry Pickering, among others. On April 20th, we held the Georgia Pediatric Nurses and Practice Managers

Meeting in Macon and on May 19th the *Transitioning Youth with Special Healthcare Needs from Pediatric to Adult Care* conference was held at the Georgia AAP headquarters. We continue to look for meaningful educational offerings, and if you have an area of interest, please let us know.

Pediatrics by the Sea is not far away, and this year's program looks like another blockbuster slate. Children's Healthcare of Atlanta is taking the helm as Program Chair this year, and along with their exceptional faculty, and national speakers we are most proud to have National AAP CEO Dr. Karen Remley as a keynote speaker. For so many of us *Pediatrics by the Sea* is more than a conference, it's a tradition. I've been fortunate to attend most years since my residency, and it's a great chance to catch up with so many colleagues, and see their families grow up before our eyes. Look forward to seeing you there, and if you have never been, sign up, now.

The Fall meeting is still a bit away, but a special event in the works is a Gala in honor of the Georgia Pediatric Foundation's 20th year! The Foundation is the gift-giving arm of the Chapter, and funds donated to it are only used for worthy Pediatric charities, not Chapter items. The event will be held Saturday evening, September 15th at the Renaissance Waverly Hotel, which is attached to the Cobb Galleria Centre, where the Fall Meeting will be. Dr. Evelyn Johnson, myself, and the Gala Committee are already planning what will be an event not to be missed. Put this on your calendar now, more coming soon.

And on a more personal note, let me say thank you, for the privilege of serving as your Chapter President over the past 2 years. It has been the learning opportunity of a lifetime, and as with many things, when I pass the torch July 1st it will feel like I'm just figuring things out. I hope I've given as much to the experience as it has given me, because I know it's made me a better pediatrician, and child advocate. It's taught me just how many different viewpoints there can be to the same issue, and all have worthy merit. The future of the Georgia Chapter is indeed bright, and with Terri McFadden coming up as your next President, you can expect only the best. Continue to reach me if ever I can be of service, and I continue to tweet, @DrBenSpitalnick. ■



Ben Spitalnick, MD, MBA, FAAP

The Fall meeting is still a bit away, but a special event in the works is a Gala in honor of the Georgia Pediatric Foundation's 20th year!



Photo Review



The Pediatric Infectious Disease & Immunizations conference was held in Atlanta on March 24th. Faculty included (l to r) Larry Pickering, MD, Inci Yildirim, MD, Walter Orenstein, MD, and Harry Keyserling, MD.



Georgia AAP contingent huddles before heading to the Capitol on Legislative Day 2018.



Residents Advocate at the State Capitol! Senator Horcenia Tate (center) is joined by Morehouse residents (l to r) Mohammad Khan, Rohan Patel, Brittany Cole and Monique Merritt-Atkins.



The Pediatric Practice Managers & Nurses Spring Meeting, April 20 at the Marriott Macon brings together Amanda Raynor Pediatrics; faculty member Jennifer Zubler, MD; and Chapter's Early Intervention Coordinator Fozia Eskew.



During this year's Legislative Day at the Capitol, Gov. Nathan Deal joined Chapter president Ben Spitalnick, MD, (at right) & Legislative Committee chair Melinda Willingham, MD; along with the presidents of the internal medicine & family medicine societies, (from l.) G. Waldon Garriss, III, MD & Chip Cowart, MD.



The winners! Sibley Heart Center took home the coveted Subspecialists Challenge at the Foundation Golf Classic this year. From left: Brian Cardis, MD; Cyrus Samai, MD; Neill Videlefsky, MD; & Mike McDonnell, MD.



Georgia Chapter

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Atlanta, GA 30309-2904



Looking Ahead:



● **June 13-16, 2018**

**Pediatrics by the Sea
Summer CME Meeting**

The Ritz Carlton, Amelia Island, FL

● **September 14-16, 2018**

**Pediatrics on the Parkway
Fall CME Meeting**

Cobb Galleria Centre, Atlanta

● **September 15, 2018**

**Pediatric Foundation of Georgia
20th Anniversary Gala!**

Renaissance Waverly Hotel, Atlanta

● **October 2018**

**Georgia Pediatric Nurses &
Practice Managers Association
Fall Meeting**

Cobb Energy Centre, Atlanta

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Visit the Chapter Website for details on these Chapter events. www.GAaap.org
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