Ohio Pediatrics
STANDING BEHIND OHIO'S CHILDREN
Newsmagazine of the Ohio Chapter, American Academy of Pediatrics Spring 2008

Autism Pilot Project holds focus groups

Pediatricians, parents, teachers and community leaders from around the state are taking part in a statewide study to improve the lives of children with autism.

The Autism Diagnosis Education Pilot Project (ADEPP), a new project initiative of the Ohio AAP, plans to improve autism education and get children and their families a quicker diagnosis.

"Early diagnosis is essential to improving the quality of life and care for children with autism," says **John Duby, MD**, medical director of the Autism Diagnosis Education Pilot Project of the Ohio AAP.

Autism affects 1 in 150 children. The typical time from a parent's initial concern about their child's development until diagnosis is one year. Dr. Duby

- **Next Autism Focus Group May 7-8 in Cleveland**

said that year is "a lost opportunity for early intervention."

"Many studies now suggest that autism may be recognized even in the first year of life," he says. "The earlier the disorder is found, the more likely it is that early intervention will be beneficial."

In the past two months, the ADEPP team has met with families, child-care providers, educators, health-care professionals, and leaders in various communities throughout the state to identify opportunities to promote early identification of autism using standardized methods. The ADEPP team has also worked with local contacts to link timely

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Toledo Open Forum set for May 14

What would you do to address health disparities in your community? Bring your ideas on how the Ohio AAP and you can work together to tackle the issues of Low Birth Weight, Medical/Legal Partnership (MLP) and Childhood Obesity to the Ohio AAP's Open Forum Meeting May 14 from 9 a.m. to 1 p.m. at the University of Toledo, College of Medicine.

During this meeting attendees will identify significant health disparities and the community

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Check out our new Web site

The Ohio AAP's Web site (www.ohioaap.org) has been redesigned.

The Chapter's goal was to make the site more user-friendly and provide more information to members.

A few of the new things you'll find are: online meeting registration; online contribution capabilities; committee minutes; and more educational materials.

Send your comments to chapter@ohioaap.org.

Legislative Update

Update from the Statehouse

The Ohio Legislature is expected to continue working through a busy agenda through the spring months. Top priorities include electric restructuring, the state's capital appropriations bill to budget for state infrastructure projects and a budget corrections bill. Also, state leaders will be working to fill a budget gap that exceeds $700 million. While these "hot topics" make up the headlines in daily newspapers around the state for the action at the Ohio Statehouse, a number of other important policy issues are of interest to Ohio AAP and create our own headlines.

House Bill 125 – Health Care Simplification Act

After months of hearings and negotiations, House Bill 125, legislation proposed by the Ohio State Medical Association and supported by a number of health-care providers including Ohio AAP, was enacted in March 2008. The bill takes a number of critical steps forward improving the relationship between health-care providers and third-party payers. Despite strong opposition from both the insurance and business lobbies in Ohio, the bill includes provisions to ensure transparency and fairness in the contracting process. The bill now heads to Gov. Ted Strickland for his consideration.

Thank you to Ohio AAP members who answered our call to action and contacted legislators to urge their support of HB 125. Your involvement made a difference!

House Bill 320 – Booster Seats

Ohio AAP continues to support HB 320, legislation sponsored by Rep. Shannon Jones to require booster seats for children between the age of 4 and 8 years of age and those under 4-feet, 9-inches tall. Passing this bill out of the House Infrastructure, Homeland Security and Veterans Affairs Committee will be a top priority in the spring. Please look for Ohio AAP action alerts on this issue and be ready to tell your legislators about the importance of booster seats.

House Bill 355 – Medicaid Whistleblowers

HB 355 is legislation sponsored by Rep. Jim Hughes and would create a civil right of action for Medicaid fraud schemes, and ultimately, a financial incentive for whistleblowers who allege Medicaid fraud. Ohio AAP and other health-care providers and entities contracting with Medicaid are opposed to the bill and voicing concerns with the bill's sponsor and proponents. Opponents believe that law enforcement and the Attorney General already have the tools they need to stop Medicaid fraud, and the proposal as written compromises Medicaid provider compliance efforts and will act as an additional deterrent for attracting qualified providers in the Medicaid program.

House Bill 456 – Health Care Access

In response to field hearings held last year across the state to discuss issues related to access to quality health care, Rep. Jim Raussen has introduced HB 456. The bill includes a number of proposed policies to improve access to health care. Issues of interest to pediatricians include the following:

- Tax credits for individuals and families who purchase their own health insurance policies.
- High-risk insurance pool for those Ohioans with high risk diseases or conditions that make purchasing their own insurance impossible.
- Requirement for every public employee benefit plan in Ohio to include coverage for chronic care management.

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President's Message

Will Little Clinics affect your practice?

I recently attended a presentation at the Ohio Medical Board meeting by a physician who is the senior medical advisor for Little Clinics. This corporation is planning on opening more than 500 retail health clinics across the country. In Ohio the Little Clinics are located in Kroger grocery stores. The physician said that the clinics provide high quality, convenient, and affordable care. Their focus of care is on low-risk minor illnesses and injury. Care is provided by experienced nurse practitioners. They hire nurses who have at least five years of experience working with physicians.

William Cotton, MD

The nurse practitioners collaborate with physicians, usually family physicians. The collaborating physicians can collaborate with no more than four nurse practitioners. The physicians must be available by phone when the clinics are open. The collaborating physicians also oversee an extensive QI program. Little Clinics provide care that consists of complementing services provided by primary care physicians. These clinics refer patients back to the patient's medical home and refer patients without a medical home to local physicians.

How have, and will, these retail health clinics affect your practice? The AAP has recently introduced a program,"Promoting the Value of Pediatrics." The AAP's documents focus on the quality and long-term benefits of pediatrics. The documents also focus on the fact that the pediatrician's office provides the full spectrum of care by providers who are specifically trained in diagnosing and treating children and adolescents. Parents benefit from the pediatrician's expertise, and the pediatrician benefits by knowing everything about his or her patient. And while retail health clinics may seem to be a bargain if they charge less than the cost of a visit to the pediatrician, they are not. Every visit to the pediatrician's office is an opportunity for specialized care, additional counseling, and optimal follow-up.

May I suggest that you visit the AAP national Web site to get more information about the AAP's efforts to promote our profession.

MEETING WITH THE U.S. SURGEON GENERAL

I also had a great experience in late February attending a meeting with the U.S. Surgeon General Steven K. Galson, MD, MPH. Dr. Galson was in Columbus for a series of meetings one of which was held at Columbus Nationwide Children's Hospital. In a round table discussion the Surgeon General heard presentations from several of our Ohio AAP colleagues. Drs. **Peter Rogers** and **Rich Heyman** spoke on their efforts at preventing and treating adolescent alcohol abuse. **Dr. Bob Murray** presented several of his projects focusing on nutrition and obesity prevention. **Dr. Kelly Kelleher** shared the research he has done using electronic computer tablets to screen adolescents for substance use, depression, and suicide in the primary care setting.

The Surgeon General was very interested in all of the presentations. He asked great questions and requested additional information from the presenters. As one of our members said, "We can only hope that somehow the new administration keeps Dr. Galson."

I was so proud seeing Ohio AAP members share their cutting edge work that has the possibility of making a difference with our patients and their families, as well as with families across the country. This was just one example of the great work that the Ohio AAP does.

– William Cotton, MD
Ohio AAP President

Belt-positioning booster seats saves lives

Motor vehicle collisions continue to be the leading cause of death for children 4 to 8 years of age within our state and nationally. Belt-positioning booster seats are recommended for a child who has outgrown a convertible safety seat, but who is too small to use a vehicle's safety belt. The purpose of the booster seat is to elevate a child in the automobile's chair so that the lap belt fits across the child's pelvis, not abdomen, and that the shoulder arm belt does not ride up on the child's neck. Researchers at the Children's Hospital of Philadelphia reviewed approximately 48,000 crashes involving roughly 56,000 children and showed that youth restrained in a belt-positioning booster were 59% less likely to sustain an injury. Plus, children restrained in a booster suffered no abdominal, neck, back, or lower extremity injuries.

Although booster seats have been proven to be effective in reducing injuries to children between 4 and 8 years of age, many families are still not using booster seats. Data collected by the Partners For Child Passenger Safety showed that only 27% of U.S. children aged 4 to 8 years were appropriately restrained in booster seats. States around the country are enacting Booster Seat Legislation in an effort to restrain appropriate youth in an automobile appropriately and to reduce the high number of injuries seen nationally. Thirty-nine states and the District of Columbia have passed legislation thus far; Ohio, however, has not. Also, the federal government is offering incentives to states that pass legislation. To qualify for a new incentive package of federal grant funds, states must first enact and enforce a law requiring any child riding in a passenger motor vehicle (i.e., a passenger car, pickup truck, van, minivan or sport utility vehicle) who is under 8 years of age be secured in an appropriate child restraint which is a booster seat, as defined by federal law. The state child restraint law must also allow for primary enforcement which means stopping or detaining a passenger motor vehicle and issuing a citation because a child under 8 years of age is not properly secured. States that are able to draw down these federal incentive dollars may use grant funds for programs to purchase and distribute child restraints to low-income families.

Meeting with Rep. Shannon Jones (center) to discuss the Booster Seat legislation are from left: Belinda Jones of Capitol Consulting Group, Ohio AAP Executive Director Melissa Arnold, Ohio AAP President William Cotton, MD, and Tracy Intihar, government relations consultant.

As a result of the data, the preventable injuries occurring, and the incentive packages encouraged by the federal government, two legislative leaders within our state Sen Eric Kearney (Senate Bill 27) and Rep. Shannon Jones (House Bill 320) have each put forth legislation for the state. Currently, Rep. Jones' bill is being heard in the House Transportation Committee. If passed, the entire general body will be able to vote on it.

Please be sure to contact, or write, your local legislators to support this bill to make the children in our state safer.

If you would like more information about the booster seats legislation, please contact the Ohio AAP at chapter@ohioaap.org or **Mike Gittelman, MD**, chair of the Section on Injury Prevention at mike.gittelman@cchmc.org,

– Mike Gittelman, MD
Chair, Injury, Violence and Poison Prevention

(See related story on Page 13)

Medical Mutual will begin paying physicians a vaccine administration fee

Editor's Note: *The Ohio AAP's Pediatric Care Council was recognized by national AAP in its AAP Private Payer Advocacy e-newsletter for its efforts in advocating for immunization administration payments by Medical Mutual of Ohio.*

The Chapter's Pediatric Care Council met on Feb. 15 with medical directors from Anthem of Southern Ohio, Paramount Health Care, Medical Mutual of Ohio, AmeriGroup, UHC, and Caresource and covered several subjects

Vaccines – Medical Mutual announced that later this year it will begin to pay physicians a vaccine administration fee. While this amount will come out of the amount it currently pays for the vaccines themselves, the new policy will allow practices to develop coherent charges for vaccines and eliminate a major payer's variance from CPT coding. As such, it will be a welcome advance in supporting the national vaccine program.

National research continues in order to ascertain the true cost of administering vaccines: including counseling time (increased in recent years due to misinformation about preservatives, autism), cost for storage, management of inventory, wastage, insurance for inventory, etc. Most of these were not included among the items used to develop the RVU for vaccine administration.

The Merck 4% increase in charges for MMR, rotavirus, HPV and varicella vaccine products was discussed, effective Jan. 31, 2008. National insurers were informed of the change by the AAP. A plan representative observed that it is difficult to find the actual acquisition cost of vaccines. The pediatricians noted that it will be important that reimbursement rise promptly to reflect the price increase, especially since the increase is a known issue.

Appropriate diagnosis and management of ADHD – Med Mutual in Ohio will be sending 500 practitioners an Academy of Child and Adolescent Psychiatry mini-reference on diagnostic criteria, dosage forms of ADHD medications, and a decision algorithm. The mini-reference is in a laminated brochure format. Much discussion ensued on publicizing the appropriate steps in decision making for diagnosis and treatment. The AAP in May is expected to have an update of it's well-received tool kit on the subject, including the use of easy-to-use validated tools for diagnosis and follow-up. Plans may monitor the use of these tools for pay-for-performance incentives and/or for prerequisites to covering prescriptions for ADHD meds.

It was noted that the Vanderbilt tool was designed for follow-up ADHD visits as well as for initial diagnosis and is available free of charge.

It was further noted that special circumstances exist when a child comes to a provider with a psychologist's work-up already completed; likewise when an already-diagnosed child comes new into an insurance plan or into a physician's practice.

On the education front, the Ohio AAP's Annual Meeting Nov. 7-8 at Cherry Valley Lodge, Newark, will feature a discussion on ADHD treatment options.

Mental Health – Children's Hospitals in Cincinnati and Cleveland are trying to create interest in a statewide phone consultation service putting primary care physicians in touch with child psychiatrists. Given the shortage of child psychiatrists, plans have good reason to encourage this development and practitioners will have good reason to participate in this service, which exists statewide in Massachusetts and regionally in upstate New York.

Developmental Screening – Discussion from previous meetings continued on the use of CPT 96110 (Developmental testing: limited, with interpretation and report). The code is for validated tools used for a variety of reasons, such as for infant and toddler developmental evaluations, including the newly recommended standardized screens at 9, 18 and 24 or 30 months, for ADHD questionnaires for

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and effective services for children with autism spectrum disorders.

The ADEPP will be tested in five counties which reflect the diverse population of Ohio. Focus groups have been held in Warren County – a rapidly growing suburban community in southwestern Ohio; Belmont County – a rural community in southeastern Ohio; Wood County – a stable agricultural and university community in northwest Ohio; Franklin County – representing an established suburban county in Central Ohio. The sessions will wrap up in Cleveland on May 7-8.

Within these communities, the project leadership has been working with local health departments to identify key stakeholders who can contribute to identifying the needs of their communities with regard to education regarding the diagnosis and treatment of autism. In addition, leaders of state agencies who care for children, as well as statewide experts in the diagnosis and treatment of autism will be asked to participate in the needs assessment.

"We're looking at what's working well in these communities, as well as opportunities to close some gaps and strengthen other services," says Dr. Duby.

Parents of young children, parents of children recently found to have autism, child-care providers, preschool teachers, special educators, education administrators, public and private providers of services to children with autism, health-care professionals, and local Family and Children First Councils have also participated in the focus groups contributing ideas from a non-medical perspective.

Based on the results of the broad-based needs assessment that will be conducted in each community, curricula will be developed, implemented, evaluated, and disseminated.

The curricula will be developed to address the needs of *each* community. In some cases, radio or television public service announcements may be produced. Other ideas include: local cable access programming, brochures, growth charts, Web sites, Web-based seminars, community-based seminars and workshops, ongoing technical assistance, and quality improvement initiatives in health-care settings. Decisions on the content and the model of presentation will be made based on analysis of data from the focus groups.

The results will be shared with the Ohio Department of Health, the Ohio Legislature, the governor and his cabinet, members of Ohio AAP and the Ohio Primary Care Coalition, and the communities themselves.

Project Manager Dan Farkas said that a model will be developed that can be used statewide to:

1) Heighten public awareness of the early signs of autism.

2) Improve access to developmental screening, including specific screening for autism.

3) Increase coordination of medical diagnosis of autism, and

4) Enhance access to evidence-based intervention services for children with autism.

To learn more about the project contact Dan Farkas, Project Manager, at dfarkas@ohioaap.org or call (614) 846-6258.

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resources needed to address them.

Ohio AAP President **William Cotton, MD**, and **David M. Krol, MD**, **MPH, FAAP**, University of Toledo College of Medicine, Department of Pediatrics, will kick-off the meeting with an opening presentation and objectives.

Dianne S. Mantel, attorney, Legal Aid of Western Ohio, will speak on *Medical Legal/Partnership (MLP*) from 9:30-10-15 a.m.

Ohio AAP Past-President **Elizabeth Ruppert, MD**, **Jonna McRury, MD**, both of the University of Toledo College of Medicine, Department of Pediatrics; and **Mark Redding, MD**, Mansfield pediatrician and chair of the Health Equity Committee, will speak on *Low Birth Weight Initiative* from 10:15-11 a.m.

At 11:15 a.m., **Joan R. Griffith, MD**, **MHA, MPH,** University of Toledo College of Medicine, Department of Pediatrics, will speak on *Childhood Obesity*.

The free meeting is open to residents, legislators, community agencies, and other interested parties. Lunch will provided free. Deadline to register is May 7.

This program has been approved for a maximum of 3.75 AMA PRA Category 1 Credits.

To register go to the Ohio AAP Web site, www.ohioaap.org.

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Mission Statement

The Ohio Chapter of the American Academy of Pediatrics promotes the health, safety and well-being of children and adolescents so they may reach their full potential. The Ohio AAP will accomplish this by addressing the needs of children, their families, and their communities, and by supporting Chapter members through advocacy, education, research, service, and improving the systems through which they deliver pediatric care.

Upcoming Events

Breakfast for Books - The Ohio AAP Foundation will hold its annual ***"Breakfast for Books"*** fund-raising event on Friday, May 30 at The Fawcett Center on the Ohio State University Campus. Guest reader will be Thad Matta, OSU's Head Men's Basketball Coach. For more information contact Heather Hall.

Toledo Open Forum - What would you do to address health disparities in your community? Bring your ideas on how the Ohio AAP and you can work together to tackle the issues of Low Birth Weight, Medical/Legal Partnership (MLP), and Childhood Obesity. Plan to attend the Toledo Open Forum on May 14 from 9 a.m. to 1 p.m. at the University of Toledo. For more information contact Elizabeth Kelleher.

Current News

Autism Pilot Project - The Ohio AAP is looking for interested pediatricians, family physicians, early childcare instructors, parents or anyone with an interest in autism to take part in a first of its kind Autism Diagnosis Education Pilot Project.

A series of focus groups will be held at the following times and in the following locations: Warren County March 5-6; Belmont County March 25-26; Wood County April 1-2, Franklin County April 8-9; and Cuyahoga County May 7-8. The sessions range from 6-8 p.m. and should not last more than an hour.

Those wanting to learn more about the project, or take part in the focus groups, should contact Dan Farkas.

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Visit the Ohio AAP's new Web site www.ohioaap.org

Recap of Athens Open Forum Meeting

More than 100 attendees gathered in Athens on the Ohio University campus Feb. 8 for the Ohio AAP's Open Forum meeting.

The audience consisted of school administrators, school nurses, wellness educators, residents, pediatricians and even Early Education majors from the university.

The audience discussed what they would you do to increase awareness of early literacy and childhood obesity in their communities.

Early Literacy: Putting books into the hands of low-income children, was presented by **John Duby, MD**, President of the Ohio AAP Foundation; **Karen Montgomery-Reagan, DO**, an Athens' pediatrician and Reach Out and Read participant; and Heather Hall, Reach Out and and Read Ohio Coalition Leader.

Attendees learned about the impact of early literacy on school-aged children and their academic success, as well as about the Reach Out and Read program and its benefits.

Some of the suggestions to come out of that discussion included: developing a resource list of how to get books and how to donate books; recruiting retired teachers as volunteer readers, partnering with universities for student volunteer readers; using the AARP database to recruit senior volunteers; conduct book exhanges; distributing ROR information at local libraries.

Presenting the second panel, *Healthy and Fit: What pediatricians, parents, schools and communities can do,* were **Robert Murray, MD**, chair of Ohio AAP's Home & School Health Committee, and director of the Center for Healthy Weight & Nutrition at Nationwide Children's Hospital; and **Andrew Wapner, DO**, Department of Pediatrics, Ohio University College of Osteopathic Medicine.

This session addressed the steps physicians can take to assist in creating community-based weight management programs; discussed new legislation on nutrition, physical education and physical activity; and explained the Ounce of Prevention program.

Ideas generated from this discussion included:

1) Promoting tools such as the Ounce of Prevention program to physicians to educate them on the importance of nutrition and physical activity.

2) Working with school systems to get nutritional information out to students and parents.

These suggestions were taken to the Ohio AAP Executive Board for consideration and action.

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Before administering ADACEL vaccine, please see brief summary of full prescribing Information on next page.

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CONTRAINDICATIONS Known systemic hypersensitivity to any component of ADACEL vaccine or a life-threatening reaction after previous administration of the vaccine or a vaccine containing the same substances are contraindications to vaccination with ADACEL vaccine. Because of uncertainty as to which component of the vaccine may be responsible, additional vaccinations with the diphtheria, tetanus or pertussis components should not be administered. Alternatively, such individuals may be referred to an allergist for evaluation if further immunizations are to be considered. The following events are contraindications to administration of any pertussis containing vaccine: (1)

- Encephalopathy within 7 days of a previous dose of pertussis containing vaccine not attributable to another identifiable cause.
- Progressive neurological disorder, uncontrolled epilepsy, or progressive encephalopathy. Pertussis vaccine should not be administered to individuals with these conditions until a treatment regimen has been established, the condition has stabilized, and the benefit clearly outweighs the risk.

ADACEL vaccine is not contraindicated for use in individuals with HIV infection. (1)

WARNINGS Because intramuscular injection can cause injection site hematoma, ADACEL vaccine should not be given to persons with any bleeding disorder, such as hemophilia or thrombocytopenia, or to persons on anticoagulant therapy unless the potential benefits clearly outweigh the risk of administration. If the decision is made to administer ADACEL vaccine in such persons, it should be given with caution, with steps taken to avoid the risk of hematoma formation following injection. (1) If any of the following events occurred in temporal relation to previous receipt of a vaccine containing a whole-cell pertussis (eg, DTP) or an acellular pertussis component, the decision to give ADACEL vaccine should be based on careful consideration of the potential benefits and possible risks: (2) (3)

- Temperature of ≥40.5°C (105°F) within 48 hours not due to another identifiable cause;
- Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours;
- Persistent, inconsolable crying lasting ≥3 hours, occurring within 48 hours;
- Seizures with or without fever occurring within 3 days.

When a decision is made to withhold pertussis vaccine, Td vaccine should be given. Persons who experienced Arthus-type hypersensitivity reactions (eg, severe local reactions associated with systemic symptoms) (4) following a prior dose of tetanus toxoid usually have high serum tetanus antitoxin levels and should not be given emergency doses of tetanus toxoid-containing vaccines more frequently than every 10 years, even if the wound is neither clean nor minor. (4) (5) If Guillain-Barré Syndrome occurred within 6 weeks of receipt of prior vaccine containing tetanus toxoid, the decision to give ADACEL vaccine or any vaccine containing tetanus toxoid should be based on careful consideration of the potential benefits and possible risks. (1) The decision to administer a pertussis-containing vaccine to individuals with stable central nervous system (CNS) disorders must be made by the health-care provider on an individual basis, with consideration of all relevant factors and assessment of potential risks and benefits for that individual. The ACIP has issued guidelines for immunizing such individuals. (2) A family history of seizures or other CNS disorders is not a contraindication to pertussis vaccine. (2) The ACIP has published guidelines for vaccination of persons with recent or acute illness. (1)

PRECAUTIONS General Do not administer by intravascular injection: ensure that the needle does not penetrate a blood vessel. ADACEL vaccine should not be administered into the buttocks nor by the intradermal route, since these methods of administration have not been studied; a weaker immune response has been observed when these routes of administration have been used with other vaccines. (1) The possibility of allergic reactions in persons sensitive to components of the vaccine should be evaluated. Epinephrine Hydrochloride Solution (1:1,000) and other appropriate agents and equipment should be available for immediate use in case an anaphylactic or acute hypersensitivity reaction occurs. Prior to administration of ADACEL vaccine, the vaccine recipient and/or the parent or guardian must be asked about personal health history, including immunization history, current health status and any adverse event after previous immunizations. In persons who have a history of serious or severe reaction within 48 hours of a previous injection with a vaccine containing similar components, administration of ADACEL vaccine must be carefully considered. The ACIP has published guidelines for the immunization of immunocompromised individuals. (6) Immune responses to inactivated vaccines and toxoids when given to immunocompromised persons may be suboptimal. (1) The immune response to ADACEL vaccine administered to immunocompromised persons (whether from disease or treatment) has not been studied. A separate, sterile syringe and needle, or a sterile disposable unit, must be used for each person to prevent transmission of blood borne infectious agents. Needles should not be recapped but should be disposed of according to biohazard waste guidelines.

Information for Vaccine Recipients and/or Parent or Guardian Before administration of ADACEL vaccine, health-care providers should inform the vaccine recipient and/or parent or guardian of the benefits and risks. The health-care provider should inform the vaccine recipient and/or parent or guardian about the potential for adverse reactions that have been temporally associated with ADACEL vaccine or other vaccines containing similar components. The vaccine recipient and/or parent or guardian should be instructed to report any serious adverse reactions to their health-care provider. Females of childbearing potential should be informed that Sanofi Pasteur Inc. maintains a pregnancy registry to monitor fetal outcomes of pregnant women exposed to ADACEL vaccine. If they are pregnant or become aware they were pregnant at the time of ADACEL vaccine immunization, they should contact their health-care professional or Sanofi Pasteur Inc. at 1-800-822-2463 (1-800-VACCINE). The health-care provider should provide the Vaccine Information Statements (VISs) that are required by the National Childhood Vaccine Injury Act of 1986 to be given with each immunization. The US Department of Health and Human Services has established a Vaccine Adverse Event Reporting System (VAERS) to accept all reports of suspected adverse events after the administration of any vaccine, including but not limited to the reporting of events required by the National Childhood Vaccine Injury Act of 1986. (7) The toll-free number for VAERS forms and information is 1-800-822-7967 or visit the VAERS website at http://www.fda.gov/cber/vaers/vaers.htm

Drug Interactions Immunosuppressive therapies, including irradiation, antimetabolites, alkylating agents, cytotoxic drugs and corticosteroids (used in greater than physiologic doses), may reduce the immune response to vaccines. (See PRECAUTIONS, General.) For information regarding simultaneous administration with other vaccines refer to the ADVERSE REACTIONS and DOSAGE AND ADMINISTRATION sections.

Carcinogenesis, Mutagenesis, Impairment of Fertility No studies have been performed with ADACEL vaccine to evaluate carcinogenicity, mutagenic potential, or impairment of fertility.

Pregnancy Category C Animal reproduction studies have not been conducted with ADACEL vaccine. It is also not known whether ADACEL vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. ADACEL vaccine should be given to a pregnant woman only if clearly needed. Animal fertility studies have not been conducted with ADACEL vaccine. The effect of ADACEL vaccine on embryo-fetal and pre-weaning development was evaluated in two developmental toxicity studies using pregnant rabbits. Animals were administered ADACEL vaccine twice prior to gestation, during the period of organogenesis (gestation day 6) and later during pregnancy on gestation day 29, 0.5 mL/rabbit/occasion (a 17-fold increase compared to the human dose of ADACEL vaccine on a body weight basis), by intramuscular injection. No adverse effects on pregnancy, parturition, lactation, embryo-fetal or pre-weaning development were observed. There were no vaccine related fetal malformations or other evidence of teratogenesis noted in this study. (8)

Pregnancy Registry Health-care providers are encouraged to register pregnant women who receive ADACEL vaccine in Sanofi Pasteur Inc.'s vaccination pregnancy registry by calling 1-800-822-2463 (1-800-VACCINE).

Nursing Mothers It is not known whether ADACEL vaccine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ADACEL vaccine is given to a nursing woman.

Pediatric Use ADACEL vaccine is not indicated for individuals less than 11 years of age. (See INDICATIONS AND USAGE.) For immunization of persons 6 weeks through 6 years of age against diphtheria, tetanus and pertussis refer to manufacturers' package inserts for DTaP vaccines.

Geriatric Use ADACEL vaccine is not indicated for individuals 65 years of age and older. No data are available regarding the safety and effectiveness of ADACEL vaccine in individuals 65 years of age and older as clinical studies of ADACEL vaccine did not include subjects in the geriatric population.

ADVERSE REACTIONS The safety of ADACEL vaccine was evaluated in 4 clinical studies. A total of 5,841 individuals 11-64 years of age inclusive (3,393 adolescents 11-17 years of age and 2,448 adults 18-64 years) received a single booster dose of ADACEL vaccine. The principal safety study was a randomized, observer blind, active controlled trial that enrolled participants 11-17 years of age (ADACEL vaccine N = 1,184; Td vaccine N = 792) and 18-64 years of age (ADACEL vaccine N = 1,752; Td vaccine N = 573). Study participants had not received tetanus or diphtheria containing vaccines within the previous 5 years. Observer blind design, ie, study personnel collecting the safety data differed from personnel administering the vaccines, was used due to different vaccine packaging (ADACEL vaccine supplied in single dose vials; Td vaccine supplied in multi-dose vials). Solicited local and systemic reactions and unsolicited events were monitored daily for 14 days post-vaccination using a diary card. From days 14-28 post-vaccination, information on adverse events necessitating a medical contact, such as a telephone call, visit to an emergency room, physician's office or hospitalization, was obtained via telephone interview or at an interim clinic visit. From days 28 to 6 months post-vaccination, participants were monitored for unexpected visits to a physician's office or to an emergency room, onset of serious illness and hospitalizations. Information regarding adverse events that occurred in the 6 month post-vaccination time period was obtained via a scripted telephone interview. Approximately 96% of participants completed the 6-month follow-up evaluation. In the concomitant vaccination study with ADACEL and Hepatitis B vaccines, local and systemic adverse events were monitored daily for 14 days post-vaccination using a diary card. Local adverse events were only monitored at site/arm of ADACEL vaccine administration. Unsolicited reactions (including immediate reactions, serious adverse events and events that elicited seeking medical attention) were collected at a clinic visit or via telephone interview for the duration of the trial, ie, up to six months post-vaccination. In the concomitant vaccination study with ADACEL vaccine and trivalent inactivated influenza vacciness local and systemic adverse events were monitored for 14 days post-vaccination using a diary card. All unsolicited reactions occurring through day 14 were collected. From day 14 to the end of the trial, ie, up to 84 days, only events that elicited seeking medical attention were collected. In all studies, subjects were monitored for serious adverse events throughout the duration of the study. Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine and may not reflect the rates observed in practice. The adverse reaction information from clinical trials does, however, provide a basis for identifying the adverse events that appear to be related to vaccine use and for approximating rates of those events.

Serious Adverse Events in All Safety Studies Throughout the 6-month follow-up period in the principal safety study, serious adverse events were reported in 1.5% of ADACEL vaccine recipients and 1.4% in Td vaccine recipients. Two serious adverse events in adults were neuropathic events that occurred within 28 days of ADACEL vaccine administration; one severe migraine with unilateral facial paralysis and one diagnosis of nerve compression in neck and left arm. Similar or lower rates of serious adverse events were reported in the other trials and there were no additional neuropathic events reported.

Solicited Adverse Events in the Principal Safety Study The frequency of selected solicited adverse events (erythema, swelling, pain and fever) occurring during Days 0-14 following one dose of ADACEL vaccine or Td vaccine were reported at a similar frequency in both groups. Few participants (<1%) sought medical attention for these reactions. Pain at the injection site was the most common adverse reaction occurring in 62-78% of all vaccinees. In addition, overall rates of pain were higher in adolescent recipients of ADACEL vaccine compared to Td vaccine recipients. Rates of moderate and severe pain in adolescents did not significantly differ between the two groups. Rates of pain did not significantly differ for adults. Fever of 38°C and higher was uncommon, although in the adolescent age group, it occurred significantly more frequently in ADACEL vaccine recipients than Td vaccine recipients. (8) The rates of other local and systemic solicited reactions occurred at similar rates in ADACEL vaccine and Td vaccine recipients in the 3 day post-vaccination period. Most local reactions occurred within the first 3 days after vaccination (with a mean duration of less than 3 days). Headache was the most frequent systemic reaction and was usually of mild to moderate intensity.

Adverse Events in the Concomitant Vaccine Studies

Local and Systemic Reactions when Given with Hepatitis B Vaccine The rates reported for fever and injection site pain (at the ADACEL vaccine administration site) were similar when ADACEL and Hep B vaccines were given concurrently or separately. However, the rates of injection site erythema (23.4% for concomitant vaccination and 21.4% for separate administration) and swelling (23.9% for concomitant vaccination and 17.9% for separate administration) at the ADACEL vaccine administration site were increased when co-administered. Swollen and/or sore joints were reported by 22.5% for concomitant vaccination and 17.9% for separate administration. The rates of generalized body aches in the individuals who reported swollen and/or sore joints were 86.7% for concomitant vaccination and 72.2% for separate administration. Most joint complaints were mild in intensity with a mean duration of 1.8 days. The incidence of other solicited and unsolicited adverse events were not different between the 2 study groups. (8)

Local and Systemic Reactions when Given with Trivalent Inactivated Influenza Vaccine The rates of fever and injection site erythema and swelling were similar for recipients of concurrent and separate administration of ADACEL vaccine and TIV. However, pain at the ADACEL vaccine injection site occurred at statistically higher rates following concurrent administration (66.6%) versus separate administration (60.8%). The rates of sore and/or swollen joints were 13% for concurrent administration and 9% for separate administration. Most joint complaints were mild in intensity with a mean duration of 2.0 days. The incidence of other solicited and unsolicited adverse events were similar between the 2 study groups. (8)

Additional Studies An additional 1,806 adolescents received ADACEL vaccine as part of the lot consistency study used to support ADACEL vaccine licensure. This study was a randomized, double-blind, multi-center trial designed to assess lot consistency as measured by the safety and immunogenicity of 3 lots of ADACEL vaccine when given as a booster dose to adolescents 11-17 years of age inclusive. Local and systemic adverse events were monitored for 14 days post-vaccination using a diary card. Unsolicited adverse events and serious adverse events were collected for 28 days post-vaccination. Pain was the most frequently reported local adverse event occurring in approximately 80% of all subjects. Headache was the most frequently reported systemic event occurring in approximately 44% of all subjects. Sore and/or swollen joints were reported by approximately 14% of participants. Most joint complaints were mild in intensity with a mean duration of 2.0 days. (8) An additional 962 adolescents and adults received ADACEL vaccine in three supportive Canadian studies used as the basis for licensure in other countries. Within these clinical trials, the rates of local and systemic reactions following ADACEL vaccine were similar to those reported in the four principal trials in the US with the exception of a higher rate (86%) of adults experiencing 'any' local injection site pain. The rate of severe pain (0.8%), however, was comparable to the rates reported in the four principal trials. (8) There was one spontaneous report of whole-arm swelling of the injected limb among the 277 Td vaccine recipients, and two spontaneous reports among the 962 ADACEL vaccine recipients.

Postmarketing Reports The following adverse events have been spontaneously reported during the post-marketing use of ADACEL vaccine in other countries. Because these events are reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency or establish a causal relationship to vaccine exposure. The following adverse events were included based on severity, frequency of reporting or the strength of causal association to ADACEL vaccine. General disorders and administration site conditions: injection site bruising, sterile abscess; skin and subcutaneous tissue disorders: pruritus, urticaria. There have been spontaneous reports of nervous system disorders such as myelitis, syncope vasovagal, paresthesia, hypoesthesia and musculoskeletal and connective tissue disorders such as myositis and muscle spasms temporally associated with ADACEL vaccine.

Reporting of Adverse Events The National Vaccine Injury Compensation Program, established by the National Childhood Vaccine Injury Act of 1986, requires physicians and other health-care providers who administer vaccines to maintain permanent vaccination records of the manufacturer and lot number of the vaccine administered in the vaccine recipient's permanent medical record along with the date of administration of the vaccine and the name, address and title of the person administering the vaccine. The Act further requires the health-care professional to report to the US Department of Health and Human Services the occurrence following immunization of any event set forth in the Vaccine Injury Table. These include anaphylaxis or anaphylactic shock within 7 days; brachial neuritis within 28 days; an acute complication or sequelae (including death) of an illness, disability, injury, or condition referred to above, or any events that would contraindicate further doses of vaccine, according to this ADACEL vaccine package insert. (7) (9) (10) The US Department of Health and Human Services has established the Vaccine Adverse Event Reporting System (VAERS) to accept all reports of suspected adverse events after the administration of any vaccine. Reporting of all adverse events occurring after vaccine administration is encouraged from vaccine recipients, parents/guardians and the health-care provider. Adverse events following immunization should be reported to VAERS. Reporting forms and information about reporting requirements or completion of the form can be obtained from VAERS through a toll-free number 1-800-822-7967 or visit the VAERS website at http://www.fda.gov/cber/vaers/vaers.htm. (7) (9) (10) Health-care providers should also report these events to Pharmacovigilance Department, Sanofi Pasteur Inc., Discovery Drive, Swiftwater, PA 18370 or call 1-800-822-2463 (1-800-VACCINE).

DOSAGE AND ADMINISTRATION ADACEL vaccine should be administered as a single injection of one dose (0.5 mL) by the intramuscular route. SHAKE THE VIAL WELL to distribute the suspension uniformly before withdrawing the 0.5 mL dose for administration. Five years should have elapsed since the recipient's last dose of tetanus toxoid, diphtheria toxoid and/or pertussis containing vaccine. Do NOT administer this product intravenously or subcutaneously.

STORAGE Store at 2° to 8°C (35° - 46°F). DO NOT FREEZE. Discard product if exposed to freezing. Do not use after expiration date.

REFERENCES 1. CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP). MMWR 2002;51(RR-2):1-35. **2.** CDC. Pertussis vaccination: Use of acellular pertussis vaccines among infants and young children. Recommendations of the ACIP. MMWR 1997;46(RR-7):1-25. **3.** CDC Update. Vaccine side effects, adverse reactions, contraindications and precautions - recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1996;45(RR-12):1-35. **4.** CDC. Update on adult immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1991;40(RR-12):1-52. **5.** CDC. Diphtheria, tetanus and pertussis: recommendations for vaccine use and other preventive measures. Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 1991;40(RR-10):1-28. **6.** CDC. Use of vaccines and immune globulins in persons with altered immunocompetence. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1993;42(RR-4):1-18. **7.** CDC. Current trends - Vaccine Adverse Event Reporting System (VAERS) United States. MMWR 1990;39(41):730-3. **8.** Data on file at Sanofi Pasteur Limited. **9.** CDC. Current trends - national vaccine injury act: requirements for permanent vaccination records and for reporting of selected events after vaccination. MMWR 1988;37(13):197-200. **10.** FDA. New reporting requirements for vaccine adverse events. FDA Drug Bull 1988;18(2):16-8.

Product information as of January 2006

Printed in Canada

Manufactured by:
Sanofi Pasteur Limited
Toronto Ontario Canada

Distributed by:
Sanofi Pasteur Inc.
Swiftwater PA 18370 USA

MKT10383-1R

R1-0106

Ohio AAP welcomes new members

Sheila A Armogida, MD, FAAP, Cleveland

Moises Auron-Gomez, MD FAAP, Middleburg Hts.

John Patrick Bacon, MD, FAAP, Cincinnati

Carrie Bohenick, MD, FAAP, Broadview Heights

Krista Elizabeth Carter, MD, FAAP, Maineville

Laura Ann Caserta, MD, FAAP, Shaker Heights

Michael Sean Dell, MD, FAAP, Shaker Heights

Alex R. Dubin, MD, FAAP, New Albany

Jennifer Shine Dyer, MD, FAAP, Columbus

Kimberly Anne Volpenhein Eilerman, Columbus,

Fathalrahman A. Elamin, Youngstown

Rashed A. Hasan, MD, FAAP, Birmingham, MI

Stephen J Hersey, MD, FAAP, Columbus,

Edward J. Kosnik, MD, FAAP, Columbus

Steven Lee, MD, FAAP, Marino

Ronald Stewart Levin, MD, FAAP, Cincinnati

David Joel Mansour, MD, FAAP, Westlake

Cheryl Morrow-White, MD, FAAP, Cleveland Heights,

Lars Ulf Werner Muller, MD, FAAP, Cincinnati

Carla Maria Pruden, MD, Cincinnati

Satesh Kumar Raju, Columbus

Vidya Bijavara Ramakrishi, MD, Fairborn

Vidya Kumar Ramanatha, MD, Ottawa Hills

Gresham T. Richter, MD, Cincinnati

See **New Members...**on page 19

Great Minds Don't Think Alike

Northeast Ohio's only independent school exclusively serving bright students in grades 1-12 with learning & attention differences.

small student/teacher ratio
college preparatory
wireless campus
leading-edge assistive technology
extracurricular and athletic programs
year-round enrollment opportunities

LAWRENCE SCHOOL
Lower School – Broadview Heights
Upper School – Sagamore Hills
(440) 526-0717 | www.lawrenceschool.org

Lawrence students come from 70 communities in 10 counties throughout Northeast Ohio.

Golfers tee up for Tartan Fields

Are you interested in golfing at Tartan Fields Golf Club in Dublin, Ohio? Then you need to mark your calendar for the second annual Ohio AAP Foundation Golf Outing on Tuesday, Sept. 16. The best ball scramble will begin at 1 p.m., followed by a reception and awards ceremony when play is finished.

Individuals can participate for $190 each, or if you register a foursome, cost is $175 per person ($700 for the foursome). Registration fee includes greens fees, golf cart, reception and prizes.

Proceeds benefit the Ohio AAP Foundation and the Foundation's three major initiatives – Reach Out and Read Ohio, Unfunded CATCH Grants and Chapter Initiatives which are determined by the Foundation and the Ohio AAP Chapter.

Register online at www.ohioaap.org or contact Heather Hall, Development Officer, at hhall@ohioaap.org or (614) 846-6258.

Booster seat survey conducted

Members of the Ohio AAP Section on Injury Prevention will survey 350 pediatricians throughout the state to determine the barriers to providing booster seat education to families in a pediatric practice. This study juxtaposes the legislation at hand with House Bill 320.

The Ohio AAP Injury, Violence and Poison Prevention Committee has been actively working to get the Booster Seat legislation passed in Ohio.

In the survey, pediatricians will be asked the amount of time spent at each patient encounter educating families about booster seats; their comfort zone about discussing booster seats with families; how much more they discuss this issue now as compared to when they first started to practice; and what resources could enable them to discuss booster seats with their patients more efficeiently and effectively.

The purpose of the study is to identify what barriers pediatricians face in discussing appropriate booster seat use with their families and to determine what interventions could be put into place to overcome these barriers so that more families can be educated about this issue.

Once the survey results are tabulated, the Ohio AAP will work with the Committee on Injury Prevention to craft an appropriate program and/or materials to deal with this issue.

(See related story on Page 4)

Care Council...from page 5

school-age children when indicated, and for screens for emotional and behavioral issues.

Members asked whether this developmental screening belongs within the routine work of a well-child visit or an E/M visit focused on a behavioral/developmental problem. It turns out that the RVU for this code – 0.36, does not include a component for physician work. In other words, the code, which had a 2007 Medicare value of $13.64, is designed to capture the administration and scoring of a brief standardized questionnaire by office staff. It is the physician response to the results that is included in the well-visit or in the E/M visit code.

The Chapter will meet again with medical directors of insurance plans in May.

– Jon Price,
Chair, Pediatric Care Council

ROR requests support from Capitol Hill

During a respite from the winter snow, representatives from Reach Out and Read (ROR) coalitions across the country met in Washington D.C. on Feb. 27 to ask for support from each state's legislators for current and future ROR Funding. In one day, more than 230 meetings were held, including meetings with Ohio Sen. Sherrod Brown, Sen. George Voinovich, Rep. David Hobson (17th District), Rep. Ralph Regula (16th District), Rep. Patrick Tiberi (12th District) and Rep. Charles Wilson (6th District).

ROR relies on federal funding to provide books and support to more than 3,600 clinics and hospitals implementing the program, reaching more than 25% of America's at-risk children. In

Ohio, ROR is currently found in nearly 115 sites, serving more than 111,000 children.

In FY 2005, ROR received a $10 million appropriation with the understanding the money was to be used for expansion. Since that time, ROR has expanded by nearly 50%, but funding has been reduced to less than half – an average of $4.6 million in each of the past three years.

Without this funding, ROR may be forced to significantly reduce book funding for children. Fortunately, ROR Ohio has received state funding through the Ohio Department of Job & Family Services to support sites purchasing books.

For more information please contact, Heather Hall, ROR Ohio Coalition Leader at hhall@ohioaap.org, or (614) 846-6258.

Join Us For
Breakfast For Books
a Breakfast of Green Eggs and Ham
with a Special Reading of
Dr. Seuss' Green Eggs and Ham
by Thad Matta
The Ohio State University Head Men's Basketball Coach

May 30, 2008
The Fawcett Center
2400 Olentangy River Road, Columbus, OH 43210

8 - 9:30 am Breakfast For Books Event
9:30 - 10:30 am VIP Post-Event/
Meet and Greet with Thad Matta

TICKETS:
$45 Adult Individual Ticket
$30 Child Individual Ticket
$100 VIP Ticket (includes a copy of Green Eggs and Ham autographed by Thad Matta)

SPONSORS:
Abbott Nutrition
Drs. John Duby & Sara Guerrero-Duby
National City
Nationwide Children's Hospital
Time Warner Cable

For more information, or to register online, visit www.ohioaap.org or call (614) 846-6258.

Advertisement

A Simple Nutrition Prescription

Fruits, Vegetables, Whole Grains and Low-Fat and Fat-Free Milk and Milk Products

The simplest advice is often the best advice – that's why it's still the best advice for your patients two years and older to eat more fruits, vegetables, whole grains, and low-fat and fat-free milk and milk products to get the nutrients that are often lacking in their diets.

So forget the here-today, gone-tomorrow trends that only seem to complicate and confuse matters – give your patients time-tested advice. Follow the steps outlined in the 2005 Dietary Guidelines for Americans and emphasize increased consumption of the four "Food Groups to Encourage."[1] You'll help your patients get the key nutrients they need for a lifetime of good health.

Together with suggesting regular physical activity, that's a prescription for success.

For more information on the USDA 2005 Dietary Guidelines and the health benefits of dairy foods, visit www.nationaldairycouncil.org.

[1]U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans 2005. 6th Edition. Washington, D.C.: U.S. Government Printing Office, January 2005. www.healthierus.gov/dietaryguidelines.com

What is the Ohio AAP Foundation?

The Ohio AAP Foundation was established in 2000 as a 501c3 tax-exempt foundation to support the mission and vision of the Ohio Chapter, American Academy of Pediatrics (AAP). The ever changing focus of the Foundation is driven by the strategic plan and goals of the Ohio AAP.

As the charitable arm of the Ohio AAP, the Foundation has three major initiatives:

Chapter Initiatives – Currently, three major programs that the Chapter is continuing to expand are immunization education and awareness; behavioral health awareness, screening and referrals; and the development of a young female symposium for parents and medical care providers of pre-adolescent girls between 8-12 years old.

Reach Out and Read Ohio – A national early literacy program that provides books to low-income children at well-child visits from the ages of six months to 5 years old so that these children grow up with books and a love of reading.

Unfunded CATCH Grants – The Community Access to Child Health (CATCH) Program is a national AAP program designed to improve access to health care by supporting pediatricians and communities that are involved in community-based efforts for children. The Foundation is dedicated to providing assistance to those CATCH grants which have been approved by national AAP, but are unfunded.

In 2008, the Ohio AAP Foundation will host three fund-raising events – Breakfast For Books on May 30 at the Fawcett Center which benefits Reach Out and Read Ohio; the Ohio AAP Foundation Golf Outing on Sept.16 at Tartan Fields; and a wine raffle at the Ohio AAP Annual Meeting on Nov. 7 at Cherry Valley Lodge – in an effort to raise funds and awareness for the Foundation and its initiatives.

For more information, contact Heather Hall, Development Officer, at (614) 846-6258 or hhall@ohioaap.org.

Legislation... from page 2

- Requirement that health insurers offer to cover dependent children beyond the insurer's normal age limitations until the age of 29 if the child is in college and otherwise uninsured, and;
- Nutrition standards for schools.

The bill is in early stages of legislative consideration and will be a priority bill for Ohio AAP this spring.

– Dan Jones
Ohio AAP Lobbyist

Join Pediatricians on Call – Today!

Frustrated by health-care policy in Ohio? Interested in making a difference in the lives of children across the state? Sign up to be a pediatrician on call.

Ohio AAP is excited to kick off a new advocacy program, "Pediatricians on Call." By forming a group of active pediatricians interested in fostering relationships with key health policymakers and advocating for laws and rules that benefit pediatrics, Ohio AAP can help make a difference in children's lives.

When you sign up, you will receive e-mail suggestions for identifying and getting to know your legislators and, when necessary, we will ask you to contact your legislator to share our position on a specific issue. We also may seek your help in identifying other pediatricians interested in joining Peds on Call. We will respect your time and will be selective in our requests and communications.

Please go to www.ohioaap.org then see "Peds on Call" to sign up today.

Questions? Please call Ohio AAP at (614) 846-6258, or our government relations consultant, Tracy Intihar, at (614) 224-3855.

District V Report

Pediatricians need to retrain themselves

What will the profession of pediatrics look like in the year 2020? What is the future of pediatrics?

Anyone who is practicing pediatrics knows that the profession of pediatrics has changed dramatically in the last 15 years. The acute infectious diseases that we diagnosed and treated are disappearing as a result of our new vaccines. The patients who remain in the hospital often have complex medical illnesses. When hospitalized, chronically ill children are discharged for follow-up in office settings, office structures are not designed to care for the long visits. We have few tools to coordinate care with schools and ancillary health-care providers. Families are begging us for help for depression anxiety and ADHD. We must retrain ourselves so that we can treat psychosocial concerns effectively. Payer systems pay for volume of children seen over time spent with children. We need to address these issues now so that pediatrics as a profession will thrive in the future.

Ellen Buerk, MD

The demographics of our populations have changed. There are sizeable immigrant populations in our country. The families are struggling with English, and we have trouble making sure that we are communicating in a way that the families can follow our directions. In the future families and providers will work as teams to care for children.

Electronic medical records will be the tool of the future to manage our patients, and assure that we are standardizing care to our patients.

As part of the Strategic Priority, the Vision of Pediatrics 2020, The AAP will examine the trends that are driving the transformation of pediatric care. We will develop an action plan that outlines the steps we need to take to develop the skills we need to care for the patient of the future. We will look at critical elements of our office structure and systems that we will need to manage the care of the future. We will develop strategies for sustainable funding that favors time as well as volume. We will look at the role of pediatrics as an integral part of the community.

How does a practitioner retrain himself for the diseases and medical trends that emerge by 2020 and beyond? We must have a plan of lifelong learning to address the future gaps in our knowledge base. Just as we are developing the skills that we need to treat ADHD, anxiety and depression, we will have new challenges in the office such as understanding geneomics and epigenetics, and we must develop a system to learn about new challenges.

The pediatrician of the future will look differently than the pediatrician of today. How can we vision the future and plan so that we thrive in the enviroment of tomorrow? Stay tuned!

– Ellen Buerk, MD
District V Chair

New ROR Ohio sites

Reach Out and Read Ohio would like to welcome the following new sites:

Akron Children's Hospital C.A.R.E. Center, Stark County – Akron

Akron Children's Hospital St. Elizabeth's Boardman Campus – Boardman

Athens City/County Health Department – Athens

Northeast Ohio Neighborhood Health Services, Inc. Superior Health Center – Cleveland

Perrysburg Pediatrics – Perrysburg

Judith T. Romano, MD – Martins Ferry

Salud Community Clinic – Tipp City

Youngstown Community Health Center – Youngstown

For more information about becoming a ROR site contact, Heather Hall, ROR Ohio Coalition Leader at hhall@ohioaap.org, or (614) 846-6258.

Medicaid providers to receive 3% increase

Ohio pediatricians who are Medicaid fee-for-service providers will receive a reimbursement increase of 3% starting July 1.

Thanks to the efforts of the Ohio AAP Chapter, Ohio individuals who need it most will receive the care they need.

When it was announced last November that the fee increase would be frozen due to Medicaid funding concerns, the Ohio AAP Chapter actively began working to restore the funding.

Ohio AAP Executive Director Melissa Arnold, Ohio AAP Chapter President **William Cotton, MD**, and Ohio AAP Lobbyist Dan Jones, met with Gov. Strickland's administrative staff to request that the 3% increase be restored. The Ohio AAP Chapter voiced its concerns to the governor's staff regarding the impact this would have on Medicaid patients' access to care.

With expanding the coverage of children in Ohio to 250,000 of the family poverty level, without increasing reimbursement, there wouldn't be enough providers to serve the children.

Ohio AAP leaders also mentioned to the governor's office that this would be the first increase in seven years!

For Medicaid Managed Care providers, they will receive the increase if their contracts are tied to the fee-for-service schedule.

The process to get the fee increase started back in July 2007 when Medicaid invited physicians from around the state including Ohio AAP leaders President **William Cotton, MD**, and President-Elect **Terry Barber, MD** and pediatricians that Medicaid had a long-time relationship with like **Richard Tuck, MD**, to the table to offer input about the proposed Medicaid reimbursement increase.

Molly Michael, manager of Physician Services at Medicaid, said, "We only had so much money and we needed feedback from these physicians as to the best way to implement the increase." The Ohio pediatricians along with family practitioners were presented several models that Medicaid had developed and were asked how they thought the money would be best spent. The physicians agreed that the focus needed to be on *seeing* patients rather than *procedures.*

Instead of applying the increase across the board to all health procedural codes, Medicaid took the advice of the pediatricians and focused the money on increasing the codes related to primary care, neonatal care and emergency department services.

Ohio AAP leaders were told that part of the reason the governor's office reinstated the increase was because pediatricians were terrific advocates in explaining access to care and its ties to the increased reimbursement.

Ohio AAP welcomes new staff member

Dan Farkas is the newest member of the Ohio AAP staff. Joining the staff in February.

As Project Manager for the Autism Diagnosis Education Pilot Project, Dan will coordinate the efforts of the medical team with local community members to create improved education, diagnosis, and care for children with autism.

Dan will also oversee day-to-day management of the project's administration and budget, which is funded by the Ohio Department of Health's Bureau of Early Intervention Services. Dan will be working closely with **John Duby, MD**, medical director of the progam.

A native of Centerville, who graduated from Ohio University, Dan has traveled the nation over the past decade working as a news reporter and anchor. His most recent stop was at WBIR in Knoxville, Tennessee.

Those wanting to learn more, or participate, in the autism project should contact Dan Farkas, Project Manager, at dfarkas@ohioaap.org or call (614) 846-6258.

Impact SIIS records more than 30 million histories

The Ohio Department of Health's Impact Statewide Immunization Information System (SIIS), has reached a milestone. Within six years, Impact SIIS has more than 30 million unique unduplicated immunization histories available to authorized users via the Web. The 30 millionth record was received via an electronic file from Lakewood City Health Department.

Approximately half of all immunization history records in Impact SIIS come from other data systems. The facility that manually entered the next shot directly into Impact SIIS was Nationwide Children's Close to Home in Whitehall.

Facilities that use Impact SIIS interactively have immunization rates 15-20% higher than those sites submitting data electronically.

Impact SIIS success has been achieved by all the hard work of participating private physicians, hospitals and public health facilities. More than 55% of children 0-6 years of age in urban areas have two or more immunization histories in Impact SIIS and more than 71% of children 0-6 years of age have two or more immunization histories from rural counties.

Impact SIIS is free, including free reminder/recall notices.

For more information, contact Robyn Taylor at ODH at (614) 752-4488.

Would you like to donate items to the Ohio AAP Foundation?

Your tax-deductible donation will be put to good use at raffles and silent auction events.

Contact Elizabeth Kelleher at ekelleher@ohioaap.org or call 614-846-6258

Members... from page 12

Alaba Devonne Robinson, MD, Cincinnati

Paul M. Saluan, MD, FAAP Hinckley

Jennifer Anne Setlik, MD, Cincinnati

Susan Spaeth Shah, MD, FAAP Twinsburg

Jeffrey Michael Simmons, MD, FAAP, Wyoming

Gregory Louis Simpson, MD, Shaker Heights

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Calendar of Events

The Ohio AAP announces the following meetings.

May 14, 2008 – **Ohio AAP Open Forum**
Toledo, OH

May 14, 2008 – **Ohio AAP Executive Board**
Toledo, OH

May 30, 2008 – **Breakfast for Books**
Fawcett Center, OSU Campus

July 25, 2008 – **Ohio AAP Executive Board**
Ohio AAP Conference Rm., Worthington

Sept. 16, 2008 – **Foundation Golf Outing**
Tartan Fields, Dublin

Nov. 7-8, 2008 – **Ohio AAP 2008 Annual Meeting**
Cherry Valley Lodge, Newark

Nov. 8, 2008 – **Ohio AAP Executive Board**
Cherry Valley Lodge, Newark

Nov. 13-14, 2009 – **Ohio AAP Annual Meeting**
Great Wolf Lodge, Cincinnati

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