The Growing Times

Utah Chapter of the American Academy of Pediatrics

President’s Message

William E. Cosgrove, MD, FAAP
Email: wecosgrove@yahoo.com

Your Grassroots AAP in action!

In the midst of our current election season, it is easy to feel despair or disdain. Our national and state races for government offices leave the voter at best disconnected, and at worst victimized. Well, here is a breath of fresh spring air. Your organization, the American Academy of Pediatrics, remains a stellar example of how excellent grassroots representative governing can occur.

The AAP process starts in the spring each year. Members and Chapters are invited to suggest changes in AAP policies and overall direction. Those suggestions are written-up as formal Resolutions throughout the year. They are vetted first at the local Chapter, then again at the regional District level. These Resolutions then are debated at the yearly Annual Leadership Forum (ALF). This is essentially the Congress of AAP. The ALF is a three day convening of the Presidents and Vice-Presidents of every Chapter, and the Chairs of the AAP Sections, Councils, and Committees. Over 250 leaders meet and debate each resolution, often tweak the wording, and then vote on each resolution. The Resolutions that are passed then go the AAP Board of Directors as strong recommendations for the policies and priorities that then guide your organization for the coming year. Thus an idea that one of you comes up with and advances forward may become next year’s main agenda for your AAP. I wish our State Legislature or our national Congress would work so effectively and transparently.

This year, the ALF debated 134 Resolutions, from recommendations for training Pediatricians, sugar-sweetened beverages, helmet use while horseback riding, parent leave policies, to support of high quality pre-k schooling. The issues range from the minor to gut-wrenching. At the completion of the voting, the most important Top-Ten are voted on. These high-priority issues go directly to the Board for immediate consideration.

This year’s priority list included: Medicaid parity for the children in Puerto Rico, a statement against personal belief exemptions for immunizations, support for pediatricians who choose to discharge

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Call for Nominations

Marty Palmer Service to Children Award

The Utah Chapter established the Service to Children Award in 1989. The award was later re-named for William Martin (Marty) Palmer, MD, one of Utah’s most beloved and respected pediatricians. The Marty Palmer Service to Children Award recognizes individuals who have rendered outstanding service to improve the health and welfare of children. It is the highest honor bestowed by the Utah Chapter.

If you know of an individual who merits recognition, please submit a letter of nomination before April 30, 2016. The letter should state why the nominee qualifies for the award and provide examples of the actions, work, or achievements that make the nominee worthy to receive the award. Address all nominations to the Utah Chapter Board of Directors and email to office@aaputah.org.

The award will be presented by the Utah Chapter President or his/her designee during the Annual Common Problems in Pediatrics Conference luncheon meeting, Tues., June 7, 2016, 12:15 pm at the Education Center, Eccles Primary Children’s Outpatient Services, in Salt Lake City, Utah.
patients who refuse immunizations, support for Planned Parenthood’s provision of sexual health services to adolescents, protecting the rights of children born in the US to immigrant parents, protecting the well-being of immigrant children detained by US officials, mandatory child-resistant packaging for marijuana, AAP advocacy for firearm safety research, and pushing to reduce the cost of epinephrine auto-injectors.

Ninth on the top-ten priority list is a Resolution from the Utah Chapter: Creation of a center for provider resiliency. This charges the Board to develop tools and resources to help one of us, or a colleague, who is experiencing burn-out.

I mention all of this so you are aware that your AAP does in fact respond to the suggestions of its members. I also challenge you to get involved. You belong to a responsive grassroots organization. Your joining a Council, becoming active in a Section, or becoming one of our Chapter leaders can lead to really making a measurable, visible, difference in the AAP and ultimately in the lives of our Nation’s children. (Oh, and you get to spend three days in a hotel somewhere near Chicago.)

**Early Bird Discount Ends Soon!**

The Utah Chapter AAP will host its 38th Annual Common Problems in Pediatrics Conference on June 6-8, 2016 at the Education Center, Eccles Primary Children’s Outpatient Services, in Salt Lake City. **Early bird discount ends April 29**th. One-day option available.

Highlights include adolescent gynecology, dermatology, developmental & behavioral pediatrics, endocrinology, gastroenterology, hepatology, neurology, rheumatology and urology. Earn a maximum of 13.0 AMA PRA Category 1 Credits™.

**Utah Chapter members receive a discount tuition rate!** This conference is under the direction of Ellie Brownstein, MD, FAAP, and jointly sponsored by the Utah Chapter of the American Academy of Pediatrics, Primary Children’s Medical Center and the University of Utah Department of Pediatrics. For a brochure and registration, click on [www.primarychildrens.com/commonproblems](http://www.primarychildrens.com/commonproblems).
Many of you took time to call or email legislators—your efforts made a difference! Thank you to Drs. Ellie Brownstein, Bill Cosgrove, George Durham, Brian Good, Brooks Keeshan, Tom Metcalf, and Nikki Mihalopoulos who testified at committee hearings on behalf of the Chapter. Pediatric residents and medical students completing a child advocacy elective worked tirelessly persuading lawmakers to consider children’s needs; thanks to Drs. Silvia Doan, Ryan Hassan, Erika Ofek, Valarie Riss and to our medical students Leslie McNaughtan and Niaree Davis. Please tell us if we missed anyone.

There were many pediatricians on the Hill this year! It spread the work, but more importantly, it brought a special knowledge and experience to each legislative issue. Please do not be discouraged by the sometime lack of our legislators’ helpful response to the needs of children and their families. Patience and further work will pay off in the end!

### Appropriations/Bill

<table>
<thead>
<tr>
<th>Appropriation – United Way 211</th>
<th>Support</th>
<th>$550,000 one-time funding.</th>
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<tbody>
<tr>
<td>Appropriation - Emergency fund for vaccine-preventable disease outbreaks</td>
<td>Support</td>
<td>Not in Governor’s proposed budget. Will need to address earlier in process next year.</td>
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<tr>
<td>Appropriation – Utah Statewide Immunization Information System (USISS)</td>
<td>Support</td>
<td>Full funding is being sought. USISS has been partly funded by donations for the last 18 years. Will need to address earlier in process next year.</td>
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<tr>
<td>Appropriation – Baby Watch Early Intervention Program</td>
<td>Support $2.5M ongoing funding.</td>
<td>$1,500,000 one-time funding. Emails and testimony from the pediatric community were essential in securing one-time funding to support Program improvement/efficiency. The Chapter will need to advocate ongoing funding to compensate for program during next year’s Session.</td>
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<tr>
<td>Appropriation - Health Amendments for Legal Immigrant Children</td>
<td>Support</td>
<td>PASSED. The Supplemental Appropriations Act included intent language that removes the 5-year waiting period for lawfully residing immigrant children to qualify for CHIP and Medicaid. The Department of Health will be able to start covering legal permanent resident children who are otherwise eligible for CHIP and Medicaid.</td>
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### Medicaid Expansion

| SB77 Medicaid Expansion Proposal Sen. Davis/Rep. Chavez-Houck | Support | FAILED. This bill allowed full Medicaid expansion under the Affordable Care Act providing health care coverage for an estimated 110,000 people. |
| HB437 Health Care Revisions Rep. Dunnigan/Sen. Christensen | Support | PASSED. This bill expands Medicaid coverage to approximately 16,000 people including homeless, mentally ill, and those recently released from prison. **PITIFUL, BUT SOMETHING IS BETTER THAN NOTHING; WE CAN BUILD ON IT NEXT YEAR.** The Utah Chapter will continue to support full Medicaid expansion in 2017. |

### Medical Marijuana

| SB73 Medical Cannabis Act Sub.3 Sen. Madsen/Rep. Froerer | Opposed; no data on safety or efficacy in children and teens. | FAILED. This allows products with THC, the psychoactive drug in marijuana, for medical treatment. |
| SB89 Sub.5 Medical Cannabidiol Amendments Sen. Vickers/Rep. Daw | Opposed; no data on safety or efficacy in children and teens. | FAILED. This bill allows the use of cannabidiol extracts from marijuana plants that do not contain THC for treatment of some ailments; there would be no access for children. |

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*Legislative Wrap continued on page 4*
**Legislative Wrap…continued from page 3**

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<tr>
<th>Bill Number</th>
<th>Bill Title</th>
<th>Sponsor</th>
<th>Position</th>
<th>Status</th>
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<tbody>
<tr>
<td>SB43 Sub.1</td>
<td>Firearm Safety &amp; Violence Prevention in Public Schools</td>
<td>Sen. Weiler/Rep. McCay</td>
<td>Support</td>
<td>PASSED. This bill creates a pilot program to provide instruction to public school students in grade 8 on firearm safety and violence prevention.</td>
</tr>
<tr>
<td>SB108 Sub.1</td>
<td>Birthing Center Amendments</td>
<td>Sen. Deidre Henderson</td>
<td>Neutral</td>
<td>PASSED. This bill eliminates two procedural rules making it easier for birthing centers to expand and become licensed. Birthing centers are no longer required to obtain written transfer agreements with nearby hospital/physicians. Birthing centers which do become licensed will be subject to State supervision.</td>
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<tr>
<td>SB232 Sub.1</td>
<td>Rescue Medication in Schools</td>
<td>Sen. Urquhart/Rep. Froerer</td>
<td>Initially opposed; support after bill amended to restrict meds to nasal midazolam.</td>
<td>PASSED. This bill allows a trained school employee volunteer to administer a seizure rescue medication. The bill was amended to prohibit IV and IM medications; thus applies only to nasal midazolam. This bill provided for the administration of intranasal midazolam in public schools by a trained school employee. This bill was subsequently combined with SB232 Sub.1.</td>
</tr>
<tr>
<td>HB157 Age Limit For Tobacco &amp; Related Products</td>
<td>Rep. Powell/Sen. Shiozawa</td>
<td>Support</td>
<td>CIRCLED/DIED. This bill passed the House, but was circled in the Senate. The bill requires parents to complete an education module as a condition for receiving a student immunization exemption form. Advocacy work will continue during the Interim Session to prepare for a similar bill to be introduced in the 2017 Legislative Session.</td>
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<tr>
<td>HB221 Immunization of Students</td>
<td>Rep. Moss/Sen. Shiozawa</td>
<td>Support</td>
<td>INTERIM STUDY. This bill allowed terminally ill patients to receive a prescription for life-ending medication.</td>
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<tr>
<td>HB264 End of Life Options Act</td>
<td>Rep. Chavez-Houck</td>
<td>Neutral</td>
<td>INTERIM STUDY. This bill proposed a 86.5% tax on e-cigarette products and nicotine inhalers.</td>
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<tr>
<td>HB333 Electronic Cigarette Products, Nicotine Inhalers, and Related Revenue Amendments</td>
<td>Rep. Ray</td>
<td>Support</td>
<td>INTERIM STUDY. This bill provided for the administration of intranasal midazolam in public schools by a trained school employee. This bill was subsequently combined with SB232 Sub.1.</td>
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**Child Advocacy Writing Challenge!**

Share your story with members of your community to help educate, inform, inspire and, in some instances, gain the attention of decision-makers. It’s a great way to generate attention and energy around child health issues YOU care about.

Submitting a letter to the editor or an opinion editorial will get more people involved and may persuade community leaders/elected officials to act! Check your local paper for instructions on submitting an article and if it’s published, send a copy to office@aaputah.org for the Chapter to use in advocacy work.

**In the News:**

**Op-ed: Parents who don’t vaccinate need the knowledge HB221 would provide**
William Cosgrove, MD, FAAP
March 8, 2016, Salt Lake Tribune

**My view: Can we improve vaccine rates?**
Michael Fullmer, DO, FAAP
February 21, 2016, Deseret News

**My view: Knowledge and vaccines**
William Cosgrove, MD, FAAP
March 7, 2016, Deseret News

**My view: Does going to pot send the wrong message to Utah children?**
Kevin Nelson, MD, FAAP
February 12, 2016, Deseret News

**Op-ed: HB437 a start, but we need more Medicaid expansion to truly address Utah’s homeless**
Laura Michalski and Scott Williams, MD, FAAP
March 5, 2016, Salt Lake Tribune

**My view: Where is our Medicaid expansion?**
Tom Metcalf, MD, FAAP
February 10, 2016, Deseret News

Interested in learning more about the Child Advocacy Writing Challenge? Contact Cathy Oyler at office@aaputah.org. A tip sheet and list of Utah’s newspaper outlets with contact information will be provided. ☰
Toxic stress is the term coined by the pediatric community to describe the collective biological alterations caused by exposure to persistent situations of distress. Several terms (e.g. chronic trauma, traumatic stress, trauma) are seemingly different but all share the same etiology: exposure to chronic bad stress.

For decades, we’ve known that allostatic load, long-term exposure to stress-hormones: cortisol and epinephrine can alter cardiac function and cause cardio-pathology (i.e. the young executive who has an MI after years of constant stress at work). The story doesn’t end there. When we experience allostatic load, the downstream effect will predictably result in physiological changes that reach far beyond cardiac function. When the frequency of stress is repetitious, or physiology is unable to adapt (e.g. allostasis), or the Hypothalamic-Pituitary-Adrenal (HPA) is over-run and secondarily influences other mediators of the stress-response, these conditions are a perfect set-up for toxic stress. The changes caused by toxic stress are extremely far-reaching and have the potential to affect every physiological system and organ. Depending on an individual’s genetic vulnerabilities, the epigenetic effect (e.g. environmental stimuli altering genetic expression via histone modification [“methylation tags”] of DNA) from long-term toxic stress can be devastating. The younger (and longer) the exposure is to toxic stress, the worse will be the predicable health outcome.

For instance, the Center for Disease Control (CDC) has replicated the Adverse Childhood Experiences Study (Felitti MD), verifying that long-term exposure to toxic stresses is highly correlated to life-long impact on physical and mental health and places a person much greater life time risk for addiction and downward SES spiral (for more details: http://www.cdc.gov/violenceprevention/acestudy/).

Sounds terrible, right? The good news is that the earlier there is reduction/relief from the toxic stress/environment, the sooner healing can start. So, how can toxic stress be identified the most efficiently? Ask about it. Ask about a history of abuse or neglect, loss or incarceration of a parent, homelessness, domestic violence, maternal toxic stress during pregnancy, etc.

“What child would or even could possibly tell me about these things?” A lot. And, if and when a child is not able to answer, their caregivers may be able to tell you quite a bit, including ACES risk-factors of the biological parents that are passed down through epigenetic alterations (transgenerational trauma-effect). Luckily, there is an ACES screening to make it simple and that can be self-administered: http://www.thecannainstitute.org/Find%20Your%20ACE%20Score.pdf.

“Why would I ever want to address this as a pediatrician, especially about a caregiver’s own history?” This has everything to do with pediatrics. Screening for ACES is prevention by its effect on educating the guardian/child. Dr. Nadine Burke-Harris (pediatrician, founder of Center for Youth Wellness) has embraced the importance of screening for ACES and has systematically incorporated screening into her practice. TED TALK: https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

Screening for ACES can become a platform for advocacy and hope, to build upon innate resiliency skills, which are protective against life-long adversity (and the effects on allostatic load). The Health-Resiliency-Stress Questionnaire (HRSQ) was recently developed specifically for the primary care setting. Once validated, the HRSQ will be able to assist with treatment planning to address these critical issues. (If your clinic is interested in using the HRSQ, send an email to swiet@susiewietmd.com.)

If your practice is interested in learning more about resources within our community, stay tuned for an upcoming list-serve and web-site that will be sponsored by the Trauma-Resiliency Collaborative (TRC), a local multi-disciplinary group dedicated to raising awareness about the effects of trauma, violence and abuse across the life-span and the importance of building resiliency. A national clearing-house of ACES-related resources is www.ACESTOOHIGH.com and has a provider social network.

REFERENCES
- CDC ACES STUDY: http://www.cdc.gov/violenceprevention/acestudy/
We have all studied the reports of how Adverse Childhood Experiences (ACEs) can lead to life-long adverse outcomes. Adult maladies and misfortunes, from high school dropout, drug dependence, incarceration, heart disease and early death can often be tracked back to a child’s early life of deprivation. The mechanisms that deliver these disastrous results decades after the original insults to the child’s physical and emotional systems are still relatively unclear. What is known is that there are epi-genetic alterations that result in portions of the child’s genome to either be read or suppressed. There are also up-regulation effects in the child’s fight-or-flight systems, with measurable changes to the amygdala, and hippocampus, as well as changes to the child’s immune regulatory system. All of these changes result from Toxic Stress experienced by the vulnerable developing child.

While the adverse effects on the child can be later lessened and somewhat ameliorated, it is all too sadly obvious that these effects can damage the child and constrain his future possibilities. **What is needed is prevention.** Thus we, as pediatricians, screen for the social determinants of Toxic Stress. If we can recognize the struggles of the parent with depression, drug dependence, poverty, or simply isolation, then we can intervene before the child is damaged. This prevention is worth much more than a pound of the cures that we have currently available.

A similar situation is the Toxic Stress load that pediatricians endure on a daily basis. You can call it Burn-out, or Compassion Fatigue, but the routine stresses that weigh heavily on every care-taker also take their toll; 46% of pediatricians report these conditions. And, we know that the effects can be ameliorated. Just get thee hence off to a sabbatical, or therapy, or self-help, or yoga. These things do help, but again *what we really need is prevention.*

We know what the stressors are. We can all list the soul-sucking daily occurrences that grind us down and leave us wounded, unable to really help ourselves, and unable to really help our patients. But, we put up with them. We just tolerate the time pressures, our administration’s demand for more through-put, the lack of sleep, and poor nutrition. We shake off the insurer’s uninformed rebukes about the quality of our care, and shrug off the 50+ EMR warnings and alerts each day (both constant sub-conscious messages that you, doctor, are just not good enough).

Toxic Stress is when the stressors come at us so often and so hard, driving us off course, that we never get the chance to get back to baseline, never get back on course. Like a child, we may be permanently altered, harmed, and deprived of the opportunity to reach our full potential as loving, generous, caregivers. So, yes, we can build our resiliency, thicken our skins, harden our hearts, and toughen our resolve to be good physicians, despite the toxic load; or we can change our practices. Say no to the bosses, and set our schedules at a livable pace. Ignore the insurance demands, or delegate them to your staff. Refuse to see that one more drop-in. If we feel oppressed by the workload or the overseers, then we should revolt.

Before “heal thyself” comes “first do no harm” to thyself. Another way to look at all of this is “in the event of an emergency, put your own mask on first, before attempting to help others”. So, buckle in for prevention. In bucking the system, we are likely to have a bumpy ride. We do hope you have a pleasant journey. You deserve it!

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**Free Resources to Help With Payer Denials**

The American Academy of Pediatrics (AAP) will assist you with your coding and payer needs. The AAP website provides a variety of resources that can assist you with correct coding and resources to help with payer denials.

The AAP also offers a free service for members where coding inquiries can be submitted in writing for a response. This is the only official AAP source for coding information. Payer denials and payer specific inquiries may also be submitted to this service. The AAP Coding Hotline is staffed by certified coders who are very knowledgeable in pediatric coding issues.

- Visit [www.aap.org/coding](http://www.aap.org/coding) for all coding resources.
- Visit [https://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Pages/Private-Payer-Advocacy.aspx](https://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Pages/Private-Payer-Advocacy.aspx) for private payer advocacy resources.
- Email the AAP’s coding hotline for any inquiries [aapcodinghotline@aap.org](mailto:aapcodinghotline@aap.org).

For more information or questions, contact **Becky Dolan**, Health Policy & Coding Specialist, AAP Department of Practice, at BDolan@aap.org or (800) 433-9016.
Medical Home Corner

Live Help and Training Videos on the Medical Home Portal
Alfred Romeo, RN, PhD
Utah Department of Health
Email: alromeo@utah.gov

The Medical Home Portal, www.medicalhomeportal.org, is the resource built for families of children and youth with special health care needs (CYSHCN) and the practices that serve them. Two new features were recently added to help families and providers, including live help and training videos.

New features and content are being added every month but the addition of live help marks the first time that families have been able to call to ask questions. In the top-right corner of pages, a new “Get More Help in Utah” link has been added. The telephone number, 1 (844) 863-0311, and email address, integrated.services@utah.gov, will connect families in Utah with staff of the Integrated Services Program at the Utah Department of Health’s Bureau of Children with Special Health Care Needs (CSHCN) during regular business hours.

Families can get help with care coordination, finding community resources, or finding content on the Medical Home Portal website. Medical home care coordinators, primary care clinicians, and parent partners are encouraged to call when they need help with challenging situations affecting families. Families and medical homes in other states are encouraged to contact their state Family-to-Family Health Information Center or Title V Program to access local resources and care coordination services.

The six new training videos have been developed to help families and medical homes use the Medical Home Portal. The “How to Use the Medical Home Portal” videos can be found through YouTube at https://goo.gl/Ldw05N. We realize that the extensive variety of content, services, and other resources can be challenging to navigate. The videos are short, two to four minutes in length, and are meant to help families understand what sections are available and how to find content and resources. The six videos include:

- What is the Medical Home Portal?
- How to Navigate the Medical Home Portal
- The Medical Home Portal’s Services Directory
- Other Resources in the Medical Home Portal
- The Medical Home Portal “For Parents & Families” Section
- The Medical Home Portal Prevalence List

The videos feature the Medical Home Portal’s Manager, Mindy Tueller, and Director, Chuck Norlin, MD, narrating as they demonstrate navigating through the different sections.

DOH Rolls Out New Pediatric Program!
Eric Christensen, MPH, Manager, Integrated Services Program
Utah Department of Health, Bureau of Children with Special Health Care Needs
Email: echristensen@utah.gov

Are you struggling to coordinate care and provide follow-up for children with special health care needs in your practice? The Utah Department of Health, Bureau of Children with Special Health Care Needs, has created a new no-cost program to partner with you and your staff to coordinate care for your patients.

The Integrated Services Program (ISP) is available Monday through Friday from 8:00 am-5:00 pm. To learn more about how we assist with care coordination, click on www.health.utah.gov/cshcn/programs/integratesrvs.html or contact us at integrated.services@utah.gov or (801) 584-8246.

We would also appreciate your input on services for children with special health care needs by taking a quick survey at https://www.surveymonkey.com/r/CZPDGG2.
Editorial: It Pays to Follow Your Kids!

Tom Metcalf, MD, FAAP
Utah Chapter Senior Representative
Email: tmetcalf3745@gmail.com

First came quality Emergency Department care—a huge improvement over “do your best to stabilize in the office and ship to Primary Children’s Hospital.” Then the Rapid Treatment Unit for quick admissions (“We’ll tell you [sometimes] when we admit them or when we send home.”). And finally hospitalist care for essentially all inpatient admissions to Primary Children’s. Medicine and the economics of patient care have slowly, but surely moved pediatricians further and further away from patients, parents, families, inpatient skills, and any teaching of residents and students. This all in the name—and fact—of high quality care of ill and injured children.

But, an AAP News November 2015 article by then AAP President Sandra Hassink, MD, FAAP, she recalls the underestimated value of the family’s pediatrician—who knows the child, the family, details of history and earlier exams which may be missed by hospital staff in their striving for efficient care. Details which can enhance the quality of the child’s inpatient experience, and gives much welcomed love and solace to both the parents and the child, in the strange, cool or cold atmosphere of the rather sterile Emergency Department or unfamiliar inpatient surroundings.

As a pediatrician, never underestimate yourself or the effect of attending to your patient, even as it costs you money and time away from your practice and family! To quote Dr. Hassink, “That kind of comfort and care is priceless.”

Help available to improve immunization administration and tracking

Chuck Norlin, MD, FAAP, UPIQ Director
Email: chuck.norlin@hsc.utah.edu

Immunizations have received much attention lately, with last year’s measles scare, California eliminating all but medical exemptions, and the Utah legislature considering, but not passing, a bill focused on school exemptions. Clinicians may be unaware of how many of their patients are unimmunized due to personal exemptions, since the local health department “signs” them. Two sources of information can help you understand the impact of both exemptions and non-exempt under-immunization in your local schools, districts, or counties. The Utah Department of Health offers immunize-utah.org/statistics/… which shows both immunization coverage and disease incidence by local service area. OpenDataCatalog (opendata.utah.gov/Health/Vaccinations…) shows immunization and exemption rates by school and district.

Among children entering kindergarten, exemption rates are ≥5% in 249 schools and ≥10% in 64 schools. The proportion that is adequately immunized is under 95%, the threshold for herd immunity for some vaccine-preventable diseases, in 422 schools. This puts lots of people at risk, particularly kids and adults who can’t be immunized for medical reasons, as well as infant siblings and neighbors of these students.

We should do all we can to support our families in making good decisions about immunization and work together to encourage schools, legislators, and the public to support education and policies to guide parents protecting their children and others. UPIQ can help you improve your practice’s processes around immunization administration and tracking to help you do all you can. Please contact us to learn more at info@upiq.org, 801-213-4097, or upiq.org.

In the last newsletter and through emails we requested your help in identifying priorities for improving the care we deliver to children in Utah. To date, 101 of you have responded with a total of 237 choices. By far the most often chosen area was Behavioral Health (58), followed by Obesity (44), Sports-related topics (32), and Preventive Services (24). It’s not too late to let us know your priorities—share your views by answering three questions at surveymonkey.com/r/UPIQ2016.

1 immunize-utah.org/statistics/utah%20statistics/immunization%20coverage%20levels/index.html
2 opendata.utah.gov/Health/Vaccinations-By-School-District-And-School-Utah-20/3nnk-8ku2#column-menu
Fostering Healthy Children Program

Claudia Fruin, MD, FAAP, Medical Director
Utah Department of Health, Bureau of Children with Special Health Care Needs
Email: cfruin@utah.gov

I’m sure you have all experienced the frustration of having a foster child brought to your office for a visit without any information. You ask the foster parent for the child’s history and get, “I don’t know.” There is help out there.

The mission of the Fostering Healthy Children Program (FHCP) is to ensure ongoing medical, dental and mental health services are provided for children in the Division of Child and Family Services (DCFS) custody. This is done by maximizing quality and timeliness of health care services for the children and ensuring access to providers.

Fostering Healthy Children Program is designed to assist DCFS in meeting the health care needs of Utah’s children that are placed in foster care. Registered nurses from the Utah Department of Health are co-located in offices with caseworkers from DCFS. They work in partnership to coordinate the foster child’s health care while in custody:

- The Fostering Healthy Children Program nursing staff works in partnership with the DCFS caseworkers to coordinate health care services (including medical, dental and mental health) for Utah foster children.
- Each child’s health care, including acute medical, mental health, dental health, and preventative and when appropriate, specialty care will be evaluated and tracked to ensure the child’s optimum health.
- Nursing staff will identify and work with the child/family’s primary care health provider whenever possible, and where one is not available, will help the child/family establish a medical home.

What to expect when a child comes to a visit:

- Home to home binder (medical records and immunization records)
- Health data report (known health history, providers, immunizations)

If you do not receive these items, call (801) 584-8240 and a Health Data Report can be faxed or emailed to your office. If you have any questions about the Fostering Healthy Children Program or suggestions about what we can do to better serve you, contact LaRene Adams, Program Manager, at (801) 386-6023.

CHIE

Levy Woodruff, Utah Health Information Network
Email: lwoodruff@uhin.org

Authorized cHIE users can augment their patient records with data from many important sources! Data is available from Intermountain Healthcare’s 22 hospitals and over 185 clinics in Utah and Idaho, including Primary Children’s Hospital, and from the Veterans’ Affairs Health Care System, including emergency services and 10 community clinics in Utah, Idaho and Nevada. Additionally, St. Mark’s Hospital and Lone Peak Hospital are now sharing patient records in the Continuity of Care Document (CCD) format.

cHIE users can view data from these partners by simply searching for their patients. Available data will automatically appear in the cHIE’s patient summary view. Intermountain, the VA, St. Mark’s and Lone Peak are providing the information available in a standard CCD, including demographic data (name, sex, date of birth, race, ethnicity, and preferred language), problems, medications, allergies, laboratory values/results, vital signs, care plans, immunizations and procedures.

“UHIN is excited to further support coordinated care by expanding the information available to cHIE-participating providers. Every enhancement to the cHIE brings us closer to eliminating gaps in care for patients in our community,” says Teresa Rivera, UHIN’s President and CEO.

cHIE users can contact their dedicated UHIN Consultant with questions about accessing this data. For general questions about the cHIE, contact UHIN at (877) 693-3071.

CME To Drive For!

38th Annual Common Problems in Pediatrics Conference
June 6-8, 2016 in Salt Lake City • 13 AMA PRA Category 1 Credit(s)™

Early Bird discount ends April 29. For a brochure and registration, click on www.primarychildrens.com/commonproblems. One-day option available.
Each year, thousands of children receive life-changing specialty orthopaedic care at Shriners Hospitals for Children-Salt Lake City. Children under the age of 18 are eligible for care so long as the child’s condition is within the scope of services provided. All children are treated regardless of the families' ability to pay.

**Referral Line, Fax and E-mail**

Providers may refer patients to Shriners Hospitals for Children-Salt Lake City by calling (800) 314-4283 weekdays, between 8:30 am and 4:30 pm. Phone calls after hours will be returned the next business day. Referrals can also be faxed to (801) 536-3521 or emailed to referrals@shrinenet.org.

For patients in need of immediate diagnosis or treatment, providers have the option of calling the Referral Line and asking to speak with a physician.

**Jill Conner**, Physician Relations Manager, works closely with medical providers throughout the Intermountain West to ensure referrals to Shriners Hospitals for Children-Salt Lake City are handled promptly. Jill maintains frequent contact with referring physicians, nurses and office managers, and can provide follow-up on the status of referrals.

**Presentations and Visits**

An important part of the mission of Shriners Hospitals for Children-Salt Lake City is to provide educational opportunities for physicians and other health care professionals. Hospital representatives are available to conduct presentations at clinics, health fairs, medical offices and other venues. To schedule a presentation for your office, clinic, or medical practice, contact **Jill Conner** at jconner@shrinenet.org or (801) 536-3550.

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**SAFE SEATS SAVE LIVES**

Educators from Utah’s Safe Seats Save Lives campaign continue to provide current child passenger safety guidelines to pediatricians and their office staff in clinics across the state.

Pictured below is a “Boost ‘Til 4’ 9” measuring cling that is provided by the group to help families see in the doctor’s office visualize how long to keep their children in a booster seat. All guidelines shared come directly from the American Academy of Pediatrics and align with Utah’s current laws. The Utah Chapter AAP, Primary Children’s Hospital, Safe Kids Utah, Zero Fatalities and the Utah Department of Public Safety are valued partners in this effort.

To schedule a free, 20–30 minute presentation in your office or for more information and free resources, contact **Janet Brooks**, Primary Children’s Hospital, janet.brooks@imail.org or (801) 662-6585.

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Boost ‘Til 4’ 9” measuring cling and other office resources provided at no charge.
Practice Opportunities

**Pediatrician.** Established pediatric practice opportunity for BC/BE pediatrician to replace retiring physician in 2-doctor private practice in Sandy, Utah. Position available in September/October 2016. For more information, phone Dr. John Shakula at (801) 230-8479 or Dr. Dave Boettger at (801) 230-2804.

**Pediatrician.** Old fashioned pediatric practice opportunity for a general pediatrician in downtown Salt Lake City. I am currently working 3 days a week. Opportunity to work 2 days a week. For more information contact Dr. Louis Borgenicht at lborgenicht4052@me.com.

**Office Manager.** Busy Bee Pediatrics in Bountiful is seeking an Office Manager to work as team with Dr. Bonnie Feola and 5 certified Pediatric Nurse Practitioners. This is a great opportunity for a long-term position, as a leader and for continued personal growth. Bachelor’s degree or equivalent combination of education and experience in healthcare administration required. For more information, contact busybeepediatrics@gmail.com.

**Office Manager.** Sunnyside Pediatrics in Salt Lake City is looking for an energetic and self-motivated professional who has previous leadership and office management experience. Qualifications: 3+ years employee management experience, as well as QuickBooks and EMR experience. Clinical experience and bilingual English/Spanish a plus. For more information, email ngefraku@gmail.com.

In Memoriam

Craig Black, MD, 1953-2015

Craig passed away at his home this past summer at the age of 61. He received his medical degree from the University of Utah School of Medicine and completed his pediatric residency at Primary Children’s Hospital. He enjoyed a 30-year practice of pediatrics in Bountiful. He was also passionate about his time spent with the children at South Davis Community Hospital. And, he served as a Utah Chapter AAP Representative-at-Large for two years. Friends and colleagues remember Craig as one of the finest pediatricians stating, “He has always been a gentleman first, and a friend and respected pediatrician to many.”

Welcome Aboard!

**New members of the Utah Chapter AAP**

- **Laura Brown, MD**
  Division of General Pediatrics, Department of Pediatrics

- **Kristen Carroll, MD**
  Shriner’s Hospital

- **Alyson Eyre, MD**
  Granger Medical Clinic – West Valley City

- **Ron Jones, MD**
  Private Practice, Provo

- **Joseph Kingston, DO**
  Health First Family Medicine, West Jordan

- **Lisa Morris, MD**
  Pediatric Plastic Surgery Associates, Salt Lake City

- **Amy Williams, MD**
  U’s South Jordan Health Center, South Jordan

**Affiliate Members:**

- Gerald Berrett, PA
- Donna DeSilva, MSN, PRN
- Mary-Faith Fuller, MSN, CPNP
- Trudy Hardin-Reynolds, DNP, APRN
- Cameron McFarland, APRN, FNP

The Growing Times

*is a newsletter of the Utah Chapter of the American Academy of Pediatrics*

**Share your comments!**

We invite members to comment on current issues, articles, or submit story ideas. Deadline for publication in the next issue is June 20, 2016. Send to office@aaputah.org in WORD format.

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Utah Medicaid: All Kids Deserve a Winning Smile!
For more questions, contact Heidi Oliver, Division of Medicaid & Health Financing, at holiver@utah.gov or (801) 538-6698 or Kim Michelson, DDS, State Dental Director, at kmichelson@utah.gov or (801) 273-2995.

All Kids Deserve a Winning Smile!

Why does dental care matter?
- About 1 in 5 kids has an untreated cavity.
- Tooth decay can be prevented.
- A winning smile increases self-esteem.
- Dental problems cause kids to miss school.
- Good oral health improves nutrition.

What can you do?
- Recommend children have their first dental visit by age one.
- Conduct an oral health risk assessment at each well-child visit.
- Apply fluoride varnish to qualifying patients’ teeth (staff can do this under provider supervision.)

Recent changes for Medicaid include:
- Reimbursement rates have increased (Medicaid fee-for-service only)
- CPT 99186 (application of fluoride varnish by a physician or other qualified health care provider) is open effective July 1, 2015 for children birth to four years of age.
- Increased frequency limitations for fluoride varnish application to 4 per calendar year.

Services must be billed with one of these well-child visit codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>99381</td>
<td>Infant – less than 1 year of age, new patient</td>
<td>Fluoride Varnish Application</td>
</tr>
<tr>
<td>99382</td>
<td>Early childhood – age 1 through 4 years, new patient</td>
<td>Fluoride Varnish Application</td>
</tr>
<tr>
<td>99391</td>
<td>Infant – less than 1 year of age, established patient</td>
<td>Fluoride Varnish Application</td>
</tr>
<tr>
<td>99392</td>
<td>Early childhood – age 1 through 4 years, established patient</td>
<td>Fluoride Varnish Application</td>
</tr>
</tbody>
</table>

Does your patient need to find a CHIP or Medicaid dentist?
Have them call a Health Program Representative at 1-866-608-9422.

With your help, all kids can have a winning smile!