



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Michigan Chapter

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Letter from the President

Lawrence Reynolds, MD—LawrenceR@mottchc.org



This summer, the Michigan Chapter of the American Academy of Pediatrics launched its first effort to address Maintenance of Certification Part 4 Quality Improvement Activities. We have applied to the ABP for approval for a project that will focus on developmental screening, referral, and tracking. This project will also improve health outcomes by identifying children at risk for neurodevelopmental problems. This activity requires the assistance of members who have quality improvement training and experience. I see the development of a peer to peer technical assistance network an exciting possibility. If you have any interest or would like to develop those skills, please contact the MIAAP office by e-mail or phone.

The Michigan Chapter is also working with Governor Rick Snyder and the Michigan Department of Community Health Director Olga Dazzo on the Obesity and Infant Mortality Steering Committees. Their work has culminated in two state-wide summits. The Obesity Summit occurred September 21st and was attended by health professionals and others from all over the state. Dr. Meg McKeough, member of the MIAAP's Healthy Weight Committee was present. See her article in this newsletter.

Central to this and other state-wide health improvement plans, the following four ingredients are needed:

1. A commitment to aligning the systems of care and policies to address obesity and infant mortality.
2. A commitment to a sustained stream of funding to ensure fair payment, the continuance of public health programs, and the implementation of school-based initiatives. (These programs would include WIC and the Michigan Model from the Michigan Department of Education.)
3. Innovative approaches that go beyond the hospital, office, or clinic, in partnership with our communities.
4. A way to share information and re-enforce our messages across many clinical and community settings.

There has been a persistent gap between black and white infant mortality rates in the State of Michigan for many years. In many communities, two to three times more black infants than white infants die before their first birthday. We cannot improve Michigan's health status without addressing this disparity. The obvious indicators of poor outcomes are premature birth and low birth weight. Other maternal health factors involving care services prior to conception are very significant. There are social and economic factors which contribute to the overall rate including how race and class determine health. Additionally, there are 18 counties in Michigan that do not have labor and delivery services.

On Monday, October 17, 2011, there will be an infant mortality summit convened by MDCH Director Dazzo at the Marriott Ypsilanti at Eagle Crest. Attendance is open to the public, and we definitely need the input of pediatricians.

The MIAAP will be featured on WDET, Detroit Public Television, in a report on our Medical Home / Child Health Access Project Initiative - a partnership with the Early Childhood Investment Corporation. The Kent County Child Health Access (CHAP) Program has been able to increase access and decrease hospitalization and inappropriate ER use for children on Medicaid in a systematic way using health educators and care coordinators. Led by Dr. Tom Peterson of Grand Rapids the CHAP model is spreading to other counties. Please see his article in this edition of the newsletter.

On Wednesday, October 19th, there will be a Mott Children's Health Center conference, co-sponsored with the MIAAP and Hurley Medical Center, on the Medical Home at the Holiday Inn Gateway Centre, Flint. C. Fan Tate, MD, FAAP, the AAP's Medical Home national advocate, and Jametta Lilly, Director of Wayne County CHAP Project, will be keynote speakers. The Kent County CHAP team will be on hand.

Once again, your participation is always invited. Please check our website for further updates. **LR**

HAPPY FALL!

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From the Desk of the Executive Director

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We're well into football season and the Lions are surprising everyone as are the Tigers in the MLB post season. Great positive change for Michigan sports fans!

We've also had good news from the Governor in terms of child health. In his recent

address on health and wellness he scored well on issues of import to us—BMI screening and reporting, a commitment to address the problem of infant mortality in Michigan, autism coverage by the state's insurers, the link between oral health and overall physical health and insuring that everyone in the state receives primary care in a medical home.

As pioneers of the medical home movement, the MIAAP welcomes the Governor's commitment to this important primary care delivery mechanism. An important tool we can use in addressing the obesity problem among children is including the Body Mass Index measure in the state's Michigan Care Improvement Registry (MCIR). We are pleased that the Governor wants to expand MCIR to include BMI. You and the other members of the MIAAP recognize the explosion of childhood obesity and need the tools to combat it.

I recently testified at a Michigan Department of Community Health (MDCH) administrative rules hearing on adding BMI to MCIR in support of the change in part because the rule DID NOT mandate this change, but makes the addition VOLUNTARY on the part of the physician. I received numerous media calls on this change and many mistakenly believe the report to be mandatory. I have sought every opportunity to clarify that a physician can choose to not report BMI in MCIR and parents can request that their child's measure be unreported.

Pediatricians understand the important link between oral health and overall physical health. We are therefore very pleased to support the Governor's position of expanding the Healthy Kids Dental program which serves Medicaid-enrolled children into all 83 counties in Michigan. We

have sought this expansion for a number of years and welcome the Governor's support in the next budget cycle.

The Governor has expressed his support for requiring insurance coverage for evidence based therapies for children with autism. We recognize the struggles families face that have children with autism and other behavioral health and developmental disabilities. We continue to support mental health parity for all.

Legislation was recently introduced in the state Senate addressing the Health Insurance Exchange (HIE) in Michigan. As the state debates these bills the outcomes have the potential to affect health insurance options for children and how they obtain and retain coverage. Insurance policies for children will be sold through exchanges either as part of family coverage or as an individual children's plan. It is critical that children's interests be represented as Michigan moves forward on building the exchange. The MIAAP is likely to be the lead voice for children and will play an important role. If you have an interest in helping to form good policy on the HIE please contact me. Pediatrician involvement is critical.

A thank you to all who participated in the recent MIAAP survey. As we analyze the results we will keep you informed of what a majority of members rate as MIAAP work that is valuable to them. These results will help to inform us as to our priorities for the next several years. The survey firm we worked with tells us that our response rate exceeded the rate needed to meet the validity test.

Finally I'm happy to report that we have applied to the American Board of Pediatrics (ABP) to have our developmental screening project certified as a Maintenance of Certification (MOC) Part IV project for Michigan members. Let's hope we hit a home run with the application and we can begin offering that to you as a member benefit. **DS**

As Michigan works on implementing a Health Insurance Exchange, we are looking for members to provide feedback to the Legislature.

Contact Denise Sloan at the MIAAP office if you are interested in this issue.



**“As physicians, we have so many
unknowns coming our way...**

**One thing I am certain about
is my malpractice protection.”**

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

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CATCH News from MIAAP

CATCH Facilitator Banu Kumar, MD, MRCP, FAAP – bkumar@dmc.org

Community Access To Child Health (CATCH) Program of the American Academy of Pediatrics emphasizes the concept of Community Pediatrics and the Medical Home, to address barriers to care for all children. CATCH believes that local people can solve local problems using local resources and that Pediatricians can make a difference in their communities through shared experiences and successes.

We pediatricians in Michigan, whether rural or urban, academic or private, solo or group, are Community Pediatricians serving the needs of our patients and families. The mission of CATCH is to support us to ensure that all children have Medical Homes and access to any other needed health care services.

The CATCH Program has a fantastic network of peers and technical assistance staff support at local, regional and national levels. Each AAP Chapter in the United States has at least one Chapter CATCH Facilitator, and each District has a District CATCH Facilitator and a District Resident CATCH Liaison. The roster of chapter CATCH facilitators is available at www.aap.org/catch/implementationgrants.htm.

The CATCH Program provides Pediatricians with Training, Technical Assistance & Resources, Networking Opportunities and Funding Opportu-

nities. The three funding programs available from CATCH include (1) Planning Funds grant, (2) Implementation Funds grant and (3) Resident Funds grant.

“Detroit School Mobile Adolescent Health Center” and “Keeping Infant Safe and Secure for Schools” were two CATCH implementation grants funded in 2010.

“Health and Fitness to go” (Resident Grant) and “Improving Medical Homes for Foster Youth” (Planning grant) were two funded CATCH projects in 2011.

You can check out the details of previously funded grants within Michigan chapter and across the nation, by visiting <http://www.aap.org/commpeeds/grantsdatabase/>.

Specific grants available in the 2012 cycle include “Medical home access”, “Access to health services not otherwise available”, “Connecting uninsured/underinsured with available programs”, “Initiatives to address community barriers to immunizations” and, “Native American Child Health”.

I encourage you to visit the CATCH website at <http://www.aap.org/catch/>.

It has links to the Community Pediatrics Training Initiative (CPTI), Healthy Tomorrows Partnership for Children Program (HTPCP), which also provides funding for chapter projects, and websites for National Center for Medical Home Implementation and Bright Futures.

As your chapter CATCH Facilitator, I look forward to hearing from you about your project ideas and providing advice on how the CATCH Program may assist you in serving the needs of your patients, families and communities. **BK**

TYPE OF GRANT	APPLICATION CYCLE	APPLI-CATIONS DUE	FUNDING LIMIT
Planning Funds grant	May--July	July 29	\$12,000
Implementation Funds grant	Nov--Jan	January 31	\$12,000
Resident Funds grant (2 cycles/year)	May--July Nov--Jan	January 31 July 29	\$3,000 each cycle

Michigan Call to Action to Reduce and Prevent Infant Mortality

October 17, 2011
8:30 a.m. - 4:00 p.m.

Ann Arbor Marriott Ypsilanti at Eaglecrest, Ann Arbor

The purpose of the summit is to:

- share an assessment of prevalence, disparities, and factors that contribute to infant mortality;
- highlight best practices, including those underway at the state and local community level in Michigan;
- identify a limited number of priority strategies for addressing the issue with a focus on reducing disparity; and
- engage and mobilize partners across multiple sectors in efforts to reduce infant mortality.

To register, visit https://events.mphi.org/iebms/wri/wri_p1_display.aspx?oc=10&cc=IRM

Infant Safe Sleep Symposium

Co-Sponsored by MIAAP

November 17, 2011

9:00 a.m. - 12:00 p.m.

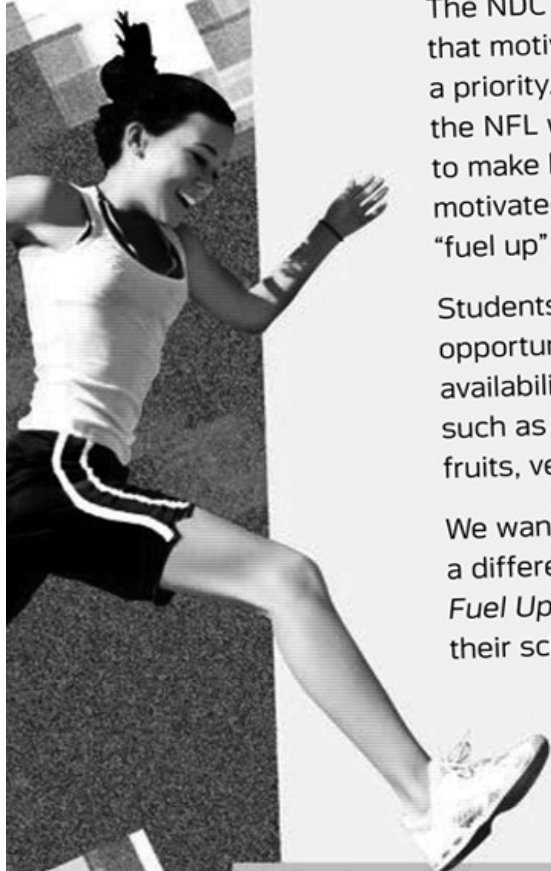
**Lansing Community College West Campus,
Lansing**

**Speaker: Rachel Moon, M.D., FAAP
Chair, American Academy of Pediatrics Task
Force on SIDS and Sleep Related Infant
Deaths**

For more information, visit
www.tomorrowchildmi.org



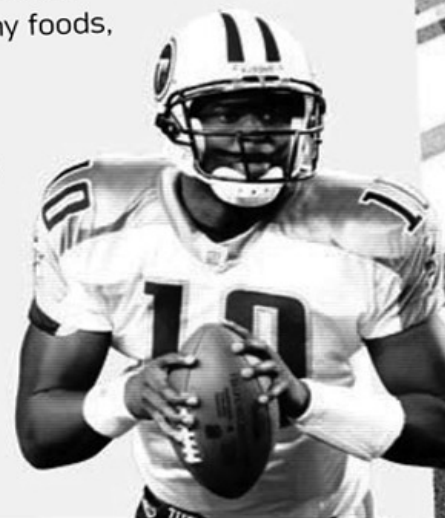
Make a Difference in the Health of Our Youth.



The NDC and NFL present *Fuel Up to Play 60*, a program that motivates students and their schools to make wellness a priority. *Fuel Up to Play 60* combines the excitement of the NFL with challenges, prizes and rewards to inspire kids to make healthy changes that last a lifetime. Students are motivated to "get active and play" for 60 minutes daily and to "fuel up" with critical nutrient-rich foods missing from their diets.

Students and schools work together to expand opportunities for physical activity and increase availability of tastier, kid-appealing healthy foods, such as low-fat and fat-free dairy foods, fruits, vegetables and whole grains.

We want your support to help kids make a difference. Encourage youth to join *Fuel Up to Play 60* and bring it to their schools.



Spread the Word

Health professionals are best equipped to lead the way to healthy changes that can last a lifetime. Make wellness a reality by spreading the word to join *Fuel Up to Play 60*. Before you know it, students and schools in your community will be at the forefront of a wellness movement, gaining momentum across the country. We need you to make a difference and the difference starts at FuelUpToPlay60.com.

A PROGRAM OF



THE NFL MOVEMENT FOR AN ACTIVE GENERATION



NO PURCHASE NECESSARY. Many will enter, few will win. See official rules available at www.FuelUpToPlay60.com.

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Questions? Please Call 1-800-241-MILK(6455) www.udim.org

CHAP Program Shows Promising Results

Tom Peterson, MD, FAAP – tom.peterson@helendevoschildrens.org

Access to care for publically insured children in Michigan is one of the significant problems we are faced with today as pediatricians. The numbers of Michigan children who were enrolled in Medicaid last year is up to 39%— up from 23% in 2001.¹ And those numbers are sure to rise in the coming years due to economic challenges and the Affordable Care Act. At the same time, 35% of children who are publicly insured report having difficulty finding providers who will accept their coverage.² In 2011, a study published in the *Journal of Pediatrics* showed that Michigan children with public or no health insurance have poorer health outcomes than privately insured children, including:

- significantly higher hospitalization rates;
- twice the mortality rate when hospitalized;
- more severe illnesses resulting in hospitalization;
- significantly higher rates of respiratory illnesses, including asthma;
- and higher readmission rates for newborns after discharge from the hospital.³

Children with Medicaid also have more visits to the emergency room, have greater risk of obesity, poorer overall dental health, and are less likely to be fully immunized than children with private insurance. The study also showed that if publically insured children in Michigan were admitted to our hospitals at the same rate as children with commercial insurance, \$300-400 million of charges could be avoided in one year.

In Kent County a pediatric medical home pilot called CHAP (Children's Healthcare Access Program) was begun in 2008. The pilots' goals were to improve access to care and resources for a cohort of Medicaid children, while at the same time decreasing costs by lowering emergency room utilization and hospitalizations. Three years into the project there have been very impressive outcomes, good enough to convince other counties in Michigan to begin CHAP projects of their own. After two years in the program, over 2000 patients who had received some form of CHAP contact, which could include direct education, a service such as same day transportation to their medical home, or an intervention like home based asthma care by CHAP had decreased ED use by 35% while decreasing admissions to hospitals by 65%!

What has also been extremely exciting during the 3 year project has been the significant support by the MIAAP, as well as the ECIC (Early Child Investment Corporation), and the leadership from MIAAP members who have stepped up to lead efforts. Beginning a CHAP program is no small task, and includes significant time commitment, networking and collaboration development, negotiations, provider and health plan recruitment, and fundraising, to name a just a few demands. Dr. Tom Peterson, past MIAAP board member, began the program in 2007 based on a program he learned of out of Denver Children's Hospital in Colorado. In 2010, Dr. Teresa Holtrip, current board member of MIAAP, stepped up to lead the development of the Wayne CHAP program, which is launching this fall in Detroit. Dr. Tom Akland, Legislative Committee Member of MIAAP also became interested in 2010, and has designed the SouthWest CHAP program (Kalamazoo and Calhoun Counties) and is looking to begin their program in 2012. Currently, Dr. Larry Reynolds, current President of MIAAP, is looking into the possibility of a Genesee County CHAP that he would lead. Other physician leaders have stepped up and are members of MIAAP including Dr. Kathy Howard of Forest Hills Pediatrics, who has helped lead the development of FitKids360 along with CHAP in Kent County, a program for overweight children which plans to provide over 20 free healthy weight programs for children annually, and includes over 25 organizations.

Exciting funding support has also been witnessed in this effort to help our underserved kids and families. Close to \$2 million has been committed in the three years of Kent CHAP from such sources and Kellogg Foundation, Frey Foundation, Steelcase Foundation, Grand Rapids Community Foundation and the Great Start Collaborative, while incentive investments for doctors in CHAP have been supported for three years by Priority Health Medicaid. The Wayne County project recently received a \$1 million grant from the Kresge Foundation to run their program for two years. And grant support is currently being sought out for the SW CHAP program.

These are great examples of how local pediatricians, all either members of or in leadership roles with MIAAP, have shown how we can actually become community activists. Many other opportunities to become active in our communities exist, and many fellow pediatricians have provided great efforts. The CHAP programs are another example of how our MIAAP can truly lead and make changes in our state when it comes to improving care for our vulnerable families. **TP**

¹*Overview of the Michigan Department of Community Health*, presentation by Olga Dazzo, Director, MDCH to the House Appropriations Subcommittee on Community Health (February 8, 2011).

²*Cover Michigan Survey 2010*, Center for Healthcare Research & Transformation.

³Peterson, et. al Insurance-Associated Disparities in Hospitalization Outcomes of Michigan Children, *J Pediatrics* 2011;158:313-8

Mott Children's Health Center 39th Annual Tuuri Day Conference

Co-Sponsored by the MIAAP

***"The Pediatric Medical Home Model: A
Systems Approach—How the Pieces Fit"***

Wednesday, October 19, 2011
8:00 a.m. - 4:00 p.m.
Holiday Inn Gateway Centre, Flint

Keynote Speaker: Fan Tait, M.D., FAAP

**For more information, visit www.mottchc.org or call
Mary Wooster at (810) 767-5750, ext. 5299**



Proponents educate lawmakers on medical home concept

Andrew Heller, Media Director, ECIC

Around since at least the 1960s, medical homes for children certainly aren't a new concept, Dr. Lawrence Reynolds told a group of lawmakers at an informational breakfast here Thursday.

"It's as developed as any idea with merit can be developed," said Reynolds, a Flint pediatrician and president of the Michigan chapter of the American Academy of Pediatrics.

What Michigan needs to do is implement them.

"Our challenge has been how to bring this concept to practice and to show improvements in health outcomes and the value added," he told lawmakers.



A recent study in Grand Rapids might just help. A study of the first two years of Kent County's Children's Healthcare Access Program (CHAP) showed that emergency room visits and hospitalizations among the county's 15,000 CHAP eligible children dropped 14 percent and 12 percent respectively. Among CHAP clients with greater needs, ER visits and hospitalizations dropped 35 percent and 62 percent. (For a Grand Rapids Press article on the CHAP program, [click here](#).)

The immediate social benefits of CHAP, the study said, exceeded the costs by 20 percent, returning \$1.20 for every \$1 invested.

If the hospitalization rate for children on Medicaid across Michigan was the same as for those with private insurance, the estimated cost savings for one year would be \$300-\$400 million.

Simply put, a medical home is a partnership between a child, a child's family and the pediatric primary care team that oversees the child's health within a community-based system. A medical home becomes a place where children can always go for regular checkups, immunizations and routine medical matters rather than using the local emergency room, which drives up costs.

A medical home also helps families find doctors who accept Medicaid — no small chore these days — arranges transportation to and from appointments and solves translation issues, which are a common barrier to care for many. In addition, medical homes provide on-site social workers to connect families with services outside the doctor's office.

Rep. Lisa Posthumus Lyons, R-Alto, who attended the informational breakfast, which was sponsored by the Early Childhood Investment Corporation, Michigan's authority on early childhood, and the Michigan chapter of the American Academy of Pediatrics, said the case for health care and support of early childhood "is too strong" for the Legislature to ignore.

"No one should be exempt from quality health care, least of all children,"

said Lyons, who represents eastern Kent County, home to the Kent CHAP.

Sen. Tonya Schuitmaker, R-Antwerp Township, said health care in general will be an important issue under discussion in the Legislature in the next couple of years, as it is nationally today. Schuitmaker's district covers Kalamazoo County where another CHAP-style project is seeking funding.

"We have an excellent CHAP program in Kalamazoo. It's been great to see results that show improving outcomes for children. That's a good thing."

Schuitmaker called CHAP's goal of coordinating care in a holistic approach that draws together medical, mental health and dental services especially important.

Judy Y. Samelson, CEO of the Early Childhood Investment Corporation, called the Grand Rapids CHAP model "genuinely exciting and promising news about the health of young children in Michigan."

Of the 140,000 Michigan children starting school for the first time this week, 20,000 will have undiagnosed health conditions, which makes it difficult for them — and for those around them — to learn, Samelson noted.

"Good health is a starting point" for school readiness, she said. "We need to get at the front end of this issue."

As a 25-year board at the Hurley Medical Center in Flint, she saw first-hand the rising use of emergency rooms by families seeking medical help for their children. For many families who did not have access to primary care, the emergency room was the safest place to seek care.

She said the CHAP model is an opportunity to improve health outcomes for children and reduce emergency room use and costs.

"This could seriously impact Michigan and school readiness, if we get it right."



Wayne County is piloting a CHAP effort. Kalamazoo, Calhoun and Shiawassee counties are in the planning phase, and Genesee and Saginaw counties are exploring the concept.

Also speaking at the legislative breakfast were Dr. Tom Peterson, medical director of Kent County CHAP; Maureen Kirkwood, program manager of Kent County CHAP; Dr. Teresa Holtrop, medical director of Wayne County CHAP; Jametta Lilly, project director of Wayne County CHAP; Dr. Tom Akland, medical director of Southwest Michigan CHAP; and Denise Sloan, executive director, Michigan chapter of the American Academy of Pediatrics. **AH**

Data on febrile seizures prompt update of varicella vaccine guidance

David W. Kimberlin, MD, FAAP

The Academy has updated its recommendations for use of quadrivalent and monovalent varicella vaccines in children based on new data regarding the risk of febrile seizures in young children.

The policy statement, Prevention of Varicella: Update of Recommendations for Use of Quadrivalent and Monovalent Varicella Vaccines in Children, is available at <http://pediatrics.aappublications.org/content/128/3/630.full> and was published in the September issue of Pediatrics (2011;128:630-632).

In the statement, the Academy reiterates its support for two doses of varicella vaccine. It also states that the first dose of varicella-containing vaccine given at 12 through 15 months of age can be either measles-mumps-rubella (MMR) and varicella vaccines administered concurrently but at separate sites or quadrivalent measles-mumps-rubella-varicella (MMRV) vaccine. Use of separate MMR and varicella vaccines avoids a slight increase in the risk of febrile seizures following MMRV vaccine administration. However, separate vaccines increase the pain associated with an extra injection and increase the risk of an infant falling behind schedule if all vaccines indicated at that visit are not given.

The risk of febrile seizures is not higher in older children receiving the second dose of MMRV. Therefore, MMRV vaccine generally is preferred for the second dose at any age, in keeping with the Academy's longstanding policy to use combination vaccines when feasible to reduce the number of painful injections and to improve immunization rates (Pediatrics 1999;103:1064-1077).

Children with a personal or family history of seizures generally should be vaccinated with MMR and varicella vaccines because the risks of using MMRV vaccine in this group of children generally outweigh the benefit of the quadrivalent vaccine.

Safety studies

Utilization of the varicella vaccine has resulted in near elimination of varicella-related deaths in the United States, according to the Centers for Disease Control and Prevention (CDC) (Pediatrics 2011;128:214-220).

Two varicella-containing vaccines are licensed for use in the United States: monovalent varicella vaccine (Varivax, licensed in 1995) and quadriva-

lent MMRV (ProQuad, licensed in 2005).

Prelicensure studies of MMRV demonstrated an increased risk of fever in the first 42 days following MMRV compared to MMR and varicella vaccines administered concurrently but at separate sites. Postlicensure studies were conducted in 2008 and 2009 by the CDC Vaccine Safety Data-link (VSD) project and Merck to evaluate whether this increased risk of fever resulted in an increased risk of febrile seizures.

Results of the VSD and Merck studies were remarkably similar. After vaccination at 12 through 23 months of age, seven to nine febrile seizures occurred per 10,000 children receiving MMRV, and three to four febrile seizures occurred per 10,000 children receiving MMR and varicella vaccines administered separately. Thus, one additional febrile seizure is expected to occur per approximately 2,300-2,600 children ages 12 through 23 months vaccinated with MMRV compared with separate MMR and varicella vaccines.

The period of increased risk for febrile seizures is from five through 12 days following receipt of the vaccine. This slight increased risk of 0.05% (approximately one in 2,000) is seen only with the 12- through 23-month first dose of MMRV and not among children ages 4-6 years receiving the second dose of MMRV.

In making its recommendations, the AAP Committee on Infectious Diseases carefully weighed the benefits of the MMRV vaccine with the risk of one additional febrile seizure for every 2,300-2,600 children receiving MMRV. Although febrile seizures are frightening for parents, they are not associated with long-term health impairment for the child and do not predispose to epilepsy or neurodevelopmental delays later in life.

Providers who are considering administering MMRV vaccine to children younger than 48 months should discuss the benefits and risks of both vaccination options with the parents or caregivers. If there are barriers to clearly communicating these benefits and risks (e.g., language barriers), providers should administer MMR and varicella vaccines separately. **DK**

Dr. Kimberlin is lead author of the policy statement, Prevention of Varicella: Update of Recommendations for Use of Quadrivalent and Monovalent Varicella Vaccines in Children.

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Young Scholars Grant Available

The North American Society of Pediatric and Adolescent Gynecology (NASPAG) has established the Young Scholars Grant to provide a venue for young physicians to voice their interest in the field of pediatric and adolescent gynecology.

We would like to invite residents and fellows from your districts, chapters, and sections to apply for the grant by submitting an essay on the topic below:

"What do you view as a new and exciting evolution in pediatric and adolescent gynecology?"

Information for how the essay should be constructed and submitted is on the submission form, available below.

All applications must be received by January 13, 2012. Award recipients

will be notified by February 15, 2012 so that they can arrange all travel and coverage to attend the NASPAG Annual Clinical and Research Meeting on April 19-21, 2012 in Miami, Florida. All award essays will be publicized at the annual clinical meeting. After the conference, all award recipients will be required to write a short summary of their experience at the NASPAG Annual Clinical and Research Meeting to share with other members of their department and possibly be included in future NASPAG publications.

Please distribute this announcement to all applicable residents and fellows. NASPAG's Annual Clinical and Research Meeting promises to be an excellent forum for discussion of pediatric and adolescent gynecology issues and is sure to be enriched by representation from your physicians in training!

For more information, please contact Rupa DeSilva, MD at rupadesilva73@gmail.com



NASPAG Young Scholars Grant Submission Form

Due: January 13, 2012

Submit by email to rupadesilva73@gmail.com

OBJECTIVES

To allow physicians-in-training a venue to express their interest in pediatric and adolescent gynecology.

AWARD

Three award recipients will be chosen and each winner will be expected to attend the NASPAG Annual Clinical and Research Meeting (ACRM) on April 19-21, 2012 in Miami, Florida. The winners will receive free registration to the ACRM and a \$500 stipend to defray the costs of travel and hotel while at the meeting. All winning essays will be publicized at the ACRM. Award recipients will be notified by February 15, 2012.

GUIDELINES FOR APPLICANTS

To apply for the grant, please submit an essay on the topic of:

"What do you view as a new and exciting evolution in pediatric and adolescent gynecology?"

The essay should be no longer than 3 typewritten pages and should be formatted in Times Roman font, 12 point, and double spaced.

TO SUBMIT YOUR APPLICATION

Please fill out the information on the bottom of this form and submit this form with your essay electronically to rupadesilva73@gmail.com. Please include in email subject line: NASPAG Young Scholars Grant Submission.

FOLLOW-UP

After the conference, all award recipients will be required to write a short summary of their experience at the NASPAG meeting to share with other members of their department and to possibly be included in future NASPAG publications.

Name: _____

Academic Degree(s): _____

Department (OB/GYN or Pediatrics): _____

Year of Training: ___ Resident/PGY ___ OR ___ Fellow/Year ___

Program Affiliation: _____

Mailing Address: _____

Telephone: _____ Email: _____

Increasing Awareness in Treating Mental Health

Lia Gaggino, M.D., FAAP

Up to 20% of children and adolescents have a diagnosable mental health condition, and the physician most likely to first encounter these children are their pediatrician. The AAP recommends that pediatricians screen all children for social and emotional development and specifically screen all 12 to 18 year olds for depression at well child visits. As a result, the number of children identified must also be assessed and managed. Because of the shortage of child psychiatrists the primary care physician is now in the position to provide care for these children. While there are evidence based guidelines for treating common behavioral disorders such as ADHD, anxiety and depression, managing more complex mental health disorders is difficult without psychiatric consultation.

The University of Michigan department of psychiatry is collaborating with primary care physi-

cians in Kalamazoo and Kalkaska counties to better care for children with mental health concerns. The goals of this project are to increase primary care physician comfort, knowledge and abilities in treating mental health problems. PCP's will have opportunities for enhanced training through educational webinars, "just in time" phone consultation with U of M psychiatrists and when indicated tele-psychiatry or face to face consults. The hope is that PCP's will be more comfortable managing children with mild to moderate disorders knowing that a child psychiatrist can assist.

The MIAAP is pleased to support the goals of this project. The potential of a future collaborative venture with the MIAAP might serve to broaden this model to partnerships with other academic centers and pediatric clinics around the state. **LG**

Michigan Call to Action to Reduce and Prevent Obesity

Margaret McKeough, M.D., FAAP

Recently, the Michigan Call to Action to Reduce and Prevent Obesity Summit took place in Lansing. We have all heard the saying that "it takes a village". It was very clear at this meeting that it will "take the whole state!" Representatives from all aspects of public health were present to offer support and brainstorm ideas to meet the challenges we face in addressing the obesity epidemic. Workgroups were formed to develop goals and practical solutions to this problem. Experts in various fields including healthcare, nutrition, schools, childcare, insurance companies and state wide committees contributed to a vast collection of strategies that will shape the future steps to be taken.

As a member of the Healthy Weight Committee of the MIAAP and the Healthy Kids/Healthy

Michigan team, I was excited to participate in this energetic discussion. Each workgroup was asked to list five priority strategies and focus on points of intervention. Our group urged the increase in nutrition education both in the medical community including medical students and current physicians. Increasing insurance coverage for patient nutrition education was also an important task to accomplish. With the increase in awareness through the BMI initiative, pediatricians will need tools to educate their families and provided proper interventions. We will also continue to be a resource for our communities and schools. It was clear that the leadership of our state and the many participants from all aspects of public health are committed to working together to both reduce and prevent obesity in the state of Michigan. **MM**

For Your Information

The AAP Board of Directors is soliciting nominations to fill 12 AAP National Committee Chairperson vacancies for terms beginning July 1, 2012 as follows:

Access to Care
Continuing Medical Education
Federal Government Affairs
Medical Liability and Risk Management
Membership
Native American Child Health
Pediatric AIDS
Pediatric Emergency Medicine
Pediatric Research
Practice and Ambulatory Medicine
Residency Scholarships
State Government Affairs

The detailed information regarding this call for nominations may be found on the AAP Member Center: <http://www.aap.org/moc/commnoms.htm>. The list of vacancies, committee needs and term roster, as well as the fact sheet and biosketch templates are available at this web site. The committee needs are crucial in the committee appointment process as the Board of Directors carefully considers these needs when reviewing nomination materials and making appointments. Please review this vital process for the nominations and call Melinda Bretz, Coordinator, Committees, Sections, and Councils, 1-800-433-9016 x4081, if you have any questions. Note that committee chairpersons are appointed and reappointed annually for a maximum of four 1-year terms.

The scheduled deadline for nominations is November 14, 2011. Nominees must submit a letter of nomination, fact sheet and completed biosketch to their Chapter President and the Central Office in Elk Grove Village, by e-mail, at nominations@aap.org. Nomination materials may also be submitted via postal mail to 141 Northwest Point Blvd, Elk Grove Village, IL 60007, or by fax at 847/434-8000, attention Melinda Bretz. All nomination materials must be date stamped or postmarked by midnight (CST) on November 14, 2011.

The AAP Board of Directors will meet January 27-28, 2012, to review all chairperson nominees and make final appointments. Thank you for taking the time to review and contribute to the nominations process of AAP National Committees for the 2012-2013 term. If you have any questions, please feel free to contact Melinda Bretz at mbretz@aap.org or 847/434-4081.

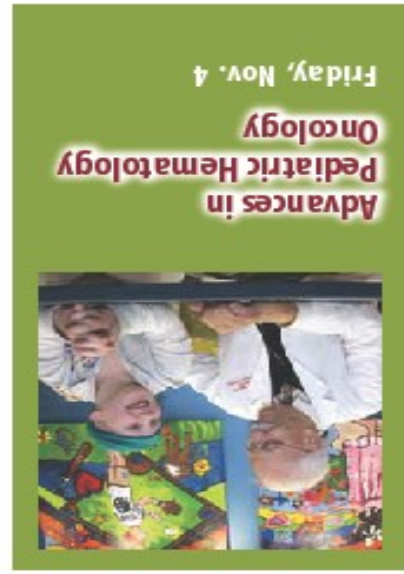
Interested in serving on an MIAAP Committee?

Our committees include Mental Health, Legislative, Healthy Weight and Pediatric Council. Contact Angela Clock at the MIAAP office if you are interested.

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FORM 3525 (2011)



Friday, Nov. 4
7:45 a.m. to 3:45 p.m.
Townsend Hotel
 100 Townsend Street
 Birmingham, Michigan
Presented by:
 Department of Pediatric Hematology Oncology at Beaumont Health System

Beaumont Children's Hospital
Beaumont | HEALTH



Description

Attendees will acquire insight and information concerning the pathophysiology and management of different pediatric hematologic oncologic conditions and diseases.

Objectives

- Diagnose and provide ongoing care of children with cancer and hematologic disorders.
- Review successful therapeutic regimens to determine the best management and treatment of hematologic and oncologic disorders in children with fewer complications.
- Evaluate options for imaging studies for pediatric patients to lower risks of sequelae or late effects.

Target audience

Pediatricians, primary care physicians, family physicians, hematologists/oncologists, nurse practitioners, physician assistants, nurses and other allied health care professionals.

CME Accreditation and Credit Designation

William Beaumont Hospital is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

William Beaumont Hospital designates this live activity for a maximum of 6.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Non-physician professionals should check with their individual credentialing body to confirm that participation in this CME activity will be approved for credit. All non-physician participants will receive an attendance certificate from Beaumont Hospitals.

Acknowledgement

We gratefully acknowledge the financial grants we received in support of this educational activity. A complete list of our supporters will be provided at the symposium.

Guest speakers

Laurence A. Boxer, M.D.

Heny and Made Diefman Family Professor of Pediatric Hematology/Oncology, Department of Pediatrics and Communicable Diseases, University of Michigan, C.S. Mott Children's Hospital, Ann Arbor, Mich.

Albert S. Cornelius, M.D.

Pediatric Hematology/Oncology, Helen DeVos Children's Hospital, Associate Professor, Michigan State University, Grand Rapids, Mich.

Roger J. Packer, M.D.

Sr. Vice President, Center for Neuroscience and Behavioral Medicine Director, Gilbert NF Institute Children's National Medical Center, Washington, DC

Professor of Neurology and Pediatrics

The George Washington University, Washington, DC

Gregory A. Yanik, M.D.

Lead and Elaine Blatt Professor of Pediatric Oncology, Professor of Pediatrics and Internal Medicine, University of Michigan Medical Center, Ann Arbor, Mich.

Planning committee/Beaumont Health System speakers

Adoor Amanullah, M.D.

Pediatric Hematology & Oncology, Beaumont Health System, Assistant Professor of Pediatrics, Oakland University William Beaumont School of Medicine

Ann Marie Blenc, M.D.

Clinical Pathology, Beaumont Health System, Associate Professor of Pathology, Oakland University William Beaumont School of Medicine

David A. Bloom, M.D.

Diagnostic Radiology - Pediatrics, Beaumont Children's Hospital, Associate Professor of Radiology and Pediatrics, Oakland University William Beaumont School of Medicine

Peter Y. Chen, M.D., FACP

Medical Director, Beaumont Gamma Knife Center, Radiation Oncology, Beaumont Health System, Professor of Radiation Oncology, Oakland University William Beaumont School of Medicine

Professor of Radiation Oncology

Oakland University William Beaumont School of Medicine

Jacqueline Macknis, M.D.

Anatomic Pathology, Surgical and Pediatric Pathology, Beaumont Health System, Assistant Professor, Oakland University William Beaumont School of Medicine

Charles Main, M.D.

Director, Pediatric Hematology & Oncology, Beaumont Health System, Associate Professor of Pediatrics, Oakland University William Beaumont School of Medicine

Frank A. Vicini, M.D., FACP

Chief of Oncology, Beaumont Health System, Professor of Radiation Oncology, Oakland University William Beaumont School of Medicine

Agenda

7 - 7:45 a.m.	Registration/Breakfast
7:45 - 8 a.m.	Welcome Address Charles Main, M.D.
8 - 8:50 a.m.	Late Effects Charles Main, M.D.
8:50 - 9:40 a.m.	Molecular-based Therapy of Childhood Embryonal Tumors Roger Packer, M.D.
9:40 - 10 a.m.	Break
10 - 10:50 a.m.	Quantitative Disorders of the Neutrophil Lawrence Boxer, M.D.
10:50 - 11:40 a.m.	Thrombophilia Albert Cornelius, M.D.
11:40 a.m. - 12:45 p.m.	Lunch
12:45 - 1:35 p.m.	Neurofibromin-1 Molecular Therapeutic Targets Roger Packer, M.D.
1:35 - 2:25 p.m.	Advances in the Management of Acute Lymphoblastic Leukemia in Children Gregory Yanik, M.D.
2:25 - 2:40 p.m.	Break
2:40 - 3:30 p.m.	Congenital and Acquired Hemolytic Anemia Lawrence Boxer, M.D.
3:30 - 3:45 p.m.	Closing remarks Charles Main, M.D.

Parking

Parking is available in the structure to the east of The Townsend for a fee. Valet parking is available for a fee. Metered parking is also available.

www.townsendhotel.com

Questions?

For general information, please contact Paula Bainbridge at 248-551-5264 or paula.bainbridge@beaumont.edu.

For CME and registration information, please contact Lori Welch at 248-551-0748 or lorld.welch@beaumont.edu.



Advances in Pediatric Hematology Oncology

Friday, Nov. 4

Registration

Registrations accepted on a first-come, first-served basis. On-site registration on a space-available basis. Registration fee includes breakfast, lunch, handouts and CME credit processing.

Fees

Beaumont physicians (CME code = whh00c).....\$50
Beaumont nurses and other health care professionals (CME code = whh00n).....\$25
Non-Beaumont physicians.....\$100
Nurses and other health care professionals.....\$35
Beaumont residents/fellows/students (CME code = whh00n).....fee waived
The CME code is case sensitive. Beaumont residents/fellows/students are required to register.

3 Easy Ways to Register

PREFERRED - Online <http://meded.beaumont.edu/pediatricchemoncconf>

Fax registration form with credit card information to: 248-551-1163

Mail registration form to: Beaumont Hospital
Continuing Medical Education
3601 West 13 Mile Road
Royal Oak, MI 48073

Please print legibly.

Name: _____
Address: _____
City, state, ZIP: _____
Phone: _____ E-mail: _____
Beaumont ID: _____

I plan on staying for lunch: Yes Yes, vegetarian No

Check enclosed for \$ _____
 Please charge credit card \$ _____

(We accept: Visa MasterCard Discover AmEX)

Account #: _____

Expiration date: _____

Name on card: _____

Authorized signature: _____

Cancellations or requests for refunds must be received by Oct. 28. Cancellation or refund requests after that date will not be honored. To cancel a registration, please send an email to lorld.welch@beaumont.edu and include "Conference Cancellation" in the subject line.