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American Academy of Pediatrics Annual Leadership Forum (ALF)

I just returned from my 4th "ALF", the AAP's Annual Leadership Forum. It's hard to believe that I can actually say that it is fun spending 4 days in meetings, starting 7am daily, ending often between 9 and 10pm, with discussion during breakfast, lunch, and dinner, but it truly is enjoyable, exciting, and enlightening. The meeting draws together hundreds of AAP leaders from around the country, including each chapter's (state's) president, vice president, executive director, as well as council and section leaders among others. We attend meetings to further our leadership skills, learn more about the goings on of the AAP, hear from the AAP presidential candidates, as well as help to shape the future direction of the AAP through a resolution process.



Sometimes I am asked what does the AAP do for me. Of what value is there in paying my dues. My hope is that in providing a glimpse of the work I was involved in this past weekend, you will see the obvious value in being a member

of the AAP and supporting its work. In addition to such work, on a local level, further advocacy, conferences, seminars, lectures, projects, including our New Hampshire Pediatric Improvement Project (see www.nhpip.org) to provide QI initiatives that also fulfill ABP Part IV MOC credit, as well as serving on the myriad committees and boards that insure for the health and well-being of children of our state are among the activities furthering the value of your local (NHPS) and national (AAP) organization that makes me proud to be a FAAP.

Part of the ALF is dedicated to refining and passing or rejecting resolutions written by AAP members. Chapters, sections, councils, individuals, including FAAP members, residents, and even students can draft resolutions that the AAP takes under advisement in terms of direction and planning. I wrote 5 such resolutions this year, 4 or which were adopted for consideration. Adopted resolutions are then ranked to try to come up with a "top 10" that members feel are most important. The number one resolution from 2 years ago, written by our Connecticut colleagues in the wake of the Sandy Hook shootings, was addressing media violence in its myriad presentations. In the top 10 last year were topics including: working toward banning marijuana advertising directed at children, including education on human trafficking as a component of medical education and pediatric training, public education regarding the risks of non-standard

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vaccine schedules, expanding regulation on e-cigarettes, and universal paid parental leave.

Adopted resolutions for the AAP to consider this year include vaccine storage, cross-state licensure, insurance coverage of human donor milk, partnering with urgent care centers, insuring appropriate telemedicine oversight, integrated with medical home, guidelines for homebirth, creating education resources for non-pediatricians on risks of opiate abuse, encouraging judicious prescribing practices, formulating a pediatric toolkit for evaluation and treatment of opiate addiction. recommendations regarding medication treatment for opioid addiction, reducing marijuana marketing and access to kids, education regarding effects of marijuana on pregnancy, school oral hygiene (brushing) programs, minimum age for gun use, gun sales, coverage of hearing aids, promoting reading to children from birth, payment for asthma education, payment for CCHD screening, food and nutrition rating system, universal screening for hunger/food insecurity, poverty screening toolkit, recommendations on chiropractic care, education and training regarding LARC in teens; creating AAP education, parent website in english and spanish, terminating sponsorship from sugar sweetened beverage companies (Coca Cola). Such a process demonstrates that we do have a voice at the table of our pediatric society. We can help shape the direction of the AAP, to provide for the health and wellbeing of the infants, children, and adolescents of our country.



In lectures and seminars we learned about a variety of topics. We discussed integrated care, being asked by insurers, medical societies to achieve the "triple aim": improve the patient experience (quality, satisfaction), improve the health of populations, and reduce the per capita costs of healthcare. We also heard from the voice of our patients/parents:

What patients/parents want from their providers:

1. **do not harm me**
2. **cure me**
3. **treat me with respect**
4. **navigate my care**
5. **keep me healthy**

There was a fair amount of discussion around vaccine issues, including the continued discussion regarding maintaining vs. discharging parents who refuse vaccines from practices. Advice was given regarding HPV vaccination, which has still been slow in improving coverage in the nation. It was recommended to treat HPV like any other vaccine, rather than asking "permission" to vaccinate, to instead present as another routine vaccine at the 11 year visit, along with Tdap and Menactra, only addressing concerns if parents demonstrate hesitancy. For excellent vaccine resources, see www.whymmunized.org, which has great materials including videos available to use with parents to encourage vaccination.

Another topic of several conversations, lectures, and resolutions was marijuana, likely coming to a state near you. Resolutions were adopted regarding marijuana education and insuring restriction from children. For a compelling article, see "Half-Baked -- The Retail Promotion of Marijuana Edibles", www.nejm.org/doi/full/10.1056/NEJMp1416014 from the NEJM.

Other topics of interest included media training, patient handoffs in ED, hospital, e-cigarettes, physician wellness, legal issues, immigrant children/families, grant writing, developing social media strategy, strategic planning, state advocacy. We also met with David Nichols, MD, president, CEO of the

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American Board of Pediatrics (ABP), to further the dialogue regarding most AAP members' MOC concerns.

Some great quotes and statistics from the weekend:

- death by shark bite: 1:300,000,000
- death by being struck by falling airplane debris: 1:10,000,000 (30x > death by shark bite)
- death by motor vehicle accident: 1:10,000 (30,000x > death by shark bite)
- you have 2 ears and 1 mouth for a reason - listen well and think about your message

Errol Alden, MD, the current, though outgoing CEO of the AAP, related the conversation he and his wife had many years ago, when reflecting on his being selected as head of the AAP. Errol asked of his wife: "In your wildest dreams, did you ever imagine I'd become CEO of the AAP?. She replied, "Errol, in MY wildest dreams, YOU'RE not even in them"

Friendly Reminder: this year's AAP National Conference and Exhibition (NCE) - Washington DC October 24-27, 2015

As you can see, plenty is happening at the AAP, both nationally and locally. If some of these topics resonate with you, I urge you to get involved. Attend a pedi society meeting. Attend local or national CME. Testify for bills to help our children. Get involved in our QI initiatives through the NH-PIP. We'd love to meet you. Feel free to contact me: William.r.storo@hitchcock.org, with any questions.

- Bill Storo MD

More from the ALF.....

While at the AAP Annual Leadership Forum, we were able to preview the first part of an upcoming movie series, to be shown on PBS this spring, centering on the importance of early childhood education, exploring "how a strong start for all our kids can lead to a healthier, safer, better educated and more prosperous and equitable America":

"The Raising of America: Early Childhood and the Future of Our Nation"

From their website and the film:

"The U.S. is a can-do nation. So why is child well-being in the U.S so much worse than in other rich countries? How do the growing stressors on many young families and caregivers -- the squeeze for time, money and resources - 'drip down' on their infants and young children, literally altering their wiring of their developing brains with potential lifelong consequences for their socio-emotional and intellectual development and physical health? How might we do better?"

America ranks 26th out of 29 rich nations in health and wellbeing. Americans work more hours than any other developed nation, yet 1/4 children are raised in poverty. Among the world's richest nations, America is the only country that fails to provide paid maternity leave. Almost 1/2 go back to work within. Among rich nations, our childcare ranks 16th in affordability, 22nd in quality, and 31st in availability. Families spend more on childcare than their mortgages.

Productivity has increase 80% since the 1970s, yet wages have only increased 10%. If the median income had kept up with inflation, it would currently be \$90,000, instead of \$50,000. It takes 2 working parents to make the same income it used to take 1 parent to make, at yet company profits are at an all-time high. Income has only increased 20% in that timespan, with cost of living increasing almost 70%. The cost of housing if 4 times what it was in the 70s, and the cost of a college education 7 times greater.

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And we continue to underinvest in kids. In 1970, the US was #1 in the world in high school and college graduation rates. We currently rank 21st in high school and 15th in college graduation. High school graduation is highly correlated with reading ability in 3rd grade. And reading ability in 3rd grade is highly correlated to number of words known at 2-3 years old, which is highly correlated to reading and interacting with parents on a regular basis.

"But our kids' health is not all that's at risk. By under-investing in early childhood we are also under-developing America.

- Only 24% of 4th graders are "proficient" readers

- Our health care system sucks up 17% of our GDP, treating a population that lives sicker, shorter lives than almost every other rich nation on earth

Our workforce lacks the problem-solving and technical skills to keep American industry competitive

Chronic disease costs American business more than \$1 trillion a year in lost productivity

The U.S. holds one quarter of the world's prisoners

A military readiness study with the eye-catching title "Too Fat to Fight" reported that fully 75% of young people ages 17-24 are not qualified for military service. They are either physically unfit, do not measure up to academic standards, have emotional problems, or a criminal record"

"Yet research also suggests public policies that offer an extraordinary opportunity not only to transform life prospects for all our children, especially our most vulnerable, but also for building strong communities and national prosperity. Multiple studies demonstrate that investing in maternal health and the first years of life yields huge pay-offs in lowered chronic disease and health care costs, less violence and crime, less welfare and substance abuse, better education and increased productivity and international competitiveness. Nobel Laureate James Heckman estimates every dollar invested in quality early care returns six dollars. The studies of Arthur Rolnick and the Minneapolis Federal Reserve suggest an

even greater return."

The producers challenge us as pediatricians to "foster dialogue and action to strengthen our communities and build support for family-friendly initiatives," and "to build alliances and advance policies across sectors – not just early childhood but affordable housing, family-wage jobs, racial justice, community development – which reduce inequities and help every child to a strong start"

Episode 2: "Once Upon A Time: When Childcare for All Wasn't Just a Fairy Tale"

Episode 3: Are We Crazy About Our Kids?"

Episode 4: Wounded Places: Confronting Childhood PTSD in America's Shell-Shocked Cities"

Episode 5: DNA Is Not Destiny: How the Outside Gets Under the Skin"

See: www.raisingofamerica.org for more details

- Bill Storo MD



Dear Colleagues,

The Colorado School of Public Health, Center for Global Health offers a Pediatrics in Disaster course. This free online training program aims to increase the awareness and competence in pediatric disaster planning and response. The course will assist pediatricians and other health professionals to ensure that local, regional, and national disaster preparedness planning meets the specific needs of children and adolescents. The course is available in English and Spanish.

To access the online Pediatrics in Disasters training materials, please follow these directions:

1. Create a user name and password by following this link:
<https://cgh.mycrowdwisdom.com/diweb/signup>.
2. Click the "Catalog" button at the top of the screen.
3. Click "Launch" next to the course of your choice.
4. Click one of the links on the left hand

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side to view the material.

For more information, visit the AAP Pediatric Education in Disasters Web page, or view the online course flyer and instructions attached.

Thanks,

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Submitted to GSP by:
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News from Children's Hospital at Dartmouth (CHaD) March 2015

CHaD welcomes new provider

We are pleased to introduce Joseph Shin, MD, FACS, Plastic and Reconstructive Surgeon, who recently joined CHaD at our DH Lebanon site. He has taken on the role of the Craniofacial and Face of a Child Program Director, which was most recently led by Dr. Emily Ridgway as Interim Director, and originally by Dr. Mitch Stotland, who has taken a sabbatical. Dr. Shin was previously a Professor of Surgery and the Chief of the Division of Plastic and Reconstructive Surgery at Montefiore Medical Center in Bronx, New York.

While at Montefiore, Dr. Shin focused most of his clinical interest on craniofacial disorders including craniosynostosis, cleft lip and palate, while also performing a wide range of adult plastic and reconstructive surgery procedures. He will continue to provide service to both patient populations at Dartmouth-Hitchcock.

Dr. Shin has an extensive research and publication portfolio, recently spending much time investigating on plagiocephaly and neurodevelopment in twins and the surgical management of craniofacial disorders. In addition to his clinical and academic work, he has attended many medical mission trips, including more than a dozen trips with Operation Smile to locations such as India, Peru, Brazil, and Morocco.

Dr. Shin is providing full-time Plastic and Reconstructive Surgery services and can be reached at (603) 650-5148 for appointments and consultations. He welcomes your contact and referrals.

CHaD Programmatic Notes

The Section of Pediatric Gastroenterology at CHaD is excited to announce that we are actively participating in the Improve Care Now Network. This is a leading, learning health network for children in which clinicians, researchers, patients and families are working together to improve the care and health of all children and adolescents with Crohn's Disease and Ulcerative Colitis (also known as Inflammatory Bowel Disease or IBD). For decades there has been no significant improvement in the remission rates for patients with IBD. Improve Care Now has changed that. Since Improve Care Now began, in 2004, the percentage of enrolled patients with Crohn's Disease and Ulcerative Colitis who are in remission (feeling well, no symptoms, fully active) has increased from 50% to 78%, all without new medications. As of January 2014, the network consisted of 62 Care Centers, including 6 of the top 10 honor roll Children's Hospitals and 19 of the top 30 pediatric gastroenterology programs. There are 515 pediatric gastroenterologists from 34 United States as well as London, England, currently participating. Over 18,000 pediatric

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IBD patients have been enrolled in the network and the numbers continue to grow. Improve Care Now provides tools and support that we will use to deliver more reliable, consistent and proactive care to our children with IBD. They encourage sharing of ideas, techniques, tools, knowledge and innovations across the network. The primary goal of Improve Care Now is to help children and adolescents with Crohn's Disease and Ulcerative Colitis overcome their conditions and lead happy, healthy lives.

The accomplishments of Improve Care Now have merited special recognition from the American Board of Pediatrics. In addition, US News & World Report uses Improve Care Now membership as a ranking criterion for rating top Children's Hospitals.

*** Save the Date ***

Shield Our Children from Harm Professional Conference – April 9, 2015
Dartmouth-Hitchcock Medical Center, Lebanon, NH

The 12th annual Shield Our Children from Harm professional conference at Dartmouth-Hitchcock Medical Center in Lebanon is a joint effort between the Children's Hospital at Dartmouth, the Child Advocacy Center of Grafton and Sullivan Counties at DHMC and the Child Advocacy Center at The Family Place in Norwich, Vermont.

Featured speaker: Sharon W. Cooper, MD, FAAP – Adjunct Professor of pediatrics, Department of Pediatrics, University of North Carolina, Chapel Hill and Consultant, National Center for Missing & Exploited Children, Alexandria, VA

Target Audience: Professionals in health care, child protection, mental health, law enforcement; and other professionals who care for children and families.

For more information on CHaD conferences, please contact Jacqui Baker at (603) 653-1770 or Jacqueline.B.A. Baker@Hitchcock.org

Contributors: Ashley Luurtsema, Dr. Pamela Hofley, Margaret Minnock



Please Take Notice!

The New Hampshire Pediatric Society wants to improve immediate communication with and among our members. If your email address is not on our master list (or if you're not sure) please add your preferred address to the list by contacting Gil Fuld.

Our plan is to periodically send out the updated address list to everybody on it. If you haven't recently received a copy, we don't have your address.

***-Gil Fuld MD
Communications and
Public Relations Chair
fuldandfuld@ne.rr.com***