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## **From the NHPS President.....**



As I start my service to the infants, children, adolescents, and pediatricians of New Hampshire, I thought it would be helpful to try to keep you connected to some of the information and issues presented at the variety of meetings we attend as AAP leaders. The meetings attended include the Annual Leadership Forum (ALF), combined District Meetings, the Annual Legislative Conference, as well as the AAP National Conference and Exhibition (NCE). These meetings are excellent opportunities to network with other AAP Fellows from around the country, and learn about regional and national initiatives, priorities, and concerns of import to our practices.

At this year's district meeting, we viewed a film called "The Hungry Heart" (see: [thehungryheartmovie.org](http://thehungryheartmovie.org)). The film "provides an intimate look at the often hidden world of prescription drug addiction through the world of Vermont pediatrician Fred Holmes who works with patients struggling with this disease." While his relationship with these patients is established for the provision of suboxone therapy, it is more centered around his intimate connection with his patients which has the power to lead to recovery, healing, and change,

The view of such addiction is startling and stark. Opiate addiction is a public health crisis that we are often not aware of or adequately identifying in our own practices. There has been a dramatic increase in opiate deaths over the past decade or so. In the 130 or so addicts in Dr. Holmes' practice, millions of dollars are taken from the community to support their drug habits. A single patient typically might take 2 Percocets per day at a cost of \$100 per Percocet, at an expense of \$73,000 per year. Some of his patients were spending as much as \$200,000 per year on their habit. And the fact that Dr. Holmes has 130 patients in his practice in rural Vermont is somewhat staggering. I would venture a guess that most of our practices know of only a few patients with such addiction, thus most are likely flying under our radar screen, hiding their addiction from not only us, but likely their parents and possibly even their friends.

Addict often do not disclose their addiction and use for fear of shame, as well as an even greater fear of taking their drugs away. They can't imagine how they could survive without their drugs. They try to justify opiate use based on the legitimization of the medication as a "prescription" from a medical provider concerned about their health. They see that "detox" is horrible, and difficult to endure. But the more difficult task is how to reintegrate into daily life without drugs to help get by.

Risk factors for abuse include some of

*(Continued on page 2)*

*(Continued from page 1)*

the ACES (Adverse Child Experiences) that we are already aware of, including poverty, lack of parental involvement and oversight, poor parenting, divorce, death, tragedy, substance abusing parents, abuse (physical, sexual, emotional). They often cite their first use of opiates as a legitimate prescription for treatment of pain. Alternatively, their initiation to use and subsequent abuse may come at the hands of other teens already addicted, encouraging them to try a new high.

They will finance addiction through a variety of creative means: stealing drugs, robbing pharmacies (daytime, nighttime), robbing homes that have drugs, theft of mail order deliveries, theft of legal prescriptions to then fill, theft from medicine cabinets at open house/houses for sale, theft and/or replacement with placebo from elderly family members, whose medication dosage is then increased due to lack of pain control while taking placebos unbeknownst to them, providing greater and greater supply of the drugs. They also will engage in ways to raise money through the theft and selling of items stolen, or by selling their own items, or family personal items, sometimes accounting for thousands of dollars in losses for families. They will resort to forging prescriptions, falsifying medical symptoms at multiple sites (ED, urgent care, pain clinics, PCP offices) to use and/or deal (sometimes both) to make money to finance their addiction. They will sometimes exchange, sell, or distribute handguns for payment, and even resort to prostitution/sex for drugs or money. On most college campuses, drugs can often be delivered within 30 minutes to virtually any location.

So how can we as pediatricians help?

First we need to try to better identify those addicted. Often they are struggling teens with risk factors and addictive personalities. It's not just "those kids". Such abuse crosses all socioeconomic lines. We need to assess all teens regarding how they are doing - Do they have friends? What are their struggles? What are their supports? Are they using opiates? And perhaps following the question with "really?" when confronted with a suspicious denial. And ask are they are willing to provide a urine sample for drug screening?

We need to reduce access. We need to be judicious about prescribing in our offices, urgent care

centers, ERs, and post-operatively. We need to encourage parents in our practice to safeguard and lock-up any currently used medications, and dispose of any medication in their homes no longer needed, as this becomes a source for addicts to access these drugs. Many police departments have drop boxes or medication disposal days for this purpose.

We need to insure adequate treatment is available to our patients with addiction. There need to be providers willing prescribe suboxone and establish intimate relationships with these patients to care about them and try to guide them in their road to recovery.

Due to steadily increasing opiate deaths, some states have started initiatives for first responders to carry narcan for use if uncertain of possible opiate overdose. In Massachusetts, police, fire fighters are trained in the use of narcan. One story was told of a call in a middle class neighborhood finding an apneic, pulseless infant, and when the first responders were about to call the code, one decided to give narcan, reviving the infant. It turns out that mom was an opiate abuser, and was nursing the infant.

We need to educate teens and parents about the addictive potential of these powerful drugs and their ability to ruin lives. The AAP will likely be developing an initiative around this epidemic, developing resources for education and treatment. In the meantime, we need to be aware, to identify, arrange treatment, and educate as best we can. The NHPS will keep you informed about any new resources, materials, and recommendations from the AAP as they become available.

Thanks for you continued care, concern, and dedication to the most enduring and yet vulnerable segment of our society, our youth. I am honored, humbled, and privileged as I look forward to serve the pediatricians, children, and parents of our state.

- **Bill Storo, MD, FAAP**  
**NHPS President**

## The NCE.....

For those of you who were unable to attend the AAP's National Conference and Exhibition (NCE) in San Diego, CA the second week of October, I thought I'd highlight some of the instructional, inspirational, engaging events of the week, in which some of the worlds finest pediatricians, educators, and thought leaders convened to teach, challenge, and lead almost 10,000 pediatricians to "new horizons" of pediatric medicine.

- Pediatrics for the 21st Century pre-conference program including updates on preparticipation physicals, keeping sports fun, sports concussion advocacy, including a guest appearance by Zack Lystedt (the inspiration for the first concussion law in Washington State in 2009) and his parents

- General sessions included updates on hemangiomas; food allergies; heart murmurs; chest pain and syncope; PCO disease; obesity; vitamin D deficiency; breastfeeding; developmental disabilities; genetic syndromes; vision screening; depression and suicide; concussion return to learning; autism spectrum disorder; complementary and integrative medicine approach to headache, abdominal pain, and ADHD; enterovirus D68; gun violence among many other quality topics numbering in the hundreds – not for the faint of heart to decide which to attend.

- AAP President James Perrin, MD, FAAP, address highlighting the AAP's initiative on poverty

- Meeting the AAP President Candidates Joseph Hagan, MD, FAAP, and Bernard Dreyer, MD, FAAP (with president-elect Sandra Hassink, MD, FAAP)

- "Positive Exposure", with Rick Guidotti, former fashion photographer turned photo and video journalist educating medical students, residents, physicians, families, and the public regarding children with genetic syndromes. His work has built self esteem, confidence, and acceptance for youth around the country and the world (see [positiveexposure.org](http://positiveexposure.org))

- "Must-Have Gadgets, Gizmos, and Technology for the Pediatric Office" by none other than Andrew Schuman, our GSP editor!

- The benefits, risks, and dangers of children and computers (see [commonsensemedia.org](http://commonsensemedia.org))

- Hillary Rodham Clinton sharing the collaborative effort with the AAP "Too Small to

Fail" (see [toosmall.org](http://toosmall.org)), highlighting the importance of reading and early childhood education. For practices without "Reach Out and Read" programs, look to the AAP for an upcoming toolkit with strategies, tools and supports, including donations from Scholastic Books, for establishing a program in your practice. We can't afford to not inspire our youngest patients and families to lifelong learning, the foundation for success in life and combating poverty.

- National policy and advocacy updates, including the impending loss of funding to CHIP programs nationwide. Call your senators. Don't allow millions of children lose access to free or affordable insurance and thus become uninsured, worsening their health and wellbeing and creating a burden to the healthcare system.

- Our own Suzi Boulter, MD, FAAP (former NHPS president, and current District I Representative to the AAP Committee on Development), receiving the AAP Senior Advocacy Award

- "Friends of Children Fund" 5K fun run/walk, to raise money for this fund, which has supported Connecticut after the Newtown tragedy (instrumental in establishing mental health services in the area to support the local children, families, and schools), Vermont's children healing after Hurricane Irene, and a myriad of other goodwill projects through the AAP. Please consider donating to this worthy fund (see [aap.org/en-us/about-the-aap/donate-now/Pages/Friends-of-Children.aspx](http://aap.org/en-us/about-the-aap/donate-now/Pages/Friends-of-Children.aspx))

- An evening of entertainment, networking, and fun at the USS Midway Aircraft Carrier (a vessel which on which the father of one of our state nurse practitioners, Jen D'Auteuil at DH Manchester, served as a Lieutenant Commander for 11 years!)

On a more local note, some of you who may be renewing your AAP and NHPS membership may notice a recent cost increase for our NHPS dues. Our AAP state chapter dues have been \$75 for over 20 years, among the least expensive in the AAP. The dues increase was enacted to support several programs that we want to embark upon as a chapter, including:

- Paying for our state medical student pediatric interest group AAP national dues to further their interest in pediatrics

- Supporting an annual scholarship to send 1-2 of our state pediatric residents to the AAP NCE, to encourage them to be involved in pediatrics at a local and national level.

- Supporting scholarship to send a New Hampshire pediatrician annually to the AAP Legisla-

*(Continued on page 4)*

(Continued from page 3)

tive Conference held annually in Washington D.C., to assist support for pediatric advocacy in New Hampshire.

- Develop a new/young pediatrician mentorship program to ease the transition for providers new to New Hampshire, connecting them to colleagues, programs, and mentoring their career, helping adjust to practice and personal life, as well as inspire involvement and advocacy.

- Support our ability to contribute to AAP initiatives, such as the Vermont Hurricane Irene and Newtown, CT outreach through the Friends of Children Fund.

I hope you'll agree with me that the AAP and NHPS adds great value to our careers as pediatricians, from education to resources, supports, and guidance, as well as tirelessly advocating for the health and wellbeing of the youth of our state and country. If you have any concerns or questions regarding what the NHPS and AAP can do for you, please contact me. I'd love to hear from you.

- **Bill Storo, MD, FAAP**  
**President, NHPS**



*"It's easier to build strong children than to repair broken men"*  
- Frederick Douglass



Dartmouth-Hitchcock  
**CHILDREN'S HOSPITAL**  
**AT DARTMOUTH**

**November 2014**

**CHaD welcomes new provider**

**We are delighted that Eileen Granahan MD has joined CHaD in Lebanon. For 13 years she was a primary care pediatrician and hospitalist in Exeter, and most recently was on staff at Boston Children's. Eileen holds a Masters Degree from Dartmouth College, and received her medical degree from University of Rochester School of Medicine and Dentistry. She completed her pediatric residency at Yale University School of Medicine/ Yale New Haven Hospital. Please join us in welcoming Eileen to CHaD!**

**\*\*\* Save the Date \*\*\***

**The 25th Dartmouth Pediatric Conference: Contemporary Issues in Office Pediatrics**  
**March 5-8, 2015 - Omni Mount Washington Resort, Bretton Woods, NH**

**Our Silver Anniversary for this Conference**  
**Join us for an outstanding clinical conference in a spectacular setting! We have confirmed these dynamic and engaging experts:**

**Dr. Perri Klass - Professor of Journalism and Pediatrics; Director, Arthur L. Carter Journalism Institute, New York University, NY**

**Dr. Blaise Congeni - Director, Pediatric Infectious Diseases, Akron Children's Hospital, Ohio**

**Dr. Joseph Congeni - Clinical Co-Director, Center for Orthopedics and Sports Medicine, Akron Children's Hospital, Ohio**

**Symposia topics will cover many aspects of literacy, infectious disease and sports medicine, including hands-on joint exams. Other topics include asthma, CF, e-cigarettes, and early developmental screening in the office.**

**Target Audience: Pediatricians, Family Physicians, Nurses and Allied Health Practitioners in pediatric practice.**

(Continued on page 5)

(Continued from page 4)

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

**Children's Hospital at Dartmouth-Hitchcock Pediatric Surgical Specialties Referrals**



**Radiology reports and images**

If you have access, please push the images electronically to our film library. If you have questions about pushing images, please call our image library # (603) 650-7463 or mail disk to: (Provider's name) Clinic 6M, One Medical Center Drive, Lebanon, NH 03756

**Pediatric General Surgery**

**Laurie Latchaw, MD, Daniel Croitoru, MD & Scott Lannon, APRN**

Scheduler: Sheri LeBlanc  
Phone: (603) 653-9883  
Fax: (603) 650-0908



**Pediatric Neurosurgery**

**David Bauer, MD and Scott Lannon, APRN**

Scheduler: Sheri LeBlanc  
Phone: (603) 653-9880  
Fax: (603) 650-0908

**Pediatric Urology**

**David Chavez, MD, Bridget Logan, PhD, APRN & Lynn Brenfleck, RN**

Scheduler: Sheri LeBlanc  
Phone: (603) 653-9882  
Fax: (603) 650-0908

***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***