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NEW HAMPSHIRE SPORTS- RELATED CONCUSSION GUIDELINES UPDATE

The New Hampshire State Advisory Council on Sport-Related Concussion was created to provide guidance for high school administrations, coaches, parents and athletes on this very important topic. They have been working diligently to create a consensus statement whose purpose is to guide the creation and implementation of a best-practice model for sport-related concussion management including safe return to sports and return to school.

Members on this Council include: Brain Injury Association of NH; Children's Hospital at Dartmouth Injury Prevention Program; Dartmouth Neuropsychiatry Brain Imaging Group; Dartmouth Traumatic Brain Injury Program; New Hampshire Athletic Directors Association; New Hampshire Musculoskeletal Institute; New Hampshire Athletic Trainers Association; New Hampshire Department of Health & Human Services, Bureau of Developmental Services; New Hampshire Department of Health & Human Services, Injury Prevention Program; New Hampshire Emergency Nurses Association; New Hampshire Interscholastic Athletic Association, Sports Medicine Committee; New Hampshire Pediatric Society; New Hampshire Department of Education; New Hampshire School Learning Incentives; New Hampshire School Nurses Association; Northern New England Neurological Society; Emergency Physicians Association; New Hampshire Association of School Psychologists.

The councils mission is to improve concussion related safety of young athletes in New Hampshire, supporting best practice in concussion prevention, education, screening, and clinical management. Their goal is to establish state-wide concussion management standards.

Phase I of their efforts include several

components:

- Provide education to constituent groups - Parents, coaches, PCPs, ATCs, athletes, school personnel, etc.
- Develop consensus; obtain acceptance of recommendations



• Implement a pilot project to demonstrate management protocol. The 5 pilot school sites include: Salem HS, Kearsarge Regional HS, Keene HS, Windham HS, and Londonderry HS. These schools will be using the ImPACT neurocognitive testing program. Software has already provided to these schools. School

trainers are to have neurocognitive training. Testing will be done preseason to determine baseline function for all athletes, and after head injuries to determine any functional deficits. The hope is to broaden the project to more schools over the upcoming years

- Advocate and support best practices

The concussion management protocol includes education, baseline testing, on-field identification, assessment of injury, post-injury management, follow-up and communication, school accommodations if necessary, graded progression from increasing exertion to sport-specific activities, and eventual return-to-play.

Finalization of a Consensus Statement is in progress. Expected to be completed soon, this statement will be disseminated to schools (principals, athletic directors, trainers, coaches, school nurses) and physician practices (pediatricians, FPs). A PDF file powerpoint which reviews these efforts as well as providing data regarding concussion epidemiology and management can be found at:

<http://www.bianh.org/pdf/nhhsconcussion.pdf>

-William Storo, MD

Message of the Quarter



This column is brought to you by the New Hampshire Child Fatality Review Committee which helps improve the safety messages providers share with families of infants, children, adolescents and young adults.

Car Seats: Who wants to talk about them every well child visit?! But studies show that most of them aren't installed or used correctly. What's a provider to do? Recent child fatalities in the state point to the importance of counseling families to use car restraints correctly for **every-one** riding in the car: not just little kids. Our state does very well at protecting the youngest passengers (under 3). It's the older ones who tend to be improperly restrained. Children ages 3-8 are at greatest risk. They may have outgrown their car seat and are not yet big enough for just using a seat belt. **According to NH law, every child under age six must use a car seat or booster seat.**

Here are a few important messages to consider for the next time you discuss car seat safety:

1. Car seats have expiration dates on them. This is because the plastic they are made from will degrade over time and lose protective strength. Check the bottom of the seat for the embossed expiration date.
2. Car seats should not be used after anything other than a minor crash. Even if the seat looks ok, it may no longer protect a child. Almost all car seat manufacturers have programs to help replace seats that have been in a crash. Some do this for FREE because they want to see how their product did in an accident. Some help with insurance claims. You can get contact information for manufacturers on the American Academy of Pediatrics website at www.aap.org/family/carseatguide.htm
3. Yard sales are rotten places to get car seats: there is no way to verify the seat's history and you almost never get the instruction guide which is essential for safe use of the seat. Also, how do you know if the seat has been recalled? Well, you could check with the National Highway and Traffic Safety Administration at 888-327-4236 or at <http://www-odi.nhtsa.dot.gov/cars/problems/recalls/childseat.cfm>
4. Projectile parents: Parents (and other adults) should be properly restrained in the vehicle too. Otherwise, in an accident, they could be thrown against a restrained child and cause injury. Or death. Besides, when you're a parent, you have to take good care of yourself because your child depends on having you there (and healthy). Not to mention that you should try to be a good role model by always buckling up.

- Wendy Gladstone MD

AAP POLICY: VISION PROBLEMS DO NOT CAUSE DYSLEXIA

Learning disabilities affect an estimated 2.6 million children in the U.S. between the ages of 6 to 11. Learning disabilities are complex, language-based disorders that require complex solutions, including early identification and referral to qualified professionals. Because they can be very difficult to treat, learning disabilities have spawned a variety of controversial and scientifically unsupported alternative treatments, including vision therapy. Children with suspected learning disabilities should receive only individualized, evidenced-based diagnostic and educational interventions combined with psychological, medical and vision-oriented treatments as needed. In a joint policy statement, "Learning Disabilities, Dyslexia, and Vision," the American Academy of Pediatrics, the American Academy of Ophthalmology, the American Association for Pediatric Ophthalmology and Strabismus, and the American Association of Certified Orthoptists set out recommendations for identifying and treating dyslexia, a language-based disorder. While vision problems can interfere with the process of learning, vision problems are not the cause of dyslexia or learning disabilities. There is no scientific evidence to support the use of eye exercises, vision therapy, tinted lenses or filters to directly or indirectly treat learning disabilities, and such therapies are not recommended or endorsed. There is no valid evidence that children participating in vision therapy are more responsive to educational instruction than children who do not participate



New Hampshire Health Alert Network

In April of 2009, we witnessed the beginning of the first global flu pandemic in a generation. As the novel influenza A [H1N1] virus spread worldwide, public health officials worked closely with clinicians to mitigate transmission rates and decrease H1N1 morbidity and mortality.

In preparation for the flu season and for the potential of a more virulent H1N1 strain, the NH Department of Public Health Services (NH DPHS) would like to ensure that all NH clinicians are part of the NH Health Alert Network (HAN). The HAN is the primary means of providing rapid, up to date, New Hampshire specific medical information to providers across the state. HANs are primarily transmitted via e-mail (minutes) but may also be transmitted via fax when requested (hours).

Each HAN should be the primary source of H1N1 medical information for NH clinicians. HANs provide specific medical guidance based on information from the CDC and the evolving clinical, epidemiological and resource status of H1N1 within NH. HANs may be somewhat different from the CDC guidance based on current NH specific information. Each HAN will have contact information for providers to call for additional guidance.

If you would like to be added the HAN distribution list or would like to update your contact information, please email Denise Krol at Denise.Krol@dhhs.state.nh.us and provide your full name, certification, and agency affiliation. Please also forward this letter to your Nurse Manager or other practitioners within your organization who may benefit from receiving HANs. If you have questions or concerns about being added to the NH HAN, please call Denise Krol at 603-271-4596.

We extend our appreciation to you for your diligent efforts with the H1N1 situation thus far. We look forward to continuing to work together to lessen the impact of H1N1 on the citizens of NH.

Current and archived NH DHHS HANs are available on the NH DHHS website at: http://www.dhhs.state.nh.us/DHHS/DHHS_SITE/swineflu.htm. Please feel free to contact us with any questions, comments or feedback at 603-271-4496.

We look forward to our continued partnership.

Jose Montero, MD
Director, NH Department of
Public Health Service

Robert Gougelet, MD
Director, New England Center for
Emergency Preparedness
Dartmouth Medical School

UNIVERSAL DEVELOPMENTAL SCREENING CONFERENCE

Join a discussion about screening recommendations and how-tos (including billing and referral processes) with your colleagues, other early childhood professionals, legislators, insurers, and representatives of the New Hampshire Department of Health and Human Services. Help ensure that all of New Hampshire's children receive the most comprehensive and well-coordinated early screening and referral possible.

Pediatric Developmental Screening Conference

*October 23, 2009
8:00 a.m. to 4:00 p.m.
Sheraton Harborside
Portsmouth, NH*

For more information:

**NH Pediatric Society
7 North State Street
Concord, NH 03301-4018
Fax: 603 226 2432
Tel: 603 224 1909**

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
Communications and
Public Relations Chair
fuldandfuld@ne.rr.com**

NEWS FROM CHILDREN'S HOSPITAL AT DARTMOUTH (CHaD) – Sept 2009

CHaD Welcomes New Providers

Dr. Joe Cravero writes:

It is a pleasure to announce the arrival of Jeana Havidich, MD, as a new pediatric anesthesiologist at CHaD/DHMC. Jeana comes to us from the Medical University of South Carolina where she was on staff for over 10 years, served as the Director of Pediatric Anesthesia, and practiced a wide range of pediatric anesthesia specialties - from sedation encounters to cardiac surgery cases. She also has special interest in quality improvement processes. We are excited that she has chosen to join our CHaD staff.

We are delighted to welcome Stephen Mott, MD, as the medical director of Child Development in Pediatrics at CHaD. Dr. Mott specializes in Neurodevelopmental Pediatrics with a special interest in autism. Dr. Mott comes to us from Georgetown University Medical Center where he was on staff since 2000, serving as the Director of the Center for Neurocognitive and Neurodevelopmental Services and the Division Chief of Pediatric Neurology and Neurodevelopmental Pediatrics. Please join us in welcoming Dr. Mott.

*Submitted by Margaret Rose Minnock, MBA
Director, Planning and Regional Services
Children's Hospital at Dartmouth*



2009 AAP DISTRICT I Candidates

Julie E. Meyers, MD, FAAP **National Nominating Committee Candidate**

Julie Meyers, MD, FAAP, a native of Los Angeles, first came to District 1 to get a BS at Tufts University in Biology and Child Development. After a year of research at Massachusetts General Hospital, she attended Tufts Medical School, where she did her pediatric rotations at Eastern Maine Medical Center in Bangor and at the Floating Hospital for Children. She did her Pediatric Residency at Children's Hospital of Los Angeles, where she married fellow pediatrician David Keller and moved back to New England, joining the staff of Tri-River Family Health Center in Uxbridge MA. She and her husband currently live in Pawtucket, Rhode Island.

During her 14 years of primary care practice in Uxbridge, she saw patients, taught students and residents as an Assistant Professor at UMass Medical School, served as school physician and promoted collaboration with mental health providers in the Blackstone Valley.

In 2006, she became the Medical Director for Community Case Management, a program within UMass Medical School that case manages medically fragile children for Massachusetts Medicaid.

She has been active in the Massachusetts Chapter, serving on the Board as District Representative and Secretary, co-chairing the Obesity Committee and as a member of the Committee on Disabilities. She has advocated legislatively on behalf of the AAP at the State and Federal levels. She has been impressed by the many dedicated, energetic pediatricians she has met throughout the District and at National Meetings, and looks forward to nurturing the next generation of leadership within our Academy.

Sol Rockenmacher, MD, FAAP **National Nominating Committee Candidate**

Retiring in 2006, Sol had two careers in pediatrics: 16

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years in primary care practice in Dover, NH, then 19 years as a cardiology subspecialist with the Dartmouth Hitchcock Clinic (DHC) in Hanover, Lebanon, and Manchester, NH.

A native of Brooklyn, NY, Sol graduated from high school in Redondo Beach, CA. An alumnus of Dartmouth College and Medical School and of Harvard Medical School, he served a medical internship at Boston City Hospital before completing pediatric residency at Boston's Children's Hospital (BCH). Following two years as a pediatrician in the US Navy, he returned to BCH for one year of cardiology fellowship before entering primary care practice; 17 years later he completed his cardiology fellowship at BCH.

In Dover, Sol served as school physician, consultant to Strafford County Child Development Center, and Chairman of the NH Developmental Disabilities Advisory Council. He was co-founder of the Strafford Learning Center, chairman of NH Division of Public Health Pediatric Advisory Council, and assisted in state-sponsored pediatric cardiology clinics across NH.

Sol has served as President of the NH Pediatric Society, and continues on the Executive Committee. He was Chairman of the NH Covering Kids and Families Coalition and continues his advocacy efforts. He has been honored as NH's Pediatrician of the Year and received the Good Samaritan Award from the Pastoral Counseling Service. He serves on the Alumni Councils of both Dartmouth College and Medical School and has been active in synagogue programs.

Sol and Linda, married 47 years, have 3 daughters and 5 grandchildren.

**Carole Jenny, MD, FAAP
District Vice Chairperson Candidate**

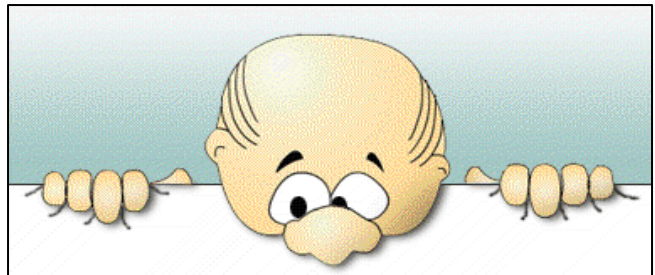
Carole Jenny is a Professor of Pediatrics at the Warren Alpert Medical School of Brown University. She directs the *ChildSafe* Child Protection Program at Hasbro Children's Hospital in Providence, Rhode Island. She graduated from the University of Washington Medical School and was an intern in Pediatrics at the University of Colorado, a resident at Philadelphia Children's Hospital, and a Robert Wood Johnson Clinical Scholar at the University of Pennsylvania. During this fellowship, she obtained an MBA degree in Health Care Administration from Penn's Wharton School. She was on the faculties of the Univer-

sity of Washington and University of Colorado prior to moving to Providence. Since 1983, she has specialized in Child Abuse Pediatrics, a pediatric subspecialty recently recognized by the American Board of Pediatrics. She has served as the Vice President and President of the Rhode Island Chapter of AAP, the Chair of AAP's Section on Child Abuse and Neglect, and Chair of AAP's Committee on Child Abuse and Neglect. She values the AAP as an organization that has a heart and a soul. Being an active member of the AAP is an important part of her professional life.

**Peter D. Rappo, MD, FAAP
District Vice Chairperson Candidate**

Peter Rappo is a primary care physician from Brockton, MA, practicing in a 9-pediatrician, 2-nurse practitioner group in three locales: urban, suburban, and rural. He trained at the Boston Floating Hospital and has a teaching appointment at Harvard Medical School. He has served as Massachusetts Chapter Vice-President and President. At the National level, he was a member of Committee on Practice & Ambulatory Medicine for eight years and served as chair

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TAKE A LOOK
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www.nhps.org

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for four years. He chaired the Council on Pediatric Practice, and served a term as District Vice Chair and as a member of the National Nominating Committee for District I. He has served on five AAP Task Forces and was Vice Chair of the Task Force on Reimbursement; he was a member FOPE II and chaired the working group on the Pediatrician of the Future.

His particular interests in pediatrics are the care of children with special health care needs, mental health screening, and the history of pediatrics. He was a founding member of the Pilgrim Health IPA and chairs the pediatric quality committee for Harvard Pilgrim Health Care. He has traveled on four medical missions to Ecuador and was a Pediatric Consultant for the Arabian American Oil Company. He presently chairs the Pediatric Council in Massachusetts. He has served as a medicolegal defense expert for the pediatric community for the last 20 years.

He has been married to his wife Brenda for 31 years and has three adult children. He is a fan of the Boston Red Sox.

**Robert W. Zavoski, MD, FAAP
District Vice Chairperson Candidate**

Dr. Zavoski is the Medical Director of the Connecticut Department of Social Services, home of many health care programs including Connecticut's Medicaid Program. Among many projects, he is working to provide practice alternatives to managed care and improve the Department's collaboration with Medicaid providers.

Before joining DSS, Dr. Zavoski served as Medical Director of a community health center serving Connecticut's poorest community where he was the primary author of a federal grant bringing \$980,000 to improve healthcare access for Hartford's uninsured. Previously, Dr. Zavoski directed the Primary Care Center at Connecticut Children's Medical Center and before moving to Connecticut was in private practice in Washington, PA.

From 1993 through 2007, Dr. Zavoski served the Connecticut Chapter of the American Academy of Pediatrics in several capacities, including Chapter President from 2003 – 2007 and as Government Liaison Committee Chair. In advocating for children and pediatricians, Dr. Zavoski helped lead the Academy's successful advocacy of Connecticut's stricter teen-aged driving laws, improved Medicaid rates, public smoking ban, and Keep Kids Safe license plate program.

Dr. Zavoski is a graduate of the University of Pennsylvania, New York Medical College, Pitt's Graduate School of Public Health, and completed a pediatric residency and chief residency at the Children's Hospital of the King's Daughters. He lives on a small farm in West Simsbury, CT with his wife Martha Steeves, a pharmacist and author, and their daughter, Kate, a junior at the University of Massachusetts at Amherst.



AAP President Candidates

Dr. Burton, a community pediatrician, is Associate Dean for Clinical Affairs and Director of Community Pediatrics at University of South Carolina (USC) School of Medicine.

A graduate of Clemson University and Medical University of South Carolina (MUSC), he trained at MUSC and Medical College of Georgia. For two decades

he practiced pediatrics in Anderson, SC and taught in a local primary care residency program. In 1991 he joined USC School of Medicine to establish a Division of Community Pediatrics. He oversees the 210 physician multi-specialty group, conducts faculty locum tenens programs for rural pediatricians, and is senior medical consultant to the state's public health and Medicaid agencies. He helped establish 75 partnerships placing public health professionals with practicing physicians to create medical homes for children. His group cares for children in University Primary Care offices, the SC Juvenile Justice System and special health care needs clinics.

Past President of the SC Medical Association and SC Pediatric Society, he chairs the AAP AMA Delegation. His AAP service includes Chapter and District CATCH Facilitator, national DCF chairperson, and the Task Force on Committees and Sections. He also chaired the Council on Committees, attending AAP Board of Directors and Advisory Committee to the Board on Committees and Sections meetings (as a voting member).

Recognitions include the Abraham Jacobi Award for long-term national contributions to pediatrics and National Army Guard Flight Surgeon of the Year for excellence in

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care for military flight crews.

Dr. Burton and his wife, Debbie, have six children and six grandchildren.

**O. Marion Burton, MD, FAAP
Position Statement**

I support AAP's commitment to have children receive quality care in medical homes that promote optimal child health, reduce disparities and contribute to health equity while eliminating financial barriers. We must remain engaged with health care reform involving children and seize opportunities to continuing successes.

Generational poverty, a denominator for inequities/disparities, is increasing. The new Administration's CHIP legislation and commitment to health insurance for all children have advanced the Academy's strategic plan, allowing additional focus on inequities such as poverty. I know from my patients' experiences that caring for children in medical homes, linked to community resources, lessens poverty's negative influence on growth, development, health, and well-being.

Linking medical homes with community resources requires practice expenses not reflected in E & M code payments. The Academy has gained recognition of care oversight/coordination as distinct services. To support pediatricians, the AAP must assure codes are assigned appropriate values/payment.

We must secure adequate pediatric specialist payments. Fees below Medicare benchmarks reduce their ability to accept medical home referrals.

Medical homes support immunizations, but vaccine shortages and inadequate payments remain challenges. AAP's continued work on this priority is important.

Bright Futures-focused medical homes excel in value-based reimbursement/pay-for-performance measures. Academy input in defining pediatric performance measures is essential, and AAP efforts to identify pediatric-friendly and interconnected electronic health records will facilitate reporting.

If elected to lead, I will pursue my passion for medical homes using the Academy's strategic plan to correct disparities, achieve health equity, insure all children and support the value of pediatricians.

**Anne B. Francis, MD, FAAP
Rochester, NY**



Anne B. Francis, MD, FAAP, is senior partner of the Elmwood Pediatric Group, an 8-pediatrician practice in Rochester, NY, which celebrated 62 years in operation this year. She recently stepped down as managing partner after 22 years in that role. During that time she was actively involved in office based research as well as teaching medical students and residents. She is Clinical Professor of Pediatrics at the University of Rochester School of

Medicine and Dentistry and also serves on the Board of Directors of the University of Rochester Medical Center.

Dr. Francis is the Chair of the Private Payer Advocacy Advisory Committee as well as past Chair of the AAP Section on Administration and Practice Management (SOAPM). While she was Chair of SOAPM, the SOAPM listserv was created, the practice managers' listserv (a virtual pediatric practice managers group) was initiated, the SOAPM newsletter was expanded, and Practice Management Online was launched. She currently serves as the Chair of the editorial board for Practice Management Online and is a member of the AAP Obesity Leadership Workgroup. She is District II NY State Treasurer and was President of NY Chapter 1. She has represented the AAP at various meetings with major insurers and is a spokesperson on vaccine finance issues, the medical home, and obesity issues.

She is married to Dr. Charles Francis, Professor of Medicine (Hematology), at the University of Rochester. They have three children and one granddaughter.

**Anne Francis, MD, FAAP
Position Statement**

It's time for the AAP to move from paper into the electronic age on all fronts and also to help its members in making that change. Medical home initiatives, children's healthcare via telemedicine, communication between specialists and primary care pediatricians, our practices and our paychecks are all linked to the future electronic medical platform. Electronic medical records for all children will be necessary to provide quality continuous healthcare especially in our increasingly mobile society.

To provide for this future pediatric electronic platform, we as an Academy must:

- Insist that the initial and maintenance cost of electronic medi-

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cal record systems be affordable within the medical home/ practice setting

- Ensure that children have electronic medical records which are accessible, consistent, intact, portable, and protected
- Ensure that these electronic medical records are integrated with other aspects of the medical home functions such as practice management, communications with consultants, quality, and vaccine registries

To achieve these goals, the Academy must educate and support its members. We must develop methods to help evaluate electronic medical records and provide on-going support to assist our members through the transition. We need dedicated information technology staff at the Academy both for member support and policy development. We must ensure that children are included in potential stimulus funding for implementation of the electronic medical record and platform. Finally, we need systems which are designed to serve as the source of information for future evidence-based medicine, ongoing quality improvement, and outcomes research.

New Brochures Coming Soon!

The Health Care Transition Coalition and the YEAH (Youth Advising Adults on Healthcare) Council have been collaborating to develop an information packet and poster toolkit for pediatricians' and family practitioners' offices throughout NH.

These informational brochures and posters will be ready for distribution- look for more information in the next issue of Granite State Pediatrician.

Also check out the YEAH Council website- www.yeah-councilnh.com- this is a great forum for young adults ages 18-24 who are looking for others who have a chronic illness and are looking to educate others about life with an illness or disability, in an effort to improve the healthcare delivery system. In addition, there are social and networking events.

Keep an eye out for upcoming events and information.

- Lisa Plotnik, MD