



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Iowa Chapter

The Heartland Pediatrician

September 2018

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President's Message

I would like to start my first President's message by thanking Dr. Marguerite Oetting and Dr. Jennifer Groos for their leadership and guidance. I hope to continue the great momentum of the Iowa Chapter that they started. I also want to thank Dr. Nathan Boonstra and Dr. Kathleen Foster-Wendel for their amazing service to the Board and the Iowa Chapter.

I am excited to start this year and continue our legislative efforts. The Iowa Chapter will continue work with our legislature and partners on children's mental health, access to health care and improved education on EPSDT, obesity prevention and education, trauma informed care and combating the effects of the opioid epidemic on children.

We are extremely fortunate in Iowa to have two excellent pediatric training programs and a state full of dedicated pediatricians and pediatric advocates. I hope to be able to demonstrate the value of the AAP and the Iowa Chapter across the state and practice span- from Pediatric Trainees to Early Career and continuing through to our Senior members. We have established committees to focus on key issues, including Mental Health, Immunizations, Obesity, and Legislative, and are organizing committees to address Environmental Health and the Opioid Epidemic. If you have interest in participating in the work of these committees, please contact [myself](#) or [Michelle Dekker](#).

Have a wonderful start to the school year. Thank you for continuing to care for kids.

Amy N. Kimball, DO, FAAP

Save the Date

Join the Iowa Chapter AAP this Friday, September 7 for a tour and reception at the Stead Family Children's Hospital. RSVP to Michelle Dekker.



Julie Beckett, Cedar Rapids, Awarded Honorary FAAP

Julie Beckett (right), an immediate past co-chair of the AAP Family Partnerships Network (FPN), Cedar Rapids, was named an Honorary FAAP during the AAP Board of Directors May meeting. She and co-advocate Elizabeth Anderson were awarded for laying the foundation for and expanding the FPN, which was established in 2014 to develop and implement a strategy to expand parent/family/youth input and participation in AAP activities and programs at all levels. Under Anderson's and Beckett's leadership, the FPN: has grown to 70 family

leaders; developed an orientation process for new family advisors; established a network infrastructure, strategic plan and communications mechanisms; secured two Friends of Children-funded projects that enhanced family engagement; and advised Pediatrics on engaging a community/family member to sit on its editorial board and serve as family peer reviewers for articles in the new Family Partnerships section.

SAVE THE DATE

5210 HEALTHY CHOICES COUNT!
SUMMIT

MARK YOUR CALENDAR:

October 30, 2018

9:00 a.m. – 3:00 p.m.

Des Moines University

REGISTRATION COMING SOON!

www.iowahealthieststate.com/5210



COMMUNITY • HEALTHCARE • SCHOOLS • CHILDCARE

Vision Screening for the Pre-verbal Child: How You Can help Prevent Amblyopia

By Pavlina Kemp, MD

Department of Ophthalmology, University of Iowa

The earlier a child with amblyopia or high refractive error is identified, the more effective the treatment. Amblyopia treatment prior to age 5 is more likely to be effective, however vision screening may be difficult in this age group secondary to cooperation and understanding. The gold standard is shape- or letter-based vision testing. It can be performed as early as 3 years of age. Many 3-5-year-old children, however, have difficulty with these tests, prompting confusion between true visual impairment and lack of cooperation.

With advances in technology, instrument-based vision screening is now effective and accepted in the 12-month to 5-year-old age group.¹ Instrument based photoscreening devices, such as the WelchAllyn Spot and SureSight, Plusoptix, iScreen, RetinoMax and 2WIN are commonly used to estimate refractive error through automated software. Some instruments also estimate eye alignment. Pre-programmed or user-entered criteria unique to the instrument determine need for referral based on risk factors for amblyopia, rather than a diagnosis of amblyopia. These devices have been validated, with referral criteria optimized for high specificity in young children and high sensitivity in older children. Evidence-based recommendations for referral criteria have been published.² CPT codes for photoscreening are available (99174 and 99177).

[GoCheck Kids](#) has recently developed a smartphone-based photoscreener, with similar effectiveness. The smartphone's flash is used to check if the pupillary red reflex is round, equally red and symmetric, indicating

good focus of the eyes on the camera. Data are automatically analyzed via WiFi network, with ability to integrate into the electronic medical record. Starting at \$100/month, the company will provide a smartphone and accompanying support.

Iowa KidSight3 is a vision-screening program, in which Lions Club volunteers throughout Iowa organize and conduct vision-screening sessions in local communities. The results are interpreted by trained staff at the University of Iowa Department of Ophthalmology and Visual Sciences, and returned to families. This voluntary program is open to any child 6-months of age through kindergarten at no cost.

Frequent and age-appropriate screening is key in detecting amblyopia and its risk factors. Both traditional and instrument-based methods are effective. Pediatricians are at the front lines of this important battle so you should be armed with effective tools to succeed.

Iowa's 1st Five Program Supports Primary Care in Putting Developmental Surveillance and Screening into Practice

By Meredith Fishbane-Gordon, MD and Steven Wolfe, MD

Recent data published in March of 2018, found that only 34% of Iowa parents of children ages 10 months to 5 years reported that their children received developmental screenings. As many as one in four children under age 6 years may be at moderate or high risk for developmental, behavioral, or social delays. Routine universal developmental screenings, as recommended by pediatric and child development experts, work to identify children with or at risk of such delaysⁱ.

The Iowa Department of Public Health's 1st Five Healthy Mental Development Initiative is working to support primary care providers to implement surveillance and developmental screenings recommended by AAP's *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*ⁱⁱ. Bright Futures provides medical providers with an evidenced-based template for preventive care screenings and well-child visits, including:

- Surveillance at all well-child visits that assesses social-emotional development, as well as cognitive, communicative, and physical development.
- Standardized screening tools such as the ASQ-3 and ASQ: SE 2 should be completed at least at the 9 month, 18 month, 24 month, and/or 30 month visits and can be completed more often if concerns exist. The MCHAT autism screening tool should be completed at the 18 month and 24 month visits.

1st Five is a public-private partnership bridging primary care and public health services in Iowa. The 1st Five model supports primary care providers in the earlier detection of social-emotional and developmental delays and family risk factors in children birth to 5 years and coordinates referrals, interventions, and follow-up. The Iowa Department of Public Health contracts with local Maternal, Child and Adolescent Health agencies to work with primary care practices in their service delivery areas to implement the 1st Five Program. 1st Five is currently available in **88 Iowa counties**.



Medical consultation services are also available to primary care providers engaged in 1st Five. The 1st Five medical consultant team includes a family physician, and a pediatrician, both with many years of experience serving children. Medical consultants help implement evidence-based screening tools through education, peer-to-peer consults, and assisting with changes to practice workflow and billing procedures.

If you would like more information on how to implement standardized screening tools into your provider office, including workflow implementation procedures, please contact your local 1st Five Site Coordinator listed at <http://idph.iowa.gov/1stfive/contact-information>. Information is also available by contacting the Iowa Department of Public Health:

- Michelle Holst, 1st Five State Coordinator, 515.954.6087 michelle.holst@idph.iowa.gov

Dr. Steven Wolfe is a family physician. After completing medical school at the University of Iowa, Dr. Wolfe was in private practice in Spencer, IA for over 20 years until he joined the University of Iowa Department of Family Medicine in 2001. In addition to consulting with 1st Five, Dr. Wolfe participates in a variety of initiatives that promote early detection and screening for developmental delays, adverse childhood experiences, and the impact of trauma on Iowa families.



Dr. Meredith Fishbane-Gordon joined the University of Iowa in 2014 and is an Associate Professor in the Stead Family Department of Pediatrics. After training at the University of Chicago and the Children's Hospital of Philadelphia, she worked in a large private pediatric practice near Boston for 7 years. Dr. Fishbane-Gordon has had an active role in the integration of developmental screenings into private practices in Iowa.



ⁱ Wright Burak E, Odeh M. Developmental Screenings for Young Children in Medicaid and the Children's Health Insurance Program. Georgetown University Health Policy Institute

Center for Children and Families. <https://ccf.georgetown.edu/wp-content/uploads/2018/03/Developmental-Screenings-Report.pdf>. Published March, 2018. Accessed August 29, 2018.

ⁱⁱ Bright Futures/American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care. https://www.aap.org/en-us/Documents/periodicity_schedule.pdf. Published April 2017. Accessed August 29, 2018.

SAVE THE DATE

2019 AAP Legislative Conference

Mark your calendars! The 2019 AAP Legislative Conference will take place April 7–9 in Washington, DC. Each year, the conference brings together pediatricians from across the country who share a passion for child health advocacy. Participants attend skills-building workshops, hear from guest speakers, learn about policy priorities impacting children and pediatricians and go to Capitol Hill to urge Congress to support strong child health policies. If you are interested in attending the conference and would like to be notified once registration opens, please email LegislativeConference@aap.org.

Mark Your Calendar

Please join us for the Second Annual Regional Pediatric Lead Poisoning Prevention Summit to be held on **Wednesday, October 17, 2018** at the BEST Conference Center in Kansas City, Kansas. The link for information and registration can be found [here](#).

THE 2018 REGIONAL PEDIATRIC LEAD POISONING PREVENTION SUMMIT

Presented by The University of Kansas Health System and CHC of Wyandotte County



MOC4: Patient-Centered Newborn Screening Communication

This is a multi-state virtual learning collaborative to connect pediatricians interested in improving documentation of Newborn Screening (NBS) test results, communication with parents, and making appropriate referrals. The project can be completed in 4 months. There is no charge for participation in this HRSA-funded project.

To successfully complete the project, the pediatrician will:

- Complete a minimum of three audits of the pediatrician's patients and/or clinic patients including a baseline audit, a mid-point audit and final audit;• Identify and implement a minimum of two sequential intervention strategies and plans for improvement identified to increase rates of documented NBS test results, documented communication of test results with parent/guardian, and documentation of referrals made;
- Prepare and implement the Newborn Screening Communication QI Action Plan and submit;
- Send audit data via the web-enabled reporting tool for three months, view and discuss clinic run charts generated by the system; and

-
- Participate in at least two technical assistance conference calls or webinars during the project period, including archived training.

Email cairns@mnaap.org by January 30, 2019 if you are interested in more information or sign-up for this MOC4 opportunity for completion in 2019.



Help AAP to #VoteKids: Join Us for a Week of Action

The national midterm elections are Tuesday, November 6. All 435 seats in the U.S. House of Representatives and 35 of the 100 seats in the U.S. Senate will be contested. In addition, 36 governors, more than 6,000 state legislators, and scores of other state and local officials across the country will be elected.

There is a lot at stake for children. Many key child health issues such as access to health care, immigrant child health and firearm safety are sure to be discussed leading up to the election. Although children do not have a vote, the Academy is working to ensure they have a voice.

AAP's Get Out the Vote campaign, [#VoteKids](#), encourages pediatricians and others who care for children to vote with kids in mind in November. It is critical that our elected leaders and those running for office hear the message: put kids first. The campaign website, aap.org/votekids, provides information, tools and resources to help you speak up for children at the ballot box.

One of the most important things you can do now is **ensure you are registered to vote and have a voting plan in place for November 6.**

Join AAP this week for a #VoteKids Week of Action. Here are ways you can take part:

Check your voter registration: You can register to vote or verify your voter registration status at vote.org. This is especially important for medical students or residents who have moved - your voter registration does not automatically transfer.

Make your voting plan:

- Make sure you are aware of your state's [voter ID requirements](#) and [registration deadlines](#).

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- Medical students, residents and fellows: If you are training in a state that differs from where you are registered to vote, [request an absentee ballot](#) to vote by mail in your home state
 - **IMPORTANT:** Are you attending the 2018 AAP National Conference and Exhibition in Orlando? The last day of the conference, Tuesday, November 6, is Election Day. Many states offer absentee and early voting options to ensure your ballot is complete and will be counted. [More information here.](#)
 - For more information on voter registration, absentee voting, and early voting, visit this [webpage](#).



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