



# The Heartland Pediatrician

Winter 2017

## A Message from the Chapter President



2017 is off to a great start! There have been some big changes in our chapter for this new year. The AAP has hired Michelle Dekker at Iowa Medical Society to serve as our Executive Director. She is learning the ropes very quickly with the support of our national organization. Her position at IMS also means the chapter has access to IMS resources, so we are very optimistic about this relationship. We have also hired Steve Scott as our lobbyist, and he is helping us navigate a very busy legislative session. Jane Brumbaugh completed her term as Secretary of the Board of Directors. We thank Jane for her service to the organization. Marianka Pille has taken on the role of Secretary. Stacy Wagner has joined the Board as a new member to complete our team.

The legislative session is underway. This is looking like a very active session. The change in control of the senate, both at the state and national levels, has altered the climate on the Hill, and we are working hard to educate and advocate about children's issues. Right now, we are working to oppose HF 7, which would permit a "personal conviction exemption" from mandated vaccines for school entry. We are also educating legislators about neonatal CMV screening. Budget discussions have not begun in earnest, but we expect to be very active in support of funding for children's programs, particularly Medicaid and 1st Five. We will occasionally send out an email asking you to contact your local legislators regarding an issue.

One of my primary interests this year is getting members more involved. We have been engaging experts in our state to develop responses to legislation. Nathan Boonstra and Jody Murph, our Immunization Chapter Champions, developed the response to HF 7. Another example is our CMV response, which was developed in less than a week by Drs. Moodley and Price, Pediatric Infectious Disease specialists at Blank and UIHC respectively, our EHDI Chapter Champion, Andrea Reasoner, and Richard Smith, Pediatric ENT at UIHC. Dr. Pete Wallace will be mobilizing senior chapter membership to respond to legislative actions as needed. We will need everyone this year, so if you would like to be involved, please email us at [iowachapteraap@gmail.com](mailto:iowachapteraap@gmail.com).

Be vocal and advocate for kids!

Respectfully,

*Marguerite*

### Save the Date: IA AAP Legislative Breakfast

- Who:** All interested AAP members
- What:** Come meet lawmakers and educate them about children's issues
- When:** Thursday, March 2, 2017, from 7:30-9:00 am
- Where:** Capitol Rotunda
- Why:** Children need a voice!

\* Invite your legislators! Make appointments to meet them after the breakfast!

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## Welcoming New Faces

### Michelle Dekker

Michelle Dekker, CMP, serves as the new Chapter Administrator for the Iowa Chapter of the American Academy of Pediatrics. In addition to offering administrative support to specialty societies, Michelle is the manager of events and sponsorship at the Iowa Medical Society. In this role, she is responsible for the Iowa Medical Society events and sponsorship programs. Prior to joining IMS, Michelle worked closely with associations across the state at the Ames Convention and Visitors Bureau. She is a member of the Iowa Society of Association Executives (Leadership Class 2016-2017) and is an active member in the Heartland Chapter of Meeting Professionals International. Michelle lives in Ankeny, IA with her husband, Aaron, and two kids.



### Stacy Wagner

I am thrilled to be the newest member of the IA Chapter AAP Board of Trustees. My family moved to Clear Lake, IA, when I was 12 years old. As the oldest of seven children, this was a very big move. Even as a young child, I could see the value in Iowa public schools and small town living. Encouraged by my high school physics teacher, I pursued Pre Med/Biochemistry at the University of Iowa. There, I volunteered in the NICU and shadowed Dr. Arnold Menezes in Pediatric Neurosurgery. I went to medical school at Kansas City University of Medicine and Biosciences. I did my third and fourth year rotations primarily in the Quad Cities. I graduated Summa Cum Laude in 2007. My husband and I moved to Des Moines with our brand new baby for pediatric residency at Blank Children's Hospital. I spent three amazing years at Blank Hospital with five pediatric residents that are still my best friends to this day. I have three beautiful children: Evelyn, 9, Conrad, 7, and Matilda, 4. I practice general pediatrics at Waverly Health Center, a wonderful community-owned hospital in northeast Iowa. I am the sole general pediatrician in Waverly. I have a very busy and fulfilling practice, where I also spend time educating other providers in pediatrics, community education, nursery call and now a trustee position with the Iowa AAP. In my limited free time, I love to online shop, watch Pixar movies with my children and lead my eldest daughter's Girl Scout troop.



## Welcoming New Faces

### Stephen Scott

I am pleased to be the new contract lobbyist for the Iowa AAP and welcome the opportunity to build on many years advocating for laws and policies to improve the health and well-being of children. I have been the AAP's lobbyist since January 1 and am already impressed with its state and local leadership on improving policies and laws impacting child health.



This fall, I founded [Scott Advocacy and Consulting](#) to help nonprofits strengthen their organizations and advocate for their causes. Prior to establishing my business, I served for 20 years as executive director of [Prevent Child Abuse Iowa](#) – overseeing its statewide program, evaluation, and technical assistance on behalf of child abuse prevention. I also represented PCA Iowa and the cause of child abuse prevention at the Iowa Legislature, where I tracked bills, advocated with legislators, and kept informed an email network of 240 advocates. In 2016, I received awards for my advocacy from Early Childhood Iowa and the Polk County CAN Prevention Council.

Before PCA Iowa, I identified strategies for improving child and family services at positions in Des Moines and Washington, D.C. (1992-96); advocated for people with disabilities as staff attorney and deputy director in Minnesota (1977-1991); and provided legal services to low-income residents (Easton, PA 1975-77). I have an MPA from the Kennedy School at Harvard University (1992) and a law degree from the University of Pennsylvania (1975).

As AAP lobbyist, I will track legislation, assist in developing policy responses to bills, support AAP members in engaging legislators, and provide legislative updates. To help keep AAP members informed of legislative developments, I have created a [blog](#), where I will post updates throughout the session. If you want to keep informed on the 2017 session, visit the blog or contact me directly at [steve@scottadvconsult.com](mailto:steve@scottadvconsult.com) or 515-274-3705.

## Chapter Announcements

### Coming Soon: Iowa Healthcare Provider Toolkit for the Prevention and Treatment of Pediatric Obesity

Iowa AAP and IMS are partnering to develop a toolkit for Iowa healthcare providers on the prevention and treatment of pediatric obesity. The IA AAP Committee on Obesity has reviewed models from several other states. Pediatric subspecialists across the state are reviewing referral guidelines and best practices for laboratory evaluation and management. The toolkit will include the algorithm for staged management of pediatric overweight and obesity in primary care as well as information on assessing readiness for change, motivating interviewing principles, information on screening and management of comorbidities of obesity, and referral guidelines for exam and laboratory abnormalities. The toolkit will be disseminated via email and be posted electronically on the IMS website on a public access provider resource page. This page will also have links to useful resources in the state. We are partnering with other healthcare provider associations for their input and endorsement of this tool to be able to maximize utilization of the toolkit and reach all of Iowa's children. The toolkit should be completed by the end of March. For more information, please contact the chair of the IA AAP Committee on Obesity, Dr. Jennifer Groos, at [Jennifer.groos@unitypoint.org](mailto:jennifer.groos@unitypoint.org).

### Attention: All Senior Members and Friends!

Dr. Pete Wallace is organizing the senior members in case the AAP needs advocates to speak with legislators in Des Moines, write letters to law makers at the state and national level and editorials for local newspapers. We anticipate many opportunities to get involved this session. Please join us and speak up for kids!

Contact Dr. Pete Wallace at [pdartwallace@gmail.com](mailto:pdartwallace@gmail.com)

### Chapter Leadership Requests

#### Chapter Child Care Contact

The AAP has appointed Chapter Child Care Contacts (CCCCs) in each of its state chapters to provide a network of pediatric child care experts who can mobilize efforts to improve the health and safety of children in child care and engage parents in discussions about quality care and their options. Each volunteer is a member of the Council on Early Childhood and is appointed by their AAP chapter to serve as a liaison between that chapter regarding early education and child care topics and initiatives.

Health professionals can work with their CCCC(s) to educate one another, create discussions on AAP recommended guidelines, improve health and safety practices, and advocate for quality child care. Early education and child care professionals can also work with their CCCC(s) to increase collaboration on child care activities. Click here to learn how early education and child care professionals can work with other health professionals.

This person will work with the Council on Early Childhood:

<https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Early-Childhood/Pages/default.aspx>

## Chapter Announcements

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### Chapter Leadership Requests (Continued)

#### PROS Chapter Coordinators (2 co-coordinators)

PROS is Pediatric Research in the Office Setting. See brochure at the link below:

<http://www2.aap.org/pros/pdfs/PROSbrochure.pdf>

#### Iowa AAP representative to the Iowa Department of Public Health Advisory Council:

The Patient-Centered Health Advisory Council serves as a key resource for feedback and recommendations to IDPH, the legislature, and other stakeholders on health care transformation initiatives in Iowa. Additionally, the Patient-Centered Health Advisory Council and Office of Health Care Transformation (OHCT) staff:

- Convenes stakeholders and leaders in Iowa to streamline efforts that support state-level and community-level integration and focus on reducing fragmentation of the health care system.
- Encourages partnerships and synergy between community health care partners in Iowa who are working on new system-level models to provide better health care at lower costs by focusing on shifting from volume to value-based health care.
- Leads discussions on the transformation of the health care system to a patient-centered infrastructure that integrates and coordinates services and supports to address social determinant's of health and meeting population health goals.
- Provides a venue for education and information gathering for stakeholders and interested parties to learn about emerging health care initiatives across the state.

Upcoming meetings are in Des Moines on 2/10/17, 5/19/17 and 8/11/17. The chapter is looking for someone to share this position with Dr. Oetting.

Link to the website: <https://idph.iowa.gov/ohct/advisory-council>

#### Drug Enforcement Administration (DEA) Renewal Policy Update

As of January 1, 2017, the DEA no longer sends registrants their second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration. At this time, DEA will otherwise retain its current policy and procedures, which are as follows:

- If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

For more information, visit: <https://www.deadiversion.usdoj.gov/drugreg/index.html>

## Early ACCESS: Iowa's Early Intervention (IDEA Part C) System

**Vision:** Every infant and toddler with or at risk for a developmental delay and their families will be supported and included in their communities so that the children will be healthy and successful.

**Mission:** Early ACCESS builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

### What is early intervention?

**Early intervention** is a system of services that *helps infants and toddlers with or at risk for developmental delays or disabilities*. Early intervention focuses on helping the caregivers of eligible infants and toddlers learn how to support their child learn the basic and brand-new skills that typically develop during the first three years of life, such as: physical (reaching, rolling, crawling, and walking); cognitive (thinking, learning, solving problems); communication (talking, listening, understanding); social/emotional (playing, feeling secure and happy); and self-help (eating, dressing).

### Why is early intervention important?

#### 1. Early childhood impacts later success.

A child's brain will grow the most during the first 5 years of life, reaching 90 percent of its final size. 700 new neural connections are made per second. These neural connections build a child's brain architecture that is heavily influenced by the "serve and return" experiences they have with their primary caregivers and social environment.

#### 2. Children's social, emotional & physical health is essential for school readiness, academic success, and overall well-being.

When young children do not achieve the milestones linked to healthy development, they are at risk to do poorly in the early school years, putting them at increased risk for school failure, juvenile delinquency, adult mental health concerns and other problems.

#### 3. Intervention is more effective and less costly when provided earlier rather than later in life.

High quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities.

## Early ACCESS: Iowa's Early Intervention (IDEA Part C) System

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### About Early ACCESS: Iowa's Early Intervention (IDEA Part C) System

**Who does Early ACCESS serve?** Early ACCESS is for families with young children, birth to age 3. To be eligible for Early ACCESS, a child age birth to 3 years old may have a health condition or disability that affects his or her growth and development; or may have delays in one or more areas including cognitive development, physical development including vision and hearing, communication development, social or emotional development, and/or adaptive development.

**How does one refer?** Use this link to find the Early Access online referral form:

<https://www.iafamilysupportnetwork.org/forms/family-service-referral>.

**What happens when a child is referred?** Every family referred to Early ACCESS is assigned a service coordinator. The family, service coordinator, and any other necessary early intervention providers determine if the child is eligible, identify child and family needs, coordinate services, and learn new information and discover what works best for each child and family.

**What is provided to families?** For children and families that qualify and enroll in Early ACCESS, early intervention services provided to children are based on the needs and goals of the child and family. A variety of disciplines, such as: early childhood teachers, speech language pathologists, physical therapists and audiologists, are providers of early intervention services in Iowa. Early ACCESS builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development by coaching families to embed intervention strategies in the child and family's daily routines.



## Why 1st Five is Critical for the Health of Iowa's Families

By: Dr. Amy Shriver

More than ever before, pediatricians face a critical responsibility as “gate-keepers” for the physical, social, and emotional well-being of their patients. Research in neuroscience reveals dramatic influences of a child’s physical and emotional environment on brain development. Children that grow up with multiple serious or prolonged stressors in their lives, such as abuse, neglect, poverty, food insecurity, family mental illness or substance abuse may suffer from permanent changes to their brain architecture, affecting their memory, judgment, and behaviors. Children who lack proper nurturing and cognitive stimulation, especially in the first 5 years of life, are at high risk for school failure, which can result in poor health outcomes.



As pediatricians, we face the challenge of how to effectively screen for these powerful social determinants of health; moreover, we must also plan for how to address these complex issues with families. The current model of primary care pediatrics provides insufficient time and resources to properly address the complexities of the “new morbidities” of our patients. Fortunately, a public-private partnership called 1st Five provides a model of support for pediatricians in the important process of prevention, early intervention, and treatment of these issues.

**Iowa’s 1st Five Healthy Mental Development Initiative** builds partnerships between physician practices and public service providers to enhance high quality well-child care. 1st Five promotes the use of developmental tools that support healthy mental development for young children during the first five years. By using a tool for all children that includes social-emotional development and family risk factors, providers are able to identify children at risk for developmental concerns that, if left untreated, would play out later in life. These tools are used in my practice for families at each health maintenance visit for children from newborn to 5 years. Parents can identify stressors in the home and choose from a menu of possible options, including financial, child care, transportation, relationships, and more. This allows health care providers to further inquire about concerns at home. Once an issue has been identified, providers can fax the information directly to 1st Five, where a care coordinator contacts the family to further address concerns.

What makes 1st Five so valuable? The program identifies concerns and then provides a wide variety of referrals to community-based resources for families. So, not only can providers screen for social concerns, but they can offer resources for families to address these concerns as well through 1st Five. The care coordinator follows up with the family multiple times, and reports back to the referring provider to provide communication and insight into how the concerns were addressed. This follow up is critically important to close the loop on the referral process.

## Why 1st Five is Critical for the Health of Iowa's Families

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I use 1st Five very regularly in my practice. I have referred several families who are transiently homeless. 1st Five helps connects families to affordable housing in their desired neighborhood. I often refer mothers who report post-partum depression symptoms who are interested in therapy. Many families benefit from referrals for affordable child care. I refer families who have just moved to the area for support and resources, and I offer referrals for teenage moms who typically have increased needs for support. Usually, though, when I make a referral for one issue, families actually have many complex needs that I don’t initially identify in the screening process. For example: I referred a mother of a 2 month old infant to 1st Five after she circled “financial” stress on her surveillance form. 1st Five discovered that the family had no electricity or heat. In addition, the mother was interested in getting a job to help the family’s financial situation. 1st Five had a list of job opportunities. Mom then needed information on affordable day care. She also had a question about insurance coverage for herself and her infant. On follow-up, 1st Five discovered that the mother had found a job with health insurance and a decent salary to support her family. She found affordable daycare. Mom had more questions for 1st Five about expressing breast milk at work during her child’s infancy. 1st Five was able to provide the mother with all of these resources and check in on her later. The family has been thriving since this intervention.

The 1st Five program is an excellent resource for ensuring follow up for developmental delays in children. After an ASQ screening is completed, the 1st Five team can refer directly to Early ACCESS and follow up with the family to make sure services are being provided. They will also help our practice to routinely screen for food insecurity, a new recommendation by the AAP.

In conclusion, I cannot imagine practicing 21st Century pediatrics without a resource such as 1st Five to support family needs. The program exists in 88 of Iowa’s 99 counties. Expansion to include all of Iowa’s pediatric clinics would greatly benefit the children and families of Iowa. Your local 1st Five coordinator can help you and your patients. They will connect patients to important resources. 1st Five can give you screening tools and help you incorporate them into your clinic workflow. Use the link below to locate your 1st Five coordinator, and give them a call today!

[http://idph.iowa.gov/Portals/1/userfiles/87/FY17%201st%20Five%20Site%20Coordinator%20Contact%20Information%20Updated%201\\_2017.pdf](http://idph.iowa.gov/Portals/1/userfiles/87/FY17%201st%20Five%20Site%20Coordinator%20Contact%20Information%20Updated%201_2017.pdf)

For more information, visit the 1st Five website at: <http://idph.iowa.gov/1stfive/overview>

Amy Shriver, MD is a child advocate who practices general pediatrics at the Blank Children’s Pediatric Clinic in Des Moines, IA. All of the providers at her clinic use a standardized 1st Five Surveillance and Screening form at health maintenance visits. 1st Five is administered by the Iowa Department of Public Health. IDPH contracts with local Title V Child and Adolescent Health agencies for delivery of services.

## Iowa AAP Chapter Champion for the Early Hearing Detection and Intervention (EHDI) Program

By: Dr. Andrea Reasoner

One year ago, I responded to the need for an Iowa AAP Chapter Champion for the EHDI program. Two things triggered my response. First, as leader of the neurodevelopmental evaluation team at the Center for Disabilities and Development, Stead Family Department of Pediatrics, University of Iowa Children's Hospital, I realized how important it is to detect hearing loss early and to provide appropriate interventions as soon as possible in order to enhance development. The second trigger was my mother. She was a teacher at Iowa School for the Deaf for 20 plus years. She believed in enriching students with music and dance, and giving them performance opportunities in her "rhythm band." The students loved the experience; I loved to join them on the road. I developed friendships with the students and experienced the deaf culture firsthand.

As the Iowa AAP Chapter Champion for the EHDI program, I am compelled to learn more about congenital and childhood hearing loss and disseminate the information in order to better the lives of children with hearing loss. My first educational immersion was at the 2016 National EHDI Meeting in San Diego in the spring. An inspirational speaker at the conference, Rachel Coleman, shared about her daughter, identified with deafness at 14 months, and how this motivated her to create Signing Time, a musical show which teaches children how to sign. Lectures that caught my attention involved the risk factors of hearing loss, the genetics of hearing loss, and taking care of children who are both deaf and blind. Networking opportunities included stakeholder meetings and a planning meeting with other chapter champions.

Throughout the past year, I participated as a member of the Iowa EHDI Advisory Committee and provided perspective as a developmental behavioral pediatrician. I provided letters of support for two main grants, on which the EHDI program relies; the Health Resources and Services Administration grant and the Center for Disease Control and Prevention cooperative agreement. As the EHDI chapter champion, I offer support to those who are involved in the daily task of accomplishing the EHDI program goals, and I advise regarding outreach and support to health professionals and other stakeholders (families, persons who are deaf or hard of hearing).

Two main challenges identified for the EHDI programs in 2017 include: creating a state-based learning community for pediatric health professionals and building connections and partnerships with families to support their active engagement within EHDI. Hands & Voices is an already established parent-driven organization which lends support to families of children who are deaf or hard of hearing.

During the past year I have learned some important things about congenital and childhood hearing loss which I would like to pass along to you.

### Anyone who takes care of children should know the 1-3-6 national EHDI goal:

- by 1 month, all newborns should receive a hearing screen, preferably before leaving the hospital, and an outpatient re-screen for those infants that did not pass their birth screen
- by 3 months, those who "refer" or do not pass the hearing re- screen should receive a diagnostic audiology evaluation
- by 6 months, those with confirmed hearing loss should receive early developmental intervention and referrals to Otolaryngology and Genetics.

## Iowa AAP Chapter Champion for the Early Hearing Detection and Intervention (EHDI) Program

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We know that infants with hearing loss who receive these timely interventions, including hearing aids (by 6 months) and/or cochlear implants (often can be done before 12 months) fare better with regard to cognitive, speech, language, academic, social, and motor development than those who receive later treatment.

Several risk factors for acquired hearing loss have been documented and would prompt a follow up hearing screen at either 6 months or at 24-30 months of age depending upon the factor.

- Screen hearing again at 6 months for: Cytomegalovirus (CMV), family history of congenital hearing loss, bacterial and viral meningitis, extra-corporeal membrane oxygenation (ECMO), neurodegenerative disorder and syndromes
- Screen hearing again at 24 months for: craniofacial anomalies, exchange transfusion for elevated bilirubin, Herpes infection confirmed in infant, NICU stay longer than five days, other congenital infection, exposure to ototoxic medications, PPHN (persistent pulmonary hypertension) associated with mechanical ventilation, Rubella infection confirmed in infant, Syphilis infection confirmed in infant, Toxoplasmosis infection confirmed in infant

Congenital CMV is the most common non-genetic cause of congenital hearing loss. Recent research shows potential to not only stop the progression of hearing loss, but also to improve hearing status, when children born with hearing loss due to congenital CMV are treated with appropriate antivirals for 12 months.<sup>1</sup>

It is important to obtain an auditory brainstem evoked response (ABR) screen as a primary screen or in addition to an otoacoustic emission (OAE) screen in newborns who have spent 5 or more days in the NICU. This is because an abnormal ABR with a normal OAE identifies an auditory neuropathy spectrum disorder and the diagnosis will be missed in babies who have not had both screens.<sup>2</sup> Here in Iowa, we recommend that all infants in the NICU receive an automated ABR (AABR) screen. Also, any infant screened with an AABR, must be re-screened with an AABR if they do not pass.

Congenital and childhood hearing loss is an area where research continues to substantially and positively impact the lives of those who are deaf or hard of hearing. We as pediatricians can share in that impact by following through on the 1-3-6 national EHDI goal.

### References

1. Bilavsky E, Shahr-Nissan K, Pardo J, Attias J, Amir J. Arch Dis Child. 2016;101(5):433-8. doi:10.1136/archdischild-2015-309154. Epub 2016 Jan 29.

2. Chen M, Oghalai. Diagnosis and Management of Congenital Sensorineural Hearing Loss. Curr Treat Options Peds. 2016;2:256-265.

### Helpful Websites

<http://www.handsandvoices.org/>      <http://www.infanthearing.org/>      <http://idph.iowa.gov/ehdi>  
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Early-Hearing-Detection-and-Intervention.aspx>  
<http://www.asha.org/Advocacy/federal/Early-Hearing-Detection-and-Intervention/>

## Iowa AAP Committee on Obesity

By: Dr. Jennifer Groos

Do you have an interest in prevention and treatment of pediatric obesity? The Iowa Chapter AAP has newly formed a Committee on Obesity. We are collaborating with the Iowa Medical Society and other health care associations to develop an Iowa specific Healthcare Provider Toolkit for the Prevention and Treatment of Pediatric Obesity. We are also partnering with state government and public and private groups across our state working on pediatric obesity initiatives.

The committee will meet via conference call 2-4 times per year to discuss current pediatric obesity initiatives in our state and share national AAP education opportunities. **The time commitment for this group is minimal.** If you are unable to join the conference calls minutes will be sent out to keep you up to date. **Our goal is to bring together a group of IA AAP members who have an interest in this topic.** Information about local and national education opportunities and initiatives will be regularly sent to members of the committee. The meetings will allow providers the opportunity to network with other members with expertise and experience in this field and share successes and challenges in addressing this issue in our state.

If you are interested in joining this group please email the committee chairperson, Dr. Jennifer Groos, at [Jennifer.groos@unitypoint.org](mailto:Jennifer.groos@unitypoint.org).

### Childhood Obesity in Primary Care (COPC) MOC Project

In January 2016 Blank Pediatric Clinic in Des Moines participated in COPC 1.0. This fall, the call for practices for COPC 2.0 was sent out to IA AAP general membership. Five practices across Iowa enrolled and are currently participating:

Ames  
Davenport  
Des Moines  
Fort Dodge  
Waterloo

Childhood Obesity in Primary Care (COPC) project is a brief, innovative, virtual quality improvement (QI) project that aims to improve obesity-related care at well-child visits. The project is sponsored and lead by the American Academy of Pediatrics' Institute for Healthy Childhood Weight. Participating practices collaborate with one another and receive education, coaching, and resources from national experts in obesity prevention and treatment. Pediatricians who meet participation requirements receive 25 American Board of Pediatrics Part 4 Maintenance of Certification credits and receive up to 9 CME credits. There is no cost to participate, and all training sessions are held virtually.

## Iowa AAP Committee on Obesity

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### Childhood Obesity in Primary Care Educational Modules available

Six educational modules were developed by the AAP Institute for Healthy Childhood Weight, with input and guidance from the Section on Obesity, to provide guidance to assist primary care providers in addressing childhood overweight and obesity. Informed by the most recent available evidence, the modules were created to provide Continuing Medical Education (CME) opportunities for practicing physicians, serve as additional curriculum materials for pediatric residents, and provide slides for use in professional presentations, such as Grand Rounds. Topics include: 1) a detailed overview of the obesity issue, 2) a discussion of relevant quality improvement concepts, 3) guidance for using an algorithm resource, developed for use in primary care 4) tips for setting up your office for success, 5) managing and treating obesity comorbidities, and 6) motivational interviewing. The modules available online at [aap.org/COPC](http://aap.org/COPC).

### Iowa awarded SOOb Visiting Professorship – Mark your calendar

AAP was awarded one of the six SOOb Visiting Professorships. Core to its mission, the AAP Section on Obesity (SOOb) is committed to providing an educational forum to enhance pediatricians' and other pediatric healthcare providers' knowledge and skills to address the prevention and treatment of childhood obesity. Supported by funds from the AAP Friends of Children Fund, the SOOb established a Visiting Professorship Program to host an obesity expert who will spend 1 – 2 days at the selected host site. Dr. Ashley Weedn was selected for the professorship. IA AAP is partnering with the Iowa Medical Society (IMS) to host **Dr. Ashley Weedn on Thursday, March 30 12:00-1:00 PM**. Her lecture will be held at the IMS office, 515 E. Locust Street, Des Moines, IA. If you cannot attend in person or prefer to view her lecture remotely, you may do so by joining in via live webinar (registration details will be sent out to membership via email). The webinar will also be recorded and available for later viewing if you cannot attend at that time.

### Ashley Weedn, MD, MPH, FAAP

Dr. Ashley Weedn earned her medical degree from the University of Oklahoma College of Medicine and completed a pediatrics residency at Arkansas Children's Hospital. During residency, she trained at the University of California at San Francisco in pediatric weight management. She returned to Oklahoma in 2010 and joined the department of pediatrics at the University of Oklahoma Health Sciences Center (OUHSC) as the first general academic pediatrics fellow. During her fellowship, she obtained a masters in public health at the OU College of Public Health in 2012. She is a board-certified pediatrician and an assistant professor in the section of general and community pediatrics at the University of Oklahoma Health Sciences Center (OUHSC). Dr. Weedn serves as the medical director of the OU pediatric multidisciplinary weight management clinic, Healthy Futures, co-chairs the national obesity interest group of the Academic Pediatric Association, and serves as a childhood obesity advisor for the American Academy of Pediatrics. She also founded and co-chairs the Obesity Committee through the Oklahoma Chapter of the American Academy of Pediatrics.

# Opioid Antagonists

Opioid antagonists, such as naloxone, temporarily reverse the overdose effects of opioids. Prior to the 2016 Legislative Session, prescribers in Iowa could only prescribe opioid antagonists directly to individuals at risk of suffering from an overdose.

Legislation enacted by the Iowa General Assembly in 2016 grants providers the authority to prescribe an opioid antagonist to certain populations and provides immunities for prescribers and persons who administer it.

## *Accessing Opioid Antagonists*

A Physician, ARNP, or Physician Assistant may prescribe an opioid antagonist to a:

- medical care ambulance service
- law enforcement agency
- fire department
- person in a position to assist an individual at risk of experiencing an overdose, such as a friend or family member of a person addicted to opioids

A pharmacist may furnish an opioid antagonist pursuant to a:

- valid prescription
- standing order
- collaborative agreement with a prescriber

## *Immunities*

The following are immune from liability, provided they prescribe, furnish, or administer the opioid antagonist in good faith:

- first responders
- medical care ambulance service
- law enforcement agencies
- fire departments
- prescribers
- pharmacists
- persons in a position to assist

## *Next Steps*

This new law takes effect when it is signed by the governor. The Iowa Department of Public Health (IDPH) may enact rules surrounding this new law, and the Iowa Board of Medicine (IBM) may offer guidance to physicians. IMS will keep physicians updated

