



A Message from the Chapter President



Hope the summer has been fun and relaxing! I am Marguerite Oetting, the new Iowa AAP chapter president. I would like to say thank you to Jennifer Groos, MD, FAAP, who recently completed her term as IA AAP president. She led us through a very challenging time with many transitions and did so with grace. She will remain on the board of directors for two more years, serving as past president and advising us all. We appreciate her service!

I would like to introduce myself. I am a general pediatrician at the University of Iowa Hospitals and Clinics, with a particular interest in school health and community pediatrics. Prior to joining the University in 2008, I was in private practice for many years. I trained at Duke University and University of North Carolina before moving to Iowa in 1992.

My goals for IA AAP over the next two years are to improve and increase our services to members, and to strengthen our connection to the national organization. We reached out to pediatricians in the state last spring and will do so again this fall to ask about your interests. We are hoping to be able to connect members to relevant national programs or grants. We are also trying to place members on strategic state committees as positions become available.

We are also going to be distributing helpful information (such as the article on license renewal in this issue) through our website, newsletter, emails and social media. We are attempting to improve the Chapter Champion program through national subspecialists, who can serve as resources to practitioners throughout the state. Please let us know if we can help in any way!

Best in Health,
Marguerite

IA AAP Chapter Luncheon at NCE

Interested Iowa chapter members will meet for lunch at the AAP NCE on Saturday, October 22 at 12:30 p.m. at Zero Zero, 826 Folsom (at 4th Street). If you would like to join the group, please get in touch with Marguerite Oetting at marguerite-oetting@uiowa.edu so that we can include you in the head count for the reservation. Information will be communicated by email, so please make sure we have the best email address for you. Thanks! Hope to see you at Zero Zero: <http://www.zerozerosf.com/>



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Licensure Renewal CME Requirements for End-of-Life Care and Pain Management

As of August 17, 2011, two hours of continuing medical education (CME) for end-of-life care and two hours of CME for pain management have been required for all primary care physicians, including pediatricians. This CME must be obtained every five years, similar to the child abuse CME requirement with which most people are familiar.

As of August 17, 2016, you are required to attest that you have completed this CME within the past five years each time you renew your license.

A partial list of CME activity that may be applicable to these requirements can be found on the Iowa Board of Medicine website: <http://medicalboard.iowa.gov/>. While much of the information provided is applicable to adults, you are free to choose applicable pediatric CME. Some options are listed below.

End-of-Life Care online learning:

National Hospice and Palliative Care Organization
<http://www.nhpco.org/education-online-learning/e-ol-courses-and-webcasts>

CME California - University of California Schools of Medicine
12-hour pediatric palliative care course - \$95:
<https://www.cme-california.com/Activity/2781411/Detail.aspx>

Integration of Palliative Care Into the Care of Children With Serious Illness - Tammy I. Kang, David Munson, Jennifer Hwang, Chris Feudtner
<http://pedsinreview.aappublications.org/content/35/8/318>

Primary Pediatric Palliative Care: Psychological and Social Support for Children and Families - Cassandra D. Hirsh, Sarah Friebert
<http://pedsinreview.aappublications.org/content/35/9/390>

Pain Management:

New online CME course on pediatric pain management will be made available on PediaLink, the AAP's online learning platform by late summer/early fall 2016. The course will be designed to meet the needs of pediatricians in states where pain management CME is required for re-licensure. This course has been made possible by a grant from the AAP's Friends of Children Fund.

National Conference 2016 sessions: F3133 - Managing Pediatric Pain

Pediatrics in Review: "Pain and Symptom Management in Pediatric Palliative Care," by Kelly Komatz and Brian Carter is available at: <http://pedsinreview.aappublications.org/content/36/12/527>.

If you have questions, please contact the Iowa Board of Medicine at (515) 281-5171 or ibm@iowa.gov.

Adolescent and Young Adult Health – Improving the Well-Visit

By: Sarah Mauch, PRAMS Project Director (Pregnancy Risk Assessment Monitoring System), IDPH, with information provided by Dr. Ken Cheyne, MD, FAAP

Adolescence is a crucial period with marked physical, emotional, and intellectual changes, as well as changes in social roles, relationships and expectations, all of which are important for the development of every young person and provide the foundation for adulthood. Establishing healthy behaviors is a vital part of this foundation and high quality preventive care can play a critical role in providing the support adolescents need as they enter into adulthood.

What is an Adolescent well-visit?

An annual well-visit is more than a physical exam. The visit, sometimes called a checkup or health maintenance exam, also includes discussion of other health-related topics. These topics include discussion of growth and development, healthy eating, physical activity, emotional wellbeing, substance use, normal sexuality, violence, and motor vehicle safety. Updating needed immunizations is also an important part of an adolescent well-visit.

Who should get one?

It's important for all adolescents and young adults to receive an annual well-visit. The American Academy of Pediatrics recommends an annual well-visit for everyone up to age 21.

Why are they important?

An annual well-visit offers the opportunity for health care providers to talk about adopting or maintaining healthy habits and behaviors, avoiding health-damaging behaviors, managing chronic conditions, and preventing disease. During the adolescent years, habits and behaviors are established, and for some youth, chronic conditions may emerge. High-quality preventive care can play a critical role in providing the support adolescents need as they enter into adulthood.

What is the difference between an adolescent well-visit and sports physical?

Iowa high schools require athletes to provide proof of an annual physical exam in order to participate in high school sports. A sports physical is simply an exam that helps determine if it is safe for the athlete to participate in a particular sport. An adolescent well-visit gives physicians a chance to perform not just a thorough physical exam and health assessment, but an opportunity to address many other topics that adolescents face in their transition to adulthood. A sports physical is often completed as part of an adolescent well-visit.

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Iowa's 1st Five Healthy Mental Development Initiative

By: Melissa Stimmmer, Program Coordinator, Child Health Specialty Clinics (CHSC)
Division of Child and Community Health, University of Iowa Hospitals and Clinics

Did you know that in 2007, only 21% of parents reported they were asked screening questions about their child's development? In contrast, the American Academy of Pediatrics (AAP) has recommended the routine use of standardized screening tools for children 0-3 years old since 1994.i

Iowa is working to support primary care providers to implement AAP recommendations as they care for our youngest, most vulnerable residents.

Iowa's 1st Five Healthy Mental Development Initiative 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, and coordinates referrals, interventions and follow-up.

The Iowa Department of Public Health (IDPH) contracts with local Maternal, Adolescent and Child Health agencies to work with primary care practices in their service delivery areas to implement the 1st Five Program. Medical consultation services are also available to primary care providers engaged in 1st Five. Medical consultants help implement evidence-based screening tools through education, one-on-one consults, and assisting with changes to practice workflow and billing procedures.

Bright Futures is a national health promotion and prevention initiative that provides theory-based and evidence-driven guidance for all preventive care screenings and well-child visits.ii

- * Surveillance using a standardized tool for developmental delays should be completed at all well-child visits.
- * Screening tools such as the ASQ-3 and ASQ: SE 2 should be completed at the 9-month, 18-month, 24-month, and/or 30-month visits.
- * The MCHAT autism screening tool should be completed at the 18-month and 24-month visits.



1st Five is administered by the Iowa Department of Public Health. IDPH contracts with the University of Iowa Division of Child and Community Health to work with local 1st Five contractors related to primary care provider consultation services.™

Iowa's 1st Five Healthy Mental Development Initiative

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The 1st Five medical consultant team includes a family physician, a nurse practitioner and a pediatrician, all with many years of experience serving Iowa children.

Dr. Steven Wolfe is a family physician. After completing medical school at the University of Iowa, Dr. Wolfe was in private practice in Spencer, Iowa, for more than 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.



Cheryll Jones is an alumna of the University of Iowa College of Nursing and Pediatric Nurse Practitioner program. She has been serving children and youth with special health care needs at CHSC's Ottumwa regional center for more than 35 years. Cheryll tirelessly advocates for Iowa children and frequently speaks to legislative committees on behalf of children with special health care needs.



Dr. Meredith Fishbane-Gordon joined the University of Iowa faculty in 2014 as 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 seven years. Dr. Fishbane-Gordon has had an active role in the integration of developmental screenings into private practices in Iowa.



If you would like more information on how to implement evidence-based 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 or michelle.holst@idph.iowa.gov
- * Rebecca Goldsmith, 1st Five Program Consultant, 515.281.7721 or rebecca.goldsmith@idph.iowa.gov

Adolescent and Young Adult Health – Improving the Well-Visit

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Tips for Improving the Well-Visit Experience

- * Use a standardized tool, such as [Bright Futures](#), to ensure the visit content is age-appropriate and developmentally-appropriate.
- * Consider offering only comprehensive well-visits. Many insurance companies will only pay for one physical per year, and they do not differentiate between a sports physical and a comprehensive physical exam; the sports physical form can be completed as part of the comprehensive well-visit. This will help prevent families from having to pay out-of-pocket for a sports physical, while ensuring that the patient receives a comprehensive visit annually.
- * Maximize the amount of time you can spend with an adolescent by using pre-visit questionnaires. The average adolescent will not have a significant number of risk factors or health concerns so most of the time can be spent on anticipatory guidance.
- * It is essential to help adolescents transition to managing their own care. Some steps your practice may consider trying are:
 - During the course of the visit, incorporate private time with the adolescent (meaning one-on-one, without the parent)
 - If an adolescent cannot answer a question and needs their parent(s) for help, tell the adolescent that you will be asking the same question at the next visit and expect them to know the answer. For example, the names of other providers they see or the name of their medications; build on that during the next visit by asking the name of the medication and how many times a day they take it.
 - Tried and true practices like:
 - * [Ask Me 3](#)
 - What is my main problem?
 - What do I need to do about it?
 - Why is it important to do it?
 - * [Teach-Back Method](#)
 - Have patients say describe what they need to know or do about their health.
 - Example: Tell me what you are going to do to make your sprained ankle better.
 - Connect wellness issues to something that is important to the adolescent. For example, “You are a healthy young man because you are making many positive choices regarding your health such as choosing not to smoke, choosing to maintain a healthy weight, and choosing to exercise regularly. By doing these things it helps you perform better in show choir, track, etc. Sometimes as we get older, it is more difficult to continue to make these decisions. I hope you keep working hard at making these decisions.”
 - Choose only 1 or 2 behaviors to ask for a change or commitment to continue to make positive choices. For example, if the patient just obtained a driver’s license, discuss texting and driving, and try to get a commitment to not text and drive.
 - Praise the adolescent when they make any independent step forward. For example, if you have spent time alone with them, then their parents come back and you talk together, and they will be encouraged to talk to you alone again.

Adolescent and Young Adult Health – Improving the Well-Visit

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Tips for Improving the Well-Visit Experience (Continued...)

- * Balancing confidentiality and privacy as adolescents age, and including parents can be challenging. By seeing the adolescent alone for part of the well-visit, you can provide them with a time to ask questions confidentially. It is also important to help adolescents understand that we all need people in our lives to give us support. For adolescents and young adults, parents are usually part of that group. We are not always good at asking for help, and learning this skill as an adolescent is an important life skill.

From the provider side, it is important to understand the legal rights of minors in seeking medical care without their parent’s knowledge or permission. A starting point for understanding the laws around minor consent, visit [this memorandum](#) that summarizes Iowa laws governing the ability of a minor to independently consent to medical care, treatment and services. (NOTE: this document does not constitute legal advice.)

- * Remind adolescents, and their parents, that you expect to see them in one year for their next well-visit. Use of reminder cards or asking them to put a reminder in their cell phone can be helpful.

Addressing and improving the outcomes for adolescents and young adults

A group of statewide stakeholders, led by the Iowa Department of Public Health, are participating in a national Adolescent and Young Adult Health Collaborative Innovation & Improvement Network (AYAH CoIIN). Nationally, the AYAH CoIIN focuses on discovering and implementing evidence-based strategies to increase adolescents’ and young adults’ access to preventive health care visits and to improve the quality of those visits. The AYAH CoIIN comes at a special moment in the context of health policy pertinent to State Title V Maternal and Child Health (MCH) programs as well as the transition to Managed Care Organizations. Transformation of the Title V MCH Block Grant program places a stronger emphasis on performance measurement and the Affordable Care Act provides major stimuli for enhancing access to health care, delivering comprehensive packages of preventive health care services, and improving the quality of care.

The Iowa CoIIN team is working with three local clinics to participate in a comprehensive self-assessment to review the health clinics’ environment, policies and practices specific to AYA (adolescents and young adults). The Adolescent-Centered Environment (ACE) Assessment is an evidence-based tool developed by the University of Michigan Health Systems. Based on the assessment findings, each clinic will receive an implementation plan, resources and ongoing technical assistance to address the components they want to work on over the course of 12 months. Each site will address at least three areas identified in the implementation plan.

A year-end assessment will be conducted to measure change in youth-friendly practices at the clinic sites. The assessment provides an opportunity for providers and staff to improve their knowledge, attitudes, and practice around the care of adolescents and make meaningful changes within their clinic. The Iowa CoIIN team will present the assessment results to other health clinics to provide a ‘lessons learned’ opportunity for other providers.

The Iowa CoIIN team is also conducting focus groups with AYA and parents/caregivers of AYA to create communication materials that raise awareness of the importance of an adolescent well-visit and encourage increased uptake of the well-visit. The focus group questions were developed to determine:

- * Motivators for getting an adolescent well-visit
- * Most important components of the visit?
- * Differences between parents and AYA in needs for the adolescent well-visit
- * Types of communication materials each group responds best to and what prompts an adolescent well-visit

Any notable findings and materials created will be shared with and available to providers. More information on the national AYAH CoIIN can be found at: <http://www.amchp.org/programsandtopics/AdolescentHealth/Pages/default.aspx>

For further information on the Iowa CoIIN activities, please contact:

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Membership News

Dr. Ken Cheyne Receives District VI AAP Award

Ken Cheyne, MD, FAAP, received the AAP District VI Special Achievement Award at the 2016 District Meeting held in Chattanooga, Tennessee, in August. Dr. Cheyne is a long-term member and former president of the Iowa Chapter of AAP. He has led a series of projects, including the recently completed social media campaign, Iowa Health and Wellness Connection for Teens or iHAWC. While he continues to provide leadership to the Iowa Chapter, he has also taken on leadership role with AAP National and District VI, serving as a member of the Chapter Forum Management Committee.

Dr. Cheyne is Medical Director at Blank Children's Hospital in Des Moines. He specializes in adolescent medicine, practicing at Blank's Adolescent Clinic.

The Special Achievement Award selection is made based on a review of all chapter reports by members of the District Vice Chairpersons (DVC) Committee. They identify successful chapter projects based on the chapter's work in the areas of membership, advocacy, quality improvement and education. The Special Achievement Awards recognize outstanding AAP work of individuals or chapter achievements.



Dr. Jody Murph Receives CDC Immunization Award

Jody Murph, MD, MS, FAAP, received the 2016 CDC Childhood Immunization Award this year. Dr. Murph is Associate Professor of Pediatrics at the University of Iowa Hospitals and Clinics, and has lectured on immunization to medical students, nursing students, public health students, and faculty for many years. She is a long-term member of the Iowa Chapter of AAP, and has served as Chapter Champion for a variety of areas including her current role as Chapter Champion for Childhood Immunization.

Dr. Murph is considered a statewide immunization expert and offers guidance to medical and public health groups at the state level. For her ongoing commitment to improving immunization practices within her hospital and across the state, she is Iowa's CDC Childhood Immunization Champion. Learn more about the 2016 CDC Immunization Champions here:

<http://www.cdc.gov/vaccines/events/niw/champions/profiles-2016.html>



AAP National Elections

The AAP National Nominating Committee has selected Michael T. Brady, M.D., FAAP, of Columbus, Ohio, and Colleen A. Kraft, M.D., FAAP, of Cincinnati, as candidates for AAP president-elect. The winner will serve as the 2018 AAP president.

Voting will begin Oct. 21 and ends Nov. 21, 2016. The APP election coordinator will send an email to all members in October with a personalized link to the ballot; no additional login will be required. All members are urged to vote.

The AAP president-elect candidates were asked to respond to, "As the medical home evolves in pediatrics, describe the role of the pediatrician in this context." Find the candidates' responses at AAP Gateway: <http://www.aappublications.org/news/2016/07/29/VotersGuide072916>

Announcements & Events

Newsletter Subscriptions:

All members of Iowa AAP receive each issue of the Heartland Pediatrician delivered to their email inboxes. If you're not a member but would like to subscribe to the newsletter, please visit our website and add your email address to the list via the subscription box at the bottom of the page: www.iowapeds.org

If you signed up before, and did not receive delivery of this issue, please visit one more time. We ran into a technical glitch that has been fixed now!



**FRIDAY,
OCTOBER 14**
IOWA EVENTS CENTER

Join us for a day dedicated to taking action in response to Adverse Childhood Experiences to improve the health and well-being of all Iowans.

FEATURING:



RESILIENCE SCREENING

Director James Redford's powerful documentary, *Resilience*, examines the impact of trauma during childhood and innovative community-led responses. The hour-long film moves beyond the *Paper Tigers* film to give a call to action.



THERESA BARILA

Co-founder of the Children's Resilience Initiative in Walla Walla, Washington, Theresa Barila will share her work to build capacity within partner agencies to have a unified approach in responding to ACEs.



www.iowaaces360.org/iowa-aces-summit