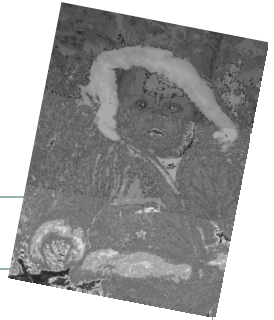




IDAHO CHAPTER



American Academy of Pediatrics



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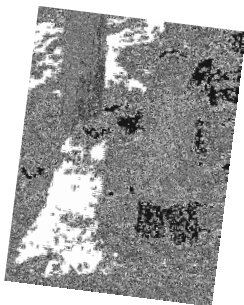
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A quarterly publication of Idaho Chapter AAP

Neff's Notes

By Terence Neff, M.D.

The practice of Medicine is not just seeing patients and helping the children. Unfortunately, it also includes the BUSINESS of Medicine. While we are for the most part unprepared for the issues facing us with Insurance Companies, coding, reimbursements etc, without addressing and understanding these factors, we cannot practice our skills. To have a successful practice, we must #1, code correctly and #2, get reimbursed appropriately for our services.

The American Academy of Pediatrics has resources to assist us in these endeavors. Working with the Academy, the Idaho Chapter is working to address problems that we have with the Insurance Companies. This utilizes the Hassle Factor Form to document issues that we can then address as a unified voice with the Insurance Companies. The Hassle Factor Form can be downloaded from the AAP Web Site under the Members Only Channel. Then click on "Reimbursement" or "State Government Affairs" on the left hand side of the screen.

Each time you encounter a problem, whether it is a first time or a recurring problem, please fill out the form and fax or mail to me (Fax 208-667-0876 neff@cdapedes.com) You may want your office manager or other staff fill out and send the form.

I will compile this information and use it in our advocacy work with the Insurance Companies, Medicaid, or other agencies

If you have any questions or would like to be more involved in this effort, please call me at 208 667-0585. Speaking with one voice will help us ensure that children receive the quality care they deserve.

The Newsletter is now available via email.

We would like to encourage you to receive our quarterly newsletter via your email account. Please email us at msainsbury@emidaho.com with your email address and we will send you the next issue via email.

Thank You!

The world cares very little about what a man or woman knows; but it is what the man or woman is able to do that counts.

-Booker T. Washington

Visit www.idahoAAP.org

2004 Idaho Chapter Awards

The Idaho Chapter of the American Academy of Pediatrics awarded the following individuals at the Idaho Perinatal Project Conference in Boise this February.

◆ **Representative Kathie Garrett—Child Advocate of the Year**

For her dedication and service to the children of Idaho through her work on the passage of the Asthma Inhaler Piece of Legislation.

◆ **John Hanks, DO—Pediatrician of the Year**

For his dedication and service to the children of Idaho through his work with the Treasure Valley Mental Health Project.

◆ **Terrence Neff, MD**

For his dedication and service to the American Academy of Pediatrics as President and his hard work on Medicaid Reimbursement.

◆ **Tom Rau, MD**

For his dedication and service to the American Academy of Pediatrics as Treasurer and his hard work on Medicaid Reimbursement.

◆ **Sandy Stern**

For her dedication and service as the Administrative Assistant to the American Academy of Pediatrics.



The Idaho Chapter, AAP held their Annual Winter Meeting on Thursday, February 24, 2005.

- ◆ **Early Care & Learning Cross Systems Task Force - Blossom Johnston**
- ◆ **Cystic Fibrosis Screening - Perry Brown, MD**
- ◆ **Legislative Updates - Dr. Jerry Hirschfeld**
- ◆ **Pediatric Medicine in Tibet - Terrence Neff, MD**

Materials from the meeting are available at www.idahoAAP.org.

WWAMI Program, Idaho Track, Presents Dr. Judd Lunn Memorial Teacher of the Year Award

The WWAMI program is a five state regional medical education program. (Washington, Wyoming, Alaska, Montana, and Idaho). Each academic year, the students honor an Idaho physician with the Idaho Track Dr. Judd Lunn Memorial Teacher of the Year award. This year, the Idaho Track medical students presented the award on January 20, 2005 at the Grove Hotel in Boise. They were joined by physicians from throughout the state, Idaho legislators, University of Washington

School of Medicine, medical residency program representatives, and Idaho undergraduate university representatives. This year's recipient was none other than **Dr. Don McInturff, Pediatrician** and Pediatric Clerkship Coordinator for the University of Washington School of Medicine Department of Pediatrics in Pocatello.



Dr. Don McInturff

Use of ‘social medicine’ in children

—from the Health Brief Section of AAP News

♦ Allotey P, et al. *Pediatrics*. 2004;114:e378-e383

Parents of young children reported using over-the-counter (OTC) medications not only for their intended purposes, such as to reduce fever, but also for “social” reasons such as to control irritating behavior and to help children sleep better, according to in-depth interviews with 40 Australian caregivers.

While previous research has focused on the prevalence of OTC medication use, the reasons for use have not been explored.

In this study, researchers conducted tow-hour interviews with parents of children younger than 5 years of age to examine the situations in which caregivers gave their children OTC medications and their reasons for administering the drugs.

The most commonly used OTC medications were acetaminophen, sedating antihistamines such as cough and cold preparations, and combination of codeine, promethazine and acetaminophen.

Acetaminophen was used most often to treat high fevers and teething. Colds and runny noses were treated with a wide range of sedating antihistamines.

The interviews also revealed that OTC drugs were used as a form of “social medication” to control children’s behavior. Caregivers, for example, reported giving medications when their children were “cranky.” Sedating antihistamines were used to help children sleep better so parents also could get a good night’s sleep.

OTC medications were also used to reduce the inconvenience of having a sick child. Parents gave drugs to mask their child’s symptoms so they could go to work.

Finally, acetaminophen was used to calm or lift the moods of “grumpy” children.

Most parents did not think there were any potential side effects of social medication.

The authors noted that using OTC medications for social reasons can be dangerous if the parents’ only coping strategy and if their use masks physiologic or psychosocial problems with the child.

The researchers recommended that larger, population-based surveys be conducted to determine the prevalence and consequences of social medication.

“Far and away the best prize that life offers is the chance to work hard at work worth doing.”

-Theodore Roosevelt

IMMUNIZATIONS & INFECTIOUS DISEASE UPDATES

DR. TOM RAND

NEW VACCINES FOR THE ADOLESCENT HEALTH VISIT

FDA approval of a meningococcal conjugate vaccine highlights the importance of updating immunizations during adolescence. The vaccine called Menactra covers the same meningococcal serotypes as the meningococcal polysaccharide vaccine (A, C, Y, and W135). No vaccine has been successfully developed against serotype B meningococcus, which is the predominant serotype causing meningococcal infection in infants. A peak of meningococcal infection occurs in adolescents and young adults, and these cases may be preventable by adolescent immunization. The ACIP has recommended routine immunization of the following groups: 11-12 year olds, high school entrants over 15 years old, and college entrants living in dormitories. Groups for which the polysaccharide vaccine had been used (college entrants, military recruits, asplenic individuals, and travelers to countries endemic for meningococcus) are now recommended to receive the meningococcal conjugate vaccine.

Experience in Great Britain has shown the impact of routine immunization on meningococcal infection. In 1999, routine childhood immunization with a

serotype C meningococcal conjugate vaccine was initiated. Because the immunity conferred by conjugate vaccines decreases carriers of encapsulated bacteria, cases of meningococcal infection were also decreased among unimmunized people (an effect termed "herd immunity").

Acquisition cost to the provider is \$82 per dose of Menactra. Private practices will have to decide on purchasing this vaccine to be billed to insurance or the patient. There are no immediate plans to include the new vaccine in the Idaho Immunization Program whereby the state purchases immunizations for children.

Two other vaccines will later become available for the adolescent health visit. An acellular pertussis vaccine Tdap will be used in the place of Td boosters. A combination hepatitis B and hepatitis A vaccine (currently licensed as Twinrix for 18 years and over) will become available for adolescents. The adolescent health visit is also an important time to review that other immunizations are up to date, such as second MMR dose.



Do you have a picture of a child in Idaho?

Idaho is famous for its wide variety of spectacular scenery. The cascading rivers and majestic mountains may only be exceeded by the beauty of our Idaho Youth. The Idaho Chapter of the American Academy of Pediatrics would like to display more children on our website and in our newsletter. If you have a picture of an Idaho Child that you would like to contribute to the Idaho Chapter website or newsletter, please submit it to msainsbury@emidaho.com.

LOCAL TRENDS THROUGHOUT IDAHO

Both influenza A and influenza B are currently circulating. Strains of influenza tested in Idaho have been well matched to this year's vaccine.

- Idaho State Bureau of Laboratories confirmed influenza A positive test the week of September 26. A clinic in Idaho Falls was the source of the specimens. In addition, influenza B was confirmed by the state lab in December.
- Sacred Heart Medical Center and PAML lab in Spokane, Washington, had first positive week of November 28.

RSV numbers are a sustained plateau. Sporadic cases may occur for some months yet.

- All areas had RSV season underway by New Years.
- St. Luke's Regional Medical Center in Boise had first positive week of November 15.
- St. Alphonsus Regional Medical Center in Boise had first positive week of October 3.
- Kootenai Medical Center lab in Couer d'Alene has had increasing numbers during the last 2-3 weeks. First positive was during the week of November 7.
- Sacred Heart Medical Center and PAML lab in Spokane, Washington, continue to show high percentage of RSV positives and sustained numbers of positives. The first positive was during week of November 28.

Wood River Medical Center in Ketchum had first positive week of October 31.

Updated March 16, 2005

The Local Trends were last Updated March 16, 2005. For the most up to date trends, recommendations, and graphs, please go to www.idahoap.org/idmonitor.com.

House Bill 178—Sent to Governor for Signature

Booster Seat Legislature—Amends existing law to provide passenger safety restraint for children six years of age or younger when transported in a noncommercial vehicle.

The purpose of this legislation is to prevent further personal injury and/or death to our young children as they travel our highways. It requires that the children age 6 and younger be in a car safety seat rather than the current four years and/or 40 pounds.

The weight restriction will be removed.

New Dietary Guidelines Will Help Americans Families Make Better Food Choices and Live Healthier

The new Dietary Guidelines do a great job of reflecting current science and making recommendations. The Dietary Guidelines Advisory Committee (DGAC), a panel of experts in their fields, used an evidence-based approach for the first time to develop the new guidelines. Dr. Theresa Nicklas, Professor of Pediatrics at Baylor College of Medicine and DGAC member says that “The basic components of a healthful diet have not changed, but importantly, the *2005 Guidelines Committee has increased the recommendation for lower fat dairy foods, whole grains and fruits and vegetables.*” The report focuses on those food groups that are nutrient dense and where the average consumer, including our children, currently does not meet recommendations.

The Committee recommends our children consume more fruits and vegetables including a selection of dark green, yellow and orange colored vegetables; more whole grains and a minimum of 3 servings of milk, cheese or yogurt. “Three servings of dairy a day help meet the nutrition requirements for 3 of the 5 most critical nutrients our children are lacking: calcium, magnesium and potassium,” explained DGAC member Dr. Nicklas. And getting 3-A-Day of dairy (milk, cheese, and yogurt) is not associated with increased body weight according to the report.

The two main dietary patterns, encouraged by the new guidelines, are the USDA Food Guide and the Dietary Approaches to Stop Hypertension (DASH) eating plan. Interestingly, a new study published recently in *Epidemiology* showed that children who consistently eat more servings of dairy foods, fruits and vegetables, as suggested by the DASH diet, had the lowest blood pressure levels over time. “The findings from this study support the idea that establishing a healthy eating plan that includes dairy, fruits and vegetables, as early as preschool may have long-term health benefits,” said Lynn L. Moore, D.Sc., associate professor of medicine at Boston University School of Medicine. “Parents who promote a family dietary pattern that is rich in fruits, vegetables, and dairy products may lower their own blood pressures and reduce the risk of future hypertension for their children.”

The soon to be released new food guide system will provide your patients a pictorial representation of the current guidelines. More information on the dietary guidelines can be found at <http://www.healthierus.gov/dietaryguidelines>. For information on the DASH eating plan, including patient education material, please contact Dr. Kristin Ritzenthaler at kritz@idahodairycouncil.org.


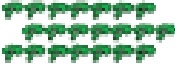
















Source: Moore et al. *Epidemiology* 2005 (Issue 1, Vol. 16, pg. 4-11)

*It's risky to go out
on a limb~
but that's where
the fruit is.*

American Traditional...

Improve Diet Quality with 3-A-Day of Dairy™

Dairy Packs a Nutrient Punch³

Nutrient	Amount of nutrients found in 3 cups milk (as percent Daily Value*)	Approximate amount of non-dairy food source to get the same nutrient level
Calcium	 = 90% DV =	 21 cups chopped broccoli
Potassium	 = 33% DV =	 3 small bananas
Magnesium	 = 24% DV =	 3 cups raw spinach
Vitamin A	 = 30% DV =	 8 baby carrots
Phosphorus	 = 60% DV =	 3 cups cooked kidney beans
Protein	 = 48% DV =	 2 1/2 ounces chopped chicken breast
Vitamin D	 = 75% DV =	 3 1/2 ounces cooked salmon
Vitamin B12	 = 39% DV =	 3 ounces cooked rainbow trout
Riboflavin	 = 72% DV =	 1 cup almonds

New Recommendation for Increasing Dairy

The 2005 Dietary Guidelines for Americans recommends increasing daily intakes of fruits and vegetables, whole grains, and nonfat or low-fat milk and milk products.¹

The Guidelines identify seven nutrients low in the diets of adults and five for children. Dairy foods, such as milk, cheese, and yogurt supply four of these seven nutrients for adults: calcium, potassium, magnesium, vitamin A. Similarly, dairy foods provide three of the five nutrients low in the diets of children: calcium, magnesium, potassium.¹

Dairy foods provide 73% of the calcium in the nation's food supply² and milk is the top source of potassium in the U.S. diet.¹

Dietary Guidelines: Relationship Between Dairy Intake and Health

Dairy food consumption has been associated with overall diet quality and nutrient adequacy. Consuming 3 servings per day of milk and milk products can reduce the risk of developing bone disease and fractures, problems that are increasing in the U.S.⁴ This amount of milk product consumption may have additional health benefits and is not associated with increased body weight. Therefore, intake of three cups of milk or milk products per day is recommended.¹

If requiring milk alternatives to address lactose intolerance, the most reliable and easiest way to derive the health benefits associated with dairy is to choose within the dairy food group, such as lactose-free milk, aged cheeses or yogurt.^{1,5}

Visit nationaldairyjournal.org for information on clinical research, tips and dairy facts.

Sources:

¹2005 Dietary Guidelines for Americans, www.usda.gov/dgpp.

²Gerrito, S. and L. Garcia. Nutrient Content of the U.S. Food Supply, 1909-2000; A Summary Report. Home Economics Research Report No. 58 U.S. Department of Agriculture, CNR 2004.

³U.S. Department of Agriculture, Agricultural Research Service, USDA Nutrient Data Laboratory. 2004. USDA National Nutrient Database for Standard Reference, Release 17.

⁴U.S. Department of Health and Human Services. Bone Health and Osteoporosis: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, 2004.

⁵Wootan, W. and W. Price. Consensus Report of the National Medical Association: The Role of Dairy and Dairy Alternatives in the Diet of African Americans. Journal of the National Medical Association, supplement to December 2004, Volume 96, No. 12.

*Based on rounded values as found on Nutrition Facts Label according to FDA.



“Shot Smarts” Immunization Conferences:

April 26, 2005 Boise, Holiday Inn
April 27, 2005 Pocatello, Red Lion Hotel
April, 29, 2005 Coeur d’Alene, Coeur d’Alene Inn

Speaker: **Gary Marshall, M.D.**, Professor of Pediatrics, University of Louisville School of Medicine. Dr. Marshall is perhaps best known nationally for his work in the area of vaccine advocacy, education and clinical trials, and for his recent book entitled The Vaccine Handbook: A Practical Guide for Clinicians.

*To register please call 208-334-5901
Sponsored by the Idaho Immunization Program, Dept. of Health and Welfare*

2005 Practical Pediatrics Continuing Medical Education Courses!

April 1-3, 2005 San Diego, CA
September 2-4, 2005 Beaver Creek, CO

Visit www.pedialink.org/cmefinder to register online.

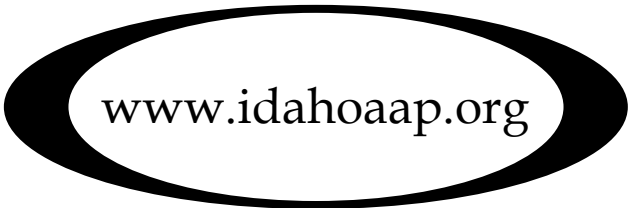
Mark Your Calendar...

International Meeting on Inuit and Native American Child Health: Clinical Innovations in Clinical Care and Research and 17th Annual HIS Research Conference

April 29—May 1, 2005 The Westin, Seattle
For updated conference information, visit www.aap.org/nach or www.cps.ca

Pediatric Emergency Medicine Conference
September 3-4, 2005 Sun Valley, Idaho
Visit <http://www.stlukesonline.org/pemc2005/index.html> to register online.

Childhood Hearing: A Sound Foundation in the Medical Home. **New Online CME Opportunity Now Available.** Go to www.PediaLink.org for more information.



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