



The Enchanted Pediatrician

august '10

“Encore Evening”

On the eve of the 2010 Wyler lectures, “senior” pediatricians and their guests from around New Mexico gathered at the Hotel Anadulz in Albuquerque for food, wine and stories about the paths that their current lives take. This lively and informative event was originally organized several years back by Lynne Uhring, MD and Charlie Anderson, MD and continues to involve that elite group of pediatricians who have reached that landmark 60th birthday.

Charlie Anderson, MD, who retired from 50 years of active pediatrics practice on July 1st, was honored by the group in a surprise mini-roast led by Lance Chilton, MD and Herb Koeffler, MD. Charlie has been a very special pioneer Northern New Mexico pediatrician — giving expert and dedicated care to the children and families of Taos for 34 years. Charlie originally practiced out of an old house in Taos and instead of diplomas on his walls, he had had maps of many of the areas where he had been skiing. Charlie would often call to refer patients, but would always start the conversation with the ski/snow report in Taos. He and wife Edy continue to ski almost every day that there is snow. The Pediatric Society honored Charlie with stories, a lovely plaque, as well as cake and champagne — which was enjoyed by all!

Such is the flavor of these annual evenings — the sharing of funny stories from the past as well as the interesting events and opportunities in pediatricians’ current lives. We would encourage all of you who turn sixty this year to put the “Encore Event” on your calendars for 2011. It’s great fun and good cheer!



Participants at the “Encore Evening”

President's Corner



Joanne Ray, DO

I hope you don't ever find out how really fractured our health care system is.

If you do, that means you — or a loved one — has become one of its victims.

Victim is a very strong word, but I believe it is accurate. Unfortunately, I write from experience, because a loved one of mine has suffered under the system, and watching her — and watching out for her — has given me first-hand experience. As a doctor and part of the system, it makes this reality especially painful.

One of my elderly family members was diagnosed with breast cancer in April. Breast cancer is common, but largely curable, thanks to current research. I am very glad for that. A five year or ten year survival rate has a different meaning for an 82-year-old, but that's a different story.

The terrible part of this story is that in so many ways, at so many places in her medical journey, our system failed her. I offer her story because we medical professionals can get defensive during these discussions. All parts of our system are vulnerable. Please read the following and think about how you or your office or hospital could contribute to a system that hurts someone.

Speak Up, JCAHO Style

At the local hospital where she has had several surgeries and procedures, I noticed a pretty brochure titled "Speak Up," written to teach patients about our leaky system. It's published by The Joint Commission [formerly called the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)]. I've always thought that TJC was a pain in the neck and promulgated useless recommendations that made our lives as physicians more difficult. This brochure, however is Right On! (Click on www.jointcommission.org)

The brochure notes: "An Institute of Medicine (IOM) report has identified the occurrence of medical errors as a serious problem in the health care system. The IOM recommends, among other things, that a concerted effort be made to improve the public's awareness of the problem."

In seven sections it alerts patients to be attentive to the various parts of the system. In the first section it says: "Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know." The second section says: "Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Don't assume anything."

My loved one has no problem asking questions and is diligent in her research. She assumes little. She paid attention to the care she was receiving. She thought she was getting proper care—wrong!

Her story begins in January, when she noticed a lump in her right breast. She pointed it out to her internist at her routine checkup, who also felt the lump. She was sent to a local hospital for a bilateral mammogram.

Here's where the system started to reveal its flaws.

The mammogram report mentioned a finding in the left breast, not the right. My family member went back to her doctor in follow-up, who was confused. Her PCP made two phone calls to the radiologist over a period of time to try to clarify this and received no clarification. Time passed. Eventually, an ultrasound and repeat mammogram were performed which showed that the lump was indeed in the right breast. She was sent for an urgent biopsy—three months after the mass was felt—and it was found to be a very aggressive cancer.

These were very big errors. The radiologist reported a problem in the wrong breast. Her doctor didn't get to the bottom of the problem for months. My loved one trusted them to get it straightened out. They didn't.

What followed before and after her mastectomy was a collection of little problems that point to the inefficiencies in our whole system. The surgeon's office didn't coordinate with the hospital so that her pre-op labs were done when they should. She anticipated that this would happen and made sure the labs were done on time. On the day of the surgery, no one explained in detail what would happen. It went well, though, and her recovery was uneventful.

Section three on the Speak Up brochure says: "Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan." You don't know what you don't know. They don't tell you.

Learning to Speak Up

Now referred to an oncologist, my loved one really fell victim to the system. This is my first experience with cancer, and I sure hope it's the last. As physicians we get used to our world and our routines. As an outsider looking in, all I saw was chaos.

I won't go into detail because there are too many examples. They fall into the category of one hand not knowing what the other is doing. A radiologist asked to perform a needle biopsy on an axillary lymph node wasn't provided a CT of her axilla to guide him, so he wouldn't do it—until I got him the CT scan. He decided it was a node, after all. Her oncologist, skeptical, sent her to her surgeon for a second opinion, who agreed—after we waited in his office for a copy of the report, which someone forgot to fax. It was a node, after all—so we hope. All these shenanigans took two weeks to play out, two weeks that delayed chemotherapy.

By now I had appointed myself her case manager/patient advocate, I was fearful of every contact with the system. The "Speak Up" brochure, in Section Four, recommends: "Ask a trusted family member or friend to be your advocate." And make sure that person is a doctor who knows how badly things can get messed up!

The Next Available. . .

Here's where I got really upset with the system: My loved one was set up to go over the final staging results (again, to schedule chemo!!) three weeks later—her doctor's "next available." She was supposed to wait another three weeks to start chemo for a very aggressive cancer? I asked the nurse why the delay and this was her reply: "We've started an electronic record system and it's slowing down our appointment schedule."

WHAT'S INSIDE?

President's Corner	2
Summer News Briefs	6
In Memoriam	11
Health Information Technology	14
State Budgets: AAP Preview	16
Pediatric Council	20
Correspondents' Corner	24

Your Enchanted Pediatrician is developed quarterly and edited by Lance Chilton, MD, Janis Gonzales, MD and Anne Hanika-Ortiz, executive director. It is designed and typeset by Erin Damour (erindamour@gmail.com) of CreativeWren Design.

We welcome all submissions for the Enchanted Pediatrician. The next deadline is October 15, 2010. Please limit submissions to 500 words or less if possible.

The Editors reserve the right to edit submissions for clarity, spelling, punctuation and style to conform to the Associated Press style guidelines, and all submissions are published at the discretion of the Editors.

For questions or inquiries contact Lance Chilton at lancekathy@yahoo.com, Anne Hanika-Ortiz at nmpeds@yahoo.com or Janis Gonzales at janis.gonzales@state.nm.us.



Continued on page 7

2010 Wylder Lectures Wrap Up

Anne Hanika-Ortiz

The Education Committee was pleased to have provided yet another successful Wylder lecture series to members. This year's Wylder Lectures began on Friday, June 4th, with preconference events sponsored by Envision NM and UNM's Center for Development & Disability: the Be Our Voice advocacy training and the QI Showcase. Later that evening, the senior pediatricians gathered for the seventh annual senior dinner or (newly named by Dr. Charlie Anderson) "Encore Evening". Dr. Stephanie Nevarez-Fernandez & Company (Graciela Garcia, Tera Lujan, Daniel Peregrino and guitarist Antonio Fernandez) even performed Flamenco for her colleagues the following night at the dinner and auction fundraiser.

We had a total of 115 attendees this year, including attendees, speakers and exhibitors. On Saturday morning the program began with Dr. Brian Moore's The Febrile Infant and Oregon Health and Sciences University Director of Pediatric Neurology and guest speaker Dr. Thomas Koch's Headache in Children & Adolescents. After the leadership's report on the State of the Society, we continued the day with Dr. Steven Yabek's Sudden Cardiac Death in Pediatrics, Dr. Koch's Tics & Tourettes and Dr. John Brandt's Vesicoureteral Reflux in Children ending the day with Doctors Ben Hoffman and Karen Carson's Dental Varnish Workshop and a Speed Mentoring event for UNM residents and students. On Sunday the program continued with workshops on Vision Screening with Dr. Kenneth Adams and Knee Exams with Dr. Michael



Speed Mentors: Drs. Nevarez Fernandez, Miller, Armitage, Chilton, Ratmeyer, Matthews and Maben.



Participants at the casting workshop during the 2010 Wylder Lectures.

Pleacher. The weekend wrapped up with Dr. Aimee Smidt's Pediatric Dermatology Primer.

The NMPS leadership wishes to thank the Education Committee for this outstanding programming; Dr.'s Ben Hoffman, Maggi Gallagher, Stephanie Nevarez-Fernandez, Kristine Pleacher and NP Amy Davis. We also wish to thank all who were involved with planning and working the meeting: Clancey Tarbox, Envision NM, for her invaluable assistance; Fauzia Malik, Envision NM, for her great IT expertise; meeting planner Melissa Rael & Associates; graphic designer Erin Damour and the conference staff at the Hotel Andaluz. We also wish to acknowledge two sponsors: the UNM Department of Pediatrics, for dinner Saturday night and Dairy MAX, for breakfast Sunday morning. And finally, a special thank you to all the exhibitors who paid to spend their weekend in the exhibit hall: Merck Vaccines, UNM Neonatology Outreach, Lovelace HITREC, Alcon Labs, NM Health Resources, UNM Center for Development and Disability, Envision NM, MedImmune, Sanofi Pasteur, Stiefel a GSK Company, UNM Newborn Transport, Lovelace Health Systems and the Children's Center at Presbyterian. 3M and Medical Products Labs, Inc. also donated all the workshop supplies.

Ed. Note: This report was written by Executive Director Anne Hanika-Ortiz, which accounts for the fact that the person we need to thank the most for a successful Wylder, Anne herself, is not even mentioned.



Speed Mentoring residents and their timekeeper, Dr. Stephanie Nevarez-Fernandez, center.



Dr. Stephanie Nevarez Fernandez and Co. performing at the Wylder Lectures.



Drs. Hoffman (L) and Carson (R), speakers and executive committee members.

2010 Wylder Lectures Photos



Wylder attendee Robert Miller, MD (Immediate Past President of NMPS) and Education Committee Member Amy Schmidt, CNP.



Dr. Joanne Ray, President, presents Dr. Charlie Anderson with an award of recognition for his many years of service to New Mexico's children.



Guest speaker Thomas Koch, MD, Director of Pediatric Neurology at Oregon Health Sciences Center.



Drs. Shirley Murphy and Loretta Cordova de Ortega.

President's Report continued.

I couldn't believe my ears. It's OK to delay an appointment for a person with a deadly form of breast cancer because of a new electronic health record? Sorry, wrong answer! I insisted on an earlier appointment and got it. I probably would have told my own patients in my own little world that I couldn't work as hard because I was adopting an electronic health record—but I won't, now. It's a ridiculous reason.

All of this trauma has made me acutely aware of my role in the health care system. I—and you—are part of a system that is severely flawed. Our mistakes can hurt people. With all this up-front, bad experience as a near consumer in the system, I find myself focusing more when I fill out important paperwork, and trying even harder to anticipate where the system might go wrong for my own patients. I have vowed that if I have a question about a result, I'll stay on the phone until I get it answered—that minute, that day. I welcome the day when we all are on the same electronic platform, and that all the barriers to effective communication are gone.

My loved one has had her first chemotherapy treatment. She did very well. She's angry at the world now, probably a normal response. She's starting to lose her beautiful, white wavy hair. I'll stay by her side, watchful and wary.



Dr. Lance Chilton “roasts” Dr. Charlie Anderson at this year’s “Encore Evening”.



Wylde guest and AAP District VIII Chair Mary Brown, MD of Oregon.

Summer News Briefs

Did You Know?

Envision New Mexico (University of New Mexico, Department of Pediatrics) offers Quality Improvement (QI) Projects that meet Part IV of the Maintenance of Certification (MOC) for the American Board of Pediatrics (ABP).

We offer nine month QI projects in both Pediatric Overweight (POW) and Development Screening Initiatives (DSI). These projects are designed to assist providers in learning a systematic approach to implementing best practices for the treatment and prevention of childhood obesity and/or developmental screening for your pediatric patients. Providers receive QI coaching, Motivational Interviewing training, clinical tools, and technical assistance to support the systematic changes to provider practice.

New collaboratives are starting soon! For POW MOC, contact Carole Conley at 505-925-7605 or cconley@salud.unm.edu. For DSI MOC, contact Fauzia Malik at 505.925.7610 or fimalik@salud.unm.edu.

Congratulations Dr. Hoffman



Our very own president-elect, Ben Hoffman, was honored to receive the *Walter W. Tunnessen, Jr. MD Award for the Advancement of Pediatric Resident Education* at the Association of Pediatric Program Directors' annual meeting in Chicago. This award honors a Program Director or Associate Program Director for extraordinary or innovative contribution(s) in pediatric graduate medical education. Congratulations, Ben!

NM DOH Promotes “text4baby”

Elizabeth T. Matthews, MD, Medical Director, Family Health Bureau

An educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB), text4baby provides pregnant women and new mothers with information to help them care for their health and give their babies the best possible start in life. Women who sign up for the service by texting BABY to 511411 (or BEBE for Spanish language version) will receive free short message service (SMS) text messages each week, timed to their due date or baby's date of birth.

These messages focus on a variety of topics critical to maternal and child health: prenatal care, immunization, nutrition, breastfeeding, seasonal flu, mental health including post partum depression, birth defects prevention, oral health, and safe sleep. Text4baby messages also connect women to prenatal and infant care services. There are no advertisements.

CTIA-The Wireless Foundation has reached out to all the major U.S. mobile operators to ensure their generous commitment to make text4baby a free service for all subscribers. So this has great potential to reach an enormous audience. To contact the program, go to info@text4baby.org or phone 703-838-7548.

Upcoming Art Auction Supports Individuals with Autism

Tickets are now on sale for the Third Annual Artists-4-Autism Auction hosted by the University of New Mexico School of Medicine's Center for Development and Disability (CDD).

The auction is set for Saturday, September 11, 2010, 4 p.m. – 11 p.m., at the Embassy Suites in Albuquerque. General admission tickets are on sale for \$75 and VIP tickets, which include a pre-reception with New Mexico artists, are \$125. Those who want to support the cause can also participate as a corporate sponsor or donate a live or silent auction item.

Proceeds will benefit a new Autism Center the CDD is campaigning to build to further enhance the services it provides to New Mexico's children and families living with autism.

As you know, autism is the fastest growing developmental disability in the nation, affecting approximately one in 110 births. Just ten years ago, the ratio was 1 in 10,000. In New Mexico, roughly 300 children with autism were born in 2009.

The CDD is one of the few places in New Mexico that is able to diagnose autism. The center also conducts the majority of trainings throughout the state for early childhood providers, teachers, pediatricians and other health care providers who need to know how to work and communicate with individuals with autism.

For more information about the Artists-4-Autism Auction, contact Rita Crozier at rcrozier@salud.unm.edu or (505) 272-1913. To learn more about autism and the CDD, visit <http://cdd.unm.edu/>.

Fall Conference for Chapter Leadership

Thanks to everyone who participated in the most recent Board election and thanks to the nominees willing to be placed on the ballot. And especially thanks to our officers who have finished their terms. Beginning in fall of this year, Ben Hoffman will replace Joanne Ray as President, Karen Carson will become President-Elect, Alexandra Cvijanovic will replace Emilie Sebeste as Secretary, Karen Carson will become President-Elect and Michael Savitt will remain as Treasurer until 2012. Beginning in June of this year, Melissa Mason, Gretchen Seelinger and Alberta Kong became the new members of the Nominating Committee, replacing Billy Liakos, Jane Kim-Hoffman and Bill Berman. Beginning in fall of 2011, Susan Diaz and Dorsey Beggs will replace members at large Amy Davis and Vivien Herrero and serve until 2013. The Fall Leadership Conference will take place October 16th in Albuquerque. This is the second year the purpose of the fall conference will be to develop your Chapter leaders.

Mini-grant Opportunity for NM Providers

The New Mexico Immunization Coalition (NMIC) has announced the availability of special mini-grants from \$500 - \$3,000 to help fund local events, educational programs and promotional materials to improve immunization rates in New Mexico. This competitive funding is available to health care providers and community groups engaging in immunization activities. NMIC will work with awardees to purchase the goods or services outlined in the proposals. Please contact Anna Pentler at NMIC for an application and guidelines at 505-272-5796 or apentler@unm.edu. Applications can also be found on the NMIC website: <http://hsc.unm.edu/programs/nmimmunization/grants.shtml>. All applications are due Monday, August 23, 2010, by 5 pm!

Camp Rising Sun Welcomes Adolescents

Previously open to younger campers with Autism Spectrum Disorders, Camp Rising Sun this year welcomed adolescent campers for the first time. The UNM Center for Development and Disability ran the camp, held annually at Camp Oro Quay in the mountains south of Santa Fe. To watch a short film clip about Camp Rising Sun, visit <http://www.youtube.com/user/unmhsc>.

The Children's Center PRESBYTERIAN

Pediatric Multi-Specialty Clinic

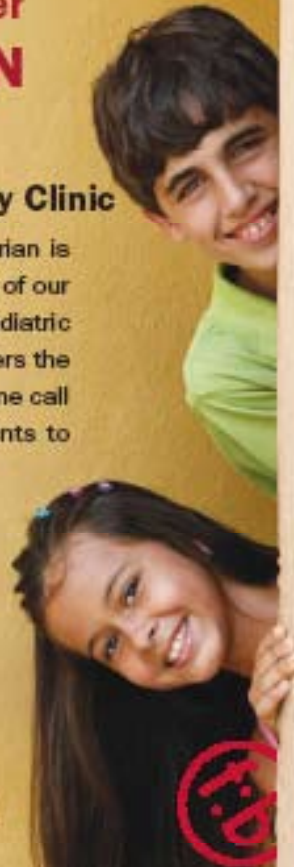
The Children's Center at Presbyterian is pleased to announce the opening of our newly remodeled, child-friendly pediatric multi-specialty clinic. The clinic offers the ease and convenience of one phone call for referring physicians and parents to make appointments.

The Children's Center at Presbyterian

Pediatric Multi-Specialty Clinic

201 Cedar SE
Suites 4640 and 4660
Albuquerque, NM 87106
(505) 563-8530
8 a.m. to 5 p.m. Monday through Friday

phs.org



Welcome to the 2010 Pediatric Interns!



Ali Berge

Undergrad: Colgate University
Med School: AT Still Univ, Kirksville, MO
Clinical Interests: Underserved Urban Pediatrics; Childhood Obesity
Claim to Fame: My world-famous (or at least family famous) spaghetti sauce with cheese balls and mustard bread.

Hometown: Shorewood, WI
Significant Other: Jonas
Hobbies/Interests: Reading, running, German language/literature
2 people I would like to meet: Albert Schweitzer, Oscar Wilde



Kierst Bradley

Undergrad: Univ of New Mexico, Albq, NM
Med School: Univ of New Mexico, Albq, NM
Clinical Interests: General Peds, Infectious Disease, Medical Genetics

Hometown: Vermillion, SD
Significant Other: Doug
Children/Pets: Daughter Thea (15), Son Alex (<1 yr)
Hobbies/Interests: Bee Keeping, Mandolin, Backpacking
2 people I would like to meet: Chico Mendez, E.O Wilson



Sara Del Campo De Gonzalez

Undergrad: Univ of Texas-San Antonio
Med School: Univ of New Mexico
Clinical Interests: Early childhood development, Neonatology, FASD Research, Immigrant Health
2 people I would like to meet: The late Mother Teresa, Greg Mortenson

Hometown: Weslaco, TX
Significant Other: Sergio Gonzalez
Children/Pets: Citlali Anahi, 22 months
Hobbies/Interests: Mexican folkloric dance, piano/guitar, futbol, Lalli days (coloring, Hot Wheels, radio flyer rides)



Brendan Gallagher

Undergrad: Univ of North Carolina & Louisiana State Univ (MPH)
Med School: Louisiana State Univ-New Orleans
Clinical Interests: Global Health, Infectious Diseases, Health Disparities

Hometown: Derwood, MD
Hobbies/Interests: Hiking, Ultimate Frisbee, being outdoors, enjoying life



Laura Geiger

Undergrad: Univ of Colorado
Med School: Univ of Texas-San Antonio
Clinical Interests: Preventative Medicine, Global Health, Oncology
Claim to Fame: I have climbed six of Colorado's 14,000 ft mountains!

Hometown: San Antonio, TX, Arlington, TX, Arroyo Grande, CA & Boulder, CO
Children/ Pets: Golden Retriever
Hobbies/Interests: Hiking, skiing, snowshoeing, kayaking, travel to anywhere.



Natasha James

Undergrad: Cornell Univ
Med School: Univ of New Mexico
Clinical Interests: Inpatient Medicine, Critical Care, Developmental Disorders, International Medicine
Claim to Fame: I survived my UNM wilderness medicine elective. I slept in a snow cave and am still looking for the wild animal that ate my mango

Hometown: Albuquerque, NM
Significant Other: Conrad
Children/ Pets: Leigh 8, Dominique 5, Vincent 3
Hobbies/Interests: Family, music, exploring new foods, travel
2 people I would like to meet: Franklin Graham, Dr. Vivien Theodore Thomas



Ashley Jones

Undergrad: Pepperdine Univ
Med School: Univ of Washington
Clinical Interests: Advocacy & Parent/Patient education
Claim to Fame: I lived in Malibu for 4 years in college and met lots of "famous" people but I'd say my "15 min of fame" was being on a local public television when I was a child for ski racing- I was pretty proud of it at the time.

Hometown: Bothell, WA
Significant Other: Adam Hinmon
Children/ Pets: Two dogs- Buddy & Milo
Hobbies/ Interests: Snowboarding, reading, baking and leisurely bike rides with our black lab, Buddy
2 people I would like to meet: My great-grandparents on my mother's side

'10 Pediatric Interns



Amanda Lee

Undergrad: American Univ & Drexel Univ (MMS)
Med School: Philadelphia College of Osteopathic Medicine
Clinical Interests: Community Pediatrics, Public Health, Advocacy, International Medicine
Claim to Fame: I've lived in 5 countries, and traveled to over 20!

Hometown: Boston, Venezuela & Philadelphia
Born in Boston, grew up in Venezuela, most recently home has been Philadelphia, PA
Hobbies/Interests: Cooking, traveling, outdoor adventures, dancing, gardening, live music
2 people I would like to meet: Stephen Colbert, Ben Franklin



Corey Rood

Undergrad: Weber State Univ
Med School: Oregon Health Sciences Univ
Clinical Interests: Rural and International Health, Adolescent Medicine
2 people I would like to meet: President Thomas S. Monson of the LDS Church, Russell M Nelson- retired cardiothoracic surgeon & inventor of the 1st heart-lung machine

Hometown: Farmington, UT
Hobbies/Interests: Fly-Fishing, Hiking, Camping, canoeing, ATVs, Snow Skiing, Tennis, Piano, Musicals, Movies, Fantasy/Adventure Fiction, Zoology, Family & Friends.



Lisa Said

Undergrad: Univ of Portland
Med School: Univ of Washington
Clinical Interests: General Pediatrics
Claim to Fame: I've been bungee jumping in Canada
2 people I would like to meet: CS Lewis, Stephani Germanotta

Hometown: Boise, ID
Hobbies/Interests: Running, traveling, dancing, eating, hiking, climbing, spending time with friends and family



Brenna VanFrank

Undergrad: Univ of Utah (BS & MSPH)
Med School: Univ of Wisconsin
Clinical Interests: Preventive Medicine, Public Health, Child Advocacy, Primary Care
Claim to Fame: I love email, but I have never sent or received a text message (I'm just too cheap!)

Hometown: Salt Lake City, UT
Significant Other: Benjamin Yang (electrical engineer, college football spectator)
Hobbies/Interests: Cooking, camping, college football spectating (Go Utes! Go Badgers!), sitting quietly in the desert, shopping for spices and kitchen gadgets, Spending time with family and friends, traveling
2 People I would like to meet: Elizabeth Blackwell, Dr. Seuss
BVanfrank@salud.unm.edu



Kristi Waters Ray

Undergrad: Univ of Illinois
Med School: Southern Illinois Univ-Springfield
Clinical Interests: I am interested in working with the underserved population, adolescents, in international medicine, and pediatric gastroenterology
Claim to Fame: I recently threw the first pitch at a Peoria Chiefs baseball game- a single A affiliate of the Cubs
2 People I would like to meet: Steve Carell and Mark Grace

Hometown: Dunlap, IL
Significant Other: Peter Ray
Children/ Pets: Cohle the Brittany spaniel
Hobbies/Interests: I love all dogs, especially my Brittany spaniel. I also love to play sports- volleyball, softball and skiing are my favorites. I am a big Cubs fan and love spending time outdoors hiking, gardening and going to the beach!
KWatersray@salud.unm.edu



Mike Winstead

Undergrad: Univ of Illinois
Med School: Univ of Illinois-Chicago
Clinical Interests: Hematology-Oncology
Claim to Fame: One time I sat in front of Joe Biden at a Chicago Bulls game
2 people I would like to meet: Joss Whedon, Sarah Vowell

Hometown: Chicago, IL
Significant Other: Liz Smith
Hobbies/Interests: Drawing, Playing guitar
MWinstead@salud.unm.edu

Medically Fragile Case Management

Cate McClain, MD and Christina Barden, RN

Since the inception of the Medically Fragile Waiver in 1985, the Medically Fragile Case Management Program (MFCMP) has provided RN/case management services to children who are medically fragile and to their families. The MFCMP is part of the Center for Development and Disability at UNM Health Sciences Center. The RN/case management services are provided statewide through 7 satellite offices and one office in Albuquerque.

In New Mexico, medically fragile is described as a chronic, life threatening medical condition which results in a prolonged dependency on medical care and technology and requires skilled nursing care. The medically fragile condition must be diagnosed before the 22nd birthday. The majority of children have significant developmental delays or disabilities.

Because of the advances in medical technology, more and more children qualify for the MFCMP. In the last ten years, the MFCMP has served over 3500 children and their families. Approximately 400 children are served each month.

Using a family centered approach to care, the MFCMP supports and promotes the family's choice to care for their child who is medically fragile in their home and community. This is done by helping families navigate a complex health care delivery system and access in-home services for their child's care. One of the goals of the case manager is to make sure that the family has all the information that they need to make informed decisions regarding this care.

The MFCMP has focused on the partnership of families and professionals to develop and implement a successful program that provides in-home services for children.

- The MFCMP case manager in collaboration with the family and the child's interdisciplinary team (IDT) determines eligibility for services.
- Using a family centered approach to care, the family, the IDT and the case manager develop an individualized service plan that addresses the child's care; child's and family's goals, strengths and needs.
- The case manager's responsibilities include coordination, management, and oversight of activities related to the child's care.
- Case management services are customized for each child and family.
- The case manager provides information and support to the child's primary care physician.
- Case The case manager works with the resources in the child's community such as the early intervention programs (FIT), public schools etc.
- The Family Specialist , who is a mother of a child with special health care needs, supports families statewide through home visits, telephone calls, the MFCMP Family Handbook and the Family Advisory Board.

As a pediatrician working with a child who is medically fragile, you can count on the MFCMP case manager to assist you with information, referrals, paperwork and follow up.

If you or your staff would like to make a referral or just have questions about the program, please call us at 505-272-2910. Our web site also has some good information. The address is <http://cdd.unm.edu/MFCMP/>.



In Memoriam: Polly Arango

Polly Arango was a friend of children. She was a friend of children with disabilities and their families. She was my friend.

Polly died in a tragic accident in early July, leaving behind many mourning family members and friends. Javier Aceves spoke at her memorial service on behalf of pediatricians in New Mexico, remembering all that she had taught him and many others of us who were influenced by her long career of advocating for children and for even better, more family-centered care for children.

Polly, shown in the accompanying photo with her adopted son Nick, herself learned a great deal from Nick's disabilities and the ways in which Nick and the family interacted with the medical establishment. Among a great many involvements stemming from these interactions, Polly co-founded Parents Reaching Out, a statewide organization serving all sorts of parents, and Family Voices, now a national organization devoted to supporting families of children with special needs. In recent years she became active in pediatric care improvement activities, working tirelessly with the Bright Futures Initiative and the National Institute for Child Health Quality.

Polly was a great family person. She was a great child advocate. She worked well with a wide variety of committees and organizations, stimulating others to do their best for children and families.
Polly was a great friend.

Lance Chilton, MD



Polly with her son Nick.



Launching Your Career in Pediatrics Handbook

Joining or starting a practice is an exciting and challenging career step for pediatricians. The *Launching Your Career in Pediatrics Handbook* is a resource developed by a working group consisting of AAP editorial advisory board members and representatives of the AAP Section on Residents and Section on Young Physicians. Following is a brief overview of the contents included in the handbook.

Section	Contents
Getting Started	<ul style="list-style-type: none"> • Personal and Family Needs • Physician Salaries and Loan Repayment Options • Assessing the Community • Practice Types • Current Trends in Malpractice • Professional Relationships and Organizations
Finding the Job	<ul style="list-style-type: none"> • Searching for a Job and Identifying Goals • Researching the Practice and the Community • Recent Graduates and Timelines • Working with Recruiters • Preparing a Curriculum Vitae and Cover Letter • The Interview and Negotiating an Agreement
Opening a New Practice	<ul style="list-style-type: none"> • Making Business Decisions • Writing a Business Plan and Getting a Loan • Credentialing and Obtaining Insurance Coverage • Working with Consultants and Advisors • Setting up a Computer System • Template/Timeline for opening a practice
Practice Work Flow and Policies	<ul style="list-style-type: none"> • Designing an Office • Setting and Making the Best Use of Office Hours • Customized Schedules and Using Patient Flow Patterns • Creating Office Policies and the Employee Handbook • Health Insurance Portability and Accountability Act • Policies and Procedures • Red Flag Rules • Occupational Safety and Health Administration • Purchasing Techniques, Immunization administration • Telephone Triage and After Hours Care
Human Resources and Staff Management	<ul style="list-style-type: none"> • Creating Job Descriptions and Hiring Quality Staff • Recruiting and Hiring Physicians • Managing Staff and Conducting Evaluations • Handling Conflict and Difficult Situations
Charging for Your Services and Billing	<ul style="list-style-type: none"> • Determining Your Break Even Point • Setting Fees and Establishing a Fee Schedule • Coding and Billing • Additional Revenue Generating Services

For more information contact Trisha Calabrese, MPH, Department of Practice, at tcabrese@aap.org or 847-434-7124.

Adding Chocolate to Milk Doesn't Take Away Its Nine Essential Nutrients

All milk contains a unique combination of nutrients important for growth and development - including three of the five "nutrients of concern" for which children have inadequate intakes. And, flavored milk accounts for less than 3.5% of added sugar intake in children ages 6-12 and less than 2% in teens.

5 Reasons Why Flavored Milk Matters

1 KIDS LOVE THE TASTE!

Milk provides nutrients essential for good health and kids will drink more when it's flavored.

2 NINE ESSENTIAL NUTRIENTS!

Flavored milk contains the same nine essential nutrients as white milk - calcium, potassium, phosphorous, protein, vitamins A, D and B12, riboflavin and niacin (niacin equivalents) - and is a healthful alternative to soft drinks.

3 HELPS KIDS ACHIEVE 3 SERVINGS!

Drinking low-fat or fat-free white or flavored milk helps kids get the 3 daily servings* of milk recommended by the *Dietary Guidelines for Americans*.

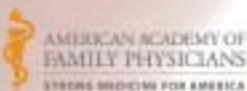
4 BETTER DIET QUALITY!

Children who drink flavored milk meet more of their nutrient needs; do not consume more added sugar, fat or calories; and are not heavier than non-milk drinkers.

5 TOP CHOICE IN SCHOOLS!

Low-fat chocolate milk is the most popular milk choice in schools and kids drink less milk (and get fewer nutrients) if it's taken away.

These health and nutrition organizations support 3-Every-Day™ of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

eat right. American Dietetic Association



www.nationaldairycouncil.org/childnutrition

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* DAILY RECOMMENDATIONS - 3 cups of low-fat or fat-free milk or equivalent milk products for those 9 years of age and older and 2 cups of low-fat and fat-free milk or equivalent milk products for children 2-8 years old.

Health Information Technology



HIT continually being updated

Robert Miller, MD

Health information technology (HIT) continues to be a highly fluid situation at this time. Dr. David Blumenthal, the Federal Government's national coordinator for health information technology, was in Albuquerque in June to discuss HIT. As part of his discussion, he provided the background for the design of HIT as well as the implementation of HIT. He stated that the design and goal of HIT should allow for the exchange of information about a patient between care providers. This exchange of information between the providers will prevent the redundancy of repeating tests, and better flow of decision making between providers. Each of these maneuvers will lead to a more streamlined approach to patient care, and hence lead to overall cost savings and improved patient care.

What he also stated needs to be carefully considered. No healthcare system has ever attempted such a large endeavor in such a short amount of time. This allows for great opportunities within the system. The framework and requirements for the system are being established by the federal government, and the EHR's are being developed by private companies. The implementation will occur in "stages". The companies need to meet the requirements to achieve "certification" through each stage. As time progresses, the requirements to maintain the certification will increase with the ultimate goal of allowing an easier and more appropriate flow of information. As part of this process, Dr. Blumenthal also recognized that some requirements and regulations may ultimately be found to not be necessary, but he stressed the need to continue the process. He also noted that under normal circumstances, regulations take a great deal of time to process and enact. As of the date of the meeting, the goal was for a regulation to be approved on a daily basis to within one day to ensure a rapid and timely implementation of the EHR process.

At this point in time, the certification of an EHR is based on adult medicine guidelines. When asked specifically about pediatrics, he was able to note that he could envision that pediatric guidelines would be easily placed within these guidelines (i.e., immunizations, etc.). This will need to be monitored closely, especially as some pediatric medications, because of compounding issues, are not currently available to be electronically prescribed.

After spending the evening with Dr. Blumenthal and watching HIT in action, I believe that it is even more important to recognize that HIT is continually being updated. On July 13, 2010 CMS released its final rule on meaningful use (all 864 pages). The new rules will allow some more flexibility in choosing which measures to use for qualifications. According to reports Healthcare IT News, Dr. Blumenthal said the final rule requires doctors to comply with a set of 15 core objectives during the first year. In addition to the core objectives, doctors will have to choose five more objectives from a "menu" of 10. Additional objectives will be deferred until "stage 2" of adoption. The final rule also reduced the number proportion of electronic prescriptions a doctor is required to write from 75% to 40%.

As HIT is being implemented, each provider needs to take the time to adequately understand the current process. As previously noted, the process is proceeding very quickly and changing on nearly a daily basis. Our local resources include NM HITREC, the AAP, and our own Society. If you didn't have a chance to attend Dr. David Blumenthal's town hall meeting in Albuquerque this past June, you can view the recorded webcast at <http://echo.unm.edu/hit/blumenthal>

To learn more about health information technology opportunities contact:

NM HITREC, 2309 Renard Place SE, Suite 103, Albuquerque, NM 87106-4264

Call (505) 938-9900 or e-mail at info@NMHITREC.org

visit the website www.NMHITREC.org

For more information about Medicaid incentives for electronic health records contact the Human Services Department's Medical Assistance Division at (505) 827-3162.



Physicians Can Get Financial Incentive for Electronic Health Records Systems: State Expects Initiative Will Improve Health Outcomes

Alfredo Vigil, MD, Secretary of Health

For the first time, primary care physicians in New Mexico can receive a financial incentive from Medicaid for the adoption, implementation or upgrade of an electronic health records system. The Medicaid incentive program reimburses physicians up to \$63,750 over five years to adopt and use electronic health records in a meaningful way.

The Centers for Medicare and Medicaid Services is finalizing rules this springfinalized rules in July for defining “meaningful use” of electronic health records. The federal agency has stated that meaningful use of electronic health records technology “should result in health care that is patient-centered, evidence based, prevention-oriented, efficient and equitable.”

CMS intends to update the criteria of meaningful use through future rule making. At this time CMS has listed three examples of meaningful use: electronic prescribing, providing an electronic exchange of health information to improve the quality of care, and reporting on clinical quality measures. To read the proposed rule for “meaningful use” and for other fact sheets on the Medicaid incentive program, look up http://www.cms.gov/Recovery/11_HealthIT.asp. (<-- please make this a hot link)

The purpose of the program is to improve health outcomes by encouraging more providers to use health information technology. Electronic health records allow medical providers to spend less time documenting and more time seeing patients. These systems result in better coordinated care, improved accuracy and safety of patients, reduced duplication of diagnostic tests and lower health care costs.

We implemented electronic health records systems in our public health offices two years ago, and our public health staff appreciates having the ability to analyze and tailor services to match the needs of our patients.

To qualify:

- Eligible providers are hospitals and non hospital-based physicians.
- At least 30 percent of their patient volume must be enrolled in Medicaid.
- For pediatricians, at least 20 percent of their patient volume must be enrolled in Medicaid.
- The incentive program begins January 1, 2011.

This is an economic stimulus program that is federally funded through the American Recovery and Reinvestment Act and is administered by CMS.

The New Mexico Human Services Department is working on implementing the Medicaid plan that it will submit to CMS for approval this summer with the goal of beginning the program by October 2010. The Department will notify physicians when they are able to apply for the incentive program.

As part of the effort to establish health information technology in New Mexico, three nonprofit organizations are leading a Health Information Technology Regional Extension Center. LCF Research, the New Mexico Medical Review Association and the New Mexico Primary Care Association are working together to improve patient care by supporting physicians in using electronic health systems. The Center will provide more than 1,000 primary care providers with technical assistance and guidance to implement or upgrade electronic health records in their practices.

State Budgets At Mid-Year

Implications of FMAP

Submitted by the AAP Division of State Government Affairs

While the broader economy is showing signs of stabilization, the most recent economic downturn is continuing to depress state revenues. Compounding matters is the ongoing debate in Washington, DC over the extension of \$24.2 billion in Federal Medical Assistance Percentage (FMAP) funding from last year's stimulus legislation, now stalled in the US Senate, leaving states to wonder if they will be left without the additional funding anticipated, and in many cases, budgeted for in the coming fiscal year.

More than half of the states accounted for the extra funds in their budget planning for fiscal 2011, and without the additional FMAP funds to support state Medicaid programs, states will have to make additional program cuts, raise taxes, or find other cost saving measures to keep their budgets balanced. One of the prime targets for these additional cuts is in physician Medicaid payment. Over the past year, cuts have already been made in Kansas, Michigan, Mississippi, North Carolina, Oklahoma, Virginia, and Texas, and others may follow suit.

Due to maintenance of effort requirements included in the recent federal health reform legislation, states will be disqualified from receiving additional matching federal Medicaid funds if they roll back enrollment or eligibility. While these requirements ensure that states will not shortchange their commitments to state Medicaid programs, they also leave provider payment as one of the only viable remaining funding streams from which states will be able to draw to sustain their programs. Paradoxically, this will likely serve to discourage physician participation in the program - at a time when there are not only greater demands for its services, but as states prepare for its expansion as part of health reform.

Ed. Note: As I read this, New Mexico state government has just announced a further deficit in the state budget. According to the news item, another 3 per cent must be cut from the budget, but the Human Services Department has said Medicaid will not be cut any more. On Tuesday, August 10th, the U.S. House of Representatives convened for an emergency session and passed the Senate-approved \$16 billion extension of FMAP funding to state Medicaid programs through June 2011. The House passed the measure by a 247-161 vote, and President Obama signed the provision into law that evening.

ARE YOU READY to foster or adopt a New Mexico Youth?

Doug Black, Foster & Adoptive Parent Recruiter, CYFD

On any night in New Mexico, approximately 2,000 children are in foster care. These children were removed from their homes because of abuse or neglect. Many of the children that are in Foster Care care are medically fragile, and we could use the expertise of people in the medical field to care for these children. Of course, professionals in the medical field may also be interested in caring for children that are in regular foster care children.

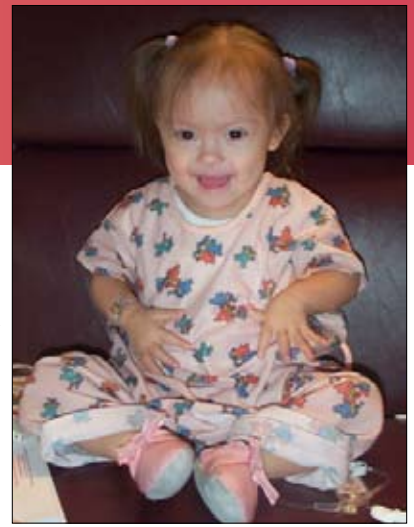
Children in foster care do not always return home. They may become eligible for adoption. There are children who are available for adoption right now. Currently, in New Mexico, there are more than 300 children waiting for an adoptive homes. These children, if they are not matched with a forever home, will age out of the system without a permanent family. Last year more than 120 children aged out of the foster care system in NM.

For more information Statewide call 1-800-432-2075 statewide or visit the website at: www.cyfd.org.



The Mariposa Program

We do not expect children to have life-limiting medical conditions, but tragically, some do. The Mariposa Program of UNM Children's Hospital is designed to assist families facing such challenges. As a pediatric hospice, Mariposa offers expert comprehensive, compassionate care for infants, children, adolescents, and young adults. Our program serves not only the patient, but also supports the entire family, including parents and siblings. An individualized plan of care is designed to meet the specific needs, hopes and goals of each individual and his or her family. The plan addresses medical, psychosocial, and spiritual needs, with an emphasis on quality of life rather than length of life, and is carried out by a team of highly trained professionals.



Co-editor Dr. Janis Gonzales' daughter, Cariana.

What does Mariposa offer?

- **Home visits** from team members, including a nurse to provide skilled nursing service, a social worker to provide counseling and assistance in accessing community resources, and a chaplain to provide spiritual support.
- **Basic procedures** such as obtaining lab samples and dressing changes, along with teaching in the home.
- **Coordination of home care**, hospital, clinic, and community services to ensure continuity of care and support over time.
- **Experience and expertise** in helping children and young adults with complex care and symptom management needs.
- **Compassionate** spiritual and emotional support for patients and their families.

In addition to home hospice care within a 60 mile radius of Albuquerque, we provide:

- Care coordination for children throughout the State.
- Outreach education for doctors and other hospices throughout the State.
- 24-hour toll free consultations on pain and symptom management

What do families want?

- To be involved in their child's care.
- To receive support in decision-making.
- To know that their child's pain and symptoms are being controlled.
- To maintain continued involvement and support from their child's Primary Care Physician.
- To receive on-going education and consistent communication about their child's condition.
- To have a written care plan individualized to meet the unique needs of the child and family.
- To know that psychosocial and spiritual support are available.

Parents want what is best for their children. Often, however, decisions about what is in the child's best interests are made during extremely emotional and stressful situations. A skilled and compassionate interdisciplinary team, working in conjunction with patients and their families, can guide and support families in their decision-making process and help parents remain active in all aspects of their child's care.

The overall goal of the Mariposa Program can best be summed up by the words of Mattie Stepanek. Mattie was a young boy afflicted with muscular dystrophy. Prior to his death at the age of thirteen, Mattie was a poet, a peace activist, and a philosopher. How well he grasped the importance of hospice and palliative care: "Palliative care no longer means helping children die well, it means helping children and families live well until the time is certain and then, to help them die gently."

For more information, contact Liz Gober, Clinical Director, at lgober@salud.unm.edu or by calling 505-272-6700 or toll-free at 866-869-7243.

Ed. Note: I strongly recommend this program. The very caring people have done an excellent job recently supporting two of my patients. ~ Lance

Editorial: On obesity...

Seth Mason, NM Forum for Youth

The youth of New Mexico fight problems every day, from battling school work and chores to squaring off with obesity. How old do you have to be to feel as if you need to start taking responsibility for any type of health problems that may occur? When you were young, adults told you that you had to wash your hands after using the bathroom or before helping mom and dad prepare dinner. In Head Start and kindergarten you were taught to wash your hands with soap for thirty seconds and not to skip any of the cracks in your fingers, you were told to cough into your elbow and not into your hands. In elementary school you watched the birds and the bees, a timeless classic to young individuals that would outline the rest of their lives.



Walking through a local store in the northwest part of New Mexico one sees something that parents are sharing with their children, weight. Although we cannot always control what is going to be fed to our children at school there is a place where your mom's mom used to go to make sure she got the nutrition she needed and it's the same place your mom went to make sure you were never hungry, your kitchen. We have the power in our own kitchens to control the ingredients that are put in our family's food. Today it seems that everything is rewrapped and prepared before you even purchase it from the store. Great-grandmother might be a little upset that she used to pluck the feathers and boil her own chicken, but it's ok that it takes you half a second to cut it from the wrap and throw it in a pan. We all know no one prepared and cooked meals like our grandmothers but what did they do in the kitchen that made them

so different? Was it the product, the recipe, or maybe the stove? What about time? Grandma spent hours in the kitchen making one meal for the day, adding ingredients piece by piece and not as a premix.

They use to say moms' meals were made with a little extra love, and a little extra time is what they could have been talking about. If we would take more time preparing more fresh produce and not use premixed dishes, we could control the amounts of sugar, calories, and serving portions of each meal. As a child going to elementary school, nothing was cooler than having mom or dad make you a cold lunch. You didn't want to eat cafeteria food, you wanted to carry your favorite cartoon character with you down the hall and show everyone he was full of amazing goodies that your parents stuffed inside. It takes three men only one minute and twelve seconds to make three whole pizzas; how long would it take for parents to make a small nutritional lunch for their child?

In the northwestern part of New Mexico we have a diverse set of people with Anglo, indigenous, and Hispanic populations that all battle against nutrition- and health-related issues: some people face diabetes, others face obesity, and many unfortunately share these with their children. All of these problems are preventable: yes, genetics can make it hard for some individuals to break the cycle of nutritional opposition, but with a good work ethic and support it is much easier.

Seth Mason is a 2009 graduate of Bloomfield High School, a current UNM student, Americorps volunteer and member of the New Mexico Youth Alliance. The New Mexico Youth Alliance is a statewide advisory group comprised of youth representatives, one from each legislative district. The Alliance, established in 2003, enables state lawmakers and administrators to create and refine youth policies with the benefit of feedback and recommendations from a statewide cross-section of informed New Mexico youth. It is also a tool for ensuring that youth have a meaningful voice in the state's political process.

CHILE Project

Child Health Initiative for Lifelong Eating and Exercise—The CHILE Project

Sally M. Davis, PhD, Department of Pediatrics
UNM School of Medicine



Food detectives tasting new foods in the CHILE Lessons

Researchers from the University of New Mexico's Prevention Research Center/Division of Prevention and Population Sciences have been studying the efficacy of an early intervention in the prevention of obesity in children. The Child Health Initiative for Lifelong Eating and Exercise (CHILE) is in the final year of a five year study funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The study is taking place in 16 Head Start centers in rural communities throughout New Mexico. In this randomized controlled trial, half of the centers received the intervention and the comparison sites received a check for their Head Start and the intervention was delayed until this fall. All sites received the measurements which will be used to determine the efficacy of the intervention.

The CHILE intervention uses a socio-ecological model that includes the children, Head Start teachers, assistants and kitchen staff, families, grocery stores, and health care providers. For example children taste new foods in the classroom, the kitchen staff include the same foods in the lunch menu, families are introduced to the foods through take-home materials and at family events and the foods are labeled and promoted at community grocery stores. The foods highlighted are those known to promote a healthy weight—whole grains, fruits, vegetables and those low in fat and sugar.

Increasing physical activity and reducing sedentary behaviors such as watching television are emphasized in CHILE. This is done by enhancing the Head Start curriculum and training the teachers to include more opportunities for the children and working with families to be more active. Activities include parachute games, movement to music, exercise breaks, and other activities that are developmentally appropriate and fun to do. Families get the opportunity to learn new activities they can do with their children at home.

Children in the intervention group have been followed for two years. Measures have been taken at the beginning, at mid-point and at the end of the project. We have conducted height and weight measurement and calculated Body Mass Index (BMI) on 3,600 children. We have also conducted dietary assessment, parent interviews, Nutrition Environment Measurement Survey (NEMS) and process evaluation. Once the data are analyzed we will be assessing the success of the intervention compared to the sites that got the delayed intervention.



2009 Family Event Llano Quemado

We are excited about the opportunity to work in rural Head Start programs where we can reach a large number of three-to-five-year-old children, their teachers, their families, and their home communities. If the intervention is successful it has the potential to influence the lives of New Mexicans and Head Start policy nationwide. For more information contact Sally M. Davis, PhD, Principal Investigator at sdavis@salud.unm.edu, and please check out a short video about CHILE at <http://www.youtube.com/watch?v=BrekHm2yTIM>.

Pediatric Council Update



Hello everyone. The Pediatric Council met with our usual fervor on April 23, 2010. I will break down the report by issues addressed:

1. Synagis was briefly discussed. It was felt we need to wait for morbidity and mortality figures before working on increased Synagis administration coverage. The new Synagis prior-authorization form will be addressed at the August 2010 meeting.
2. Dental Varnish: We applauded Duane Ross MCO of Blue Salud for the decision to cover dental varnish administration on patients 6 months to 3 years of age. We questioned Presbyterian Salud regarding their refusal to cover varnish and Albert Bourbon and Ben Hoffman will continue their work to obtain global Medicaid coverage for dental varnish application in the state of New Mexico.
3. Asthma: Debra Hall, MD has been contracted by DOH to evaluate asthma treatment concerns in the SE portion of the state. Asthma Allies in Albuquerque will be starting a home visit program targeted more toward adults. Mopsy Matthews noted that the use of asthma action plans has increased in schools in the SE part of the state. There are currently no new asthma data from the Saluds.
4. Medical Home: All MCOs are currently working on grant requests. There will also be smaller grants or “parallel tracks” to help a practice move toward the Medical Home.
5. Obesity: The MCOs and Paula LeSeuer reviewed obesity coding with the Council. It is recommended (and will be a required HEDIS measure) that BMI percentiles be recorded on every patient over the age of 2 years on an annual basis. The obesity codes discussed in the last newsletter are covered by all the Saluds with proper documentation.
6. Cough and Cold Medications for children under 4 year’s age: The Council formally requested that NM Salud pharmacy benefits no longer cover cough and cold medications for children under 4 years of age. It was pointed out that these medications are not approved by the FDA for children under age 4 and are considered mostly ineffective and may be dangerous. Surprisingly, this request was met with resistance from some MCOs. Per their request Council member Melissa Mason drafted a formal letter with this request and this was sent to all MCO’s. The Council will continue to work on this issue.
7. ER Care for Non-Emergency visits: At this time Salud members will not be held responsible for payments for ER care for a “non-emergency visit” such as chronic back pain. However, it was requested that we educate patients regarding non-emergency care and also how to utilize the NM Nurse Advice line to help decrease these visits. *Note that there is one NM Nurse Advice line (1-877-725-2552) but the Saluds also have advice lines and all will answer patient questions regardless of insurance. My office placed the phone number on our answering machine recording.*
8. Holiday/evening coding payments: All Saluds are covering holiday and evening coding payments (the 99050-58 series) except for Pres.
9. Reworked Claims: Lowell Gordon and Brian Etheridge presented information regarding recoupment of monies from reworked claims. At this time the Saluds are allowed by law to rework claims that are up to 6 years old.
10. Post-Partum Depression Screening was brought up by Mopsy Matthews. At this time it is believed that a screening scale performed during the first and second well-baby visit would be covered under 96110.

Our next meeting will be August 20, 2010. Please email me if you have any questions or would be interested in representing the NM Pediatric Society as a Council Member. Thanks! Karen Carson, MD

Playing With Mud

Larry Shandler, MD

The NM gubernatorial candidates, Democratic nominee Diane Denish and Republican nominee Susana Martinez, are gearing up their campaigns for the general election; now is the time to make your voice heard. Please consider signing on to the letter below, asking them to stop the "mudslinging" and address the needs of our state's children and families in their campaigns!

Dear Ms. Martinez and Ms. Denish;

A child playing with mud pies is fun; a candidate slinging mud is not. It is time for the candidates for governor to speak to the issues.

As pediatricians who provide health care to the children of New Mexico, we demand that candidates address the issues facing children and their families.

The New Mexico Pediatric Society (the state chapter of the American Academy of Pediatrics) helped develop the "Agenda for New Mexico's Children" in 2002. Now, in 2010, we propose a new agenda and expect that the candidates speak to these issues:

Access to health care for all children. How will the changes in the new federal health reform help children? How will Medicaid and SCHIP be continued, since they provide access to health care for so many children? How will the pediatric workforce be developed to provide enough pediatric primary care and pediatric specialists to meet the needs of New Mexico's children?

Prevention and treatment of childhood chronic diseases. Childhood asthma, dental caries and especially the epidemic of childhood obesity need to be addressed in order to prevent problems and save the lives of children now and in the future.

Behavioral health. Great shortcomings exist in the provision of behavioral health services for children and their families throughout New Mexico. Management of ADHD, depression and early detection and treatment of autism are only a few of the many serious behavioral issues that children and families face.

Early childhood. Investment in early childhood, beginning even before birth and followed with expanded newborn home visiting and a fully funded Pre-K program, will pay off by producing healthy adults who can contribute to their communities.

Youth. New Mexico needs healthy and well-educated young people who will provide the well-educated workforce of the future. We must have an education system that supports that goal. Young people should be supported in their efforts to learn how to lead healthy lives--physically, emotionally and developmentally.

Health Disparities, Many children in New Mexico fail to reach their full health and developmental potential. Disparities in their health and well-being result from a complex interplay of multiple social and environmental determinants. We cannot fully address the other five issues that affect child health and well-being without beginning the difficult task of addressing the root causes of child health disparities.

It will take all of us--parents, pediatricians, local, state and federal government officials, non-governmental organizations and businessmen and women—to effect change. So, we pediatricians and other who care for children in New Mexico, ask the candidates and all of us: ***Who's for kids, Who's just kidding?***

You can sign on to the letter above by clicking on the link below, which will ask for your name, occupation, city of residence, and if you support the contents of the letter. We will then forward the letter and a list of supporters to local and regional news media. Thank you!

Sign on to this letter!

<http://survey.constantcontact.com/survey/a07e2z5rp0ggbwmtuof/start>

Find the Health Professionals You Need

Kevin McMullen, Health Professional Recruiter, NM Health Resources

If you have driven to Santa Fe from Albuquerque along Interstate-25 and when you get close to the Budaghers exit on the west side of the freeway, there is a large sign that says “New Mexico needs physicians, nurses and dentists.” There is a phone number (800-288-6930) on the sign and the name “New Mexico Health Resources.” That sign, or something very much like it, has been in place for years reflecting the ongoing need for more health care professionals in a state that is chronically short of enough caregivers.

New Mexico Health Resources, Inc. (NMHR) has been in operation since 1981 and is a private, non-profit agency organized to support efforts to recruit and retain health care personnel for any community health center, clinic, practice or community in New Mexico. The primarily centers on rural and underserved but NMHR supports efforts for almost every community in the state that is recruiting for professionals. Recruitment focuses upon care physicians (including pediatricians), nurse practitioners and physician assistants, NMHR does assist in the recruitment of other professionals as well.

An appropriate metaphor for the organization’s that it is the “match.com” for health care jobs in the state. NMHR finds health professionals in New Mexico careers, develops a profile of individuals are looking for, and matches via a those professional and personal needs with the needs of employers throughout the state looking for additional providers. The recruitment is completed by the local employer who has a CV of the interested candidate referred to them from NMHR. The agency has assisted in the recruitment of over 100 health care professionals for New Mexico employers and practices during the last two years. NMHR is funded in part by a contract with the New Mexico Department of Health as well as by private placement fees.

NMHR also assists potential candidates to become knowledgeable of the various sState financial incentive programs such as the New Mexico Health Services Corps, New Mexico Health Professional Loan Repayment program, the State’s rural and underserved income tax credit, first license fee waiver for physicians and physician assistants, National Health Services Corps information, resume writing, and how to navigate today’s employment climate when looking for a practice. Given today’s debt of many professionals have coming out of training programs and residencies, knowledge of these incentives considerably assists in the recruitment and retention of health professionals.

For example, Dr. Gina Perez-Baron is a family physician working for the Presbyterian Medical Services community health center in Grants. She had met NMHR representatives in 2008 at a conference in northern California while she was in her second year of her residency in Contra Costa County, California. She knew enough about New Mexico to consider locating in the sState, but needed help finding practices, licensure help, loan repayment help, and someone to assist her in getting over the anxiety of moving from California. That is where NMHR came in. She learned of numerous opportunities from NMHR, employers learned of her interest from NMHR, she received and accepted a job offer with Presbyterian Medical Services, and obtained help from NMHR with the licensure and loan repayment application processes.

...the “match.com”
for health care jobs

w o r k
l o c a t i o n s,
e v e r y
h e a l t h
p r i m a r y
d e n t i s t s,
t h o u g h
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w o r k i s
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d a t a b a s e

Continued on page 23.

Help Needed: Haiti Still Shaken

Heart to Heart International continues to provide relief to the crisis situation in Haiti. The organization is in need of physicians and nurses to staff medical teams for deployment in 2010 and 2011. At the present time they are sending in medical teams for arrival and departure on Sundays. This is a non-clinic day and gives doctors and nurses a chance to work six full days while maintaining a one week commitment. If you are able to stay longer they have additional options. If interested, please contact Eddie Meyer, Haiti Medical Volunteer Coordinator, at 913-764-5200 ext. 270 or medicalvolunteers@hearttoheart.org.

HHI is one of many non-governmental organizations taking much-needed medical aid to Haiti. Since this publication's editorial staff does not have direct knowledge of the organization, we would suggest that potential volunteers check the details of organizations like this before signing on the dotted line. Details of transport and housing, supplies available in Haiti, support given to volunteers, availability of translation and other personnel support, and potential religious orientation are among the factors that should be evaluated in any foreign medical relief effort.

Update on Efforts to Regulate GHG Emissions in NM

John Ratmeyer, MD



Recently, in a letter to the chairperson of the Environmental Improvement Board (EIB) of the State of New Mexico (NM), the effort to encourage NM to set 'carbon caps' on greenhouse gas (GHG) emissions was given a boost by the NM Environment Department (NMED), which has endorsed New Energy Economy's (NEE's) proposed regulatory plan. The EIB is the state entity vested with the authority to regulate GHG emissions and which held public hearings on the matter earlier this year. NEE is the not-for-profit entity which submitted its petition to encourage the EIB to exercise its regulatory authority.

The New Mexico Pediatric Society has joined more than a dozen other organizations as a co-petitioner to encourage reduction of GHG as a matter of state policy. The NMED has concluded that NEE's plan is consistent, in both timing of implementation and in content, with a plan concurrently developed by NMED. Hopefully, this development will mean that some plan to regulate GHG emissions at the state level will be implemented by 2012.

NM Health Resources continued

Dr Ruth Osei Fordjour is a pediatrician who recently moved to Farmington from Chicago. Having recently completed her residency at Mount Sinai Hospital and Medical Center in the Windy City,

Dr Fordjour was initially interested in Arizona, Arkansas, Louisiana, Nevada, North Carolina, New Mexico and Texas. Fortunately as a result of NMHR's charter membership in 3RNet.org, a national recruitment organization that assists in the identification of health professionals who are looking for jobs, NMHR was able to refer her resume to Presbyterian Medical Services who contacted her and recruited her to Farmington.

Besides being a clearinghouse for practice opportunities for both practices and healthcare professionals, NMHR can also provide training assistance to agencies or practices seeking to improve their recruitment and retention of healthcare professionals. Recruitment is never easy, can be very costly and always takes longer than anticipated. NMHR is happy to assist New Mexico practices find the professionals they need.

Correspondents' Corner



Charles W. Anderson, MD

My Turn

Charles W. Anderson, MD

July 1, 2010 will mark 50 years since I first began the study and then practice of pediatrics. I began my training at Denver Children's Hospital July 1, 1960. Sixteen years later, July 1, 1976 my family and I moved to Taos and I opened my office at 123 Cruz Alta Rd. July 1, 2010 I will retire from the active practice of pediatrics.



Working in the field of pediatrics has never felt like a “job.” It has been more of an “adventure” with many different facets. There was the challenge of being the only pediatrician in this area for years and being available to the community, yet still having time for family and time to enjoy all that Taos has to offer. There was the challenge of setting up an office and dealing with all of the regulations of private practice. (Hardly anyone does this anymore. Nearly all medical practitioners go to work for an established practice.)

We had lived in Los Alamos for twelve years before moving to Taos, yet I had been doing clinics in Española, up the Chama Valley and in Taos for years, and I felt that I knew the local culture. It turned out that it was much different coming up here once a week than actually living here. We moved into a run down old adobe house in Lower Ranchitos, and this soon turned into an oasis for us. We had chickens and geese, a garden, horses in the pasture and neighbors as friendly as could be. We learned that you just don't just “own” an old adobe, you “marry” it, and like a good marriage if you work at it, it gets better each year. This has actually happened.

Living in Taos for the past 34 years and experiencing the changes that have taken place in the community and in the practice of medicine has have been stimulating and exciting. The office staff has grown from myself, my wife and one staff person to four or five pediatricians and twelve or more nurses, nursing assistants and clerical personnel. My encounters with children of all ages and parents from every part of our diverse culture have been very rich and emotionally rewarding for me. I have practiced medicine in Alaska, Los Alamos and Taos and have enjoyed every place and every culture, but the total experience here in Taos has been very special. I have a large poster board at home with ski passes for myself and family from the early 70's to the present and every time I pass by, it reminds me of one of the reasons we live here. My early pictures show me without a beard, hardly recognizable. The mountains, the Ski Valley, the rivers, art, music and the people! That sums it up very well.

I could not have done any of this without the love and support of my wife Edy, who has immersed herself into the community as deeply as have I. As a nurse she helped me set up my office. She helped establish the medical center at Plaza Retiro, she was Director of Nurses at Holy Cross hospital Hospital for 4 years and then resigned to work on a Master's degree. While a student she worked in the Taos Schools and after receiving her MBA she became Director of Nursing for the northern district of the State Health Department. After retiring from her nursing career she became a founding member of the Taos Community Foundation, and served on its board for the next decade.

So now we are both “retired”, but we have no plans to leave. Taos is our home and we are both happy about that. I want to thank Dr. Loretta Ortiz y Pino for coming to work with me in 1990 and sharing patients and call for many years. I also want to thank all of the families with children whom I have seen through the years . The pediatric practice is now in the capable hands of Dr. Sylvia Villarreal and has moved to a brand new shiny building next to the hospital where I'm certain it will continue to give high quality care for children for years to come. Good Health to All.

Correspondents' Cont.

Loretta Cordova de Ortega, MD

It has been my pleasure to serve as Permanent Chair of the Department of Pediatrics since October 2008. During the past year and a half we have continued with our missions of education, patient care, research and outreach to the community. I would like to take the time to help you familiarize (or re-familiarize) you with the Pediatrics Program at UNM.

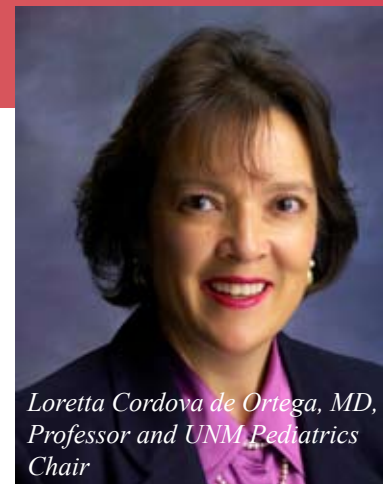
Administratively, the Vice Chair of the Department is Kristi Watterberg, M.D., and the Executive Medical Director of Children's Clinical Services is Ed Rose, M.D. Our Residency Training Program is lead by Ben Hoffman, M.D. with Assistant Directors of Amy Staples, M.D., and Walter Dehority, M.D. Through their leadership, our residency program continues to be more competitive each year. We are proud to have 13 residents in each class and many are from New Mexico. We strive to train each of our residents to be the best and include in their training advocacy and work in the community. The director of the Pediatric Medical Student Clerkship is Teresa Vigil, M.D., and the co-director is Anna Duran, M.D.

The Department is comprised of 15 divisions: Adolescent Medicine, Cardiology, Prevention and Population Sciences, Critical Care, Center for Development and Disabilities, Endocrinology, Gastroenterology, General Pediatrics, Genetics/Dysmorphology, Hematology/Oncology, Infectious Disease/Immunology/Allergy/Rheumatology, Neonatology, Nephrology, Pulmonary, and Rehabilitation and Physical Medicine. Many of the divisions have strong community programs. General Pediatrics includes Para Los Niños, Young Children's Health Center, Continuum of Care and Envision NM. The Prevention and Population Sciences Division is active with outreach around the state in the areas of: nutrition, physical activity and obesity prevention; adolescent and school health and risk behaviors; tobacco, alcohol and substance abuse prevention; and injury prevention. The Center for Development and Disabilities contains many programs, broken up into the following divisions: Disability and Health Policy; Early Childhood and Specialized Personnel Development; Family and Community Partnerships; and Neurodevelopmental.

Outreach clinics continue around the state through a variety of disciplines, including Cardiology, Endocrinology, Genetics/Dysmorphology, Pulmonary, Nephrology and Neonatology. Outreach has offered the children of New Mexico the ability to receive care and follow-up without having to travel to Albuquerque. I feel that this has increased improved the care that the children in outlying areas receive as well as relationships between Community and UNM Pediatricians.

Our plans for the future include expansion of research. The School of Medicine was just awarded the Clinical Translational Sciences Award (CTSA). This prestigious award has an emphasis on "child health," which highlights the importance of child focused research. (see <http://hsc.unm.edu/research/ctsc/> for more info) I also see this as a great venue for collaboration with physicians practicing in the community. Two ongoing community based research projects are Pediatrics Research in Office Settings (PROS) and Research Involving Outpatient Settings (RIOS Net) B, both of these programs aim to improve the health of children through collaborative practice-based research.

I look forward to working with community physicians. Please come visit, call or e-mail. We continue to have Grand Rounds Thursdays at 12 p.m. In the future, I would like to use this newsletter as a venue to highlight the programs and projects. I am happy to visit practices throughout the state. Ed Rose, M.D. has met with many of you in his role as Executive Medical Director; this is an effort to understand how our clinical programs are serving you. In my role as Chair of the Department I'm happy to meet regarding any aspect including education of students and residents, and collaborative clinical efforts. I do know many of you have served as mentors to our students and residents, and I greatly appreciate this as our learners gain valuable experiences from community providers. I can be reached at lcordovadeortega@salud.unm.edu through PALS or at 505-272-4842.



*Loretta Cordova de Ortega, MD,
Professor and UNM Pediatrics
Chair*

Correspondents' Corner Continued



News from the (North)West

John Ratmeyer, MD

August 2010

Fall is fast approaching and the change of seasons is often accompanied by changes in our practices. Over the past couple of months, between the beginning of summer and the present, those seeking new directions may have moved; that includes professionals like us. Some of us will welcome new colleagues to our practices in the coming months. Some are new graduates; others are simply seeking new professional directions or new geography. Many of us in rural general practice are used to the cycle of seeking new colleagues; people come out here to work for a few years and then leave. We recruit new people to replace those who have retired or who have left our practices for any number of reasons. The cycle is repeated, sometimes as often as every year. In the past few years, however, it has become more and more difficult to recruit and retain new people. Positions lie unfilled, yet the work of serving children and families is undiminished.

General pediatrics is at a precarious crossroad; fewer and fewer of our youngest and brightest colleagues are choosing general practice as their vocations. General practice in urban areas seems preferred to rural locations. Instead of general pediatrics, many younger practitioners are opting for subspecialties or hospitalist work; many want to work fewer hours within more flexible schedules; many want to minimize or avoid on-call responsibilities and leave inpatient care to dedicated hospitalists; many have advocated for greater balance between personal and professional responsibilities. Especially over the past decade, major workforce issues have driven these changes. While pediatrics as a specialty has been populated by more women than men over the past two decades, women now comprise the vast majority of our workforce.

Mirroring that trend, there are now more women than men in the general workforce and more women than men attending college in the U.S. Women have vaulted the discussion about balance between home and work to a new level for all of us, whether we are men or women, single or partnered, or part of larger families. At the same time, changes in pediatric practice have made general practice less desirable than previously. Time pressures, arising out of attending our bottom line, have crushed most encounters with patients and their families to less than ten minutes. Payments for our services, especially for those of us who depend heavily on Medicaid, have not kept pace with the cost of doing business. For those of us in rural areas, call responsibilities, inpatient duties, and attendance at deliveries continue unabated while some colleagues in urban areas enjoy call-sharing agreements and engage hospitalists to assume those duties. The changing landscape under health care reform is yet another challenge.

For those of us who continue to enjoy all the responsibilities of general practice, we need to make a more compelling case that ours is a path worth following. The relationships forged with patients and their families, as well as with other professionals, whether within our discipline or others, are the highlight of my time in general practice. The opportunity to help care for the children of my former patients is just one sign of the continuity I've enjoyed and only one of many rewards for dedicating a career to a single community and its population. Continuing to encounter the full spectrum of pediatric practice, including well-child care, sick care, inpatient and newborn care, and the opportunity to continue to use skills I first learned over 20 years ago gives me great satisfaction. While it's possible I'm just part of a dying breed, I prefer to think there are more of you like me, who not only enjoy but have actually thrived in general practice. It's up to us to translate that experience to the next generation of pediatric practitioners and assure the survival of general pediatrics.



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NURTURING FUTURE GENERATIONS

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