

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Mississippi Chapter

PEDIATRIC PRACTICE POINTERS

E-newsletter of the Mississippi Chapter AAP

President's Message

Nikki Ivancic Currey, MD, FAAP, Chapter President

I wanted to start off by thanking every one for coming to our recent CME meeting in Jackson. Thank you to the committee who planned it. I think there were several really timely and helpful lectures. I also wanted to thank the residents and medical students for their work both with the posters and the case presentations. I learned a lot from these. Please let the committee know if you have any suggestions for the Fall and next Spring's meeting.

Second, I wanted to remind everyone to watch in the Fall when National AAP does their elections. The Board of the Academy (not the ABP) is making some changes to the bylaws (intending to add some people to the board) and this requires a vote. Be on the lookout for that.

Finally, one of the big topics for the National AAP this year is the opioid epidemic. This issue has been in the forefront of the news for the past year and our own MS legislature has been interested in taking up this problem as well. We, as pediatricians, know all too well that this is a significant problem. In 2016, 4100 children (less than 25 years of age) died from opioids (42,000 people total). What can we do?? I know that I write prescriptions for opioids very rarely and I think that is the same for most other general pediatricians. But I am involved this year with a local effort to help with our "Take Back Day" in Lee County (note: National Drug Take Back day was April 28). Twice a year, our Sheriff has people bring in their old, expired, or unused medicines to the department to be disposed of properly with "no questions asked". Last fall they took in 300 lbs of medicines. I asked him if I could help. We were on the local news to publicize the event and I attended the actual day for a few hours. If we could all work with our local law enforcement agencies to do days like this, we may make a real difference in our local communities and the state as a whole. Let's see if we can work together to help decrease the risk to our kids (not just opioids but other medicine ingestions as well -- every year 1 million children less than the age

of 6 have an accidental ingestion).

[Click this link](#) to see a story on the takeback efforts in Tupelo.



Nikki Ivancic Currey, MD (right) participates in the opioid takeback efforts in late April.

Do you have an issue or problem that needs AAP attention?

Resolutions passed at the Annual Leadership Forum (ALF) every spring may get close attention from the AAP Board of Directors.

I can help submit a resolution that would get national AAP attention if passed.

Please submit any ideas or concerns regarding pediatric practice to me, John Gaudet (johngaudet@me.com), prior to the upcoming district meeting (May 30th 2018) and I will help turn it into a resolution to be submitted and voted upon at the next ALF.

from John Gaudet, MD, FAAP, Chapter Vice President/President Elect

"Mind and Matter of Pediatrics" provides great content and good news!

On April 19-20, 2018, about 65 pediatricians, trainees, and nurse practitioners attended the Chapter's Spring CME meeting, *Mind and Matter of Pediatrics*, at the Muse Center in Pearl, MS. A potpourri of topics were presented, including didactic lectures, panels presentations, and a poster session. A keynote of the meeting was Dr Buzz Land from the American Board of Pediatrics (ABP), who presented to the attendees recent changes in the Maintenance of Certification process.

The following are good news highlights of the presentation:

- The 10 year test will soon be replaced by an ongoing "take at home" exam designed as a learning experience and allowing the use of reference materials.
- Qualifying CME activities are now eligible for Part 2 MOC points, which are reported automatically in a diplomate's portfolio.
- Part 4 credit is available for work already being done in your

workplace.

We are grateful to the multiple primary care and subspecialist pediatricians who presented additional timely and helpful information at the Spring meeting! Local and affordable CME offerings is a great Mississippi Chapter AAP member benefit!



Dr Mary Taylor, Chair of UMMC Pediatrics, delivers a Children's Hospital update.

Highlights of the 2018 Mississippi Legislative session

In regard to pediatric issues, the session included a successful effort to reauthorize Medicaid, the Child Death Review Panel, and the ban on texting while driving.

Lots of hard work went toward efforts to increase by \$1.50 the state's tax on tobacco products, but the issue died due to the anti-tax sentiment of the legislative leaders.

MSAAP also worked hard, in partnership with the Mississippi State Medical Association, the Mississippi State Department of Health, and others to kill a bill that would have weakened our state's strong childhood immunization standards.

Funding for MS Medicaid and the Mississippi Department of Health were better than expected, with budget appropriations exceeding those of last year.

A significant amount of time and effort was expended on monitoring and providing input on the bill to reauthorize the Mississippi Medicaid program. The final bill includes provisions to expand the number of allowed physician visits and prescriptions, allow teens to be vaccinated by local pharmacies, have one standard provider accreditation for MSCAN reimbursement, and maintain the payment increase for primary care providers (including pediatricians, family practice physicians, and Obstetrician-Gynecologists. In addition, the Medicaid Advisory Committee is charged with studying the effect of a 5% reimbursement cut for providers, focusing on dental care. The governor was given more power to determine what to cut in the event of a Medicaid Budget shortfall, and Medicaid will decide what emergency transport to pay for. Furthermore, the bill says that managed care may not be expanded without the approval of the Legislature, and the current contract for three managed care providers remains status quo, though some organizations found against this. The bill does have language for allowing for UPL and DSH payments to hospitals.

For the full report, click [here](#).

Speaking of advocacy...

Chapter leaders Drs. Nikki Ivancic Currey and Tami Brooks attended the AAP Legislative Conference in early April. They were able to participate in interactive learning sessions on how to become effective child health advocates as well as in-depth training sessions. Visits were made to Capitol Hill to engage lawmakers about gun

safety, opioid abuse, and multiple other topics of interest to pediatricians.

This Legislative Conference occurs annually in our nation's Capitol. The 2019 AAP Legislative Conference will take place April 7 - 9, and will bring together pediatricians from across the country who share



Dr Ivancic Currey with MS
Senator Roger Wicker

a passion for child health advocacy. Participants attend skills-building workshops, hear from guest speakers, learn about policy priorities impacting children and pediatricians, and go to Capitol Hill to urge Congress to support strong child health policies. The Chapter is requested to send representatives each year; limited scholarships are available from the national AAP. Let us know of your interest in honing your advocacy skills!



Drs Tami Brooks (left) and Nikki
Ivancic Currey in our nation's
Capitol.

Visit [this page](#) for more information about the Legislative conference.

Jackson's Safe Sleep City Initiative

Each year more than 50 infants in Mississippi die due to sleep related causes. Many of these deaths are concentrated in the urban area/populous cities. In the last 5 years, Jackson had the most sleep related infant deaths at 24.

The MS State Department of Health (MSDH) has received grant funding to develop *Safe Sleep Cities* in MS. The aim of the project is to reduce sleep related infant deaths by 20% over 3 years.

The Safe Sleep City strategy involves challenging a city and the key partners to commit to educating the city's families about the risks of sleep related infant deaths, ways to keep babies safe and to ensure that every infant within the city has a safe place to sleep. Jackson is the first city to participate in MS.



The Jackson Mayor's Office has been engaged to support this effort. Pediatric clinics throughout Jackson are being contacted to commit to educating families about safe sleep and when possible providing safe sleep spaces for babies.

Pediatric clinics (as well as Ob-Gyn clinics) are being asked to participate in the following ways:

- Implement a universal screening process for infant visits about sleep location and sleep position (can be done at check in/with vitals or by a nurse) AND documenting those two items in the medical record
- Providing safe sleep (and smoking) education materials to families of infants at initial visit (these materials will be provided free from the MSDH)
- Displaying safe sleep education in public areas or exam rooms (also free from MSDH)
- Respond to follow up calls/online surveys to office manager about implementation.

Jackson area pediatricians: Project representatives will individually reach out to pediatric clinics.

Please put your desire to save infants' lives to work and support this project in your practice. This initiative will then expand to the MS Gulf Coast, where the second highest number of sleep-related infant deaths in MS occur.

For additional information, contact Charlene Collier, MD at Charlene.Collier@msdh.ms.gov.



Reminder: Reporting all blood lead levels

As a reminder, please make sure to report all blood lead levels (both those that are **less than** 5µg/dL and those that are **above** 5 µg/dL) to the Mississippi State Department of Health (MSDH), Lead Poisoning Prevention and Healthy Homes Program (LPPHHP). This is a state requirement in the MSDH List of Reportable Diseases and Conditions (see <http://www.msdh.state.ms.us/msdhsite/index.cfm/14,877,194,pdf/ReportableDiseases.pdf>).

If there are questions about reporting or if your office needs to request a copy of the Report of Lead Level Form, please contact the MSDH Lead program at (601) 576-7447.

Request: pediatrician input on children with stuttering

You are invited to participate in a survey collecting data regarding pediatrician referral practices for children who stutter. More [here](#).

Updates to Mississippi's First Steps Early Intervention Program

For the past few years, the MS State Dept of Health has been implementing a much needed state systemic improvement plan to update standards, increase the knowledge and skills of personnel, update the data system and increase the use of data to drive program improvement and practices with children and families, and implement evidence-based practices around assessment. In addition, First Steps has been partnering with Medicaid to expand access to provider types and to strategies to ensure fiscal stability as the program expands. More information about these activities is to come.



However, the current most important take home message for pediatricians is a reminder that the First Steps program is a parent and family education program, whose goal is to intervene early and reduce the need for special education in the

child's future. This includes equipping parents in advocacy and in managing their children's care and helping children to bloom in their environments. First Steps "special instructors"/case managers also help families to secure needed services, such as physical, occupational, or speech therapy, and utilize the children's insurance or Medicaid as payment for needed services. First Steps is a payer of last resort only.

First Steps reports that many pediatrician referrals to the First Steps Early Intervention Program (EIP) do not provide adequate information for the program to initiate services. Please download the most updated [referral form](#) for use in your clinic.

Watch future issues of this newsletter for additional First Steps information. For more information or to ask questions, contact Stacy Callendar, First Steps Director, at [Stacy.Callendar@msdh.ms.gov](mailto:Stacy.Callender@msdh.ms.gov).

Updates on MS Coordinated Access Network (MSCAN) organizations

Both the Magnolia Health and United Healthcare MSCAN programs provided updates for MS Chapter members. Click [here](#) for the Magnolia update and [here](#) for United's report. Click for the [EPSDT administrative code](#) mentioned in the United report.

Keep in mind that Molina Health, selected as the state's third managed care organization to join MSCAN, will be rolling in later this year. Stay tuned for updates on this process in future issues of this newsletter.

Pediatric Public Health Issues update

The Chapter's Public Health Liaison, Dr. Gerri Cannon-Smith, continues to be involved in multiple pediatric public health issues. Children and youth with special health care needs, lead poisoning prevention, adolescent health, early intervention, providing EPSDT screenings in a gap-filling capacity, and other issues are being addressed on the state level within the Department of Health. Specific efforts are also underway to address the paucity of mental health resources to treat mental health issues in mothers exposed by maternal depression screenings.



For more information, see the full Public Health Committee report [here](#).

- Pediatricians helping kids to grow up smoke free -

JUULing: What Pediatricians and Families Need to Know

JUUL is a type of e-cigarette that has become highly popular among teens. Increasing media reports of JUUL use in schools have caused concerns for clinicians, parents and educators.

Youth are uniquely susceptible to nicotine addiction, and

those who use e-cigarettes are more likely to progress to using traditional cigarettes. JUUL e-cigarettes have a few key features that are particularly concerning for youth: they're highly addictive, with **double the nicotine** content of other e-cigarettes. They have a small, sleek design that resembles a flashdrive and can be easily concealed. JUUL also comes in youth-friendly flavors and has gained a dedicated following among teens: use of these products is commonly called "juuling."



A new Truth Initiative study published recently in *Tobacco Control* reveals that while many young people are aware of JUUL, there is low awareness that the product **always** contains the addictive chemical nicotine. Unfortunately, young people are unaware that JUUL packs a powerful nicotine punch with a single cartridge equal to an entire pack of cigarettes. Read the report [here](#).

This AAP [JUUL resource](#) is intended to support clinicians and families in understanding these products. More information can be found [here](#) about e-cigs providing exposure to carcinogens and click [here](#) for parent and family education. High level **POLICY CHANGE** is needed to protect youth from this dangerous habit.

The Food and Drug Administration (FDA) announced in late April that it had taken important initial steps to address the dramatic rise in youth use of Juul e-cigarettes. This action, however, does not address one of the most important actions the FDA can take to protect youth, which is to enforce existing law and the FDA's existing rules prohibiting the introduction of new or changed tobacco products - including e-cigarettes - without prior FDA review and authorization.

The rise in popularity among youth and health problems will continue unless FDA reverses its decision that allows e-cigarettes that were on the market as of August 8, 2016, to stay on the market until at least 2022 without undergoing review by the FDA. Leading public health and medical organizations in March challenged the FDA's delay, stating it is unlawful and harms public health by leaving on the market products that appeal to youth. These organizations also wrote to the FDA last week, urging the agency to take strong and immediate action to address the dramatic rise in teen use of Juul e-cigarettes. The FDA can and should take immediate action to address these issues and, moving forward, the FDA should utilize this authority to prevent the introduction of child-friendly tobacco products in the first place, rather than taking action after they become popular with young people.



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The Tobacco Free Mississippi: Engaging Mississippi Pediatricians project is funded by a grant from the Mississippi State Department of Health Office of Tobacco Control.

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