WINTER 2020

Illinois Pediatrician

VOLUME 38, NUMBER 1

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American Academy of Pediatrics
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Illinois Chapter

PRESIDENT'S COLUMN

This is ICAAP

MARIANA GLUSMAN, MD, FAAP
ICAAP PRESIDENT
FEBRUARY 2020

We are a community of 2000+ pediatricians, trainees and allied health professionals who care for and about children and families in Illinois. We are also a membership organization that provides opportunities for mentoring, leadership, advocacy and education. We collaborate with other institutions and agencies in the state to bring the voices of pediatricians and children to the table. And we have programs and initiatives to promote and improve children and families' health and wellbeing. It's a lot.

We couldn't do all this work without our amazing staff, led by our Executive Director, Jennie Pinkwater, and without our incredibly committed volunteers. They do a lot.

But there are many opportunities for more people to become involved in what we do. That's where you come in. You can join one of our committees or clinical initiatives, come to our educational conferences, take part in our annual Lobby Day in Springfield, take a CME/MOC online course, run to be a member of our Executive Board, provide expert testimony in your area of expertise to policy makers, participate in our advocacy calls to action, find a mentor, become a mentor, network, watch a

ICAAP extends special thanks and appreciation to the newsletter editors for their many volunteer hours and service to edit and publish the semi-annual *Illinois Pediatrician.*

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webinar…you can do a lot!

To give you an idea of the type of work we do, here are *some* of our accomplishments over the past year. I hope they inspire you to connect with us.

Immigrant Issues

Refugee and Immigrant Child Health Initiative (RICHI): RICHI's work advocating on behalf of refugee and immigrant children and families has been so successful, that RICHI Chair, Dr. Minal Giri, was appointed to AAP's Council on Immigrant Child and Family Health and tasked with replicating our work in other states.

- Along with the AAP, in October 2019, ICAAP joined a Supreme Court amicus curiae ("friend of the court") brief in Department Of Homeland Security, Et. Al. V. Regents University Of California, Et Al. supporting Deferred Action for Childhood Arrivals (DACA), in which ICAAP described the potential harm of DACA rescission on children of Illinois DACA recipients.
- In January 2019, RICHI formed the Midwest Human Rights Consortium (MHRC), formerly known as the Forensic Asylum Assessment Network (FAAN) with medical, mental health, and legal partners from various organizations and institutions. The Consortium, a project of RICHI, trained 187 medical and mental health professionals on performing trauma-informed forensic evaluations in support of pediatric asylum cases.

Get trained to do forensic evaluations and join RICHI! For further information contact Mary Elsner - melsner@illinoisaap.com

Advocacy and Medicaid Policy

Reunification of the Vaccines for Children (VFC) to once again cover children insured under the Children's Health Insurance Program (CHIP) to create a seamless system for all children insured through the state. This was perhaps our biggest accomplishment of 2019. In 2016, the state changed a policy regarding vaccine payment for children covered by Medicaid and CHIP. Previous to 2016, all children were covered by the VFC program. In 2016, the state required physicians to use private stock vaccine for children insured through CHIP or were state-funded (undocumented children) and wait for reimbursement from the state or managed care organizations (MCOs). Providers faced many issues with appropriate payment from the MCOs for vaccine and troubles with determination eligibility in the state's systems. To address this ICAAP:

- Identified physicians able to meet with leaders from Illinoios Department of Public Health (DPH) to express concerns with issues regarding payment for CHIP vaccines.
- Worked with members to provide examples where vaccines were not paid correctly or at all by MCOs due to issues in the state eligibility system.
- Presented data showing a lack of Medicaid providers that were able to provide vaccines in their office to CHIP children due to lack of reimbursement and the overall costs of the program.
- Engaged physicians across the state to advocate Illinois Department of Healthcare and Family Services (HFS) acknowledge problems with eligibility system, reimbursement for CHIP vaccines and correct payment issues with MCOs.
- Engaged the media to highlight issues with state policy on providing vaccines to children covered by Medicaid but not those covered by CHIP.

After years of meetings with past administration officials, new HFS leadership acknowledged issues with splitting the VFC and the CHIP program and agreed to work with DPH to purchase vaccines directly from manufacturer and to provide them free of charge to physicians. ICAAP worked with the new administration to address current and past reimbursement issues from the MCOs.

- HFS leadership continues to work with ICAAP and other association leaders to answer questions, address concerns and work to improve the program to insure that all children insured through the state have equal access to vaccines.
- ICAAP is also advocating for improved reimbursement rates for vaccine administration fees, which have not increased in the past twenty years.

Join our Committee on Government Affairs! Contact Dru O'Rourke - dorourke@illinoisaap.com

Expanding Immunization Coverage Levels: ICAAP has been awarded an Immunization Coverage Level Grant through the IDPH. The goal is to promote immunization coverage among 0-18-year-olds.

- ICAAP is building partnerships with community-based organizations, healthcare organizations, and pediatric providers that are located in cities within Cook County (excluding the City of Chicago).
- We will be offering a 3-Part Webinar Series starting in January 2020, with free CME focusing on HPV, Vaccine

Hesitation, and the 2020 ACIP Updates.

Join ICAAP's Coverage Level Coalition. Contact Melissa Bustamante, mbustamante@illinoisaap.com

Immunizations Disparities: ICAAP is also the recipient of a new immunizations' disparities grant funded by IDPH that will develop interventions to address areas of racial and economic disparities related to vaccination coverage in children, adolescents, and young adults.

- ICAAP will create community level workgroup(s), partner with local health departments, and conduct data analyses to identify coverage disparities in the West Chicago area.
- Once the data are analyzed, ICAAP will share the information with providers and community partners within the region and begin to develop action plans for future years to address gaps in immunization coverage levels. Counties in West Chicago include: DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will.

Join the West Chicago Disparities Coalition. Please contact Olyvia Phillips, Coordinator, Public Health Activities, ophillips@illinoisaap.com.

Child Homelessness

First Steps: Improving Child Health and Housing. ICAAP held inaugural meetings for the First Steps Data Advisory and Housing Capacity Workgroups, which aims to develop recommendations on what child metrics should be developed and tracked in the Chicago housing system and to promote increased housing capacity in Chicago for children and families.

- ICAAP entered into two separate (Chicago and Suburban Cook County) Memoranda of Understanding submitted to Housing and Urban Development establishing a collaborative framework between housing systems and child-focused stakeholders.

Participate in our Housing and Food Security Project. Contact Mary Elsner melsner@illinoisaap.com

Early Childhood

Reach Out and Read Illinois is going strong.

- This year 2000 doctors participated in ROR Illinois.
- Our clinics gave out 142,000 books to 122,000 families.

Become involved in literacy promotion in Illinois. Contact cogrin@illinoisaap.com

Illinois State Physical Activity and Nutrition (ISPAN): ICAAP Physician Champion Dr. Shelly Shallat received the Physician Breastfeeding Leadership Award and presented the results of an ICAAP pediatrician survey on breastfeeding support practices and needs among pediatricians in Peoria, Tazewell, and Woodford counties at the Central Illinois Breastfeeding Task Force Fall Conference on October 11, 2019 in Peoria.

In addition, the Illinois Public Health Institute highlighted ICAAP's ISPAN successes in a case study entitled "New Collaboration Across Health Systems in Peoria Working to Improve Support for Breastfeeding," published in November 2019.

Education

- **Illinois Adolescent Health Program**: ICAAP has received a second year of funding from the Illinois Department of Public Health (IDPH) to continue to provide education and technical assistance to help increase well-visits among 11-21 year-olds in Illinois.
- In 2020, ICAAP will host a series of FREE webinar presentations on trending topics including vaping, marijuana, mental health, and aiding adolescents to take more control of their health. These topics are timely as Illinois becomes the 11th state to legalize recreational marijuana.

Check out our webinars! The year-one recorded webinar trainings are currently available on ICAAP's Learning Management System for CME/CE credits.

See the Course Catalog at the back of the newsletter for information on how to access the platform.

For further information, contact Olyvia Phillips, ophillips@illinoisaap.com.

ABC Conference: ICAAP hosted another successful annual ABC Conference held November 22, 2019 with 150 multi-disciplinary attendees addressing topics to build capacity to care for children, youth and families with special needs.

Help us plan future ABC conferences! Contact Dru O'Rourke - dorourke@illinoisaap.com

As you can see, we've done a lot and there's lots to be done. Join us. I promise you will get a lot out of it too!

Happy New Year!

— Mariana Glusman

ICAAP will be hosting an adolescent health track as part of its annual conference to occur March 6, 2020 at the Northern Illinois University satellite campus in Naperville, IL. For more information, contact Dru O'Rourke, dorourke@illinoisaap.com

ICAAP *Thanks ...*

American Academy of Pediatrics (immunizations, ADHD)

American Heart Association Voices for Healthy Kids (physical education/obesity prevention)

Chicago Department of Public Health (immunization, lead)

Illinois Department of Public Health (adolescent health/immunization)

Illinois Public Health Institute (breastfeeding/physical education)

Otho S. A. Sprague Memorial Institute (housing)

Meridian, a WellCare Health Plan, Inc. company (housing)

THIS IS ICAAP

Illinois Chapter, American Academy of Pediatrics
supports our 2,000+ members....but we also do so much more.

EDUCATION

Hosting educational conferences, workshops, and networking events

EARLY CHILDHOOD

Connecting families to early childhood programs and resources

ADVOCACY

Testifying at countless hearings and lobbying statewide for improvements

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MEDICAID POLICY

Serving as a recognized statewide leader in Medicaid Policy

IMMIGRANTS

Supporting immigrant children with physician training

CHILD HOMELESSNESS

Advocating for more improvements to reverse child homelessness

Membership dues only fund 20% of ICAAP's critical work. Make a donation to support ICAAP and make children a priority in Illinois.

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Highlights of 10th Annual ABC Conference: Building Capacity to Care for Children and Families with Special Needs

BY JOSEPH R. HAGEMAN, MD, FAAP

The 10th Annual ICAAP ABC conference was held November 22, 2019 at Moraine Valley Community College in Palos Hills, IL. The exciting event "started with primary care providers and their teams in mind with the goal of providing information about services and programs that are available to support children with special needs from birth through childhood."[1] The attendees will develop their skills "to make effective referrals and partner with other agencies and systems."[1]

The conference began with an interesting and thoughtful presentation by Dr. Mariana Glusman, President of Illinois Chapter of the American Academy of Pediatrics (ICAAP) about *"Building Better Brains: The Core Story of Early Brain and Child Development: What Parents and Caregivers Can Do to Help Children Develop to Their Potential."* The most important take-home message for parents, caretakers, and pediatric providers is to encourage reciprocal interactions with infants, children, adolescents, and young adults. This requires active communication, which includes talking and reading with children beginning in the newborn period. It also includes infants in the neonatal intensive care unit (NICU) who are being cared for by all providers. Dr. Monica Ultman, a developmental-behavioral pediatrician at Tufts and colleagues have done research using the resources of the Reach Out and Read Program to supplement care of medically complex children with special needs.[2] Dr. Glusman also discussed encouraging reciprocal interactions in your contact with special needs children with visual and auditory impairments or cerebral palsy during office visits, home visits, inpatient, and outpatient visits for speech and physical therapy. As she stated, "It takes a village!" She finished her discussion by encouraging us to have parents and caretakers remind babysitters to read to their children as well. Then she read from her book entitled *I Love You like Sunshine: How Everyday Play and Bedtime Stories Grow Love, Connections and Brainpower.*[3]

Dr. Cesar Ochoa, Rush University Health System, presenting on Advances in Genetic Testing for Autism Spectrum Disorders: What Pediatricians and Families Need to Know.

I had the opportunity to introduce and moderate a session entitled "Parents as Advocates: Partnering for Change." The speaker was Susan Agrawal, PhD and parent of a special needs child with cerebral palsy and autoimmune disease. She basically presented a strategy for advocating for access to and support for home nursing services for children with special care needs using her efforts for her daughter as a clinical case example. In summary, the steps in advocacy include:

1. Identify systemic problems after reviewing the current status of the system.
2. Collect family stories: local, statewide and in other states and personalize these stories; use social media.
3. Present relevant clinical research data: clinical cases and case series, clinical studies.
4. Establish partnerships with families with children who have the same clinical issues, providers, media, commercial providers, policy makers, and politicians, and medical-legal partnerships are important and necessary.
5. Collaboration is critical and most important!

In this specific case, Susan set up a website (http://www.mftdwaiver.org), and a Facebook group of families of home nursing recipients. She also presented a list of ten practical ways to advocate for children with special needs including an adult size-changing table in your practice. She can be contacted at Susanagrawal@gmail.com.

Exhibitor Spotlight

I spent a significant amount of time with a few of the exhibitors and will summarize our discussions.

Natalie Farmer at Sudden Infant Death Services of Illinois (www.SIDSIllinois.org):

Natalie is a developmental therapist, works with Nancy Maruyama who runs SIDS of Illinois, and teaches safe sleep and teaches providers who go to do death scene investigations. Natalie had five children, but the first boy died of sudden infant death syndrome (SIDS). She is now also invested in teaching parents and caretakers about safe sleep but also providers about sudden unexpected infant death (SUID), SIDS, accidental suffocation, and the specifics of the distinctions between these entities. Nancy and I are collaborating on a couple of projects, and she just published an excellent paper about grief counseling in Neonatology Today in October, 2019.[4]

Kari Heideman, BSN from the Danny Did Foundation at (www.DannyDid.org):

Kari and I talked about Sudden Unexpected Death in Epilepsy (SUDEP). She is an oncology nurse at Northwestern and a close friend of Danny's father. In the brochure Kari and I reviewed, there are steps to help keep the child with a seizure disorder's home "seizure safe." They include tips for inside and outside the house, tips for when the child is bike riding, swimming, showering instead of baths, and educating all caretakers who will be with the child for seizure precautions, etc. There is also information about seizure detection devices, which I was not aware of, and the details are outlined on the www.Dannydid.org website.

Jill Tompkins at the Early Childhood Collective: (https://earlychildhoodcollective.illinois.edu)

The Early Childhood Collective at the University of Illinois at Urbana-Champaign includes a number of projects, which are aimed at providing evidence-based information and resources to help families and professionals enhance early care and education. This effort also includes the Illinois Early Intervention Clearinghouse which provides books and media about child development, special needs, autism, etc. It is an excellent resource for all kinds of educational materials to help families and professionals (www.eiclearinghouse.org). There are also resources for military families as well (militaryfamilieslearningnetwork.org/family-development).

Wendy Nawara at Illinois PANS/PANDAS Advisory Council (https://aspire.care):

I spent time talking with Wendy at last year's meeting as well. This year I learned that PANS/PANDAS is now characterized as an autoimmune encephalopathy. There is a new prospective, randomized controlled (I think) clinical study, done at Nationwide Children's Hospital examining the effect of six infusions of IVIG on the clinical course of this autoimmune encephalopathy, which has been presented and will be published in December in the peer reviewed literature. There is also going to be a clinical conference at DuPage County Health Center in December 2019.

The Advocate Children's Hospital Telemedicine Program:

The Advocate Children's Hospital telemedicine providers presented their program for medically-complex children. Telehealth or telemedicine services in some form have been around for at least 40 years. I was not aware that it has been utilized for this long of a period. The most common reason for their medical complexity was related to ENT/respiratory problems. The group did a pilot study and then a 1.5:1 randomized trial comparing a telehealth device with a stethoscope, otoscope, tongue depressor, and camera with usual care. Their presenters included physicians, a nurse practitioner, and a care coordinator and they each explained their role in organizing, setting up, and providing care in the program. The results are encouraging with the program in general and it has continued and expanded. ■

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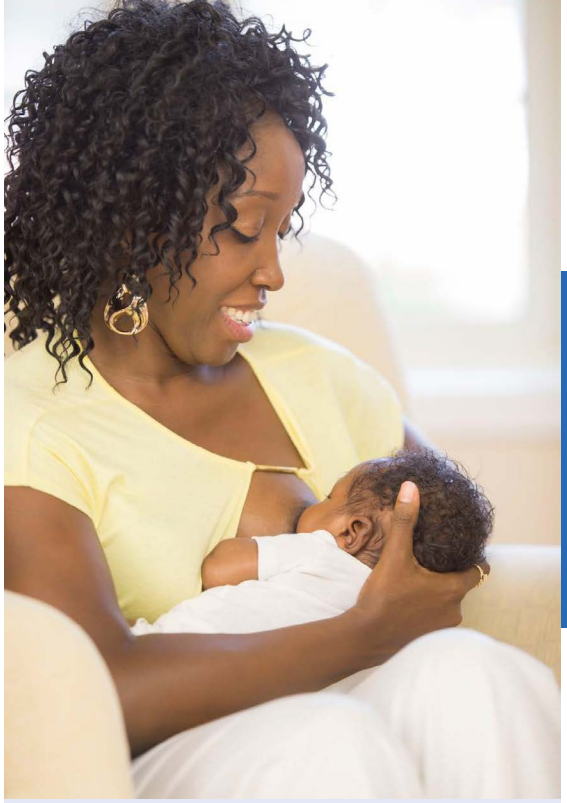

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Questions? Contact Tim Herring, Coordinator, Health Equity Initiatives therring@illinoisaap.com | 312-733-1026 ext. 214

Illinois State Medical Society

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The Illinois Chapter, American Academy of Pediatrics designates this enduring material for a maximum of 1 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This brochure was made possible with funding from the Centers for Disease Control and Prevention, administered by the Illinois Public Health Institute in collaboration with partners in the Illinois Alliance to Prevent Obesity.

Every Child Counts: Illinois Census

BY DEANNE BEHRENS, MD, FAAP

The upcoming 2020 census will determine allocation of funds and representation for the state of Illinois. As it draws near, the Illinois Chapter of the American Academy of Pediatrics is preparing to arm Illinois pediatricians with the tools that they need to help ensure that every child is counted.

Why is the census so important? Every decade, the census counts all people dwelling in the United States to determine legislative representation and distribution of federal funds, grants, and support to states, counties, and communities. The counted population includes citizens, legal residents, long term visitors, and undocumented immigrants.

The census does more than count the population on a federal or state level. It is also used to determine demographic data such as location, age, and income. The needs of the community in urban downtown Chicago are not the same as the needs of the population in rural Adams County, and the census helps allocate resources fairly.

Over three hundred programs use data derived from the census to distribute money to state and local populations. For children, this means that schools, nutrition, housing assistance, foster care support, and access to care could be jeopardized as programs like SNAP (Supplemental Nutrition Assistance Program), All Kids insurance program, and Medicaid use these data sets. For providers, it can affect allocations to hospitals and clinics, as well as funding for payment.

If just one percent of the population is undercounted, Illinois could lose 1.2 billion dollars in federal funding, and suffer a projected loss of one to two seats in the House of Representatives. Therefore, an accurate count of every person in Illinois is critical.

Almost a million children under the age of five were undercounted in the 2010 census, making them the most undercounted age category. Children in immigrant families, those with housing insecurity, those in rural areas, college students, and minorities are also at high risk of being undercounted. As pediatricians, we may be the only entry point to some of these children and families. We need to provide accurate information to patients and families about what the census means and how the data is used.

The Illinois state government, libraries, schools, Complete Count Committees (CCC), and organizations like ICAAP have developed strategies to educate as many people in Illinois as possible and to obtain the most accurate count of our population.

As providers, we need to let patients know that every person counted matters. "Counting for Dollars 2020" estimates that the undercount of Illinoisans in the 2010 Census resulted in a loss of $952 per person of federal funding. The results of the census can affect almost every area in life, including funding for roads, businesses investments based on demographics, and the makeup of voting districts. Pediatricians can reassure families that results of the census are kept confidential by the Census Bureau, and not shared with other federal or state government agencies. Immigrant rights groups have expressed that some people in immigrant families still fear that answering the census might be used against them, though federal courts permanently blocked the Trump administration from adding a citizenship question to the census.

ICAAP is working with the national AAP and state and local hospitals and representatives to develop fact sheets, in English and Spanish, that can be given out to patients in primary care provider offices. We encourage pediatricians to spend a minute talking to patients and families about the census and encouraging them to be counted. We encourage pediatricians to join CCCs and collaborate with local libraries, schools, churches, and community organizers. For more information, please go to https://www.illinoiscensus2020.com/subcommittees/home.html.

The ICAAP statewide advocacy coalition, ICAN 4 Kids, will provide education to trainees on how to talk to their patients about the census. The academy is launching a media campaign to reach out to Spanish language print, radio, and television agencies to reach a broad section of traditionally undercounted populations, and plan to work with patient and family advocates to conduct outreach in the communities. We are calling on physicians statewide to participate in a targeted op-ed and letter to the editor campaign to advocate for an accurate count in the census. If you are interested in writing a piece and would like assistance, including data specific to your community and other talking points, please contact myself or Dru O'Rourke.

The kids and families that are most at risk of being missed in the census are also often those that benefit from programs that rely on accurate counts to maintain funding. While children are more than just numbers, please join ICAAP and show that every child counts.

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Free Immunization e-Learning Courses!

The Illinois Chapter, American Academy of Pediatrics (ICAAP) is pleased to provide the following web-based Continuing Medical Education (CME) approved educational offerings.

To register for ICAAP's e-Learning platform visit:
https://icaap.remote-learner.net/

COURSE DESCRIPTIONS:

Measles Updates, Recorded Speaker: *Anita Chandra-Puri, MD* from Northwestern Medicine and Lurie Children's Hospital

This webinar provides background knowledge of where and how measles has spread in the US and Illinois, diagnostic techniques, and recommended approaches to help combat further outbreaks.
Objectives:

- Review recent epidemiology of measles in the US and Illinois
  - Where? Who? How?
- Review clinical presentation and diagnostic approaches
- Review role of public health in measles outbreaks/control
  - Focus on vaccination

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Perspectives on Vaccine Hesitancy, Recorded Speaker: *Gary S. Marshall, MD* - Pediatric Professor, Chief Division of Pediatric Infectious Diseases

The Vaccine Myths Webinar provides background knowledge on the history of vaccinology, the development of vaccine hesitancy, and how to combat it. This training is intended for pediatric providers, who will receive information and resources on how to best implement these evidence-based guidelines into their practice to improve their patients' health outcomes.
Objectives:

- Address thought patterns that lead to vaccine hesitancy.
- Maintain coverage in the face of anti-vaccinationism.

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Funding for these trainings was made possible by the Chicago Department of Public Health Immunization Program.

Standing in Each Other's Shoes: Doctor-Parent Interview

BY MARGARET MICHELSON, MD AND LAUREN SCHRERO LEVY

We live in a world of searchable medical information, intense insurance and administrative pressures on medical professionals, and fast-paced, high-stakes patient care. Given this environment, doctors and parents often find themselves at odds over the best treatment plan for pediatric patients. Even though each perceives themselves to be on the side of the child in need of care, distrust and fear can often make it feel like the adults in the room are on different teams.

We're two friends. One of us is a pediatric neurologist who works frequently with medically complex patients. The other is the parent of a child with complex medical needs, including intractable epilepsy. We want to help other physicians and parents get on the same side of pediatric patient care. As with all relationships communication and empathy are key.

Dr. Maggie: What do you want your doctor to know prior to even walking in the room?

Lauren: I want reassurance that the doctor has spent some time reading my daughter's chart. I want them to be aware of significant medical moments and diagnoses. I want them to have an idea of what medications we've tried and whether they've worked. When a doctor is unaware of some major detail that informs every decision we make about our daughter's care, I have a hard time believing that doctor is prepared to help us.

Dr. Maggie: That makes perfect sense. I find myself wanting to show the families that I've reviewed the chart, balanced with the need to not make assumptions. Do you think that reviewing the relevant medical history together is a good way to begin the visit?

Lauren: Yes. Honestly, if the doctor were to come in and say, "This is what I saw in the chart, what else do I need to know," or "Let's walk through this complicated history together," that would be reassuring to me.

Dr. Maggie: What other aspect of the visit is challenging for you?

Lauren: I want to feel heard and respected as an expert on my child, and I want to believe that my input can make an impact. We've had doctors use unnecessary or excessive medical jargon in a way that feels designed to shut me down. Don't use language to exclude or confuse me and make

time in the conversation for my thoughts and to answer any questions I may have.

Dr. Maggie: The physician should really see themselves as part teacher. This is an important skill for physicians to have because we need to have a doctor-patient relationship based on a level of mutual understanding. The ability to use patient-friendly language is a competency that develops over time and changes from patient to patient. Sometimes I use an analogy that I think will really help but it does not work for every family so I have to figure out another phrase that they might better relate to. My advice is to speak up and let the doctor know if they've used a term that you are not familiar with or don't understand.

Lauren: I also find it challenging to push back on doctors without feeling like they think I'm being difficult.

Dr. Maggie: Advocating for your child in a respectful manner is not being challenging, it's what you are supposed to do. However, there are times when we may discuss different treatment approaches but must agree that the disease state should be treated in a medically sound way.

Lauren: What are some things parents do that drive you crazy?

Dr. Maggie: One of the frustrations of the internet era is how we consume information. Many families will search the internet in advance of the appointment for answers. Sometimes, they have not consulted reliable sources or have gotten anecdotal evidence from a friend or family member that they presume is true for everyone. We have to review what resources are high quality. We use the perspective of statistics to know that one person's experience is not everyone's. Sometimes, I will do the search with them and point out high quality resources. Additionally, I try to remind myself that families are always looking for answers and knowing how to navigate the immense amount of information out there can be daunting.

Lauren: This one I'm totally guilty of! In the time between noticing a symptom and getting into the clinic, I worry. Excessively. I feel like I have to do something and searching the internet gives me a way to channel my anxiety. I can appreciate the frustration doctors must feel when parents come in and tell them what Dr. Google said and insist on a certain course of treatment. I think doctors should assume that parents who have done a lot of research are really looking for reassurance. Saying something like, "You've clearly spent a lot of time on this. You must be so worried. Let me tell you what I know and we can compare notes and go from there."- might be helpful to getting everyone on the same page.

Dr. Maggie: I like that approach. The other aspect of this topic is that some parents come in with internet research to back up non-medical treatment options, like special diets or essential oils. I do understand the pull of alternative therapies. They often claim not to have the side effects that our conventional therapies have and seem more natural. This can be challenging for me because I have research that shows the efficacy of medical options. So I have developed two rules for these kind of approaches: 1) they cannot harm the patient and 2) they cannot be too expensive. Sometimes people can really be taken advantage of and I try to help them avoid that. What are your thoughts?

Lauren: That seems reasonable. Of course, parents just want to help their children as best they can. So if it doesn't hurt and doesn't break the bank, I think it's nice for you to support them in giving it a shot, especially when medical answers are hard to come by.

The major takeaway is that trust and respect are key in a parent-physician relationship. Parents need to trust that their children's doctors have valuable expertise and perspective and that they know more than Dr. Google or that one other parent they talked to on Facebook. And physicians need to trust that parents know their children better than anyone else, and that they've given an immense amount of thought to their child's medical situation before ever walking in the room. Both need to respect the other's efforts, emotions, and expertise. If doctors trust that parents have valuable input and patients trust that doctors have years of medical expertise, it will be easier to build consensus. ■

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thenoraproject.ngo/our-story

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Reach Out and Read Illinois

Reach Out & Read has been in Illinois for 30 years – the program is a part of the Illinois Chapter, American Academy of Pediatrics and we are proud that currently there are 120+ clinics in Illinois, impacting 122,000 families and distributing 142,000 books. Reach Out & Read pediatricians give a brand-new book at every well-child visit as early in infancy as possible until the child is five years old, discuss and model with the family the importance of reading aloud. The evidence shows that Reach Out & Read improves children's language development up to 3-5 months; parents are 2.5 times more likely to read and have books in the home; and children have more access to school-readiness resources. Reach Out & Read clinics also report higher return visits to the doctor.

Here is a snapshot of a few clinics in Downers Grove and Paris Illinois!

Downers Grove Pediatrics, 6840 S Main Street Suite 201, Downers Grove, IL 60516

Dr. John Cabana, MD has had the program in Downers Grove Pediatrics since 2000 as part of Healthy Steps. He "was introduced to ROR as a pediatric resident at Hope Children's Hospital in Oak Lawn (now Advocate Children's Oak Lawn)."

Program highlights: We try to incorporate reading in our practice as much as we can. Our practice logo is a book. Our waiting rooms and hallways are decorated with a poster of book covers (Where the Wild Things are, Is Your Mama a Llama, A Pocket for Corduroy). Kids look forward to coming to their well check-up because they know they are going to get a book. Parents love it because it keeps the kids from wanting to use the tablet or phone.

Our biggest challenges: Keeping the book cabinet full of books and telling kids they can't get a book until their next well exam.

Paris Clinic – Horizon Health, 727 East Court Street, Paris, IL 61944

Horizon Health in Paris, Illinois became an active site very recently in April 2019. We have used this program as an opportunity to provide other educational materials to parents. Each family leaves with a vaccination schedule, age-specific guidelines, Tylenol/Ibuprofen dosing schedules, and other relevant information in addition to their book. It has created a great opportunity for us to really educate our population and provide resources to reinforce information.

How has the program benefitted the families you serve?

Dr. Lauren Fore, Reach Out & Read Medical Consultant for the clinic site, states that she has had a wonderful time implementing this program into the facility.

"It has been really fun and beneficial to see how parents and their children interact with the books and with each other. It offers such valuable information for me as a clinician, and I am able to use it as a tool to facilitate conversations with parents about reading to their children. It has also been extremely satisfying to see the children's eyes light up when I give them a book that they get to keep and take home. I find great joy knowing that I am able to teach the importance of reading and supply the family with the tools to implement those practices."

Dr. Fore adds that *"Starting the program here has been a pretty seamless transition. It has been easy to train staff and work this aspect of well-child appointments into their workflow. With such an awesome program, it was easy to get staff excited to take part in the initiative and to help coordinate efforts in supplying books to children. It often seems that the staff and providers are just as excited about the special gift as the children."*

All three of Horizon Health's primary care clinics participate in the Reach Out & Read program. This includes the Paris Clinic (featured here), Chrisman Clinic, and Oakland Clinic.

Tell us about YOUR Reach Out & Read Program

As ICAAP's Board Chair, and ROR Illinois Board Chair Mariana Glusman stated, "The simple act of bringing a book into the exam room makes a huge difference in my visit…" If you would like to start the Reach Out and Read program in your clinic or share about an existing program, please reach out to Cindy Ogrin, cogrin@reachoutandreadil.org.

Facilitating Engagement in Families with Children with Autism Spectrum Disorder

BY REBECCA I NELSON, PHD, ADHD-CCSP

Introduction

Parents of children with Autism Spectrum Disorder (ASD) experience more stress than other parenting groups, and can feel less competent and confident in their parenting role with sometimes negative focus on their children's challenges.[1-3] In addition to formal therapies, families can benefit from everyday, informal ways to engage and connect with their children to build rewarding experiences and strengthen the parent-child relationship.

Social Support

Social isolation is a factor in increased parenting stress in families with ASD.[4] Parents of newly diagnosed children may feel especially alone and overwhelmed as they come to terms with their multifaceted needs. Parent and family groups can provide invaluable and ongoing support through family-to-family sharing of experiences, friendships, education, resources, and advocacy:

- The National Alliance on Mental Illness (NAMI) holds no-cost parent support groups and education courses across Illinois counties with local groups in Evanston, Lincolnwood, Skokie, Park Ridge, and Highland Park. Some groups are conducted in Spanish: https://namiillinois.org/.
- As a state chapter of the national Autism Now organization, The Arc of Illinois has a Family Support Network to improve quality in living for families: https://www.familysupportnetwork.org.
- The Parent-to-Parent organization matches families by special needs conditions, including ASD within or across states: http://www.p2pusa.org/ or p2pillinois@gmail.com.

Community Involvement

Marginalizing experiences outside the home can cause parents to feel ambivalent or resistant to participate in public leisure or recreational activities. Some children with ASD may exhibit behavioral challenges in traditional settings such as a movie theater, concerts, or other passive-audience

settings. Community events specifically for families with ASD support inclusion and normalization. These are designed to be sensory-friendly allowing children comfortable participation without anxiety provoking stimuli that can elicit reactivity or withdrawal: reduced noise or audio control options, dimmed lighting, movement allowance, and so on.

The Lake County based organization Autism Family Cares provides regularly scheduled family events, holiday celebrations, monthly parent support groups, and advocacy: http://autismfamilycares.org/. Some popular institutions and performing artists provide sensory-friendly visits or performances including The Shedd Aquarium, The Field Museum, The Goodman Theatre, Blue Man Group, etc. Other activities oriented for children with ASD include the Chicago Children's Theatre, We Rock The Spectrum Kid's Gym, Sky High Sports, etc. A large listing of sensory-friendly film screenings and family-based community activities can be accessed at: https://www.belikebuddy.com/sensoryfriendly/illinois.

Visual Communication Strategies

Picture Exchange Communication System (PECS)®

Children with ASD and language delay or impairment are more reliant on visual means of communicating and learning. PECS® is a longstanding tool used in speech and language therapy, and is optimally utilized when generalized across settings.[5] It provides an effective way for children to express needs and wants in real time allowing caretakers to respond accordingly, thereby facilitating joint engagement which is essential to positive relationships. PECS® is based on six stages starting with single picture cards representing people, objects, and actions. With consistent practice families can progress to multiple picture cards representing increasingly complex sentences and communications. Individualized picture cards can be printed at home or provided on electronic devices.[6] Families may wish to seek initial guidance from a speech and language therapist or board certified behavior analyst (BCBA) to ensure the best fitting individualized PECS® instruction for their children.

Visual Schedules[7]

Visual schedules are another modifiable symbolic tool to help children gain sequential understanding of the occurring events in their lives. It involves picture cards depicting explicit step-by-step actions needed to complete a designated activity. These can include specific activities, such as toileting and other hygiene activities, morning or bedtime routines, or be broadened to depict a daily or weekly schedule. Explicit instructional sequences of behavior provide children

with predictability, which can reduce anxiety and facilitate smoother transitions. Visual schedules can be especially useful to familiarize new routines or novel events. Like PECS®, visual schedules can be individually adapted and expanded with children's growing needs. Autism Parenting Magazine provides review of visual support apps: https://www.autismparentingmagazine.com/best-autism-apps/.

Play & Extracurricular Activities

Parent-Child Attunement

It has been shown children with ASD tend to be more object-oriented in their play with increased sensory-focus and repetition than children without ASD.[8] Increased object versus people focus can contribute to decreased feelings of parental efficacy and parent-child connection. Parents may wonder if their children are attached to them, and can be unsure how to engage them in reciprocally enhancing play. The well-established Hanen Center provides parents and educators with detailed but easily understood instructional materials to help caretakers attune, connect, and play with children with ASD while encouraging functional language development. Two of their programs provided in books and accompanying DVDs, More than Words and Talkability, are designed for families with children with ASD and delayed or impaired verbal skills: https://www.hanen.org/.

Cooking

Cooking activities can provide creative multisensory experiences for children with high functioning ASD while encouraging engagement with others. Cooking is also a practical life skill. The website, *Cooking with Autism*, and related cookbook, Coach in the Kitchen-2nd Ed, provides a wealth of adapted information for families with teens to adults with ASD to promote cooking skills and healthy eating.[9]

Music

While the multicountry study by Bielinik and colleagues failed to find significant effects in ASD symptom reduction using music therapy compared to standard treatment, some children with ASD respond positively to the prosodic and predictable rhythmic elements in music: instrumental, vocal, or both.[10] Music can be used to calm, focus, and regulate when restless or upset, and also serve to stimulate engagement in children who are inhibited. Music-based activities can also facilitate parent-child and other social interactions by providing opportunities for joint attention and shared enjoyment.[11] Individualized music activities may be preferred, at least initially, to prevent overstimulation from larger and louder group settings. The American Music Therapy Association's (AMTA) Autism Task Force provides a listing of board certified music therapists for families who could benefit from guided and individualized application of music: https://www.musictherapy.org/.

Animals

Research is minimal and non-definitive regarding the positive impact of animal support for children with ASD though some initial survey results suggest improved social skills.[12] For families amenable to pet ownership, a thoughtfully chosen pet can serve as a proxy for an emotional support animal for children, especially socially withdrawn or anxious children. Pets can provide emotional and tactile comfort and stimulation, opportunity to expand spontaneous play and mutuality skills, and participation in caretaking. Due to their compassionate and adaptable nature dogs are a good choice to help children transition into the community. Dogs can also be formally trained to meet service animal requirements for more intensive support outside the home per the Americans with Disabilities Act (ADA, 2010). Other animal-assisted activities, such as equine programs or hippotherapy can help children with sensorimotor or gross motor issues. The American Hippo Therapy Association provides a listing of Illinois Hippo Therapy Clinical Specialists: https://americanhippotherapyassociation.org/.

Conclusion

Pediatricians can play an important supportive role in acknowledging the increased emotional and practical stresses in parenting children with ASD, and provide practical supports and resources to help parents engage positively with their children and feel more engaged in their communities.

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For more inforrmation, contact Anne Wong, awong@illinoisaap.com

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Vaping: What You Need to Know

FROM ILLINOIS DOC ASSIST

A national outbreak of severe respiratory illness and deaths has brought the dangers of e-cigarettes and vaping to the forefront in the news and on social media. E-cigarettes come in many shapes and sizes and may be designed to resemble everyday items, such as pens or USB flash drives. Most e-cigarettes have a battery, a heating element, and a place to hold a liquid. E-cigarettes produce an aerosol by heating a liquid that usually contains nicotine, flavorings, and other chemicals.

According to the manufacturer, a single JUUL pod contains as much nicotine as 20 regular cigarettes. Nicotine is highly addictive and can impact development in the brain associated with attention, learning, mood and impulse control. While the vapor produced during the smoking process appears to be water, it has been determined that the aerosol that users breathe and then exhale can contain chemicals linked to serious lung disease, volatile organic compounds, chemicals linked to cancer and heavy metals. E-cigarettes can also be used to deliver THC and cannabinoid oils that pose additional risks for youth.

Information from the Centers for Disease Control estimates that 3.6 million youth reported current e-cigarette use through the National Youth Tobacco Study. E-cigarettes have been the most commonly used tobacco product for pre-adolescents and adolescents since 2014. The increase, approximately an additional 1.5 million youth between 2017 and 2018, may be associated with advertising in stores, the internet, print and television. Advertising to this population can minimize the impact of e-cigarettes on the youth's health and development.

Helpful Resources

As a primary care provider, you can address vaping with both youth and their parents or caregivers. One way to dispel the information presented by companies selling vaping products is to educate children, adolescents and parents about the chemicals and other dangers associated with vaping. The Centers for Disease Control developed tip sheets for providers and parents to address e-cigarette use.

There are also resources that can be given to youth to assist them in learning about e-cigarettes and to assist when wanting to quit. Smokefree.gov is a website that provides adolescents with information and support to quit smoking or vaping. The website has free chat support and information for adolescents about triggers and how to handle stress without the use of nicotine or other harmful products. A second website for youth, thetruth.com, provides researched facts and information on the tobacco industry's use of marketing to adolescents. The website provides youth with a way to become involved in social media and help advocate for their own heath in relation to smoking, vaping and the opioid crisis. For example, the site helps dispel the myth that safer does not mean safe when it comes to vaping.

> Nicotine is highly addictive and can impact development in the brain associated with attention, learning, mood and impulse control.

Illinois DocAssist consultants help guide primary care providers (PCPs) through child and adolescent behavioral health and substance abuse problems and perinatal mental health concerns. Our goal is to facilitate primary care access to mental health services. Consultants are available to conduct free phone consultations and educational workshops to PCPs enrolled with the Illinois Department of Healthcare and Family Services (HFS).

... the aerosol that users breathe and then exhale can contain chemicals linked to serious lung disease, volatile organic compounds, chemicals linked to cancer and heavy metals.

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Could You Please Pay Attention to Me? EMRs and Patient Care

BY JOSEPH R. HAGEMAN, MD, FAAP

What can we do given the present status of optimal care being defined with the use of the electronic medical record (EMR), accomplishing our clinical care, and staying engaged with our patients and their families?

When I was trying to make my clinical comeback after having to stop practicing in the PICU, I did a history and physical examination on a patient I was seeing in the emergency department and that took me a few minutes. However, the write up in the EMR took me over an hour. At the University of Chicago, I have been teaching second year medical students about how to present patients on rounds. They see their patients and then come and present and do a write up. They have told me that there is a short course about how to stay engaged with patients, work with the computer, and do your history in a timely manner. Other anecdotal information I have received in conversations with colleagues includes patient feedback that clinicians spend more time paying attention to the computer and "not to me!"

So what can we do to stay engaged with our patients and their families?

Dr. Rousche summarizes the P-FETA approach in a blog in *Medical Economics*:[1]

P - Previsit. Prepare yourself by reviewing the record prior to the patient visit.

F - Face the patient.

E - Eye contact.

T - Touch the patient

A - Afterword. Close the visit in a personal way. It is ok to show your human side.

Here is a strategy outlined by Milstein in a blog in 2018 in *Medical Economics*:

"First, we can introduce it and briefly explain to patients that we will periodically need to enter some information into the record. When reviewing test results, it can be helpful to share the screen with the patient to help clarify details and engage them in the discussion. We can document during a visit without appearing glued to the console—it requires 'reading the room,' and knowing when the patient most needs our full attention, such as during a detailed description or sensitive emotional expression. Making good use of shortcuts such as smart phrases (commonly used sentences that populate the record with only a few keystrokes) can free us from excessive typing. Scribes are also an option, and gaining popularity."[2]

When I read this article about scribes by Loria, again in *Medical Economics*, I was really surprised by what was said: "Medical scribes are currently being used in more than 1,000 hospitals and clinics, and the American College of Medical Scribe Specialists estimates that by 2020 there will be more than 100,000 scribes working in the U.S.—a figure that represents one scribe for every nine physicians".

"A recent study by researchers at Stanford University School of Medicine revealed that medical scribes are responsible for significant improvements in overall physician satisfaction and charting efficiency."[3]

However, also mentioned in this article is the fact that scribes lack formalized medical training.

"Scribes are considered non-licensed personnel that work under the direct supervision of licensed health care providers and there is not currently a required certifying organization nationally for medical scribes. However, organizations such as Scribe America and The American College of Medical Scribe Specialists offer their own training programs."[3]

There are some data about the influence of Electronic Health Records (EHRs) on patient-resident physician communication in a paper by Migdal and colleagues.[4] In this retrospective cohort study utilizing the Assessing Residents' CI-CARE (ARC) Program, a total of 3417 surveys were collected, from December 1, 2012 to May 30, 2013; 1567 surveys 3 months pre EHR implementation (December-February) and 1847 surveys 3 months post implementation (March-May). The investigators found that the residents received significantly better feedback with regard to the quality of patient-physician feedback post-implementation compared to pre-implementation. The specific questions in which they received better feedback included: calling the patient by their preferred name, introducing themselves and their role, communicating what they will do, how long it would take, and how it will impact the patient, responding to

patient requests and questions with immediacy, doing their utmost to ensure the patient receives the best care, being respectful and considerate, and being sensitive to the patient's physical and emotional needs.[4]

Another observational study of internists analyzed the videotaped physician-patient encounters using the EMR compared with a paper chart.[5] They noted the EMR can enhance the physicians' ability to complete information-intensive tasks but make it more difficult to focus attention on other aspects of patient communication. This may be influenced by the fixed position of the computer relative to the patient.[5]

Parent satisfaction was studied in an academic pediatric rheumatology practice by Rosen and colleagues and demonstrated that the EMR was well received by families. Compared with the use of paper charts, the parents felt that the quality of doctor care improved ($p<0.001$) and 68% vs 51% ($p < 0.01$) of parents would prefer their pediatric physicians to use an EMR.[6]

In a qualitative study in a pediatric practice, computer associated documentation was associated with a greater proportion of open ended questions, more use of partnership strategies, and greater proportions of social and positive talk.[7]

The fact that providers need to make all of these changes in the way they practice can be overwhelming. It certainly was for me as I attempted to resume practice with the new EMR in place. A recent survey of practicing physicians in Rhode Island demonstrated significantly higher odds of burnout in those who used EHRs, who reported having poor/marginal time for documentation, and agreed that EHR added to their daily frustration.[8] There is also a commentary by Dr. Abraham Verghese and colleagues entitled "What

this computer needs is a physician: humanism and artificial intelligence" which also is a discussion about the "4,000 keystrokes a day" problem which has contributed to physician burnout.[9]

In conclusion, it is clear that the EMR is felt to have many advantages and that practitioners will need to make the adjustment to what is considered to represent best practice. However it works for them, patients really do need to have your genuine attention including a welcoming introduction, eye contact, and a thoughtful physical examination. If your clinical interactions need to involve a scribe, or the use of some type of speech recognition software in addition to the computer EMR, please remember that sincere patient interaction is extremely important. ■

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Illinois Adolescent Health Program

BY KATHY SANABRIA, MBA, PMP, ICAAP ASSOCIATE EXECUTIVE DIRECTOR, DIRECTOR FOR ICAAP'S ADOLESCENT HEALTH PROVIDER EDUCATION TRAINING INITIATIVES

The Illinois Department of Public Health's Office of Women's Health and Family Services (OWHFS) receives Title V funding each year to improve maternal, child, and infant health outcomes across the state. Funded activities align with the state's action plan and selected priority needs. The purpose of the Illinois Adolescent Health Program (IAHP) is to empower adolescents to adopt healthy behaviors and improve the overall health of adolescents by increasing the rate of adolescent well-care visits, the State's Title V National Performance Measure for adolescents. A well-care visit is a comprehensive visit, occurring at least once a year, in which physical, emotional, and social development is assessed. The Adolescent Health Program was designed to provide opportunities to enhance current adolescent well-care services and ensure that health care is provided in a clinic that meets the needs of adolescents. The Program targets and serves adolescents, age 11-21, outside of the city of Chicago and aligns with the American Academy of Pediatrics Bright Futures Guidelines.

The first round of annual grant funding for this program began in July 2018 through a competitive grant process with an overall funding level of $1,000,000. Eleven organizations, county health departments, or health centers from around the state were awarded funding, including the Illinois Chapter of the American Academy of Pediatrics (ICAAP). Continuing funding has been awarded to the grantees for a second year through June 30, 2020.

Through the IAHP, ICAAP has been awarded funding to develop training and resources to assist IAHP grantees and other pediatric providers in Illinois to better address their patient's social, emotional, behavioral, and physical needs,

and to help them increase the frequency of adolescent well-care visits. ICAAP has surveyed grantees to determine their training needs and is developing programming to assist them in achieving their grant goals.

ICAAP developed an adolescent health training series which consisted of five live and enduring webinars conducted in 2019 on the below topics.

1. Transitioning Youth to Adult Healthcare
2. Teen Brain Development: Effects on Health and Behavior
3. Counseling Teens on Sexual Health and Risk-Taking Behaviors
4. Bright Futures Guidelines: Implementation for Adolescents (11-21 years)
5. Use of Social Media for Patient Outreach

Four additional live and enduring trainings will be rolled out in 2020.

1. Introduction to Vaping/Smoking
2. Marijuana: Medical and Recreational Use
3. Addressing the Most Common Mental Health Needs (depression, anxiety, suicidal ideation)
4. Aiding Adolescents to Take Control of their Health

See the promotional flyers to learn how to access the FREE grant funded training series. Funding is provided by the Illinois Department of Public Health, Office of Women's Health and Family Services, Maternal Child Health Title V Block Grant.

For additional information on the training series, please contact Kathy Sanabria, MBA, PMP, Director, ksanabria@illinoisaap.com or Olyvia Phillips, Training Developer, ophillips@illinoisaap.com.

Below is a list of the IAHP grantee agencies. ICAAP is delighted to provide project highlights from four of the grantees in this newsletter. We will highlight remaining projects in the summer 2020 issue.

Illinois Adolescent Health Program Grantee Agencies

- Hult Center for Healthy Living
- Cook County Health & Hospitals System
- Perry County Health Department
- Adams County Health Department
- Adults Active In Youth Development, Inc.

- Kankakee County Health Department
- Champaign Urbana Public Health District
- DuPage County Health Department
- Will County Health Department
- Loyola University Chicago School Based Health Center
- Illinois Chapter, American Academy of Pediatrics

HIGHLIGHTS FROM FOUR ILLINOIS ADOLESCENT HEALTH PROGRAM GRANTEES

Project Title: Cook County Adolescent Well-Care Initiative

Stephen Goldston, Director

Goal and Objectives

The goal of Cook County's (Cottage Grove Site) Illinois Adolescent Health Program is to empower adolescents to adopt healthy behaviors and improve the overall health of adolescents by increasing the rate of adolescent well-care visits. The objectives to reach this goal are: 1) improve overall quality of care for adolescents, by making health care more youth-centered and ensuring that health care is provided in a clinic that meets the needs of adolescents; 2) support evidence-informed guidance (as outlined in the American Academy of Pediatrics Bright Futures Guidelines), to address behavioral, social, and environmental determinants of health; 3) assist adolescents with accessing quality youth-centered

care; 4) assist adolescents with accessing a primary care physician who provides an annual, comprehensive well-care visit; and 5) assist adolescents with accessing services that can provide the screening and health counseling necessary to address the key areas of adolescent health (eg. emotional well-being, tobacco and substance use, violence and injury prevention, sexual health and healthy relationships, and physical health and health promotion).

Description

For this grant, in order to ensure the distribution of youth-centered and culturally competent educational materials, the clinic distributed and collected a written survey to solicit feedback from over 50 adolescents served by the clinic. In addition, the clinic hired the University of Michigan's Adolescent Health Initiative to help develop a plan to encourage youth-centered care at the clinic. In addition, the clinic hired a Community Health Worker to oversee outreach efforts to adolescents in the area. The clinic also established partnerships with local public schools in the area, and then set up tables to speak with adolescents and distribute flyers and tri-fold pamphlets advertising available services and promoting adolescent wellness visits. Additionally, a pediatrician and social worker from the clinic have paneled at "Ask the Doc" days at partner schools with adolescent students and parents, separately, to answer health-related questions.

Expected Outcomes

The expected outcomes of this grant are: 1) increased quality of care for adolescents; 2) increased awareness and attention to behavioral, social and environmental determinants of health for adolescents; 3) increased access of quality care for adolescents; 4) increased access to primary care for adolescents; 5) increased access, screening and counseling of adolescents for risky health behaviors.

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Hult Center for Healthy Living's Adolescent Health Program

Becca Mathis, Director

Goals and Objectives

Hult Center for Healthy Living is a nonprofit health education center located in Peoria, Illinois, whose mission is to "empower people to live healthier lives". Each year, Hult Center's team of community health professionals provides programs and services to people of all ages to over 60,000 people throughout Central Illinois. Each of Hult Center's programs and services are designed to address priority health concerns identified by local community health assessments. Hult Center for Healthy Living's *Adolescent Health Program* aims to improve adolescent health by increasing well-care visits among adolescents. Hult Center collaborates with three UnityPoint Health In-School Health Clinics within Central Illinois' largest public school system, Peoria Public Schools. These three clinics are located in Peoria's highest risk zip codes within three schools. The Adolescent Health Program provides education to youth and families about the importance of adolescent health, as well as increase access to key health services. Additional objectives of the program include: providing an adolescent-friendly culture with safe and supportive environments; training student leaders as Certified Peer Educators; providing outreach education to youth and their parents/caregivers; professional training for In-School Health; establishing transition care procedures and programs; and developing a mobile learning platform to deliver health education and promote the services of the In-School Health Clinics.

Description

One of the first efforts to increase well-care visits was to provide clinic enrollment packets to each parent/caregiver during school registration days. Other coordinated efforts with school personnel involved various community outreach education opportunities to promote school health services.

Initial surveys and focus groups amongst parents/caregivers indicated a lack of knowledge concerning the clinics services and ease of accessibility. This guided initiatives to promote the clinics via social media, newly developed brochures, and targeted mailers to previously enrolled families. A webpage was also established on Hult Center's website to provide information about the clinics and instructions on how to enroll.

Focus groups with youth provided key insights into perceptions and understanding of their In-School Health Clinics. Youth indicated that they needed frequent exposure/education about their health in general; they wanted to see themselves represented in images/media that promote In-School Health; they shared they want to learn health information from their peers, and also from their parents/caregivers outside of school.

Youth concerns influenced key changes, including: utilizing social media to promote key clinic services, the purchase of Screenscape technology, allowing each clinic to display health education on screens in the schools and clinics, the development of three patient-stories including photo-shoots to highlight the real-life experiences of youth and their families utilizing the clinics, the purchase of Telehealth technology, and the growth of student leadership groups/youth advisory committees to include responsibilities of health promotion and event planning. The largest youth-led event was held during Teen Health Week in April, which involved daily education for students. The campaign reached over 2,159 students. One particular school planned a school-wide event to promote mental wellness and school-connectedness. Youth organized community agencies to represent the five key adolescent health topics of the week, and assisted to organize games and activities for their peers. This event reached 600 students.

Expected Outcomes

- 613 well care visits will be provided
- 2 adults will be trained to certify Peer Educators, and 12 Certified Peer Educators will receive 6 modules during the 2019-2020 school year
- 600 youth and 300 parents/caregivers will receive outreach education
- 6 clinic staff will receive professional training, including transition care counseling
- 30 students in 12th grade will receive transition care counseling
- Mobile learning platform will be developed and available for district-wide utilization by June 2020

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DuPage County Health Department Adolescent Health Project

Becky McFarland, Project Lead

Goal, Objectives and Description

The DuPage County Health Department's (DCHD) Adolescent Health Project has two main goals: Increase provider cultural competency and knowledge of best practices in serving the adolescent population and increased communication around well visits to parents and teens.

To accomplish these goals, DCHD is working with two private practice pediatrician's offices to increase their level of teen-friendliness using the Adolescent Health Initiative's Adolescent Centered Environment Assessment Process. Read more about the process here: https://www.umhs-adolescenthealth.org/improving-care/ace-ap/

In addition to working intensively with two providers, DCHD also hopes to host an in-person Continuing Medical (CME) event for medical professionals as well as a webinar around the confidentiality laws and health care rights of young people.

Lastly, DCHD hopes to have some teen consultants work with us on the project to inform the ways we can increase well visit rates among their peers.

If you work in DuPage County and would like to be involved with our project, please contact Becky McFarland at rebecca.mcfarland@dupagehealth.org

Contact information

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rebecca.mcfarland@dupagehealth.org
Phone: 630-221-7041

Loyola University Chicago School-based Health Center Expansion at Proviso East High School

Project Director: Diana Hackbarth, RN, PhD, FAAN
Project Co-Director: Amy O'Malley, MSN

Goal and Description

Loyola's School-Based Health Center (SBHC) at Proviso East High School, Maywood, Illinois, has been operating within the high school for almost 20 years. The SBHC provides primary health care, behavioral health services, nutrition

counseling and education, and health promotion services in a safe, confidential and adolescent-friendly environment. The project focuses on adolescents in Proviso Township High School District 209 as well as middle school youth in Maywood/Melrose Park/Broadview District 89.

The goal of the Loyola University Chicago School of Nursing Adolescent Health Project is to continue to expand the reach and capacity of our existing youth-friendly SBHC located within Proviso East High School in Maywood, IL.

The SBHC staff includes a Nurse Practitioner, part-time collaborating physician, two Social Workers, a part-time collaborating psychiatrist, a part-time dietitian and a full-time CMA/Office Manager. Health Science students from Loyola's Schools of Nursing, Medicine, Social Work and Public Health have clinical experiences within the SBHC and assist in the provision of primary health care, nutrition and behavioral health services. The project works closely with Loyola University Health System/Trinity Health. LUHS/

Trinity has a mobile pediatric health unit which visits the middle schools as part of the project. The project is wellness focused, inclusive and aims to keep students healthy so they stay in school and succeed. Parents, teachers and community members serve on our Advisory Board and the school Wellness Committees in the high school and middle schools. We also partner with numerous youth-serving community agencies which assist in meeting project objectives. Sample partners include Elyssa's Mission for suicide screening/prevention; Youth Outreach Services; Respiratory Health Association; and Cook County Department of Public Health. Because Loyola University Chicago faculty, health care providers and students are guests within the schools, we have excellent working relationships with administrators, school counselors, teachers and parents in each of the schools we serve.

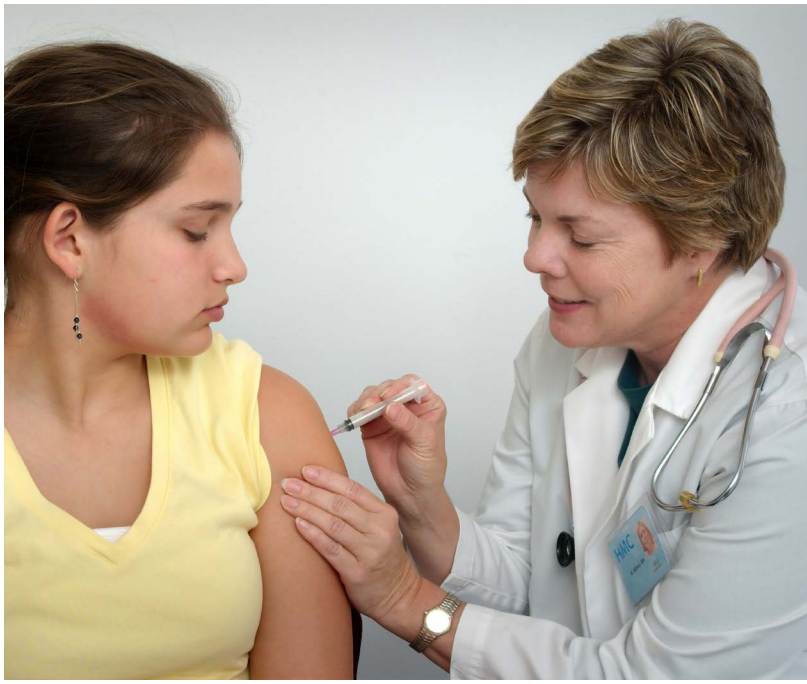
Objectives

This year's grant objectives include:

- Improve overall quality of care for adolescents, by making health care more youth-centered and ensuring that health care is provided in a clinic that meets the needs of adolescents.
- Support evidence-informed guidance (as outlined in the American Academy of Pediatrics Bright Futures Guidelines) to address behavioral, social, and environmental determinants of health.
- Assist adolescents with accessing quality youth-centered care.
- Assist adolescents with accessing a primary care physician or nurse practitioner provider who provides an annual, comprehensive well-care visit.
- Assist adolescents with accessing services that can provide the screening and health counseling necessary to address the key areas of adolescent health (ex. emotional well-being, tobacco and substance use, violence and injury prevention, sexual health and healthy relationships, and physical health and health promotion)
- Facilitate sustainability of outreach, recruitment and delivery of health promotion and quality well-care visits for adolescents in the target communities.

Expected Outcomes

We are increasing the number of well care visits including school and sports physicals. We have incorporated the Bright Futures Tool in each comprehensive visit and use risk assessment data for anticipatory guidance for individual patients and as a basis for health education interventions in



the classroom. We have instituted universal suicide screening for the 6th, 7th, and 8th grade in the middle schools as well as Proviso East High School in collaboration with Elyssa's Mission. We are using a variety of techniques to increase the number of students who complete HPV immunizations. We are currently in the midst of a flu immunization campaign and have had success by rewarding students who receive a flu shot with a "decorative popsocket" for their cell phone. We have also instituted universal STI screening for all students who receive primary care at the SBHC. We are working with the Wellness Committees on strategies to prevent STIs among adolescents in the high school. Behavioral health services are an integral part of primary care and we are fortunate to have a psychiatrist present in the clinic one-half day per week and on call for our Social Workers. In addition to individual therapy and crisis intervention services, our Social Workers are active in programs within the school to promote positive social and emotional learning. Nutrition services continue to expand and we now offer a version of "Veggie Rx" along with recipes for healthy food in the advanced culinary classes. We are facilitating asthma education programs in the middle schools in cooperation with the Respiratory Health Association. In addition, we have translated additional materials into Spanish as the population has shifted with more and more Spanish-speaking families in the school district.

Contact information

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Project Co-Director: Amy O'Malley, MSN

The Illinois Chapter, AAP Presents...

Adolescent Health Provider Education Training Series: Part 1

About:

The Illinois Chapter, American Academy of Pediatrics has developed an adolescent health provider education series. The series is designed for providers and health care professionals to learn how to increase adolescent well-care visits and address the needs of patients and their families.

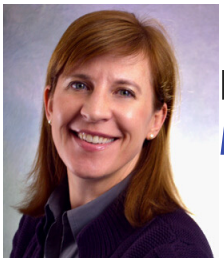
Audience:

- Physicians
- Nurses
- Care Coordinators
- Counselors
- Social Workers
- Psychologists
- Therapy Providers

Biography

Rachel Caskey, MD, MaPP, FAAP
Lead Faculty

Dr. Caskey is an Associate Professor of Internal Medicine and Pediatrics at the University of Illinois at Chicago (UIC) College of Medicine and School of Public Health and Chief of the Division of Academic General Internal Medicine and Geriatrics at UIC. She is board certified in both pediatrics and internal medicine and is a primary care provider for all ages.



Rachel Caskey, MD, MaPP, FAAP
Lead Faculty

Adolescent Health Training Series: Part 1 Online Courses

- **Transitioning Youth to Adult Healthcare for Pediatric Providers: Training and Resources**
- **Teen Brain Development: Effects on Health and Behavior**
- **Counseling Teens on Sexual Health and Risky Behaviors**
- **Bright Futures Guidelines: Implementation for Adolescents (11-21 years)**
- **Use of Social Media for Patient Outreach**

Visit icaap.remote-learner.net to access the trainings!

Note: The courses in this series can be taken separately to obtain individual continue medical education (CME) or continuing education (CE) credit hours.

The Illinois Chapter, American Academy of Pediatrics is accredited by the Illinois State Medical Society (ISMS) to provide continuing medical education for physicians.

The Illinois Chapter, American Academy of Pediatrics designates each enduring activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

One (1) continuing education hour (CE) is approved for each enduring activity in the series by the Illinois Department of Human Services, Division of Developmental Disabilities for the following: Licensed Clinical Professional Counselors (LCPC), Licensed Clinical Psychologists (LCP), Licensed Clinical Social Workers (LCSW), Licensed Nursing Home Administrators (LNHA), Licensed Occupational Therapists (OT) and Occupational Therapy Assistants (OTA), Licensed Physical Therapists (PT) and Physical Therapy Assistants (PTA), Licensed Professional Counselors (LPC), Licensed Social Workers (LSW), and Registered Nurses (RN), Licensed Practical Nurses (LPN), and Advanced Practice Nurses (APN).

Funding provided by the Illinois Department of Public Health, OWHFS, Maternal Child Health (MCH Title V Block Grant).

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Illinois Chapter

The Importance of Adolescent Well-Child Visits and Trending Topics: Youth and Family Resource

BY OLYVIA PHILLIPS, PUBLIC HEALTH ACTIVITIES COORDINATOR, ILLINOIS CHAPTER, AMERICAN ACADEMY OF PEDIATRICS

> "The American Academy of Pediatrics and Bright Futures recommend annual well-care visits during adolescence. Annual well-care visits during adolescence promote healthy behaviors, prevent risky ones, and detect conditions that can interfere with physical, social, and emotional development."- Medicaid.gov

Adolescent well-care visits are an integral part of a child's growth and development. The state of Illinois, for example, has a top priority to increase adolescent well-visits across the state in order to improve health outcomes and development among youth. These visits do not just promote good health, but also build trust and open communication among families and their healthcare provider. This article was developed to use as a tool to learn more about the benefits of well-child visits in the areas of development.

What are "Adolescent Well-Child Visits?"

Health supervision visits, also referred to as adolescent well-child visits or preventative health care visits, are a way for health professionals to monitor patient growth and development and to have an opportunity to discuss health topics with patients and their families. Adolescent well-child visits have become widely perceived to families/caregivers as visits that should occur when a child is sick however, these visits are also times for families to visit their healthcare provider when the child is healthy as this is a great time to have conversations to address questions or concerns related to your child's health.

What to Expect During a Visit?

Well-child visits dependent on age are categorized as early adolescence (pre-puberty), middle adolescence (teen), and late adolescence (young adult). In addition to the physical exam, topics that are or can be discussed during visits include things like living conditions, if a family has enough food and other concerns the family might have, emotional well-being (e.g. mental health, moods, sex, and sexuality), risky

behavior reduction (e.g. pregnancy, STD/STIs, tobacco, vapes, marijuana use, alcohol, street/prescription drugs, injury to the ears from loud noises such as acoustic trauma from music), and safety (e.g. seatbelts, helmets, substance use and driving, and firearm safety). Each of these areas are important to the overall well-being of the child as well as addressing of concerns for parents/caregivers. Healthcare professionals may also talk about topics that are of need or interest to the child and/or family/caregiver.

Adolescent Stages of Development and Questions to Gear toward Child

Early Adolescence (9/10-14 years old)

How do you stay healthy?

- What are your responsibilities at home and at school?
- What do you and your friends like to do together?
- What health problems, concerns, or questions do you have?

Middle Adolescence (15-17 years old)

Since your last visit here, how have you been?

- How are things going with your family, friends, school, and work?
- Do you have a question or worry about anything that you would like to talk about today?

Late Adolescence (18-21/Young Adult)

Have you been in good health since your last visit here?

- Do you have any medical questions, problems, or concerns?
- What questions or worries do you have that you want to cover today?
- How are things going with your family, your friends, your job, in school?
- What are your future plans for employment, further education, or relationships?

Parents/caregivers may need consent to speak with providers with their child at this age.

What can Families/Caregivers do to Prepare for a Visit?

As a parent/caregiver, to prepare for a well-child visit, you may think about the following questions that your healthcare provider may ask you or your child:

Additional questions that may be addressed to you as a parent/caregiver:

- What questions do you have about your child's physical well-being?
- What have you and your child discussed about feelings and behaviors that are contributing to his emotional well-being and a healthy lifestyle?
- What have you and your child discussed about avoiding risky behaviors?

Additional Tools and Resources

Addressing topics such as mental health, substance use, and sex and sexuality can be difficult even during designated time with a healthcare professional. Using the following resources, parents/caregivers as well as youth can feel confident that during well-visits, these topics can be discussed to answer any questions and provide support.

Adolescent well-child visits are important to a child's overall growth and well-being. By becoming more familiar with the goals of the visit, children and their families are able to benefit even more during the time with their healthcare provider. As emphasized by the American Academy of Pediatrics and Bright Futures Guidelines, adolescent well-child visits promote the health and safety of children while addressing any concerns or questions with parents/caregivers and/or youth during each visit. ■

SOURCES

1. Medicaid.gov Centers for Medicare and Medicaid Services. (2019). Adolescent Well-Care Visits: Ages 12-21. Retrieved October 24, 2019, from https://www.medicaid.gov/state-overviews/scorecard/state-health-system-performance/prevention-and-treatment/adolescent-well-care/index.html

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This article may be duplicated and made available to patients.

The Illinois Chapter, AAP Presents...

Adolescent Health Provider Education Training Series: Part 2

Save the Dates for the Upcoming Webinars:

Introduction to Vaping
January 24, 2020, 12-1 PM CT
Registration: https://bit.ly/2rduLcd

Marijuana: Medical and Recreational Use
February 28, 2020, 12-1 PM CT
Registration: https://bit.ly/35fOM0q

Mental Health/IL Doc Assist/Addressing Most Common Mental Health Needs
March 27, 2020, 12-1 PM CT
Registration: https://bit.ly/35oWRjy

Aiding Adolescents to Take Control of Their Health
April 24, 2020, 12-1 PM CT
Registration: https://bit.ly/2D6CdZ8

Note: The courses in this series can be taken separately to obtain continuing medical education (CME) or continuing education (CE) credit.

About

The Illinois Chapter, American Academy of Pediatrics has developed an adolescent health provider education series. The series is designed for providers and health professionals to learn how to increase adolescent well-care visits and address the needs of adolescents and their families.

Audience

- Physicians
- Nurses
- Care Coordinators
- Counselors
- Social Workers
- Psychologists
- Therapy Providers

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Funding provided by the Illinois Department of Public Health, OWHFS, Maternal Child Health MCH Title V Block Grant.

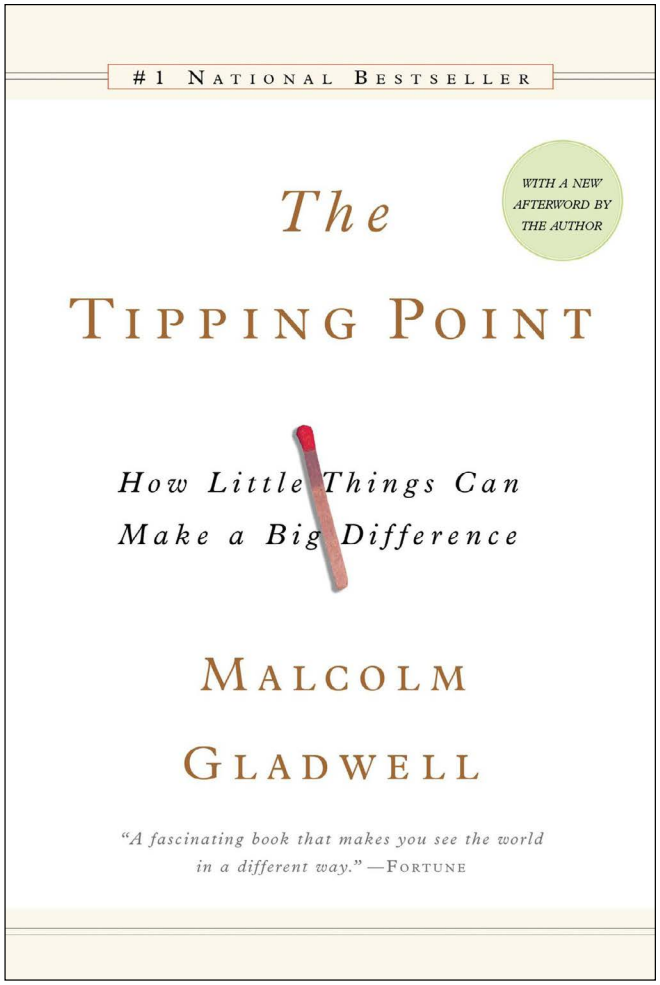
BOOK REVIEW: Being A Connector is Part of Our Job: *The Tipping Point*

BY JOSEPH R. HAGEMAN, MD, FAAP

I really enjoyed reading Malcolm Gladwell's book, *The Tipping Point* as I am sure many of you have. In the chapter that describes the roles of different people in moving an idea forward, I especially liked the concept of the people who Gladwell calls the "connectors."[1] He also makes an important point when he states, "Connectors are important for more than simply the number of people they know. Their importance is also a function of the kinds of people they know."[2] Is it not true that we, as medical providers do this on a daily basis? It is actually part of our role. Once we have established what we think is a relationship with our patient and family and a working diagnosis in our patient, we may also decide that they need a specific test and a specialist. The test needs to be done and interpreted and our consultant will see our patient and their family. We connect them with the appropriate people to accomplish these. Now more than 40 years ago when I started to practice, we discuss the tests and the consults with our patients (if they are old enough) and with their families and make suggestions and recommendations in the era of patient and family centered care.[3]

One of the other concepts Malcolm Gladwell discusses is the "stickiness" of the message. "It sticks in your memory," he says.[4] That is what we are trying to accomplish as well with our patients and their families. I think it is the relevance and quality of the message, the credibility and the way the message is delivered that makes the difference. We are taught and we teach that we should practice evidence-based medicine, which translates into a credible message of excellent quality. However, our message is also based on our clinical experience and judgement, which improves both the credibility and quality of our message. When a provider adds an element of sensitivity and caring to their presentation of their message, I think that improves the "stickiness" of the message.

If you have not had the opportunity to read *The Tipping Point*, I would highly recommend it, as it has value for the clinical care of our patients and their families. ■



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ICAAP eLearning 2020 Course Catalog

American Academy of Pediatrics
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Illinois Chapter

The Illinois Chapter, American Academy of Pediatrics (ICAAP) is pleased to provide the following web-based Continuing Medical Education (CME) approved educational offerings. Some activities are approved for Maintenance of Certification (MOC) Part 4 credit. To register for ICAAP's eLearning platform visit, https://icaap.remote-learner.net and create an account. Then visit the Course Catalog where you can access all of the educational offerings.

For more information about course offerings, please contact:
Kathy Sanabria, Associate Executive Director, ksanabria@illinoisaap.com or Olyvia Phillips, Coordinator, ophillips@illinoisaap.com, (312) 733-1026 ext. 209.

CME Training Modules

Child Development and Screening Modules:

Developmental Screening and Referral

Covers major concepts related to developmental delay, surveillance, screening, and referral. It describes the benefits of early identification and intervention and highlights validated screening tools for infants and toddlers. Participants will learn about efficient office procedures for screening and referral, as well as ways to engage parents/caregivers.

1.25 *AMA PRA Category 1 Credits*™, Free | Expires November 30, 2019
CME Approval Renewed until November 30, 2021

Identifying Perinatal Maternal Depression During the Well- Child Visit

Covers major concepts related to maternal depression and its impact on children and families. It describes risk and protective factors highlighting professional expectations as part of the Perinatal Mental Health Disorders Prevention and Treatment Act. Participants will learn about procedures for screening and referral, as well as ways to engage families.

1.25 *AMA PRA Category 1 Credits*™, Free | Expires November 30, 2019
CME Approval Renewed until November 30, 2021

Intimate Partner Violence (IPV) and Its Effects on Children

Covers major concepts related to intimate partner violence (IPV) and its impact on children and families. It describes symptoms to look for and techniques for implementing surveillance and anticipatory guidance for IPV as part of well-child visits. Participants will learn about communication and practice strategies, as well as identifying available resources to help children and families.

1.25 *AMA PRA Category 1 Credits*™, Free | Expires November 30, 2019
CME Approval Renewed until November 30, 2021

Social, Emotional, and Autism Concerns

Covers major concepts related to social-emotional development and behaviors, and autism spectrum disorders. It describes signs and red flags to look for, and tools for screening as part of well-child visits. Participants will learn about efficient office procedures for screening and referrals, as well as ways to engage families.

1.25 *AMA PRA Category 1 Credits*™, Free | Expires November 30, 2019
CME Approval Renewed until November 30, 2021

Incorporating Bright Futures into Primary Care Practice

Covers major concepts for incorporating Bright Futures well-child guidelines into everyday practice.

1.25 *AMA PRA Category 1 Credits*™, Free | Expires November 30, 2019
CME Approval Renewed until November 30, 2021

CME Webinars

Measles Webinar Series:

Measles Update

This webinar provides background knowledge of where and how measles has spread in the US and Illinois, diagnostic techniques, and recommended approaches to help combat further outbreaks.

1.00 *AMA PRA Category 1 Credits*™, Free | Expires June 23, 2020

Perspectives on Vaccine Hesitancy

This webinar provides background knowledge on the history of vaccinology, the development of vaccine hesitancy, and how to combat it.

1.00 *AMA PRA Category 1 Credits*™, Free | Expires June 30, 2020

Breastfeeding Webinar Series:

Breastfeeding as a Health Prevention Strategy

This webinar is Part I of a three-part series presented by ICAAP. This webinar will help providers understand what they need to know about breastfeeding and how to counsel patients more effectively. The first webinar, Part 1 Breastfeeding as a Health Prevention Strategy, focuses on breastfeeding promotion.

1.00 *AMA PRA Category 1 Credits*™, Free | Expires January 31, 2020
CME Approval Renewed until February 28, 2023

Breastfeeding Webinar Series continued:

Breastfeeding the Healthy Term Infant

This webinar is Part 2 of a three-part series presented by ICAAP. This webinar will help providers understand what they need to know about breastfeeding and how to counsel patients more effectively. The second webinar, Part 2: Breastfeeding the Healthy Term Infant will focus on attachment techniques, AAP recommendations and lactation in hospital settings.

1.00 *AMA PRA Category 1 Credits*™, Free | Expires January 31, 2020

CME Approval Renewed until February 28, 2023

Breastfeeding, Special Considerations

This webinar is Part III of a three-part series presented by ICAAP. This webinar will help providers understand what they need to know about breastfeeding and how to counsel patients more effectively. The third webinar, Part 3: Breastfeeding, Special Considerations, will cover topics such as lactation during separation and neonatal glucose levels.

1.00 *AMA PRA Category 1 Credits*™, Free | Expires January 31, 2020

CME Approval Renewed until February 28, 2023

Adolescent Health Training Webinar Series:

Transitioning Youth to Adult Healthcare for Pediatric Providers: Training and Resources

This webinar is Part 1 of a five-part series presented by ICAAP. This webinar training provides an introduction to transition care for providers to successfully transition youth, especially those with special health care needs. It will also discuss the Transitioning Youth to Adult Health Care for Pediatric Providers online training.

1.00 *AMA PRA Category 1 Credits*™, Free | Expires December 31, 2022

The Teen Brain Development: Effects on Health and Behavior

This webinar is Part 2 of a five-part series presented by ICAAP. This webinar training was designed to educate physicians on the dynamics of adolescent brains and how their development affects their health and decisions.

1.00 *AMA PRA Category 1 Credits*™, Free | Expires December 31, 2022

Counseling Teens on Sexual Health and Risky Behaviors

This webinar is Part 3 of a five-part series presented by ICAAP. This webinar training focuses on assisting providers with becoming comfortable broaching sexual health topics and behaviors with their adolescent patients in order for youth to disclose sensitive information.

1.00 AMA PRA Category 1 Credits™, Free | Expires December 31, 2022

Bright Futures Guidelines: Implementation for Adolescents (11-21 years old)

This webinar is Part 4 of a five-part series presented by ICAAP. This webinar training is intended for providers who care for adolescents' ages 11-21. They will receive information and resources on how to best implement these evidence-based guidelines into their practice to improve their patients' health outcomes.

1.00 *AMA PRA Category 1 Credits*™, *Free* | Expires December 31, 2022

Use of Social Media for Patient Outreach

This webinar is Part 5 of a five-part series presented by ICAAP. This webinar training aims to provide physicians with practical knowledge of how they can incorporate social media into their current practice and also connect patients and families with effective tools and resources.

1.00 *AMA PRA Category 1 Credits*™, *Free* | Expires December 31, 2022

Preparing Pediatric Providers to Address Health Effects of Climate Change Webinar Series:

Vector-Borne Diseases, Public Health Implications from Floods, and Mental Health Concerns

This webinar will help providers understand what they need to know about climate change to help them discuss the implications of climate change on the health of patients. This webinar focuses on climate change's impact on vector borne illnesses, extreme weather events, and mental health.

1.00 *AMA PRA Category 1 Credits*™, Free | Expires May 31, 2020

Heat-Related Illness, Asthma, and Allergies

This webinar will help providers understand what they need to know about climate change to assist them discuss the implications of climate change on the health of patients. This webinar focuses on air quality, respiratory health, and heat-related illnesses.

1.00 *AMA PRA Category 1 Credits*™, *Free* | Expires May 31, 2020

MOC Part 4 and CME

Transitioning Youth to Adult Health Care Pediatric Course Updated (2018-2021)

The goals of the Transitioning Youth to Adult Health Care Pediatric Course Updated are to equip pediatric primary care medical homes with the information, tools, and resources to help patients and their families make a smooth transition to adult health care, and to help practices measure and improve transition care and planning. The course includes completion of chart reviews and inputting data into the LMS every six weeks for 18 weeks for a total of four data collections cycles. (baseline = cycle 1, plus three cycles)

15.00 *AMA PRA Category 1 Credits*™ | Expires April 30, 2021

20 MOC Part 4 Points approved by ABP | $275 members; $300 nonmembers

Note: Free offerings were developed with support from grant funding and are sustained on ICAAP's LMS per arrangements with funders. These offerings provide added value to members and their clinic staff.

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February 2020

Illinois Pediatrician is a semi-annual publication of the Illinois Chapter, American Academy of Pediatrics. Views expressed by various authors are not necessarily those of ICAAP.

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