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In this issue...

Unintended
Consequences
of COVID-19 and
Strategies for Pediatric
Health Maintenance

Addressing
Immunization
Disparities in
Region 7

Membership Survey
Findings

Updates from the
Illinois Adolescent
Health Program

... and more →

Illinois Chapter

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American Academy of Pediatrics

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Table of Contents

FROM THE CHAPTER

President’s Column 3
ICAAP Executive Committee Election Results 6
Highlights of ICAAP Annual Conference 7

ADVOCACY

Unintended Consequences of COVID-19 and Strategies for Pediatric Health Maintenance..... 11
Addressing Immunization Disparities in Region 7 (West Chicago) Illinois..... 13

FOR YOUR PRACTICE

Telemedicine – The New Pediatric Office 18
Reach Out and Read of Illinois..... 20
Summary of ICAAP Membership Survey Findings ... 22

ADOLESCENTS

Updates from the Illinois Adolescent Health Program 26
Champaign-Urbana Public Health Department..... 27
Kankakee County Health Department 28
Perry County Health Department..... 29
Will County Health Department..... 29

BOOK REVIEW

Checklist Manifesto: A Practical Resource 32

ICAAP E-LEARNING

ICAAP e-Learning Course Catalog 34

ICAAP THANKS OUR GRANT AND CONTRACT AGENCIES...

American Academy of Pediatrics (immunization, family engagement)	Illinois Public Health Institute (breastfeeding/ physical education)
American Heart Association Voices for Healthy Kids (physical education/obesity prevention)	Otho S. A. Sprague Memorial Institute (housing)
Chicago Department of Public Health (immunization, lead)	Robert R. McCormick Foundation (early childhood)
Illinois Department of Public Health (adolescent health/ immunization)	Meridian, a WellCare Health Plan, Inc. company (housing)

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President's Column

MARIANA GLUSMAN, MD, FAAP
JUNE 2020

It is with great pride and a heightened sense of purpose that I write this final newsletter article as ICAAP president. The past two years flew by. The past three months have been endless. We accomplished a tremendous amount and were even ***nominated by the American Academy of Pediatrics, to be Outstanding Chapter of the Year.*** Then the COVID-19 pandemic hit, bringing new challenges and opportunities to help our members and the families they serve. And now the latest events highlighting racism and systemic inequities are making us look again at everything we do through an equity lens. There is much work to be done.

The health and wellbeing of all Illinois children, adolescents and families have always been at the center of ICAAP's mission. We want all children to have access to healthcare and dental care, to have housing, food security and complete immunizations, to have optimal development and be ready for school, to have access to mental health resources, and to be *and feel* safe and protected against the effects of poverty and toxic stress. However, we recognize that children and youth in some communities bear a higher burden of risk than in others. Our advocacy and programs reflect our commitment to decreasing these disparities. We...

- Worked to increase access for children on Medicaid
- Successfully advocated to the state to once again

include children insured through the Children's Health Insurance Program (CHIP) and undocumented children back into the Vaccines for Children Program

- Established our Refugee and Immigrant Child Health Initiative, which is being used as a template for other states, and which has received a \$20,000 Healthy People 2020 competitive grant to connect immigrant families to care
- Created webinars to promote the census
- Developed initiatives on housing and other social drivers of health
- Promoted literacy in at risk children through Reach Out & Read

The COVID-19 pandemic seemed to turn everything upside down. But it simultaneously highlighted ICAAP's important role disseminating crucial information to providers, and advocating on behalf of children, families and pediatricians. Since the pandemic started, we...

- Created a brief survey on COVID-19 to provide insight into the state of pediatric practice in Illinois to help form strategies to move forward
- Sent [guidance](#) to the Illinois High School Association asking to maintain requirements for pre-participation examinations for the coming school year
- Provided guidance to the Illinois Department of Healthcare & Family Services (HFS) on billing for telehealth well child services
- Advocated for provider relief payments
- Worked to educate the public on the need for continuing well child visits through a [press release](#) and [infographic](#). We were excited to have Drs. Eddie Pont and Julie Holland highlighted in a [WBEZ piece](#) the week of May 11 regarding the drop in immunization rates; Dr. Deanna Behrens participated in an interview on WVON on the importance of well child visits.
- Developed a COVID-19 listserv for membership. We welcome you to reach out to us directly at covid19@illinoisaaap.com and join our [listserv](#) for more immediate updates
- Provided weekly communication and online resources, links and tools for practices available on the [ICAAP website](#)

- Sent a letter to Governor Pritzker in May to urge support of pediatricians and practices including provision of payments for Medicaid providers
- Participated in meetings with multiple state agencies to address the needs of children, families and pediatricians
- Engaged with the Illinois Early Intervention Bureau to ensure that children 0 to 3 years of age can receive diagnostics and therapies as indicated in their Individual Family Service Plans
- Supported Reach Out & Read clinics and distributed nearly 5,000 new books and online books and resources

This work is ongoing, and we are likely to feel effects of the pandemic for years to come. The recent murder of George Floyd, however, has brought into sharp focus the pandemic of racism and inequities, which also affects our patients' wellbeing and health. While our programs, initiatives and advocacy have always concentrated on disparities, we've never taken a deep look at *ourselves* to intentionally become more diverse and inclusive in everything we do *until now*. **We are creating an equity taskforce** to help us with questions like:

- Do our policies disparately affect staff/communities of color? How do we intentionally work to decrease disparities?
- What are we doing in each of our programs to intentionally decrease disparities for communities of color in each area?
- What do we need to do to become a more diverse and inclusive organization, in our leadership, membership and staff?
- What is the best way to include trainings on implicit bias, racism and the development of racial identity in our conferences?
- How do we help providers and practices address issues of racism and disparities with families?

While these have been extremely difficult times, I am excited for the opportunity we have to make significant lasting change. If you would like to join the equity taskforce please contact Jennie Pinkwater, jpinkwater@illinoisap.com.

I have to acknowledge that our achievements are in very large part due to the hard work of our small but mighty staff, including Kathy Sanabria, Cindy Ogrin, Mary Elsner, Dru O'Rourke, Anne Wong, Olyvia Phillips, Tim Herring and the leadership of our ED, Jennie Pinkwater. It has been a tremendous pleasure to work with them.

Finally, I welcome our new president, Mary Dobbins, MD, FAAP and vice president, Margaret Scotellaro, MD, FAAP. We are fortunate to have their leadership along with the dedicated volunteer members of our Executive Committee to help guide ICAAP during these unprecedented times of challenge and hope.

Sincerely,

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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*. Views expressed by authors are not necessarily those of ICAAP.

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 ICAAP Associate Executive Director



Phy-si-cian

/fə'ziʃHən/

Noun

1. A selfless champion for a community.

While physicians are a source of strength in our communities, ISMIE is here to help sustain that strength.

Our Wellness Center – ismie.com/wellness – is continually evolving to better meet the needs of our policyholders, helping you navigate personal and professional challenges.

For answers to your COVID-19-specific questions, please visit ismie.com/COVID-19.

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2020 Illinois Chapter, American Academy of Pediatrics Executive Committee Election Results

Thank you to everyone who voted in the 2020 ICAAP Elections for our new Executive Committee members. We had 25% of eligible voters participate. We are happy to announce the results of your voting which go into effect as of July 1, 2020. Below is the elected ICAAP Executive Committee.

Officers (2020-2022):

President: Mary Dobbins, MD, FAAP
(Springfield)

Vice President/President Elect: Margaret
Scotellaro, MD, FAAP (Chicago)

Secretary: Michelle Barnes, MD, FAAP
(Chicago)

Treasurer: Daniel Johnson, MD, FAAP
(Chicago)

Past President: Mariana Glusman, MD,
FAAP (Chicago)

Executive Committee Members:

2020-2024 Term

Michele Kay Beekman, MD, FAAP (Peoria)

Anita Chandra-Puri, MD, FAAP (Chicago)

Alejandro Clavier MD, MPH, FAAP (Chicago)

2018-2022 Term

Amy Christison, MD, FAAP (Peoria)

Mark Minier, MD, FAAP (Chicago)

Cesar Ochoa, MD, MPH, FAAP (Chicago)

Nominating Committee:

2020-2024 Term

Deanna Behrens, MD, FAAP (Chicago)

Edith Chernoff, MD, FAAP (Chicago)

2018-2022 Term

Barbara Bayldon, MD, FAAP (Chicago)

Joseph Hageman, MD, FAAP (Chicago)

Thank you to all of our nominees for volunteering to participate in the 2020 elections. We appreciate your leadership and work to improve the health of children in Illinois.

Highlights of the ICAAP Annual Educational Conference

BY JOSEPH R. HAGEMAN, MD, FAAP

The ICAAP Annual Educational Conference took place March 7, 2020 in Naperville, IL during the beginning of the evolving COVID-19 outbreak so we all worked hard to wash our hands and not touch our faces as we enjoyed the excellent talks during the day. The overall impression I got when the conference was over was that the emphasis seemed to be on the safety and welfare of our patients and children in general.

The first talk was the H. Garry Gardner Memorial Lecture by Dr. Benjamin Hoffman titled: *What Every Provider Needs to Know About Drowning*. Having almost drowned on two occasions as a child and having cared for a number of “near-drowning” patients in the intensive care unit over the past 30+ years, I was definitely interested in hearing this thoughtful talk. Dr. Hoffman is a representative/co-author of the AAP Drowning Prevention Statement.¹ The children who are at greatest risk for drowning are: toddlers (one to four years of age), teenagers, and children with epilepsy, behavioral differences, and cardiac arrhythmias.¹ Swimming lessons have been found to be effective in teaching one-to-four-year-old toddlers to swim and develop more confidence in the water.¹ The problem we face is there is no equity and there are disparities when it comes to access to water and swim lessons for children of color. It is also important to provide anticipatory guidance for families regarding the fact that infants and toddlers can drown in buckets and in toilets, so it is important for caretakers to be aware of this.

Regarding swimming pools, barriers (especially fences) are effective in reducing drowning by 50%. Having alarms that alert caretakers when someone is in the water or that the door to the pool is open is also helpful. This is especially true for private pools. Lifeguards do make a difference but also having “water guardians” who are parents or caretakers who also keep an eye on children in the water are really important. In open water, having each child

(as well as the adults) wear a US Coast Guard-approved life jacket is vital for everyone’s safety. Dr. Hoffman then showed some videos of parents who had lost their 3-year-old children to drowning. The AAP has also been working with these parents to provide drowning prevention information on social media as well. If your child cannot swim, and he or she is near the water, they should not be farther away than at arm’s length. Seventy percent of drownings occur outside of planned swim time. The AAP is creating drowning prevention resources for everyone, especially for African American parents. Parenthetically, it would make sense for providers and parents to devise a checklist for drowning protection which they would use whenever they plan to take their children to the pool or other water to swim. I just happened to be reading Atul Gawande’s *The Checklist Manifesto*, which I would recommend to providers, if you have not already read it as you do a variety of quality improvement (QI) projects in your practice, the clinic, the emergency department, and units in the hospital.²

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According to Dr. Tonya Chaffee, an adolescent medicine physician from UCSF, it is important to reassure adolescents that you will respect their right to confidentiality regarding your private conversations with them, especially about their sexual health.

Dr. Tonya Chaffee, an adolescent medicine physician from the University of California in San Francisco (UCSF), presented an interesting and clinically relevant discussion about adolescent-friendly services in their practice. In the discussion, suggestions were made for how to modify services to make them more seamless for adolescents. Chaffee emphasized that adolescents are not “big children or little adults,” and that when the light goes on in their brains, they are transitioning from concrete to abstract thinking... although, this transition is not a smooth one. It is important for doctors to reassure adolescents that they will respect their right to confidentiality regarding your private conversations with them, especially about their sexual health. This includes looking critically at the content of after-visit summaries and billing in electronic medical records (EMR). For example, Chaffee mentioned that she does not provide after visit summaries after age 12. She also has a multi-disciplinary team and they do 360-degree evaluations to make sure they are all educated about how to talk with the adolescents, as well as QI projects to reassess their efforts. Their HEADSS assessment (an acronym for the topics that the provider wants to be sure to cover: home, education, activities/employments, drugs, suicidality, and sex) begins with strengths! Be a good listener and look for non-verbal clues. Finally, her team encourages their adolescent patients to really know their own health history as they are shifting to taking charge of their own health, such as making decisions about immunizations like HPV and contraception. Dr.

Chaffee also noted that it is important for physicians to know your state laws regarding what medical decisions adolescents are able to make on their own with parental consent.

Dr. Ngozi Ezike, Med-Peds Physician and Director of the Illinois Department of Public Health,³ who is also in the midst of helping to make policy decisions with Governor Pritzker regarding the coronavirus outbreak, came to talk about health equity. Dr. Ezike graduated with honors from Harvard College with a concentration in chemistry. Her medical degree is from University of California at San Diego. She completed her internship and residency at Rush Medical Center, where she is an Assistant Professor of Pediatrics. She also earned a management certificate from Harvard Business School. She began discussing the importance of health equity for all children in the State of Illinois, regardless of the ability to pay for service. She noted that African-American children are three times more likely to live in poverty. Although Medicaid is available, there are still three million uninsured children in the state. In addition, even with Medicaid, access for children with chronic and complex medical conditions is problematic, as it is a challenge for them to find providers who take Medicaid. She has been instrumental in helping to initiate a number of statewide projects to provide care and improve access for children, including:

1. Regional Perinatal Health Programs
2. Childhood Lead Program
3. CDC Child Asthma Program
4. Dental Sealants Program
5. Suicide Prevention Alliance
6. School Health Centers and Grant Program
7. Play Illinois Summit
8. Restore, Reinvest, and Renew (R3)

Once she finished her talk, she was off to meet with Governor Pritzker to address the evolving COVID-19 outbreak.

Brittany Watchmaker, a fourth year medical student at Loyola Medical School, presented her award winning poster: *Smaller Feeding Bottle Size in Newborns Reduces Overfeeding on First Day of Life Which is a Risk Factor for*



Dr. Ngozi Ezike, Director, Illinois Department of Public Health, presenting at ICAAP's Annual Conference

In a study of 5,183 babies followed through age five, the babies who were overfed during every feed on day one of postnatal life were eight and a half times more likely to be overweight or obese.

Later Life Overweight and Obesity, which I found especially interesting. In this study, 5,183 babies were followed through age five years. The babies who were overfed during every feed on day one of postnatal life were eight and a half times more likely to be overweight or obese. She also presented an interesting slide which illustrated the actual size of the stomach of the newborn, and how the smaller bottle, which holds one ounce, is more appropriate for feeding the newborn infant during the early days of

postnatal life. We tend to overfeed patients during day one, which may actually contribute to the development of overweight and obesity.⁴

There is a theory that the development of inflammatory bowel disease is related to changes in the composition of the microbiome and to the immune response, which includes inflammation in the pathophysiology.⁶⁻⁸

Dr. James Berman, a pediatric gastroenterologist from Advocate Lutheran General Hospital, presented a stimulating, humorous, and clinically relevant discussion about the human microbiome signature. The microbiota are the microscopic organisms of a particular environment. The microbiome describes either the collective [genomes](#) of the microorganisms that reside in an environmental niche or the microorganisms themselves.⁵ At first, I thought the microbiome was the collection of microorganisms in the human intestine. This is the case; however, Dr. Berman focused on the genome because that is how the organisms are identified. There is an important interaction between this group of microorganisms and the human immune system. The theory is that the development of inflammatory bowel disease is related to changes in the composition of the microbiome and the immune response, which includes inflammation in the pathophysiology.⁶⁻⁸ He also discussed the management of treatment-resistant *Clostridium difficile* infection with fecal microbial transplantation, which is available only in the context of a clinical trial. The status of pre- and pro-biotic therapy continues to evolve, and a lot of work is being done in this area.

I then attended the panel discussion about aspects of care of the well-newborn presented by Drs. Poj Lysouvakon, Bridget Boyd, Jackie Eisenberg, and Jeanmarie Schied.

They discussed management of the newborn infant born with opioid use disorder, which included the importance of not stigmatizing the mother. It also included emphasis on non-pharmacologic care, with the mother as the primary caretaker in a quiet room with decreased light and stimulation. Jackie Eisenberg also discussed the eat-sleep-console approach to management of the infant, which was developed in New England. The approach has become the primary tool of monitoring and managing infants with neonatal abstinence syndrome in many centers around the United States.⁹ Bridget Boyd discussed the approach to phototherapy for neonatal hyperbilirubinemia. She talked about subthreshold phototherapy, beginning at bilirubin levels 1-2 mg/dL below the threshold for initiating therapy. These are Northern California Neonatal Consortium consensus guidelines, which suggest that the initiation could be at levels higher than those presented in the Bhutani nomogram.¹⁰ She also talked about the association of the risk for autism and cancer with exposure to phototherapy. Studies support a small increase in cancer risk.¹¹ However, there was no support for the association of autism with exposure to phototherapy.¹⁰ Poj Lysouvakon discussed the fact that a transgender couple was going to deliver a newborn at University of Chicago soon, and how all of the providers were making certain that they were prepared to address the coparent couple in an appropriate and supportive way as they go through delivery of their newborn infant. This event will become more common, so we as providers need to understand their needs. He noted that they were also working on modifying the EMR so that it documented the coparents. Finally, there was a discussion of the challenges of being a Baby Friendly facility to support safe breastfeeding and skin to skin care. This begins in labor and delivery and continues during the hospitalization and post discharge at University of Chicago. We are following breast feeding rates and readmissions for dehydration and hyperbilirubinemia.

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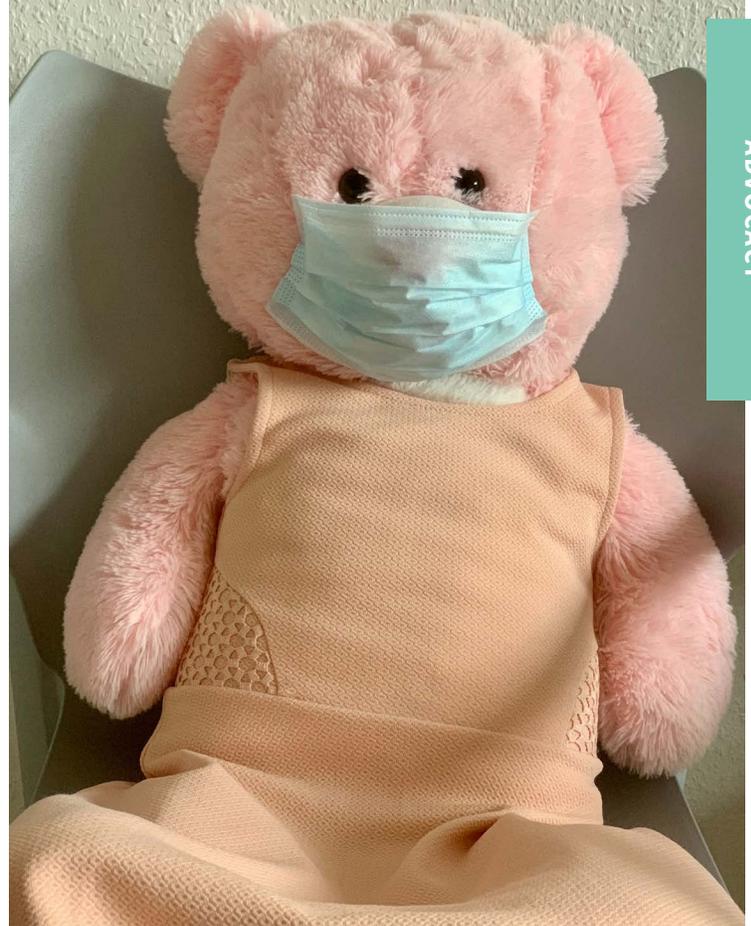
Unintended Consequences of COVID-19 and Strategies for Pediatric Health Maintenance

BY ALEXANDER NEWMAN, MD;
PRIYA EDWARD, MD; AND
TAYLOR HEALD-SARGENT, MD, PHD

During this COVID-19 crisis, physicians and other medical providers have been at the forefront of the fight against the spreading pandemic. With this novel virus has come an onslaught of troubles affecting the physical health, mental health, and financial well-being of families and physicians alike. The shelter-in-place order, recently extended by Governor Pritzker, is a sound tactic to mitigate the spread of disease and lessen the burden on acute care hospitals, where capacities could be overwhelmed without aggressive public health measures. However, there are several unintended consequences of this prolonged social distancing on pediatric practices across the state.

Patients and their families may be delaying routine care to avoid potential exposures outside of their homes. Aside from the obvious detriment to children with chronic medical issues that require health monitoring, children are not receiving their routine immunizations at the appropriate intervals.

A recent study published this year estimated that, pre-pandemic, just over half (58%) of children between the ages of 19-34 months across the US were up-to-date per the Advisory Committee on Immunization Practices' (ACIP) recommended vaccination schedule.¹ This rate of under-vaccination was already apparent given recent



A stuffed pink teddybear wears a face mask

measles outbreaks, resulting in 1,200 measles cases alone in 2019.² Pertussis has also made a comeback, hitting a peak infection incidence of over 48,000 cases, resulting in eighteen preventable deaths in 2012.³

There are many reasons why parents refuse or choose to alter the recommended vaccine timeline. One reason is due to misinformed concerns spread by the “anti-vaxx” movement. Delays in care, secondary to COVID-19-related worries, may further increase the likelihood of under-vaccination for even the most well-intentioned family. Current estimates from some local health agencies project a decrease in MMR vaccination up to 70%.⁴ These delays and drops will compound the growing problem of under-vaccination in children and place already vulnerable populations, such as immunocompromised patients, at increased risk.

Along with decreases in well-child visits, pediatricians are encountering fewer sick visits. This is potentially related to decreased spread of communicable diseases while children are sheltering in place, as well as to efforts to transition in-person sick visits to telephonic or telehealth

visits to prevent COVID-19 exposure in their clinics. This reduction in outpatient volumes has further strained pediatric practices with small financial margins. Therefore, increasing access and utilization to pediatricians is important for both children and the healthcare community.

The American Academy of Pediatrics (AAP) has provided resources to help practices encourage patients to seek care when needed. Communication with families is the cornerstone of the effort and pediatricians are often the most trusted voice in the community. If your practice policy allows, consider setting up a practice page on various social media platforms where accurate information about COVID-19 can be shared with your families and community. Whenever possible, send out reminders well in advance of in-person well-child visits, particularly ones that require immunizations (preferentially in those younger than 24 months) and routine newborn care. Reassure families that your office follows AAP recommendations such as well visits occur in the morning and sick visits in the afternoon. There should be designated rooms for sick and well visits, and thorough cleaning afterwards to minimize any risk of communicable disease transmission. Some families have also preferred to avoid waiting rooms and be called in from their cars.

One recent innovation that can help connect pediatricians to their patients is telehealth. The AAP has a website with guidance on telehealth. The Illinois Chapter of the American Academy of Pediatrics (ICAAP) will be providing webinars on conducting telehealth visits with specific patient populations. Please see the article by Dr. Alejandro Clavier in this publication for advice from his experience with telehealth. Every practice is unique, and the AAP has posted guidelines, as well as helpful links, for coding and billing for telehealth on their website (AAP.org *Critical Updates on COVID-19*). By supplementing traditional in-person visits with novel methods of interaction, practices can maintain their important connections with their patients and be ready to administer flu vaccines this fall (and potentially SARS-CoV-2 vaccines if/when it becomes available).

Now, more than ever, families seek guidance and support from their pediatricians and place well-deserved trust that they will provide a safe medical home. As science and

Consider setting up a practice page on various social media platforms where accurate information about COVID-19 can be shared with your families and community.

public health guidance evolves at a rapid pace, infectious diseases specialists are committed to partnering with community providers to address this unprecedented public health crisis. Through novel approaches to primary care delivery models and through concerted messaging to families, pediatric health maintenance is an achievable goal. It will prevent the unintended consequence of under-vaccination and potential further re-emergence of vaccine-preventable illness.

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Addressing Immunization Disparities in Region 7 (West Chicago) Illinois

BY **MELISSA BUSTAMANTE**, COORDINATOR; **OLYVIA PHILLIPS**, PUBLIC HEALTH ACTIVITIES MANAGER; **ANNE WONG**, IMMUNIZATIONS PROGRAM SENIOR MANAGER; AND **KATHY SANABRIA, MBA, PMP**, ASSOCIATE EXECUTIVE DIRECTOR

Background

The Illinois Chapter, American Academy of Pediatrics (ICAAP) has been awarded a grant through the Illinois Department of Public Health (IDPH) Elimination of Disparities Program. This grant is to work on developing educational strategies and activities to address racial and economic disparities related to vaccine coverage in children and adolescents. The funding is supporting ICAAP in creating interventions focused on addressing immunization coverage disparities among children and adolescents residing in the West Chicago area, Region 7. These counties include DuPage, Grundy, Kankakee, Kane, Kendall, Lake, McHenry, and Will.

The year one grant began May 2019 and continued through April 2020. ICAAP was able to analyze immunization data in each county using the Illinois State Board of Education (ISBE) data review tools. ICAAP was also able to engage with local Region 7 Health Departments, develop and field a survey targeting providers in Region 7, and identify partners to begin developing workgroups among local health departments, community organizations, and providers.

Insight into West Chicago Illinois State Board of Education Immunizations Data

ICAAP analyzed immunization coverage rates of each of the eight counties for the West Chicago region. The information identified by ICAAP was found from 2018-2019 ISBE Student Health Data, as well as from the ISBE Report Card and Illinois Interactive Report Card Data.

To assess the immunization coverage rates in Region 7, ICAAP used the measles vaccines as a proxy. The

compliance rates for measles were also compared to the compliance rates for other vaccines which included DTP, TDAP, Polio, Rubella, and Mumps and were verified to be similar. The findings revealed that DuPage, Kankakee, Kane, Lake, McHenry, and Will counties were among counties with schools that have below 90% compliance rate for measles immunizations. While there are many schools within these counties that do have high compliance rates, the schools that were low in compliance were also found in the ISBE Report Card and Illinois Interactive Report Card to be schools that had the following designations: low-income students, lower levels of Evidence-Based Funding (EBF) for the District and Tier Designations, chronic absenteeism, lower teacher retention rates, and higher minority racial and ethnic demographics.

Through ICAAP's assessment of the data, we identified some common themes across non-compliant schools in Region 7. We are continuing to do a deeper dive into the data, in addition to working with local health departments and community partners to better understand these common themes. Through this understanding, strategies will be developed to target and address these disparities and improve immunization rates for children and families residing in these counties.

To review ISBE's data, visit ISBE Data Reporting and Collections for [Health Requirements/Student Health Data](#). To read about Illinois Immunization requirements, visit the Illinois Department of Public Health [Back-To-School Immunization Requirements](#). For more information on immunizations resources, visit ICAAP's webpage <https://illinoisaaap.org/immunizations/>.

West Chicago Provider Survey Results

ICAAP developed and administered a provider survey to explore immunization disparities in Region 7 (West Chicago, IL). The survey was sent by email with two additional reminders between November 4, 2019 and January 30, 2020 to 1,256 pediatric providers within Region 7. The responding group was represented by members of the Illinois Chapter of the American Academy of Pediatrics, members of the national American Academy of Pediatrics, public health departments, and clinics and health systems within Region 7.

The survey is part of a project in which ICAAP is partnering with local health departments and others to develop targeted interventions to address areas of racial and economic disparities related to vaccination coverage in children and adolescents in Region 7.

There were 55 healthcare provider participants who completed the survey for a 4.5% response rate, which is a typical response rate for ICAAP surveys. Most clinics who responded served several thousand patients a year, with the largest serving over 50,000 annually; 78% of the participants were ICAAP members.

87% of providers said that they encountered parents who refused vaccinations. The two largest identified barriers were parent hesitation/refusal of the influenza and HPV vaccine.

The survey helped to identify immunization barriers that health care providers faced. Eighty-seven percent of providers said that they encountered parents who refused vaccinations. The two largest identified barriers were parent hesitation/refusal of the influenza and HPV vaccine. Interestingly, 42% of providers said that lack of patient access to care was something that they never encountered. Respondents commented that some parents



A nurse administers a vaccine into a patient's shoulder

seemed misinformed on vaccinations. Many had read unreliable information shared online or through word of mouth by family/friends. The misinformation fueled parents' hesitancy about immunization for themselves and their children. Despite being informed of the recommended schedules, some parents requested their children receive vaccinations on an alternative schedule. See key survey findings listed in Table 1.

Most providers did not dismiss parents who refused vaccines. Though most practices did have an established immunization policy, several did not. Most healthcare providers said that they worked with parents to accommodate requests for alternative vaccine schedules. They also worked to educate parents about the benefits of vaccinations and provided parents with information handouts about vaccines. Many providers also had parents who refused to vaccinate their children sign an AAP vaccine refusal form.

In conclusion, we reached the following key points from the survey: Eighty-seven percent of providers said that they encountered patients who refused vaccinations. Most providers do not dismiss patients who refuse vaccinations. Lastly, much of the population served by the surveyed providers were eligible for and received vaccines through the Illinois Vaccines for Children (VFC) program.

Table 1: Summary of Region 7 Immunizations Provider Survey

N=1,256 Providers (4.5% Response Rate)

IMMUNIZATION BARRIERS
<ul style="list-style-type: none"> • Most providers encountered parents who refused vaccinations (87%). The five key immunization barriers encountered were: <ol style="list-style-type: none"> 1. Parent hesitation/refusal of the influenza vaccine. 2. Parent hesitation/refusal of HPV vaccine. 3. Parent request to deviate from recommended immunization schedule. 4. Cultural or religious objections to immunizations. 5. Lack of patient access to care.
VACCINATION POLICIES
<ul style="list-style-type: none"> • Many providers did not dismiss parents who refused vaccines (69%) • Many practices had an immunization policy (56%). Practices with immunization policies employed the following tactics: <ol style="list-style-type: none"> 1. Vaccinate according to physician-recommended or CDC/ACIP recommended schedules. 2. Work with patients/parents to accommodate requests for alternative vaccine schedules. 3. Work to educate parents about the benefits of vaccination and provide parents with vaccine informational handouts. 4. Dismiss patients from the practice if they refuse to vaccinate their children. 5. Have parents who refuse to vaccinate their children sign an AAP vaccine refusal form.
OTHER FINDINGS
<ul style="list-style-type: none"> • Most providers (93%) used ICARE to report their patients' immunizations. <p>Immunization Access Programs</p> <ul style="list-style-type: none"> • Out-of-pocket costs are inversely correlated with immunization coverage levels. • 71% of survey respondents were VFC providers. <ul style="list-style-type: none"> • Much of the populations served by the surveyed providers were eligible for and received vaccines through the VFC program. • More than half of providers surveyed reported that between 76%-100% of their patients received vaccines through the VFC program.

Activities in Progress

All eight counties in Illinois' Region 7 were contacted and invited to partake in ICAAP's Region 7 coalition. In February 2020, ICAAP presented data to the Region 7 health departments on the number of schools in each

county that fell below the 90% or between 90 – 94.99% immunization compliance rate for measles. Each county was able to share current efforts they are making to address immunization coverage rates in their regions. Altogether, the coalition discussed themes and common

barriers in the West Chicago region. ICAAP plans to hold regular meetings to work together in developing strategies for addressing identified immunization disparities in these counties.

Future Activities

ICAAP anticipates approval for a grant renewal for two additional years for the IDPH Disparities grant. ICAAP plans on developing a Quality Improvement (QI) Initiative that will engage providers in the West Chicago Region. We plan on assisting them in developing targeted steps to focus on missed appointments, recall, scheduling, and identifying missed opportunities to vaccinate. In year three of the project, ICAAP plans on implementing a QI activity that identifies key clinical activities that are evidence-based in order to improve immunization rates for disparate communities.

ICAAP will continue to work with local public health departments and partners, clinicians, and consumers to rank immunization coverage level priorities and address them. A new activity will be to assist Region 7 counties in developing strategies and plans to catch up on missed immunizations due to the COVID-19 pandemic.

Conclusion

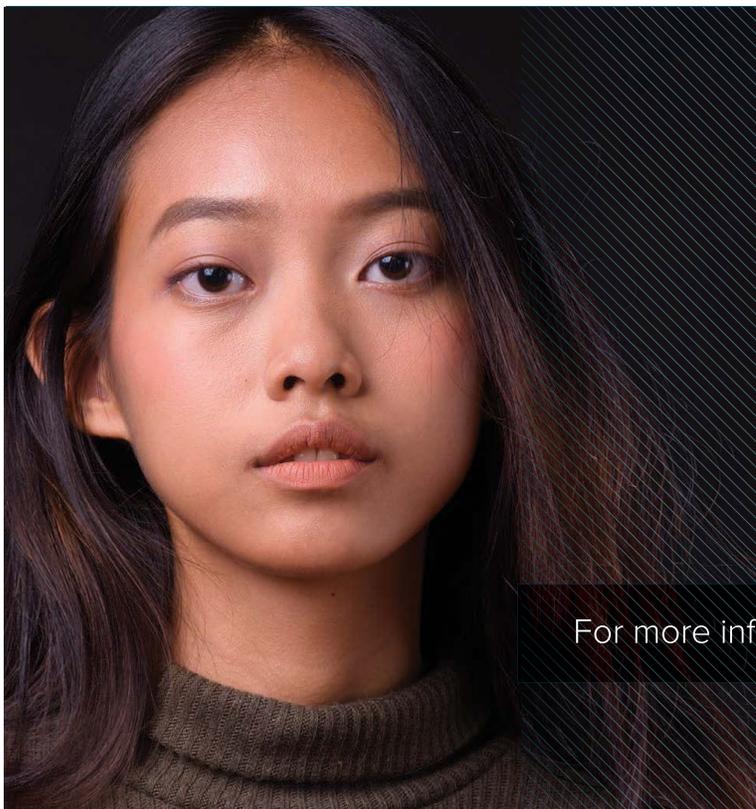
ICAAP looks forward to continuing to work on addressing immunization coverage disparities in Illinois Region 7. With the help of the eight counties, ICAAP will facilitate a process to decrease the number of schools below 90% or between 90 – 94.99% immunization compliance rates. ICAAP will also serve as a resource to address immunization disparities in Region 7. The findings from this project are also being shared with other IDPH immunization grantees across the state so we can learn from one another and identify promising practices to boost immunization rates and reduce immunization disparities.

CONTACT INFORMATION

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SAVE THE DATE!

ICAAP IMMUNIZATIONS CONFERENCE

Event Details:

Virtual Conference | October 6, 2020 | 8:30 AM-1 PM CDT

Save the Date for ICAAP's 1st Annual Immunizations Conference!

The conference will focus on providing education, tools and resources to physicians and allied health professionals on the latest information **about** immunizations across the state of Illinois. Continuing medical education (CME) and continuing education (CE) **credit pending approval. Fees apply.**

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

Illinois Chapter

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Telemedicine – The New Pediatric Office

BY **NIDHI P. KUKREJA, MD** AND
ALEJANDRO CLAVIER, MD, MPH
VIDA PEDIATRICS, CHICAGO, IL

Change is Constant

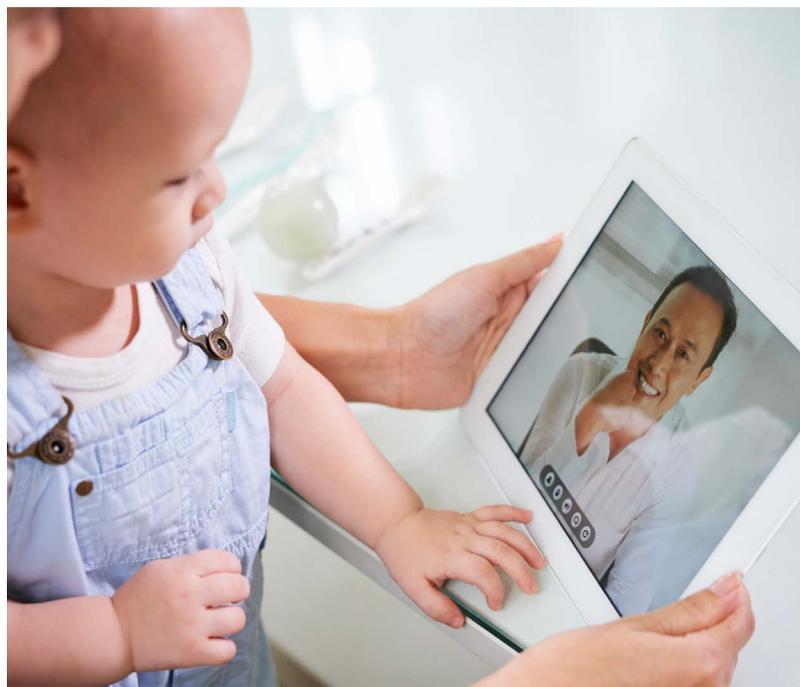
It is hard to believe that just four months ago, our team was coming together to make goals for the new year. Looking into telemedicine options was toward the end of the list—mostly due to lack of payment from insurers. We are not a particularly cutting-edge office, but we pride ourselves on moving in that direction. With a new robust EHR integrated in 2019 and a young, technologically savvy staff, we were excited to meet the growing demand for some pediatric office visits being converted to telemedicine visits. Little did we know that the change would be fast and furious.

Preparations

Luckily we had the support of PCC, our EHR, whose community provides a forum where we can ask questions. There was general agreement on a couple platforms that providers have used. In February we started looking at a couple of options out of curiosity.

March Came in Like a Lamb

As March rolled around, it became clear due to COVID-19 that we would need to move quickly on telemedicine. We had been playing around with a few platforms. When the Department of Healthcare and Family Services (HFS) announced that telemedicine would be covered in mid-March, we quickly transitioned to telemedicine visits for most sick calls. The following week, we rescheduled many follow-ups as telemedicine visits and continue to do so. In addition, we have been making cold calls for our patients with asthma and other chronic conditions scheduling them as telemedicine visits (if they have not been seen in the last six months). Rescheduling patients on a case-by-



A mother and infant videochat with their pediatrician on a digital tablet.

case basis is a time-consuming task; it requires us to spend a significant amount of time reviewing every patient's chart before rescheduling them. However, it has helped us maintain continuity with patients, while limiting exposure to our patients, staff, and providers. Using Facebook posts, in addition to sending mass emails and mass texts to keep patients engaged, has also helped families stay connected.

Structure is Key

Following in-office protocols while adjusting them to telemedicine flow is key. Currently, the medical assistant (MA)-pediatrician team runs a huddle every day before the clinic starts, where every visit, virtual and in person, is reviewed. We do in person well-child visits in the morning for our youngest patients, and telemedicine visits in the afternoon. Due to the pandemic, we have a limited number of staff in the office. The doctor and the MA doing telemedicine can often be on call at home, working with the MA who is also working from home. The process starts with the front desk staff performing eligibility, or making sure the patients have active insurance. Then, the MA does a virtual intake, such as asking the patient/caregiver to obtain past medical history, medications, pharmacy and some vitals. Then the MA will let the family know that they are going to receive a text message which will connect them to the doctor. After the visit, the provider

puts the visit “on hold,” lets staff know if there is any teaching involved, and what to schedule a follow-up for. In our office, everyone needing a follow-up within six months leaves the office (or the telemedicine visit) with an appointment.

The Nitty-Gritty

In addition to reviewing insurance, our front desk staff informs the family that the visit will be billed through insurance. The MA marks up a box in our EHR obtaining consent. As of this writing, HFS is not requiring a written consent, so we are not requiring a signature. Some offices with a large private insurance population will want to have the family sign a financial agreement. Currently, we are billing telemedicine visits with in-person E/M codes. With a limited physical exam, time is a key component we are using to document.

Hiccups

Many of our patients do not have thermometers, and oftentimes no scales, so making clinical decisions can be a bit challenging. Of course, we still have the option of seeing the patient in the office, and occasionally a telemedicine visit needs to be converted to an in-person visit. The upside of this is that we are prepared in case we need full Personal Protective Equipment; we also know the history, so the time spent in the room can be shortened.

In addition, there is the occasional technical difficulty. The video quality isn't always perfect, so we are asking for photos of rashes, for example, to be sent through our portal prior to the visit. We do this in order to be as efficient as possible.

Overall, despite a limited physical exam, we can get an excellent history, a review of systems, and a partial physical exam, which is sufficient in most cases. One of the advantages is seeing the patients comfortable in their own home, oftentimes noting things in their environment which can provoke conversations in a more natural way.

Well-Child Visits: The Next Frontier

As word comes in that the National American Academy of Pediatrics and the Illinois Chapter are supporting well-child visits done in a telemedicine format, this is the next frontier. By the time of this publication, things may be

very different than they are now. Our office's plan is to continue in-person visits for children under the age of three, who often still need vaccines, as well as some four, five, eleven and sixteen-year-olds as they will need school physical forms and vaccines anyway. The rest could be done in a telemedicine format—it is not ideal but in the middle of a pandemic, not much is. Patients will need to come to the office for a second focused visit to complete the components that are unable to be obtained during a televisit, such as BMI, blood pressure, vaccines, and labs. In addition, more planning is required, as screening questionnaires are best done prior to the visit.

Advocacy

We are appreciative that Illinois HFS has allowed and covered these services during the pandemic. Telemedicine has been a wonderful boon for our practice—it is helping us stay connected with our patients at a time when staying close is very difficult. Our part in “flattening the curve” was to keep our patients safe and healthy at home, and telemedicine has helped tremendously. Most families are very appreciative that we can see their child in this manner. We believe they will remember that their pediatrician and healthcare team was there for them during this uncertain time. And because the pandemic doesn't seem anywhere close to being over, we must advocate that this important service be allowed post crisis so that we can continue to be of service to our patients in this new, safe, and efficient manner.

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Reach Out & Read still supporting Illinois families, from the clinic and virtually!

Reach Out & Read Illinois is inspired to see our program adapting to the crisis, with leadership from clinics across our state.

We know that racism, systemic inequities and the Covid 19 pandemic has **disproportionally affected the families that Reach Out & Read serves**. We are continuously working with our clinics to determine how they are faring during this time, and how we can infuse some joy and resources to families through our program.

Reach Out & Read is urging pediatricians to distribute books during well-child visits even more now. Reading a book at bedtime with young children can create a sense of routine and calm. Pediatricians also use books to talk about how reading together helps manage stress and uncertainty.

During times of crisis, whether they are individual, community, or global crises, we believe the Reach Out and Read mission is as powerful and important as ever; **it is during times of anxiety when children are most in need of a secure environment, such as opportunities for one-on-one engagement with a loved one.**

On our website, reachoutandreadil.org, we have many links to online children's books, books from diverse authors, books that talk about racism, and books specifically written for children to explain COVID 19. We also have stories from the frontlines, videos of Reach Out &

Here is some of the progress we have made:



Partnered with local agencies to distribute books and resources to our clinics. Bernies Book Bank and Read Ask Chat pitched in to donate 2,000+ books and e-books. Honeycomb Project launched our call to thank healthcare workers!



3,000 New Children's Books Reach Out & Read Illinois surveyed our clinics and purchased 2,000 new children's books with the support of All About Books for 25 clinics across Illinois that are still seeing families in their offices.



Checked in on our clinics We spent the first few weeks of the crisis calling and emailing all of our 116+ clinics across the state—offering a sympathetic ear and determining how to send resources their way.



Storytime with local leaders We launched #ReadTogetherIllinois. We also encouraged local pediatricians, supporters, and community leaders to read their favorite children's book in support of Reach Out & Read Illinois.

“You have no idea how much joy looking at the book list brought me today. It was definitely a nice surprise and break from Coronavirus. Thanks for continuing the mission of bringing joy through literacy in the world!”

–Dr. Eugene Lee, Loyola Center for Health, April 17, 2020

THIS IS ICAAP

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



EARLY CHILDHOOD

Connecting families to early childhood programs and resources



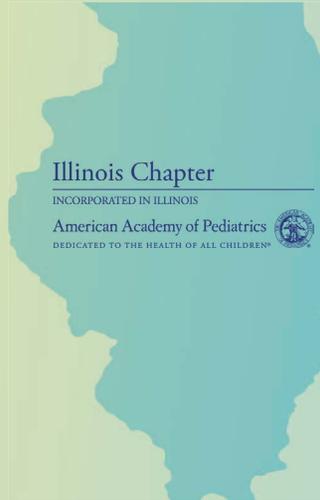
EDUCATION

Hosting educational conferences, workshops, and networking events



ADVOCACY

Testifying at countless hearings and lobbying statewide for improvements



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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Summary of ICAAP Membership Needs Survey

BY **KATHY SANABRIA, MBA, PMP,**
ASSOCIATE EXECUTIVE DIRECTOR

In winter 2020, ICAAP conducted a survey of its membership to analyze membership needs. A total of 2,045 ICAAP members were surveyed from February 19, 2020 through March 30, 2020. A Survey Monkey link was sent to members via e-mail with two follow up requests. A total of 176 members completed the survey for an 8.6% response rate which is a good response to ICAAP surveys. The margin of error is estimated at 7%, with a 95% confidence level.

- Number of ICAAP Members Surveyed: **2,045**
- Date that Survey was Initiated: **2/19/2020**
- Number of Reminders Provided: **3**
- Date that Survey was Closed: **3/20/2020**
- Total Surveys Completed: **176**
- Completion Rate: **8.6%**
- Margin of Error: **7%**
(for a confidence level of 95%)

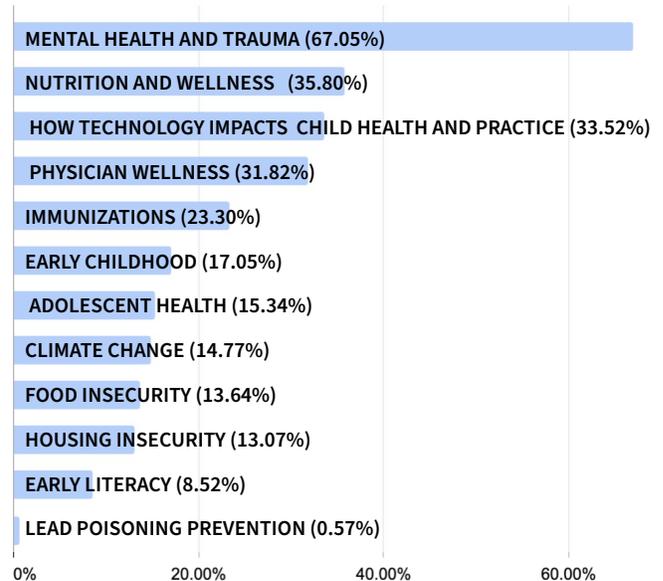
Source: <https://www.surveymonkey.com/mp/margin-of-error-calculator/>

THANK YOU

ICAAP thanks those members who took the time to complete this survey. Your input and feedback are very important, as it will enable ICAAP to develop programs and activities to better address your needs.

TOP MEMBERSHIP PRIORITIES AND VALUES

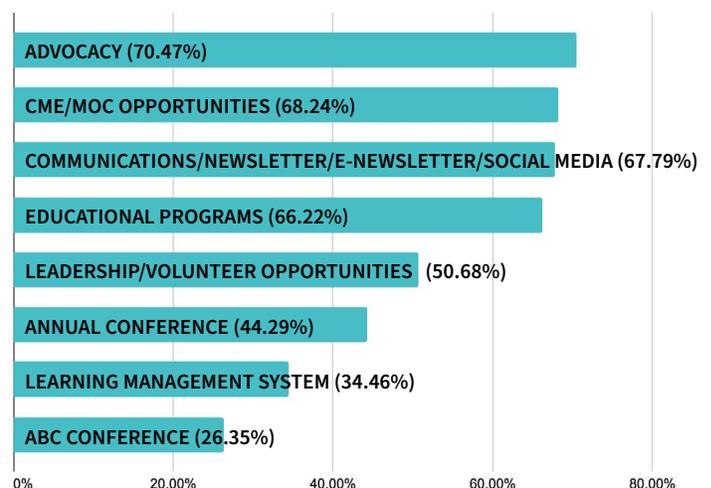
Member rankings of top priorities that ICAAP needs to address in the next 3 years (N = 176; selected top 3)



Note: 18.75% selected "Other" in their top 3. Most common were practice management, payment, Medicaid, poverty, violence, Medicaid, insurance.

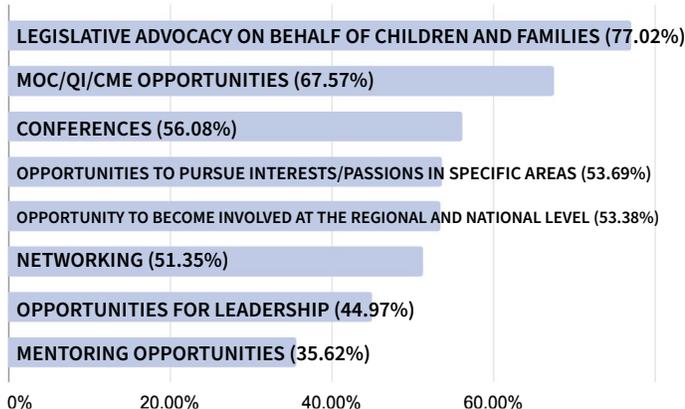
Highest Rated Membership Activities (Combining "Most Valuable" and "Valuable" Responses)

(N = 149; Rated "Most Valuable" down through "Not Valuable at All")

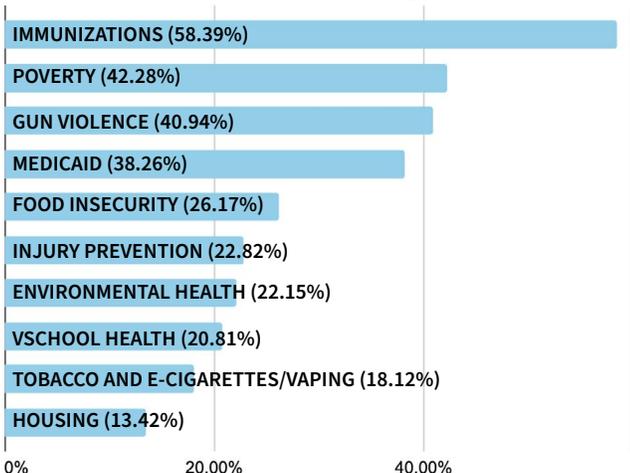




What Members Value Most about their ICAAP Membership (Combining “Very Valuable” and “Valuable” Responses) (N = 149; Rated “Very Valuable” down through “Not Valuable at All”)



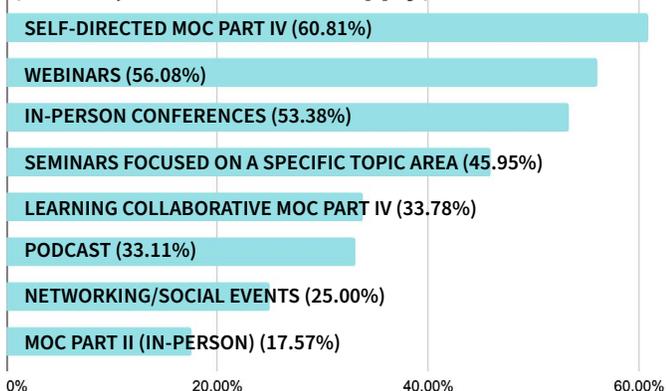
Most Important Advocacy Issues (N = 149; Selected All that Apply)



Note: 14.09% selected “Other” among their choices and provided comments.

EDUCATION

Preferred Formats for Professional Education (N = 148; Selected All that Apply)



Note: 4.73% selected “Other” among their choices and provided comments.

Key Member Comments About Most Pressing Needs and Interests

On a personal level, a very commonly stated pressing need was **Work/Life Balance**.

This was expressed with some of the following references: 1) Balance. My own mental health; 2) Burnout (mentioned by many members); 3) Time management; 4) Work/Life Balance (mentioned many times); 5) Balancing full-time work with family life; 6) Wellness and burnout; 7) Help me identify mentors.

On a professional level, a very commonly stated need/interest was **Legislative Advocacy for Improvements to Medicaid**. This was expressed with some of the following references:

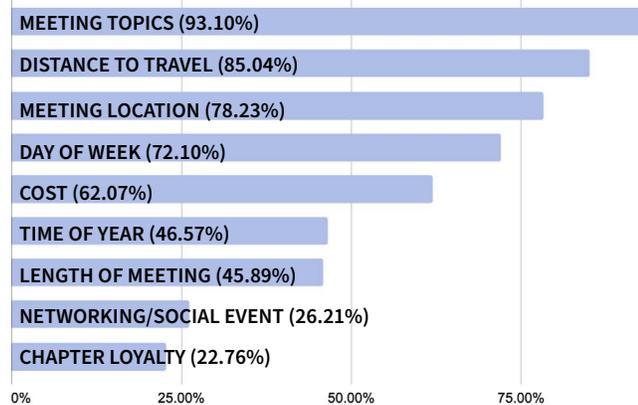
1. Advocate for improvements to Medicaid that allow for more time for patient care and compensation to reflect the actual time spent on care.
2. Advocate in Illinois legislature towards improved reimbursement for Medicaid MCOs.
3. Improve reimbursement: “Detangle the outrageous way we bill and code.”
4. Advocate to decrease our secretarial duties to increase time with patients.
5. Help us make changes with Medicaid and insurance plans to make payment more adequate for the services we provide.
6. Advocate for children receiving Medicaid.
7. Fight for equal reimbursement to all physicians among payers, regardless of affiliations; 8) Make it easier for me to be as involved with advocacy and legislative issues as I would like to be.



Key Member Comments About the Desire for More MOC and CME Opportunities

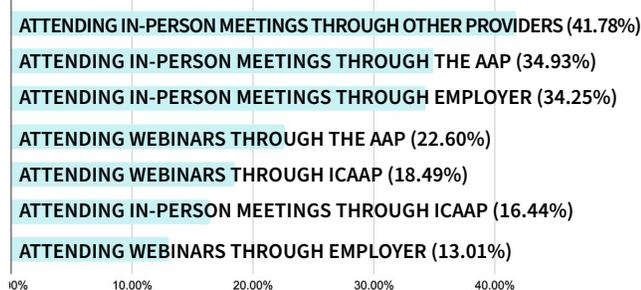
Under the categories of “Being More Involved with ICAAP”, “Addressing My Biggest Challenges”, and “One Additional Benefit ICAAP could offer to increase the value of ICAAP Membership”, Frequent Responses included having: 1) More CME opportunities that fit into my schedule; 2) More online CME opportunities; 3) More MOC/ CME locally (CME/MOC already available is great). 4) Mentoring opportunities; 5) Provide effective virtual connectivity and asynchronous learning; 6) MOC opportunities for subspecialties; 7) Easier access to MOC; and 8) More MOC Part 4 programs/ projects.

Factors Influencing decisions about attending meetings (Combining “Very Important” and “Important”) (N = 147; Rated “Very Important” down through “Not Important”)



Note: 75% of respondents prefer to receive their in-person professional education in Illinois.

Top Ways Members are Fulfilling CME Requirements (N = 146; Selected All that Apply)



Note: 34.25% selected “Other” among their choices and provided comments.

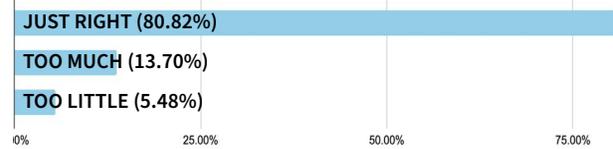
What topics would you like ICAAP to develop educational opportunities on in the future?

The top five ranked written in topics included:

1. Mental health
2. Immunizations
3. Climate change/environmental impact on health
4. Adolescent medicine
5. Early childhood topics

COMMUNICATION

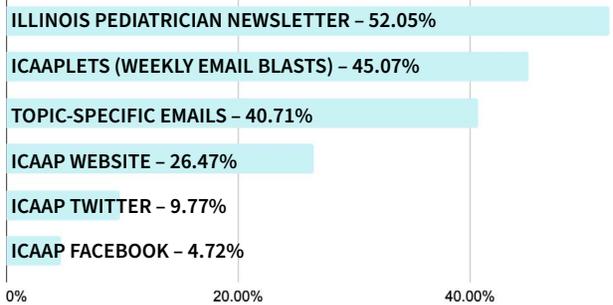
How would you rate the frequency of ICAAP communications? (N = 146)



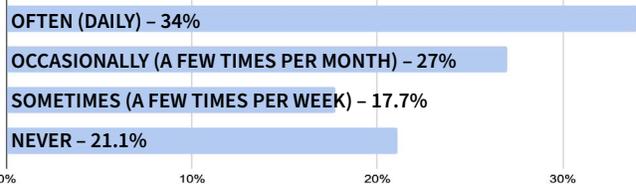
Would you be interested in participating in “lunch and learn” webinars hosted by ICAAP, in conjunctions with other AAP chapters? (N = 146)



Which ICAAP Communications Tools Do You Find Useful?



How Often Do You Use Social Media?



For additional information regarding the survey, or to get involved with the chapter, please contact Kathy Sanabria.

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Illinois Adolescent Health Program

BY **KATHY SANABRIA, MBA, PMP**, ICAAP ASSOCIATE EXECUTIVE DIRECTOR, PROJECT 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. Twelve organizations, county health departments, and health centers from around the state were awarded funding, including the Illinois Chapter of the American Academy of Pediatrics (ICAAP). Continued funding has been awarded to the grantees for a second year through June 30, 2020. One additional year of funding is anticipated.

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 surveyed grantees to determine their training needs and developed programming to assist them in achieving their grant goals.

In 2019, ICAAP developed an adolescent health training series which consisted of five live and enduring webinars 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

Five additional live trainings were held in 2020 on the following topics:

1. Introduction to Vaping/Smoking
2. Marijuana: Medical and Recreational Use
3. Mental Health/IL Doc Assist/Addressing Most Common Mental Health Needs (depression, anxiety, suicidal ideation)
4. Aiding Adolescents to Take Control of their Health: Utilizing Motivational Interviewing Techniques and Creating Adolescent-Friendly Spaces
5. Adolescent Medicine and Telehealth

See the promotional flyer 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 visit our webpage at <https://illinoisaaap.org/adolescent-health/> or contact Kathy Sanabria, MBA, PMP, Director, ksanabria@illinoisaaap.com or Olyvia Phillips, Training Developer/Manager, ophillips@illinoisaaap.com.

Highlights From Illinois Adolescent Health Program

Below is a list of the IAHP grantees. ICAAP is delighted to provide project highlights from four of the grantees in this summer newsletter. We previously provided highlights from other grantees in the winter 2020 issue.

Illinois Adolescent Health Program Grantees

1. Adams County Health Department
2. Adults Active In Youth Development, Inc.
3. Aunt Martha's Health and Wellness
4. Champaign Urbana Public Health District
5. Cook County Health & Hospitals System
6. DuPage County Health Department
7. Hult Center for Healthy Living
8. Illinois Chapter, American Academy of Pediatrics
9. Kankakee County Health Department
10. Loyola University Chicago School Based Health Center
11. Perry County Health Department
12. Will County Health Department

Project Summaries

Adolescent Health Services at Champaign-Urbana Public Health Department (CUPHD)

BY WHITNEY GREGER AND KELLY FLANIGAN

Project Goal and Objectives

By June 30, 2020, we aim to increase the number of adolescents who have had a complete wellness checkup in the past twelve months (as outlined by AAP) through CUPHD's Adolescent Health Services, from 135 in FY19 to 200 in FY20. We are also aiming to present our access to healthcare workshops to 200 adolescents and caregivers.

Description of Project to Date

Adolescents need support and guidance to get all the necessary care they need to have the best quality of life possible. Adolescent Health Services at CUPHD has aimed to make sure that adolescents who come in for services have all of their needs met.

Adolescents who come for services through our Teen and Adult Services division are tracked to receive a complete wellness checkup (as outlined by AAP). This includes meeting with an adolescent health care coordinator. The adolescent health care coordinator helps connect the adolescent to any needed services. This includes connection to primary care physicians, mental health and substance abuse treatment, medical insurance, food, dental care, vision services, and more.

In order to streamline the referral process, we have created linkage agreements with seven local agencies that offer counseling and mental health treatment options. We also partnered with other CUPHD staff and interns to create a county-wide referral guide. The referral guide was specifically created to help members of the community who have consistent contact with adolescents (teachers, librarians, case managers, etc.) to provide resources to adolescents in need. The adolescent health care coordinator also uses this guide when working with clients at CUPHD.

In addition to these activities, Adolescent Health Services has created two access to healthcare workshops, one for adolescents and one for the caregivers of adolescents. These workshops cover a wide variety of topics including: self-care, how to choose a primary care physician, how to apply for medical insurance, how to fill a prescription, and more.

Outcomes

So far in FY20, data collected from July 2019 through February 2020 show that we have been able to provide complete wellness checkups with 113 adolescents. Furthermore, we have provided 85 additional referrals for additional needs, including mental health and substance abuse treatment, food, dental care, vision services, and more. We have also provided our Adolescent Health Care workshop to 33 adolescents and are working to provide it to parents of youth.

CONTACT INFORMATION

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Kelly Flanigan kflanigan@c-uphd.org

Adolescent Health in Kankakee County

BY **JOHN BEVIS**, ADMINISTRATOR AND
ALYSHA BASEL, HEALTH PROMOTION
COORDINATOR

Project Goal and Objectives

Our project goal is to promote adolescent wellness visits in Kankakee County. We plan to do that by educating families on the importance of healthy behaviors in adolescence and helping healthcare providers create adolescent-friendly environments.

Description of Project to Date

To increase the number of adolescent wellness visits in Kankakee County, the Kankakee County Health Department is partnering with a local provider's office, as well as the school-based health clinic at one of the largest school districts in our county, to implement the Adolescent-Centered Environment Assessment Process (ACE-AP). This program was developed by University of Michigan's School of Medicine Adolescent Health Initiative. It is an evidence-informed process that provides technical assistance, customized resources, and implementation support to transform health centers into adolescent-centered environments.

Additionally, we are focused on providing education and information to increase healthy behaviors in adolescents. We do this by working in schools to provide presentations to teens on the dangers of substance use, and the importance of a nutritious diet and active lifestyle. We also provide the tools for teachers to implement the RealCare Baby simulation program in their classrooms. This program helps students understand the daily life of a teen parent and the importance of contraception. Kankakee County Health Department staff is receiving comprehensive sexual health education professional development so they may provide education at schools and to the community on safe sex practices, relationships, and consent.

Kankakee County Health Department promotes adolescent health through traditional methods and social media. A billboard promoting adolescent wellness visits was printed and is in a high-trafficked area near a school. We have expanded our social media reach by becoming active on not only Facebook, but Twitter and Instagram as well. We post on topics throughout the week that are

related to adolescent health, including teen pregnancy prevention, substance use prevention, healthy eating, the importance of exercise, LGBTQ+ health, STD prevention, mental health, and suicide prevention.

Kankakee County Health Department wants our youth to feel empowered, so we created a Teen Health tab on our website that covers topics such as e-cigarettes and vaping, STD/HIV testing and pregnancy, well visits, immunizations, and teen healthcare rights in Illinois. Soon, we will be advertising on Snapchat which will direct youth to this tab on our website.

Additionally, the health department continues to partner with our social service organizations and hospitals to organize a Teen Conference. This is an all-day event for two hundred eighth graders, who attend school throughout Kankakee County, to attend multiple workshops. These workshops will cover topics such as impaired driving, teen pregnancy prevention, substance use prevention, coping skills, healthy eating and body image, finance, LGBTQ+ alliance, the justice system, and teen dating violence awareness. The youth take what they learned back to their schools and share the information with their peers.

Outcomes

With our current work, we can provide many families and adolescents in the community with education on the importance of healthy behaviors, especially during this period of life. Our efforts are enhanced because of our reach on social media including Facebook, Twitter, Instagram, and Snapchat, as well as on traditional media like billboards.

Events like Teen Conference help our youth feel empowered to take responsibility for their health, and to understand the importance of healthy behaviors.

By partnering with a local healthcare provider and the school-based health clinic at one of the largest school districts in Kankakee County, we will continue to reach more families and help youth identify an adolescent-friendly environment to receive services. We expect to increase the number of adolescents receiving wellness visits, improved health reporting from the Illinois Youth Survey, and clinics implementing the Adolescent Health Initiative process.

CONTACT INFORMATION

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Alysha Basel, Health Promotion Coordinator, 815-802-9445, abasel@kankakeehealth.org

Perry County Health Department Adolescent Health Initiative

BY **BARBARA STEVENSON**

The Perry County Health Department's (PCHD) adolescent health goals are to increase access to adolescent-centered care and to promote well-care visits to adolescents and their parents. To achieve these goals, we provide education on adolescent-centered care to staff and to local healthcare providers. The PCHD also extended access to our comprehensive sexual health program. The department established a school-based sexual health clinic to provide adolescent-centered visits that address key areas of adolescent health.

Through our collaborative efforts with local providers, local healthcare facilities and school districts in Perry County, we identified that many adolescents are only receiving a sports physical as an annual requirement for athletic programs. We initiated a focus to provide education on the benefits of well-care visits, as well as a comprehensive sexual health assessment to the adolescents and their parents.

The clinic at the Perry County Health Department received an adolescent-friendly renovation.

CONTACT INFORMATION

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Will County Health Department Adolescent Health Program

BY **DAN HAMILTON** AND **KATHY HARKINS**

PROJECT LEAD: **CINDY JACKSON**, COMMUNITY HEALTH INITIATIVES' PROGRAM COORDINATOR

Goal and Objectives

The overarching goal of the Adolescent Health program was to increase adolescent well-care visits throughout Will County. Adolescent Health staff worked toward this goal using two approaches. The first approach was a broad-based approach, targeting the entire county by using social media, such as paid media campaigns, and outreach and education during community events. The second approach involved targeting the Will County Community Health Center (WCCHC) to make it a more adolescent friendly environment, which in turn would increase adolescent well-care visits at the Health Center.

Description of Project To Date

From 2018-2020, the Will County Health Department Adolescent Health program staff, with the support of WWCCHC staff, implemented changes within the Health Center to increase the adolescent centeredness/friendliness of the health center. This included working with the University of Michigan's Adolescent Health Initiative, who guided staff through the Adolescent Centered Environment-Assessment Process (ACE-AP). Through ACE-AP process, and with the ACE-AP team, which included all the Adolescent Health program staff and several staff members from the Community Health Center, several goals were selected for the Health Center to work on throughout the eighteen-month process.

To increase adolescent well-care visits at the WCCHC, a social media campaign was launched on Facebook and Twitter with messages promoting adolescents to receive their annual well-care visit at a Community Health Center. The social media messages covered multiple topics related to adolescent health, including sexual and mental health. The Adolescent Health program staff also conducted a billboard campaign, reminding parents to schedule their child's well-care visit. Monthly, the Community Health Center began sending text-messages to adolescent patients who are due for a well-care visit to remind them to schedule their visit.

To make the care at the Community Health Center adolescent-centered, the ACE-AP team worked together to create an adolescent-friendly area, which includes a charging station, brightly colored chairs, and youth-friendly educational materials such as infographics, pamphlets, and posters created by the Adolescent Health program staff. These materials include information on minor consent laws, adolescents taking responsibility for their health, and resource guides with information on services that adolescents can utilize throughout Will County. Posters with the minor consent laws are displayed in each exam room at the Health Center. Trainings were provided to the Community Health Center staff on confidentiality and minor consent laws. Doctor Rachel Caskey, through the Illinois Chapter of American Academy of Pediatrics also presented on Teen Brain Development. Future plans to increase the adolescent-centeredness of care include implementing policies to ensure confidentiality throughout the billing process, ensuring private consultation time is offered to all adolescents, and implementing guidelines to incorporate well-care visits into routine medical visits, like sports physicals.

Outcomes

To track the progress of the program, the Will County Health Department pulled adolescent well-care related visit data from the Health Center. These visits include well-care visits, family planning services, behavioral health services, and screenings for depression and substance use. Before the implementation of the program from July 2017-June 2018, the Will County Community Health Center had 3,755 adolescents come for a well-care related visit. From July 2018-June 2019, there was a total of 4,003 well-care related visits.

The text-messaging campaign, which was to remind adolescents that they are due for a well-care visit, started at the beginning of 2019. It has sent 13,487 text messages and emails to adolescent patients so far.

Two electronic billboard campaigns were launched in target communities, resulting in 1,332,632 impressions.

The social media campaign created 225 unique messages that were posted on the Will County Health Department’s Facebook and Twitter pages. The campaign has so far reached 47,629 people.



Will County Community Health Center

The Adolescent Health program staff has distributed educational materials at the Community Health Center, coalitions they participate in, health fairs, and at other public events they have participated in. Since the start of the program, 6,955 educational materials were distributed.

The ACE-AP post-assessment is on schedule to be completed in June 2020. The Health Center is on track to receive the Adolescent-Centered Environment Certification, completing nine of the eleven priority areas needed to receive this certification.

CONTACT INFORMATION

Project Lead: Cindy Jackson, Community Health Initiatives’ Program Coordinator
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The Illinois Chapter, AAP Presents...

Free Adolescent Health Education Training Series

About:

ICAAP has developed an adolescent health provider education series designed for providers and health care professionals to learn how to increase adolescent well-care visits and address the needs of patients. All trainings in the series are free.

2020 On-Demand Trainings

- Introduction to Vaping
- Marijuana: Medical and Recreational Use
- Mental Health: Addressing Most Common Mental Health Needs
- Aiding Adolescents to Take Control of Their Health
- Conducting Adolescent Well-Visits Using Telemedicine

Some trainings are pending CME/CE approval as enduring material on ICAAP's LMS effective August 2020. Please check our website for updates.

Access 2020 Trainings: <https://illinoisAAP.org/adolescent-health/>

2019 Enduring Trainings

- Transitioning Youth to Adult Healthcare for Pediatric Providers
- 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

Access 2019 Trainings approved for CME/CE credit on our Learning Management System: <https://illinoisAAP.org/learning-management-system/>



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 AAMA 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).

Checklist Manifesto: A Practical Resource

BY JOSEPH R. HAGEMAN, MD, FAAP

In the midst of this Coronavirus-19 (COVID-19) pandemic, for those of you who are on the front lines especially, Atul Gawande's 'The Checklist Manifesto' can be a valuable resource.¹ My wife, Sally, has been a nurse at Lurie Children's for the last forty-two years. She just went to work this morning (April 2020) in the infusion area, where she provides chemotherapy for children with cancer and biologic infusions for pediatric patients with chronic diseases (like inflammatory bowel disease (IBD) and autoimmune inflammatory diseases such as systemic lupus erythematosus (SLE)). Almost all of these children, adolescents, and young adults are immunocompromised, and therefore are at risk for acquiring COVID-19. Telephone screening is performed before the patients and their families come to the hospital. Telephone screening is also done for each employee prior to coming to work. The employee screening is done electronically. If you are the person responsible for setting up this electronic screening, what would be a simple way to make sure you are asking all of the right questions? What Dr. Gawande and yours truly would recommend would be the use of a simple checklist! Sally and I were talking after I finished a draft of my second editorial about COVID-19, or SARS-CoV-2 for *Pediatric Annals*.^{2,3} We were talking about all of the personal protective equipment she has to use to care for children who come for infusions and who screen positive for COVID-19 exposure. There are steps she needs to complete including washing her hands, etc. What better way to make sure that all of these steps are completed than to provide reminders for staff and to post a checklist for everyone to review!

The best part of Gawande's book is that he provides the strategy for devising and using a checklist for the reader. Then he discusses his efforts to help institute a checklist to make surgery safer and to make the process smoother for patients around the world (as part of a World Health Organization effort he was involved with instituting)¹. He also then talks about the challenges of the instillation of

an operating room checklist in his own operating room in his home hospital, Brigham and Women's Hospital in Boston, and how difficult it was to get significant buy-in from everyone involved... himself included. Once it was in place, he provides a clinical example of how it helped save a life of one of his patients. *The Checklist Manifesto: How to Get Things Right* is a quick and enjoyable read. I think it has true clinical relevance for your practice and your hospital setting. If you have not already read it, I highly recommend reading it in between your telehealth patient encounters during these challenging times! It can also be a resource for you as you consider checklists for various aspects of your practice, whether it is ambulatory or hospital-based.

REFERENCES

1. Gawande A. *The Checklist Manifesto: How to Get Things Right*. Picador: Henry Holt and Company: New York. 2009.
2. Hageman JR. The Coronavirus Disease 2019 (COVID-1). *Pediatric Annals* 2020;49(3): e99-e100.
3. Hageman JR. This Evolving COVID-19 pandemic: An Update. *Pediatric Annals*, in press.

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ICAAP eLearning 2020 Course Catalog

Illinois Chapter

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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@illinoisaaap.com or Olyvia Phillips, Coordinator, ophillips@illinoisaaap.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 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 Webinar Series continued:

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

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.

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

CME Approval Renewed until May 23, 2022

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

CME Approval Renewed until May 23, 2022

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



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

The Illinois Chapter, American Academy of Pediatrics designates each enduring material for the number of *AMA PRA Category 1 Credits*[™] listed above. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

May 2020

