



PEDIATRIC NEWS

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California Chapter 2 · The Los Angeles County, Inland Empire and Central Coast Chapter

REFLECTING AS WE PREPARE FOR THE FUTURE



Laura Mabie, MD, FAAP
President, AAP California, Chapter 2

I can hardly believe that the first year of my two year term as Chapter President is almost over. Like every President, I had, and continue to have, very high goals for myself and feel like I need to kick it into gear if I am going to accomplish everything I want to on the behalf of the Chapter during the next year.

With that said, it has been a fruitful year in Chapter 2. And as your Chapter President I have been able to see just how much change can take place when pediatricians take on a challenge. I have watched two talented and active young physicians take an idea to promote walking to school and make it blossom into an obesity prevention program in a grand partnership with the Los Angeles Unified School District (LAUSD). I have seen the excitement of residents and young physicians as they take to the halls of Congress and the California Legislature to advocate on behalf of our most precious resource – our children. I have been a witness to the great

power of networking at our Town Hall meetings throughout the Chapter area. I have watched practices learn how to work smarter – not harder – as they implement quality improvement models to enhance developmental screening in their practices. And I have heard many great speakers at our two recent CME events in Palm Springs and Las Vegas. And I managed to participate in these great movements, all while helping my 65+ physician group move from one EMR to another!

I am encouraged and motivated by the leaders of our organization and our members daily. While we have accomplished a lot in the past year, I am eager to help lead our Chapter to the “next level”. I am prepared to dedicate the next few months to developing a strong core strategic vision and implementation plan for Chapter 2 to guide our activities to fulfill our goal to champion optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults and to advocate for and support its members in these endeavors.

This will involve some deep thinking by the members of our Board and Committees. As we plan for the next several years, we'll consider the answers to some tough questions. How do we make the Chapter more relevant to our members? How do we help members with issues such as MOC, CME, and the economics of practicing in the 21st century? What does the new healthcare legislation mean to members and their patients? What else can we be doing to stem the tide of childhood obesity? How do we spend our member dues in a way that honors our mission and goals?

In answering these questions, I look forward to your input as members. We will be reaching out to members of the Chapter to provide input to some of the key questions facing our Chapter to direct our future. I hope you will join us in this journey to improving our Chapter and our activities on your behalf.

Throughout this process, you will notice some changes in the months to come as we continue to improve our communications to you and with you. In our next printed newsletter you will see changes reflecting our new strategic goals and we will share with you all the new direction for our Chapter, including goals from the new strategic plan, how we will work to accomplish them, and how members can become involved.

I look forward to continuing to serve you and support you in your pediatric practices and child health roles as an organization dedicated to growing right along with the practice of pediatrics and the future needs of our members.

LETTER FROM THE EDITOR

Howard Reinstein, MD, FAAP

Secretary, AAP California, Chapter 2

Dear AAP-CA2 Members –

As Secretary for AAP-CA2, I am the primary editor of our printed newsletters and oversee input for our E-Newsletters. As we embark on a new strategic plan this year, we will also be re-invigorating our communications with new layouts, varied article topics, information on coding and hot topics and intriguing member stories.

Seeing as these publications are our primary forms of communication with you, our members, we are dedicated to making our publications the best they can be.

Beginning in August, we will be issuing a call for nominations for two Associate-Editors of our new Pediatric News publication. These Associate-Editors will work directly with me to provide input on topics, review articles and make selections for our newsletters and written communications.

Furthermore, we want to hear from YOU. Do you have a topic you're interested in? Feel like you need more information on something – but you're not sure where to turn? Write to us and we'll include your questions and needs in a new "hot topics" section.

Or perhaps you just took a trip to practice medicine abroad, or participated in a new research study. We want to share all the great things Chapter 2 members are doing with your colleagues in the area.

It is my hope that with a newly energized publication committee and increased participation and input from you, our communications will provide the most pertinent information you seek from the AAP. We are dedicated to producing a piece that makes you proud to be a part of Chapter 2, and I look forward to working on your behalf to do so.

Sincerely,

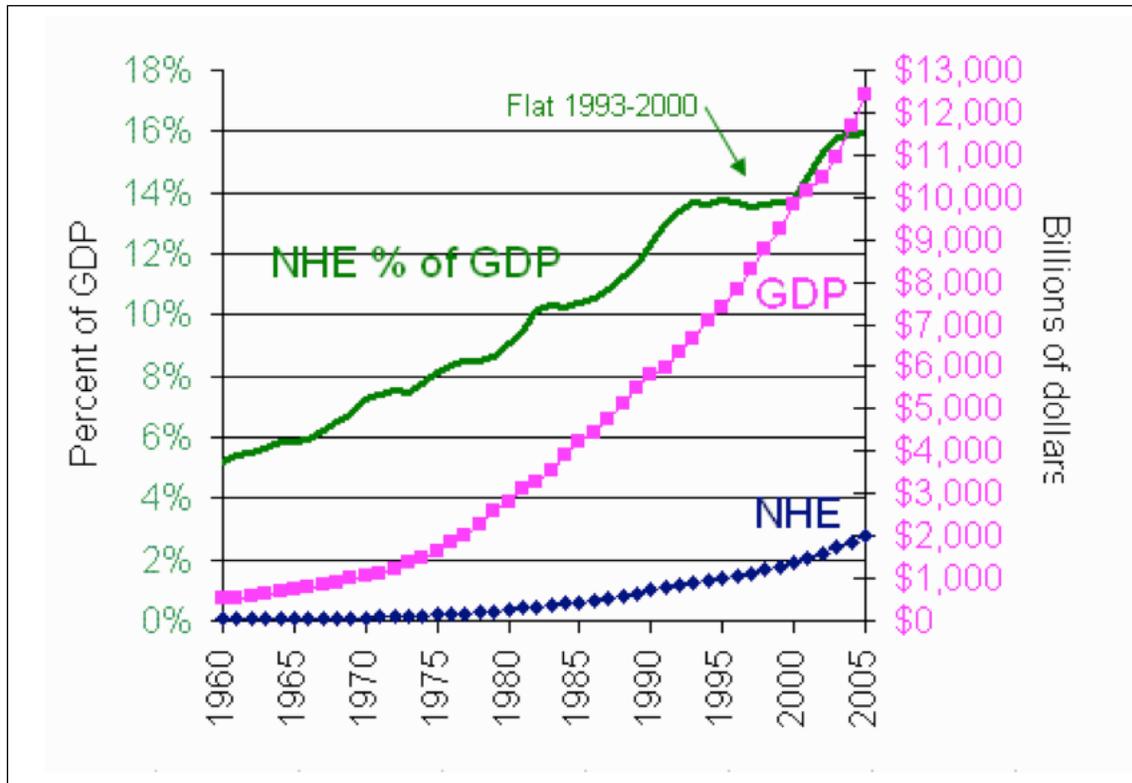
Dr. Reinstein, MD

THE ACCOUNTABLE CARE ORGANIZATION: THE ROLE OF QUALITY IN THE NEW HEALTH PARADIGM

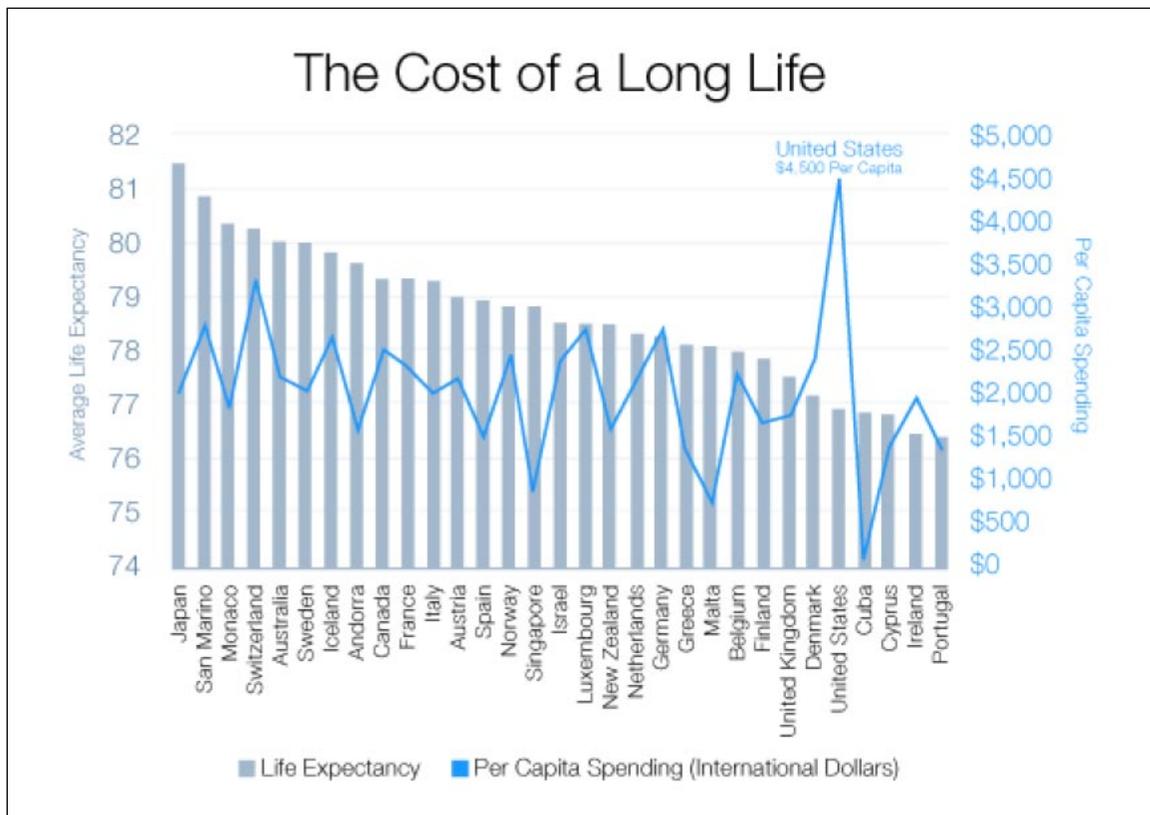
Bill Mason, MD, FAAP

Chair, AAP California, Chapter 2, Quality Improvement Committee

In 2005, U.S. national health expenditure (NHE) was just under \$2 trillion (\$1988 billion) and was 16% of the U.S. Gross Domestic product (GDP) of \$12.4 trillion. Dividing the NHE amount by the population in the U.S. in 2005 calculates out to \$6693 for every person in the country.



How does this translate into value (i.e. benefits [outcomes]/cost = value) for health care in the U.S.? An analysis of life expectancy in the U.S. in 2000 in relation to per capita spending for the same year showed a dramatic and unsustainable trend (<http://www.medhealthinsurance.com/blog/inflated-health-costs-graph/>).



The U.S. was at the lower end of life expectancy but with by far the highest cost per capita.

Data such as this has led to the passage of the Patient Protection and Affordable Care Act of 2010 (PPACA) that included provisions for creation of Accountable Care Organizations (ACOs). The Center for Medicare and Medicaid Services defines an ACO as an “organization of health care providers that agrees to be accountable for the quality, cost and overall care of... beneficiaries...who are enrolled in it”. These organizations are seen to be a tool to help control health care costs and at the same time provide care of enhanced quality because rather than being reimbursed based on number of patients seen and intensity of care they will be incented on cost containment and quality.

ACOs may take on a variety of organizational structures including integrated delivery systems, primary care multispecialty groups, hospital-based systems, or even virtual networks of physicians as independent practice associations. The ACO should be based on the family-centered medical home model that is the cornerstone of a primary care delivery system. Governance of ACOs according to many professional groups (e.g. AAP, CMA) should be physician-driven and collaborative among the involved primary care and subspecialist groups within the ACO including dental and mental health providers. Payment structures are under development and testing in many pilot projects in California and the rest of the nation.

The goal of ACOs is to increase access to care, improve quality of care, and ensure efficient delivery of care to their members. In order to accomplish this, ACOs should have important resources and practices that facilitate this goal and reduce the fragmented care currently seen in our system. Among these resources are the following:

- Health Information Technology (HIT) systems that provide detailed patient information to providers when needed, guidance based on evidence based best-practices at the point of care of the patient, built in safety barriers to errors in ordering or administration of care (e.g. dose range checking, bar code technology). HIT systems should also be able to capture and aggregate quality metrics and performance data.
- A library of evidence-based best practices that result in the best outcomes for children should be developed nationally (currently in progress among many professional organization including the AAP, NACHRI, CHCA, National Quality Foundation, and others) and employed in ACOs to assist the providers in achieving the best outcomes possible.
- Methods and infrastructures that allow for sharing of performance data among all care givers within the organization.
- Regular assessment of both provider and patient and family satisfaction with performance of the ACO.

Even if the PPACA does not continue to be in place, many if not most of these principles and practices will be and are being adopted by both public and private health care systems in the country because of the realization that the current system is fragmented, inefficient, unsustainably expensive, and not inclusive of the medical home model. In the future, hopefully, access and quality will drive clinical care on volume and over use of health care resources.



References

1. Accountable Care Organization Work Group, 2010. Accountable Care Organizations and Pediatricians: Evaluation and Engagement AAP News January,2011.
2. Greaney TL. Accountable Care Organizations-The fork in the road NEJM.ORG 10.1056/NEJM1013404, December 22, 2010
3. Kocher R and Sahni NR. Physicians versus hospitals as leaders of accountable care organizations. NEJM 2010;363:2579-2582.
4. Richman BD and Schulman KA. A cautious path forward on accountable care organizations. JAMA 2011;305:602-603.

GROWING UP WITH A LOVE OF READING: REACH OUT AND READ PROGRAM UPDATE

Kathleen Swec, MD, FAAP

AAP California, Chapter 2 Liason, Reach Out and Read

2011 is proving to be a year full of wonderful opportunities for Reach Out and Read. Here are the highlights:

➤ The *Reach Out and Read Quality Improvement Project* launched in March 2011 at 25 Sites nationwide. Participation in this project satisfies the American Board of Pediatrics Part 4 Maintenance of Certification requirement. This nine-month quality improvement project will provide participating Sites with the tools to evaluate current systems, initiate change to facilitate Program improvement, and collect data to monitor improvement in the delivery of the Reach Out and Read Program. Applications for future project cycles will be advertised through AAP Chapter 2.

➤ Reach Out and Read has developed a guide for healthcare providers to assist them in promoting literacy among children with developmental disabilities. Topics ranging from book title selections to daily reading routines are reviewed for children with diagnoses such as visual impairment, hearing impairment, ADHD, autism spectrum disorder and cerebral palsy. Please visit http://www.reachoutandread.org/FileRepository/CVSROR_DevGuide_FINAL_WEB.pdf to download the guide.

➤ The *Prescribe a Book Act* (PABA) has been introduced in both the House (H.R. 820) and the Senate (S. 393). This legislation authorizes a competitive grant program to support a pediatric early literacy initiative that trains doctors and nurses to encourage parents to read aloud to their children, serves children at high risk, is backed by research, and has a demonstrated track record of proven intervention. Reach Out and Read meets all of those criteria. Passage of this legislation is critical to sustaining the cost-effective and evidence-based school readiness efforts of Reach Out and Read. As a pediatric healthcare provider, please urge your representatives in the House and Senate to support PABA. To find out if your representative has co-sponsored the bill, go to www.Thomas.loc.gov and search by bill number (HR820 and S393). Click on COSPONSORS and you will see the list. Do this for both the House and the Senate. If they have not, please call or email them to ask for their support of this legislation. To find/contact your representative, please visit: <http://www.congress.org/congressorg/officials/congress/?lvl=C&azip=Your%20ZIP%20code%20here> or <http://www.congress.org/communicate>

➤ Here is a summary of Reach Out and Read's impact to date:

Location	Number of children served annually	Number of active clinical Sites	Number of age- and culturally- appropriate books given annually
Nationwide	3.9 million	4,500	6 million
California	585,000 +	629	1 million +
Los Angeles County	108,000	126	171,000 +

For those of you who would like more information about becoming a *Reach Out and Read* Site, please contact me at kathleenomara@yahoo.com

To learn more about *Reach Out and Read*, visit www.ReachOutandRead.org

ADVANCING ORAL HEALTH IN AMERICA: IOM UNVEILS RECOMMENDATIONS FOR HHS NEW ORAL HEALTH INITIATIVE

Joseph Gantan, MD, FAAP

Oral Health Liaison, AAP California, Chapter 2

In the year 2000, the Surgeon General's Report on Oral Health in America identified dental caries as "the single most common chronic childhood disease" and drew the attention of health professionals to the increasing prevalence of a new "silent epidemic". In 2007, the death of Deamonte Driver, a 12 year old Maryland boy who died of a central nervous system infection that started with a dental abscess, drew the attention of lawmakers and the general public. The event emphasized the connection between oral health and general medical well-being, the so-called "oral-systemic connection". As a result of these events, more organizations and individual providers have initiated efforts to promote and maintain oral health in their patient populations. Unfortunately, lack of resources, poor provider training, barriers to dental access and lack of care coordination have resulted in an inefficient and ineffective oral health system.

In 2009, the Health Resources and Services Administration (HRSA), in an effort to assess and improve Department of Health and Human Services (HHS) programs related to oral health, asked the Institute of Medicine (IOM) for assistance in developing recommendations for an oral health initiative. The Institute's tasks included: assessing the current oral health care system for the entire U.S. population, examining the use and promotion of oral care interventions,

exploring ways to improve oral health literacy, identifying potential elements in an HHS oral health initiative and developing strategies specific to HHS agencies and key stakeholders. In April 2011, the IOM published its findings in a document entitled "Advancing Oral Health in America". Their recommendations, summarized in 10 "organizing principles", are based on areas that they deemed to have the most need and most potential for improvement. In conjunction with Healthy People 2020, they provide guidelines for achieving intermediate, measurable goals aimed at improving oral health via HHS programs. They include:

- 1 Establishing high-level accountability
- 2 Emphasizing disease prevention and oral health promotion
- 3 Improving oral health literacy and cultural competence
- 4 Reducing oral health disparities
- 5 Exploring new models for payment and delivery of care
- 6 Enhancing the role of non-dental health care professionals

- 7 Expanding oral health research and improving data collection
- 8 Promoting collaboration among private and public stakeholders
- 9 Measuring progress toward short-term and long-term goals and objectives
- 10 Advancing the goals and objectives of Healthy People 2020

Of the ten principles listed, those that are expected to have the most direct impact on practicing pediatricians are 3, 5 and 6. Detailed findings and recommendations include the following:

- Oral health literacy for health care professionals remains low – this includes basic understanding of oral health diseases (and their potential impact on general health) as well as knowing how to navigate the oral health system.
- Implementation of community-wide educational programs targeting health professionals (as well as the general public) is recommended.
- Non-dental professionals are well situated to play an increased role in oral health care but lack training in disease prevention/management and care coordination.
- Revision of educational curricula at training programs to include oral health is recommended.
- Development and promotion of inter-professional approaches to oral health management is recommended.

- Efforts to broaden the diversity of the oral health care workforce have not produced marked changes.
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The report goes on to state that the long term viability of these changes (and even maintaining oral health's priority status in HHS) will depend on leadership, sustained interest and involvement of multiple stakeholders.

Whether or not all of the above recommendations will come to fruition or will have significant impact on oral health in the United States remains to be seen. It is clear, however, that the current model of oral health care is not sufficient to meet the needs of the general public. Until barriers to dental access are addressed on a global scale, non-dental providers will need to increase their roles in oral health. Pediatricians are in a position to provide counseling, screening and intervention early in childhood. They will have seen a patient several times in the medical setting even before her/his first dental appointment. With the proper tools, they can have immediate and lasting impact in the oral health of children in the community.

“Advancing Oral Health in America” – 2011 IOM Report can be viewed at the following site:

http://www.nap.edu/catalog.php?record_id=13086

Dr. Gantan is an attending physician in the Division of General Pediatrics at Children's Hospital Los Angeles and holds faculty appointment in the Keck School of Medicine at the University of Southern California. He staffs and supervises the Oral Health Program at Children's Hospital Los Angeles, is a member of the American Academy of Pediatrics Oral Health Advocate Advisory Group and serves as Chapter 2 Oral Health Liaison.

THE CALIFORNIA PEDIATRIC COUNCIL: YOUR VOICE TO PAYERS

Laura Mabie, MD, FAAP

President, AAP California, Chapter 2

Chair, Pediatric Council, AAP California - District IX

As private practicing pediatricians we often find ourselves in the muck of coding and reimbursement issues. If it's not our office managers, it is us on the phone with insurance companies trying to work out payment issues. In fact, this type of back and forth usually takes up a significant amount of our time – yet it is the piece of our job that causes the most frustration and takes us away from doing what we really love – caring for kids.

That's why the AAP California convened the Pediatric Council. The Council, made up of representatives from each Chapter of the AAP in California, strives to be a voice for the practicing pediatrician to discuss information about immunizations/therapies/codes and other issues directly with the major private insurance companies in the state.

The Council meets twice a year with medical directors and/or other representatives from insurance companies from across the state. While we cannot discuss specific pricing issues as a group, the Council does present general information on codes and practicing issues to raise the awareness of payers to help expedite and encourage fair payment for new and existing therapies and models of care. In essence, the Council presents a united front for pediatricians so your concerns are heard loud and clear and we can work with companies to affect change on your behalf.

The most recent meeting of the Pediatric Council took place on March 11, 2011. During this meeting, representatives from Cigna Health Plan, Anthem Blue Cross, United Health Care, Molina Healthcare, Health Net, and AAP California, gathered together to discuss topics such as payment for the diagnosis of autism, telephone care and new vaccine administrative codes.

The most significant portion of the meeting was spent discussing payment for services related to the diagnosis of autism. Guest speakers, Carlos Flores, Executive Director of the San Diego Regional Center and Auben Stahmer, Ph.D., research and clinical coordinator of the Autism Intervention Center at UC San Diego/Rady Children's Hospital provided an overview of the current challenges in funding care for and diagnosis of autism and developmental care. After much discussion, the participants at the meeting determined that more time needed to be devoted to the topic so that payers could better understand the issue at hand. An ad hoc committee will be formed to continue this discussion over the next few months.

If you have other insurance payment issues, please bring them to our attention. There are three ways you can voice your concerns:

- *Join the AAP-CA2 Pediatric Practice Committee.* This committee meets quarterly to discuss local issues and provides feedback directly to the Pediatric Council regarding your needs/concerns.
- *Submit a 'hassle factor' form to mgreen@aap.net.* By completing the hassle factor form, we can aggregate issues and have more clout when speaking with insurance companies on your behalf. The hassle factor form can be found on the National AAP Web site at: <http://www.aap.org/moc/reimburse/hasslefactor/HassleForm.cfm>
- *Join the AAP-CA2 listserv – this listserv will re-launch this summer with new coding information and frequent relevant discussion topics submitted by members – for members. To join, email us at mgreen@aap.net*

THE FUTURE OF PEDIATRICS: WHAT HAPPENS NEXT?

We are so often weighed down by our daily duties that we do not have time to look forward and contemplate how our actions will affect the future of pediatrics. It's difficult to find time between flu cases to fully understand how health care reform will change the way children receive care. When we finally find the time to contemplate all the changes to come a mommy-call rings through and we are brought right back into the present. While we are busy solving the present-day problems for our patients and families, the American Academy of Pediatrics is here to help us understand how the world around us is changing – and how we can prepare for what is to come.

During the Annual Leadership Forum in Elk Grove, IL in March 2010, Chapter 2 officers heard directly from AAP leaders about the work of the “Vision of Pediatrics 2020” task force. Their work was originally published in the October 2010 issue of Pediatrics, but after hearing the evidence first-hand, we felt it important to highlight the findings in our newsletter, just in case you were paged into the hospital while reading it the first time and haven't quite gotten back to it.



Pediatrics in the Year 2020 and Beyond: Preparing for Plausible Futures

In 2008, the American Academy of Pediatrics convened a group of pediatricians to identify the key elements that will drive the future of pediatrics. The group developed the “Vision of Pediatrics 2020” by thinking through potential scenarios and megatrends that will shape the years to come. Upon identifying these, the group aimed to create strategies to guide pediatricians and organizations into the future.

Through their research and discussions, the group identified these 8 “megatrends” likely to impact the future of pediatrics:

- 1 Changing demographic and clinical characteristics of children and families
- 2 Burgeoning HIT
- 3 Ongoing medical advances

- 4 Alterations in health care delivery system(s)
- 5 Growth of consumer-driven health care
- 6 Dynamics of pediatric workforce
- 7 Disasters (environmental, infectious, man-made)
- 8 Globalism

The article in Pediatrics further outlines the potential scenarios for each of these megatrends that will affect how we practice medicine in the years to come. While we do not have all of the answers, being aware of these possibilities is a much-needed first step to preparing for the future. As we review our Chapter strategies to support our members, these megatrends will help us determine how to best serve you and help lead you into the future.



CHAPTER 2 GIVING TO THE FUTURE...

Children are our passion, and medicine is our calling. As pediatricians we inherently care for the people that will build our future. This includes both our patients and successors in medicine. Chapter 2 is especially dedicated to promoting future leaders in our field. It is the medical students, interns and residents that will create the world of medicine, and we need to help prepare them for that task.

Each year, Chapter 2 selects outstanding medical education students and residents to receive awards for their dedication to medicine and pediatrics. Below is a list of the awards and recipients—Please join us in congratulating these outstanding students and residents who truly are the future of pediatrics.

2011 Resident Research Awards

This year the Committee on Service Education and Mentoring honored one resident and one resident program with the 2011 Resident Research Award of \$500. Dr. Joanna Yeh from UCLA and Drs. Jonathan Goldfinger, Christine Bottrell, Megan Mariner and Jessica Tenney from CHLA were recognized for their outstanding research and advocacy work as residents. Congratulations to each of you.

Joanna Yeh, MD. *3rd Year Resident, UCLA*

Joanna Yeh, MD studied molecular and cell biology/genetics as well as bioengineering as an undergrad at UC Berkeley. During this time, she developed an interest in scientific research and joined a genetics lab to learn more about research science. Dr. Yeh says, “I ultimately choose medicine because I enjoyed the integration of science and humanities and I enjoyed taking care of patients.”

Dr. Yeh attended medical school at UCSF and after her 3rd-year chose to pursue pediatrics. She notes that there are many reasons that led her to pediatrics. She enjoys working with families and appreciates the sense of duty and fulfillment that comes with caring for such a vulnerable population.

Dr. Yeh is at UCLA for her residency where she especially enjoys learning about pediatric GI. She has chosen to pursue fellowship in the subspecialty and says, “I enjoy learning about the disease processes within GI as well as the balance between inpatient, outpatient, and procedural aspects of the field.”

Dr. Yeh's Research:

Post-infectious gastroparesis (PIGP) is a subgroup of idiopathic gastroparesis rarely reported in adolescents. In PIGP delayed gastric emptying typically presents several weeks after an acute self-limiting viral infection. Disease course can be prolonged and refractory to medical therapy. We describe three adolescent females with severe PIGP. They each underwent extensive workup prior to referral to a pediatric gastroenterologist. Gastric emptying scans in all 3 showed severely delayed emptying, with a mean t1/2 of 263 minutes (range 199-373, normal <90). Electrogastrography was abnormal in two of the patients. All had only partial response to metoclopramide and erythromycin, and two required parenteral nutrition and tube feeds. One patient ultimately underwent placement of a gastric electrical stimulator which improved her symptoms. PIGP may be an under-recognized disorder in pediatrics, particularly in adolescents, and if untreated it can lead to significant morbidity. Therefore clinicians should screen for a recent history of viral syndromes and consider testing for impaired gastric emptying in patients with persistent nausea, vomiting, or abdominal pain.

LATCH NOW Program Leaders
Jonathan Goldfinger, MD · Christine Bottrell, MD
Megan Mariner, MD · Jessica Tenney, MD

Jonathan Goldfinger, MD, MPH has focused on community-centered public health throughout his education and career. During both his undergraduate time at Columbia University and while completing his MD and MPH in Global health at The Mount Sinai School of Medicine, he has advocated for children with Sickle Cell Disease and HIV/AIDS. He has been involved in several public health efforts including the development and implementation of a community health fair in Harlem and a trauma surveillance system for the Honduran Ministry of Health. Dr. Goldfinger's passion for public health led to a fellowship at the Center for Disease Control and Prevention where he designed first-responder health surveillance models for the National Institutes of Occupational Safety and Health. For his efforts he received two Mount Sinai International Health Research Grants and was awarded both the David E. Rogers Fellowship by the New York Academy of Medicine and the George James Epidemiology Award by The Mount Sinai School of Medicine Public Health Program. Dr. Goldfinger graduated with distinction in Research and was inducted into Delta Omega Honorary Society in Public Health.

As a first-year General Pediatrics resident at CHLA, Dr. Goldfinger co-founded LATCH NOW with Dr. Christine Bottrell and successfully spearheaded a campaign for Hollywood Presbyterian Medical Center (HPMC) to be awarded a grant by the First 5 LA Baby-Friendly Project. Dr. Goldfinger is currently a second-year General Pediatrics resident. Upon graduation from CHLA he hopes to work in the public health arena for underserved populations. al aspects of the field.”



Christine Bottrell, MD, MPH from Glendale, CA has a longstanding passion for community pediatrics. As an undergraduate at UC Berkeley she worked for the Los Angeles Medical Home Project for Children with Special Health Care Needs. Dr. Bottrell then worked for a First 5 Los Angeles grant, focusing on preschool obesity and school readiness. During medical school at UCSF she worked on analyzing resident competencies achieved

during a community pediatrics rotation. She obtained her MPH from Harvard School of Public Health in Maternal and Child Health and focused her studies on lead poisoning prevention and parenting education in the primary care setting. She joined the Advocacy Track as an intern at CHLA and co-founded LATCH NOW which has already raised breastfeeding awareness and improved breastfeeding promotion in the community and in our hospitals.

About LATCH NOW:

The benefits of exclusive breastfeeding are undeniable and now in the national spotlight. Exclusive breastfeeding rates at birth are very low in Los Angeles County (33%) and even worse in communities served by Children's Hospital Los Angeles (CHLA) and Hollywood Presbyterian Medical Center (HPMC) (~13%). This led four CHLA residents to create LATCH NOW (*Lactation, Advocacy, and Teaching at CHLA, HPMC, and Network of WICs*), an evidence-based program aimed at reducing these disparities. In its first year, LATCH NOW has surpassed expectations by:

- creating a multi-institutional local breastfeeding coalition with numerous key stakeholders
- collaborating with HPMC to attain a *First 5 LA* grant toward becoming Baby-Friendly
- designing community-based and reimbursable breastfeeding classes for expecting and new parents
- developing comprehensive breastfeeding curricula for nurses and staff at hospitals based on the WHO/UNICEF Baby-Friendly Hospital model.

Educational components will be piloted thanks to a CATCH grant from the American Academy of Pediatrics. According to the authors, LATCH NOW is the first initiative of its kind to comprehensively and simultaneously address many barriers to breastfeeding. Policy and practice have measurably improved at highly influential community institutions, and improvements in exclusive breastfeeding rates are highly anticipated.

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COMMITTEES & TASK FORCES

July 2010 · appointed positions, except Nominating Committee

Committees and Task Forces are the lifeblood of a successful organization. They focus on specific areas of interest and thrive on the interest and dedication of its members in accomplishing its goals.

Committees

Chairperson's Telephone & Email

➤ ADOLESCENT	VACANT
➤ BREASTFEEDING	TOURAJ SHAFAL, MD · 909/689-9220 · hafaidocs@yahoo.com
➤ CHILDREN WITH SPECIAL HEALTH NEEDS	SUSAN IGDALOFF, MD · 213/897-3186 · Susan.Igdaloff@dhcs.ca.gov
➤ COMMUNITY OUTREACH	ELLIOTT WEINSTEIN, MD · 909/621-0973 · elstwein@charter.net
➤ SERVICE, EDUCATION & MENTORING (CSE)	DEREK WONG, MD · DAWong@mednet.ucla.edu
➤ ELECTRONIC COMMUNICATIONS	VACANT
➤ ENVIRONMENTAL HEALTH	NESSAR REDJAL, MD · 310/222-4163 · nredjal@yahoo.com
➤ FETUS AND NEWBORN	GEORGE FRANCO, MD · 310/459-7773
➤ FOSTER CARE AND ADOPTIONS	KERRY ENGLISH, MD · 310/668-4872 · kerrydoc@ca.rr.com
➤ INTERNATIONAL CHILDREN'S HEALTH	ALBERT CHANG, MD · 310-994-9974 · albertchang@charter.net
➤ INFECTIOUS DISEASE	WILBERT MASON, MD · 323/361-2509 · wmmason@chla.usc.edu
➤ INJURY, VIOLENCE AND POISON PREVENTION	GRANT CHRISTMAN, MD · gpchris@ucla.edu
➤ MEMBERSHIP	WILBERT MASON, MD · 323/361-2509 · wmmason@chla.usc.edu
➤ NOMINATING	ALLAN LIEBERTHAL, MD · 818/375-2412 · alieberthal@att.net
➤ PEDIATRIC PRACTICE	VACANT
➤ PEDIATRIC EMERGENCY MEDICINE	PAULA WHITEMAN, MD, FACEP, FAAP · 310/423-8780 · Paula.Whiteman@cshs.org
➤ PROGRAM COMMITTEE (CME)	ROBERT ADLER, MD · 323/361-4523 · radler@chla.usc.edu
➤ QUALITY IMPROVEMENT	WILBERT MASON, MD · 323/361-2509 · wmmason@chla.usc.edu
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➤ SCHOOL HEALTH COMMITTEE/MENTAL HEALTH TASK FORCE	VACANT
➤ SUBSTANCE ABUSE	TRISHA ROTH, MD · 310/452-9782 · trisharoth@aol.com

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➤ CATCH PROGRAM	ELISA NICHOLAS, MD · 310/933-9430 · enicholas@memorialcare.org ALICE KUO, MD · 310/794-2583 · akuo@mednet.ucla.edu
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➤ LITERACY PROJECT	ALICE KUO, MD · 310/825-8042 · akuo@mednet.ucla.edu
➤ 1 ST FIVE: 1A BEST WORKFORCE	HELEN DUPLISSIS, MD · 310/312-9213 · hduplessis@verizon.net
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District IX Committees

➤ DISTRICT IX PEDIATRIC COUNCIL CHAIR	LAURA MABIE, MD · 818/957-7925 · lemmd@sbcglobal.net
➤ DISTRICT IX SGA COMMITTEE REPRESENTATIVES	DAMODARA RAJASEKHAR, MD · drakasekhar@charter.net STEVEN FEIG, MD · pedsdoc2@aol.com
➤ FINANCE COMMITTEE	<i>District IX Treasurer:</i> MARY DOYLE, MD · 626/569-6484 · madoyle@ph.lacounty.gov
➤ MEMBERSHIP COMMITTEE	WILBERT MASON, MD · 323/361-2509 · wmmason@chla.usc.edu
➤ BOARD OF DIRECTORS	LAURA MABIE, MD · 818/957-7925 · lemmd@sbcglobal.net HELEN DUPLISSIS, MD · 310/312-9213 · hduplessis@verizon.net
➤ AAP-CA FOUNDATION	<i>Treasurer:</i> EDWARD CURRY, MD · 909/693-8865 · Edward.s.curry@kp.org <i>Board Member:</i> LAURA MABIE, MD · 818/957-7925 · lemmd@sbcglobal.net <i>Advisory Board Member:</i> MARISSA GREEN · 888/838-1987 · mgreen@aap.net
➤ DISTRICT IX RESIDENT COMMITTEE	ELIZABETH VANDYNE, MD · eavandyne@yahoo.com

Task Forces

➤ OBESITY TASK	ELLIOT WEINSTEIN, MD · 909/949-8979 · elstwein@charter.net TRACY ZASLOW, MD · 818/501-7276 · tzaslow@hotmail.com
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American Academy of Pediatrics

District IX, Chapter 2

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ETC.

for your information

(CONTINUED FROM PAGE 13)

2011 Medicine - Biological Sciences Scholarship Award

This is the 14th year for the AAP-Chapter 2 Medicine – Biological Sciences Scholarship Award. Each year, Chapter 2 awards High School seniors this scholarship to be used in pursuing a college degree to study medicine. The scholarship rotates through each county in our Chapter area. This year, Riverside County High School students were eligible for the award. Three students will be awarded \$500 to put towards tuition in 2011, including: Purja Dari, Martin Luther King High School, Zara Wadood, John W. North High School and Leslie Williams, Ramona High School. The students will be honored during a reception in this month.

A special thanks from a 2002 scholarship recipient...

My name is Jenna Evans. In 2002, when I graduated from high school, I was awarded a scholarship from the American Academy of Pediatrics (AAP), California Chapter 2. I found your business cards today while going through my old files, and wanted to take a moment to thank you and the AAP for supporting students like myself in pursuing higher education. I am happy to report that I am now a PhD Candidate in Health Services Research at the University of Toronto. Thank you for being such an important part of my journey.