



### CALENDAR OF EVENTS

Visit the Events section of our website for all details and online registration.

**Friday, April 27, 2018**

**WIAAP Annual Member Meeting  
Via Teleconference**

Call in information will be provided upon registration.  
12:45pm - 2:45pm

**Friday, October 5, 2018**

**Pediatric Mental Health in Primary Care**  
Waukesha, WI

**CHANGE OF DATE:**

**Friday, October 19, 2018**

**Statewide Open Forum:  
Quality Improvement in Pediatrics**  
Oconomowoc, WI

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## REGISTER NOW! MOC Part 4 Credits by End 2018

### HPV VACCINE IS CANCER PREVENTION

Registration is now open for the HPV Vaccine Quality Improvement Project, which seeks to increase rates of initiation across Illinois and Wisconsin in 2018.

Preliminary learning collaborative organization is now in process: data collection will begin the first week of June and will conclude by September. This activity is funded in part from a grant from the American Academy of Pediatrics, building on prior successful efforts in both states, focusing on providing strong recommendation for initiation of the HPV vaccine in children 11 and 12 years of age.

Participants will benefit from a series of live and archived webinars, learning collaborative conference calls and one-on-one available technical support to complete the data entry. Using the Illinois Chapter AAP's (ICAAP) online Learning Management System (LMS) and based on lessons learned during curriculum will be available after the pilot has concluded. AAP/Chapter members and non-members are eligible.

*Continued on page 7*

#### ENROLL A PRACTICE

Contact Dru O'Rourke, Project Manager  
[dorourke@illinoisAAP.com](mailto:dorourke@illinoisAAP.com), 312/733-1026, ext 207

#### ENROLL AN INDIVIDUAL

Visit [icaap.remote-learner.net](http://icaap.remote-learner.net) and create a user account.  
Then visit the Course Catalog and register for the course entitled  
"HPV Vaccine Quality Improvement Project."



Illinois  
State  
Medical  
Society

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 this live activity for a maximum of 5 AMA PRA Category 1 Credit(s)™.

Physicians should claim only the credit commensurate with the extent of their participation in the activity. The quality improvement project will be approved for MOC Part IV credit by the American Board of Pediatrics.

### The WIAAP Vision

Wisconsin children have optimal health and well-being and are valued by society. We practice the highest quality health care and experience professional satisfaction and personal well-being.

### The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) strives to:

- Assure optimal health and well-being for all of Wisconsin's children and their families
- Provide support and education to our members, enabling them to continue to be the most effective providers of health care to children.

# President's Message

## Mala Mathur, MD, MPH, FAAP

Spring can be an exciting time to enjoy the first buds on the trees, the first flowers in the garden, and the first mild sunny days that herald warmer days ahead.

This year, we also welcomed our first Annual Pediatric Advocacy Day (#WIPeds) for providers around the state: practicing pediatricians as well as medical students, residents, fellows and other child health partners. Over 50 participants met near the Capitol in Madison to discuss legislative advocacy and child health issues in our state.

We welcomed Rep. Joan Ballweg, who helped develop and is currently co-chair of the Wisconsin Legislative Children's Caucus, a bipartisan initiative to educate legislators on evidence-informed investments for children and families. Jim Pawelski, Director of State Advocacy at the American Academy of Pediatrics presented how and why advocacy is so important for the families and children we serve. Mark Grapentine, Senior Vice President of Government Relations at the Wisconsin Medical Society gave us an update on the legislative landscape of child health in Wisconsin

and Dr. Dipesh Navsaria provided an Advocacy 101 training to help us get started on our legislative advocacy journey. We all had an opportunity to visit our legislators after lunch and then regroup at the end to share our experiences and learn from each other. It was a great day for networking and we hope you will join us next year!

WIAAP advocated nationally for the reauthorization of CHIP and Maternal Infant Early Childhood Home Visiting Program. On the state front, WIAAP led efforts against AB260, a bill that would have mandated schools and some Wisconsin colleges to accept pre-participation exams conducted by chiropractors. WIAAP and 19 other organizations lobbied diligently to make this happen, and we thank our members for calling, emailing and posting on social media to oppose this legislation.



*Rep. Joan Ballweg and Dr. Moo, WIAAP's official "Spokescow," at the #WIPeds Advocacy Day.*

We are working hard to address our organization's strategic priorities: Mental Health, Adolescent Health and Quality Improvement. We will be recruiting pediatricians this spring to join other WIAAP colleagues in a statewide HPV Collaborative to increase HPV vaccination rates- stay tuned for more details!



We will also have our Fall Open Forum this year on October 19th on the theme of Pediatric Quality Improvement throughout Wisconsin. Please mark your calendars and join us for this discussion, hear about quality improvement initiatives and how you might collaborate with colleagues around the state.

Lastly, WIAAP is involved in the planning committee for a Mental Health Conference through Children's Hospital of Wisconsin in Waukesha on October 5th. We look forward to seeing many of you at these conferences throughout the year! I want to thank all of our members for your continued support of WIAAP. Happy Spring!

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*Mala Mathur, MD, MPH, FAAP has been active in the WIAAP serving two terms as a board member. She currently practices general pediatrics at UW health and has interests in advocacy and public health, early childhood, quality improvement and community engagement in improving the lives of children and youth in our state.*

## Welcome to the Wisconsin Chapter!

Rick Chitwood, DO, FAAP (Lake Geneva)  
Brenda Cowan Frautschy, CPNP-PC/CNS (Oshkosh)  
Michael Flanher (Wauwatosa)  
Kahlie Hauser, MD, FAAP (Eau Claire)  
Helen Kusi, MD, FAAP (Madison)

Benjamin Landgraf, MD, FAAP (Waukesha)  
Stephanie Olson, MD, FAAP (Milwaukee)  
Paul Otto (Brookfield)  
Shayla Percy (Milwaukee)  
Katie Procarione (Pleasant Prairie)

Prema Sinha, MD, FAAP (Brookfield)  
Wendy Sun (Madison)  
Rachel Thompson, MD, FAAP (Elm Grove)  
David Vyles, MD, MS, FAAP (Milwaukee)

## Member Corner

### *Children Need Amazing Parents (CHAMPS)*

**Lisa Zetley, MD, FAAP**



*Pictured left to right: Dr. Zetley, Oklahoma State Senator A.J. Griffin (R), Virginia Pryor, director at the Georgia Department of Family and Child Services, Sarah Chiles, executive director at Redlich Horwitz Foundation, and Jennifer Rodriguez, executive director at the Youth Law Center.*



AAP Council on Foster Care, Adoption, and Kinship Care Executive Committee member **Lisa Zetley, MD, FAAP**, spoke at an event announcing the Children Need Amazing Parents (CHAMPS) campaign. AAP is a lead partner in CHAMPS, a campaign focused on improving quality parenting experiences for children in foster care through policy reforms at the federal level and in 20-25 states over five years.

Dr. Zetley is a practicing pediatrician and assistant professor at the Medical College of Wisconsin. She has been a member of WIAAP since 1998 and co-leads the Wisconsin's role in the AAP's Healthy Foster Care America initiative.

## WIAAP Leadership

### **President**

Mala Mathur, MD, MPH, FAAP  
UW Health, Madison

### **Vice President**

Dipesh Navsaria, MD, MSLIS, MPH, FAAP  
UW Health, Madison

### **Secretary/Treasurer**

Sarah Campbell, MD, FAAP  
Ascension, Appleton

### **Immediate Past President**

Jeffrey Britton, MD, FAAP  
Aurora Children's Health, Sheboygan

### **Executive Director**

Kia LaBracke  
Oconomowoc

### **Board of Directors**

Paula Cody, MD, FAAP  
UW Health, Madison

Margaret Hennessy, MD, FAAP  
Wheaton Franciscan Healthcare,  
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Jennifer Kleven, MD, MPH, FAAP  
Gundersen Health System, La Crosse

Barbara Kolp-Jurss, MD, MBA, FAAP  
Aurora Children's Health, Milwaukee

Betsy Peterson, MD, FAAP  
Community Pediatrics, Beaver Dam

Lynn K. Sheets, MD, FAAP  
Children's Hospital of Wisconsin, Milwaukee

## WIAAP Vice President Dipesh Navsaria receives 2018 Academy Fellow Award

WIAAP vice president **Dipesh Navsaria, MD, MSLIS, MPH, FAAP** received a 2018 Academy Fellows Award from The Wisconsin Academy of Sciences, Arts & Letters. This award recognizes educators, researchers, mentors, artists and civic or business leaders from across



Wisconsin who have made substantial contributions to the cultural life and welfare of our state and its people.

Dipesh is an Associate Professor of Pediatrics at the University of Wisconsin School of Medicine and Public Health. He is the Director of UWSPH's Pediatric Early Literacy Projects, Advocacy Training, MD-MPH Dual-degree Program and serves as Medical Director for the UW-Madison Physician Assistant Program. Dipesh is

committed to translating basic science into primary-care settings via population health concepts and policy initiatives, with an emphasis on understanding how early childhood experiences shape the development of children. He is a key member of the Board and Medical Leadership for Reach Out and Read. He has a degree in Library and Information Science and medical degree from the University of Illinois, and completed the Primary Care Faculty Development at UWSPH.

## How Scaffolding Helps Build Executive Function Skills

Do you talk to parents about executive function? Many parents are not familiar with this term. The executive function (EF) skill set acts as a coordination center in the brain and depends on three main functions: working memory, mental flexibility, and inhibition control.<sup>1</sup> These crucial skills are needed to perform daily tasks, such as prioritizing, controlling impulses, filtering distractions, and accomplishing goals. Issues with executive function in children may look like:

- Trouble with organization
- Struggling with time management
- Difficulty with open-ended assignments or tasks and trouble starting tasks by themselves
- Inability to complete assignments efficiently
- Difficulty with memorizing or remembering rules<sup>2</sup>
- Impulsivity<sup>2</sup>

Executive function involves goal-directed behavior that not only influences success in academic achievement and daily activities, but it influences success later in life through job skills, social skills, and independent living skills.<sup>3</sup> If a child is having issues with executive function, it is important to intervene early in order to give this child every opportunity for success.

It is important to understand that children are not born with these skills, but they're born with the potential to develop them.<sup>4</sup> Adults aid in the development of a child's executive function skills in various ways including: establishing routines, demonstrating social behavior, guiding children through modeling the use of executive function skills, and maintaining supportive, stable relationships.<sup>5</sup> If parents notice executive function issues, they should begin intervention by making adaptations at home. Using charts, checklists, and schedules on a daily basis helps children build a routine and accomplish goals. Examples of home interventions include but are not limited to the following:

- For homework time: Set a specific time each day after school when the child will begin homework and designate a distraction-free area. This will help establish a routine and allow the child to focus on the tasks each day.
- For managing the day: Teach the child to use a daily agenda planner to promote organization.
- For getting ready for school: Create a morning routine with visual cues and reminders for each step of the process, such as brushing teeth, combing hair, putting on each layer of clothing, tying shoes, etc.

- For remembering instructions: Create a mnemonic to help with recalling multi-step instructions.<sup>6</sup>

Along with adaptations to daily activities, parents should also use scaffolding as a method to teach their children and guide them through tasks. Scaffolding is a learning technique in which the adult relinquishes control of a task to the child over time. The effectiveness of scaffolding hinges on the contingency rule: when the child struggles, the adult should increase the level of support provided, and when the child succeeds, the adult should gradually decrease the level of support.<sup>5</sup> Scaffolding allows parents to adjust their support based on the child's needs. For example, when teaching a child to brush their teeth independently, parents can use scaffolding to help their child achieve this daily skill. The parent may first start by brushing the child's teeth for them and then slowly decrease their amount of help over time, from being prompted with cues to complete independence.

While scaffolding and daily home adaptations are effective beginning steps for early intervention at home, clinical intervention may be necessary if improvements are not seen. For a diagnosis, refer your patients to a neuropsychologist or a child psychologist. For ongoing treatment, you should refer patients to occupational therapists or speech therapists. Occupational therapists and speech therapists will work on the underlying issues with the child that are preventing the child from developing healthy executive function skills, as well as, work with the child and family to develop specific strategies that will most benefit the child.

### SOURCES

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4. Executive Function Interventions. Children's Hospital of Philadelphia.
5. <http://www.chop.edu/centers-programs/executive-function-consultation-education-and-skills-excel-clinic/interventions>. Accessed November 8, 2017.
6. Mermelshtine R. Parent-child learning interactions: A review of the literature on scaffolding. *British Journal of Educational Psychology*. 2017; 87(2):241-254. doi:10.1111/bjep.12147



Article submitted by Pathways, a non-profit organization providing free tools to maximize all children's motor, sensory, and communication development. Their milestones are supported by the American Academy of Pediatrics. Find more free tools at [www.pathways.org](http://www.pathways.org).

# Practice Updates

## Maternal Depression Screening Coding



We would like to bring your attention to 3 resources to support providers screening and treating mental health disorders for pregnant and postpartum women:

- **Medicaid reimbursement for maternal depression screening as part of a well child visit** began January 1, 2017. HealthCheck providers can bill for maternal depression screening as part of the child's HealthCheck visit. Providers can bill this code in addition to the HealthCheck exam (codes 99381-99385 and 99391-99395). The code is 96161 [Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument]. Reimbursement for the screen is \$3.57. Log in to ForwardHealth's provider portal at <http://bit.ly/2oWEi2k> for more information.
- **Periscope Project** is modeled after the Child Psychiatric Consultation Program. It provides real-time provider-to-provider tele-consultation and care coordination for psychiatric and substance abuse conditions in women who are pregnant, postpartum, breastfeeding, or interconception. It supports the U.S. Preventive Services Task Force recommendation that depression screening be implemented with systems in place to ensure diagnosis, treatment and follow-up by including comprehensive training and toolkits for providers on guidelines for psychiatric diagnosis and treatment. More information is available at: [www.the-periscope-project.org](http://www.the-periscope-project.org)
- **Online Perinatal Mental Health Training Modules** were developed by the Wisconsin Maternal and Child Health Program. This series of modules offer an in-depth look at the issues associated with perinatal mental health education and guidance on perinatal mood disorders. The series covers a wide array of topics including how to screen, refer, and support pregnant and postpartum women experiencing perinatal mood disorders. More information is available at: <https://www.dhs.wisconsin.gov/mch/pncc.htm>

Since you are seeing moms and infants routinely in the first year postpartum, your assistance is critically important to assure all women receive perinatal depression screening and follow-up services as needed.

For questions contact Terry Kruse at: [terry.kruse@wisconsin.gov](mailto:terry.kruse@wisconsin.gov) or call (608) 267-9662.

## AAP Trauma & Resilience ECHO

Join a community of learners for the most up-to-date guidance on the prevention, identification, care and management of childhood trauma and impacts of adversity.

### What is the AAP Trauma and Resilience ECHO?

The AAP Trauma and Resilience ECHO program is an interactive forum for health care professionals to:

- Increase knowledge about childhood trauma management and resilience promotion on.
- Improve the identification, care, and outcomes of traumatized children in pediatric settings.
- Learn how to use the resilience-trauma framework in every interaction with children and families.
- Access a "toolbox" of clinical skills and resources to support strength and resilience based response to childhood trauma.

This program uses the ECHO (Extension for Community Healthcare Outcomes) model™, a telementoring platform that leverages video conference technology to connect trauma experts with primary care teams in local communities. We will meet biweekly for six sessions for a brief lecture followed by de-identified patient case presentation and discussion. The program will be offered multiple times over the next three years. This program differs from a traditional webinar in that all attendees actively participate and learn from each other.

### Who Should Participate?

Pediatricians and their teams who have an interest in increasing knowledge and improving skills to better assess and manage children & families exposed to adversity and trauma.

### Registration

Sessions will begin innate April 2018. Participants can earn a maximum of *6.0 AMA PRA Category 1 Credits™*. In addition, upon successful completion of all six sessions, 6 MOC Part 2 points are available.

For more information about the program and to register, visit AAP ECHO Superhub, or contact Zaneta Balaban at [zbalaban@aap.org](mailto:zbalaban@aap.org) or Amy Shah at [ashah@aap.org](mailto:ashah@aap.org).



# October 19, 2018 - Statewide Open Forum



QUALITY IMPROVEMENT IN  
**PEDIATRICS**  
 — WISCONSIN CHAPTER —  
 AMERICAN ACADEMY OF PEDIATRICS

- **Illinois/Wisconsin Chapters of the AAP's HPV Vaccination Rate project**

*Mala Mathur, MD, MPH, FAAP  
 Raj Naik, MD, FAAP*

- **Pediatric Readiness Quality Collaborative**

*Michael Kim, MD, FAAP*

- **Update from the American Board of Pediatrics and Maintenance of Certification Requirements**

*Marshall Land, MD*

- **Wisconsin Maternal Child Health Measures**

- **Wisconsin Collaborative for Healthcare Quality (WCHQ)**

*Gabrielle Rude, PhD*

*This is an open event.  
 Registration is required.*

*Free for WIAAP members;  
 \$15 for non-members.*

*Tentative agenda, speakers/  
 topics are subject to change.*

**Register today at : [WIAAP-2018-QI-Pediatrics.eventbrite.com](http://WIAAP-2018-QI-Pediatrics.eventbrite.com)**

## Top 10 Resolutions – AAP 2018

At the Annual Leadership Forum (ALF) in March, voting members were invited to select the Top 10 resolutions they felt were of most importance to the grassroots of the Academy. Resolutions are advisory to the AAP board of directors.

Immediate past president Jeffrey Britton, MD, FAAP, serves as the District VI representative to the Conference Forum Management Committee (CFMC), which manages the resolution process through the chapter, district and national levels. He was selected to moderate a portion of this year's voting session.



*Jeffrey Britton, MD, FAAP*

<b>1</b>	Schools as Gun-Free Zones – Arming Teachers is not the Answer!
<b>2</b>	Creation of a Suicide Prevention Task Force and Resources for Pediatricians, Healthcare Organizations, Schools and Community Organizations who serve children and adolescents
<b>3</b>	Gun restraining order
<b>4</b>	The AAP Setting the Standards for Marijuana Regulations
<b>5</b>	Funding and Support for Autism Therapy

<b>6</b>	Granting Candidate Fellows the Right to Vote in AAP Elections
<b>7</b>	Increasing Immunization Rates by Universal Access to Immunization
<b>8</b>	Promotion of Safe Gun Storage
<b>9</b>	Advocating for Universal and Affordable Contraception
<b>10</b>	Opioid Prescription Policy Statement

## HPV Vaccine QI Project (continued)

The Illinois chapter's LMS provides online education and quality improvement opportunities physicians, primary care providers and support staff and was developed to provide members with access to education and QI programs on their own time.

The LMS collects learner information and materials required for CME such as pre/post tests and evaluations. ICAAP has also added an additional module to the LMS to allow for data collection for QI projects and meets the needs for approval of applications to the American Board of Pediatrics for Part IV of MOC.

Physicians are able to login in and enter data at their leisure, create run charts of their data and the aggregate data from others participating in the QI project. They can also access other information and tools to assist with the quality improvement cycle. Finally, the LMS allows participants to better sustain projects as we can record and post the education related to any program, provide CME and if appropriate develop an associated QI project.

During the Wisconsin chapter's pilot MOC IV project last year, which engaged approximately 40 physicians, data was collected on all 11- and 12-year old visits in the practice and documented if that patient had received dose 1 of the HPV vaccine, had received Tdap and had received Meningococcal vaccine.

The results of the rate of HPV vaccination initiation among children <13 overall as a group went up from 57% to 72.5% at the end of the three month data collection. In addition, there was an increase in rates of Tdap (from 84.1% to 95.1%) and Meningococcal conjugate vaccine (from 81.2% to 91.8%).

Dr. Mala Mathur, who co-led the 2017 effort, will join with Dr. Raj Naik to provide the educational oversight of the collaborative.

There is no cost for the first cohort as funded by the grant; subsequent enduring opportunities will be available for free until the grant funding is exhausted. We encourage all primary care providers to register today for this opportunity to greatly improve rates of vaccination for patients across Illinois and Wisconsin.

### QUESTIONS?

Contact **Dru O'Rourke, Project Manager**  
**Illinois Chapter of the AAP**  
**dorourke@illinoisAAP.com**  
**Phone: 312/733-1026, ext 207**

**HPV VACCINE**  
**IS CANCER PREVENTION**

## Did you know? Practice Updates (continued)

*If you have any insurance company concerns - denial of payments, excessive documentation requests, not paying on time - use the AAP Hassle Factor Form to Report Payment Issues at <http://bit.ly/2G1IN6A> and/or email Dr. Betsy Peterson, WIAAP's representative to the Section on Administration and Practice management, directly at [felixwesley1998@gmail.com](mailto:felixwesley1998@gmail.com).*

*If it is happening in one clinic, it is likely happening to others, so by reporting it, you can help all pediatricians in the state!*

### Instrument-Based Photo Screening 99174-99177

There are currently National Correct Coding Initiative (NCCI) edits on the reporting of a preventive medicine service visit with ocular photoscreening (CPT codes 99174 and 99177) and vision screening (CPT code 99173). The AAP has successfully appealed the edits to the NCCI contractor for the Centers for Medicare and Medicaid Services. As such, the edits will be rescinded effective July 1, 2018. In the interim, the AAP offers a reminder on how to report both services to appropriately override the edits.

Append modifier 25 (significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the preventive medicine service code (eg, 99392) when ocular photoscreening (99174 or 99177) or vision screening (99173) is provided during the same encounter.

By appending modifier 25 to the preventive medicine service code, you are certifying that the ocular/vision screening provided is significant and separately identifiable from the well child care service. For more information on this and other coding issues visit the AAP Coding Hotline at [coding.solutions.aap.org](http://coding.solutions.aap.org).

## Column: We Must Protect All Children, Including Immigrants

Immigration issues have periodically dominated the news over the decades, and this past year has proven to be no exception.

For pediatricians, this has a direct impact on our patients, namely immigrant children and families. Part of the issue is how we acknowledge the contribution of immigrant families—all of whom live in our communities as our friends, neighbors, co-workers, and as tax-paying Americans who are vital to our state and national economy.

Lawmakers and the current administration have proposed legislation, appealed court orders and issued administrative actions over the past year intended to stop immigrants from entering and staying in the U.S.

No matter where you may stand on the issue, our country has witnessed stories of children being separated from their parents at border detention centers under inhumane conditions. Shockingly, this has also occurred at sensitive locations such as hospitals. An example of a 10-year-old girl in Texas with cerebral palsy who required emergency surgery was particularly revealing of how our nation's policies negatively impact the well-being of these families. In the name of strict enforcement of immigration laws, she was apprehended during her hospital stay.

All this has a clear impact on the health of children. As pediatricians, we have witnessed the fear and anxiety these policies have created in the families that we care for. Families cancel appointments and choose not to access health care because they fear deportation.

The fear of being forcibly separated from family members can also cause significant stress, manifested in sleep, academic, social, and mental health problems, particularly in our adolescent patients. The impact of this extends beyond the home and clinic.

In addition to separating and deporting immigrant families, our country's policies have included eliminating the Deferred Action for Childhood Arrivals (DACA) program which allows young

adults (numbering nearly 800,000) who were brought to the U.S. as children to stay and work under two-year renewable permits.

This will no longer be possible if DACA legislation is not renewed in the next few weeks. These bright and talented young Americans are productive, employed, tax-paying members of our communities—the U.S. is the only home most of them have ever known.

This is not to imply that all immigrants are undocumented—the majority of immigrant children in our society are documented and are one of the fastest growing segments of our population. Currently 1 in 4 children in the U.S. lives in an immigrant household. Almost 279,000 residents of our state are immigrants, about 1 in 20 Wisconsinites.

Wisconsin's immigrant population contributes to a significant portion of our state's industries such as farming, fishing and forestry, as well as industries such as computer science and mathematics. Immigrant-led households in Wisconsin contributed \$1.4 billion in federal taxes and \$675.4 million in state and local taxes in 2014.

Even undocumented immigrants contribute to our Wisconsin economy, as they paid an estimated \$71.8 million in state and local taxes in 2014.

As a society, we must protect the health and well-being of all children, regardless of our political views. Treating all humans with dignity and respect and enacting policies that support all children will increase the likelihood they will become healthy and productive members of our society.

The archetypal American Dream is predicated on the world looking to us as a land of freedom and opportunity, founded on hard work. Is that the image we're sharing today?

**First published in the USA Today Network on February 23, 2018. Link to the article: <http://post.cr/2oE9bsj>.**

*Dr. Mala Mathur, Dr. Dipesh Navsaria and Dr. Sarah Campbell are officers of the Wisconsin Chapter of the American Academy of Pediatrics.*



*With the support of the AAP's Friends of Children Fund, the Council on Community Pediatrics developed the Immigrant Health Toolkit, available online at: <http://bit.ly/1JQOyyR>.*

*The toolkit includes the following sections:*

- Clinical Care
- Access to Health Care and Public Benefits
- Immigration Status and Related Concerns
- State Legal Resources for Immigrant Children and Families
- AAP Advocacy

# New AAP Research Initiative Aims to Protect Children from Firearm Injuries

The Academy is launching a bold new research initiative to protect children from firearm injuries.

Approaching these injuries as a public health epidemic, the **Gun Safety and Injury Prevention Research Initiative** will bring together experts from around the country to study and implement evidence-based interventions.

The initiative is a call to action spurred by members who have been vocal about needing to do more to protect children.

“On a daily basis, our members see firsthand the pain caused by firearms, whether by homicide, suicide or unintentional injuries,” said AAP President Colleen A. Kraft, M.D., M.B.A., FAAP. “However, just like any other risk to children, a focus on prevention and education by pediatricians in clinical settings, coupled with strong public policy which reduces access to firearms, can have a measurable and lasting positive impact.”

Gunfire kills about 1,300 U.S. children and teenagers each year and injures nearly 5,800 more, according to a 2017 study from Centers for Disease Control and Prevention (CDC) researchers. While the CDC collects these data, an amendment to a 1996 bill prohibited the CDC from using public health money to advocate for or promote gun control. The amendment was not intended to end research into gun violence, but it effectively impeded it.

Unencumbered by those restrictions, the Academy has been advocating for gun control measures for more than three decades.

“Recent national tragedies like the school shootings in Newtown, Conn., and Parkland, Fla., magnify attention on the gun violence children experience every day in communities everywhere. It is time for new tools pediatricians can use to counsel families based on their culture, knowledge, beliefs and experience,” said AAP CEO/Executive Vice President Karen Remley, M.D., M.B.A., M.P.H., FAAP.

The initiative will consist of three overlapping phases:

**Expert summit** — The Academy will convene a summit of experts to look at existing data on incidence and prevention of firearm injuries, identify gaps in evidence and knowledge, and produce a research agenda.

**Research** — AAP research staff and clinical investigators will conduct efficient, rigorous studies.

**Dissemination, implementation and evaluation** — The Academy will implement the resulting interventions in clinical and community settings and continuously evaluate their effectiveness.

The AAP Board of Directors has approved initial funding of \$500,000 from the Friends of Children and Tomorrow’s Children Endowment funds. The Academy also will be fundraising and forming partnerships to support its efforts.

“This initiative leverages what we as pediatricians do best: research, education, advocacy and ultimately having evidence-based conversations with families around gun safety and violence prevention in order to protect children,” Dr. Remley said.

*Originally published in the AAP News, March 16, 2018, by Melissa Jenco.*

*Article reprinted with permission from the American Academy of Pediatrics*

## American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



WIAAP board member  
Dr. Betsy Peterson



AAP District X Section on  
Pediatric Trainees



Dr. Heidi Schumacher and son  
Oliver in Washington, DC

# Making Connections:

## *9 Tips for Communicating Better with People with Autism*

People with autism spectrum disorder may have difficulties communicating or interacting socially, but that doesn't mean they don't want to connect. It just may be more challenging for them. It takes two to communicate successfully, so here are some ways you can do your part when conversing with someone with autism:

### **1. Help them to communicate; don't communicate for them!**

Don't assume you know what the person is thinking, needs or wants. Be patient, and let the person finish their message without trying to finish the sentences for them. Give time for the person to process what you've said .

### **2. Be sure you have the person's attention before speaking.**

People with autism may not always look at you when you talk. But that doesn't mean they aren't listening.

### **3. Speak with a normal rate and volume.**

Keep background noise low when possible, or move to an area with fewer distractions when talking.

### **4. Face the individual so they can see your expressions.**

Make sure you are not standing or sitting where there is a lot of glare or low light.

### **5. Reword what you say if the person doesn't understand.**

Repeat back what you heard, and ask for confirmation. Don't pretend to understand the message if you're not sure - work to get clarification. Acknowledge that you are having trouble understanding, but make sure they know you want to understand. Give them cues... what letter does the word start with? Are you talking about {name the topic}?

### **6. Speak to the person-not a parent, teacher or other person assisting them.**

If a person is using a communication device, don't try to "read over their shoulder"; instead, stand in front of the person as you would with others. Know that using a device may require more time to communicate.

### **7. Use visual cues/ pictures when possible.**

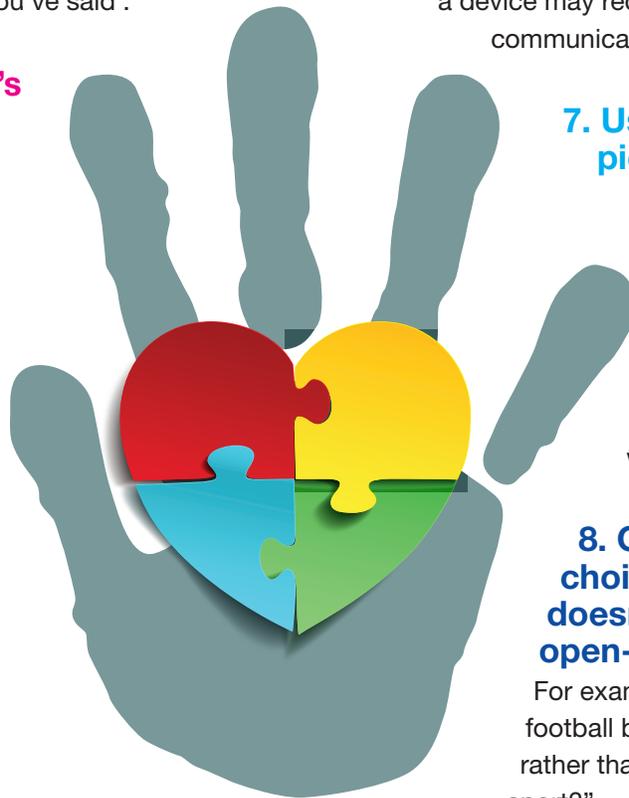
Sometimes, it even helps to write down what you want to say or to ask the communication partner to write down what they want to say.

### **8. Offer a set of choices if a person doesn't respond to open-ended questions.**

For example, ask "Do you like football better than soccer?" rather than "What is your favorite sport?"

### **9. Try not to use idioms or common phrases**

For example, "play it by ear" or "raining like cats and dogs" as they may be misinterpreted.



Overall, understand that people with autism want to communicate and form social relationships just like everybody else. It may take a lot more energy and effort for people with autism to talk and interact, so be patient and proactive.



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## News From Our Partners

# CPCP

WISCONSIN CHILD PSYCHIATRY  
CONSULTATION PROGRAM



The Medical College of Wisconsin will hold its **Pediatric Mental Health in Primary Care** conference on Friday, October 5, 2018 at the Ingleside Hotel (formerly the Country Springs Hotel and Conference Center). The event is funded in part by Children's Hospital and the Wisconsin Child Psychiatry Consultation Program (CPCP).

Tentative agenda items include Trauma/PTSD, Pain Management/Addiction, Collaborating with Schools, and Anxiety and Depression.

More information and online registration now available at:

<https://bit.ly/2GrkmAn>.



The Wisconsin Oral Health Coalition is asking for proposals for the 2018 Wisconsin Oral Health Conference on September 25-26, at the Wilderness Resort in the Wisconsin Dells. The theme of the conference is "**Yesterday's Dream, Today's Reality, Tomorrow's Possibility**," honoring the 20 year anniversary of the Wisconsin Oral Health Coalition. If you are interested in presenting during a one hour breakout session please email Rosie McGovern at [AMcGovern@chw.org](mailto:AMcGovern@chw.org) to access the submission site. Proposals should relate to oral health best practices, medical/dental integration, etc. The link to apply is: <http://bit.ly/2Fvqlqa>. **Submission deadline is June 16, 2018.**



Wisconsin is tipping the scales towards resilient and healthy children. What does the data show? Visit the **Wisconsin Office of Children's Mental Health** at [children.wi.gov](http://children.wi.gov) to review:

- The 2017 update of 48 Child Well-Being Indicators
- 2017 Annual Report
- Mental Health Fact Sheets
  - Children's Demographics and Well-Being
  - Children's Medicaid-Funded Mental Health Services
  - School Outcomes
  - Youth Suicide and Self Harm
- Map of Wisconsin agencies working on Trauma Informed Care



The vision of the Wisconsin Perinatal Quality Collaborative (WisPQC)'s **Human Milk Feeding Initiative**, is to have as many infants as possible receive human milk. In addition, facilities should address equity among the populations they serve. The overarching aim of the initiative is to decrease the number of infants not receiving human milk at discharge by 50% from baseline and in at least two population subgroups.

For 2018, the initiative includes ten measures across the perinatal spectrum. To measure impact, there are now required measures for different care settings. Enrollment requirements and further information are available at: <https://wispqc.org/initiatives/human-milk/>. Our thanks to Dr. Nina Menda for representing our chapter members in this effort.

## “They Know My Name”: Parents Help Make a Collective Impact on Mental Health in Wisconsin

Kimberlee Coronado recalls listening to a presentation of statewide data on children, poverty and trauma, and feeling acutely aware of the survey’s missing piece. It was a meeting on trauma-informed care; around the table were social service providers and representatives of local and county agencies.

Coronado felt her anger rising. “I said, ‘What’s not even on your radar are kids with disabilities; you’re missing a whole category of kids who experience daily trauma,’” she recalls. Coronado spoke from experience: three of her four children, aged 8 to 18, have autism, and all have suffered a range of mood, behavior and anxiety disorders.

In addition, she’d read that children with attention deficit and similar disorders are more likely to be disciplined at school; in a landmark Texas study of 900,000 children, among those who had been suspended eleven or more times, one out of six had learning disabilities (compared to one in twelve of those who’d been suspended just once).

When Coronado voiced her frustration with the data, she was startled to hear the presenter say, “We need your voice. Do you want to be a collective impact partner?”

Later, she learned what that meant: She was being invited to join a group of professionals, parents and youth who would engage in a collective impact initiative through the Wisconsin Office of Children’s Mental Health (OCMH), working to boost access to services and foster collaboration among all family-serving state agencies.



**Kimberlee Coronado**  
Parent and Collective Impact Partner (CIP)  
State of Wisconsin Office of Children’s Mental Health

Now Coronado co-chairs that group’s executive council and is a member of the Access work group; she also serves on several county-level advisory committees and the Wisconsin Council on Mental Health.

She’s learned how to translate her anger into action. “I am not the only person affected by the red tape,” she says. “Providers have a lot of red tape to go through, too.” As a collective impact partner (CIP), “I had to learn the value of getting everyone’s perspective. To not say, ‘Let’s just do that,’ but to say, ‘Do we have shared goals? Do we have a common agenda?’ I realized the work it takes.”



*“I’ve come to realize that it takes a generation—or at least five to ten years—to see some movement. But there’s also ‘kid time’—what can we do today? What can we do next week? Six months from now may be too late for a family that’s in crisis.”*

- Kimberlee Coronado

Kim Eithun Harshner, operations lead for OCMH and coordinator of the collective impact initiative, says Coronado and the other CIPs bring “a reality check for what it’s like to be living this every day and interacting with the systems—what’s helpful and what throws up barriers for families.”

The OCMH supports parent and youth partners with a stipend—\$100 a day for the monthly meetings, plus travel expenses and meals—as well as training opportunities and a structured session before each meeting to discuss agenda items and personal experiences relevant to those topics.

Harshner says Coronado has reminded the group about the importance of respite care, even for families that have a strong support network. “[Coronado] and another parent sat on a committee that changed an administrative rule on day treatment; what they said influenced the way the rule was revised,” Harshner says.

For Coronado, having a place at the collective impact table means bringing a sense of urgency to a process that sometimes moves with aching slowness. During a discussion about the lack of access to psychotherapy for children, Coronado shared photographs of one of her children, whose anxious skin-picking, combined with eczema, escalated into a MRSA infection that required ten days in the hospital and IV antibiotic treatment.

“It’s showing that perspective: that people can’t wait,” she says. “I’ve come to realize that it takes a generation—or at least five to ten years—to see some movement. But there’s also ‘kid time’—what can we do today? What can we do next week? Six months from now may be too late for a family that’s in crisis.”

The OCMH has now become a model, Harshner says, inspiring other state departments in Wisconsin to seek the expertise of parents and youth. In turn, those individuals bring their growing knowledge—of the collective impact model, of trauma-informed care, of budgeting and policy—back to their local schools, agencies and neighborhoods.

Coronado, who previously worked in the restaurant business, translates lessons from that field into her work as a CIP. “I look at the flow of new people coming in: What kind of training do they have? Do we need to supplement that training?” Part of the work involves “teaching other parents... how to craft their story in a way that’s purposeful and meaningful.”

She’d like to see more communication and less duplication among agencies, along with increased attention to families’ needs. Whether the topic is the opioid crisis or access to mental health specialists in public schools, she says, parents should be helping to shape policy.

“The connections that are made are so awesome,” Coronado says. “I have no qualms now about reaching out to somebody from the Department of Public Instruction; they know my name. The way folks treat us at the table has been elevated. There’s more understanding of what we live through.”



**Kim Eithun-Harshner**  
Operations Lead  
State of Wisconsin Office of Children's Mental Health



This article was published on ACEsConnection on February 21, 2018 and is part of the **Community Voices: Creating a Just, Healthy and Resilient World** collection written by Anndee Hochman (@AnndeeHochman on Twitter), a journalist and author whose work appears regularly in *The Philadelphia Inquirer*, on the website for public radio station WHYY and in other print and online venues. She teaches poetry and creative non-fiction in schools, senior centers, detention facilities and at writers' conferences.

Mobilizing Action for Resilient Communities (MARC) is a learning collaborative, coordinated by the Health Federation of Philadelphia with support from the Robert Wood Johnson Foundation and The California Endowment, of 14 communities actively engaged in building the movement for a just, healthy and resilient world. For more information, visit <http://marc.healthfederation.org>.



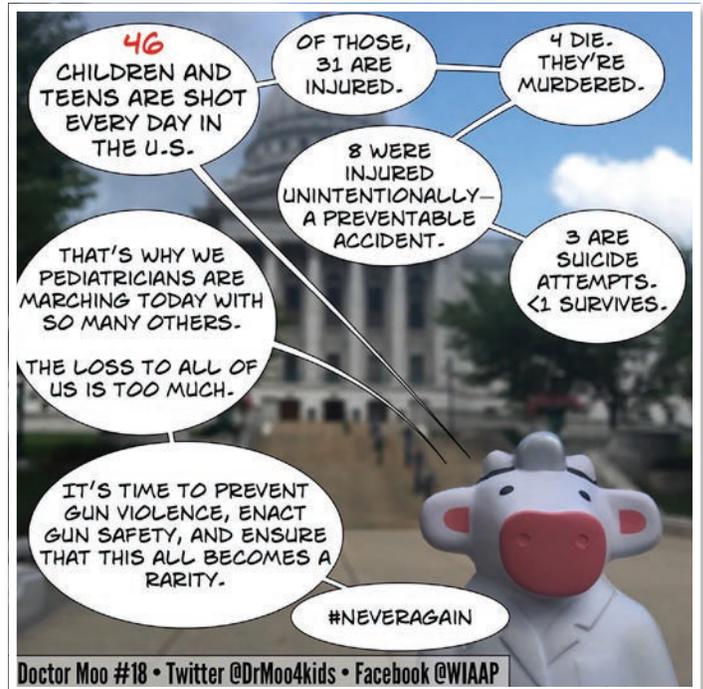
Mobilizing action  
for resilient communities

# Meet Doctor Moo WIAAP “Spokescow” Since 2017!

*Sometimes, to be heard, you need to stand out.*

Last year, Dr. Dipesh Navsaria picked up a promo item from a trade show booth. Who knew that little cow would eventually be advocating for children on social media? Dipesh’s creativity transformed the character into a Twitter regular and has lent a significant, unique voice to policy decisions affecting pediatricians and their patients, from extending CHIP, to federal healthcare legislation, to addressing gun violence. She has followers from around the US.

Meet Dr. Moo at our next WIAAP meeting!  @DrMoo4Kids



**46** CHILDREN AND TEENS ARE SHOT EVERY DAY IN THE U.S.

OF THOSE, 31 ARE INJURED.

4 DIE. THEY'RE MURDERED.

8 WERE INJURED UNINTENTIONALLY—A PREVENTABLE ACCIDENT.

3 ARE SUICIDE ATTEMPTS. <1 SURVIVES.

THAT'S WHY WE PEDIATRICIANS ARE MARCHING TODAY WITH SO MANY OTHERS.

THE LOSS TO ALL OF US IS TOO MUCH.

IT'S TIME TO PREVENT GUN VIOLENCE, ENACT GUN SAFETY, AND ENSURE THAT THIS ALL BECOMES A RARITY.

#NEVERAGAIN

Doctor Moo #18 • Twitter @DrMoo4kids • Facebook @WIAAP



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WIAAP thanks Glaxo Smith-Kline for their support of our statewide Open Forums.

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# Access 4 Kids Advocacy Campaign

Access to healthcare and the ability to visit a physician is essential in improving and determining children's health. As healthcare policy continues to evolve, we have seen thousands of pediatricians across the country take a stand to defend all children's right to quality health care. Recognizing the crucial importance of access to medical care, the AAP Section on Pediatric Trainees (SOPT) annual advocacy campaign will focus on advocating for improved access to healthcare for all children, regardless of their medical conditions, living situation, country of origin, or affirmed gender or sexual orientation.



## Section on Pediatric Trainees Access 4 Kids Advocacy Campaign

### The Access 4 Kids campaign will focus its efforts on four populations of children, including:

1. Children Living in Foster Care or Group Homes
2. Immigrant Children (defined as children who are foreign-born or children born in the United States who live with at least one parent who is foreign-born)
3. Children and Youth Identifying as Lesbian, Gay, Bisexual, Transgender, Questioning, or Queer (LGBTQ)
4. Children with Special Health Care Needs

The campaign is choosing to focus on these groups of children because they represent some of the most vulnerable populations in this country in regards to accessing medical care. For more information and statistics please refer to our Delegate Letter and PowerPoint (links provided below).

The Access 4 Kids campaign strives to educate and empower pediatricians-in-training to advocate on a community, state, and national level for access to quality health care for all of America's children during this important time. The campaign urges trainees to get involved and help address inequities for some of America's most vulnerable children.

To learn more about the AAP Section on Pediatric Trainees Access 4 Kids campaign, visit <http://bit.ly/2hoCGP2>. You can also opt-in to their text update system from that page!

## About this Publication

### CONTENT

WIAAP's quarterly newsletter is dedicated to providing balanced, accurate and newsworthy information about current issues in pediatrics and the activities of our Chapter.

Articles and notices cover organizational, economic, political, legislative, social and other medical activities. Content is written to challenge, motivate and assist pediatricians in communicating with patients, parents, colleagues, regulatory agencies and the general public.

### ACCEPTABILITY OF ADVERTISING

All advertising submissions are subject to review and approval by the WIAAP editorial staff.

### OTHER OPPORTUNITIES

In addition to our print newsletter distribution, WIAAP offers the following promotional opportunities:

- Monthly e-News
- Website placement
- Sponsorship of events and projects
- Exhibitor space at statewide meetings

Contact Kia LaBracke at [KLaBracke@wiaap.org](mailto:KLaBracke@wiaap.org) or 262.751.7003 for details.



## FREE MOC Part 4

Earn more than  
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requirements by  
the end of 2018!

*Details inside.*

**HPV VACCINE**  
**IS CANCER PREVENTION**

# WIAAP Annual Meeting Via Teleconference

**Friday, April 27, 2018, 12:45pm - 2:45pm**

Register today to participate in the year in review for your Wisconsin Chapter, including financial status, activities, successes and challenges, planned activities for the remainder of 2018, and question and answer session with chapter leadership.

[http://www.wiaap.org/events/event\\_list.asp](http://www.wiaap.org/events/event_list.asp)

*Call in information will be provided upon registration.  
Information on this and all WIAAP events is regularly updated  
on our website at [www.wiaap.org](http://www.wiaap.org).*