



Maryland Chapter

Speaking for Maryland's Kids

Volume 6, Issue 1

President's Corner

Eric Levey, MD, FAAP
President, MDAAP

Dear MDAAP Members,

It is an honor to serve you as chapter president for 2010 - 2012. I would like to thank Dr. Dan Levy, chapter president 2006-08, for his inspiration and vision for the chapter, his mentorship and the opportunity he gave me to advance in chapter leadership. I would also like to thank Dr. Virginia Keane, immediate past president, for her extraordinary leadership of the chapter over the past two years.

There have been some changes in the chapter office over the past several months; we now have two chapter administrators. Rachel Hardegree was hired as the Director of Development. She joins our long-time and faithful employee, Kate Franklin, whose position was renamed Director of Operations. Together, they virtually function as Co-Executive Directors.

Scott Krugman is now the chapter vice president and Susie Chaitovitz is the chapter secretary/treasurer. One of our primary goals is for



MDAAP to be responsive to the needs of our members. At the beginning of our term, we, along with the chapter administrators, decided to undertake a chapter needs assessment (<http://www.surveymonkey.com/s/5VD7L2D>). Based on the findings, it appears that MDAAP has historically been very strong in its legislative advocacy. We would like to improve the chapter's website and communications with chapter members. The vast majority of respondents so far have indicated that the chapter should have an annual meeting and sponsor local CME activities. There a number of chapter initiatives mentioned elsewhere in this newsletter, including a half-day CME conference on Prevention and Management of Obesity on Saturday, December 4. We hope that you will consider attend-

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ing this conference. If MDAAP is to offer CME events in the future, we need to make this event a success.

If you have ideas about what the chapter should be doing, or would like to discuss how you can become more involved with chapter activities, please contact Kate or Rachel at the chapter office, or email me directly, Levey@KennedyKrieger.org.

It is during this time of year when individual members of the AAP can have an impact on national AAP policy or operations, through the resolution process. Chapter presidents and vice presidents as well national committee, council and section chairs, will meet in Schaumburg, Illinois in March 2011 for the Annual Leadership Forum (ALF). During this meeting, resolutions that have been submitted by individual members are reviewed, discussed, and voted on. Resolutions that are passed at the ALF are advisory to the national AAP Board of Directors, but can be quite influential in changing the course of the AAP.

Resolutions provide a formal mechanism whereby members of the Academy can give input concerning Academy policy and activities. A resolution can request that the Academy develop a statement or otherwise take

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action on a particular issue, request that the Academy inaugurate a new program or activity or reconsider a current AAP program or activity, or request that the AAP change its operating procedures. If the resolved portion of a resolution is already being addressed by the AAP, the ALF Executive Committee reserves the right not to accept the resolution but to return it to the author informing him or her of the appropriate body within the AAP that is addressing the issue. To find out more about the Resolution process visit the AAP website Member Center, then Under Chapters, Committees, Councils and Sections, click on Chapter and District Relations, then click on Resolutions. There is a Resolution Database that has all the resolutions going back for past 12 years. To be considered as regular business and to be included in the Annual Leadership Forum workbook, resolutions must be received by the central office **no later than December 1st, 2010**. If you would like to work on a resolution with the chapter, please contact one of us.

Eric Levey, MD, FAAP
Chapter President



MEET YOUR REGIONAL REPRESENTATIVES

In addition to its officers, the Board of Directors of the Maryland Chapter of the AAP includes representatives from five geographic districts within the State of Maryland. The Regional representatives are elected to 3 year terms and may serve for 2 terms. They are your contacts for any issues or concerns that you would like to bring to the attention of the Board for discussion during their monthly meetings or conference calls. These are the current representatives with their email contact information.

The Western Maryland region includes Garrett, Allegheny, Washington and Frederick Counties, and is represented by Dr. Celestino Menchavez. Dr. Menchavez is a second generation pediatrician, who is in a private practice with his father in Cumberland. He is a native of Western Maryland who earned his medical degree at George Washington University, and completed his Pediatric residency, including an additional year as Chief Resident, at Inova Fairfax Hospital for Children in Fairfax, VA. He is currently an Associate Professor of Pediatrics at the University of Maryland and serves as head of the medical caucus for his Area Health Education Center. His interests include medical education and practice management, including electronic medical systems. He was recently elected to his first 3-year term.

Dr. Menchavez can be contacted at cmenchavez@gmail.com

The Central Region is comprised of Baltimore City, and Baltimore, Carroll, Harford and Howard Counties and is represented by Dr. Michael Ichniowski. He practices general pediatrics with Pediatric Partners, a group with offices in Towson and Bel Air. A lifelong resident of the Greater Baltimore area, Dr. Ichniowski graduated from medical school and completed his Pediatric training at the University of Maryland. His interests include sports medicine and environmental health, and he currently heads the Maryland Chapter's Committee on Environmental Health. He is currently serving his second term as the Central Maryland representative, which will run through June, 2012.

Dr. Ichniowski can be contacted at michich23@hotmail.com

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WHY SHOULD *YOU* JOIN PROS?

By Steven E. Caplan, M.D.

Why should you join PROS?

You should join because I am a member of the PROS network! PROS is a research network sponsored by the Academy with the mission statement focused on enhancing pediatric practice and improving child health. The PROS network was formed almost 25 years ago. PROS practitioners just like you and me have completed 24 national studies that have resulted in over 65 published articles and 116 published abstracts. PROS studies have been cited in more than 1,000 publications. PROS is marching on with a new effort to study electronic health records. The initial mission remains to enhance processes in this evolving tool to improve pediatric practice and child health care. PROS and the contributions of PROS members have created new knowledge, changed public policy, and made me a better practitioner.

Well, that sounds nice, but I am just too busy to add one more thing to my day.

I know you are busy. You will not have to add something every day. You will not be participating in a study all of the time. Some studies can be completed in a week or two. Some may take a few months. When a study is set up by the network, you will get a notice about it. You will have an opportunity to review the study design and decide if you are interested. Next, you can look further to see if it fits your practice. If you have more questions, you can contact PROS and get more information. As one of the Chapter Coordinators, I can assure you each study is vetted so you can participate with minimal impact on your patients or practice.

What will my patients think if I am doing research?

My experience had been totally positive. In fact, I would say it is an asset. I commonly supplement a discussion with a parent or colleague by adding that I am a member of a national pediatric research network called PROS that has done a study on this topic. If I personally participated in the study, I add that information as well. To use a political term, it adds "gravitas" to my comments. Hopefully my enthusiasm for PROS has added to your interest. I would be happy to discuss this further with you on a personal basis. Let me also suggest that you learn more about PROS by reading a recently published article in the June [Pediatric Annals](#) titled "PROS: A Research Network to Enhance Practice and Improve Child Health." If the journal isn't handy, you can go to www.PediatricSuperSite.com and just type PROS in the Google search window.

Medical Home Implementation: A Five-Part CME Series Now Available!

Looking for professional continuing education courses online? The American Academy of Pediatrics (AAP) and the National Center for Medical Home Implementation is proud to offer child health professionals with practical strategies for implementing medical home in practice access to continuing medical education courses through the [Training section](#) of the National Center Web site. The AAP designates each series of this educational activity for a maximum of 1.25 AMA PRA Category 1 Credits™.

Simply click on the links below to register and earn CME credit at your convenience!

[#1: Implementing Medical Home for all Children and Youth](#)

[#2: Improving Communication and Co-management Between Specialty Providers and the Medical Home](#)

[#3: Implementing Developmental Screening in the Medical Home](#)

[#4: The Role of the Medical Home in Family-Centered Early Intervention](#)

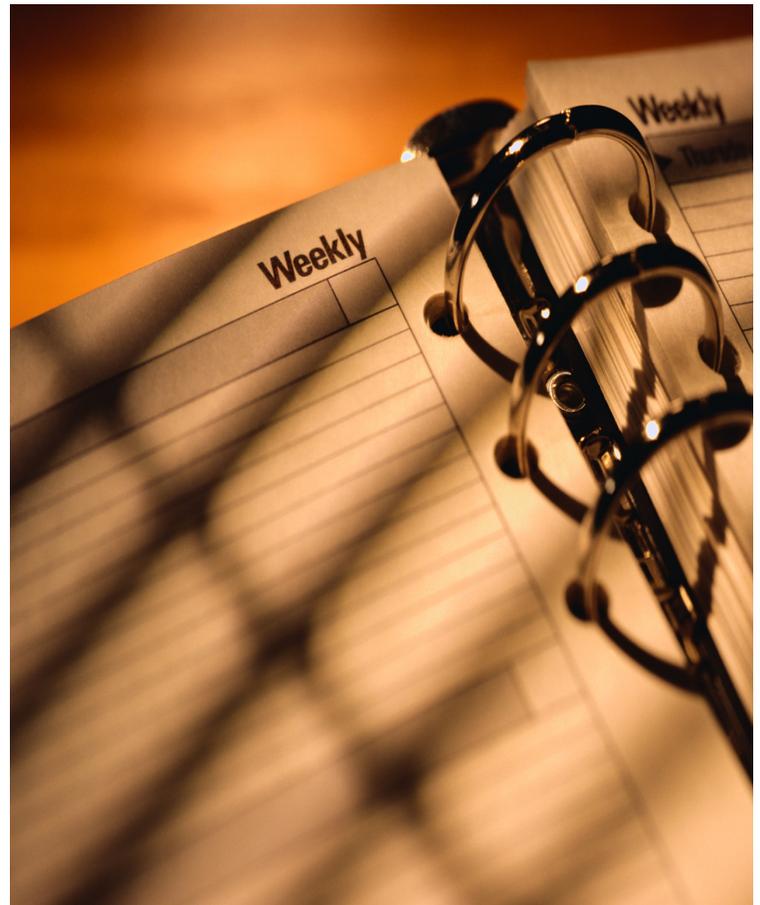
[#5: Incorporating Family Participation Practices Into Your Practice and Project](#)

For additional information on the series or the National Center for Medical Home Implementation, please contact Heather Stob at hstob@aap.org or 800/433-9016, ext 4902.



**NATIONAL CENTER FOR
MEDICAL HOME
IMPLEMENTATION**

A cooperative agreement between the Maternal and Child Health Bureau/HRSA and the American Academy of Pediatrics



Upcoming Meetings

11/3/10

Executive Committee Mtg.
Mt. Wash. Pediatric Hosp.

11/9/10

District III Leadership
Conf.

Atlantic City, NJ

12/2/10

Child Malt. Mtg., St.
Agnes, Room 5AB

12/4/10

Childhood Obesity Conf.
Univ. of MD Campus Ctr.

1/5/2011

Executive Committee Mtg.

1/13/10

Child Malt. Mtg., St.
Agnes, Room 5AB

2/2/2010

Board of Directors Call

3/2/2011

Executive Committee Mtg.

4/6/2011

Board of Directors Call

5/4/2011

Executive Committee Mtg.

6/1/2011

Board of Directors Call

Toxic Topics: Phthalates and Bisphenol A

By Michael Ichniowski, MD

(This is the second article in a series on current topics in Environmental Health)

"I just want to say one word to you, just one word...Plastics." (from The Graduate)

The advice that Benjamin Braddock received on film over 40 years ago certainly would have set him up for a long and prosperous career. Plastics have become an integral part of our daily lives, often to our benefit, but not without some potential risks. Two chemicals currently used in the manufacture of plastics, Phthalates and Bisphenol A (BPA), have recently received a great deal of attention as potentially harmful to human health.

Phthalates are a group of synthetic chemicals used to give plastics flexibility. They may be found in soft plastic toys, food packaging, vinyl flooring, IV tubing, upholstery and personal care products, such as nail polish, cosmetics, fragrances and shampoos. Phthalates may be present in recyclable plastics marked with the number 3, which includes vinyl and polyvinyl chloride (PVC) products. They are not found in plastics marked 1, 2, 4 or 5.

Studies have found phthalates and their metabolites to be present in the urine of people of all ages, with disproportionately high levels in children and adolescents. This is not surprising given the widespread use of phthalate-containing products, and the fact that they may be ingested, inhaled and absorbed dermally or intravenously. Phthalates may be present in dust, air, water and food, and may leach out in greater amounts when heated. For this reason, it is safer to avoid heating foods wrapped in plastic and to avoid placing plastic containers in the microwave or dishwasher unless they are known to be free of phthalates.

Most of the information on the health risks of phthalates has come from animal studies. These chemicals act as endocrine disruptors with toxicity primarily affecting the male reproductive tract. Anti-androgenic effects in these animal studies have included undescended testes, hypospadias and male infertility. Human studies have linked exposure to certain phthalates with an increased risk of asthma, allergic rhinitis and eczema, and decreased scores on Brazelton developmental testing in newborns. There is a need for further research on these chemicals to define their toxic effects in humans, but it is certainly prudent at present to avoid exposure as much as possible.

Bisphenol A (BPA) is a chemical used to harden plastics, and may be found in the lining of canned foods and ready-to-feed formulas, and in polycarbonate products such as rigid plastic water bottles and baby bottles. BPA also leaches out in larger amounts when heated, so heating food or formula in such containers and washing in dishwashers should be avoided. BPA-containing plastics are included among recyclable plastics with the number 7, though this catch-all group includes many plastics without BPA. More and more consumer products are being labeled as "BPA-free," and parents can be counselled to look for such products for their children.

BPA metabolites have also been widely found in urine at all ages, and, like phthalates, at higher levels among children and adolescents. The health risks of BPA have also been based

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largely on animal studies, and include obesity, decreased insulin sensitivity, cancers of the breast, uterus and prostate, and neurobehavioral disorders including hyperactivity and learning disorders. One recent human study linked increased BPA levels to an increased prevalence of cardiovascular disease, Type II diabetes and abnormal liver function tests.

Because of these potential adverse effects on human health, these chemicals have been the focus of legislation in our country and abroad. Maryland recently became the fifth state to ban BPA in food and drink containers for children (this bill was signed, and will go into effect in January, 2012). Canada has passed a law banning BPA in baby bottles, formula cans and infant food packaging, and the European Union has had a ban on phthalates since 2005.

References

Galvez, M.P., et al: Hot topics in pediatric environmental health. *Contemporary Pediatrics* 2009; 26:7

Shea, K.M., American Academy of Pediatrics Committee on Environmental Health: Pediatric exposure and potential toxicity of phthalate plasticizers. *Pediatrics* 2003; 111:1467

Lang, I.A., et al: Association of urinary bisphenol A concentration with medical disorders and laboratory abnormalities in adults. *JAMA* 2008; 300:1303

Sathyanarayana, S.: Clinicians should become familiar with sources of phthalate exposure, health effects. *AAP News* 2009; August

A regional resource, the Mid-Atlantic Center for Children's Health and the Environment (MACCHE) based at the Children's National Medical Center in Washington, DC, is available for consultations and referrals. They can be contacted toll-free at 1-866-622-2431 (1-866-MACCHE1) or at their website www.health-e-kids.org.



The Maryland Chapter, American Academy of Pediatrics is now on Facebook!

Request from Med Chi: Voice Your Complaints About Onerous Insurance Practices

Over the past two months, many of you have demonstrated your support for MedChi's efforts to petition the Maryland Insurance Administration (MIA) for a formal review of some of the onerous insurance practices that interfere with the patient-physician relationship. Intended to contain costs, these practices – including prior-authorization, pre-certification, step therapy and therapeutic switching – create significant and potentially dangerous barriers to patient care. In June, I had the privilege of meeting with acting Insurance Commissioner Elizabeth Sammis to discuss the unintended consequences of these “cost-containment” protocols. Her response has been most encouraging.

We are now at a critical point. In order to thoroughly review these practices, it is imperative for the MIA to receive formal complaints from patients and physicians (on behalf of patients). Commissioner Sammis has asked MedChi to encourage Maryland physicians to file complaints with the MIA and to share specific examples with the MIA directly or through MedChi. The MIA needs this information to develop and implement appropriate responses and to determine if statutory changes are needed.

We have heard from our own members and from other groups that many providers are simply too busy to take this extra step, yet without taking it, the problems will only worsen. Please join us in urging patients and providers (on behalf of patients) to file formal complaints with the MIA as situations arise.

To file a complaint, visit www.mdinsurance.state.md.us and follow the prompts:

- Select the Consumer tab from the main menu (top of page);
- Select File a Complaint option from the sidebar menu (left side of page);
- Scroll down the page and under the How to File a Complaint heading, choose option #2, Download Forms to be Completed by Hand;
- Select bullet #2, Life and HEALTH / Appeals and Complaints

Or visit:

<http://www.mdinsurance.state.md.us/sa/jsp/consumer/FileComplaint.jsp>

Thanks to the organizations that have already weighed in with letters to the MIA: Maryland Academy of Pediatrics; Maryland Academy of Physician Assistants; Maryland Academy of Family Physicians; Nurse Practitioner Association of Maryland; Maryland Pain Initiative; American Pain Foundation; Arthritis Foundation, Mid Atlantic Region; Alliance for Patient Access, Mid Atlantic Chapter; Compass Support Group; Pain Connection; and the Abilities Network / Epilepsy Foundation. As Maryland moves toward implementing health care reform at the state level, we have a chance to improve patient access to care by reducing or eliminating insurance barriers to care. I look forward to working with you all to achieve that goal.

Gene M. Ransom III
Chief Executive Officer
MedChi, The Maryland State Medical Society

MDAAP Planning Meeting/ Leffler Lecture & Awards Dinner

The MDAAP held its annual Planning Meeting in conjunction with the Leffler Lecture/Awards Dinner on September 2, 2010 at the BWI Marriott. Joshua Sharfstein MD, was the keynote speaker for this event, which was well received. This was the second year that both award nominees and recipients were recognized at this event. There were 14 nominees and 5 award winners total.

Pediatrician of the Year Award

A pediatrician, FAAP, and member of the Maryland Chapter, whose career has exemplified the ideals of pediatrics in service, advocacy, and contribution to organized pediatrics in Maryland.

Nominee: Allen Walker, MD

Awardee: Edward Bartlett, MD

Child Advocate Award

Non-Chapter member or group who has, through advocacy for the needs of children, made a significant contribution to the well being of children.

Nominee: Advocates for Children & Youth

Awardee: Parents' Place of Maryland

Leadership Award

A member of the Chapter who has excelled in leadership of Chapter activities, either a special project or a Committee initiative.

Nominee: Larry Wissow, MD

Awardee: Wendy Lane, MD

Special Achievement Award

A physician who is currently a Maryland resident and who over an entire career has made outstanding contribution through research, service delivery, or educational endeavors to child health.

Nominees: George Cohen, MD; James King, MD; Mathu Santosham, MD; Oscar Taube, MD

Awardee: Howard Dubowitz, MD

Lifetime Achievement Award

Awarded for the first time in 1997, a senior pediatrician, FAAP, MDAAP member, who over a lifetime has significantly contributed to an area of pediatrics and is recognized in Maryland and the United States for his leadership and expertise.

Nominees: Lorne Garrettson, MD; George Halpin, MD

Awardee: Prasanna Nair, MD

Center for Pediatric Weight Management and Healthy Living At Mt. Washington Pediatric Hospital

Mt. Washington Pediatric Hospital Center for Pediatric Weight Management and Healthy Living offers several comprehensive, multi-disciplinary programs for pediatric weight management. These programs are available to children and adolescents ages two and up. The Center is staffed by specialists trained in pediatric weight management and includes a pediatric gastroenterologist, psychologists, dietitians, and physical therapists.

Medically supervised weight management programs include the [Weigh Smart®](#) and [Weigh Smart® Jr.](#) programs. A [bariatric surgery](#) option is also available - offered through a collaborative program with the Johns Hopkins Center for Bariatric Surgery.

The medical weight management program, Weigh Smart® is for children ages 8 -17 years. The program uses a multi-disciplinary team of experts including physicians, dietitians, psychologists and physical therapists to teach children and their families healthier habits that include daily exercise and positive eating habits.

Weigh Smart® Jr. is a program for weight management of toddlers and preschool-aged children involving medical, nutritional, educational and behavioral components. The goal is to help children acquire healthy eating and exercise habits that last a lifetime. Each child will participate in a one-on-one clinical assessment with our pediatric gastroenterologist and pediatric psychologist. Upon completion of the evaluation, the family will be referred to a pediatric dietitian. The Weigh Smart® Jr. program is open to children ages two to seven years old. The sessions are attended by both the child and parent(s) and will focus on lifestyle changes and healthy dietary choices for the family.

The surgical weight management option is offered in collaboration with Johns Hopkins Center for Bariatric Surgery located at the Johns Hopkins Bayview Medical Center. The surgical option provides morbidly obese adolescents ages sixteen to young adult the option of weight management through bariatric surgery. This is available to morbidly obese adolescents ages sixteen to young adult who are unable to lose weight through a medical weight loss program. The surgery is performed at Johns Hopkins Bayview and is available for those teens and young adults who meet specific program criteria. MWPH's part in this process is to provide pre-surgery evaluation and screening to determine if the child meets the program's criteria and to determine the appropriateness of the surgical treatment. In addition, MWPH also provides ongoing post-operative monitoring and management.

The goal of the Mt Washington Pediatric Hospital Center for Pediatric Weight Management and Healthy Living is to offer family centered weight management programs for children who have issues and conditions related to being overweight and or obese. The programs focus on solutions to these issues as well as the attainment of an overall healthier lifestyle.

Visit the Maryland Chapter, AAP website at <http://www.mdaap.org/newsletters.html>
for previous editions of the newsletter.

Meet Your Regional Representatives

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Montgomery and Prince George's Counties are represented by Dr. Kimberly Iafolla, who currently serves as Chairman of the Division of Neonatology at Shady Grove Adventist Hospital in Rockville, MD. She graduated from the University of Pittsburgh School of Medicine, and completed her residency at Dartmouth Hitchcock Medical Center. Dr. Iafolla also completed fellowships in Neonatal-Perinatal Medicine and Medical Genetics, both at Duke University Medical Center. She was a member of the Pediatric faculty at Duke before coming to Shady Grove Adventist Hospital in 1996, where she has previously served as Medical Director of the Adventist Center for Children, Medical Director of the NICU, and Chairman of the Institutional Review Board. Dr. Iafolla is a member of the Maryland Emergency Response Physician team, the Montgomery County Fetal and Infant Mortality Review team, and the Perinatal Clinical Advisory Committee of the Maryland Department of Health and Mental Hygiene. She is also a member of the Genetics and Birth Defects Subsection of the National AAP, and of the Neonatal-Perinatal Subsection at both the national and state levels. She is also a contributing editor to the AAP Grand Rounds, and is serving her first term as a Regional Representative.

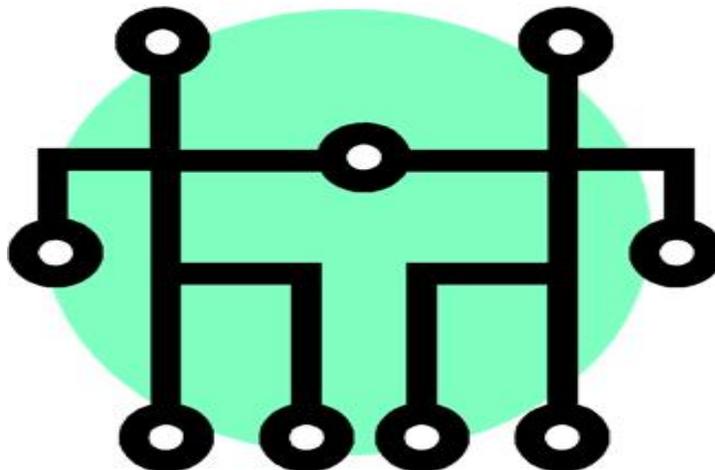
Dr. Iafolla can be contacted at kiafolla@aol.com

Dr. Jim Rice represents Southern Maryland, which includes Anne Arundel, Calvert, Charles and St. Mary's Counties. He received his medical degree from the Medical College of Wisconsin and completed his Pediatric residency at The Johns Hopkins Hospital. He currently practices general pediatrics with Annapolis Pediatrics and also served as Chief of the Pediatric Service at Anne Arundel Medical Center from 2006-2008. Dr. Rice has been an active member of the Maryland State Immunization Advisory Commission and the Child Fatality Review Team for Anne Arundel County. He has bilingual skills in Spanish and English, and his interests include practice management, vaccine policy and Environmental Health. Dr. Rice is currently serving his second term as Southern Maryland's Regional Representative.

Dr. Rice may be contacted at jwrice4@gmail.com

The Eastern Shore region includes all of the counties east of the Chesapeake Bay, and is represented by Dr. Brian Corden of Easton, MD, who is beginning his second term as Regional Representative. He has been in private practice in General Pediatrics since 1994 and was Board Certified in Pediatric Hematology-Oncology from 1990-2004. Dr. Corden graduated from Georgetown University School of Medicine, and did his Pediatric residency at Boston Floating Hospital. He was active in the implementation of a fluoride varnish program on the Eastern Shore in 2008-09.

Dr. Corden can be contacted at bcorden@goeaston.net





Maryland AAP Leadership

President	Eric Levey, MD	<u>Liaisons:</u>	
Vice President	Scott Krugman, MD	Dentistry	David Hasson, DMD
Secretary/Treasurer	Susan Chaitovitz, MD	MedChi	Dianna Abney, MD
Director of Operations	Katie Franklin	Military	Christopher Watson, MD
Director of Development	Rachel Hardegree, MPH	Public Health	Jacqueline Douge', MD
Central MD Rep	Michael Ichniowski, MD		
Southern MD Rep	James Rice, MD	<u>Chapter Champions:</u>	
Eastern Shore Rep	Brian Corden, MD	Breast Feeding	Dana Silver, MD
Montgomery & Prince	Kimberly Iofalla, MD		Edward Bartlett, MD
George's County Rep		CATCH	Harsha Bhagtani, MD
		Childcare	Edisa Padder, MD
Western MD Rep	Chel Menchavez, MD	Disaster Preparedness	Richard Lichenstein, MD
Immediate Past-President	Virginia Keane, MD	PROS	Steven Caplan, MD
<u>Committee Chairs:</u>		Oral Health	Rachel Plotnick, MD
Adolescence Medicine	Melissa Houston, MD	Medical Home Asthma	Virginia Keane, MD
		Hospital Based Practice	John Straumanis, MD
Child Maltreatment/ Foster Care	Wendy Lane, MD		
Pediatric Council	Terry Nguyen, MD	<u>Directorships:</u>	
	Rona Stein, MD	CME	Alan Lake, MD
Emergency Medicine/ Injury & Poison Prevention	Diane McDonald, MD	Membership	Joe Wiley, MD
Emotional & Mental Health	Richard Lichenstein, MD	Senior Section (>60y/o)	VACANT
Environmental Health	Kenneth Tellerman, MD	Young Physicians (<40y/o)	Julie Ellis, MD
Fetus and Newborn	Michael Ichniowski, MD		
Infectious Diseases	Sue Dulkerian, MD	<u>Newsletter Editor:</u>	Michael Ichniowski, MD
Legislative Issues	VACANT		
Sports Medicine & Fitness	Mel Stern, MD	<u>Task Forces:</u>	
School Health (COSH)	Amy Valasek, MD	Immunizations	James Rice, MD
Special Needs/ Disabilities (CSHCN)	Teri McCambridge, MD	Infant Mortality	Renee Fox, MD
Technology & Electronics	Maura Rossman, MD	Medical Home	Diana Fertsch, MD
	Jamie Perry, MD	Mental Health	Larry Wissow, MD
		Obesity	Alan Lake, MD
		Quality Improvement & Patient Safety	VACANT
	Vacant		