

The Wisper

NOVEMBER 2002

FROM THE PRESIDENT

Carl Eisenberg, MD, FAAP

Immediate Past WIAAP President Joanne Selkurt deserves all of our thanks. During her tenure as WIAAP President, our Chapter has grown, the children of Wisconsin have been well served, and our members, you, have been well represented. Joanne plans to continue to be active within the Chapter serving as a resource for the Board and as chair of our International Committee.

As I begin my three-year term as President, I wanted to review and update the organization of our Chapter. By now voting members should have received, and hopefully returned, a ballot concerning revisions to our Chapter's Bylaws. Our committee structure has been reviewed, and we welcome the following new Committee leaders: Al Pomeranz will co-chair the Native Americans and Minorities Committee with Paul Wegehaupt, Marc Gorlick will co-chair the Emergency Medicine Committee with Bill Perloff, Tom Dunigan will co-chair the renamed Administration and Practice Management Committee with Ken Johnson (previously this was called the CPT Committee), Alison Craig-Shashko will co-chair the Firearms Committee with Ann Behrman, Jay Nocton and Rainer Gedeit will co-chair the Residency Programs Committee (representing MCW), Dennis Lund will chair a new Surgical Specialties Committee, Ernie Stremski will chair the Environment Committee, and Michelle Urban will co-chair the Committee on Children with Special Health Care Needs (CSHCN) with Sharon Fleischfresser. We welcome other WIAAP members to committee membership: Lisa Zetley and Bonny Whalen (Breastfeeding), Carolyn Nash (Child Abuse and Neglect), William Adkins (CSHCN), Cathy Kinyoun and David Buchbinder (Psychological Aspects of Child and Family Health), Ellen Schumann (Public Relations), Karen Mulrooney (School Health), and Jane Kivlin and Art Ross (Surgical Specialties.) If you are interested in serving on one of

our committees (www.wisaap.org) please contact me (Ceisenberg@aapscot.org.)

The WIAAP received an AAP award for Excellence in Membership Recruitment during the recent Annual Chapter Forum. The award included a plaque and \$533. We welcome all new members.

Congratulations to WIAAP member and former Sports Committee Chair Bill Bartlett who is the recipient of the 3rd Thomas Schaeffer AAP Sports Medicine award for career contributions in the field of sports medicine.

Our chapter's resolution, Advocacy During Clinical Encounters, was recently endorsed at the Annual Chapter Forum. You can view the top 10 resolutions on the AAP's Members Only Channel under the heading 2002 Resolutions.

The Chapter sent a message to Mr. John Chapin, Administrator, Division of Public Health, DHFS, offering help in recruiting a pediatrician to fill the Maternal and Child Health Medical Director position left vacant when Dick Aronson left for Maine. We believe the children of Wisconsin will be best served if a pediatrician fills this position.

The Chapter is currently working with the Wisconsin Association of School Nurses on a proposal to assure adequate nurse staffing in schools and with SmokeFree Wisconsin to promote an increase of 85 cents in the tax on cigarettes. We expect budget shortfall, boxing, and treatment of ADHD issues to re-appear in the next session of the Wisconsin.

Bill Perloff is organizing our Annual Meeting, which will again be held at the Kalahari Resort in Wisconsin Dells on Saturday, April 26, 2003. Mark your calendars.

Call for Nominations Chapter Board of Directors

Jeff Britton, MD, FAAP

Four seats on the WIAAP Board of Directors are up for re-election in early 2003. The responsibilities of a Board Member include attendance at the meetings (usually three per year), participation in email discussion of issues between meetings, and voting as required (either in person or via email).

Of the four positions, two seats are for three-year terms and two are for two-year terms. Nominees must be Fellows of the American Academy of Pediatrics and must be paid members of the Wisconsin Chapter.

The current incumbents, Drs. Tom Saari, Murray Katcher, Kathy Barkow, and Lorelle Manion, are all eligible for re-election and are willing to serve. Additional nominations are now being solicited.

Please forward any additional nominations to me by conventional, or electronic mail. The deadline for nominations is December 15, 2002.

Jeff Britton, MD, The Sheboygan Clinic, 2414 Kohler Memorial Drive, Sheboygan, WI 53081.

Email Jeffrey.W.Britton@aurora.org

**Wisconsin
Chapter AAP
Annual CME Meeting
Saturday, April 26, 2003
Kalahari Resort
&
Conference Center
Wisconsin Dells**

Officers:

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 Psychosocial Aspects of Child & Family Health:
 Richard Ellis, MD 608.831.2720
 Public Relations: Holly Falik, MD 262.781.5980
 Residence Programs: Ranier Gedeit, MD
 414.266.3360
 School Health: Jeff Lamont, MD 715.847.3575
 Karin Mulrooney 262.970.7119
 Senior Section: Charles Lobeck, MD 608.831.2047
 Sports Medicine: David Bernhardt, MD
 608.263.8557
 Substance Abuse:
 Tobacco Free Coordinator: Warren Post, MD
 414.923.7400
 UW, Chairman, Department of Pediatrics:
 Aaron Friedman, MD 608.263.8558
 Webmaster: Ken Kolb, MD
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 262.783.1271

National Committees:

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 Sports Medicine: David Bernhardt, MD
 Pediatric Education General Education:

Dr. William Bartlett Wins Thomas Schaeffer Sports Medicine Lifetime Achievement Award

David Bernhardt, MD, FAAP

For the 2nd consecutive year, the Thomas Schaeffer Sports Medicine Lifetime Achievement Award came from the Badger State. William Bartlett, M.D., former chair of the Wisconsin Chapter American Academy of Pediatrics Sports Medicine Committee and Pediatrician of the Year for the WIAAP accepted the award at the AAP NCE in Boston in October 2002. The only two other winners of this award were Dr. Schaeffer and Dr. Greg Landry, University of Wisconsin pediatrician and team physician.

Dr. Bartlett is a retired pediatrician and sports medicine physician who continues to be active in pediatric and sports medicine issues in the Madison community. One of the "grandfathers" of sports medicine Dr. Bartlett was a practicing pediatrician at the Dean Clinic in Madison for over 30 years and while a practicing pediatrician he served as team physician for Madison LaFollette High School for over 20 years.

Following his retirement, Dr. Bartlett worked on getting a Good Samaritan law passed so that retired physicians could cover athletic events and also be covered from a malpractice perspective. He also continued to serve in the role of team physician for LaFollette four years after his retirement. Medical students and pediatric residents working the sidelines with "Dr. Bill" gained valuable sports medicine experience and many followed their mentor into the field of sports medicine. Included in his many community contributions, Dr. Bartlett has given numerous talks to community groups, athletic trainers and coaches in the area regarding a variety of sports medicine topics and issues.

More recently, as the co-Chair of the Sports Medicine Committee of the Wisconsin Chapter AAP he worked with athletic trainers in the state of Wisconsin to pass licensure legislation for athletic trainers. In the same realm, he was selected by the Governor of Wisconsin to sit on a multidisciplinary board whose goal is to develop standardization requirements for licensure of athletic trainers.

From a philanthropic perspective, Dr. Bartlett is the single largest donor toward a local capitol improvement project directed toward the remodeling and building of new training rooms in the five Madison high schools. His tireless efforts toward this tremendous fundraising effort resulted in the project being completed this past year.

Dr. Bartlett was thrilled to win the award in Boston and donated his winning honorarium toward the athletic training capitol improvement project.

Congratulations Dr. Bartlett, and thank you for your many contributions to the health and well-being of Wisconsin children.

Wisconsin Chapter Wins Award at Forum

The Wisconsin Chapter earned a \$553 cash award for accomplishments in the 2002 "Member Get a Member" membership campaign. The award was presented by the national AAP at the Annual Chapter Forum in Chicago held in September.

Currently the Wisconsin Chapter has a total membership of 851 including all membership categories: Fellow, Specialty Fellow, Candidate Fellow, Associate Fellow, Senior Fellow, Resident Fellow, Post Residency Training Fellow, Medical Student and Honorary Fellow.

WIAAP Access to Care Committee Update

John Meurer, MD, FAAP

Gubernatorial candidates and former state officials recently proposed plans to improve health care access for children and others in Wisconsin. Both Scott McCallum and Jim Doyle would expand the use of large, statewide pools of workers as a means to negotiate volume discounts with private insurers and pharmaceutical firms. Both candidates also would collaborate with other governors and their states' congressional delegations to increase federal Medicare funding. According to Governor McCallum, Wisconsin is paid 77% of actual Medicare expenditures by the federal government. According to AAP, Wisconsin Medicaid paid 50% less, on average, than Wisconsin Medicare for the same CPT codes. For more info about the candidate's positions on children and family issues, see www.wccf.org/whatsnew/candidates.html. For more info about Medicaid reimbursement, see Steve Berman's recent article in *Pediatrics* 2002; 110: 239-248, and the AAP website www.aap.org/moc.

In mid-October, a bipartisan group of former state officials proposed a plan to balance the state budget deficit exceeding \$2.8 billion. The plan would raise the cigarette tax by \$0.50 per pack and would *cut* \$25 million annually from Medicaid spending. Simultaneously the Wisconsin Department of Health and Family Services requested \$663 million *more* for spending on Medicaid (80% of the total increase), BadgerCare (6%), and SeniorCare (14%) in the 2003-05 budget. For more info about the policymaker's proposal, see www.wisconsin.edu/summit/papers/fiscalpolicy.pdf.

Also last month, Gov. McCallum endorsed a plan proposed by his Health Care Worker Shortage Committee to address the health care workforce shortage. The committee expects 45,000 more workers will be needed by 2008. They proposed establishing an advisory committee to the governor, increasing worker retention rates, increasing the number and diversity of persons choosing health care occupations, expanding health care professional educational capacity, and becoming proactive in prevention and wellness promotion. For more info, see www.dwd.state.wi.us/ghcwsc.

If you are interested in these issues and joining our committee to advocate for better access to pediatric care in Wisconsin, contact me at jmeurer@mcw.edu or 414-456-4116.

REMINDERS

ByLaws Ballots

Chapter Fellows: December 1, 2002 is the deadline for returning ballots for the ByLaw changes.

Unpaid Chapter Dues

The final date to pay dues before being dropped from membership is November 30, 2002. If you have questions please contact the Chapter office at 608.222.7751.

WIAAP Public Relations Committee

Opportunities to Work With the Media

Holly Falik, MD, FAAP

Interested in media?

Explore the following new opportunities.

Join the public relations committee of the WI AAP.

Welcome to Ellen Schumann from Marshfield Clinic. Ellen, an AAP spokesperson, can be reached at schumann.ellen@marshfieldclinic.org.

Health Minute with the Wisconsin Medical Society.

Do you have a topic you think the media should address? Thanks to the Wisconsin Medical Society (WMS), pediatric issues are now featured on the Milwaukee Journal Sentinel on-line health page and made available to local radio stations.

Pediatricians who are members of the WMS can be interviewed for three 60-second radio clips and an accompanying article. The interviews take place by phone, so there is no need to travel to Madison. If you are not a member of WMS, we will find someone else to address the topic.

Topics have included water scalds, Halloween safety, dietary calcium, bike helmets, drowning, trampoline safety.

Tips for interviews:

- Have no more than three points.
- Use anecdotes when appropriate.
- Keep language simple.

Interested? Contact Holly Falik at hfalik@wi.rr.com or 262.781.5980.

AAP Provisional section on media.

Pediatricians interested in any aspect of media have a new opportunity to network with colleagues, learn what others are doing and serve as a resource for the AAP. Become a charter member of the provisional section on media, expected launch date 7/2003.

The section will focus on these topics:

- * Media Journalism - working with the news media.
- * Media Education - educating others about the effects of media on child and adolescent health habits.
- * Media Advocacy - promoting AAP concerns and serving as a resource to entertainment media.
- * Media Production - producing educational media for patients, parents and other audiences.

Many of our charter members are working in several of these areas; others have a more focused interest. We will expand our topics to reflect the interests of our members.

I am pleased to sit on the steering committee and welcome any questions. To join now or to receive more information, contact me at:

Holly Falik, hfalik@wi.rr.com or 262 781 5980.

IMMUNIZATION and INFECTIOUS DISEASE NEWS

November 2002

Tom Saari, MD, FAAP

Wisconsin Immunization Registry (WIR) Survey:

Enclosed in this issue of the Wisper is a survey of WIAAP membership commissioned by the Wisconsin Department of Health and Family Services (DHFS) designed to learn more about concerns you may have about adopting the WIR in your office practices. The WIR has been lauded as one of the most sophisticated and user friendly immunization registries in the country. This survey was reviewed, edited and endorsed by the WIAAP Executive Board. Your opinions about the WIR are important to the process of improving immunization rates in Wisconsin. Please take a few minutes to fill out the survey and return it in the postage prepaid folded format. The results, as always, will be shared with you in a future issue of the Wisper.

Vaccine Shortage Report:

WCIP (Wisconsin Council for Immunization Practices) met again on September 6th to receive immunization manufacturer updates about the vaccine shortages. For the most part, supplies of all but 3 vaccines had returned to normal and the potential negative impact on compliance with school and day care immunization requirements was averted. Childhood vaccines with shipment delays are as follows:

PCV7 Vaccine supplies remain the most concerning with return to full monthly production and shipment levels not likely until the first quarter of 2003. Recent shipments of PCV7 ordered back in September have been sent out to private practice and public health clinics but two month backlogs remain. Most clinics are stuck in the severe and extreme priority levels meaning that 2 dose primers given to infants 2 to 6 months of age is the rule rather than the exception. Discussions by the AAP-COVID (Red Book Committee) which met in Boston in October addressed the need for "catch up" immunization recommendations to deal with children who are now older than 24 months of age but who received only 2 or 3 doses of PCV7 in their first 2 years. The permutations of PCV7 doses actually received by a patient and the current spread of ages of patients who are behind are very large and no single recommendation will cover all circumstances. Expect to see some guidance in the form of a chart appearing in the AAP News toward the end of this year. Clinics should continue to conserve their PCV7 supplies as they arrive and anticipate further delays in future shipments for the next 4 to 6 months.

Comvax^R supplies have improved more quickly than predicted back in the middle of summer and shipments are currently delayed no more than two weeks.

PedVaxHib has enjoyed a more rapid restoration than previously reported with back orders now of only 2 to 3 weeks.

Influenza Vaccine for Kids: Most of the nation's 93 + million doses of influenza vaccine have already been delivered to clinics and public health departments. There will be a surplus of unsold vaccine available to expand broader use of flu vaccine to healthy adults and children beginning in November and December. Look for bargains out there when shopping for additional vaccine at fire sale prices.

For those of you who have parents concerned about the

thimerosal in flu vaccine, Aventis has indicated they have produced 1 million doses (not the 11,000 doses they first announced) of influenza vaccine without thimerosal used as a preservative (meaning it does contain trace amounts of thimerosal as the result of manufacturing processes). The influenza vaccine produced by Evans does not contain thimerosal but it is not FDA licensed for use in children under 4 years of age. It is now unlikely that the cold adapted live attenuated intranasal influenza vaccine (Flumist^R) will be approved by the FDA in time for use this flu season.

There is general agreement between the CDC and the AAP that a recommendation for universal influenza vaccination for healthy children 6 to 23 months of life will not be initiated until the 2004-05 flu season. This is the result of preparations that will need to be in place before this key component for pandemic flu containment can occur.

(A side from the fact that children have flu-related hospitalization rates comparable to the elderly, they are far more efficient spreader of flu viruses to adults and those children too young to immunize.)

The VFC program will not start covering influenza vaccine for children until the 2003-04 season. The Vaccine Injury Compensation Act will not provide liability protection for flu vaccine use until the VFC program kicks in (retroactive coverage, however, is likely to apply to flu vaccine given to children this year.) Third party payers and HMOs will have to decide if they will cover this application of flu vaccine. Clinics will have to have recall systems in place since many children will need two doses of vaccine separated by 1 month their first flu season. The availability of intranasal vaccine (at a price now rumored to be in the \$35 a dose range) will most likely be an additional option by 2003. Assurances have also been given that up to 20 million doses of thimerosal-free vaccine will be in production by the 2004-05 season.

Meningococcal Vaccine Recall: Four lots of quadravalent meningococcal vaccine have recently been recalled because of subpotency of the serotype A component that was identified by the FDA when testing the vaccine under adverse storage conditions. Limited surveillance of serologic responses in recipients of these affected lots has failed to show a problem of poor immunity with the A serotype but there is a theoretical concern nonetheless. Because type A disease is rare in the USA and much more of a problem in Africa and South America, only recipients of the recalled lots who are in or planning to travel to those risk areas of the world would be candidates for revaccination.

Smallpox Vaccine and Pediatrics: The AAP is on record as supporting limited use of smallpox vaccine for the "ring containment" strategy for a "post-event" outbreak of small pox disease. The AAP-COVID meeting in Boston reaffirmed a strong reluctance to support widespread vol

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untary "pre event" smallpox vaccination of children. This

is because of the significant rate (one in 800) of serious adverse events (generalized vaccinia, eczema vaccinatum, encephalitis, auto inoculation events and spread of the vaccinia virus to immuno incompetent contacts, etc.) that are certain to be encountered if such a policy were pursued. The CDC has prepared high quality educational materials for physicians. These provide a rather gruesome pictorial panorama of the complications of smallpox vaccination that are likely to temper anyone's enthusiasm for immunizing themselves or their child without a more definite threat of smallpox disease lurking around the corner. The CDC web site www.cdc.gov and a CD-ROM they produced will be widely available to spread the message that smallpox vaccination is not the same as getting a tetanus shot.

The Wisconsin DHFS is in the throes of producing a "pre-event" and "post-event" smallpox plan for the State and has received substantial federal funds this year to implement the plan. The prospect of giving smallpox vaccination to 100 first responder health care workers at each of the 100 or so Wisconsin hospitals that could be designated smallpox treatment centers is daunting. Up to a third of potential adult recipients have pre-existing skin conditions like eczema, seborrhea and psoriasis, immune competency or medication issues that would exclude them as vaccine recipients. The smallpox vaccine currently available (Dryvax) would be provided under an IND or investigational drug designation to this select population of first responders. FDA approval for licensure of a new smallpox vaccine produced in tissue culture will be necessary before recommendations can be made for general public use. You can tell anxious parents wishing to immunize their children that this is unlikely to happen before 2004.

Palivizumab and RSV Prevention: A recent (as yet unpublished) large placebo controlled study was presented to the AAP-COVID in Boston that examined giving palivizumab to groups of children under 2 years of age who had either cyanotic and acyanotic heart disease leading into the RSV seasons of 1998 – 99. There was a 45% reduction in hospitalizations in the palivizumab groups with no increase of adverse events compared to the placebo group of infants with similar heart problems. Unlike the IVIG RespiGam^R trials of several years ago, there was no excessive mortality seen in the palivizumab treated groups with severe heart conditions. Therefore, it appears that pediatric heart disease will constitute another suitable risk group for RSV monoclonal antibody use and can be considered for these specific infants under 2 years of age (including those who are post op cardiac surgery).

The producer of Synagis^R (Medimmune) is also pushing hard for broader use of palivizumab in the 32 to 35 week gestation infants and attempted to sway the AAP-COVID to make a revised recommendation for treatment of this cohort. The AAP-COVID remained unconvinced that liberalizing their recommendations within that gestational age group was feasible and could not be construed as anywhere cost effective with the current cost of the product. The AAP-COVID will clarify those additional risk factors that might prompt offering palivizumab to 32 to 35 week infants who are 6 months old or less entering the RSV season. The most significant conditions affecting risk of hospitalization from RSV are 1) child care attendance, 2) having a smoker in the house, 3) having a school age sib in the household, 4) maternal education less than 12th grade. Co-morbid conditions might also include the infant as the product of a multiple birth, lack of breast feeding,

family history of asthma, crowded living conditions. No single risk factor has sufficient power (relative risk value) in its own right to warrant giving palivizumab. Multiple risk factors in a household, however, may be sufficiently additive to increase hospitalization from RSV infection to a point where monthly RSV monoclonal antibody might be considered. As a practical example, Meriter hospital in Madison ran one of the largest palivizumab outpatient clinic operations for its NICU graduates in Wisconsin last year. Of the 80 infants receiving palivizumab through the RSV season, only 2 were in the 32 to 35 week gestation group.

New Combination Vaccine - Impending Release:

The release of GlaxoSmithKline's new combination vaccine (Pediarix) which contains DTaP (Infanrix) + Hepatitis B (Engerix-B) and IPV is felt to be very near. Finishing touches on the information contained in the package insert is in the final step of negotiations with the FDA. This vaccine will be given at 2,4 and 6 months of age and is expected to be used in conjunction with the hepatitis B birth dose. The initial three doses of IPV will be sufficient until the booster dose #4 is given before kindergarten entry. Any Hib vaccine can be given with it and the #4 and #5 booster doses of DTaP will be given at the usual times.

Aventis hopes to introduce their " Pentacel" combo in the USA in the next year. It is a combination of DTaP (Daptacel) + IPV and Hib vaccine that has been used in Canada for a number of years. It too will be given at 2,4 and 6 months of age and will require a separate Hib booster (dose #4) at 12 to 18 months of age.

As a Reminder:

Please fill out the **WIR survey** and send it in right away. As always, I welcome your comments and questions on immunization matters:

Tom Saari, MD, FAAP tsaari@facstaff.wisc.edu
(608) 263-9733

THIS NEWSLETTER
IS BEING SUPPORTED BY
ROSS LABORATORIES

District VI Chair Report Kathryn Nichol, MD, FAAP

I just returned from another exciting NCE meeting, in the beautiful city of Boston. I had very little time to enjoy one of my favorite cities, but did carve out enough time to see part of the Head of the Charles rowing contest. Really a beautiful event.

There are a number of organizational changes I would like to alert you to.

- In 2004 plans are being developed to have a joint meeting of the Forum (representing chapters), CONCOM (the management group representing committees) and COS (the management group representing sections). This was suggested by the Chapter Forum Committee about a year ago as an opportunity to enhance communication between the three groups. It will also allow a better understanding of what each group does. And, hopefully, if crafted correctly, it will allow more immediate feedback to the resolution process. A planning meeting at the recent NCE, which I attended because I chair the Advisory Committee to Committees and Sections (ACBPCS), realizes there is much work to be done before 2004, but is excited about the potential of increased communication and synergy.
- The Chapter Forum Committee is now the Chapter Forum Committee Management Committee (CFMC) with the Chair being elected for a three year term, the other members remaining as in the past, namely a representative from each District serving a three year term. The Chair will attend the Advisory Committee to State Government Affairs (ACOSGA) as a voting member. Recently the BOD endorsed having the Chairs of the management committee of committees (COCOMAN) and the management committee of sections (COSMAN) be voting members of ACBOCS. As Chair of that Advisory Committee, I can attest to the import of having their input, wisdom and viewpoints as we deliberate various issues. I am sure the Chair of the CFMC will enrich ACBOCS in similar fashion.
- The Task Force on Committees and Sections (TFOCS-II), which I chair, presented its recommendations to the BOD at the NCE. The BOD accepted the recommendations, without approving or disapproving them. The TFOCS-II recommended that if the BOD accepted the recommendations there be a period of time for COCOMAN, COSMAN and Committee and Section chairs to respond before proceeding. The BOD agreed and we are now in the process of doing that and will report back to the BOD in Jan. The task force is very aware of the important role the chapters play in nominating pediatricians to Committees, and are committed to maintaining that input. You will have an opportunity to learn in more detail what the recommendations are and the response at the District VI/IX meeting in Feb.2003, as I have been asked to make a presentation at that meeting.

Reimbursement Issues

As always, much time and effort has been devoted to the closely related issues of access, reimbursement and quality. Poor reimbursement, especially for Medicaid patients, is an ever bigger issue for practicing pediatricians. With the financial constraints

states are laboring under, there is increasing concern about the impact on Medicaid payment. There are still about 9,000,00 children who are uninsured, and when those who are uninsured for a portion of the year are added, the numbers are even more alarming (17.4 million are uninsured for all or part of the year). Many children who are SCHIP eligible are not being enrolled. None of this is news to most or all of you. The assumptions include that the number of uninsured children will begin to grow due to the continued economic slow down, state budgetary problems that will cap public programs, and the rising cost of health insurance. Without broad system change, children will continue to roll in and out of insurance coverage due to the nature of public programs and the tie to employer coverage.

What is being done by the AAP to try and improve the situation for the children we serve and the pediatricians who serve the children?

The AAP is continuing to advocate for MediKids, which now has 63 cosponsors in the House and three in the Senate. There are political concerns about MediKids which include that it is an entitlement, is an individual mandate, could have a negative impact on Medicaid and SCHIP (crowd out) and would be costly. The AAP leadership is not very hopeful that it will progress very far in the present political atmosphere. The Federal Advocacy Action Network (FAAN) provides Academy members the information and tools they need to advocate effectively. There are currently 2000+ members and if you aren't a member, sign up through the MOC website. It is a very valuable service. The AAP is supporting 9 pieces of legislation to expand SCHIP/Medicaid. At the state level, national has supported states efforts to maintain Medicaid in an ever worsening financial picture. Medicaid spending is outpacing overall state spending and 41 states are expected to curtail Medicaid spending in FY 2003. Within our District, Iowa has capped enrollment in their SCHIP programs. At the same time, 18 chapters successfully advocated for higher tobacco taxes as a new revenue source to maintain Medicaid and SCHIP programs. Partly due to the "dip" in allocation of federal funds for SCHIP in FY 2002-2004, federal spending on Medicaid and SCHIP continues to decrease. The estimate is that there will be a 900,000 decrease in the SCHIP enrollment between 2003-2006. None of this is good news for the children we serve.

I have previously commented on the AAP efforts to obtain adequate reimbursement for administration of vaccine. CMS has stated that there is no physician work associated with administering vaccines. The Academy has worked with Congress and CMS to correct this decision. Due in large part to the persistent efforts of the Executive Committee of the Academy, in a proposed rule CMS signaled its willingness to consider the physician work inherent in childhood immunizations. The Academy has submitted comments on this proposed rule and CMS is currently preparing its "Final Rule."

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National Committee Vacancies

Carl Eisenberg, MD, FAAP

The formal nomination process for AAP National Committees began November 1st. Below please find the most current list of Committee openings. Successful candidates must be members of the AAP and WIAAP. Any interested member should contact Carl Eisenberg, MD, FAAP, WIAAP President, at the Chapter Office, 330 E. Lakeside St., Madison, WI, 53701, or by phone at 414-352-3100 x 4335, or by e-mail at CEisenberg@AAPSCOT.ORG.

The following committees have member vacancies beginning July 1, 2003:

Adolescence (no one from District VI on Committee) - 3 openings
Bioethics (no one from District VI on Committee) - 1 opening
Child Health Financing (John Meurer from WI on Committee) - 1 opening
Community Health Services (Murray Katcher from WI on Committee) - 1 opening
Continuing Medical Education (one pediatrician from District VI on Committee) - 1 opening
Children with Disabilities (no one from District VI on Committee) - 3 openings
Drugs (no one from District VI on Committee) - 1 opening
Early Childhood, Adoption, and Dependent Care (one pediatrician from District VI on Committee) - 1 opening
Environmental Health (no one from District VI on Committee) - 1 opening
Federal Government Affairs (one pediatrician from District VI on Committee) - 1 opening
Fetus and Newborn (one pediatrician from District VI on Committee) - 1 opening
Genetics (one pediatrician from District VI on Committee) - 1 opening
Hospital Care (no one from District VI on Committee) - 1 opening
Infectious Diseases (Tom Saari from WI on Committee) - 2 openings
Injury, Violence, and Poison Prevention (three pediatricians from District VI on Committee) - 2 openings
Membership (Districts VI, IX, and X) -- one opening for District VI
Nutrition (Frank Greer from WI on Committee) - 1 opening
Pediatric Emergency Medicine (two pediatricians from District VI on Committee) - 3 openings
Pediatric Research (one pediatrician from District VI on Committee) - 1 opening
Pediatric Workforce (Aaron Friedman from WI on Committee) - 2 openings
Practice and Ambulatory Medicine (no one from District VI on Committee) - 1 opening
Psychosocial Aspects of Child and Family Health - 1 opening
Substance Abuse (no one from District VI on Committee) - 1 opening
School Health (one pediatrician from District VI on Committee) - 1 opening
Sports Medicine and Fitness (David Bernhardt from WI on Committee) - 2 openings

Additionally, there may be openings on the Committees on Psychosocial Aspects of Child and Family Health, Native American Child Health, and Public Education if a current member is appointed chairperson in January, 2003.

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District VI (Continued from Page 6)

The CDC and AAP have both endorsed ring vaccination as the preferred means of preventing spread of smallpox in case of an outbreak of the disease. There is concern that the present administration in Washington DC may recommend "voluntary" vaccination for anyone desiring it. The reasons this was not considered desirable are clearly outlined in the AAP policy which you may access on the MOC of the AAP website.

There has been a recent recommendation "encouraging" administration of influenza vaccine to children aged 6-23 mo. Many insurance companies will not reimburse for administration of vaccine unless it is "recommended." So, pediatricians are faced with the prospect of possibly administering a vaccine for which they may not be reimbursed. Originally there was concern that there would not be sufficient supply of influenza vaccine to accomplish the intent of the "encouragement", but that is no longer an issue.

The BOD had the pleasure of meeting Laura Bush, at the NCE. She is someone who has long promoted reading for children. She addressed the plenary session to advocate reading to children, and in particular, the Reach Out and Read program. She was very gracious and charming, and knowledgeable about the topic.

The NCE was well attended, the process of registering on site much smoother, and from all the comments I heard, a very worthwhile program. Think of attending next year in New Orleans!!

Holiday time is quickly approaching, and I would like to take the opportunity to wish you and yours a healthy, happy holiday season, and successful endeavors for the children we serve in the next year.

Chapter E-Mail Distribution List

Carl Eisenberg, MD, FAAP

The Chapter's e-mail distribution list, WIAAP-NET, currently has 188 subscribers with 168 of those having confirmed e-mail addresses. If you did **NOT** receive a message from WIAAP-NET dated 10/16/02 with the "TEST" in the subject line and believe you are a subscriber, or would like to be a subscriber, please contact me at CEisenberg@AAPSCOT.ORG with your most current e-mail address.

Please remember this service is a free membership benefit and serves to keep you up to date on many WIAAP activities. The officers as well as board and executive committee members frequently use this e-mail distribution list to post announcements, or to solicit input. We welcome and encourage all WIAAP members to subscribe.

BREASTFEEDING UPDATE:

Karen Pletta, MD, FAAP

For those not involved in the recent discussions on the WI AAP distribution list, following is a summary of the recent controversy involving the AAP New Mother's Guide to Breastfeeding and Ross. I would like to first note that the discussion on the WI AAP listserve was lively and interesting and it allowed for expression of members – the goal of the listserve. I encourage anyone not on the listserve to contact Carl Eisenberg, WI AAP president at Ceisenberg@AAPSCOT.ORG if they would like to become more aware/involved in issues that effect us as pediatricians in WI.

The AAP recently published a new book written called "**The New Mother's Guide to Breastfeeding**". The book was written exclusively by the AAP and is meant to be a reference guide for breastfeeding for mothers and medical professionals. The cost is 11 – 14\$/book depending on bulk amount. Ross approached the AAP with a proposal to buy 330,000 copies of the book as a pilot project to include the book in hospital discharge packs for nursing mothers. Per Ross, they supply approx. 1.2 – 2 million discharge packs to hospitals/year. The AAP agreed to print a cover for Ross that included the Ross bear and the name "Ross Pediatrics" beside it on the front cover of the book.

Controversy exists due to fact that some feel that the imprint in the cover might lead mothers to feel that the book was published/ partly written by Ross and therefore may not be impartial in regards to breastfeeding vs. formula. Seeing the name/logo associated with formula may cause conflicts for breastfeeding at a vulnerable time. This situation also raised the basic principles of "soft money" and ethics of accepting sponsorship for AAP/medicine in general. The WI AAP listserve generated a lively conversation of the above. There were 5 members who felt that the Ross relationship and name should not be included on the book for the concerns as above. I also received 4 emails from others stating that a compromise of allowing Ross to apply a label to the book clearly labeling it as a "gift from Ross" would be reasonable as it was felt that it would not cause significant decrease in breastfeeding in relation to other exposure to formula and Ross' distribution would allow this book to be given to mothers who might otherwise not receive/buy it. Similar discussion was seen on the national listserve for AAP breastfeeding coordinators. The national AAP breastfeeding division is involved in discussions with the national AAP and Ross. The most recent emails that I have received stated that the national AAP BF division committee recommended future clear ethical guidelines in general as well as asking that Ross apply a clear "gift from Ross" sticker if the Ross name is on the book. (Note that Ross cannot be prevented from applying anything once they have bought the book). The committee also recommended that if the book is distributed by Ross that it come from MD offices (e.g. OB, peds, FP) and not in distribution in hospital packs due to the vulnerability of the timing. I will keep WI AAP members updated via the list serve.

You may be seeing statewide TV, radio ads and highway advertising boards promoting support for breastfeeding over the next year. WI WIC was granted national money for a project that has been successful in several other states called "**Loving Support to Build a Breastfeeding-Friendly Community**". This money is targeted to using social marketing for helping mothers, WIC clinics, the community and medical professionals encourage and support breastfeeding. Myself and Dr. Bonny Whalen participated as the physician representatives in a 2-day training session Oct 23-24 that

involved WIC, USDA, nutritionists and multiple coalitions from around the state. The social marketing campaign will include many layers of education and support for mothers, families and medical professional to address concerns patients have with breastfeeding especially embarrassment, family support, independence and return to work issues. Various options range from education of WIC employees and education of patients to statewide ads recommending support for breastfeeding in the community. The group gave feedback and there will be further decision as to how the money would best be spent in WI. One of the issues raised was for medical providers to know who to refer their patients to for breastfeeding concerns. A **Wisconsin Breastfeeding Resource Directory** was developed in the past by the Wisconsin Breastfeeding Coalition and provides a listing of local referral sources, insurances taken etc. The directory is divided by county and can be found on the WAPC website at <http://www.perinatalweb.org>. Bonny and I will keep WI AAP updated as things progress. Please feel free to contact me if you would like to become involved in breastfeeding issues in WI and/or this project at karen.pletta@uwmf.wisc.edu.

Our Patients are our Allies in Reform

Holly Falik, MD, FAAP

Our chapter of the AAP has worked hard to improve the health of our children through legislative initiatives, providing technical information and forming coalitions to oppose some proposals and to introduce others.

Legislators are very sensitive to such coalitions. They tell us repeatedly that if they receive three or four letters from constituents about an issue, they pay more attention to that topic. However, one of the missing voices is that of parents. Knowing how busy young parents are, the executive committee of WIAAP agreed that we would create letters that pediatricians could distribute to the families in their practices.

All letters are reviewed by the members of the public relations, legislative, and appropriate committees prior to being sent to pediatricians.

The first letter you will receive through our distribution list supports increasing the tax on cigarettes. The letter has three possible openings: *As a former smoker*, *As a non-smoker*, *As a parent*. Please feel free to download any or all of these and ask your families to send them in. *Dear Legislator*, *Date*, *Signature and Address*. will also need to be added..

Please let us know your thoughts about this project. Send your comments to: Holly Falik, Chair of Public Relations, hfalik@wi.rr.com or, Carl Eisenberg, President WIAAP, CEisenberg@AAPSCOT.ORG

Wisconsin Academy of Pediatrics Foundation Receives Grant for Asthma Education

John Meurer, MD, FAAP

The Wisconsin Academy of Pediatrics Foundation recently received an unrestricted educational grant from GlaxoSmithKline to plan and implement an asthma diagnosis and management continuing medical education program. The learning objectives of the outreach asthma education program are to:

1. Diagnose asthma early and accurately in children
2. Classify asthma severity at every medical encounter
3. Use spirometry to objectively assess pulmonary function in older children
4. Prescribe daily controller medications in a written asthma action plan for children with persistent asthma
5. Teach patients appropriate techniques to use inhalers, nebulizers, spacers, and peak flow meters
6. Counsel families in environmental trigger control including smoke-free homes and mitigation of common indoor allergens

Teams of an allergist and nurse or respiratory therapist will visit a total of 16 pediatric group offices twice annually in Milwaukee, Madison, and LaCrosse areas in 2003 to teach the pilot program. The allergists are Kevin Kelly, MD, Mark Hermanoff, MD, Brent Kooistra, MD, Todd Mahr, MD, and Mike Zacharisen, MD. The Medical College of Wisconsin and Children's Health Alliance of Wisconsin will coordinate the project as part of the Wisconsin Asthma Coalition in collaboration with the State of Wisconsin Division of Public Health and the Wisconsin Allergy Society. For more information, contact Project Director John Meurer at jmeurer@mcw.edu or 414-456-4116.

Rewards

Kevin Dahlman, UW Medical Student

The phone rings. I awake in a startle and my eyes pop open to darkness to find myself lying in an unfamiliar bed.

"Where am I?" I think to myself.

Not yet coherent of my surroundings, I sit up and look around. The phone rings again. Out of my sleepy and groggy state, I remember that I am staying in a guest bedroom at Dr. Doyle's house. I also recall that a phone call means it is time to slip on some pants, run to the back door, and be prepared for a late-night run to the hospital with Dr. Doyle for a delivery.

We arrive a bit before midnight, this first night of my summer externship in pediatrics, and quickly head up to obstetrics at Divine Savior Hospital in Portage. Outside the delivery room, I stand there anxious and unsure of myself, trying to carefully copy Dr. Doyle's every move as to not goof and end up contaminating a sterile environment. As I enter the room, the nurse gently instructs me that the mask on my face must also cover my nose. Embarrassed, I quickly rectify the problem,

Dr. Doyle warms the infant bed and places all the appropriate instruments in order. She reviews with me what we had talked about earlier that day in clinic. The Apgar. I review in my head the Apgar descriptions and the scoring for each so I am ready to deliver the answers when called upon. As I turn around, I observe

the unveiling of a most awesome occurrence in nature – the birth of a child. Stunned and staring, I watch this amazing new creature take his first breath, move and wiggle without the confines of the womb, and scream as if announcing his arrival into the world. Motionless, I stand next to the birthday boy attempting to digest what I had just experienced – the miracle of life. Dr. Doyle nudges me and asks me for the Apgar score.

"The Apgar what?" I think to myself still dazed from all the commotion of the baby and his birth.

As I take a glimpse into the eyes of this newborn, I begin to wonder many thoughts. "What kind of life will this child have? What will this child become? What difference will this child make in the world? When will this child die?"

A stethoscope is placed into my hands. "Here," I am told, "Listen... Go ahead. It's ok."

I listen to the tiny but commanding pitter-patter of a racing heart. A new life is here. A boy has been born... and I had the privilege to witness it. A rewarding beginning to a summer with many more rewards to follow.

The little rewards, I have found, are the gifts given to us by our patients. This summer, there were many. Some rewards were personal successes, such as becoming comfortable eliciting a complete history in a timely fashion – even from teenagers who only respond with occasional grunts when asked questions. Other rewards were self-improvements, such as delivering a competent physical exam – even learning to exam the excessively ticklish child and successfully palpating the edge of the liver. Still other rewards were invaluable lessons learned, such as speaking to the patient no matter how young the child may be. And some rewards were spoken. One little boy tugged on the back of my shirt and insisted I am now, "officially," his new doctor. Another boy spoke of becoming a doctor just like me. Then, there were rewards that came in packages, a bag of home-grown vegetables from a grateful patient. For a hungry medical student, this was a welcomed gift indeed.

Perhaps the most prized reward I received this summer came from a five year-old girl by the name of Alyson. She drew a portrait of me. She made it special for me and tells me I will make a good doctor some day. I keep it on my desk to remind myself that this career I have chosen is always about the kids.

I am especially grateful for the experience this summer which provided many undeserved rewards. I have gained a lot from it and remain committed to one day serving the children of Wisconsin through the field of pediatrics. It has been both a privilege and a delight to be mentored by Dr. Kathleen Doyle. Her patience and kindness have been very valuable to me as I learn the basics in clinical medicine. I am grateful for the generosity of Dr. Doyle and her husband, Dr. Slavik, in providing a room and wonderful meals at their home. I am also thankful for the Wisconsin Chapter of the American Academy of Pediatrics and the University of Wisconsin Department of Pediatrics for providing the funding for such an experience. This summer has taught me that many rewards await us, even when the phone rings late at night!

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Mark Your Calendars

January 2003

**Friday, January 24, 2003
Madison (Site to be announced)**

**10:00 AM
WI Chapter Board of Directors
Executive Committee**

**8:00 AM
WI Academy of Pediatrics
Foundation (WAPF)**

April 2003

**Friday, April 25, 2002
WI Chapter Board of Directors
Executive Committee
Wisconsin Dells**

**Saturday, April 26, 2003
WIAAP Annual CME Meeting
Wisconsin Dells**

*****On The Inside*****

****President's Report**

****Call For Nominations
Board of Directors**

****Dr. Bartlett Wins Sports Achievement Award**

****Committee Updates
Access to Care
Public Relations
Breastfeeding**

****Immunization News**

****District VI Chair Report**

****WAPF Receives Asthma Education Grant**

****UW Medical Student Extern Report**

****WIR Survey**