



The SOOp Box

Section on Ophthalmology

Newsletter

<http://tinyurl.com/aapsoop>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



SPRING 2019

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Chairperson's Report

Geoff Bradford, MD, FAAP

On the outside, we all appreciate that the AAP is recognized as the #1 organization devoted to the care and well-being of children. But do you know what the AAP looks like from the inside?

Its origins were humble. The AAP was founded in 1930 in Detroit by 35 pediatricians to serve as an independent forum to address children's health needs. At that time, children were seen as "miniature adults." The idea that children had unique developmental and health needs was new.

Since then the AAP has grown to 67,000 members who strive for excellence in education, advocacy for children and effective representation of the pediatric medical and surgical community.

Today the AAP is governed by a Board of Directors consisting of 10 members elected by their regional Districts. The 10 Districts cover regions of the US and Canada and include over 50 Chapters, generally drawn along state lines. (See map of AAP Districts below)



Geoffrey Bradford

The AAP Executive Committee – consisting of the President, President-Elect, Immediate Past President, Board Member at Large and the CEO/Executive Vice President– conducts AAP business on a daily basis. The AAP maintains a Washington, DC office to ensure that children's health needs are taken into consideration as federal legislation and public policy are developed. At the state level, AAP Chapters are individually incorporated, have their own bylaws and





WE ARE PLEASED TO INVITE YOU TO THE AAP
SECTION ON OPHTHALMOLOGY SOCIAL RECEPTION
DURING THE 45TH ANNUAL AAPOS MEETING 2019!

JOIN US!

We look forward to catching up and networking over ice cream
sundaes! Bring a friend!! Dues are 50% off for new members.



Friday, March 29
12:30-1:15pm (last half of the lunch break)
Sapphire North Terrace - on Level 4
Hilton San Diego Bayfront

We hope to see you and your guests at our social reception. The Reception is open to all current AAP Section Members as well as to any non-members interested in learning more about the importance of membership in the AAP for support of our profession.

Chairperson's Report

(Continued from page 1)

further the aims of the national organization as well as their local priorities. The AAP's state advocacy staff provides assistance to chapters, promoting issues of interest to state Chapters.

In addition to geographic areas, the AAP is also divided into 30 Committees, 11 Councils, and 52 Sections (for a full list of these groups, click [here](#)). Our Section on Ophthalmology works within this complex structure to develop policies, create educational programming and resources, promote advocacy initiatives and support transition of policy and education into practice. While progress on a specific initiative is often quite slow as it is vetted through committees, councils and sections with a shared interest, the final product, when approved by the Board of Directors, is one that is highly authoritative and can be trusted by clinicians, researchers, policy makers and the public at large.

As a benefit included with membership, the AAP publishes *Pediatrics*, its monthly scientific journal; *Pediatrics in Review*, its continuing education journal; and its membership news magazine, *AAP News*. It also publishes educational brochures, manuals and texts written by AAP members for the public/parents/patients.

The AAP's activities and programs are funded through a wide array of sources including membership dues, revenues from continuing medical education activities and publications, as well as grants and contributions from individuals, foundations, corporations and government agencies. Grants and contributions support more than 200 programs each year.

While the Section on Ophthalmology has only 200-some members, it has enjoyed the support of the AAP at large, enabling the Section to advise, edit or author all publications and policy statements related to pediatric ophthalmology. Pediatricians look to the AAP for their education in all

specialty areas. In 2018 alone, our Section collaborated within the AAP and often with AAPOS and the AAO to publish policies/articles and to deliver educational content on topics, including:

- Child Abuse (New Policy: [The Eye Examination in the Evaluation of Child Abuse](#); Webinar: Is it All in the Eyes? The Eye Examination in the Evaluation of Child Abuse, August 2018)
- ROP (New Policy: [Screening Examination of Premature Infants for Retinopathy of Prematurity](#))
- Myopia (AAP News Article: [Are old wives' tales regarding myopia true?](#))
- Retinoblastoma (Endorsed Policy: [Ophthalmic Screening of Children at Risk for Retinoblastoma: A Consensus Statement from the American Association of Ophthalmic Oncologists and Pathologists](#))
- Dyslexia, Pediatric Ocular Emergencies, & Eye Examination Skills Using an Ophthalmoscope (Educational Sessions at the AAP National Conference & Exhibition, October 2018).
- Cortical Visual Impairment (AAP SOOp Sponsored Educational Session at the AAPOS Annual Meeting)

Also in 2018, the AAP worked to clarify proper vision screening billing practices for pediatricians. It advocated for no limit on the number of sensorimotor exams covered by Medicaid in states where strict limits were placed. It initiated an AAP webinar on Medicaid payment advocacy. It actively supported the CDC's annual Contact Lens Health Week. And the SOOp reviewed numerous AAP publications devoted in part to pediatric eye care and targeting parents and caregivers.

A complete list of our recent Section work can be found in our semi-annual report to the AAO Council at <https://downloads.aap.org/DOPCSP/Semi%20Annual%20Council%20Report%20-%20Spring%202019.pdf>.

2018-19 Executive Committee

Geoffrey E Bradford, MD, FAAP
Chairperson/Newsletter Editor
Morgantown, WV

Steven E Rubin, MD, FAAP
Chairperson-Elect
Great Neck, NY

Kanwal Nischal, MD, FAAP
Pittsburgh, PA

John Roarty, MD, FAAP
Detroit, MI

Donny Won Suh, MD, FAAP
Omaha, NE

Sylvia Yoo, MD, FAAP
Boston, MA

Daniel J Karr, MD, FAAP
Immediate Past Chairperson
Portland, OR

George S Ellis Jr, MD, FAAP
Section Historian
New Orleans, LA

Liaisons

Stacey Kruger, MD, FAAP
American Academy of Ophthalmology (AAO)

Gregg T Lueder, MD, FAAP
American Academy of Ophthalmology Council

Christie L Morse, MD, FAAP
American Association for Pediatric Ophthalmology and Strabismus (AAPOS)

Sarah MacKinnon, MSc, OC(C), COMT
American Association of Certified Orthoptists (AACO)

Honey Herce, MD, FAAP
AAPOS Committee on Young Ophthalmologists (YO)

Staff

Jennifer Riefe, MEd
Section Manager
jriefe@aap.org

As you can see, the AAP Section on Ophthalmology is a strong and vibrant group collaborating within one of the most widely respected organizations in the US to benefit children and the clinicians that provide their care. Please enjoy this 2019 Spring edition of The SOOp Box, share it with your colleagues and invite them to join us to further our advocacy for the children we serve and the interests of our pediatric ophthalmology community at large.

Adapted in part from material found at www.aap.org



AAP Section on Ophthalmology Executive Committee, Liaisons, & Staff pictured at AAP Headquarters in Itasca, IL, in October 2018; From left: Geoff Bradford, Jennifer Riefe, Sarah MacKinnon, Ken Nischal, Sharon Lehman, Honey Herce, Daniel Karr, Gregg Lueder, Sylvia Yoo, Donny Suh, John Roarty, & George Ellis

Section Sponsored Workshop @ the 2019 AAPOS Annual Meeting

The SOOp takes great pleasure in having the opportunity to partner with the American Association for Pediatric Ophthalmology and Strabismus (AAPOS) each year in offering a workshop at their annual meeting.

Cortical/Cerebral Visual Impairment 2019: *What You Need to Know to Diagnose and Treat*

FRIDAY, MARCH 29, 2019
8:30-9:45am

Sharon S. Lehman, MD; Linda M. Lawrence, MD; Terry L. Schwartz, MD



Sharon S. Lehman

Linda M. Lawrence

Terry L. Schwartz

Workshop Abstract:

Purpose/Relevance: Cortical/Cerebral Visual Impairment (CVI) is the most common cause of visual loss in children in developed countries. Lack of a standardized method for evaluation, diagnosis and providing recommendations for children with CVI creates challenges



for the pediatric ophthalmologist. This workshop will provide practical information to close those existing gaps.

Target Audience: ophthalmologists, orthoptists

Current Practice: Lack of knowledge and attitudes of pediatric ophthalmologists concerning the care of patients with CVI limits the effectiveness of the team in caring for patients

Best Practice: A pediatric ophthalmologist familiar with the latest information about CVI using standardized tools will improve the effectiveness of the pediatric ophthalmologist as a part of the team caring for a child with CVI and ultimately provide the best care for the patient.

Expected Outcomes: Exploration of varied case studies will allow the pediatric ophthalmologist to have practical tools that will allow for easier diagnosis, evaluation and communication of recommendations to the child's team.

Format: Case presentation, didactic lecture, question and answer

Summary: Lack of a standardized method for evaluation, diagnosis and providing recommendations for children with CVI creates challenges for the care team. Education of pediatric ophthalmologists and development of standardized tools which can provide the necessary information are practical ways to approach this problem.

References:

- Lueck AH, Dutton GN, editors. Vision and the Brain: Understanding Cerebral Visual Impairment in Children. New York, NY: AFB Press; 2015
- Roman-Lantzy C. Cortical Visual Impairment: An Approach to Assessment and Intervention. Second Edition. New York, NY: AFB Press; 2018

Seen in *Pediatrics*, *AAP News*, and *NeoReviews*...

PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

AAP News
THE OFFICIAL NEWS MAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS

NeoReviews
AN OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS



[Retinal Findings in Young Children With Increased Intracranial Pressure From Nontraumatic Causes](#)
– February 2019

[Development and Validation of a Cellulitis Risk Score: The Melbourne ASSET Score](#) – February 2019

[Psychosocial Factors in Children and Youth With Special Health Care Needs and Their Families](#) – January 2019

[Clinical Practice Guideline for the Management of Infantile Hemangiomas](#)
– January 2019

[Neonate with a Large Facial Swelling](#) – January 2019

[Diagnosis of Attenuated Mucopolysaccharidosis VI: Clinical, Biochemical, and Genetic Pitfalls](#)
– December 2018

[Screening Examination of Premature Infants for Retinopathy of Prematurity](#)
– December 2018

[Conjunctival Provocation Test in Diagnosis of Peanut Allergy in Children](#)
– December 2018

[Congenital Hypopituitarism in Neonates](#)
– December 2018

[Eye on safety: Good hygiene necessary for children who wear contact lenses](#) – November 2018

[Increased awareness of Chagas disease needed to improve patient outcomes](#) – November 2018

[Eye Findings in Infants With Suspected or Confirmed Antenatal Zika Virus Exposure](#) – October 2018

[Case 1: Periorbital Swelling and Conjunctivitis in a Preterm Infant](#) – October 2018

Thank You to All Of Our Current Members for Your Support

Rebecca Adams	George Ellis	Julie Lange	Gary L. Rogers
Samuel Andorsky	W. Engel	Scott Larson	Jay Rosin
Steven Archer	Robert Enzenauer	Sharon S Lehman	Leemor Rotberg
Raymond Areaux	K. David Epley	Deborah Lenahan	James Ruben
Robert Arnold	Amber Fenton	Thomas Lenart	Steven Rubin
Kyle Arnoldi	Walter Fierson	Alejandro Leon	Denise Satterfield
Steven Awner	Leslie France	Andrew Levada	Donald Sauberan
Darron Bacal	Douglas Fredrick	Alex Levin	Susan Schloff
Michael Bartiss	Bruce Furr	Eric Lichtenstein	Bruce Schnall
Jane Bateman	Marlo Galli	Steven Lichtenstein	Veeral Shah
Casey Beal	Jennifer Galvin	Stephen Lipsky	Marla Shainberg
Cynthia Beauchamp	Helia Garcia	Michael Lopez	Karen Shimshak
Nancy Benegas	Stephen Glaser	Jennifer Luck	Melissa Shipley
Jay Bernstein	Robert Gold	Gregg T Lueder	R. Michael Siatkowski
Amit Bhatt	Todd Goldblum	Sarah MacKinnon	Lance Siegel
Glen Bianchi	Richard Golden	Linn Mangano	David Silbert
Ronald Biernacki	Herbert Goldman	Gary Markowitz	Sujata Singh
Gil Binenbaum	Richard Golub	Maury Marmor	Janine Smith-Marshall
Louis Blumenfeld	Erin Goshorn	Stephen A. Mathias	Robert Spector
Dean Bonsall	David Granet	Mary Lou McGregor	Michael Spedick
Geoffrey Bradford	Michael Gray	Norman Medow	David Stager
Tara Bragg	Daniel Greninger	Kevin Merrill	Ann Stout
Don Bremer	Robert Gross	Kevin J. Mickey	Mitchell Strominger
Katherine Brito	Ashima Gupta	Aaron Miller	Donny Suh
Edward G Buckley	Tara Guretzky	Joseph Miller	Jonathan Taylormoore
Angela Buffenn	Laurie Hahn-Parrott	Helen Mintz-Hittner	Ronald Teed
Miles Burke	Sheryl Handler	Emily Miyazaki	Donald Tingley
Cybil Cassidy	Larisa Heiser	Dorothy Moore	John Tong
Robison Chan	Honey Herce	Christie Morse	Dimitra Triantafilou
Melinda Chang	Robert Hered	Sarah Murray	Sebastian Troia
Edward Cheeseman	Richard Hertle	Kanwal Nischal	Irene Tung
Michael Chiang	John Hinrichsen	Julie Nishimura	Vivian Tzanetakos
Madhuri Chilakapati	Steven Howell	Gregory Ostrow	Virginia Utz
Alex Christoff	David Hunter	Anthony Panarelli	Jean Vahey
Cindy Cline	Jeffrey Hunter	Katie Patterson	Gonzalo Vicente
David Coats	Mohamed Hussein	Maria Patterson	Roberto Warman
Jeffrey Colburn	Mohamad Jaafar	Evelyn Paysse	Daniel Weaver
Kim Cooper	Jorie Jackson	Caryn Pearlstein	Amy Wexler
Deborah Costakos	Jing Jin	David Petersen	Sarah Whang
Alejandra de Alba	Anthony Johnson	Robert Petersen	David Wheeler
Campomanes	Daniel Karr	Susan Pharis	Janette White
Monte Del Monte	Mary Kelinske	Laura Plummer	Sarah Whitecross
Joseph Demer	Ross Kennedy	William Potter	Robert Wiggins
Patrick DeRespinis	Natalie Kerr	Radha Ram	R Winkle
John DeVaro	Marshall P Keys	Ann Ranelle	Kimberly Yen
Mary DeYoung-Smith	Leila Khazaeni	Kristiane Ransbarger	Sylvia Yoo
Clare Dias	Michael A. Kipp	Dorothy Reynolds	Hawke Yoon
Sean Donahue	Shelley Klein	Leah Reznick	William Young
Eniolami Dosunmu	Deborah Klimek	Robert Rhee	Elaine Zivras
Patrick J Droste	Sylvia Kodsí	John Denis Roarty	
Paula Edelman	Stacey Kruger	Shira Robbins	
Naomi Ellenhorn	Annie Kuo	David Rogers	

AAP Updates Recommendations on Screening Preterm Infants for ROP

The American Academy of Pediatrics has updated screening recommendations for preterm infants at risk of developing Retinopathy of Prematurity. The AAP statement, "[Screening Examination of Premature Infants for Retinopathy of Prematurity](#)," published in the December 2018 *Pediatrics* (published online Nov. 26) revises a previous statement published in 2013. The policy statement provides direction for screening low birth weight, premature infants at correct times and intervals to detect any problems with the development of the retina which can lead to visual loss or blindness. The diagnosis of Retinopathy of Prematurity must be made in a timely fashion for effective treatment to be applied before the disorder becomes destructive. The policy statement provides recommendations for screening those who are at risk, consistent with the finding that the more preterm an infant is at birth, the greater the area of undeveloped retina and, thus, the greater the risk. The joint policy statement was written by the AAP Section on Ophthalmology, the American Academy of Ophthalmology (SOOp), the American Association for Pediatric Ophthalmology and Strabismus, and the American Association of Certified Orthoptists. Thanks go to Dr. Walter M. Fierson, lead author of the revised statement, as well as the members of the SOOp Subcommittee on Retinopathy of Prematurity, Drs. Michael F. Chiang, William Good, Dale Phelps, James Reynolds, and Shira L. Robbins.



Updated AAP Academic & Subspecialty Advocacy Report and New Subspecialty Advocacy Toolkit

An updated AAP Academic and Subspecialty Advocacy Washington Report is available from the AAP Department of Federal Affairs. To read the full March 2019 report, click [here](#). The report contains a special welcome message from our AAP President, Dr. Kyle Yasuda, and details

the important advocacy work that the Academy is engaging in, highlighting issues of particular importance to medical and surgical subspecialty pediatricians. The report includes updates on AAP advocacy efforts to support Medicaid, prevent firearm-related injury and death, protect immigrant

children, promote pediatric subspecialty workforce issues, stimulate access to safe and effective drugs and medical and surgical devices for children, and increase funding for pediatric research, among many other issues.

The AAP has also recently announced the release of an [AAP Subspecialty Advocacy Toolkit](#). This toolkit provides information on ways for subspecialists to engage in advocacy across all levels of government with the support of the AAP's advocacy team. We hope you find this to be a helpful resource and look forward to hearing from you about ways we can continue to improve this tool.

2019 AAP Legislative Conference

The AAP's 2019 AAP Legislative Conference will take place April 7-9 in Washington, DC.

Each year, the conference brings together pediatricians, residents and medical students from across the country who share a passion for child health advocacy. Participants attend skills-building workshops, hear from guest speakers, learn about policy priorities impacting children and pediatricians and go to Capitol Hill to urge Congress to support strong child health policies.

For the fourth year, the conference will feature a **Pediatric Subspecialty Advocacy Track** with specific legislative and skills building workshops uniquely focused on the interests and needs of pediatric medical subspecialists and surgical specialists.

For more information and to register, please visit aap.org/legcon.



AAP Chapter Advocacy Action Guides

CHIP Funding & Insufficient Insurance Plan Coverage

The AAP has recently released new resources to help chapters and advocates work to advance the needs of children among state policymakers. [CHIP Funding: Opportunities for State Advocacy](#) advocates for states to fully fund their share of CHIP and provides guidance on other aspects of recently enacted CHIP funding legislation. An updated [Association Health Plans \(AHPs\), Short Term, Limited Duration \(STLD\) Plans, and Section 1332 Waivers](#) Advocacy Action Guide provides new information on opportunities for states to regulate AHPs and STLD plans, which, by their nature, offer limited coverage. The resource also provides updated information on Centers for Medicare and Medicaid Services (CMS) Section 1332 waiver guidance, which will allow states to direct premium subsidies toward such plans. Both action guides can be helpful as chapters and pediatrician advocates work to ensure children have access to affordable, robust health insurance coverage.

Calling for newsletter articles!
For our next SOOp newsletter, the Fall edition

Please send proposals to Geoff Bradford, Newsletter Editor, at bradfordg@wvumedicine.org by August 1, 2019.



Call for Educational Session Proposals for the 2020 NCE - Due April 1



Your participation is solicited for the 2020 National Conference and Exhibition, which will take place October 2-6, 2020, in San Diego, CA. Members of our Section on Ophthalmology present various courses and workshops each year to pediatrician colleagues at the NCE (to view a summary of all section-sponsored sessions from 2016-19, click [here](#)). Two Section members, Bob Gross and Steve Lichtenstein, have the distinct honor of having presented the longest running course in NCE history – for 30 consecutive years!

As a Section member, you have the opportunity to submit a Section-sponsored educational session proposal, vetted through our Education Chairperson, Dr. Steve Rubin. To view the 2020 NCE Call for Proposals, click [here](#), and for the required 2020 session proposal form, click [here](#). Submissions for the 2020 NCE are due at the AAP in early April this year so, if you are interested in having Dr. Rubin submit on your behalf as a Section-sponsored proposal, the form is due to him by April 1. Note that the Call for Proposals provides an overview of the various types of sessions offered on page 5. Also, please note that you will have a better chance of your proposal being approved by submitting it to Dr. Rubin and having it turned over to the NCE planning group as a Section-sponsored proposal, as opposed to submitting it directly so please do not submit directly. As Education Chair for the Section on Ophthalmology, Dr. Rubin (SRubin@northwell.edu) is happy to answer questions, assist you in the application process and formally submit the application to the selection committee.

Call for Abstracts for 2019 NCE- Due April 12

The [Call for Abstracts](#) for the 2019 AAP National Conference and Exhibition (NCE) is now open.

During the AAP's National Conference & Exhibition, AAP Council and Section programs cover clinical matters and/or research related to subspecialty or special interest areas. Abstract submissions by AAP members, nonmembers, and by health professionals in any field are considered for acceptance. Selected abstracts are generally presented as posters during section-specific programming at the NCE, although there are some opportunities for oral abstract presentations.

Abstracts are currently being accepted within 32 Section/Council programs (Note that the Section on Ophthalmology does not have a dedicated educational program at the NCE so there is no call specific to the field of pediatric ophthalmology, however, many AAP Sections cover topics that may involve children's eyecare). The 2019 NCE is set to take place from October 25-29 in New Orleans, LA. For full details visit AAPexperience.org/abstracts. **Abstracts will be accepted through April 12th at 11:49 pm EDT.**

The Sections accepting abstract submissions for the 2019 NCE include:

- [Council on Child Abuse and Neglect](#)
- [Council on Early Childhood](#)
- [Council on Injury, Violence, and Poison Prevention](#)
- [Council on Quality Improvement and Patient Safety](#)
- [Council on School Health](#)
- [Council on Sports Medicine and Fitness](#)
- [Pediatrics for the 21st Century: Children & the Opioid Crisis](#)
- [Provisional Section on Minority Health Equity and Inclusion](#)
- [Sections on Advances in Therapeutics and Technology](#)
- [Section on Emergency Medicine](#)
- [Section on International Child Health](#)
- [Section on LGBT Health and Wellness](#)
- [Section on Neonatal-Perinatal Medicine](#)
- [Section on Pediatric Trainees](#)
- [Section on Surgery](#)
- [Section on Uniformed Services](#)

Share with Your Referring Pediatricians! Ophthalmology Sessions @ the 2019 NCE

Friday, October 25, 2019

Pediatric Ophthalmic Jeopardy!

1:00 - 2:30 pm

Gonzalo Vicente, MD, FAAP

Test your knowledge of ophthalmology by playing Pediatric Ophthalmic Jeopardy! A number of topics will be addressed (e.g., trauma, red eye, lids, strabismus, anatomy) and attendees will answer questions using the audience response system.

Pediatric Ocular Emergencies: How to Treat, When to Refer

3:00 - 4:30pm

Donny Suh, MD, FAAP,

Binita Shah, MD, FAAP

This interactive session will include an introduction of a basic eye exam

followed by case presentations of ocular emergencies such as trauma, chemical-induced injury, vision-threatening infections, periorbital infections, dacryocystitis, tumors, leukocoria, abnormal pupil, megalocornea (indicating possible glaucoma), and tearing. Discussion of how to treat and when to refer and a Q&A session will follow.

optic nerve. Case studies will be used to illustrate key findings. Attendees are guaranteed to see the optic nerve by the end of the workshop and have fun in the process.

Robert Gross, MD, MBA, FAAP, Douglas Fredrick, MD, FAAP

Saturday, October 26, 2019

Eye Examination Skills Using the Ophthalmoscope

4:00 - 5:30 pm (Repeats on Sunday, October 27, 8:30-10:00am)

Learn basic skills or enhance your technique in using the ophthalmoscope to evaluate the cornea, retina, and

Sunday, October 27, 2019

Eye Examination Skills Using the Ophthalmoscope

8:30 am-10:00 am (Repeated from Saturday, October 26)



New law protects pediatricians who assist in child abuse investigations

by Devin Miller, Washington Correspondent

The Victims of Child Abuse Reauthorization Act, which was signed into law early this year, slipped under the radar of national news media. The legislation includes an AAP-championed policy, however, that provides important legal protections to pediatricians who assist in investigations of suspected child abuse.

As mandatory reporters of child abuse, pediatricians can report suspected abuse and assist in investigations. While pediatricians were legally protected from personal liability when reporting abuse, the same protections did not apply when they provided medical evaluations or consultations as part of a child abuse investigation.

The law includes a technical fix that will ensure pediatricians, educators, law enforcements officers and other mandatory reporters can take the actions necessary in supporting those investigations, so they can keep children safe without facing concerns over personal liability.

A 2012 report from the Department of Health and Human Services outlined the issue facing mandatory reporters, shedding light on the need for a clarification in the law. The AAP advocated for the report as part of the reauthorization of the Child Abuse Prevention and Treatment Act two years prior.

While the clarification is only one part of a much larger reauthorization effort, the Academy's advocacy ensured it made its way into the final law. In fact, the AAP raised the issue with congressional staff who were able to make sure it had a vehicle for advancement. The AAP's work resulted in a bipartisan effort led by Sens. Dianne Feinstein (D-Calif.) and Chuck Grassley (R-Iowa) to ensure that this policy could advance as part of the Victims of Child Abuse Reauthorization Act.

The Academy also convened a coalition of partner organizations, including school and law enforcement officials, that showed their support for the bill.

As the law is implemented, the AAP will continue to monitor judicial interpretation of the clarification to ensure it is being applied in a way consistent with congressional intent, so that vulnerable children and the pediatricians who treat them are protected.

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SOOp Receives Award at AAP's Annual Leadership Forum

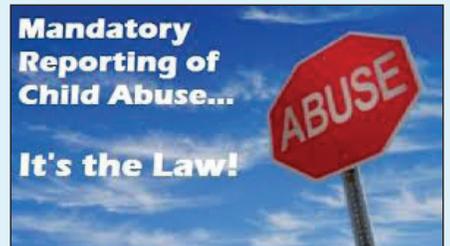
On an annual basis, the AAP's Section Forum Management Committee (SFMC) recognizes certain Sections for their outstanding contributions in the following categories: advocacy, communication & collaboration, educational excellence, innovation, member recruitment, "unsung heroes" and young member involvement. The awards are given at the AAP's Annual Leadership Forum (ALF), which occurs in March. This year, the Section on Ophthalmology was presented with the "Advocacy" award for its recent payer advocacy work focused around CPT codes 99173, 99174, and 99177. Congratulations to the Section on receiving this important recognition from the AAP!



SOOp Executive Committee Members, Drs. Donny Suh and John Roarty, pictured with Dr. Michael Klein, Chair of the AAP's Section Forum Management Committee, as they accept the Section's Award at the ALF

Editor's Note: Mandated Reporting

As pediatric ophthalmologists, we are mandated to report suspicion of child abuse directly to local authorities, or to delegate that role through the child's pediatrician or a child abuse pediatrician.



AAP Payer Advocacy

What is the AAP Payer Advocacy Advisory Committee?

Due to Medicaid expansion and the growth of Medicaid managed care, in May 2018, the AAP Board approved expanding the scope of the former Private Payer Advocacy Advisory Committee (PPAAC) to include public payers and rename the committee as the Payer Advocacy Advisory Committee (PAAC). With more than 50% of children covered by Medicaid managed care, the AAP saw the need for advocacy to the Medicaid managed care organizations as well as to the Tricare Regional managed care contractors. PAAC is charged with examining the effect of payment and health plan medical policy and operations in the public and private market on pediatrics and pediatricians, as well as identify strategies to enhance access through improved health care coverage for children and pediatric services. PAAC advises the AAP and its leadership on strategies, including specific goals and action steps, to improve pediatrician's economic and organizational position in the public and private payer arena.

Through the PAAC and AAP payer advocacy staff, assistance and resources are available to help members and chapters in addressing payer issues.

The AAP meets with the largest national health plan carriers to advocate for its members and to educate payers on the importance of benefits coverage for children and appropriate payments to pediatricians. Also, the Academy has sent letters to carriers addressing several pediatric issues including clarifying Academy's policy on recommended pediatric services and advocate for payment for vital pediatric services.

Recent Payer Advocacy Achievements

AAP payer advocacy has worked with Anthem, UnitedHealthcare (UHC) and the Blue Cross Blue Shield Association (BCBSA) to facilitate pediatrician input to their medical policies. These policies are shared with the relevant AAP committees, councils and sections for pediatrician and specialty pediatrician input. The SOOp has participated in these reviews and on a few occasions, as recommended by SOOp leadership, the AAP has sent formal letters providing clarifications and/or objecting to the carrier's policy.

Payer advocacy articles are frequently provided for AAP News and the following may be of interest:

- AAP reaches out to health carriers to discuss coverage, payment <http://www.aappublications.org/news/2018/04/04/ppaac040418>
- Keeping lines of communication open with health insurers pays dividends <http://www.aappublications.org/news/2017/02/28/PPAAC022817>
- Subspecialists benefit from AAP private payer advocacy <http://www.aappublications.org/news/2017/02/01/PPAAC020117>

At the chapter level, several AAP Chapters have developed pediatric councils which meet regularly with payers in their state or region. Chapter pediatric councils serve as forums to discuss

with payers their policies and administrative procedures that impact pediatrics and pediatricians. Pediatric councils have been instrumental in facilitating better working relationships between pediatricians and health insurance plans and to improve quality of care for children. **AAP members are encouraged to work with their chapter pediatric council on issues with local or regional payers.**

PPA Tools and Resources

AAP private payer advocacy also develops resources and tools to strengthen member's negotiation and contracting skills with payers. Resources are available on the AAP Practice Transformation site, including the Getting Paid section at <https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Pages/default.aspx> with links to:

- Resources on coding
- AAP letters to carriers and appeal letter templates which can be accessed by AAP members to use in their discussions with payers.
- Updates on alternative payment models and value-based payment

We welcome suggestions regarding other resources that SOOp members feel would be a benefit.

How Can You Make a Difference?

1. AAP members can assist payer advocacy by reporting payer issues through the AAP Hassle Factor Form. This resource is available on the AAP Member Center for members to report problems with payers. This information will help the AAP and chapter pediatric councils in identifying and prioritizing issues to address with carriers. To access the hassle factor form, go to <https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Pages/Hassle-Factor-Form-Concerns-with-Payers.aspx>
2. If/When draft payer policy is shared with Section members through periodic SOOp listserv updates, section members are encouraged to review the policy and submit their feedback to the carrier as individual physicians. Based on the policy and issues identified, the Section Executive Committee may recommend that feedback /comments be submitted as an organizational response from the Academy.
3. Join your AAP Chapter and become involved in the Pediatric Council.

For additional information on AAP payer advocacy, contact Lou Terranova, Senior Health Policy Analyst at lterranova@aap.org.

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News Articles, Letter from the President, Advocacy

We stood firm in 2018 to meet challenges to child health

by Colleen A. Kraft M.D., M.B.A., FAAP, President, American Academy of Pediatrics

As 2018 AAP president, I envisioned advocating for regulatory reforms and exploring how we can use technology and innovation to increase efficiencies and improve patient care. I traveled the country meeting with primary care pediatricians, specialists and subspecialists to learn about and share new programs, ideas and resources. And I helped champion our Pediatrics for the 21st Century program, "Leveraging New Technologies to Transform Child Health," at last month's National Conference & Exhibition.

But early this year, I learned that we often are not in control of all the issues that affect our children.

A little over a month into my presidency, Marjory Stoneman Douglas High School in Parkland, Fla., became the scene of one of the deadliest mass shootings in modern U.S. history.

It was both horrifying and horrifyingly familiar. For more than two decades, the AAP has been at the forefront of keeping children safe from gun violence - an effort that has left us continually frustrated by lawmakers' collective inaction.

But this time, things were different. This time the survivors rose up and organized. Students began literally marching for their lives, and we pediatricians were right there with them.

We renewed our call for a public health approach to gun violence. And after years of asking the federal government to support and fund original gun safety research, we decided to take this on ourselves. We launched the AAP Gun Safety and Injury Prevention Initiative to bring together experts from around the country to solve this epidemic.

In May, the Department of Homeland Security (DHS) announced its policy to separate migrant parents and children at the border. We wrote to the DHS secretary and embarked on the most consequential media blitz in AAP history: 250 media interviews with various AAP spokespeople, all spreading the word that family separation can cause toxic stress and hurt brain development. The widespread coverage - and our powerful message - helped shift public opinion and led to a reversal of the family separation policy. We continue to monitor the situation and make sure these kids are treated with compassion and not exposed to conditions that could further harm them.

We sounded the alarm on vaping and e-cigarettes, which threaten to addict a whole new generation to nicotine. We educated children, parents and the public about the harmful effects of e-cigarettes on developing brains. We sued the Food and Drug Administration to take immediate regulatory action and review these products before they come to market to prevent even more young people from being exposed to lethal compounds or beginning a life-long addiction.

In addition, we achieved an impressive list of legislative victories with large national investments in nearly every priority we had in the federal government. Through our hard work, we:

- secured a 10-year extension for funding for the Children's Health Insurance Program;
- enacted federal legislation that will improve the child welfare system;
- made major progress toward a comprehensive solution to end the opioid crisis;
- strengthened support for grandparents who are parenting grandchildren;
- added new research dollars to the National Institutes of Health; and
- increased funding for child abuse and lead poisoning prevention, children's hospital graduate medical



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education and many other vital programs.

And we celebrate one of our AAP members who was elected to Congress! Kimberly Schrier, M.D., FAAP, from Washington state will represent her district and advocate for accessible health care in a way that only a pediatrician can!

Our work this past year is not only a source of pride for us, but a source of hope for children and families. Together we demonstrated the powerful role the Academy plays in building our nation's future and what being the voice of child health and protection really means.

It has been my honor to have been on this remarkable journey with you. And I look forward to continuing this important work with our incoming president Kyle Yasuda, M.D., FAAP, - and all of you - for years to come.

We never stood down.

We never gave in.

We never gave up, and we never will.

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Developmental Effects in Children Born to Zika-Infected Mothers: Care, Support, and Services for Children and Families

Authors are Hub Faculty on AAP Project ECHO® Zika:

Steve Caddle, MD, MPH, FAAP, Assistant Professor of Pediatrics at Columbia University Irving Medical Center and Abigail LH Kroening, MD, FAAP, Assistant Professor of Pediatrics at University of Rochester (Rochester, NY).

In 2016, the Brazilian Ministry of Health alerted the international community to the neurodevelopmental effects of congenital Zika virus (ZIKV) after recognizing a surge in cases of congenital microcephaly. The Ministry documented 147 cases of congenital microcephaly in 2014. This number soared to 1950 confirmed cases in 2015, prompting the WHO declaration of ZIKV as a public health emergency.¹ The neurotropic predilection of ZIKV led to a new group of congenitally-infected Children with Special Health Care Needs (CSHCN) that require specialized care and follow-up. Many ZIKV-affected babies are now at key ages for developmental screening, evaluation, and early interventions. Through our work with AAP Project ECHO® Zika, we appreciate the neurodevelopmental complexity of these children and also the resources available to support ZIKV-affected families in the United States (US), US territories (Puerto Rico, American Samoa, US Virgin Islands), and Brazil.

In utero exposure to ZIKV can lead to infants who are asymptomatic, have mild neurodevelopmental abnormalities, or have Congenital Zika Syndrome (CZS). CZS is a constellation of findings including: (1) severe microcephaly with partially collapsed skull, (2) thin cerebral cortices with subcortical calcifications, (3) macular scarring and focal pigmentary retinal mottling, (4) arthrogryposis (congenital contractures), and (5) marked early hypertonia. Congenital ZIKV infection is also associated with irritability, seizures, dysphagia, optic nerve hypoplasia, hearing loss, and more.²

Neurologic injury of this magnitude results in significant developmental delay/disability for infants and children with CZS. Maternal ZIKV infection during the first trimester of pregnancy is associated with the most severe CZS phenotype, although exposure during any trimester incurs risk. Of those infants exposed to ZIKV *in utero*, nearly half have neurologic/developmental abnormalities identified within the first year of life.³

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Developmental Effects in Children Born to Zika-Infected Mothers: Care, . . .

In 2017, the Centers for Disease Control and Prevention (CDC) (in collaboration with the Brazilian Ministry of Health) published results from its ZODIAC (Zika Outcomes and Development in Infants and Children) investigation. The ZODIAC study provided a comprehensive report on 19 children (ages 19-24 months) born during the 2015-2016 Zika outbreak with microcephaly and laboratory evidence of *in utero* ZIKV infection. Results were striking. Of these 19 toddlers: 15 had severe motor delays (unable to sit independently); 13 and 11 had some degree of hearing and vision loss, respectively; 11 had seizures; 10 had sleep and 9 had feeding difficulties; 8 had been hospitalized at least once since birth (primarily respiratory infections); and 14 of 19 had at least 3 of these findings.⁴

Cognitive Development. The degree of microcephaly in many of children with *in utero* ZIKV exposure is severe (e.g., head circumference 3+ standard deviations below the mean). This contributes to significant cognitive delays and a high risk for intellectual disability (greater than 50%) as these children age.⁵

Motor Development. Motor development is affected by microcephaly and baseline neurologic injury, and complicated if a child also presents with hyper/hypotonia, congenital contractures, or extrapyramidal symptoms. Most infants with CZS have severe motor deficits.

Language Development. Communication is adversely affected by *in utero* ZIKV infection. The greater the microcephaly/cognitive delay, the greater the language delay. Language development may also be influenced by hearing loss, and oral-motor dysfunction makes speech more difficult.

Social-Emotional and Behavioral Development. Current data suggest that children with CZS show preference for caregivers and some basic social interest, such as through smile.³ Social-emotional delays become more apparent after 4-6 months. Social-emotional development is adversely influenced by increased risk of neuro-irritability, sensory (vision/hearing) losses, and sleep dysregulation.

Overall Development and Function. Children with severe CZS present with significant global developmental delays. Current data suggest that at 12 months chronologic age, most infants with CZS are functioning at 2-3 months developmental age.⁶ Many with CZS will require life-long care, with limited independence for basic activities of daily living.

In February 2017, the AAP – in partnership with the US Health Services and Resources Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) – launched a national and international-focused collaborative to support health care providers for children affected by the ZIKV epidemic. This collaborative, known as Project ECHO® Zika, offers participants interprofessional telementoring and multi-directional information exchange using the ECHO (Extension for Community Healthcare Outcomes) Model™, which includes structured case-based learning, brief didactics, and discussion.⁷

Project ECHO® Zika includes participants from several parts of the US, its territories, Brazil, Mexico, Honduras, and Ecuador. To date, clinicians have presented cases on 36 children (0-29 months) with risk or confirmed *in utero* ZIKV exposure⁸. Developmental findings in these children are consistent with previous reports--many have severe microcephaly, structural abnormalities on brain imaging, and seizure disorders. The majority also have ophthalmologic abnormalities, significant feeding difficulties, and irritability. A few have hearing loss. While most children in the Project ECHO® cohort demonstrate social smiles and some visual attention, all demonstrate significant global developmental delays. In our cohort, all children 12+ months chronologic age have developmental ages of less than 6 months.

We still have a limited understanding of how ZIKV affects the developing brain. Some children with *in utero* ZIKV exposure may not have any discernible effects from this exposure. Other children with *in utero* ZIKV exposure will have sequelae, but at birth the clinical manifestations of such exposure may range from asymptomatic to severely symptomatic. Researchers describe postnatal ZIKV replication in infant brains, and deceleration of head growth/acquired microcephaly has been documented in some exposed infants.⁹ It is still unclear why some children with *in utero* ZIKV exposure will remain asymptomatic, some may later develop microcephaly and other abnormalities, and others will be significantly affected from birth. Researchers are actively investigating maternal and infant risk factors that may explain these differences.¹⁰ However, all *in utero* exposed infants need close medical, developmental, and behavioral monitoring as they age.

Postnatal ZIKV transmission can also occur in infants and children, mainly through mosquito bites, resulting in asymptomatic or mild

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disease (similar to adults). For these infants and children, long-term outcomes information is limited, and current recommendations are for routine pediatric care.

Vigilant standardized developmental screening is crucial for all congenital ZIKV-affected infants and children. The AAP currently recommends screening using tools such as the Ages and Stages Questionnaire (ASQ) or the Parents' Evaluation of Developmental Status (PEDS) at 9, 18, and 24 or 30 month Well Child visits, and ANY time developmental concerns arise.¹¹ For children with severe CZS, delays are obvious and standardized screening highlights relative strengths. For asymptomatic children or children with less severe phenotypes, routine screening is important to disclose areas of need and prompt more in-depth developmental assessment. Asymptomatic or mildly symptomatic children should be screened until school-age and closely monitored thereafter for learning difficulties and behavioral sequelae. In exposed, yet seemingly unaffected children, long term monitoring through adolescence has been advocated to assess for higher-order neurocognitive deficits, such as with executive functioning skills.¹² Our colleagues in Brazil, Puerto Rico, and the US Virgin Islands (USVI) routinely use standardized developmental screening to assess infants and toddlers with *in utero* ZIKV exposure, promptly referring to local resources as indicated.

In the US and its territories, Zika remains a notifiable condition, and the CDC provides guidance to health care providers in collaboration with state, local, tribal and territorial departments of health (DOH). The CDC provides a searchable network of health professionals who care for patients affected by Zika, through *Zika Care Connect*, as well as Roadmaps to guide parents in monitoring symptomatic or asymptomatic children.^{13,14}

In Puerto Rico, Zika-exposed newborns are enrolled in the DOH's CSHCN Program. Environmental health programs also provide support services. Apoyo a Padres de Niños con Impedimentos (APNI or "Support for Parents of Children with Disabilities") is a Puerto Rico-based non-profit that represents Family Voices and has created a Zika project to empower families of children with or at risk for ZIKV infection.¹⁵

In the USVI, approximately 290 infants have been born to Zika-infected mothers¹⁵. The AAP-supported Zika Health Brigade was established this year – a partnership between CDC, HRSA, AAP, and the USVI DOH – to offer technical assistance, education, and support to clinicians in the USVI of St. Thomas and St. Croix who care for children with CZS.¹⁵ Shana Godfred-Cato, DO, FAAP, describes her experiences in an [AAP Voices blog](#). The islands share one audiologist; a child neurologist and a developmental pediatrician travel to the islands a few times annually for consultations. The USVI Infant and Toddler Program provides territory-wide Early Intervention (EI) developmental services for children 0-3 years. In American Samoa, the DOH provides EI services.

In all US territories, seasonal storms and hurricanes challenge Zika-related support programs. Damaged infrastructure from hurricanes Irma and Maria have fractured communication, prevention efforts, and care delivery.

In Brazil, the Ministry of Health recommends referral to early stimulation programs through the public health system for children from 0-3 years old with CZS.¹⁶ Heavily affected cities have established centers with specialized care for children with microcephaly. Several non-governmental organizations assist families in providing CZS evaluations and rehabilitation. Groups such as União de Mães de Anjos ("Union of Mothers of Angels") provide community-based and social media support for mothers of children born with microcephaly.⁶

Within the framework of an interdisciplinary team, a family-centered medical home is integral to caring for children with congenital ZIKV exposure. These CSHCN require acute and long-term support that is consistent with the MCHB's Comprehensive Systems Approach.¹⁷

To summarize:

- Some children with *in utero* ZIKV exposure may not have any effects from this exposure.
- Other children with *in utero* ZIKV exposure will have neurodevelopmental sequelae that may range from clinically asymptomatic (initially) to severely symptomatic.
- All children with *in utero* ZIKV exposure require systematic follow-up through school age and adolescence.

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Developmental Effects in Children Born to Zika-Infected Mothers: Care, . . .

As we continue to learn about the range of developmental effects over time, families will benefit from attentive primary care and coordination with specialists, developmental services, and support organizations such as Family Voices and Family-to-Family Health Information Centers. The CDC released new information in [August 2018](#). Additional psychosocial resources are available through CDC and AAP Web sites.^{18,19}

AAP Resources:

- [AAP Policy – 2018 Red Book Zika Chapter](#)
- [Key Information for Pediatricians](#)
- [Resources for Pediatricians](#)
- [Psychosocial Support Videos](#)

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Letter from the President, News Articles, Advocacy

Priorities for 2019 focus on health of children and physicians

by Kyle Yasuda M.D., FAAP, President, American Academy of Pediatrics

The past year has been one of challenge and achievement, and I look forward to the many more great things we will do together in 2019. As I begin my term, I'd like to share a few thoughts starting with several areas I plan to focus on for the coming year.

Investing in early childhood

My first goal is to expand opportunities for all children and families through a renewed attention on early childhood, including quality child care, parental support, home visitation and education. Three decades of research show that for every \$1 spent on quality early child care, the return is \$13. Investing in early childhood programs is not just good social policy, but an economic imperative.

Physician wellness

I also want to focus on you by addressing physician wellness. U.S. physicians have the highest suicide rate of any profession - higher than the military and more than double that of the general population.

With more than one medical student or physician committing suicide each day, physician resiliency is not just a concern; it's an emergency. On every flight, we're told to put on our oxygen mask first before tending to a child or infant. Similarly, we must take care of ourselves in order to care for the children of our country.

Pediatricians become burned out not because we're weak but perhaps because we care too much. Burnout occurs when we know what to do for our patients, but we're unable to do it because too many suffer from social inequities and a lack of resources. Add to that the administrative and regulatory burdens (billing, inadequate payments, documentation), and we start to feel less like healers and more like data entry clerks, spending more time on tedious things and less on what matters most.

We've been working with the National Academy of Medicine and dozens of other groups to address the causes of physician burnout. I pledge to act on what we're learning for the sake of our health, our profession, the quality of care we provide our patients and to help restore the joy in our life's work.

Connecting children and families with nature

My third goal is to share a personal passion of mine: connecting children and families with nature. Many children have little to no exposure to the natural world. Whether due to overuse of electronic media or urban sprawl, kids have become disconnected from nature and the outdoors.

That's a shame. Research shows children do better physically and emotionally when they're in green spaces, benefiting from greater physical activity, better mental health, reduced stress and increased resilience. Nature helps improve their executive function, their ability to learn and their relationships with their families and other children.

Living near parks and woods affects the health of children, regardless of social class. Yet, as with many things that promote good health, there is not equal access. Many children do not have safe places to play. Urbanization and the loss of green space have occurred, especially in low-income areas. So, we need to partner with communities to reduce these barriers.

Organization built on relationships



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Finally, I recognize that the AAP is an organization built on relationships. I will work hard to nurture and grow relationships with our members, lawmakers, other like-minded organizations and our sister pediatric societies from around the world so that we continue to build upon all the good we do for children and the profession of pediatrics.

And I will support efforts to help you build and maintain the unique and valuable relationships you have with patients and families to preserve the sacred trust they place in us.

Thank you for the trust you have placed in me and the opportunity to serve as your president. No doubt, the year ahead will be full of times that will try us, challenges that will test us and people who will inspire us. I look forward to working with you to help rediscover the joy of our life's work and to continue to support and expand opportunities for children and families.

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New Resource from the CDC on Epidemic Keratoconjunctivitis

PREVENT EPIDEMIC KERATOCONJUNCTIVITIS (EKC)

CDC's Division of Viral Diseases within the National Center for Immunization and Respiratory Diseases (NCIRD) has recently released a new EKC infection control resource.

Epidemic keratoconjunctivitis (EKC) is a severe and highly contagious form of viral conjunctivitis. EKC is caused by adenoviruses, which are often resistant to many

disinfectants. CDC's new resource, Prevent EKC, provides the following guidance on how to disinfect surfaces and equipment to help prevent and control outbreaks of EKC in eye clinics:

- 1 Use an EPA-registered disinfectant effective at killing adenoviruses.***
Adenoviruses are often resistant to many disinfectants and can survive on surfaces and equipment for extended periods of time.
- 2 Ensure that disinfectants are compatible with the surfaces and equipment, and approved by the manufacturer.**
- 3 Put on personal protective equipment, such as disposable gloves and protective eyewear.**



*Disinfectants effective against norovirus should also be effective against adenoviruses. See EPA List G for these disinfectants at www.epa.gov/pesticide-registration/list-g-epas-registered-antimicrobial-products-effective-against-norovirus

To view the full *Prevent EKC* resource from the CDC, click [here](#). You can also find more information on their [website](#).