Chairperson’s Report
Donny Suh, MD, FAAP

Dear Colleagues,

It is my pleasure to present this report summarizing the activities and accomplishments of our AAP Section on Ophthalmology over the past year. I want to first recognize the dedicated efforts of our executive committee members, who devote their time and expertise to advancing the mission of our Section.

I am proud to highlight our ongoing involvement with the AAP, which continues to be the leading advocate for children’s health in the US. As detailed later in this report, our Section has contributed significantly to AAP’s policy and public education work on pediatric eye care over the past year. We also maintain an active presence at AAP meetings and in AAP governance.

Membership in our Section remains strong. We continue efforts to recruit new members, focusing on residents, fellows, and young physicians. Also, our partnership with AAPPOS is invaluable, and I would like to thank the leadership of AAPOS for their collaboration.

Policy initiatives have been a major focus this year. We kicked off the year with an AAP endorsement of a multi-society position paper, Reducing Topical Drug Waste in Ophthalmic Surgery. We also made substantial contributions to several AAP clinical reports and policy statements, addressing key issues, including JIA screening, CVI, telemedicine for ROP, and evaluation of the visual system. Publication of this policy work in Pediatrics remains a key goal, particularly as we celebrate the journal’s 75th anniversary in 2023.

Our Section monitored vision screening legislation nationwide and advocated on payment issues impacting pediatric ophthalmology. We sent a joint letter with AAPPOS and AAO to the CDC regarding their Vision Health Initiative public messaging. Section members attended critical meetings like the AAP Advocacy Conference and the Ophthalmic Leadership Advocacy Group meetings.

We advised AAP’s Coding Committee on ophthalmology coding proposals and worked with insurers/managed care companies on policies related to pediatric eye care. Section members reviewed articles for CPT Assistant on new codes and participated in the AAP’s managed care advocacy efforts.

We participated as a sponsoring organization of the National Eye Institute’s Healthy Vision Month in May and, as a part of that collaboration, we added articles in Spanish to HealthyChildren.org; we also published a blog article on AAP Voices. The Section also provided input on patient education materials in development of the 8th edition of AAP’s resource, “Caring for Your Baby and Young Child.”

Our partnership with AAPPOS remains strong; we connected with members at the 2023 AAPPOS meeting in NYC. The Section offered reduced dues to AAPPOS members and conducted outreach to lapsed members, strengthening retention. We communicate regularly via newsletters, listservs and at meetings to demonstrate the value of AAP membership.

Collaboration with AAPPOS resulted in a well-attended AAPOS/AAP Fall Virtual Meeting in September. I appreciate our Section members working with the AAPOS program committee for a successful joint meeting.

(Continued on page 2)
The Section co-sponsored two Council Advisory Recommendations at the 2023 AAO Mid-Year Forum addressing the workforce shortage in pediatric ophthalmology. We are also working within the AAP to assess the recent NASEM report on strengthening the pediatric subspecialty workforce.

In summary, our Section has made significant contributions this year to advance policy, education, advocacy and public health related to children’s vision and eye health. I want to again thank our AAP members for their efforts and look forward to another productive year ahead.

Call for Proposals for the 2024 AAP National Conference & Exhibition

Due Date: October 31, 2023

Your participation is solicited for the 2024 AAP National Conference and Exhibition (NCE). The NCE is generally held in the fall and often occurs within a few days/weeks of the annual AAO meeting; in 2024, the NCE will take place September 27-October 1 in Orlando, FL. Members of our Section present various Section-sponsored courses and workshops each year to their pediatrician colleagues at the NCE (to view some examples, please take a look at the summary of section-sponsored sessions, 2016-2023). We encourage your participation. Submissions for the 2024 NCE are due at the AAP in mid-November so we are asking for them to be submitted to us for review no later than October 31.

You can find the 2024 NCE Call for proposals here. As you consider a submission, please make sure to review the general session types so that you are aware of the various kinds of sessions that may be offered as well as how many faculty are allowed per session. Here is the Proposal Form that needs to be submitted to us by October 31st. As you complete the form, please think about the majority audience of the NCE, which consists of general pediatricians; it is important that you can put into words why your proposed topic is important to the practice of a general pediatrician and why they will want to attend. Also, the selection committee encourages those submitting courses to include instructors who reflect the diverse populations of children we serve and fellow pediatricians we represent.

Please note that you will have a better chance of your proposal being approved by submitting it to us and having it turned over to the NCE planning group as a Section on Ophthalmology-sponsored proposal, as opposed to submitting it directly so please do not submit directly. As Education Chairperson and Chairperson for the Section on Ophthalmology, Drs. Doug Fredrick and Donny Suh are happy to answer questions, assist you in the application process, and formally submit the application on your behalf to the selection committee. Please submit your proposal to Drs. Fredrick and Suh (dfrednyee@gmail.com; donnys@hs.uci.edu) by October 31.

News from the Section Executive Committee

Dr. Ryan Gise to Join Section Leadership Team This Fall!

We welcome Dr. Ryan Gise to the Section Leadership team, as he will begin his first three-year term as a member of the Section Executive Committee on November 1, 2023. Thanks to all Section members who voted in the spring election.

A little bit about our new Section Executive Committee Member:
I am currently an attending physician in the Department of Ophthalmology at Boston Children’s Hospital. I specialize in pediatric ophthalmology and neuro-ophthalmology. I completed medical school at Boston University and my pediatrics residency at Columbia/New York Presbyterian and followed that with an ophthalmology residency at Montefiore Medical Center/Albert Einstein College of Medicine. I served as chief resident in my final year. I then went on to complete a fellowship in neuro-ophthalmology at the Massachusetts Eye and Ear Infirmary followed by a pediatric ophthalmology fellowship at Boston Children’s Hospital. Currently, I spend about 40-50% of my clinical time working with residents and fellows in our trainee and urgent clinics and was recognized in 2021 by the residents with the Robert Petersen teaching award for excellence in trainee education. I am also the associate fellowship director for the pediatric ophthalmology fellowship at Boston Children’s Hospital.

Calling for newsletter articles!
For our next SOOp Box Newsletter, the Spring 2024 edition

Please send proposals to Sylvia Yoo, Newsletter Editor, at Sylvia.Yoo@tuftsmedicine.org by February 15, 2024
Call for Nominations for the 2024 Leonard Apt Lectureship Award

Every other year in the fall, the Leonard Apt Lectureship Award is presented. Co-sponsored by the AAP Section on Ophthalmology and the American Association for Pediatric Ophthalmology and Strabismus (AAPOS), the Leonard Apt Lectureship was established and first presented in 2000 to honor Leonard Apt, MD, for his dedication and contributions in the fields of pediatrics and pediatric ophthalmology. Dr. Apt was the first physician to be board-certified in both pediatrics and ophthalmology. The Leonard Apt Lecture pays tribute to Dr. Apt not only for his educational and scientific contributions, but also for his pioneer role in helping to create pediatric ophthalmology as a new medical subspecialty.

At this time, the Apt Nominations Committee is ready to review nominations for the 2024 Leonard Apt Lectureship Award. If you have a potential nominee in mind, please complete a nomination form online [here](#). The Leonard Apt Lecturer should be nationally or internationally recognized as an expert in a field that is considered relevant to understanding disease processes and/or treatments in pediatric ophthalmic patients.

Thank you for your interest in the Leonard Apt Lectureship Award and for your consideration of becoming involved in the nominations process. The Apt Nominations Committee greatly appreciates the feedback of all pediatric ophthalmologists as it generates a list of potential individuals to receive this esteemed award.

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<th>Past Leonard Apt Lectureship Award Winners</th>
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IN CASE YOU MISSED IT....

AAP PODCAST: “PEDIATRICS ON CALL”

“Pediatrics on Call” is the AAP’s podcast, exploring the latest news and innovations in children’s health, discussing the science behind child health recommendations, and providing a forum to hear first-hand from leading experts in child and adolescent medicine. Each 30-minute, weekly episode features interviews about new research and hot topics in the field of pediatrics.

Some recent episodes of interest include:

**Financing Child Health Care, Monetizing Patient Portal Messaging**

– Episode 173

09/18/2023

In this episode Alison A. Galbraith, MD, MPH, FAAP, a lead author on an updated policy statement on child health care financing, highlights recommendations to ensure affordable, equitable, high-quality care for all children. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also speak with Bryan Sisk, MD, about the benefits and harms of billing for patient portal messages.

**Communicating Outside the Exam Room, How Neighborhoods Affect Health**

– Episode 152

03/28/2023

In this episode Todd Wolynn, MD, MMM, IBCLC, FAAP, and Chad Hermann, communications director for Kids Plus Pediatrics in Pittsburgh, Penn., share strategies for reaching families beyond the clinic walls. They explain how social media establishes and maintains trust between providers and their patients. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also speak with Natalie Slopen, Sc.D., about her research into how neighborhoods affect the health of children and caregivers.

**Pediatrics Research Roundup, Emergency Department Crowding**

– Episode 149

03/07/2023

In this episode Alex R. Kemper, MD, MPH, MS, FAAP, deputy editor of Pediatrics, shares a research roundup from the March issue of the journal. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also speak with Toni Gross, MD, MPH, FAAP, FAEMS, lead author on a new policy statement and technical report from the AAP, Crowding in the Emergency Department: Challenges and Recommendations for the Care of Children.

New episodes are released on Tuesdays. See all episodes at [www.aap.org/podcast](http://www.aap.org/podcast).
Don’t Miss New 2023 AAP Advocacy Reports

Be sure to check out the following reports:

**Fall 2023 AAP Advocacy Report**
Provides an in-depth look at advocacy activities at the federal and state level impacting child health.

**Summer 2023 AAP Academic and Subspecialty Advocacy Report**
Details the Academy’s work on behalf of AAP subspecialty members in recent months. This includes important information about the AAP’s work to bolster the pediatric subspecialty workforce through the recently implemented Pediatric Subspecialty Loan Repayment Program, preserve access to care as the Medicaid “unwinding” continues nationwide, and protect the practice of evidence-based medicine, along with many other important AAP priorities.

**New Resource! Digital AAP Advocacy Guide**
The Academy’s new digital Advocacy Guide provides AAP members with the information, tools and resources needed to be effective child health advocates. The guide offers an in-depth look at different advocacy skills, from choosing an issue and crafting an effective advocacy message to communicating with lawmakers or using the media to amplify your efforts. The guide is designed for advocates at all levels – with interactive tools and practical guidance to help shape your own advocacy journey.

Visit the full guide at [aap.org/AdvocacyGuide](aap.org/AdvocacyGuide) – which will continue to expand in the months ahead!

**Medicaid Unwinding Resources**
A policy was put in place during the COVID pandemic to make sure no one lost their Medicaid coverage. That policy ended and states are reviewing their programs to check who is still eligible for the program. This process is being called the Medicaid “unwinding.”

The Academy is undertaking extensive advocacy efforts to ensure children do not inappropriately lose their health care coverage and equipping pediatricians with tools to help inform families.

Visit [AAP.org/MedicaidUnwinding](AAP.org/MedicaidUnwinding) for resources for physicians and AAP chapters, including:
- Updated state flyers for pediatric practices on the Unwinding
- State flyers for practices to share with patients who have lost their Medicaid coverage

**Lived Experience in Health Care and Health Systems Research Handbook**

The Children and Youth with Special Health Care Needs National Research Network (CYSHCNet), a project supported by the Maternal and Child Health Bureau, has published a free handbook aimed at helping researchers, families, and patients work collaboratively on research studies. This “how to” guide highlights the needs of patients and families and helps to ensure projects are co-created by a team where everyone’s input is valued and necessary. The handbook can be accessed here, and additional information is available via this press release.
Children with autism spectrum disorder (ASD) are at an increased risk for health disparities, and a new study, “Disparities in Vision Screening in Primary Care for Young Children With Autism Spectrum Disorder,” in the April 2023 Pediatrics found that they are far less likely to receive routine vision screenings.

Researchers studied data from 63,829 pediatric office visits for 3- to 5-year-olds, collected between 2016 and 2019, and found that autistic children were far less likely to have a vision screening, with just 36.5% receiving a screening compared with 59.9% of children without ASD. The American Academy of Pediatrics recommends annual instrument-based vision screenings at well visits for children starting at age 1 and visual acuity screening starting at age 4. Of autistic children, Black children were even less likely to receive vision screenings during well child visits with just 27.6% receiving the screening compared to 39.7% of white autistic children. This finding aligns with research that shows that Black children receive fewer treatments for ASD like outpatient therapy services and medications and are often diagnosed later.

Researchers concluded greater awareness of this issue is needed to improve care for autistic children, but that more research is needed to track eye care for autistic children outside the pediatric clinic in schools and eye clinics.
**PEDIATRICS – 75th Anniversary**

Join us as we commemorate the AAP flagship journal Pediatrics® 75th anniversary—an entire year filled with learning opportunities about the journal’s rich history with seminal articles, infographics, videos, podcasts, and more.

Thank you to Drs. Douglas Fredrick, Steven Rubin, and Sylvia Yoo for their contributions to this anniversary celebration on behalf of the Section. As part of the Journal’s diamond jubilee celebration, AAP Sections were asked to identify landmark papers published in Pediatrics over the past 75 years pertinent to the Section’s discipline. Representing pediatric ophthalmology, Dr. Yoo has highlighted ophthalmia neonatorum prophylaxis with a commentary on the following paper from 1958: Mellin GW, Kent MP. Ophthalmia Neonatorum: Is Prophylaxis Necessary? Pediatrics. 1958;22(5):1006–1015. Dr. Rubin has covered ROP publications with a commentary on the following important publications in Pediatrics:


And Dr. Fredrick has highlighted vision screening publications during the most recent quarter-century with a commentary on the following:


Click [here](#) to access the commentaries.

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**AAP Section on Ophthalmology Executive Committee Roster 2022-23**

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<tr>
<th>Name</th>
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<tr>
<td>Donny Won Suh, MD, FAAP</td>
<td>Chairperson</td>
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<td>Sylvia Yoo, MD, FAAP</td>
<td>Chairperson-Elect</td>
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<tr>
<td>Alina V. Dumitrescu, MD, FAAP</td>
<td>Liaison, American Academy of Ophthalmology (AAO)</td>
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<tr>
<td>Stephen Fredrick, MD, FAAP</td>
<td>Liaison, American Association for Pediatric Ophthalmology and Strabismus (AAPOS) Committee on Young Ophthalmologists (YO)</td>
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<td>Mitchell B. Strominger, MD, FAAP</td>
<td>Liaison, American Academy of Ophthalmology Council (AAOC)</td>
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<td>Steven E. Rubin, MD, FAAP</td>
<td>Immediate Past Chairperson</td>
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<tr>
<td>George S. Ellis Jr, MD, FAAP</td>
<td>Section Historian</td>
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<tr>
<td>Honey Herce, MD, FAAP</td>
<td>Liaison, American Association for Pediatric Ophthalmology and Strabismus (AAPOS) Committee on Young Ophthalmologists (YO)</td>
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<td>Geoffrey E. Bradford, MD, FAAP</td>
<td>Liaison, American Academy of Ophthalmology Council (AAOC)</td>
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<td>Stacey Kruger, MD, FAAP</td>
<td>Liaison, American Academy of Ophthalmology (AAO)</td>
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<td>Jennifer Lambert, CO</td>
<td>Liaison, American Association for Certified Orthoptists (AAOC)</td>
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<td>Christie L. Morse, MD, FAAP</td>
<td>Liaison, American Association for Pediatric Ophthalmology and Strabismus (AAPOS) Staff</td>
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<tr>
<td>Jennifer Riefe, MEd</td>
<td>Section Manager</td>
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[1] jriefe@aap.org
New AAP Policy

National Standards for Levels of Neonatal Care to Improve Health Outcomes for Hospitalized Infants

The American Academy of Pediatrics has developed the first national standards for neonatal care, recognizing the importance of consistency in offering risk-appropriate care of newborns in medical facilities. The AAP policy statement, "Standards for Levels of Neonatal Care: II, III, & IV," published in the June 2023 Pediatrics, observes that while all states regulate health care facilities, specifications for levels of neonatal care and adherence to requirements vary widely. Leaders in perinatal health first proposed establishing levels of risk-appropriate care in 1976, so that infants with mild to complex critical illness or physiologic immaturity received care with the personnel and resources appropriate for their needs and condition. The AAP established a Neonatal Intensive Care Unit (NICU) Verification Program in 2013 to provide third-party surveys that are led by experienced and credentialed neonatologists, neonatal nurses, and pediatric surgeons to assess compliance with state regulations. The new national standards are considered a complementary implementation tool and are based on existing AAP policy; evidence-based literature; standards of professional practice from national neonatal, perinatal, and surgical organizations; published data; and, when no data existed, expert opinion. While the standards are identified as minimum requirements for each level of neonatal care, the AAP encourages facilities to go beyond the minimum. The AAP notes its commitment to equity and encourages facilities to assess the health disparities of their patients, families, and community as a step toward improving health outcomes.

Quality, Affordable and Universal Health Coverage for Children

The American Academy of Pediatrics lays out the foundational standards recommended to ensure that all children have access to affordable, equitable, high-quality health care within a policy statement, "Principles of Child Health Care Financing." The statement, which was last updated in 2017, describes today’s complex and evolving health care system serving children, which consists of employer-sponsored coverage through parents, federal and state Medicaid and the Children's Health Insurance Program (CHIP), Affordable Care Act (ACA) Marketplace plans, and other nongroup plans. The statement, written by the Committee on Health Care Financing, is published in the September 2023 Pediatrics.

The AAP recommends:

- Coverage with quality, affordable health insurance should be universal.
- Comprehensive pediatric services should be covered.
- Cost-sharing should be affordable and should not negatively affect care.
- Payment should be adequate to strengthen family- and patient-centered medical homes.
- Equity should be promoted and longstanding health and health care disparities in child health financing policy addressed.
- Child health financing policy must be designed to reflect the unique characteristics and needs of children.

"When children have access to appropriate, timely health care, they are more likely to be healthy as adults," said Alison A. Galbraith, MD, MPH, FAAP, lead author of the policy statement. "In the long run, that benefits individuals, families and society as a whole."

Primary Care Framework to Evaluate Preterm Infants for Early Childhood Developmental Risks

Preterm birth and its complications are the leading causes of neonatal illnesses and deaths in the United States. Early identification of neurodevelopmental conditions for children who graduated from the neonatal intensive care unit is critical, according to a new clinical report from the American Academy of Pediatrics (AAP) published in the July 2023 issue of Pediatrics. The report "Primary Care Framework to Monitor Preterm Infants for Neurodevelopmental Outcomes in Early Childhood" encourages primary care pediatricians to take a more critical role in the long-term, timely, and coordinated care needed by high-risk infants during their early childhood years. This includes assessing growth, development, feeding, and behavior; mitigating functional limitations; and determining appropriate medical subspecialty and community level supports. In keeping with the tenets of family-centered care and the medical home, the AAP says the use of ongoing developmental surveillance, coordinated-care, shared decision making, strengths-based guidance, and advocacy for appropriate habilitative or rehabilitative services is essential. Benefits of risk awareness based on history of perinatal conditions can empower pediatricians to prioritize healthy development. Authors of the report say increased awareness coupled with heightened developmental surveillance between routine health supervision or validated screening visits will optimize early identification and referral of at-risk children with signs or symptoms of developmental differences. Lastly, another benefit of linking perinatal risk awareness to neurodevelopmental outcomes is to prompt clinicians to seek additional information when developmental delays exceed anticipated risks.
AAP Launches New Q&A Portal to Provide Expert Answers on Children’s Screen Time and Social Media Use

July 25, 2023 – The American Academy of Pediatrics (AAP) has launched an online platform with expert information to help families navigate healthy social media use. Part of its new Center of Excellence on Social Media and Youth Mental Health, this platform aims to support parents, educators, and healthcare professionals looking to understand the best child development practices for media use from pediatricians who know the research.

The AAP Center of Excellence on Social Media and Youth Mental Health received a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2022 to establish a national center of excellence on social media and mental wellness, as part of the administration’s strategy to address the national mental health crisis.

Research shows that 95% of adolescents use some form of social media and younger children regularly engage with video platforms like YouTube and TikTok. With back-to-school season around the corner, the AAP knows families and communities will be facing new questions and challenges when it comes to understanding what children of all ages are experiencing on computers and phone screens and how it may affect their well-being. The AAP’s new platform, which includes a question-and-answer portal, is designed to provide a safe space for parents, caregivers, educators, and healthcare professionals to learn about the most effective ways to help children and teens be smart and self-regulated around media. The AAP invites all to visit aap.org/socialmedia to explore the portal and engage in the conversation.

“We know parents can feel overwhelmed,” said Megan Moreno, MD, FAAP, a pediatrician specializing in adolescent mental health and technology and co-Medical Director for the Center. “We also know the current media narrative isn’t always serving people well. Through our portal, we’re answering parent questions one on one with the best available evidence, while offering ways to help children grow up resilient, engaged, and mentally healthy in this digital world.”

In addition to answering parents’ questions directly through its online portal, the AAP Center of Excellence on Social Media and Youth Mental Health is committed to expanding the larger conversation around children and teens and technology, shifting the media narrative away from one based on fear toward a more productive and balanced perspective.

The AAP’s new portal offers a user-friendly interface where visitors can view previously answered questions or submit their own questions about topics surrounding social media use, digital technology and youth mental health, like cyberbullying and screen time concerns. A team of expert pediatrians and mental health professionals review and respond to these inquiries, providing pragmatic advice and tailored answers supported by science. This platform complements the AAP’s Family Media Plan, which helps families build a custom guidebook to make technology work in their homes.

Jenny Radesky, MD, FAAP, a developmental-behavioral pediatrician and co-Medical Director for the Center, emphasized the significance of this platform, stating, “We are thrilled that an accessible platform like this now exists to demystify the digital world and offer practical solutions to everyday concerns. We aim to help parents and young people understand the digital design practices that make it hard to stop using media, the algorithms that shape what we see, and how to build insight into our emotional relationships with technology. Our goal is to promote a healthy mindset toward tech while also emphasizing the other ways families can support emotional and behavioral health in children and teens.”

“There are social-emotional benefits to using social media, but there are also potential risks, especially for developing children and transition-age youth,” said Miriam E. Delphin-Rittmon, PhD, Health and Human Services Assistant Secretary for Mental Health and Substance Use and the leader of SAMHSA. “We are delighted to see the AAP establish this new center of excellence and look forward to learning more about how we can better protect young people from those risks. We’re also really glad to see that, as part of this new center, the AAP has created tool that directly help parents and caregivers navigate this issue.”

For more information, see the AAP Center of Excellence on Social Media and Youth Mental Health at aap.org/socialmedia and to view or submit questions, visit the AAP Social Media and Youth Mental Health Q&A Portal.

AAP to Create National Center for System of Services for Children With Special Health Care Needs

A Multi-Million Dollar Grant Will be Used to Improve Systems of Care for CYSHCN

June 22, 2023 – The Health Resources and Services Administration’s Maternal and Child Health Bureau has awarded the American Academy of Pediatrics (AAP) a $7.5 million cooperative agreement to form a new national center for a system of services for children and youth with special health care needs (CYSHCN). The project will start in July.

With the five-year cooperative agreement, the AAP will establish a National Center Consortium (NCC) with Boston University, Family Voices, and The National Alliance to Advance Adolescent Health. The goal of the collaboration is to provide better care for more children and youth with special health care needs by supporting the implementation of the MCHB Blueprint for Change: Guiding Principles for a System of Services for CYSHCN.

According to the 2020-2021 National Survey of Children’s Health (NSCH), only 13.7% of children with special health care needs receive care in a well-functioning system. The Maternal and Child Health Bureau identified structural racism, ableism, complicated and siloed service systems, and weak links between clinical and non-clinical supports as some of the reasons. One of the goals of the NCC will be to assist state Title V Programs for Children with Special Needs and various stakeholders who serve children and youth with special needs and their families. Strategies will be implemented in four critical areas: health equity; financing of services; well-being and quality of life; and access to services to improve the cross-sector systems serving this population.

(Continued on page 9)
“The AAP is thrilled to receive this new award,” said AAP President Sandy Chung, MD, MPH, FAAP. “Through this new National Center, the AAP and its partners will work across the intersections of the four critical areas of the Blueprint for Change to drive innovation and change to advance and strengthen the system of services for children and youth with special health care needs and their families.”

To advance the system of services, the NCC will develop an implementation roadmap based on the MCHB Blueprint for Change: Guiding Principles for CYSHCN that identifies actionable steps at the research, practice, and policy levels for sectors serving CYSHCN and their families across their lifespan. The target audience includes state Title V programs, families, pediatricians, child health clinicians, education professionals, early childhood and adolescent experts, mental and behavioral health professionals, community-based organizations, payers, health systems, and policymakers.

The systemic barriers facing children and youth with special health care needs and their families are long-standing and underscore the need for new approaches to advance the system of services. The AAP and its partners are committed to transforming and improving the systems of services for CYSHCN and their families through the NCC and subsequent national center.

AAP Statement on Preventing Gun Violence in the Lives of Children and Teens
By: Sandy Chung, MD, FAAP, President, American Academy of Pediatrics

April 19, 2023 – “Within the last month, children and teens have lost their lives to gun violence while simply participating in routine childhood experiences. Attending school. Picking up their siblings. Going to a friend’s birthday party. This is in the wake of school shootings, suicides, unintentional shootings, and daily, deadly violence that involves firearms. Gun violence in America is now so common that it has become the number one cause of death for children and teens, greater than car crashes or any other kind of injury. As the headlines start to fade faster after each incident, and as the political will to act fails to meet the urgency of the moment, pediatricians are compelled to speak out

“We have the tools we need to prevent the leading cause of death in children, we just need the will to use them. The American Academy of Pediatrics has longstanding policy outlining evidence-based steps our lawmakers can take today to reduce the terrible toll of gun violence and save lives. Fund research. Ban assault weapons. Limit high-capacity magazines. Require background checks, and more.

“It’s been proven that talking to families about firearm safety can increase safe storage behavior. As pediatricians, part of our efforts to protect children from gun violence will be educational, in our exam rooms, having conversations with parents about how to keep their homes and communities safe.

“While we are not yet where we need to be on policy, there have been meaningful marks of progress. Last year, bipartisan policymakers came together to pass the first firearm legislation in decades. Congress also continued initial investments in research on how to prevent gun injuries and deaths. But these welcome steps alone are not enough; policymakers can and must do more now to protect children from preventable deaths.

“Pediatricians witness the toll of gun violence from different perspectives; we counsel parents whose children survived or witnessed a shooting event, we treat gun injuries in emergency rooms, we see the ways in which the ubiquity of gun violence in children’s lives causes families to live in fear.

“It must not be this way. It is time for all of us who care for children and teens to speak up until we see the progress they deserve. Until they are safe.”

Physicians: Braidwood vs. Becerra Ruling Could Strip Access to Preventive Care for Millions of Americans

April 3, 2023 – Our organizations, representing nearly 600,000 physicians and medical students, are frustrated, alarmed and disappointed by the rulings of a federal court that struck down the Affordable Care Act’s requirement for insurers and health plans to cover, without cost-sharing, preventive services recommended by the U.S. Preventive Services Task Force (USPSTF).

Our physicians are on the frontlines of care, and we fear this decision will strip millions of patients of their access to important screenings for cancer, heart disease, counseling services, and preventive medications, including pre-exposure prophylaxis (PrEP) medications for the prevention of HIV. Invalidating these coverage requirements will make access to evidence-based preventive care financially unattainable for many patients.

All patients deserve equitable and reliable access to preventive services. Research demonstrates that health care systems prioritizing access to primary and preventive care have better patient outcomes and lower health care costs, including decreases in costly hospitalizations and emergency department visits.

This federal court decision was wrong-headed and should be appealed and overturned. The health and well-being of millions of Americans is at stake.

American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American College of Physicians
American Osteopathic Association
American Psychiatric Association
Myopia, also called nearsightedness, is on the rise worldwide. By 2050, over 50% of the global population is predicted to be myopic (Holden BA, et al. *Ophthalmology*. 2016;123:1036-1042).

So why does myopia matter?

There are significant eye health and vision-threatening consequences of myopia. Myopic eyes tend to be longer than eyes that are not nearsighted. This axial elongation of the eye results in the retina and sclera being stretched more thinly, typically occurring in people who have prescriptions above -6.00 diopters. Retinal detachments, myopic maculopathy, cataracts, glaucoma and retinal tears all occur with greater frequency in highly myopic patients.

Typically, myopia begins in early childhood and progressively worsens until it stabilizes in early adulthood. The anatomic changes that result in these eye diseases cannot be reversed, but they can be minimized by instituting myopia management strategies when the eye is still developing.

**Behavioral strategies**

Several studies have demonstrated that outdoor time can protect children from developing myopia (Lingham G, et al. *Sci Rep*. 2021;11:6337). These studies, performed in Chinese and Australian children, showed that even moderate sunlight (11 hours/week) was sufficient to decrease myopia by 23% (Wu PC, et al. *Ophthalmology*. 2018;125:1239-1250). Encouraging children to go outdoors more is an easy way to initiate myopia control.
The correlation between near work (focus) and myopia is well-established. Meta-analysis of these reports (Huang HM, et al. *PLoS One*. 2015;10:e0140419) coupled with the documented increase in myopia progression during the COVID-19 lockdown supports the recommendation that excessive near work should be discouraged in myopic children.

**Compounded eye drops**

Since 2004, low-dose atropine eye drops have been proposed as a method of slowing myopia progression and have gained widespread acceptance in Asia. These eye drops range in concentration of atropine from 0.01% to 0.05% and must be compounded at a compounding pharmacy.

Multiple studies have examined the ideal concentration of low-dose atropine to stabilize myopia progression while minimizing potential side effects of pupillary dilation, light sensitivity and difficult reading at near. All concentrations have been shown to be effective at decreasing progression of myopia, as well as stabilizing the axial length of the eye, for children as young as 4 years old.

The eye drops are instilled every night typically for a minimum of two years, though many ophthalmologists continue treatment until myopia stabilizes, typically at 16-19 years of age. Low-dose atropine has not been approved by the Food and Drug Administration (FDA) for myopia.

**Contact lenses**

Specialized contact lenses offer another treatment option for children who are mature enough to handle the responsibilities of contacts. Two types of contacts are FDA-approved as a treatment for myopia management. Both work on the principle of eliminating hyperopic defocus of traditional glasses and contacts, which is thought to be a driving factor in the elongation (and worsening of myopia) of the eye.

The first is a dual-focus, daily disposable soft contact lens (MiSight). These contacts differ from traditional single-vision contacts in that they have multiple different focal points that deliver sharp vision while minimizing defocused light in the peripheral retina.

In a three-year randomized, controlled clinical trial of 109 subjects ages 8-12 years, these contacts reduced myopia progression by 59% with very few adverse events (Chamberlain P, et al. *Optom Vis Sci*. 2019;96:556-567).

Orthokeratology (ortho-k) is a type of rigid contact lens designed to reshape the cornea. Children wear these contacts while sleeping at night and remove them during the day. Though ortho-k lenses have been shown to be effective at slowing myopic progression by 50% for children and adolescents, their safety remains a concern among pediatric ophthalmologists (VanderVeen DK, et al. *Ophthalmology*. 2019;126:623-636). Potentially blinding microbial corneal infections are the most devastating consequence of ortho-k, though rare in occurrence. The risk of complications is significantly reduced with good fit and adherence to proper eye and lens care.

The potential benefits of myopia control outweigh the risks (Bullimore BA, et al. *Ophthalmology*. 2021;128:1561-79), and it is an important point of discussion with parents of children with myopia. If treatments are instituted early, potential visual loss from high myopia can be avoided. Increased outdoor time, low-dose atropine drops and specialized contact lenses are safe and effective treatment options.

*Dr. Wong is a member of the AAP Section on Ophthalmology.*
We Are Pediatricians. This Is Our Mission.

Our very own Mitchell Strominger, MD, FAAP, AAP Section on Ophthalmology Executive Committee member, is the current President of the AAP Nevada Chapter. He shares his experience as a Chapter President at the AAP’s 2023 Annual Leadership Conference.

“I am a pediatrician” was the rallying cry at the recent American Academy of Pediatrics Annual Leadership Conference for which I had the privilege of attending as the Nevada state chapter president on August 3-6, 2023. Although I took the red eye flight from Reno, after a morning nap at the hotel, by 3 pm when the meeting started, I was raring to go. The first two days were about a variety of topics. The first was about mentoring and sponsorship. Even though I am an older physician my thoughts wandered to our much younger past Chapter president who really got me started on my journey with the AAP. But more educational was my realization that the mentee/mentor relationship comes in many forms.

Although usually the mentee seeks out the mentor, my mantra will be to seek out our younger Nevada pediatricians to get involved in the AAP and make it their career home. Given its supportive and welcoming environment, it a great place to be. So beware, I will call you!

Some time was spent in district breakout sessions. Nevada is in District VIII, which is the largest by land mass and includes all the western states, including Alaska and Hawaii, with the exception of California. It was so much fun meeting the chapter officers from these states, especially Hawaii! They were quite gracious and brought us some Mauna Loa chocolate covered macadamia nuts to consume during our break. What a treat! One breakout was “speed dating,” which included meeting section chairs. They included many of the pediatric medical and surgical subspecialties, and others including Global Health. While I was unsuccessful in recruiting a pediatric rheumatologist to Northern Nevada, I did try! I also met the Global Health Chair, who grew up in Nigeria, but now practices in Seattle. We talked about some of her global health educational initiatives using virtual reality and we came up with the great idea of how to use VR to teach a basic ocular motility examination. She has the computer programming and global distribution resources, and I have the knowledge, I would hope, of doing the ocular motility exam. I was so excited that I have already started working on the basic outline of the project.

One session concentrated on EDI where I learned about my misconceptions of what it means. There was a diverse group of pediatricians who told their stories of being stigmatized by either the color of their skin, sex, or ethnic background and were treated as inferior or not intelligent. I recalled the stories of my mother, who is a physician, telling me of patients assuming that she was the nurse when she would enter a hospital room. Although she started practicing in the 1970’s it is sad to say that this is still happening today. I was also shocked to learn of the many states that are now disbanding EDI divisions and training at their state medical schools. How can one teach compassion to our future doctors if the idea that people should be treated equally, and barriers removed, is abandoned. A very poignant cartoon was shown. The first drawing showed three individuals at a baseball game. The tall individual could look over a wood barrier fence, while a short individual and one in a wheelchair could not. In the second drawing the short individual was given a ladder and the one in the wheelchair an elevated ramp so that they could also see. The third drawing, however, made the most sense. Why not just remove the wood barrier and put up a see-through fence so that all three could see without the need for any additional accommodations. Wow, now that’s a concept! One would think that solution would seem obvious, but not yet so in our society, and that’s where EDI can enlighten. Help individuals be themselves and succeed not necessarily by giving accommodations, but by removing barriers.

Finally, much time was spent reading over and voting on resolutions put forth by the Chapters, Districts, and Sections. The resolutions, although not binding, are recommendations to the AAP Board of Directors for action items for the upcoming years. Although the topics were varied, they all had one theme: That is do the best we can, given our vast expertise and knowledge, for children and their families in promoting both physical and mental health. Pediatricians are not the enemy but the protector of a child’s wellbeing. That said, we can’t do it alone and need the help and trust of the parents, families, and community. “We are pediatricians”, and as the AAP logo reiterates, are “dedicated to the health of all children.”
The Joy of Therapy Dogs

Vic Strasburger, MD, FAAP
Distinguished Professor of Pediatrics Emeritus
Univ. of New Mexico School of Medicine

Everyone has seen the joy on children’s faces as a therapy dog greets them in the hospital. Many people wish that their dog could become a therapy dog. As the proud owner of two (Marshall (L) and Maggie (R), let me tell you a little about it.

First and foremost, there is a huge difference between therapy dogs and service dogs. (Let’s not even talk about emotional support dogs.) Service dogs are amazing creatures who have been trained to help deal with their owner’s disability. They can sniff out impending seizures, or high blood sugar, or help their owner deal with PTSD. Guide dogs for the blind are the classic example. Whereas therapy dogs serve other people. They are sociable creatures who get petted and hugged and make other people feel good. Very different – in that service dogs can go anywhere their owner goes courtesy of the Americans with Disabilities Act, whereas therapy dogs can only go where they are invited.

Maggie Mae (now sadly deceased at age 13) and I started the Albuquerque Airport Ambassador Dog program. Somewhere close to 90 US airports now have therapy dogs. She was petted by more than 40,000 people in her career (airports like to keep track), including the governor of New Mexico, members of the Breaking Bad cast, Seth Rogen, and Dottie Pepper. Marshall, now age 6, has been working since he was 3. Both were rescues.

A number of organizations certify (and insure) therapy dogs. The American Kennel Club lists nearly more than 200 state-specific organizations – National programs include:

- Alliance of Therapy Dogs (formerly Therapy Dogs, Inc.)
- Bright and Beautiful Therapy Dogs
- Love on a Leash
- Pet Partners (previously Delta Society)
- Therapy Dogs International

So why do it? Well, if you’re a pediatrician you have always wanted to nurture children, so to see their faces light up is a continuation of what you’ve been doing your entire career. In addition, the dogs enjoy doing it! Therapy dogs naturally love people – that’s the primary way to know if you’ve got one. Both Maggie and Marshall would see people 100 yards away and want to go up to them. Marshall interrupts our daily run if he sees someone nearby.

If your dog loves people, everything else can be trained. Yes, they have to be in good health and pass a test, but it’s not that difficult:

1. They must know the 6 basics: sit, stay, come, leave it, lie down + loose-leash walking.
2. They need to tolerate a group of people descending on them.
3. They need to tolerate being hugged, examined and handled – especially by over-eager children.
4. They need to know how to avoid other dogs while they’re working (airports frequently have security dogs who cannot be disturbed).

Employing a good dog trainer is often useful. But when I first wanted to train Maggie for therapy work, I foolishly thought I would simply drop her off at the trainer’s house and Maggie would come back like Lassie. Doesn’t quite work that way. It’s more like residency – “See one, do one, teach one.” The dog trainer trains you to train the dog. So, you wind up putting in several hours a week for every hour that you spend with the trainer.

But well worth the time and effort, both for you and your dog and your future petters.

Reprinted with permission from the Section on Seniors Summer 2023 newsletter
The Role of Large Language Models in Medical Education: Applications and Implications
Conrad W Safranek, Anne Elizabeth Sidamon-Eristoff, Aidan Gilson, David Chartash

Abstract
Large language models (LLMs) such as ChatGPT have sparked extensive discourse within the medical education community, spurring both excitement and apprehension. Written from the perspective of medical students, this editorial offers insights gleaned through immersive interactions with ChatGPT, contextualized by ongoing research into the imminent role of LLMs in health care. Three distinct positive use cases for ChatGPT were identified: facilitating differential diagnosis brainstorming, providing interactive practice cases, and aiding in multiple-choice question review. These use cases can effectively help students learn foundational medical knowledge during the preclinical curriculum while reinforcing the learning of core Entrustable Professional Activities. Simultaneously, we highlight key limitations of LLMs in medical education, including their insufficient ability to teach the integration of contextual and external information, comprehend sensory and nonverbal cues, cultivate rapport and interpersonal interaction, and align with overarching medical education and patient care goals. Through interacting with LLMs to augment learning during medical school, students can gain an understanding of their strengths and weaknesses. This understanding will be pivotal as we navigate a health care landscape increasingly intertwined with LLMs and artificial intelligence.

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The Research Project in Brief
Title: Using ChatGPT in Undergraduate Medical Education: Perspectives of Learners and Lecturers
Research Objective: Develop insights gleaned through immersive interactions with ChatGPT, contextualized by ongoing research into the imminent role of LLMs in health care.

Outcomes: In our paper https://mededu.jmir.org/2023/1/e50945 three distinct positive use cases for ChatGPT were identified. 1) facilitating differential diagnosis brainstorming, 2) providing interactive practice cases, and 3) aiding in multiple-choice question review.
Conclusion: Given the inevitable integration of LLMs into healthcare, it is important for students and educational institutions to explore best practices for responsible use of LLMs in medical education.

Future Plans of the Author & Her Team
Future plans for simulation work: Identify how ChatGPT can be used to simulate clinical learning, instruction and assessment through focused qualitative work with clinical skills faculty.
Advising other SOSLIM junior members on how to proceed and explore the simulation research and advance their simulation experience in general: We would encourage junior members to reach out to us, as well as reach out to their local medical education researchers. A solid foundation in clinical informatics gained during medical school or residency will also support an understanding of the technical aspects of ChatGPT/Large Language Models more broadly.
Trainees interested in clinical informatics can contact the Council on Clinical Information Technology at COCIT@aap.org or visit aap.org/COCIT or the liaison to the Council and the Section on Pediatric Trainees, David Chartash at dchartas@ieee.org.
Prepare to engage in global health work as an informed and thoughtful global citizen at the 2023 Global Health Education Course (GHEC), being held at AAP Headquarters in Itasca, Illinois from Friday, November 17 - Sunday, November 19, 2023.

Register now and choose from three days of educational content!

Day 1: Hands-on Point of Care Ultrasonography (POCUS) Workshop

(Space is limited for this hands-on workshop, please register by September 29 to ensure your spot)

The POCUS course at GHEC will provide a foundation of ultrasound knowledge through lectures and hands on teaching. Sessions will center on basic ultrasound scans, touch on advanced applications, and provide insights along the way about scanning common pathologies in global health settings.

Day 2: Global Health 101 and High Yield Sessions

Hear from leading experts as they prepare you for the everyday challenges of caring for children and families in countries and cultures different from your own while covering topics including:

- Global Health Organizations 101: Exploring Global Health Partnerships
- Emerging Priorities in Pediatric Global Health: Top 10 List
- Reflections on Culture Shock and Cultural Humility & Ethics, Equity and Decolonization in Global Health
- Emerging and re-emerging diseases
- Dealing with disasters and working with refugees/displaced populations
- Climate Change

Day 3: Global Health Education on Equity, Antiracism and Decolonization (GHEARD) Workshop

GHEARD is an innovative, modular, open-access curriculum, sponsored by the American Academy of Pediatrics and endorsed by the Consortium of Universities for Global Health and the Association of Pediatric Program Directors (APPD), and is designed to address the gaps in preparation curricula for global health engagement. In this workshop, facilitators will introduce the GHEARD curriculum and take participants through sample GHEARD activities to prompt critical reflection, recognition of assumptions and biases, and engagement in new paradigms for global health practice.
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