

NORTH DAKOTA PEDIATRICIAN

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Governor asked for Support in Protecting Children in Public Insurance Programs and keeping children a priority with the National Governors Association



A meeting was held in Bismarck with Governor John Hoeven and National AAP President, Carden Johnston MD, the on February 5th. Carden Johnston flew in from Alabama. Dr Michael Severson, District VI vice chairman, (flew in from Minnesota). Bernard Hoggarth, President of the NDAAP, Todd Twogood, NDAAP VP and Carma Hanson RN, coordinator SAFE KIDS, Grand Forks also attended.

Our agenda was the children of ND and access to medical care and addressed the following issues.

1. Every child must have health insurance.
2. Health insurance should be a right, regardless of income, for all children, pregnant women, their families, and ultimately all individuals.
3. All health insurance plans should have a comprehensive age appropriate benefits package such as that of the American Academy of Pediatrics (AAP).
4. All children should have access to primary care pediatricians, pediatric medical sub specialists, pediatric surgical specialists, pediatric mental and dental professionals, and hospitals with appropriate pediatric expertise.
5. All health plans should have levels of reimbursement that promote unrestricted access to health services for children.
6. Health insurance should be fully portable and provide continuous coverage.
7. Administrative aspects should be streamlined and simplified.
8. Families should have a choice of clinician(s).
9. Health plans should complement and coordinate with existing maternal and child health programs to ensure maximum health benefits to families.

**We're on the web
at www.ndaap.org**

*Dedicated to the Health of All
Children*

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**North Dakota Chapter of
the American Academy
of Pediatrics**

PRESIDENT'S LETTER
BERNARD J. HOGGARTH, MD, FAAP

Medicaid is Vital to Children's Health Care in Every State.

Medicaid assures the availability of the critical and unique health care infrastructure that is necessary for all children.

Medicaid and SCHIP are the critical safety net programs for children and should be protected.

According to the Centers for Medicare and Medicaid Services (CMS), Medicaid and SCHIP provide care for 27 million children across the country. Medicaid covers 37% of all births in the United States.

Children are 51% of the Medicaid beneficiaries, but only 20% of the budget. We need to assure that children are considered and safeguarded in every budgetary decision. We need to maintain the Medicaid benefit package for children and assure that children with special health care needs continue to receive needed comprehensive services. We have asked Governor Hoeven to educate all governors on the NGA Health Committee regarding children's health issues. Governor Hoeven serves as chairman of that committee. We need to be prudent purchasers of health care and abide by the equal access provisions of federal Medicaid law which states that payment must be "sufficient to enlist enough providers so that care and services are available to the general population in the geographic area." (42 USC 1396(a)(30)(A)). We need to achieve at least parity with Medicare payment rates.

Through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, Medicaid guarantees that low-income children receive the care they need.

The Medicaid program has a unique role in providing care for children with special health care needs (CSHCN). Medicaid provides health care coverage to one-third of American children with special needs. While children up to 100% of the federal poverty level (FPL) are "mandatory" eligibles, there are eight million children in "optional" eligibility categories.

A federal cap on Medicaid shifts all risk onto the states.

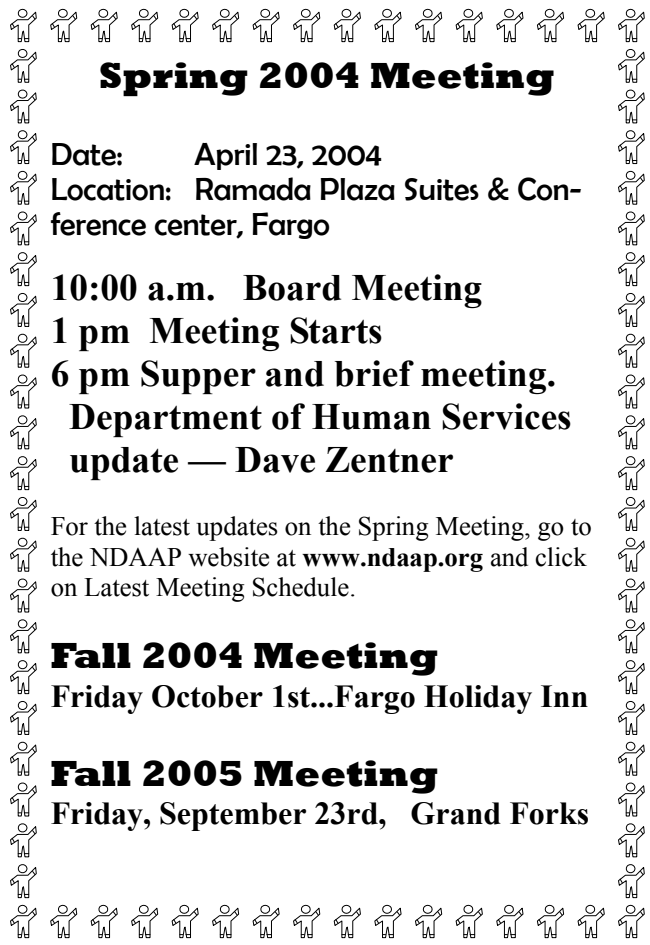
Federal allotments would be based on a formula, not on the costs of the program. If program costs increase above the federal cap, states will be left to either pay for services themselves, or cut them.

There is no guarantee that the federal annual allotment will accurately reflect needs of states. Through the years, the program is likely to experience numerous ebbs and flows in spending.

Myra Quanrud, MD to Serve as Chapter Contact

In an effort to encourage collaboration between sections and chapters, each section has been asked by AAP leadership to designate a member to serve as a contact person for each chapter. The contact person is not obligated to attend all meetings of the chapter; however, it is hoped that the individual will attend the chapter's annual meeting and report back. Also, the chapter leadership may call upon the section contact for expertise on a particular issue or to discuss joint projects with the section. As the Collaborative moves forward, a more defined job description will be developed for these contacts. Existing chapter liaisons and their full contact information is listed on the website, <http://www.aap.org/sections/disabilities/chapliaisons.htm> This endeavor will go a long way towards establishing linkages between sections and chapters.

UPCOMING EVENTS



Spring 2004 Meeting

Date: April 23, 2004
Location: Ramada Plaza Suites & Conference center, Fargo

10:00 a.m. Board Meeting
1 pm Meeting Starts
6 pm Supper and brief meeting.
Department of Human Services update — Dave Zentner

For the latest updates on the Spring Meeting, go to the NDAAP website at www.ndaap.org and click on Latest Meeting Schedule.

Fall 2004 Meeting
Friday October 1st...Fargo Holiday Inn

Fall 2005 Meeting
Friday, September 23rd, Grand Forks



Grassroots

Programs for Kids with Diabetes

North Dakota's Chapter of the American Diabetes Association has been ranked No. 1, among smaller states by the American Diabetes Association. Their headquarters/staff in Grand Forks is most cordial, lead by director, Gail Hand. Calls are always welcomed, free materials are always available. [The phone number is (701) 746-4427 or 1-800-666-6709 and fax number is (701) 746-9337.]

North Dakota's Diabetes Camp for children, Camp Sioux, is the second oldest in America, established by the state's first diabetologist, Edgar Haunz, M.D. of the Grand Forks Clinic, in 1946. It is the only "free" camp (donations only) in America (among approximately 140 camps). Many diabetes camps in other states charge up to \$750 or more per week, precluding poor children. Camp Sioux week at Red Willow Bible Camp near Binford, ND, is often the high point of the year for a diabetic child. And our camp is the only one I know which utilizes as counselors 16-18 year olds with well regulated diabetes.

Our state also has four nationally approved multidisciplinary diabetes centers at Medcenter One in Bismarck, Altru in Grand Forks, MeritCare in Fargo, and at Innovis in Fargo. Every child and adolescent with diabetes should have regular exposure to a diabetes physician, nutritionists, diabetes nurse practitioners, and psychologists.

Another almost unique aspect of North Dakota's plan for family support/diabetes issues is the North Dakota Diabetes Youth Outreach (NDDYO) Program, now in its fifteenth year. Clinics are held twice a year, sponsored by North Dakota's Children with Special Needs (formerly Crippled Childrens). NDDYO clinics are held in April and October in Devils Lake, Minot, Hettinger, and soon, to be held, in Dickinson. Two of North Dakota's most experienced and effective pediatric diabetes educators, Maysil Malard, RN, CDE and Cindy Anderst, RD, CDE bring the diabetes clinics to these cities, all of which serve rural areas. Clinics are essentially free and conducted with local counterparts, e.g., a local diabetes nurse educator and social worker. At least an hour is spent with each family (capacity for the day is 7-8 families). A detailed report is then sent to the young person's physician and an appointment is made for follow-up, to preserve continuity of care. Only four states have a diabetes youth outreach program, for ongoing education, especially in rural areas. The NDDYO phone number is (701) 255-1993.

MeritCare Pediatrics has a Coordinated Treatment Center (CTC) monthly clinic, also sponsored in part by North Dakota Children with Special Needs.

Until the CHIP program became extant, Children with Special Needs also fully funded medical expenses up to 40 pediatric-age children/adolescents with diabetes. Most of these children were from "working-poor" families, unable to afford health insurance but not qualifying for Medicaid (Title 19).

A thoroughgoing demographic study by Jim Brosseau, M.D. in the mid 1980's identified all those less than age 18 with diabetes, and demonstrated almost universal access to diabetes programs from wherever families lived in the state. (Obviously this demography study needs to be repeated.)

Perhaps this outline will be of assistance to new pediatricians in the state to help them better support and direct families afflicted with our ever burgeoning new onset chronic disease. North Dakota is No. 1 in the nation in incidence of Type I diabetes, and perhaps one of the places of greatest incidence anywhere of infant and toddlers/preschoolers with diabetes.

George Magnus Johnson, M.D. Professor of Pediatrics, UND School of Medicine & Health Sciences



Kumar completes the Advanced Hazmat Life Support program

Dr. Parag Kumar, a pediatrician at Medcenter One's Q & R Clinic, recently completed the Advanced Hazmat Life Support (AHLS) program through the University of Arizona Emergency Medicine Research Center and American Academy of Clinical Toxicology.

Dr. Kumar was jointly nominated to attend the course by the State Department of Health and the University of North Dakota and D Chapter of AAP. He serves as the NDAAP Bioterrorism contact. The program focuses on the medical management of people exposed to hazardous materials, including nuclear, biological and chemical terrorism.

Dr. Kumar is now a certified provider and instructor in medical management of hazardous material exposures, and will soon conduct a provider course in North Dakota for first responders. He will also be presenting to the NDAAP membership and writing updates in the ND Pediatrician.

THE BURNING ISSUE

April is child abuse awareness month, and it is a time when we as pediatricians should increase our own awareness and work hard to spread the words of prevention. In North Dakota, a survey was done of new mothers in 1997. It found that 49% of these mothers were unaware of shaken baby syndrome, and it was clear that their health care provider did not talk to them about it or even discuss the ways to cope with a crying baby. The good news is since then a state task force has been formed and its goals were focused on awareness and prevention (all of you should have seen the signs and billboards: **NEVER NEVER NEVER SHAKE A BABY**). Because of the efforts, now in a new survey, 89% of new mothers say that they are aware of the problem, and that is where prevention starts. Remember to take every newborn well child check and talk about ways to handle a crying baby, identify stressors, and discuss shaken baby syndrome. Say it this way: It's normal to feel upset and angry. Taking care of a baby or child can be tiring and frustrating. But there are ways to comfort her and yourself, and people nearby to help. So never yell at, hit, or shake a baby. The world of abuse is not only shaken babies (even though that is the leading cause of death in abuse), it is those children who are neglected, beaten, or raped. Every 10 seconds in the United States a child is abused, and 3 children die each day as a result of parental maltreatment. Child abuse kills more children in America than do accidental falls, drowning, choking, fires in homes, or suffocation. It is serious stuff and we should be the leaders of the effort to stop this epidemic.

I encourage you to visit the web site www.stopchildabusend.com and help out our state efforts. Also Dr. Alonna Norberg at MeritCare in Fargo is leading the way to start an advocacy center in that community, somewhat like the one established in Bismarck. There are a lot of good people involved with the task to prevent and deal with child abuse, you too can help now. Give a hug, show some love.

Todd Twogood MD Vice President ND Chapter

The UND Department of Pediatrics News Briefs

Dr. Joan Connell and Dr. Colleen Swank have recently been promoted to Clinical Associate Professors of Pediatrics.

Dr. John Martsof received special recognition at Founder's Day for 25 years of service to UND School of Medicine & Health Sciences.

Dr. Larry Burd edited a special issue of Neurotoxicology and Teratology, November/December, 2003 entitled "The Four-State Fetal Alcohol Consortium: Clinical and Epidemiologic Findings".

Dr. RaNae Doll has been awarded membership into the Alpha Omega Alpha Society as an alumnus member.

Dr. Myra Quanrud was nominated by a fourth year medical student to receive an Outstanding Faculty Award.

Our pediatric department has been awarded the Rome Visiting Professorship from the American Academy of Pediatrics. This visiting professor will most likely visit our state in spring, 2005.

Dr. Perri Klass, a Boston pediatrician and nationally known author, will visit the Southeast Campus on May 17 and 18 in her next effort to bring the national Reach and Read Program to our state.

Congratulations to our pediatricians who recently become new parents; Myra Quanrud, Jamestown; Aaron Gunderson, Fargo; Alonna Norberg, Fargo; and Joan Connell, Bismarck. Most recently Dr. Brenda Thurlow had a baby girl

Three graduating medical students have matched in Pediatrics. Cindy Davila will be doing her residency at the University of Illinois College of Medicine Peoria Program, St. Francis Medical Center in Peoria, IL; Gregory Mason will be doing his residency at the Marshfield Clinic-St. Joseph's Hospital Program, Marshfield, WI; and Joey Rexine will be doing his residency at the Grand Rapids Medical Education & Research Center/Michigan State University Program, Grand Rapids, MI.

Stephen J. Tinguely, M.D.

Associate Professor and Chair

Department of Pediatrics

UND School of Medicine & Health Sciences

Grand Forks med/peds specialist, Dr. RaNae Doll, has spearheaded the first medical student pediatric interest group also known as "The Pediatric Club". The purpose of this group is to foster interest among medical students in the career of Pediatrics. Students in all four years are welcome to join. The initial organization, however, is composed primarily of first and second year students on the Northeast Campus.

"The Club" has chosen its own officers and planning structure. Pediatricians have been invited to the first meetings to answer student questions regarding residency training, the lives of pediatricians inside and outside of medical practice and various pediatric subspecialty career choices.

This group has already learned the importance of advocacy and has cosponsored a clothing drive to help needy women and children.

These medical students are eligible to join the American Academy of Pediatrics as student members. To help these students defray the membership fee our chapter is seeking pediatrician sponsors for third and fourth year medical students who plan to match in Pediatrics.

Please let me know if you are willing to sponsor a student.

PROS Life around Newborn Discharge (LAND) study includes 4,306 mother infant/dyads. Data analysis are currently being completed on this sample and main study results will be released soon.

For over 71 years, the primary - care practitioners of PROS have collaborated to produce large-sample, national studies of interest to pediatricians. PROS has developed a reputation as a leader in the effort to generate new pediatric knowledge to improve pediatric care. A recent article "Postpartum Discharge Preferences of Pediatricians: Results From a National Survey" has been published in Pediatrics.

I encourage you to visit the AAP's Web site (www.aap.org/pros) for more details.

Submitted by Bernard Hoggarth MD

Dr Sondrol is the ND chapter coordinator and invites practices to participate.