President’s Message
Chuck Pruitt MD, FAAP
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THE ABC’S OF THE UTAAP

Welcome to your new Utah Chapter of the American Academy of Pediatrics! New, not only because we have a new President (me), but also new shared office space with Voices for Utah Children and most importantly a new Executive Director, Alisa Stoddard, who is already advancing the efforts of our Chapter. Yes, it’s true, Cathy Oyler is taking a much deserved retirement after many years as the quiet but constant voice for the children of Utah. We’ll miss you, Cathy!

Where’s the continuity, you logically ask? Well, thankfully, Bill Cosgrove, Past-President and Legislative Chair, provided strong mentorship for the last two years while I was President-Elect and also set a comprehensive agenda which I intend to further advance. Bill’s programs for addressing maternal depression, childhood toxic stress, school nursing, and pediatrician wellness are not only important in Utah but are also receiving national attention.

So, what about the ABC’s and all that? Here’s my agenda for the next two years:

A – Advocacy. I will leverage my position as Medical Advisor for Child Advocacy with Primary Children’s Hospital, and experience as Advocacy Course Director for the Pediatric Residency Program to grow our Chapter’s advocacy efforts. This fall’s advocacy forum, well-attended by Legislators, was a great start!

B – Burnout. This is a true problem in our field that has potential to grow and threaten the availability of quality medical care for children. At our Chapter’s first annual sponsored Pediatric Grand Rounds we’ll host Dr. Hillary McClafferty to discuss this topic, Thursday, November 3rd, 2016, 8:00 am at Primary Children’s Hospital. Please come to show your support! (Burnout article by Dr. McClafferty on page 5.)

C – Coalition-building. There is no sense in reinventing the wheel, so when a Chapter member, other District VIII Chapter, the National AAP, or another advocacy organization has a good plan I’ll search it out and use it, and form a mutually beneficial partnership. I expect our relationship with Voices for Utah Children to return great dividends and I plan to collaborate on educational and outreach programming with our nearby District VIII chapters.

But, there’s more . . . Like every good ABC program, mine also has a D and an E.

D – Dissemination. We all have great ideas but disseminating these ideas can be challenging. With Alisa Stoddard’s help, I plan to have a much greater digital presence to share information with more Chapter members and potential members in ways that they’re most comfortable, from discussion to

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print to social media. Share your great ideas with me and I’ll help you accept the chapter’s writing challenge (details on page 3) by communicating with your Legislators, the Governor, or as a letter to the editor or op-ed. I just accepted the challenge myself, look for my op-ed concerning kinship foster care in the Deseret News.

E – So . . . I don’t really have an E, maybe YOU do. Please, send your E ideas to me, F’s and G’s too, whatever you think might make the chapter better. With YOUR help we can take the Chapter all the way to Z!

Looking forward to hearing from you,
Chuck

Yoga for Children and Families To Support Inward Journeys

Yael Calhoun at www.greentreeyoga.org
Louis Allen, MD at www.able-differently.org

Children with mental, physical, and emotional challenges from increasing environmental pressures and life frustrations can benefit in many ways from short, repetitive mindful movement and breathing practices. Yael Calhoun established GreenTREE Yoga a decade ago in Salt Lake. Her interest has focused on children with special health care needs, including autism, developmental trauma and caregivers’ burn out. She works to access and to inform yoga teachers, parents and teachers within schools, community studios, recreation centers and mental health facilities. Ongoing increasing studies with improved yoga research methodology is currently suggesting positive trends and emerging contributory physical and mental wellbeing outcomes. (Frontiers in Psychiatry, Hagen, N., 2014, Apr.2; 5:35 and Academic Pediatrics, Birdie, GS et al, 2009, vol9, 212-220.)

Simple stretching and mindful breathing (yoga) offer specific healthcare benefits to children with special needs and autism. These techniques are expected to improve: body awareness; flexibility, stress management techniques -- learning the cues of stress so they can self-regulate, coordination and balance, social interaction, self-confidence, and physical strength.

Yoga is a perfect fit for the healthcare needs of this population -- physical, social, and emotional. It can incorporate self-regulation skills, deep pressure, repetition, relaxation, body awareness, visual cues, and visualization. Very simply, yoga is a good fit because it is intuitive and fun -- kids love yoga. And that provides a wonderful starting point from which to offer its healing benefits.

In addition, simple stretching and mindful breathing can provide a yoga break to both caregivers and siblings of these special needs children. “The yoga breaks offered for free to both children, families, and health care providers, support and complement the needs and learning styles of these children,” says Lori Krasny, Director of Autism Services at The Children’s Center. These yoga breaks can be a positive and effective tool for empowering these children to learn strategies to calm, soothe and manage themselves. Including parents in the program provides a reinforcing environment in which the child can practice as well as providing a stress break for the parents or other family members. Krasny continues, “This is a

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Yoga……continued
tremendous contribution to bettering the lives of these children and their families.”

Please try the free yoga breaks/games at [http://www.greentreeyoga.org/free#for-parents](http://www.greentreeyoga.org/free#for-parents) for parents, neurotypical children and those with special needs. Ask your patients if they would like to try family yoga. Able-differently can help pay for passes as needed. It would be important to find the right match with a yoga teacher who has experience with children/special needs and families understanding developmental/physical requirements, and applying adaptations. GreenTREE Yoga can help parents find a suitable teacher to ensure developmental needs are met. If you want a copy of this article to share with your patients or for family support, email [info@able-differently.org](mailto:info@able-differently.org).

**Child Advocacy Writing Challenge!**

Share your story with members of your community to help educate, inform, inspire and, in some instances, gain the attention of decision-makers. It’s a great way to generate attention and energy around child health issues YOU care about.

Submitting a letter to the editor or an opinion editorial will get more people involved and may persuade community leaders/elected officials to act! Check your local paper for instructions on submitting an article and if it’s published, send a copy to [office@aaputah.org](mailto:office@aaputah.org) for the Chapter to use in advocacy work.

Interested in learning more about the *Child Advocacy Writing Challenge?* Contact [Alisa Stoddard](mailto:office@aaputah.org) at [office@aaputah.org](mailto:office@aaputah.org). A tip sheet and list of Utah’s newspaper outlets with contact information will be provided.

**In the News:**


Interview about HPV Vaccine

**William Cosgrove, MD, FAAP**

August 24, 2016, Channel 2 News

**AAP Members Awarded!**

**AAP Special Achievement Awards** were given to Drs. Lou Allen, Claudia Fruin, Jennifer Plumb and Leslie McNaughtan, RN, MS-4.

**Lifetime Achievement Award** given to Dr. Harry R. Hill. It is an honor for the Utah Chapter of the American Academy of Pediatrics to recognize Dr. Hill’s lifelong contributions in the field of primary immunodeficiency diseases and other disorders associated with recurrent and often severe infections. His contributions have left a lasting legacy of care for children and adults. As well as medical education. Colleagues have stated, “Dr. Hill has always been a tremendous resource for helping detect, evaluate and manage both children and adults with immunodeficiencies in the practice setting. He has always made himself available and engaged in diagnostic evaluation of these complicated cases. His expert advice remains scientific and practical.”

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Congratulations!
Carrie Byington will be leaving in January to be the Dean of the College of Medicine at Texas A&M and the VP of Health Sciences. Carrie’s contribution to Pediatric Infectious Disease research nationwide has been a source of pride for Utah and the UTAAP. She has been an incredible addition to the work we are doing in Utah and will be greatly missed. Additionally, Dr. Byington was recognized with a standing ovation at Pediatric Grand Rounds.

Save the date for Common Problems Conference!
The Utah Chapter AAP will host its 39th Annual Common Problems in Pediatrics Conference on June 5-7, 2017 at the Education Center, Eccles Primary Children’s Outpatient Services, in Salt Lake City. One-day option available.

Three New Posters and Shareable Images Now Available from the Campaign for Dental Health

The Campaign for Dental Health is pleased to share three new posters and shareable images (memes) in Spanish and English. Designed to help share positive messages about community water fluoridation, health equity, drinking water, and children’s oral health.

A limited number of printed 18” x 24” office posters are available free of charge. To request copies, email CDH staff at fluoride@aap.org. Please include your address, which poster designs you would like to receive, what quantity, and which language you would like. Thank you for sharing!

Oral Health Reminder
Almost all insurance companies now cover application of fluoride varnish as part of a pediatric well child visit. Use this on toddlers who have not yet seen a dentist. If you want more info on how to implement fluoride varnish in your office contact Mark Valentine, MD Utah Oral Health Coalition AAP Representative mark.valentine@imail.org
“Resilience: A Double-Edged Sword?”

Hillary McClafferty, MD, FAAP
Email: mcclaffertyh@gmail.com
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Resilience is an important trait in physician wellness, yet are there times when we seek too much of a good thing? Taken to the extreme, resilience may predispose a physician to a sense of invincibility, underpinned by fatigue that can foreshadow burnout. The Merriam-Webster definition of resilience (noun) is: the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress. This reminds us that one’s capacity to rebound is not guaranteed. The frequency, duration, and intensity of stressors we experience as physicians are significant, and over time living with chronic stress can begin to feel like the ‘new normal,’ leaving us unable to pinpoint where the line between resilience and unrealistic accommodation blurs. Personally, I have spent more than enough time and energy recovering from an exaggerated sense of my own resilience. I now understand that as a preventive tool, resilience is best cultivated mindfully.

Healthy resilience can be learned, and it can be taught to others. It is typically characterized by specific traits that include: a strong sense of purpose; an internal locus of control; ability to accept current reality, tempered with a sense of optimism; realistic goal setting; emotional awareness; strong social connections; openness to challenges; flexibility; strong problem solving skills; identification as a survivor rather than victim; the ability to ask for help; consistent self-care; and the ability to keep stressful events in perspective. Building resilience is a critical life skill, especially in the practice of medicine. If cultivated thoughtfully and applied as a guiding principle by individuals, within institutions, and across the broader culture of medicine, a common goal of healthy resilience can help us shape a professional culture that promotes wellbeing and eschews burnout. To this end, let’s use the term resilience with clear intent, and model an approach to resilience that is based on self-awareness and a desire to promote a healthier practice of medicine through all levels of training and practice. Be resilient! Mindfully.

Funding Opportunities

AAP Community Pediatrics Funding Announcement
http://www2.aap.org/commpeds/funding.html

Healthy Tomorrows Partnership for Children Program
http://www2.aap.org/commpeds/htpcp/applying.html

CATCH Planning, Implementation, and Resident Grants - See Special Resident Grants for funding to support topics on early brain development, food security, poverty, social- emotional health, toxic stress, and working with schools to promote early literacy, mental health, pregnancy prevention, and violence prevention.

http://www2.aap.org/catch/funding.htm
Another academic year is upon us and with it comes the great promise of growth and progress. I am excited to be involved in the AAP’s Utah Chapter as the Young Physician Representative for 2016-2017. I grew up here in Utah and am a Ute through and through! I attended the University of Utah School of Medicine and also completed my pediatric residency through the University. Utah has been a great place to live, train and now practice. I couldn’t be happier for my training and truly feel fortunate for my experiences.

Despite my longstanding familiarity with the University, the transition from being a trainee to a practicing physician has been just that, a transition. To help ease this transition for new graduates, fellows, or physicians early in their career, like myself, the AAP has a Section on Early Career Physicians (SOECP) which supports pediatricians during the first 1000 days post-training. The goals of the SOECP revolve around several important areas, which include:

- Work/Life Balance
- Financial Health
- AAP Membership
- AAP Leadership
- Communication

For each of these areas, the SOECP has developed a subcommittee with opportunities for members from all chapters to get involved. On the AAP website section for Early Career Physicians, there are additional resources, from practical guides to an AAP mentorship program to programs for scholarships, grants or awards. There are also multiple communication boards helping to identify opportunities to participate in leadership training, networking, and advocacy. Make sure to check out their website to learn more about how the SOECP can become a resource for you and how to get more involved.

I am excited about this coming year and look forward to working with the AAP to serve as the “voice” of young physicians and to keep our Chapter informed of key issues and how to best meet the needs of young physicians. If you have any ideas or suggestions about how our local Utah Chapter can better meet your needs, or if you are interested in getting involved, please don’t hesitate to contact me. I would love to hear from you.

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**Workshop on Importance of Adverse Childhood Experiences**

The University of Utah Pediatrics Residency Program is coordinating with the Utah Chapter of the American Academy of Pediatrics, Primary Children's Hospital, HeadStart, and the Department of Health to host a two-day educational workshop on the importance of Adverse Childhood Experiences, the Toxic Stress Response, and their impact on developing children and healthcare providers. Our guest speaker, Dr. Dipesh Navsaria, will be leading us in a discussion on the breadth and depth of this important public health problem, and what steps we can take to better support children and families across our state. We hope to have participation from healthcare providers of all kinds, community health workers, and legislators, so that we can build partnerships that will lead to lasting positive change. Please join us in this discussion at Primary Children's Hospital on February 9th and 10th, starting at 8:00 am each morning.
Out-of-Hospital Births

The Utah Chapter AAP joins ACOG Utah Section in endorsing the new tools developed by the Out-of-Hospital Birth Subcommittee of the Utah Women & Newborns Quality Collaborative to facilitate transfers of planned out-of-hospital births in Utah and encourage you to use them in your practice. A guideline can be found at [http://health.utah.gov/uwnqc/documents/UtahBestPracticeGuidelines_FinalJuly2016_000.pdf](http://health.utah.gov/uwnqc/documents/UtahBestPracticeGuidelines_FinalJuly2016_000.pdf) and was created to facilitate inter-professional collaboration, communication and safe hospital transfer for mothers and their newborns. This document defines best practices for the transferring midwife, receiving provider and staff, and hospital/hospital system, and provides a downloadable Maternal Transfer Form and Neonatal Transfer Form.

The Subcommittee was created in November 2013 with the purpose of identifying quality improvement initiatives surrounding out-of-hospital births. The committee consists of a multi-disciplinary group of physicians, certified nurse-midwives, licensed direct entry midwives, other midwives and staff from the Department of Health, Maternal Child Health Bureau. Additional information and resources are available at [www.UWNQC.org](http://www.UWNQC.org) or by contacting Julia Johnson at juliajohnson@utah.gov or (801) 273-2871.

Welcome Aboard!

New member of the Utah Chapter AAP

Jordan C. Schramm, MD
Division of Pediatric Otolaryngology-Head & Neck Surgery, University of Utah School of Medicine

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**After hours Coding Question**

Q: We staff a call group in the evening for patients who require services after normal clinic hours (posted hours are M-F, 9:00 am to 4:30 pm). Patients can call to schedule an appointment after clinic hours (typically Thursday and Friday from 7:00 pm until 9:00 pm, Saturday 9:00 am to Noon). The clinic is staffed and is open during this time period. If a patient calls and schedules a time, then the physician will be notified and return to the clinic to see the patient. Patients have been educated that they can call and be seen during these hours. Would this be reported with 99050 or 99051?

A: We agree with AAFP. The hours that you are keeping “after hours” are still “office hours” and are staffed. Therefore this is 99051.

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**Early Hearing Detection & Intervention (EHDI)**

Stephanie Browning McVocar, Au.D., CCC-A, smcvicar@utah.gov
Michelle Tanner MEd., MSEdL, michellet@usdb.org

The first months and years of life are a critical period for brain development, including speech & language/communication skills, social and emotional development, and the pre-cursor skills for academic success. **Early identification of hearing loss and appropriate intervention can give a child the opportunity to reach their maximum potential.**

One of every five hundred infants in Utah is born with hearing loss. The incidence during school age is even higher – thought to be as high as one in seven adolescents. Knowing the process for timely **Hearing Detection**...continued on page 8
Hearing loss identification and referral is essential for pediatric providers.

The Early Hearing Detection & Intervention (EHDI) Program at the Utah Department of Health oversees all three audiology-related state mandates: 1) Newborn Hearing Screening; 2) the Cytomegalovirus (CMV) Public Health Initiative; and 3) the Children’s Hearing Aid Program (CHAP).

The Utah Early Hearing Detection and Intervention (EHDI) program goals are as follows:

All newborns receive hearing screening before discharge or before 10 days of age if born out of hospital.

For infants that do not pass, repeat hearing screening no later than 14 days of age.

If infants do not pass the second hearing screening:
1. Test for congenital Cytomegalovirus (CMV) infection before 21 days of age (urine or saliva PCR). For more information, go to health.utah.gov/CMV.
2. Complete a diagnostic hearing evaluation by a pediatric audiologist before 3 months of age. To find a pediatric provider in your area visit ehdi-pals.org or health.utah.gov/ehdi for the Utah Guide to Pediatric Audiologists (home page right-hand side).

If an infant or child is diagnosed with hearing loss, they should be enrolled into Early Intervention (Part C) services as soon as possible and no later than 6 months of age.

Who Qualifies to Receive Early Intervention Services?
The Individuals with Disabilities Education Act (IDEA) ensures that children identified with hearing loss receive free, appropriate early intervention (EI) services from birth to age 3 years. Baby Watch Early Intervention (BWEI) is the Part C program in Utah. This program provides early identification and developmental services for infants and toddlers, aged birth - three years, with a developmental delay or disability, and their families. For more information visit http://www.utahbabywatch.org/.

The Utah School for the Deaf and the Blind Parent Infant Program (USDB-PIP) is the contracted deaf/hard-of-hearing provider for Part C services and works in collaboration with BWEI to provide services as soon as possible after a baby has been diagnosed with hearing loss. A multidisciplinary team, including the family, will identify each child’s unique needs and develop an Individual Family Service Plan (IFSP)

A child qualifies for USDB-PIP if any of the following conditions exist:
1. A documented sensorineural or conductive hearing loss of greater than 20 dB in either or both ears;
2. Inconsistency in test results including Otoacoustic Emission (OAE), Auditory Brainstem Response (ABR) and/or booth testing;
3. A documented Auditory Neuropathy Spectrum Disorder diagnosis;
4. Failed Otoacoustic Emission (OAE) tests under the following conditions:
   a. Two (2) failed OAEs for children less than one (1) year of age, including the failed newborn OAE.
   b. Two (2) failed OAEs for children ages two (2) years and above, if the child is enrolled in the BWEIP with the delays in the area of communication.
5. At least three documented ear infections or episodes of middle ear fluid within a three to six-month period.

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Hearing Detection....continued

All referrals for USDB-PIP services should be sent to BWEI (utahbabywatch.org) at 1-800-961-4226. For specific questions about USDB-PIP services, contact the PIP Program Director, Paula Pittman at 801-629-4749 or paulap@usdb.org.

School-Aged Children:

For children 3 years and older that are diagnosed with a hearing loss there are many ways that USDB can be of service. Regardless of further medical testing or procedures that are done, USDB services can and should begin as soon as possible to ensure a productive future. The process for accessing USDB services is articulated in law and can sometimes be confusing for families.

The first step begins with requesting a complete evaluation from the local school district where the family resides:

Upon completion of the initial evaluation, a meeting will be held to determine if the student is eligible for an Individualized Education Plan (IEP). A USDB representative should be invited to this meeting where various placement options will be discussed, including USDB. Services from USDB for each student will differ based upon the needs of the student. If a family is unaware of whom to contact within a given district, USDB would be happy to provide this guidance. For this information or if there are any questions about when to involve the Utah School for the Deaf please contact the Associate Superintendent, Michelle Tanner at (801) 629-4711 or by email at michellet@usdb.org.

In Memoriam

Gill Sanders, MD, 1943-2016

Dr. Gill O. Sanders, beloved husband, father, grandfather, and friend, passed away on Thursday, August 25, 2016 of complications from Alzheimer’s disease at age 72.

Gill attended medical school at the University of Utah and extended his education with a residency and fellowship at the Children’s Hospital of Los Angeles.

Gill loved being a pediatrician. He cared for thousands of children with good humor and a winning bedside manner that would put any sick child and worried parent at ease. Gill often made house calls and "in-house calls," seeing patients in his own home and stitching them up on his kitchen counter.