

# HOOSIER PEDIATRICS

APRIL 2009  
Vol. XLV



**American  
Academy of  
Pediatrics  
Indiana Chapter**

Indiana Chapter—American Academy of Pediatrics—322 Canal Walk—Indianapolis, Indiana 46202—317-261-2060



## LAST PRINT EDITION

Dear Colleagues,

It is a privilege for us to fulfill the remaining part of Marilyn Bull's term as INAAP's President. Of course, it takes two of us to fill her shoes! Marilyn was recently elected to the Board of Directors of the AAP, so she will continue to support our efforts and keep us well informed of what is happening on the national level. Thank you, Marilyn.

This will be the last paper edition of *Hoosier Pediatrics* as we say goodbye to the **hardcopy** and hello to **the e-newsletter**. We look forward to providing better, more responsive (and greener!) information on our new and improved web site ([www.inaap.org](http://www.inaap.org)), including the 2009 INAAP Goals and updates on our strategic planning process. This is a work in progress so put this website in your "favorites" and check in regularly.

One of our main focuses this year will be the Medical Home. Medical Home is front and center for all primary care professions right now. Much progress is being made with the Physician Practice Connections – Patient Centered Medical Home (PCC-PCMH) [www.nacqa.org](http://www.nacqa.org). This is a program that recognizes physician practices that are functioning as medical homes, by assessing the use of systematic, patient-centered, coordinated care management processes. This recognition should also bring enhanced reimbursement for this work. Pediatricians can be proud that the medical home concept began in our profession decades ago. Ironically, we now have a responsibility to make sure that children don't get lost in the shuffle. For additional information about the medical home model of care, go to [www.medicalhomeinfo.org](http://www.medicalhomeinfo.org).

Despite the tough economic situation, our role as pediatricians has never been more critical. It's time for us to come together as a profession. Whether you can give an hour each week or an hour each month, INAAP is ready and waiting! It's more important than ever to do what's right for Indiana's children. What will be your role? School health? Senior Section? Legislative Advocacy? Young physicians? CATCH? Medical Home? Board member?

To learn more, come join us at the INAAP Annual Meeting and Luncheon on May 21<sup>st</sup> during the Childcare Conference at the Sheraton in downtown Indianapolis.

Your Co-Presidents,

Sarah Stelzner  
Dawn Haut

## APPOINTMENTS, AWARDS AND NEWS

**Two Riley Hospital for Children employees** – Laura T. Alter, BSN, RN and Wade Clapp, MD – were honored at the Leaders Forum and presented with 2008 President's Values Leadership Awards. Both Laura and Dr. Clapp exemplify the Clarian values of excellence in education, respect for life and mutual trust.

**Pediatric Nephrologist joins staff at Peyton Manning Children's Hospital**—Dr. Mona A. Zawaideh received her medical degree from Jordan University of Science and Technology in Irbid, Jordan, and is board certified in pediatrics and pediatric nephrology.

**Peyton Manning Children's Hospital begins a Pediatric Palliative Medicine Team**—Dr. Joanne Hilden, Medical Director at Peyton Manning Children's Hospital, passed the ABMS Board Exam for Hospice and Palliative Medicine. Now one of 46 pediatricians in the country with this credential, Dr. Hilden has launched the Pediatric Palliative Medicine Team at St. Vincent.

**The Indiana Commission for Women (ICW)** awarded two Riley Hospital for Children and Indiana University School of Medicine faculty, Drs. Margaret Blythe and Mary Rouse, with Torchbearer Awards at the Indiana's Salute to Women 5<sup>th</sup> Annual Torchbearer Awards gala. The *Torchbearer Award* is the highest award presented only to women by the state of Indiana.

**General and Community Pediatrics has its 3<sup>rd</sup> CME Pediatric Pearls conference** on Saturday, September 19, 2009. These events are held at Riley Outpatient Center (ROC) in the lower level (basement) in conference rooms A&B. The event has several speakers (at least 3 speakers) and continental breakfast is at 7:30 and event goes to noon. This event is sponsored by IU and is free to IU faculty and staff and any of its affiliates.



**Perinatal Perspectives and Breast-feeding Promotion** Recognized at the 7th Annual ISAE STAR Awards

The STAR Awards, the leading statewide honor for associations and not-for-profits, today named the Indiana Perinatal Network's *Perinatal Perspectives* as the Best Newsletter/Bulletin of 2008. The work was produced by staff and volunteers, led by Director of Public Policy and Special Projects, Caitlin Finnegan Priest MPH. The STAR Awards also named the Indiana Perinatal Network's Breastfeeding Promotion Initiative as the Best Community/Philanthropic Project of 2008. That work was produced by State Breastfeeding Coordinator, Tina Cardarelli IBCLC RLC CLE, and Perinatal Education Coordinator, Tina Babbitt RN MSN IBCLC. "The ISAE STAR Awards honors the outstanding work that is setting the standards for the association world in Indiana," said Leslie A. Murphy, Executive Director of ISAE. "The Indiana Perinatal Network's winning programs are a testament to the skill, ingenuity, and vision of the creators." The 7<sup>th</sup> Annual ISAE STAR Awards received over 80 entries from associations around the state of Indiana, almost double the 45 entries in 2007. The awards program, held at the new home of the Colts, Lucas Oil Stadium, also had record attendance, with 260 attendees.

**Peyton Manning Children's Hospital at St. Vincent** is excited to announce that our 10th annual Fall Pediatric CME Conference will be held on Wednesday September 30, 2009 at the Lily Conference Center at the St. Vincent Marten House on the northside of Indianapolis. The program has been very well received and attended in the past and is aimed at primary care pediatricians and family practice physicians and will cover such topics as:

Management of Obesity in Children and Adolescents  
Problems of Growth and Puberty  
Pediatric Cardiology, Nephrology, and Infectious Disease  
Pediatric Surgery...and more!

The exact times and CME are TBA.

**Antoinette L. Laskey, MD, MPH** to receive Outstanding Young Physician Award

Dr. Toni Laskey will be presented with the Outstanding Young Physician Award from her alma mater, University of Missouri School of Medicine, at the 52<sup>nd</sup> Annual Alumni Awards dinner and reception on Thursday, April 2 in Kansas City, MO. The Outstanding Young Physician Award is presented to distinguished alumni age 45 or younger.

Dr. Laskey is a forensic pediatrician at Riley Hospital for Children. Her area of expertise is abuse head trauma and child fatalities. Traumatic brain injury is the leading cause of abusive death in children and is especially common in abused children under the age of four. Each year, 1,500 children are killed in the U.S. due to traumatic brain injury.

**IUSM/Riley Physician Receives Humanitarian Award**

Dr. Suzanne Bowyer, Professor of Pediatrics IU School of Medicine and Director of the Section of Pediatric Rheumatology at Riley Hospital was honored with the 2009 Humanitarian Award by the Indiana Chapter of the Arthritis Foundation. This award was presented to Dr. Bowyer during the chapters' annual Fire and Ice Gala March 21<sup>st</sup>, 2009. Dr. Bowyer's steadfast dedication to the children of Indiana with rheumatologic disorders was recognized by the foundation. Riley Hospital has one of the largest and best Pediatric Rheumatology programs in the United States.

**SAVE THE DATE**

**ANNUAL BUSINESS MEETING & LUNCHEON—INAAP**

Thurs., May 21, 2009  
12:45 p.m.-2:45 p.m.

The Sheraton Hotel  
City Centre

## NEWS

**Dear Colleagues,**

This is indeed an exciting though challenging time in pediatrics. We are all reminded daily the current economic impact has on our patients and their families. The emotional insecurity for many far surpasses even the difficult financial reality in their lives.

When it is needed most families and the health care system in place to serve them may struggle to identify and provide the resources they need. This is the challenge.

The excitement, however, comes in the way of opportunity. SCHIP and the American Recovery and Reinvestment Act (ARRA), known as the economic stimulus package, offer hope for our states. The resources of the Federal Medical Assistance Percentage (FMAP) and its associated requirements are favorable for both patients and physicians.

The stimulus package also includes several items of great potential benefit to children including resources for Health IT, immunizations, early childhood education, and childcare.

Our advocacy responsibility is to ensure that our states seize the opportunity and ensure that these potential resources are utilized to their fullest advantage. The Division of State Government Affairs and the Department of Federal Affairs at your American Academy of Pediatrics stand ready to advise each of us as needed in the details of these endeavors.

Opportunities abound for pediatricians to employ creative advocacy in the weeks and months ahead. Watch closely for activity at your state level and advocate to ensure that we realize the very best results for our children.

Sincerely,

Marilyn Bull

Chairperson, District V

#### **DEVELOPMENTAL SCREENING PROGRAM -APRIL 20, 2009 MINI-GRANT APPLICATIONS AND REGISTRATIONS**

Jamie Felix, RN  
Mooreville

Kathleen Johnson, CPNP  
Martha Kinney, CPNP  
Jull Mouser, RN

Debi Kinnamon, MD  
Kokomo

Heanh Nguyen, MD  
Carolyn Landers, LPN

Sharon Gilliland, MD  
Indianapolis

Candace Adams, MA  
Hannah Sharp, MA  
Marilyn Roscoe Trice, MA

Joanne Chatten, MD  
Noblesville

Marla Kauffman, CPNP  
Gloria Nelson, RN

Cynthia Nassim, MD  
New Albany

Christopher Mescia, MD  
Brenda Stumler, Billing  
Atasha Fulton, MA

Lori Price, MD  
Indianapolis

Judy Brown, RN  
Rene Barber, RN  
Lolita Hartwell, Off. Mgr.

### **Medical Homes for Children of Women in Motion**

Driving through the near eastside of Indianapolis one quickly realizes the effects that poverty and crime have on families and neighborhoods. While broad based community initiatives have helped to recognize some of the needs and resources available in this area, access to health care has not been addressed. Through a program entitled Women in Motion, the Boner Community Center has partnered with other community organizations to address the needs of two specific at risk populations – women who have been incarcerated and women in transitional housing. Almost all of the women in the program are mothers. The current program helps to provide housing, job training, and comprehensive social work. The CATCH grant “Medical Homes for Children of Women in Motion” will assess the women’s need for information about their children’s health care and provide appropriate medical information about available health services. This project will assess the children’s need for a medical home and facilitate identifying such a home. A questionnaire and focus groups will assess the need. Based on identified needs, we will connect the mother’s with community resources and develop educational materials to address the issues.

### **Unique Training DVD Coming Soon!**

The Indiana Perinatal Network, in cooperation with the IU School of Medicine, ISDH and Indiana March of Dimes, will be releasing a comprehensive, CME-approved provider training DVD addressing substance use during pregnancy. Entitled “Integrating Screening and Treatment of Substance Use into Routine Prenatal Care”, this training program incorporates practical role-play scenarios with clinical and research-based material and interventions. The DVD features the work of Dr. James Nocon, Clinical Associate Professor, IU School of Medicine and Director of the Prenatal Recovery Clinic at Wishard Memorial Hospital.

For more information, go to [www.indianaperinatal.org](http://www.indianaperinatal.org) or call 866-

### Increase in Hib Cases as Hib Shortage Continues

As we surpass one year without adequate supplies of Hib vaccine, we are faced with the possibility that there won't be enough single antigen Hib vaccine available to complete the primary series in all Indiana infants.

*Haemophilus influenzae* type b (Hib) causes severe bacterial infections in infants and young children. Before the introduction of the Hib vaccine, *Haemophilus influenzae* b was the leading cause of bacterial meningitis in children younger than 5 years of age, killing 2-5 children per every 100 stricken, and causing neurologic or hearing impairment in 15% - 30% of the survivors. Before the availability of a the Hib vaccine, it was estimated that about 20,000 cases of invasive Hib disease occurred annually, with more than 60% of cases reported in children younger than 12 months of age. Since licensure of the Hib vaccine, we have seen a 99% decrease in incidence of invasive *Haemophilus influenzae* type b (Hib), a vaccine success story that should be celebrated.

**Increase in Hib Cases** Minnesota has seen an increase in *Haemophilus influenzae* type b (Hib) cases in children younger than 3 years of age. In 2008, there were 5 confirmed cases of Hib, including one death. This serious disease has been uncommon since routine use of Hib vaccine began over 15 years ago. The last case in Minnesota prior to 2008 was in 1991.

Before widespread use of the vaccine, Hib disease struck over 20,000 children per year in the U.S. Although Hib bacteria normally circulates in the community, the current Hib vaccine shortage is jeopardizing the cushion of protection high immunization coverage provides, making infants even more vulnerable.

When the Minnesota Department of Health looked at immunization rates in their vaccine registry, they found an 18% difference between eligible children who had received the third dose of DTaP and PCV7 and those who had received the third dose of Hib vaccine. Data from Indiana shows a similar trend. Almost 15% fewer eligible Hoosier children have received the third dose of Hib than either DTaP #3 or PCV7 #3.

In 2008, Indiana had two reported cases of Hib in children who were unvaccinated due to parental refusal. CDC has initiated enhanced surveillance to look for Hib disease in children across the country. To date, CDC has not identified any additional clusters of Hib disease outside of Minnesota, but it continues to work with the states to follow up on any suspected cases and urges providers to report cases to their health departments.

**So what do we do now?** We know that if we don't complete the primary series of Hib in children who are under 12 months of age, we are leaving them susceptible to invasive Hib disease, long hospitalizations, and potentially devastating consequences.

The CDC has acknowledged the difficulties this shortage has imposed on vaccine providers, and has made the following recommendations:

- Continue to complete the primary Hib series for all patients.
- If you do not have single antigen Hib vaccine, you may substitute any combination vaccine for Hib, provided that there are no contraindications to other components of the vaccine.
- Continue to defer the Hib booster given after 12 months of age until the vaccine supply has been reestablished for most children. Please note that immuno-compromised children, Native Alaskan or American Indian children, or other high risk children as defined by the CDC should continue to receive the booster dose.
- Use a reminder/recall system to track children who have had their Hib booster doses deferred.
- Surveillance of Hib cases is particularly important to monitor the impact of vaccine shortage. Therefore, any isolates of *Haemophilus influenzae* from sterile sites should be submitted to the ISDH lab for serotyping.

For more information on Hib and the Hib vaccine shortage, please contact the Indiana State Department of Health Immunization program at (800) 701-0704 or [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov)



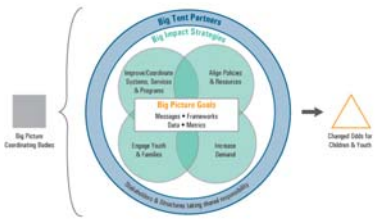
### The INAAP, Section on Young Professionals

The INAAP, Section on Young Professionals and Section on Adoption and Foster Care held an event focused on international adoption medicine. Physicians experienced in international adoption were in Indianapolis to speak at an annual national conference sponsored by the Joint Council on International Children's Services. Two of these nationally and internationally known experts on adoption medicine, Dr. Dana Johnson and Dr. Elaine Schulte, agreed to

share their time with local pediatricians for an evening lecture and question and answer session. Dana E. Johnson, MD, PhD, is a professor in the Division of Neonatology at the University of Minnesota. He co-founded their International Adoption Clinic in 1986. Elaine Schulte, MD, MPH, is the Chair of General Pediatrics at Cleveland Clinic Children's Hospital. She is the medical director for their International Adoption Program. The evening was a great success, with 22 attendees. Special thanks go to Dwight Harwood, hospital account manager for Abbott Nutrition, who helped facilitate the grant process to provide funding for the event. Thanks also to Harry and Izzy's Restaurant for providing exceptional service and accommodations. Dr. Julie Keck, co-chair for the local Section on Adoption and Foster Care and the medical director for the International Adoption Clinic at Riley Children's Hospital hosted the event. Dr. Julie Keck took the opportunity to encourage membership for both INAAP Sections on YP and Adoption and Foster Care.



## NEWS



### America's Promise Alliance

During the fall of 2008, representatives from twelve communities (Indianapolis, Houston, Jackson (MS), New Orleans, D.C., NYC, Oakland, Detroit, ATL, Chicago, Louisville, and Nashville) were invited to a conference in Washington, D.C. organized by America's Promise Alliance. The purpose of this summit was to learn about America's Promise Alliance then engage discussion pertaining to solving an issue that currently plagues the nation: the increasing high school drop out rate. America's Promise Alliance is a foundation that was started by General Colin Powell and Mrs. Powell during the late 1990's to coordinate services to America's youth with the help of national nonprofit organizations. They believe that we can graduate 15 million students within the next five years nationwide if we start implementing the "Five Promises"; providing caring adults, a safe place, a healthy start, an effective education and opportunities to help others. These principles, statistics based on our individual communities and concepts utilized in the past were discussed as a general group then we were divided into our cities with the objective of generating ideas to accomplish our common goals.

There were associates from the different auxiliaries in Indianapolis, IN involved in the discussion: myself (INAAP), John Brandon (President of the Marion County Commission on Youth and leader/point man for our summit), David Klinkose (Executive Director of IN Afterschool Network), Tish Pyritz (Director of School Counseling Catholic Charities of Indianapolis), Derec Redelman (Vice President, Education and Workforce Development Indiana Chamber of Commerce), Joseph Slash (President of the Indianapolis Urban League), Bill Stancykiewicz (President and CEO of the Indiana Youth Institute), Eugene White (Superintendent IPS) and Rich Whitten (Chief Professional Officer of the Boys & Girls Clubs of Indianapolis). We identified common problems causing this crisis such as lack of funding, psychosocial issues, uneducated parents and lack of school programs. We then defined our primary goal, which was to implement strategies to increase our graduates who are prepared for the post-secondary education/workfield to eighty-five percent. In order to accomplish our goal, we talked about informing all the auxiliaries of Indianaolis and conducting our own summit (August 2009).

Since the conference, there have been several meetings including a webinar. During these sessions, we have discussed using an initiative called "Ready by 21" to serve as the framework for accomplishing the common goal. We intend to come together collectively and provide better leadership through big impact strategies (please see diagram from <http://www.forumforyouthinvestment.org/readyby21/about/blueprint>): improve/coordinate systems/services/programs, align polices/resources, engage youth and families and increase demand. When we act as a collective body we will accomplish our primary goal which will change the odds for youth and children.

### Chapter Advocate Training On Oral Health (CATOOH)

I recently had the opportunity to attend the Chapter Advocate Training On Oral Health (CATOOH) with other Pediatricians and Dentists from around the country. One of the first discussion points we had centered on our lack of training during residency given the breadth of the problem. The Surgeon General's report from 2000 and the Oral Health Initiative by our own academy in 2002 highlight the need for more training and action especially in those children 0-3 years of age.

We see most of our patients at least 12 times during those key first years of life and are in a great position to fight the epidemic of early childhood caries (ECC). ECC are five times more common than asthma and seven times more common than allergies. We must acknowledge that oral disease has serious consequences: pain and infection, hospitalization, death (Deamonte Driver 2/07), disruption of normal activities, speech and eating problems, growth problems and the expanding list of disorders it impacts in our general health. There are many links with periodontitis which induces inflammatory cytokines/prostaglandins and associations with systemic diseases. Examples include: pancreatic cancer, diabetes, heart disease, stroke, osteopenia, LBW infants (5.4% vs. 3.6%), pre term labor (11% vs. 6.4%) and dementia (30-40% increased risk).

The list of worries on our plate as Pediatricians is large and growing. We are often stretched thin with increasing demands from all sides. Being asked to do *just one more* task during our routine well checks can be overwhelming. However, the risks are real and serious and we have the power to prevent or modify the disease.

Here is a brief taste of some of the things we can do. Many of us are already doing a lot of the dietary teaching needed to limit the frequent consumption of carbohydrates, especially sippy cups/bottles with fruit juice, soft drinks, powdered sweetened drinks, formula, or milk (acids produced by bacteria after sugar intake persist for 20 to 40 minutes). Outreach to your local dentists and help establish an early dental home for your patients. Educate ourselves on performing the oral health exam and what we need to be looking for (<http://www.aap.org/commpeds/dochs/oralhealth/grantee.cfm?ID=43>). We need to educate our families with anticipatory guidance relating to oral health. Encourage fluoride supplementation as recommended. Become familiar with fluoride varnish and its quick, easy application and benefits for those who can not establish a dental home. Fluoride varnish administered just once per year can decrease cavities by 50%.

If I can be of assistance, answer any questions or provide any other information please feel free to contact me, [james-ndir@yahoo.com](mailto:james-ndir@yahoo.com).—James Livermore MD FAAP

## NEWS

**How Do We Miss Child Abuse? By Not Looking Carefully Enough**

By Catherine DeRidder, MD, Tara Harris, MD, Antoinette Laskey, MD, MPH, FAAP, Kimberly E. Applegate, MD, MS, FAAP

While our awareness of the high prevalence of child abuse has increased over recent years, we have also become more aware of how many cases are missed, sometimes with sensational media coverage. In all too many cases, there is an attempt to evaluate an infant or young child with a skeletal survey, but the survey is done incompletely and subtle injuries are not visible or are overlooked. Physicians are then falsely reassured that there are no injuries, and the child remains in an unsafe environment.

The skeletal survey is a comprehensive study to evaluate an infant or child for suspected physical abuse. Both the American Academy of Pediatrics<sup>2</sup> (AAP) and the American College of Radiology<sup>1</sup> (ACR) have guidelines detailing the required radiographs to appropriately study the entire appendicular and axial skeleton of these children.

The presentation of child abuse is quite variable and ranges from obvious fractures of the long bones to subtle injuries of the ribs, long bones, and even the fingers and toes. Children may not have external evidence of inflicted fractures, such as bruising or swelling. Therefore, it is only with a complete skeletal survey, which includes at least one view of each section of the extremities, skull, and spine, that we can obtain enough data to assess a child's potential injuries.

The AAP/ACR recommends a minimum of 20 radiographs:

<u>Appendicular skeleton</u>	<u>Axial skeleton</u>
Humeri (AP)	Thorax (AP and lateral)*
Forearms (AP)	Pelvis (AP; including mid and lower lumbar spine)
Hands (oblique PA)	Lumbar spine (lateral)
Femurs (AP)	Cervical spine (AP and lateral)
Lower legs (AP)	Skull (frontal and lateral)
Feet (AP)	

\*Oblique views of the thorax should be considered to increase the detection of rib fractures per AAP policy<sup>2</sup>.

AP=antero-posterior view

The hands may be radiographed together on one radiograph and the feet together for a single radiograph.

Nationally, pediatric institutions continue to struggle to meet these recommendations. Kleinman et al.<sup>3</sup> surveyed 107 children's health care facilities throughout the United States on their skeletal survey protocols and found that only 11% obtained more than the minimum of 20 images. However, the majority of children's facilities obtained separate frontal and lateral views of the axial skeleton and frontal views of the appendicular skeleton. It is not known how community and general hospitals perform their skeletal surveys in these young children.

**Dr Scott Denne and PROS Chapter Coordinator Dr. Deborah D. Radecki met in Boston at the AAP National Conference and Exhibition on October 10<sup>th</sup> and 11<sup>th</sup>.**

The group heard updates on the launching of two network projects – *Brief Motivational Interviewing to Reduce Child BMI (BMI<sup>2</sup>)* and *Clinical Effort Against Secondhand Smoke Exposure (CEASE)*. Each study tests an innovative approach to delivering effective pediatric care on a topic of major clinical and public health importance.

An update on the Secondary Sexual Characteristics in Boys (SSCIB) study of pubertal onset emphasized that the study still needs new study sites – especially practices and clinics that see substantial numbers of African American and Latino children. SSCIB offers valuable training on the assessment of pubertal development plus enhanced reimbursement for sites with high minority populations.

Coordinators approved a proposal on evaluating a practical “common factors” approach to addressing the behavior problems that arise in office visits. Coordinators also reviewed and requested revisions of a new proposal on preventing oral health problems in infants and toddlers.

Attendees heard an excellent presentation on coordination between primary care medical homes and specialists. They also listened to updates on recently concluded PROS studies, the latest PROS publications, and new grant applications on several topics: pediatrician-mediated teen driving interventions, teen smoking cessation, and best treatment for children with persistent asthma.

For further information about PROS, go to <http://www.aap.org/PROS/>. For information about getting involved in PROS activities in Indiana, contact PROS Chapter Co-Coordinator Carol Litten Touloukian MD at [toulouki@indiana.edu](mailto:toulouki@indiana.edu) or Deborah D. Radecki MD, MPH at [dradecki@stvincent.org](mailto:dradecki@stvincent.org)

## NEWS

## New Method of Provider Reporting to Improve Birth Defects Data

This is a reminder that **health care providers (HCPs) are required by law (IC 16-38-4-7) to report all children less than 3 years with at least one birth defect (up to 5 years for autism and fetal alcohol syndrome) to the Indiana Birth Defects and Problems Registry (IBDPR).**

The IBDPR collects reportable congenital anomalies from HCPs to: monitor the frequency of birth defects in Indiana, detect trends/clusters, develop educational/prevention programs, and establish referral systems.

Information from HCPs is essential to the validity of the IBDPR prevalence data, as some conditions (such as autism and FAS) require physician reporting since they are not usually diagnosed at birth and have been severely underreported to date. The IBDPR is a public health authority as defined in the HIPAA Privacy Rule at 45 CFR 164.501 and is authorized to collect Protected Health Information by Indiana Code 16-38-4.

In order to improve data collection from physician offices, ISDH has begun utilizing a web-based reporting system called the Health Data Center Gateway.

**Individual HCPs or Office Managers who report on behalf of several HCPs need to create an account within this system.** To create an account:

1. Obtain the security code by calling Ruwanthi Silva at 317-233-7571.  
Access the ISDH Health Data Center Gateway at <https://healthdatacenter.isdh.in.gov/Gateway/RegisterUser.aspx>.
2. Enter required fields.
3. Enter **Security Code**.
4. Choose your Organization Type and Organization.
5. When finished, click "Submit."

After successful registration, providers can log into the ISDH Health Data Center Gateway at <https://healthdatacenter.isdh.in.gov/> using their username and password. ISDH staff will activate each account; if activation takes longer than 24 hours, please send a message via the "Contact Us" link. Further information about reporting and the IBDPR may be obtained at [www.birthdefects.in.gov](http://www.birthdefects.in.gov).

### A Community Pediatrician's Guide to Supporting Military Children During Wartime

By CPT Bonnie Geneman, MD - Resident Pediatrician and MAJ Keith M. Lemmon, MD, FAAP Uniformed Services West Chapter Vice President, Adolescent Medicine Specialist Madigan Army Medical Center – Department of Pediatrics, Ft. Lewis, WA

In today's era of multiple deployments, there is an entire generation of military children affected by the absence of one or both parents. Even though we do not practice in a city with a large military base, we have many children and families who have loved ones deployed. Many of these children affected may have a parent who is in the National Guard. Indiana ranks 17 out of 50 states of the number of Reserve and Guard Forces deployed.

By recognizing that a military member's deployment has a variety of impacts on his or her family, pediatricians are in a unique position to help the child and

family and offer resources that may benefit the family.

Many parents notice behavioral changes in their children before, during or after parental deployments. This is not unusual and is most appropriately addressed through meaningful discussion. Younger children and toddlers often do not understand the concept of deployment or even conceptualize long absences. They may, however, notice that a beloved parent is not there to tuck them in at night or read them a story. Developmental regression (i.e. bedwetting, return of separation anxiety, baby talk) is a common phenomenon seen with young children who experience a big change or life stressor. With increased age comes increased understanding and with increased understanding may come fear. Fearing that a parent may forget about a child, become injured or fail to return from deployment is all too common. Additionally, many older children face increased responsibilities at home, which helps fill the void left behind by the deployed parent. Some adolescents feel bitter or angry, some feel depressed, others are consumed by fear and yet others channel

their emotions via rebellious and troublesome behavior.

If these behavior changes are anticipated and addressed proactively, military youth can be expected to tolerate military deployment stress well and even thrive if they are actively engaged by their community and Family.

Many Families are beginning to learn that there are a variety of resources available specifically focused on military children and adolescents. These programs include the Military Youth Deployment Support Video Program, Operation Purple Camps, Zero to Three – Coming Together Around Military Families, Military One Source, the Army Behavioral Health Website as well as several other great resources worth exploring. Families may not realize the valuable resources their pediatrician can provide during such stressful times. Pediatricians offer valuable developmental and behavioral expertise to families while being intimately aware of the importance that cultural issues, such as belonging to the military culture, play in overall family well being.

# YOUR OFFICERS SERVING YOU

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