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American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Kentucky Chapter

## Office Based Pediatrics

### FREE CME MEETING ON AUGUST 21, 2010

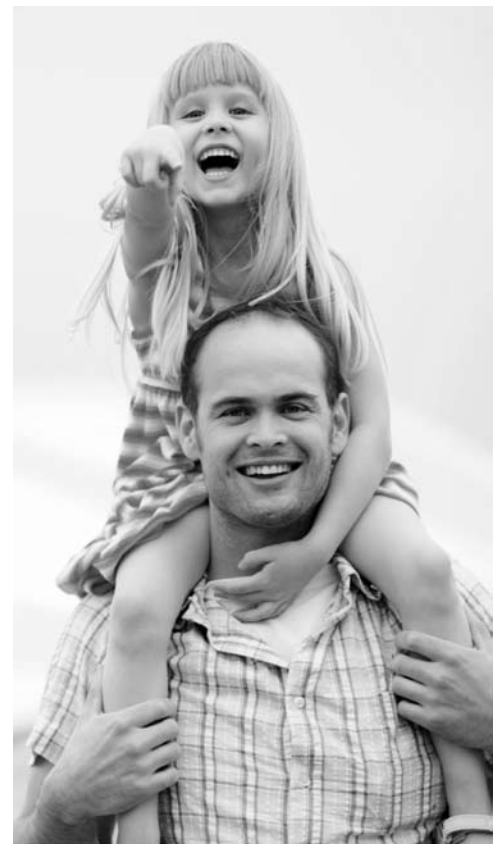
**SAVE THE DATE FOR A FUN FAMILY WEEKEND AND A GREAT OPPORTUNITY FOR CME.**

The KY Chapter of the AAP is sponsoring its 5th annual summer meeting at the Barren River State Resort. The theme of our CME meeting is again "Office Based Pediatrics." Our CME committee has developed an outstanding program and we have added new events and programs for this year. Our program is designated for 4.5 hours of CME.

New this year is a Friday workshop called Pediatric Obesity Intensive: Mobilizing your Community to Combat this Epidemic. Obesity is a major problem in KY and this workshop addresses that issue. The Preconference intensive will address how to address obesity issues in your office and how to forge relationships with community members to help your patients. It will, also, discuss specific statewide issues regarding activity and nutrition in schools and communities. This activity is designated for 6 CME hours.

What a great deal! 10.5 hours of FREE CME for our members. All you have to do is attend both sessions. Registration for both is in the CME meeting brochure and this newsletter.

We are very proud of our CME meeting. Our topics this year are developed from input from last year's attendees and requests sent from our members. Dr. Tom Badgett, Chief Medical Officer KY Medicaid will speak on "Pediatric Dermatology, Best of Telederm." Tom's dermatology lectures are always interesting and I am sure this will be no exception. Dr. Stan Block will then speak on "Pediatric Vaccines 2010-Current Issues and Trends." With Stan's background in vaccine and vaccine research, this should be most informative.



Our final talk of the first session will be "How Much Does It Cost to do Business" by Mr. Deron Bibb, President Paradigm Management Solutions, LLC. This should be a very practical talk for all of us in primary care. The second morning session will start with Dr. Mary Fallat, chief of Surgery Kosair Children's Hospital, who will speak on "Pediatrics Surgery, Conditions seen in Pediatric Offices." This should be a very exciting topic. Dr. Chris Pitcock, Louisville Family and Sports Medicine and Team Doctor Louisville Cardinal basketball team, will discuss "Return to Play"-guidelines for players after head injury. This is a topic that

*(continued on page 9)*

KENTUCKY CHAPTER OF THE AAP

# Office Based Pediatrics

Come join the fun! Early arrival, Friday BBQ for all, families too! And, don't forget to take advantage of free family boat rides on Saturday!

## FREE Registration and CME for Chapter Members

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

- I plan to attend the Friday afternoon workshop: Pediatric Obesity Intensive
- I plan to attend the Friday evening BBQ: \_\_\_\_\_ # adults \_\_\_\_\_ # children

*(check one below)*

- Physician, Current member of Kentucky Chapter, No Charge
- I'd like to donate the money I'm saving on FREE CME's to the Kentucky Pediatric Society Foundation. Please accept my donation, payable to: KPS Foundation
- Non-member of Kentucky Chapter \$50 (prior to August 1), \$75 (after August 1)
- Current Resident/Fellow/Medical Student, No Charge

Make check payable to: Kentucky Pediatric Society  
 MAIL payment and completed form to: Kentucky Chapter of the AAP (KPS), 420 Capital Avenue, Frankfort, KY 40601  
 FAX completed form to: 502.223.4200 (www.kyaap.org)  
 QUESTIONS? 502.875.2205  
 Registrations must be received by AUGUST 15th

## NEW! Healthy Strides Podcast Series

Introducing Healthy Strides, a podcast series presented by the Kentucky Chapter of the American Academy of Pediatrics. In this series, host Dr. Robb Rettie of Danville Pediatrics facilitates conversations with pediatric specialists, legislators, and discipline experts to address issues of importance to pediatricians in Kentucky. Enjoy the new series!

To subscribe to the Podcasts, and automatically receive new programs when they are published, copy the URL below and paste it into your favorite podcasting tool (e.g., iTunes, iPodder). The program materials are also available via this page. You may also copy and paste this URL into your RSS reader

<http://www.inquisit.org/HealthyStridesKYAAP/KSPodcast.xml>

### Childhood Obesity Discussions—3 New Podcasts below!

1. Host Robb Rettie, MD welcomes Christopher Bolling, MD in a Healthy Strides Series discussion on childhood obesity.
2. Host Robb Rettie, MD welcomes Anita Courtney, M.S., R.D., Public Health Consultant for The Partnership for a Fit Kentucky in a discussion on specific programs
3. Host Robb Rettie, MD welcomes Anita Courtney, M.S., R.D., Public Health Consultant for The Partnership for a Fit Kentucky. This Healthy Strides discussion features the policy priorities of The Partnership for a Fit Kentucky and current legislative issues being addressed by the 2010 Kentucky General Assembly including the menu labeling bill and the healthy kids act.

# KENTUCKY Pediatrics

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## Kentucky Pediatrics

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*The Editor reserves the right to edit submissions for spelling, punctuation and style to conform to the Associated Press style guidelines. All submissions are published at the discretion of the Editor.*

## Next Issue

Fall 2010



## MESSAGE FROM THE PRESIDENT

This has been a challenging year for Pediatricians throughout our state. This past fall, we dealt with the H1N1 epidemic and immunization program. Offices not only had to obtain and administer the H1N1 vaccine but, also, especially if you had to deal with Sanofi's partial shipment plan, had to obtain enough seasonal flu vaccine to give to your high risk patients while explaining to other patients why they could not have a flu shot yet. Also, we dealt with the renumbered codes for Newborn Care and its subsequent 20-

30 % reduction in KY Medicaid reimbursement. Despite the National AAP and the KY Chapter best efforts, we were not able to change the Medicaid policy. Now we are facing competition from Retail Based Clinics in Wal-Mart, Kroger's, Walgreens, and CVS Pharmacies, some even managed by one of our major hospital chains in KY. To add insult to injury, in Louisville, one elementary school attached discount coupons for physicals at Kroger's to the Sixth Grade Physical examination forms they sent home.

What can we as Pediatricians do to meet this challenge? Our Academy is the only major Primary Care Academy to take a stance against RBC's. The AAFP will work with them if they meet their treatment guidelines and policies and the AMA is willing to talk with them. The AAP opposes the retail-based clinics [RBC's] as an appropriate source of medical care for infants, children and adolescents and strongly discourages their use, because the AAP is committed to the medical home model of care.

The AAP, as do most all Pediatricians, objects to the clinics for the following reasons:

### Fragmentation of Care

1. Because the RBC does not have access to the medical history of the child, they must base their care and diagnosis on information provided by parents or care-givers. We all know that in situations such as with the non-custodial parent or a new care-giver how inaccurate this information may be.
2. If a child has chronic conditions such as asthma or history of food allergy, an RBC delivering this care without full medical history is not in the patient's best interest.
3. No standard of care. RBC's do not follow clinical guidelines endorsed by the AAP. Also, they are not required to have oversight and do not have an MD on site for consult. At a clinic near my office, all sore throats get a throat culture and a prescription for Zithromax.
4. If the RBC's do a camp or sports physical, they do not have access to immunization history. This can lead to children not getting necessary vaccines as check-ups are when we as peds update their vaccines. A worst case scenario would be if children are given duplicate vaccines because their immunization record is unavailable.
5. In many insurance plans, if a child gets a sports physical at an RBC's, the insurance company will not pay for another physical for one year. This prevents the child and his family from receiving a physical examination in their medical home with all the inherent advantages to this exam, such as screening for metabolic, emotional, and developmental and growth problems. Also, updates on immunization and follow-up on previous health problems and concerns'
6. No follow-up. I do not know about your office, but I have received only one follow-up report or copy of clinic notes from a child seen at RBC.

### Lack of Pediatric-Trained Medical Providers

1. Most NP's in RBC's are trained in Family Practice. This means that they must complete only a two month rotation in Pediatrics. This is particularly worrisome because no physician is on site for consultation. In contrast to the RBC's, our offices use pediatric certified nurse practitioners who have a minimum of two years of pediatric training. Also, in our offices, we have a pediatrician on site for consult and we review and sign their office and hospital charts.
2. At this time, no one agency regulates RBC's so they are not required to meet the standards that our offices must meet.

(continued on page 7)



# THE BOTTOM LINE MANAGING PEDIATRIC OBESITY – AND GETTING PAID FOR IT

By Michael Kuduk, MD, FAAP & Chapter Practice Council Co-Chair

Over the years, epidemics of deadly infectious diseases have been eliminated first by antibiotics, then by immunizations. Pediatric practice has changed dramatically over the past ten years, with less emphasis on infectious diseases, and more emphasis of chronic conditions, such as asthma and ADHD. The newest “epidemic” to hit our offices is the wave of overweight patients. They pose a special challenge in management, needing timely, and time-consuming, counseling, as well as long term longitudinal management. They also pose a special challenge for coding and payment, as nearly all insurers have clauses in their policies which deny payment for charges using obesity as the primary diagnosis. In the past, I have received several questions regarding getting payment for services related to obesity. This article will address those concerns and provide your office with a strong coding framework, which hopefully will allow proper payment for the valuable services you are providing.

There is an ever-increasing stream of evidence which is suggesting that anticipatory guidance at well visits, as well as intervention in the medical home, can stop, or reverse pediatric obesity. Several studies suggest that the medical home, or patient’s primary care provider, is the best place to receive this guidance, as patients tend to trust their primary care provider’s advice more than any other health professional. Providing this care in the face of multiple denials from insurance companies and Medicaid is frustrating at best, and puts your practice at increased financial risk if the services are continually denied. Here are some suggestions for minimizing denials:

1. Use the well care codes where applicable, especially for the initial visit. The initial workup of an obese pediatric patient involves nearly all, if not all of the items and procedures done for a well exam. If the patient has not had one within the past year, code for the checkup, as it will better reflect the work you did at the visit.
2. Avoid using 278.0\_. This is the code for obesity in the ICD-9 book, and it is uniformly rejected by nearly all payors.

3. Code for co-morbidities. Nearly all obese pediatric patients have one, or more associated co-morbidities. Using these codes not only increases your chances of getting paid, but their inclusion on the chart will prompt and focus your follow up visits, as these are issues which will need to be addressed at every follow-up visit. Here’s a short list which, by all means, is not all-inclusive:

- 250.\_\_ Diabetes mellitus
- 790.29 Impaired glucose tolerance (pre-diabetes)
- 272.0 High cholesterol
- 272.1 High triglycerides
- 780.57 Sleep apnea
- 327.23 Obstructive sleep apnea syndrome
- 786.09 Dyspnea/shortness of breath
- 277.7 Metabolic syndrome
- 7\_\_.\_ Pain in \_\_\_\_ joint or extremity
- 256.4 Polycystic ovary syndrome
- 401.9 Hypertension
- 701.2 Acanthosis nigricans
- 626.1 Oligomenorrhea
- 626.0 Amenorrhea
- 704.1 Hirsutism
- 259.1 Premature adrenarche
- 573.9 Abnormal liver function enzymes
- 732.2 Slipped capital femoral epiphysis
- 348.2 Pseudotumor cerebri
- 574.\_ Cholelithiasis

4. If all else fails, code for increased BMI. The codes to use are V85.53 for pediatric BMI from the 85th to the 95th percentile, and V85.54 for pediatric BMI greater than the 95th percentile. Medicaid has assured me that they will recognize and pay for these codes; however I cannot say the same at this time for private insurers.

The Kentucky Chapter of the AAP has other resources available to assist in your management of pediatric obesity. Check out their website at [www.kyaap.org](http://www.kyaap.org). As always feel free to email me with any questions or suggestions you may have, about this or any other practice management topic. My email address is [kuduk@mikrotec.com](mailto:kuduk@mikrotec.com).

**C A L E N D A R**

- June 19** *Obesity Provider Intensive, Natural Bridge State Park, 9AM-3PM*
- July 8-11** *AAP District IV meeting, South Carolina*
- Aug. 20** *Obesity Provider Intensive, Barren Rivers State Resort Park, 1PM-7PM*
- Aug. 21** *Office Based Pediatrics, Barren River State Resort Park*
- Oct. 2-5** *AAP NCE Mtg, San Francisco*
- Oct. 26-27** *22nd Annual Career Day for Residents, Shaker Village*



**MESSAGE FROM THE EXECUTIVE DIRECTOR**

Congratulations to all who helped distinguish the Kentucky Chapter, a recipient of the 2010 AAP's Chapter Award of Excellence! Honorees are selected by District Vice Chairs who review and rate accomplishments noted on Chapter annual reports. This past year included successes such as the innovative launch of the Group Purchasing Organization partnership. In addition, the Chapter continues to host successful physician education and advocacy programs and is committed to addressing significant children's health challenges in the Commonwealth. Most notably, the Chapter has demonstrated an extraordinary commitment to combating

childhood obesity. The following is a current snapshot of the engagement by the Chapter on this important issue:

1. Congratulations to Dr. Chris Bolling who is serving as the physician lead on a new Chapter grant awarded by NICHQ/AAP and the CA Medical Foundation. The grant funds will support two obesity intensives whose aims are to train providers to engage as advocates at the community level in the fight against childhood obesity (See article on page 10 for further details)
2. Walking Works-A Path To Fitness Program. Now in its second full year, the program has served more than 890 overweight/obese 9-14 yr. olds in the Louisville, Lexington and N. Kentucky areas. Additionally, 165 pediatricians have referred patients into the program and more than 250 medical students and residents at UK, UofL and UC have served as health coaches.
3. NEW! Healthy Strides Podcast series recently launched with three segments focused on childhood obesity. Host Dr. Robb Rettie of Danville Pediatrics interviews experts who share their knowledge in an effort to educate and empower pediatricians to take action in their communities.
4. PAK Group (Pediatricians Advocating in Kentucky). As a result of a recent quarterly meeting, PAK chair, Dr. Dan Stewart encouraged PAK members to initiate a meeting with Kosair Children's Hospital officials in an effort to affect change including healthier options offered by the hospital cafeteria. And, the members advocated for changes in the resident McDonald's menu choices and labeling.
5. Legislative Advocacy and The Healthy Child and Nutrition Act. Chapter leadership continues to actively support this legislation and works collaboratively with more than twenty other grassroots agencies toward passage of this bill.
6. AAP's Let's Move Campaign in partnership with the Whitehouse will be supported and promoted by the Chapter. Pediatricians will be asked to utilize free "Healthy and Fit" prescriptions and distribute to overweight and obese children. The prescriptions include the importance of the 5210 plan and of daily physical activity.

And lastly, Dr. Chris Bolling will deliver a presentation on evaluating the overweight and obese child at the annual CME Mtg event, August 21 at Barren River State Resort Park—you won't want to miss this intensive workshop!

These efforts above are a reminder of how effective the Chapter can be as an instrument for positive change. Thanks to those of you leading the efforts on obesity and to all those working in other areas of advocacy. You have earned the Chapter Award of Excellence and I thank you for your time and commitment to the association and to the children of Kentucky!

**Mary York**  
Executive Director

# Unsedated Auditory Brainstem Response (ABR) Evaluation: The Easy Test

By Ingrid Edwards, Au.D., Audiologist, Heuser Hearing Institute and Arun Gadre, MD, Medical Director, Heuser Hearing Institute, Associate Professor of Otolaryngology Head and Neck Surgery, University of Louisville



transient acoustic stimuli that are presented to the ear. These take the form of clicks or tone bursts. The electrical responses to these stimuli are picked up by surface electrodes placed on the forehead and near the ears. In response to the stimuli different parts of the auditory system are stimulated and the waveform so generated is represented by waves I through V. Waves I and II are from the ipsilateral stimulated ear, while the later waves have multiple generators within the auditory system.

The ABR is unfortunately a small response and is hidden within the general EEG activity of the patient, which is 100 times larger in amplitude. In order to extract the signal (ABR) from the noise (EEG) thousands of sound stimuli are presented rapidly (20-30/sec) and an averaging computer is used to nullify the random waveforms of the EEG while extracting the signal from it. Therefore, in order to get reliable responses it is important to

minimize the background EEG activity. Movement further adds to the difficulty in extracting the signal for noise.

Historically, then the Auditory Brainstem Response could only be obtained in a quiet, sleeping baby with minimal surrounding noise and no electrical interference. For healthy infants, sleeping is easy. For unhealthy babies and babies with extended Neonatal Intensive Care stays, a quiet, sleeping baby in a room with no external noise or electrical interference is a tall order. In short, the very children needing reliable, conclusive results were the most difficult to test. Those infants often required sedation to obtain reliable results. Meeting requirements for sedation leads to expensive test procedures, personnel and testing suites. Additionally, due to personnel and necessary equipment, sedation is only practical in hospitals where electrical interference is a maximum risk. To reduce the effects of electrical interference, hospitals have invested in expensive systems and Faraday cages. This combination of needs leads to very expensive set up costs which far exceed the cost of the Auditory Brainstem Response evaluation.

With the latest technology which is now available, an Auditory Brainstem Response evaluation can be obtained on an awake, active child in any quiet environment with minimal concern for electrical interference. A combination of in-situ signal amplification and wireless signaling eliminates the need for sedation to reduce muscle artifact and protects from electrical

Three in every 1000 children born in the United States have hearing loss. Nationwide, our early hearing detection programs are identifying more than 95% of those children at birth. Crude tests such as the startle response to sound have given way to more precise and objective tests such as the Auditory Brain Stem Evoked Response Audiometry or ABR (also called Brain Stem Evoked Response Audiometry BERA) and the Otoacoustic Emission tests. Conventional audiograms are subjective and depend upon the patient's response to demonstrate that he/she has indeed heard the softest sound for any given frequency. Babies, infants and toddlers are consequently unable to perform the test. Additionally it is hard to determine the auditory thresholds of children who are mentally subnormal or autistic. ABR serves another function. It can be helpful in diagnosing the etiology of sensorineural hearing loss. It is possible, for example, to locate the site of the lesion and differentiate between cochlear and retrocochlear pathology. It is thus possible to tell if a lesion such as an acoustic neuroma is present and is the cause of unilateral sensorineural hearing loss in adults. Auditory evoked potentials are used further for hearing aid fittings, monitoring of hearing loss for children at risk for progressive loss and ototoxicity.

## What is Auditory Brain Stem Evoked Response Audiometry?

Auditory evoked responses are electrophysiologic recordings of responses to sound. The ABR is generated in response to

*(President's Message continued from page 3)*

### **Public Health Concerns**

1. Potentially contagious cases are being seen in retail stores thus exposing many healthy people who are simply out shopping. Recently I saw a febrile child sitting on the "bench" awaiting the NP for 15 minutes at least. In this store, the clinic was near the frozen foods, books and videos; you can imagine how many people were exposed as they walked by him during this interval.

What can we as pediatricians do? Your KY Chapter has already held two meetings with the Baptist Hospital chain which plans to operate the clinics in Wal-Mart. The Chapter President, along with National AAP representatives, participated in a conference call with Humana Medical Director to discuss the Minit-clinics. The Director understood our concerns in regard to check-ups and immunizations and is working to resolve this issue. The Chapter has, also, sent letters to newspapers and hospitals and plans to continue our education project.

We need to educate our patients regarding the potential dangers of taking their children to RBC's. When you talk to or meet with insurance carriers or Passport or Medicaid reps, be sure to discuss the RBC's along with your other concerns. If you go the Practice Management Online at the AAP website, they have many resources for these discussions ranging from policy statements to talking points. Point out to the carriers your concern regarding fragmentation of care for children. Please encourage the carriers not to lower co-pays at RBC's. Insist, as the AAP recommends, that there be communication from the RBC's to our offices within 24 hours of an encounter. Also, ask what guidelines the RBC's follow and express your concern about the \$35 camp physicals. Emphasize the importance of the physical for adolescents. The examination performed by you in your office deals not only with the physical health of the child, but also, the mental and emotional health of the patient. The examination you perform represents an opportunity for education, screening, diet counseling, immunizations and discussion of topics such as grades, smoking, alcohol, sex, STD's, etc.

We need to educate the public by sending letters to newspapers or doing interviews for news media if they ask. The AAP has talking points if you are asked to do such talks or interviews. <http://practice.aap.org/content.aspx?aid=1947&nodeID=1109>. You can go to Practice Management Online and search RBC's.

Our offices need to respond to this challenge. The AAP suggests evening and weekend hours to avoid parents having to miss work. Another option is early morning hours. Many offices do this already. If your office does not, you may want to evaluate these options. The AAP suggests immunization clinics such as for flu shots in the evening or afternoon. Many practices found this approach very beneficial. Many of you will say that we work enough already and I concur but extending hours may be necessary to meet the challenge of RBC's.

Most importantly, we need to educate our patients and their families about the value of pediatric care. We need to tell our families that we are the experts when it comes to delivering health care to children. We need to explain that after four years of medical school, we went on to complete a three Pediatric Residency and received instruction in every area by experts in their field. Our training and experience are far better than the Nurse Practitioner in the RBC, who lacks the training and supervision to accurately diagnose and treat children on consistent basis. We need to educate our families that our office is a medical home. Pediatricians provide excellent care for children and we need to explain this to our parents. At Practice Management Online, there are templates for letters to give your parents about RBC's and why not to obtain their care there. We should tell our families that referrals, refill prescriptions, letters to insurance or follow-up questions from RBC's cannot be provided as we were not involved in the RBC's care. Whenever these requests come in, the patient should be brought to the office for re-check because we had no role in their initial care. If you do receive a follow-up note on a visit to RBC's, consider calling family and asking why they went to the clinic.

The RBC's are in competition for our patients. We, as Pediatricians, need to respond to this challenge. Our best response is to educate the public, insurance carries and most importantly our patients that our offices provide superior care compared to the RBC and that the RBC's are not an appropriate site of care for children.

**Stephen Church, M.D., FAAP  
President**

interference. A mathematical construct called Kalman filtering is also used. Here instead of averaging all signals (quiet and noisy) the noisy signals have less of a representation in the average signal than the quiet ones. A huge advantage is the ability to obtain reliable results in environments that are not friendly to ABR recordings. Operating rooms and NICUs are such environments. They tend to be acoustically and electrically noisy. Using the new technology it is possible to obtain ABRs without sedation or general anesthetic. This reduces operating room cost, and the risks from sedation and anesthesia small as they may be. Using the new technology it is now possible to obtain the ABR in the office setting as well. The time taken to get the child to sleep or be quiet is also saved. This new technology shows great promise and is borne out by the experience of our audiologists at the Heuser Hearing Institute.

Clinically, babies and children can be tested in a patient and parent friendly environment. The test can be completed while the parent holds the infant in their arms, feeds, or walks them around the test suite. A toddler or child can be tested while they watch a movie, play with quiet toys or have a snack. In the opinion of our audiologists, the test has made reliable results attainable in toddlers and other difficult to test patients. While behavioral audiometry remains the gold standard for serial evaluations of hearing impaired children and adults, the ability to test an active child has almost eliminated a report of inconclusive results due to child tolerance. The end result is earlier identification, intervention and management.

In summary, several tests are available for the early detection of hearing loss in infants and children. The ABR provides an objective record of the integrity of the auditory system. The test as it is conventionally administered is cumbersome and fraught with external interference, which can make data unusable or even useless. Newer devices are now available which obviate the need for sedation and special equipment making it possible to reliably administer the test. It adds one more tool in the armamentarium of the audiologist in the hard to test child.



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[abbottnutrition.com](http://abbottnutrition.com)

1. Williams T, Choe Y, Price P et al: *Microb Ecol* 2009;57(3):584.  
2. Data on file 2009, Abbott Nutrition, Columbus Ohio.  
3. Ben XM, Zhou XY, et al: *Chin Med J (Engl)* 2004;117(16):927-931.  
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 **Abbott**  
Nutrition

(continued from cover)

arises frequently in our offices. The morning session will close with the President's "Chapter Update": an update of what your Chapter of the AAP is doing and how you can get involved.

The afternoon session will showcase three of our most requested topics. , Dr. Chris Bolling will discuss "Office Evaluation of the Overweight and Obese Child." Dr. Chris Peters will discuss "Pediatric Depression-Diagnostic Treatment Challenges." Our final speaker will be Dr. Deborah Flomenhoft, Assistant Professor of Internal Medicine and Pediatrics UK, who will discuss "Celiac disease."

The CME Committee will continue the 30 minute lectures format that was so popular last year. Also, new this year, members of our Chapter Executive Committee, Council Chairs and Officers will join the attendees at lunch to discuss the chapter, chapter opportunities and more importantly any concerns or suggestions you have about how the Chapter can help our members or the children of the Commonwealth.

Don't worry— we will continue all the favorites from last year. We will have our Friday Evening Welcome Barbeque for all attendees and their families. We will, also, continue the boat rides after the meeting.

We have planned this activity as a family activity. We encourage everyone to bring your families and enjoy the boating, fishing, golf, horseback riding, hiking, biking and just quiet and beautiful surroundings that Barren River offers.

To make attendance easier, the Chapter has reserved a block of rooms for Friday and Saturday nights at the Barren River Lodge. Room reservations are the responsibility of the attendees and can be made by calling the Barren River State Resort reservation desk at 800-325-0057—mention you are with the Pediatric group.

Please join us for a great meeting of CME, family fun, fellowship with other pediatricians and beautiful surroundings. Should be a great weekend for everyone.

# Calling All Pediatricians With an Interest in Breastfeeding!

By Elizabeth Doyle, MD, Co-Chapter Breastfeeding Coordinator, KY AAP

Kentucky held a Breastfeeding Summit April 21 in Bowling Green, Kentucky as a pre-course for the meeting of the Kentucky Dietetics Association.

Here is some more information shared at the Summit:

Kentucky has persistently lagged near the bottom of the nation in the numbers of babies being breastfed. By improving the conditions for breastfeeding in our state, we can not only provide short-term health benefits for our youngest citizens; we can also provide long-term protections against obesity, infectious disease, hypertension, diabetes and cancer. The Breastfeeding Summit is an opportunity for citizens to join together in shaping a healthy future for our children.

Target Audience: RD, RN, MD, IBCLC, LLL members and Leaders, hospital administrators, legislators, public health officials, early childhood advocates, mothers, fathers and babies.

## Objectives

- Describe the current state of breastfeeding incidence and duration in Kentucky
- Identify best practices for supporting breastfeeding families
- Determine barriers and opportunities for breastfeeding protection, promotion and support
- Formulate strategies and infrastructure to improve breastfeeding outcomes.

If you want to get more involved in advocating for breastfeeding initiatives via the KY Chapter of the AAP, please contact me at [bethdoyle@bellsouth.net](mailto:bethdoyle@bellsouth.net)

# Kentucky Chapter of the AAP Fighting Pediatric Obesity in Hardest Hit Communities... And How You Can Too

By Chris Boiling, MD, FAAP Pediatric Assoc., Crestview Hills Former Medical Director, CCHMC, Center for Healthy Nutrition and Weight

As the state chapter for the American Academy of Pediatrics, the Kentucky Chapter has successfully obtained a grant from the National Initiative for Children's Healthcare Quality (NICHQ), the California Medical Society Endowment and the Robert Wood Johnson Foundation to train primary care providers to implement and advocate for programs that reduce pediatric obesity. Kentucky was one of seven states to receive the award and members of KPS have been travelling to Atlanta, Chicago and rural Kentucky to prepare for these trainings.

The Kentucky project, PEDIATRIC OBESITY INTENSIVE: MOBILIZING YOUR COMMUNITY TO COMBAT THE EPIDEMIC, is based around the principle that counties and especially rural counties in southern and eastern Kentucky, where pediatric obesity has one of the highest prevalence rates in the nation, represent a unique opportunity. Rural counties are manageable units that

typically have one school system, a limited number of medical providers, single health departments and county seats with readily identifiable resources and leaders. Pediatricians, family practitioners and allied health providers can provide valuable assistance to community based and county-specific obesity prevention plans.

To learn evidence based ways healthcare providers and communities can prevent obesity, motivated providers and community members are invited to attend one of two free 6 hour training sessions to be held this summer at **Natural Bridge State Park on Saturday June 19th or Barren River State Park on Friday, August 20th.** Physicians can earn up to 6 hours of CME as well. Topics covered will include how the pediatric obesity epidemic is affecting Kentucky, what really works to prevent obesity and where resources exist to help individual communities be successful in the fight against obesity.



Participants are expected to leave with progress toward a county-specific obesity prevention plan.

To register for either of these FREE informative and motivating sessions, please contact Mary York, Executive Director of KPS at [maryyork@kyaap.org](mailto:maryyork@kyaap.org). You can also visit [www.kyaap.org](http://www.kyaap.org) calendar of events for a link to online reservations.

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Kentucky Chapter

Please Check one:  Saturday, June 19  Friday, August 20\*

Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Occupation \_\_\_\_\_


Email Address \_\_\_\_\_ Phone \_\_\_\_\_

\* If you're planning on attending the Office Based Pediatric meeting the following day, you may use the meeting registration form and check the workshop box. (See page 2)

**ONLINE REGISTRATION:** [www.kyaap.org/joomla/poi.html](http://www.kyaap.org/joomla/poi.html)

MAIL payment and completed form to: Kentucky Chapter of the AAP (KPS), 420 Capital Avenue, Frankfort, KY 40601

FAX completed form to: 502.223.4200 ([www.kyaap.org](http://www.kyaap.org)) QUESTIONS? 502.875.2205



*A healthy, happy  
tomorrow is every  
parent's mission.*

*It's ours, too.*



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**Kentucky Chapter of the AAP Fighting Pediatric Obesity in Hardest Hit Communities... And How You Can Too**



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