

Minnesota Pediatrician

Minnesota Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



MNAAP represents Minnesota's pediatricians and pediatric providers, committed to protecting and advancing the health of every child and adolescent in Minnesota through advocacy, education and special projects.

Fall 2023

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Statement of Purpose

Minnesota Pediatrician

is dedicated to providing balanced, accurate and newsworthy information to Minnesota pediatricians about current issues in pediatrics and the actions of the Minnesota Chapter of the American Academy of Pediatrics. Articles and notices cover organizational, economic, political, legislative, social, and other medical activities as they relate to the specialty of pediatrics. The content is written to challenge, motivate, and assist pediatricians in communicating with parents, colleagues, regulatory agencies, and the public.

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Word from the President: Eileen Crespo, MD, FAAP



Autumn anxiety is a term I heard recently. It is the feeling of upheaval that comes when shifting from a relaxed, carefree summer mode to the many changes that come with fall, such as back-to-school, cooler weather, and a fuller and more hectic schedule of events and activities.

I've had a few friends and colleagues undergo significant shifts recently. Some are just cutting back on their schedules and some are making radical changes to their lives and careers. It is a good reminder of the saying, "The only constant in life is change."

As physicians, we not only adapt to change, but we help our patients and families navigate adjustments as well. Sometimes they are undergoing a developmental shift in their child or teen; other times they may be coping with the news of a diagnosis that feels like it came out of nowhere.

I believe it is our reaction to change that makes us feel better or worse. In situations where we cannot alter our circumstances, we have power over our emotional response. That control can give us a sense of confidence or peace as we move through the change.

I hope as we head into the fall months, you don't have a case of autumn anxiety, but if you do, know that you are not alone. If your feelings are more than a reaction to a change of pace or the new season, please seek support. We have a list of physician resources at www.mnaap.org/physician-burnout-recommended-reading-and-resource-list/ and you can also contact your employer to discuss how help is available to you.

Here's to managing the ups and downs of this crazy roller coaster of life we're all on.

Eileen Crespo, MD, FAAP
MNAAP President



Building on Legislative Successes

Chad Fahning, MNAAP Lobbyist



The entire autumn season is sacred to me. I love the bustling atmosphere of the new school year, the roar of a college football game, posing for "candid" pictures at an apple orchard, and yes, I also enjoy a pumpkin spice latte here and there.

But today's autumn air seems especially light. That might be because this school year, Minnesota's children will enjoy free school meals for the first time. It might be because we have a comprehensive paid family and medical leave program in this state. Another reason might be that, come April, Minnesotans will feel the benefits of the new child tax credit passed by the legislature. All these items, among the many others we pushed through this session, will help children and families in this state.

But there's always more work to be done. We passed comprehensive firearm safety measures last year – expanded background checks and Extreme Risk Protection Orders – but safe storage requirements and required reporting of lost or stolen firearms were left on the table. We passed the PRO Act and legal protections for physicians offering reproductive healthcare, but there are still laws on the books in Minnesota restricting access to care. It is now illegal to subject kids to the barbaric practice of conversion therapy, and the legislature passed a law ensuring access to gender-affirming care, but there is still more to be done for the health, safety, and wellbeing of our kids.

Yes – we should revel in our victories from this past session. Your cider should taste a little sweeter and your flannel should feel a little warmer. But pediatricians across the state must bring the same dedication, organization, and passion to the

Capitol in 2024, and much of that work begins now. We need to build on our successes to ensure that Minnesota is the best place in the world to be a kid and raise a family.

Please participate in MNAAP advocacy events and stay up-to-date on opportunities to engage with lawmakers so that when the legislature reconvenes on February 12, we are ready to effectively advocate for the next generation of Minnesotans!

Stay Connected!

MNAAP sends updates and alerts to members throughout the legislative session to help them stay informed about important matters of child health.

Make sure you've received these emails in the past by doing a quick inbox search for messages from "MNAAP Policy Co-Chairs Sue Berry, MD, FAAP, and Hannah Lichtsinn, MD, FAAP" and by adding 'venable@mnaap.org' to your contact list.

This will ensure you always receive the news and information that pertains to advocacy opportunities and updates.

Chapter Honors Achievement and Dedication with Annual Awards

Each year, the Minnesota Chapter of the American Academy of Pediatrics honors chapter members and individuals in the community for their dedication to the health and wellbeing of Minnesota's children and adolescents with the Distinguished Service Award and the Eric Dick Child Advocacy Award. The Distinguished Service Award is presented to a pediatrician for dedicating their life to improving care for children in Minnesota. The newly named Eric Dick Child Advocacy award honors MNAAP's late lobbyist and is presented to a person or organization from the community who goes above and beyond in their everyday routine to advocate for children, embodying the importance of advocacy that Eric strove to instill in our chapter.

Chapter President Eileen Crespo, MD, FAAP, announced the 2023 award recipients at the annual meeting on Sept. 21. We applaud these individuals for their commitment to advocacy and advancement on behalf of Minnesota's youth.

2023 Distinguished Service Award Edward Kaplan, MD, FAAP (posthumously)



Dr. Ed Kaplan (Feb. 1936 - March 2023) left a legacy in pediatrics through his research and his mentorship of hundreds of young physicians. Dr. Kaplan was a pediatric cardiologist and infectious disease physician who pioneered critical research in Streptococcal infections. He served as head of the World Health Organization Collaborating Center on Streptococci. Many MNAAP members remember Dr. Kaplan as a professor at the University of Minnesota where he educated and encouraged young physicians.

Dr. Kaplan continued to contribute a breadth of research to pediatrics even after his retirement in 2013, with many articles for medical journals and chapters in medical books. He was awarded the Gold Headed Cane award in 2015, an honor given for excellence as a physician. MNAAP leaders recognize Dr. Kaplan's impact on pediatrics both in Minnesota and worldwide.

2023 Eric Dick Child Advocacy Award Angela Kade Goepferd, MD, FAAP



Angela Kade Goepferd, MD, FAAP, is a force for good in the corner of LGBTQIA+ youth in Minnesota. In addition to their roles as chief medical officer, chief of staff, and medical director of gender health at Children's Minnesota, they are also a tireless advocate for gender affirming care and equitable health care for children, teens and their families. The chapter's leadership recognized Dr. Goepferd with the 2023 Eric Dick Child Advocacy Award for their efforts to ban the dangerous and destructive practice of conversion therapy in Minnesota, and to establish the state as a trans refuge state during the 2022-23 legislative session.

Dr. Goepferd is a positive, encouraging presence for their patients and families. They represent the epitome of an advocate: a compassionate voice that continues to bring forward the needs and rights of their patients for representation and inclusion.

MNAAP Values

Advocate for all children and their families and serve as the resource to child health policy makers so that children and teens of Minnesota achieve their maximum potential of physical, mental and social well-being.

Champion causes that provide opportunities for physician wellness, recognize the value of pediatric medicine, and prevent professional fatigue.

Collaborate and network with others to create a shared vision to guide ongoing improvement of children's health and serve as a resource for pediatric healthcare.

Act as the statewide **resource** to connect pediatric healthcare providers, to engage members' talents and to increase the effectiveness of physicians and staff through advocacy, networking and educational opportunities.

MNAAP Policy Roundtable Discussion

This virtual event will help inform the advocacy issues the chapter will focus on in the upcoming legislative session.

No one knows better than pediatricians what the children and teens of our state need to be healthy and protected.

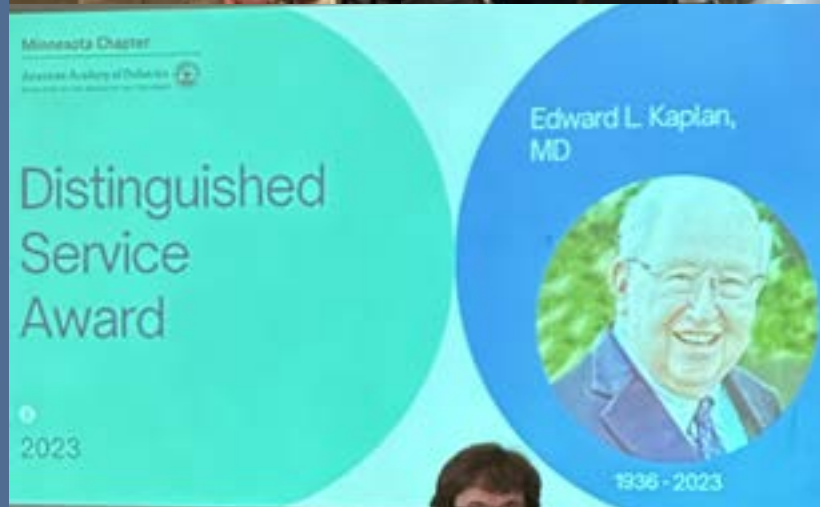
Nov. 16, 2023
via Zoom
6:30-8 p.m.

RSVP:
www.surveymonkey.com/r/MNAAPRoundtable



Laughter and Memories Shared at First In-Person Annual Meeting Since 2019

About 50 people enjoyed time together at the chapter's annual meeting and reception, held Thursday, Sept. 21, at Urban Growler Brewing Company in St. Paul. The event marked the first time chapter members have gathered together in-person for an annual meeting since the spring of 2019. A brief formal program, hosted by Chapter President Eileen Crespo, MD, FAAP, gave attendees a look back at chapter accomplishments and initiatives that took place over the previous year. Chapter Lobbyist Chad Fahning also provided a review of the major legislative accomplishments that were history-making for Minnesota's children and families. We are already looking forward to the 2024 annual meeting!



Residents, Medical Students Encouraged to Apply for Advocacy Scholarship

MNAAP is now accepting applications for the Eric Dick Memorial Advocacy Scholarship. The Eric Dick Memorial Advocacy Scholarship is awarded annually to one or more residents or medical students to engage in legislative advocacy projects aimed at improving the health and wellbeing of children in Minnesota – particularly those focused on eliminating health disparities.

The scholarship is named after MNAAP's longtime lobbyist, Eric Dick, who passed away in January 2021. Eric worked tirelessly to advocate on behalf of Minnesota's children and teens, and was passionate about helping medical students and early career physicians learn the ropes of legislative advocacy.

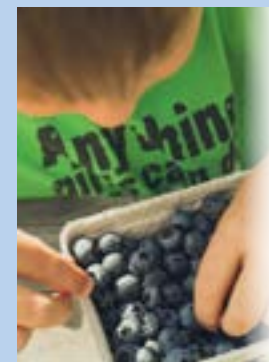
Applications are due by 5 p.m on Friday, Oct. 27, 2023.

Award decisions will be announced no later than Friday, Nov. 10, 2023. Advocacy scholars will be supported in implementing their projects by MNAAP's Public Policy Work Group co-chairs and lobbyist. In 2023, we will award up to two scholarships ranging from \$2,500 - \$5,000, depending on the scale of the project. Use the QR code to access the application.



Food Insecurity Referral Project Leads to Major Tech Connection

from staff reports



A project designed to streamline the Minnesota Women, Infant, and Children (MN WIC) referral process for physicians and clinic staff is headed into its next phase with the creation of a statewide data-sharing system. The project, funded by an AAP Food Insecurity grant, aimed to close the loop between families and the MN WIC program through the touchpoint of routine clinic visits. The project examined how creating EMR referrals to the WIC program and sharing patient information can promote WIC enrollment and encourage sustained participation.

The project piloted a read-only system between Hennepin Healthcare and Hennepin County WIC that allowed a workflow to be integrated into a clinic visit record. According to Dr. Diana Cutts of Hennepin Healthcare, it was encouraging to see how the collaboration between the medical provider and WIC was enhanced.

"The focus on how technology can be helpful on both sides of this relationship," said Dr. Cutts. "No more fax machines, no more mailing. It is appropriate for what's possible these days. It helps everyone be more efficient. We were able to move some boulders in this process and create a connection that everybody benefits from. It's been a really great gift to all of us involved."

MNAAP is working with several partners including Ramsey County WIC, Minnesota WIC, and Hennepin County WIC to create a closed-loop family referral system between providers and the state's Women, Infant, and Children (WIC) agency. The next step will be for the Minnesota Department of Health to help create a statewide system for referrals, as well as sharing vital statistics data.



Minnesota Begins Universal Congenital CMV Screening: How Is It Going So Far?

Mark R. Schleiss, MD, FAAP; Charles Huskins, MD, FAAP; Emily Harrison MD

On February 6, 2023, Minnesota became the first state to screen all newborns for congenital cytomegalovirus (cCMV), the most common infectious cause of pediatric disability in the United States. Most children born with cCMV are asymptomatic and have normal developmental outcomes, but up to 15 percent will have sensorineural hearing loss (SNHL). The need to monitor for SNHL is the driving force behind universal screening. This breakthrough in newborn screening was made possible by the passage of the “Vivian Act” in 2021, legislation driven by parental advocacy coupled with advances in biotechnology that made newborn dried blood spots sufficiently sensitive for newborn screening.

Since the advent of this newborn screening test, substantial numbers of infants with cCMV have already been identified. What is recommended if you, as a primary care pediatrician, receive a report from the Minnesota Department of Health (MDH) Newborn Screening Program that an infant’s cCMV screen is positive?

- At this time, it is recommended that the infant have a PCR test of urine to confirm the cCMV diagnosis.
- Evaluation should focus on the question of whether the infant has any signs or symptoms of cCMV. The history and physical exam are of great value. Was there a history of intrauterine growth retardation/SGA? Did the newborn demonstrate low birth weight, petechiae, microcephaly, hepatosplenomegaly, or other rashes? Did the baby “refer” on the newborn hearing screen? Does the baby have any neurological findings on the newborn physical exam that are abnormal?
- Additional studies to help define whether the infant

has CMV disease (versus asymptomatic infection) are recommended, including a complete blood count (including differential leukocyte count and platelet count), hepatic function tests, a cranial ultrasound examination, and ophthalmologic evaluation. If there is any uncertainty about cranial ultrasound findings, it can be very useful to have the imaging study reviewed by a pediatric radiologist. In some cases, MRI imaging might be warranted. A diagnostic algorithm for confirmed cCMV cases can be found on the MDH Newborn Screening Program’s website at: <https://www.health.state.mn.us/people/newbornscreening/program/cmvm/followup.html>

- A detailed audiologic assessment (preferably an auditory brainstem response, or ABR) is warranted in all cCMV cases: pediatricians should not just rely a routine newborn hearing screen at the time of newborn nursery discharge. This is important both to establish a baseline and establish a relationship with an audiologist for future follow-up. Ongoing care with an audiologist with specific pediatric training is preferred, when possible. As many as 75 percent of infants with eventual SNHL due to cCMV pass their newborn hearing screen and have normal hearing at birth.
- Not all infants with cCMV need to be referred to a pediatric infectious diseases (ID) specialist. As ID clinicians, we note that most evaluations are being appropriately handled by primary care pediatricians and family practitioners. We are available, however, for consultation with primary care physicians if there is uncertainty on interpretation of laboratory, imaging, or clinical findings, or to review and discuss any cases identified by the newborn screen.

(continued on next page)

- Consultation with a pediatric ID specialist can be particularly useful in making decisions about antiviral therapy. Antiviral therapy is of no proven benefit for infants with cCMV who are asymptomatic at birth. However, if an infant has signs or symptoms of cCMV disease, including abnormal ultrasonographic or laboratory studies, or an abnormal audiological evaluation, then discussion with an ID physician is recommended in considering the value of treatment.
- All infants with cCMV should have regular follow-up audiological assessments. Guidelines for audiological monitoring recommendations can be downloaded at the MDH web page at: <https://www.health.state.mn.us/diseases/cytomegalovirus/professionals.html>

Pediatric ID providers at the Mayo Clinic, the University of Minnesota Medical School, Hennepin Health, and Children’s Minnesota are available to assist Minnesota pediatricians with questions and, as needed, referrals for cCMV. ID providers available for consultation are listed at: <https://www.health.state.mn.us/people/newbornscreening/providers/bloodspotresources.html>. Excellent educational resources on cCMV for primary care physicians are available at <https://www.health.state.mn.us/people/newbornscreening/program/cmvm/resources.html>. Physicians can also utilize resources for parents, families and caregivers that are available for download at the MDH website at <https://www.health.state.mn.us/diseases/cytomegalovirus/parentpkt.pdf>



Parent advocates Leah Henrikson and Steph Steidl are pictured here with their children, Vivian Henrikson Hank Steidl at the initiation ceremony for the new cCMV screening program. Both Vivian and Henry were born with cCMV. The “Vivian Act” is named after Vivian.

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MNAAP Work Group News

Anti-Racism & Disparities

The Anti-Racism & Disparities work group is looking ahead to spring with plans to host a retreat to bring members together in an energizing session of planning and visioning. The group is also the chapter's point of contact for a new contract initiated with the YWCA to help further embed diversity, equity, accessibility and inclusion in the MNAAP culture and operations. The Anti-Racism & Disparities Work Group next meeting is set for Monday, Dec. 11, from 12:15 to 1 p.m. via Zoom.

Early Childhood

It has been a monumental year for investment in the littlet Minnesotans, thanks in part, to all the MNAAP members who spoke up for children who can't speak for themselves. Yet, all this positive change yields more opportunity and more work to do! This year, our chapter will have monthly meetings or lectures about the ways we can advocate at the policy level for prenatal to five health and investment. We will also talk about how we can bring important programming into our daily practice. Our next meeting is Oct. 27, at 12:10 p.m. via Zoom. If you believe in the power of the first 1,000 days to change a life course, then please join us!

Behavioral/Mental Health

The Behavioral/Mental Health work group continues to work on the Minnesota Pediatric Mental Health Access Program MOC 4 focused on depression screening in LGBTQ+ and BIPOC communities. We are looking forward to learning more about how we can have open, affirming screening and supportive conversations around mental health from the youth in our community partnerships.

Definition:
work-group
/'wɜrkgrō'op/

- 1) a gathering of people concerned about a particular topic.
- 2) a great way to get involved with MNAAP.

The MNAAP work groups were formed as part of the chapter's strategic priorities plan to address areas in which change or improvement would benefit the lives of Minnesota's youth. During a work group meeting, members often identify opportunities for collaboration, potential projects to take on, or other ways to advocate for their cause. Email Bethany Venable (venable@mnaap.org) for more information.

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AAP Recognizes Chapter for Equity, Diversity and Inclusion Efforts



The American Academy of Pediatrics (AAP) recognized the Minnesota chapter's work in equity, diversity, and inclusion at the recent Annual Leadership Conference at the AAP headquarters in Illinois on August 3 - 6.

Chapter President Eileen Crespo, MD, FAAP, (pictured on right) and President-Elect Katie Smentek, MD, FAAP, (pictured on left) attended the conference and accepted the Inspire Change Award on behalf of the chapter.

MNAAP recognizes that racism and race-based violence create unsafe and unhealthy environments. Racism must be addressed on all levels: from racial inequities that are embedded in systems, policies, and practices to individual and professional accountability and transformation.

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Niyati Patel, MD

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“Caring for a Newcomer Patient During the Initial Well Child Check in Pediatric Primary Care”

Follow the case example of a 10-year-old Afghani girl brought in for a well child visit to work through the steps for providing care to a newcomer to Minnesota.

Search the keyword “newcomer” at MNAAP.org to access the article.

Find and share articles from this issue and previous *Minnesota Pediatrician* issues online at www.MNAAP.org/news/mnaap-newsletter/

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