

**REIMBURSEMENT:
 It's Okay to Talk About It**



Pediatrics is a business! That statement is very hard for a pediatrician to utter but reflects the reality of pediatric practice in 2003. Look at the facts. Reimbursement for children's health care has not kept up with the consumer price index though the total health care costs are spiraling out of control. Though 70% of income for children's health care comes from the private/commercial sector, up to this point the Academy has focused much of its resources on public sector reimbursement.

To address this reimbursement issue, the AAP Board of Directors selected a Pediatrician Reimbursement Advisory Team in early 2002 to map out strategies to improve pediatrician reimbursement. The team (affectionately known as the P-team) is led by **Len Kutnick** (formerly of New York) and includes eight members, including two from District II (**Tom McInerny**, chair of COCHF, and **Anne Francis**, Chair of the Section on Administration and Practice Management). Reviewing what the AAP is doing and also considering what direction it needs to proceed, the P-team has made four recommendations to the Board of Directors:

- ◆ That the Academy should incorporate a private sector advocacy effort into its overall strategy to improve private and public reimbursement.
- ◆ That the Academy should explore the development of national and regional/state pediatric insurance report cards.
- ◆ That the Academy should identify a mechanism to strengthen the national and chapter connections on aligning activities to improve the

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**TORT REFORM:
 Statistics, Solutions and Strategies**

As the battle intensifies over the issue of tort reform, both on a federal and state level, certain statistics leap to the forefront of any debate:

- ◆ In the year 2000 alone, more than 633 million dollars in medical malpractice payments were made in New York, far and away the highest in the nation.
- ◆ New York's medical malpractice payment rate is 80% higher than the second highest state, Pennsylvania (where tort reform is a leading issue for state government).
- ◆ Physician shortages are increasing across the state, restricting availability and access to services such as obstetrical and radiological care.

So, where do we turn for solutions? A good start (and it's only a start - no reform is either perfect or all-encompassing) is the basic elements of both the proposal put forward by President Bush and the proposed bill before the New York Legislature:

- ◆ A limit of \$250,000 on awards for non-economic damages

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REIMBURSEMENT: It's Okay to Talk About It!

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- ◆ reimbursement environment for its member pediatricians.
- ◆ That the Academy should explore the feasibility of developing innovative educational programming on negotiation and other practice management and reimbursement related issues

The AAP has already instituted some new and innovative programs, including the new interactive commercial and Medicaid benchmarking tool which is available through www.aap.org. This tool allows chapter and individual practices to benchmark their practices against the market in their state. The AAP had two Coding Workshops in 2002 which were sold out; the plan is to have three more in 2003. The AAP is looking at tools to collect data on the costs of doing pediatric practice through a program with the Medical Group Managers Association. Also, the AAP is working actively to have pediatric specific vaccine administration codes approved by the AMA CPT editorial panel.

At the recent District II-III meeting in Hollywood, FL, the chapter leadership suggested that pediatricians should be encouraged to meet with employers to promote the benefits of coverage for children's health care and the value of the pediatricians' services, also that the AAP needs to build coalitions with family practitioners and others who provide healthcare for children. Furthermore, they suggested that the AAP needs to help in the fight to have insurers cover mental health services provided by pediatricians even though they are not considered "mental health providers" by many insurers. Lastly, the group felt that pediatricians need to be taught to code for their services correctly and appropriately and not to down-code.

The discussion concluded with three challenges to the AAP leadership.

- ◆ To focus resources on advocacy for pediatrician reimbursement, especially in the private/commercial sector.
- ◆ To build a culture of business competency in the AAP membership.
- ◆ To recognize that the AAP is the only national advocate for the pediatrician.

If you have specific concerns or suggestions about what the AAP could do to help you "improve your bottom line," contact me at afranci2@rochester.rr.com. Also, check out the AAP website www.aap.org and click on the Section on Administration and Practice Management for information about managing your pediatric business.

- **Anne B. Francis**

Chair, AAP Section on Admin. and Practice Management

TORT REFORM: Statistics, Solutions and Strategies

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- ◆ A reasonable structure for the awarding of punitive damages
- ◆ Setting standards for credentialing and qualifications of medical expert witnesses

While none of these reforms will bring about an end to some of the societal aspects of the tort crisis (a nationwide glut of attorneys, runaway juries, anger at restrictions in healthcare, etc.) they are a critical first step. In fact, the United States Department of Health and Human Services projects that adoption of federal tort reforms would provide enough savings to pay for *both* a federally funded prescription drug plan for Medicare and provide coverage for the uninsured. On a more local level, the insurance industry has projected that adoption of such measures could bring about as much as a 26% reduction in malpractice premiums.

It should also be stressed that *none* of the proposed reforms or bills would place any restriction on a patient's right to sue. Moreover, *none* would place any restriction on a patient's right to seek any amount of economic damages resulting from medical negligence, no matter how large those damages are proven to be.

So, what are the strategies to bring these measures to fruition? Quite simply, get involved and get involved now. Inform the families of each and every patient you treat that *their* care is being compromised by this crisis. *Their* doctors are leaving the State of New York. *Their* obstetrician is no longer delivering babies. It is *their* mammogram that will take weeks to schedule, and so forth. Have them write to their representatives, call their representatives' offices, or complete a post card/fax mailer of support.

It's an easy choice; we can either create an environment which strengthens our health care system for ourselves, our families, our friends, our neighbors and our nation, or we can coddle a broken legal system that continues to jeopardize your ability to provide quality health care.

- Michael J. Schoppmann, Esq.

Kern Augustine Conroy & Schoppmann, P.C.

Counsel to the AAP, District II, NYS

CODING CORNER

Billing for Additional Services

Frequently the issue arises of services provided in addition to the original reason for a visit. Suppose a child comes in for a recheck after treatment for a sinus and ear infection, but her nose is still runny and is very odorous! You find on exam a purulent nasal discharge from the right nares and a blue foreign body lodged a few centimeters from the opening. A plastic bead is then removed from the nose with alligator forceps. How do you code the visit?

There are several ways to look at this case. One can not simply raise the E/M code to cover the FB removal because the criteria are not met for the higher level visit. Usually, procedures are reimbursed at a higher rate than E/M visits if there is a specific procedural code, in this case 30300 can be used for a foreign body removal. Also, the original issue was addressed so a 99212 or 99213 should be used for the work done related to the sinus and ear follow up. The E/M code is added to the FB removal code and a -25 modifier attached. Each CPT code should also be linked to the appropriate ICD-9 diagnosis code. The 99212 is linked to the OM and sinusitis and the 30300 is linked to the nasal foreign body.

Modifier -25 can be used with a previously identifiable service only if a significant additional problem is found requiring additional work and each should be documented separately. The modifier is always attached to the E/M service. There are concerns in the Medicare handbook about the potential for overuse of this code. The payer may audit so be prepared to present chart notes if requested. If an additional service is coded for at a preventive care visit, the billing of the additional service may trigger a copay, so families will need to be educated about the rule and be asked to comply appropriately. This is often an issue with summer physicals and warts, for instance.

Some plans may reject the modifier completely, but accurate coding will help document and then justify a future discussion of such issues if this is the case.

- Catherine A. Goodfellow

NY Chapter 1 President & Coding Trainer

CHILDREN AND THE ENVIRONMENT: New Challenges for Pediatricians

Children in today's world are surrounded by a wide array of environmental threats to health. Pediatricians are asked about these environmental exposures and the risks they may pose to children's health. They are also asked about the possible contribution of environmental factors to: rising rates of childhood asthma, the causation of pediatric cancer, and autism.

Chemicals of concern for their detrimental effects on children include:

- **Pesticides** - They are among the toxins most commonly encountered by children, who may be exposed in schools, day-care centers and parks. The largest source of exposure is the use of pesticides in the home and on lawns and gardens. Acute high dose exposure inhibits the enzyme acetylcholinesterase in the nervous system leading to a spectrum of cholinergic symptoms, including lacrimation, abdominal cramps, vomiting, diarrhea, meiosis and profuse sweating. Concern about chronic effects of pesticides focuses on subclinical neurotoxicity and endocrine disruption.
- **Air Pollutants** - These include particles, gases, vapors, allergens and molds, all of which have been associated with asthma and other respiratory morbidity in children. Ozone has been of particular concern since it provokes airway inflammation at very low levels and also increases airway reactivity, empowering the effects of antigens. In the home, common sources of air pollution are tobacco smoking, emissions from gas stoves and wood fireplaces, as well as from formaldehyde and solvents that are released from synthetic furnishings and wall-to-wall carpets. Each one of these pollutants are associated with respiratory disorders in children.
- **PCBs (Polychlorinated biphenyls)** - Although their use (in electrical equipment such as generators) was halted in 1970 because of their extreme persistence, exposure to these chemicals via the food chain remains widespread even 40 years later. The Hudson River is a particularly well characterized source of exposures. A growing body of evidence indicates that PCBs can have neurodevelopmental effects in young children at levels of exposure that are widely prevalent in the general population.

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Chapters on the move...



Chapter 1: Strengths and Challenges

Greetings from NY Chapter 1. This will be my last "NYS Pediatrician" column as Chapter President. I've really enjoyed these past two years, working with a wonderful group of enthusiastic colleagues from throughout NYS as well as having developed some fruitful partnerships with child health advocates. Every time I attended an AAP function at either the Chapter, District or National level, I came away energized and full of encouragement that the AAP is a terrific organization that not only truly cares about children and adolescents but for the pediatrician as well. I wish that more pediatricians could experience working with the Academy at the leadership level. It is both personally and professionally rewarding. I will continue working with District II as your new Annual Chapter Forum Management Com. representative. So...you will certainly be hearing from me time and again as I encourage all of you to become involved in our Academy and actively participate in the Resolution process. This is how the "grass roots" pediatrician can advocate for change and progress on a national level. I hope you'll all take me up on this!

Chapter 1 has many strengths and challenges as well. We need to get pediatricians working together not only from our larger cities of Buffalo, Rochester, Syracuse, and Albany, but from the small communities in the Adirondacks, Catskills, Southern Tier, and the Finger Lakes. We have four wonderful University Medical Centers with resourceful Departments of Pediatrics. We have many national experts in our Chapter who serve on or chair national AAP committees. Lastly, we have the Campaign for Healthy Children, an effective partnership with Statewide Youth Advocacy in Albany which helps us monitor and participate in political issues that affect children and pediatricians. There is much work to do and you are ALL needed in this effort, even if you contribute your time and effort in the most minimal of ways. Many of you are very busy, have numerous interests, and are raising young families. Not to mention the ever-increasing burdens of managed care and governmental controls over our professional lives.

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Chapter 2: "The Shining Light"

As this is my final Chapter President's report, I want to briefly reflect on the past two years and share how proud I am of the accomplishments of Chapter 2. Our efforts culminated in being nominated for an Outstanding Chapter Award at the Annual Chapter Forum in September 2002 and receiving an AAP Award of Chapter Excellence and an AAP Special Achievement Award for our Chapter's response and efforts related to the tragedy of September 11, 2001. These were presented at the District II Meeting in March 2003.

I want to personally thank **Warren Seigel**, **Tony Battista**, and **Ishvar Patel** for all their hard work and dedication. They truly have made this an enjoyable term of office and their tireless efforts are very apparent in our many accomplishments. A special thank you also goes out to **Jessica Schmidt**, our Director of Chapter Operations, and to **George Dunkel**, our District II Executive Director, for their support and patience in putting up with me over the past two years. Finally, a thank you to the members of the Executive Committee who have represented their Societies and Committees in our various projects during the past two years. The Chapter is at a good place and I know that under Warren Seigel's leadership we will continue in our efforts to make Chapter 2 the "shining light of the AAP."

- Lou Goldblum, NY Chapter 2 President

Resident's Night and HIPAA Privacy Meeting

Chapter 2 held many successful meetings this past year. Our Resident Needs Subcommittee held two dinner meetings in February for second and third year residents to assist them in entering the job market. A total of 45 residents attended. Plans are underway to continue this program on an annual basis.

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Chapter 3: Living Healthy, Brighter Futures

Living Healthy - Living Well “Parent Talk” Initiative

In 2002, NY Chapter 3 of the American Academy of Pediatrics supported two Healthy Tomorrow’s Partnership for Children Grant applications which were funded for the years 2002-2005. We’re happy to feature one of the two winners in our newsletter. *Living Healthy—Living Well “Parent Talk” Initiative* is the Healthy Tomorrow’s Partnership for Children Program of Today’s Child Communications (TCC). TCC is a multi-service media firm committed to providing an array of services to parents and the organizations that serve communities including health care organizations, schools, community-based organizations, and childcare centers. TCC’s services and products enhance parenting skills and education, as well as, enhance program delivery capacity and resources for community-based organizations.

Living Healthy—Living Well “Parent Talk” is a health promotion and education initiative. The program educates African-American families with school-aged children residing in New York City regarding the importance of utilizing a medical home and preventive health care measures through a multi-media approach. The program employs a multi-levelled media strategy including:

- “*Living Healthy – Living Well*, a live call-in radio show,” (airs every Tuesday at 6:00pm on WNYE-FM 91.5 FM, in the greater NY, NJ and CT metropolitan area)
- *Today’s Child Magazine*, a national parenting magazine targeting families of color
- www.Todays-Child.com, an award winning web site that includes an on-line resource directory
- Health education forums

The program addresses racial disparities in maternal and child health in the African-American community through the implementation of a culturally relevant health promotion and public information campaign. The initiative promotes preventive care for children and adults, such as screening for developmental disabilities, dental care, and the elimination of environmental health hazards, such as lead. It also encourages parents to undertake safe practices such as putting infants on their backs to prevent SIDS, maintaining a smoke-free environment, and using safety locks on cabinets for families with young children.

For more information about Today’s Child’s Living Healthy – Living Well Initiative, its other products and services, or to subscribe to *Today’s Child Magazine* contact Cheryl Hunter-Grant, VP Marketing & Planning at 212-462-4716 or visit their website at www.Todays-Child.com. AAP NY Chapter 3 hopes to collaborate with TCC in reaching African-American communities to promote child health and disease prevention.

“Brighter Future!?”

On April 10 NY Chapter 3’s Task Force on Practice Management, co-chaired by **Clifford Mevs** and **William Zurhellen**, held its first educational program: “Brighter Future!?” Update on Reimbursement, Collection, Coding and HIPAA. **Richard Lander**, the immediate past president of the AAP’s New Jersey Chapter and practice management co-chair of the AAP spoke about collection and coding, while Michael Schoppmann, Esq. addressed how to prepare for the HIPAA Privacy Rule set to take effect on April 14. The program was co-sponsored by the CME Department of St. Vincent’s Catholic Medical Centers of New York/Staten Island Region and was attended by 110 physicians and office managers.

- **Danielle Laraque**, NY Chapter 3 President

Chapter 1: Strengths and Challenges

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I want to give my heartfelt thanks to our Executive Director, **Nancy Adams**. She makes the Chapter happen in her inimitable unsung manner. She has been a gem! Thank you Nancy. I leave the Chapter in good hands under the leadership of **Cathy Goodfellow**. I’d like to thank her as well as our very able treasurer, **Jacob Felix**, and **Bob Long**, our secretary. As the Alec Wilder song goes...“I’ll be around...”

- **Sandy Mayer**, NY Chapter 1 Immed. Past President

SAVE THE DATE

October 18, 2003

University of Rochester School of
Medicine and Dentistry

John L. Green CME Celebration Day

Watch for details .

Chapter 2: "The Shining Light"
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Our Practice Management Committee organized another terrific dinner meeting in March discussing HIPAA privacy regulations. There were over 100 Chapter 2 members and their office or business managers in attendance.

Senior Section

Our Senior Section, under the leadership of **David Annunziato**, has completed a comprehensive manuscript on the History of Chapter 2. We feel this is the most complete and accurate historical project of any Chapter in the AAP. David has spent months working on this compendium and many thanks go out to him, the other senior section Pediatricians who have assisted him, and the AAP, who have been instrumental in this endeavor.

Outstanding Service Award

The Executive Committee of Chapter 2 has decided to implement an award entitled "Outstanding Service Award for Chapter 2" to recognize a Chapter 2 Fellow who has, over the years, shown exceptional dedication and commitment within our Chapter. The first award will be given out at Chapter 2's June Executive Committee Meeting.

The View from Albany

Politicians and diapers have one thing in common, they should both be changed regularly and for the same reason

– Author unknown

It's springtime in Albany. Of course that means not only another fiscal fight, but a predictably delayed budget. The three principles of this never-ending plague are again Governor Pataki, Senate Majority Leader Bruno, and House Majority Leader Silver. New York State has a projected budget deficit of no less than eight billion dollars and as high as twelve billion dollars out of an eighty-five billion dollar budget.

In NYS, over two thirds of the state budget is accounted for in Medicaid, public assistance, and education (primary through graduate). Since the NYS budget must be balanced, each of these areas is threatened, as is every other program in the state. The NYSDOH has had significant restrictions on programs, hiring, and equipment since last year.

What does all this mean for children, their families and health care providers? No matter how noble, new programs and the expansion of existing programs are highly unlikely. The goal of the AAP and its partners is to ensure that programs and services for children aren't scaled back.

Issues that have been addressed favorably and have a good chance of implementation include:

1. Passage of a comprehensive ban on smoking in virtually all public places, the Comprehensive Clean Indoor Air Legislation. This was passed through the Assembly and Senate and signed into law by Governor Pataki.
 2. Assembly member Paulin and Senator Gottfried are supportive of the physicals done within one year being acceptable for the required school physical.
 3. Senator Joe Bruno is progressively spearheading the issue of TORT reform. The primary issue in NYS and at the federal level is limiting the excessive awards for pain and suffering.
 4. Newborn screening
 - a. Although newborn hearing screening is being performed regularly in the NYS birthing hospitals, the NYSDOH does not have the resources to track the false-negative and false-positives. Oversight of the process may be delegated as a quality surveillance issue to the Regional Perinatal Centers.
 - b. Metabolic genetic screening for cystic fibrosis, congenital adrenal hyperplasia, and the fatty acid oxidation disorders has been fully implemented, resulting in a significant increase in sweat testing. Many premature infants screened for congenital adrenal hyperplasia have abnormal results necessitating further testing. The ranges of normal may be redefined for this population.
 - c. The NYS leadership of the American Academy of Ophthalmology and the AAP have prevented newborn eye screening from being enacted. (This would have included dilation of pupils and screening for retinal anomalies, especially retinoblastoma.)
 5. For the 18th straight year in a row the legislature failed to pass a budget by the April 1st deadline. The budget was finally passed on May 2nd, 2003.
- Editor's Note: For complete details on the Campaign for Healthy Children's (CHC) focus, visit the District II website at www.aapdistrictii.org. (The CHC is a partnership of Statewide Youth Advocacy and the American Academy of Pediatrics, District II, New York State.)
- **David Clark**, Chair, Youth Advocacy Committee

Executive Insights....

I must say that New York is a much larger state than I thought it was. (And I should know since I have spent many hours driving all over the beautiful Empire state in my first five months as the Executive Director.)

A good portion of my time has been spent in Albany where the hustle and bustle of legislators and government officials has kept me very busy. I need to thank **Dave Clark**, Chairman of the District II Youth Advocacy Committee and **Elie Ward**, Executive Director of Statewide Youth Advocacy for showing me the ropes and making me feel welcome in the state Capital. I have been actively involved in several state task forces that deal with children's health, and I am proud to announce that AAP District II was an active supporter of the state's new Clean Indoor Air Law, which prohibits smoking in most public places.

I have also spent considerable time in our Long Island office where our District operations are headquartered. I must thank our Administrative Coordinator, **Jessica Schmidt**, who wears many hats

and works tirelessly for District members. She has been an immense help to me as I learn the inner workings of the District.

I am currently working on several projects including:

- Implementation of our statewide immunization grant with the New York State Department of Health
- Searching for other District-wide grant opportunities
- Revising the District Strategic Plan
- Working closely with the Chapters on programs and member benefits

Finally, I would like to thank the District leadership, especially, **Bob Corwin** and **Henry Schaeffer** for giving me the opportunity to work for such a dedicated and unselfish group of physicians. I have never met a more thoughtful group of doctors in my thirteen years of organized medicine.

- **George M. Dunkel**, *District II Executive Director*

Special Achievement Award Winners

- **Elizabeth Alderman** (Chapter 3, Bronx) for her passion and support of adolescent issues.
- **Anthony Battista** (Chapter 2, Mineola) for his outstanding and tireless work as Webmaster for District II and New York Chapter 2.
- **Cynthia DeVore** (Chapter 1, Pittsford) for her work in school health.
- **Brad Fell** (Chapter 2, Plainview) for his excellent work on the sub-committee for resident physicians.
- **George Foltin** (Chapter 3, New York) for his devotion to emergency health services for children.
- **Neville Golden** (Chapter 2, New Hyde Park) for his work as chairperson of the Chapter 2 Committee on Youth and Adolescence.
- **Marc Lashley** (Chapter 2, Valley Stream) for his excellent work on the sub-committee for resident physicians.
- **Marie Lynd Murphy** (Chapter 1, Pittsford) for her gargantuan efforts with the PROS network.
- **Michael Pettei** (Chapter 2, New Hyde Park) for his work as chairperson of the Chapter 2 Committee on Nutrition.
- **Marjorie Seidenfeld** (Chapter 3, New York) for her passion and support of adolescent issues.
- **Moira Szilagyi** (Chapter 1, Rochester) for her local, state, and national efforts in foster care

2002 CATCH Grant Recipients

CATCH Planning Grants

- **Nina Agrawal** (Chapter 3, Bronx) - "Medical Home for Child Victims of Family Violence"
- **Jennifer Bass** (Chapter 3, Bronx) - "Fit for Fun: Promoting Healthy Nutrition and Fitness"
- **Cheryl B. Kerr** (Chapter 1, Binghamton) - "Strategic Planning for Children's Medical Homes Through Telemedicine"
- **Lorraine Lemons** (Chapter 1, Albany) - "Adolescents in Need of Medical Homes"

CATCH Resident Planning Grants

- **Ivanya Landon Alpert** (Chapter 3, New York) - "Mount Sinai Outreach in Parenting Education"
- **Melinda B. Clark** (Chapter 2, Albany) - "FOOT (Focus On Outstanding Teeth) In Mouth"
- **Janine Rethy** (Chapter 3, New York) - "Breastfeeding Education and Support in East Harlem"
- **Laura Robertson** and **Sheryl Jawetz** (Chapter 3, New York) - "Mothersnet: Postpartum Depression Screening and Referral Project"

Rome CATCH Visiting Professorship Award

- **Sania Wilkins** and **Lisa Moreno** (Chapter 2, Lake Success) "Starting Community Based Medicine"

CHILDREN AND THE ENVIRONMENT:

New Challenges for Pediatricians

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Children exposed prenatally to PCBs exhibit delayed developmental milestones and lower IQs.

The history is the single most important tool for assessing the possible environmental causation of disease in a child. If the diagnostic interview indicates or raises the suspicion that disease is due to toxic environmental exposures, it is imperative that the physician report the case to state or local public health authorities. Many episodes of environmental illness represent common-source outbreaks of highly preventable illness. Prompt recording can lead to identifying more cases earlier and to prevention by controlling the source of exposure.

Pediatricians need to always remain alert to environmental etiologies of disease, to know about well-established environmental threats and to be open to the possibility of discovering new diseases of environmental origin in children. The AAP Green Book is an authoritative and accessible source of guidance about how to diagnose, treat and prevent diseases linked to environmental exposures.

- **Philip J. Landrigan**, *Director, Center for Children’s Health and the Environment at the Mount Sinai School of Medicine*

An important role for the pediatrician in day-to-day practice is to *prevent* children from experiencing environmental exposures. Here are three environmental hazards with well known effects on children’s health:

- **Environmental tobacco smoke (ETS)** - More than 40% of children are exposed to ETS (“second-hand smoke”) from parental smoking. Every pediatrician knows the consequences of ETS exposure—more asthma exacerbations, pneumonia, middle ear infections, SIDS and others. Many aren’t aware, however that physician-delivered counseling—for as little as 1 to 3 minutes—has proven successful with adults coming to physicians for their own health care. Information about smoking cessation counseling is covered in a separate chapter in the “Green Book.”
- **Sun exposure** - Preventing melanoma and other skin cancers is an issue for pediatricians. Excessive exposure to ultraviolet light in childhood –in the

form of blistering sunburns—is associated with an increased risk of melanoma in adulthood. Cumulative sun exposure is linked to the development of squamous cell carcinoma. Especially during the summer months counseling should be offered to parents and teens, with a focus on light-skinned children, those with a family history of melanoma, and children with an excessive number of nevi or freckles. Sun protection counseling includes timing activities to avoid the peak hours of 10 AM to 4 PM, seeking shade, wearing clothes and hats, and using sunscreen. A chapter in the Green Book provides more information.

- **Ionizing radiation** - Compared to adults, children have greater susceptibility to radiogenic cancer. They have longer life expectancies, allowing for the possibility that a latency period for cancer will be exceeded. Radiation damage is incompletely repaired and adds throughout life. Exposures to CT-scans are high as compared with X-rays: the CT-scan dose to the brain is up to 600 times the dose to the chest from an AP and lateral chest X-ray. Given these facts, it is important to make sure that these studies, especially CT- scans, are appropriately used.
- **Sophie Balk**, *Chair, AAP Com. on Environmental Health and Assoc. Editor, AAP Handbook of Pediatric and Environmental Health - “Green Book”*

Visit us at www.aapdistrictii.org!

Our website is always kept up to date with everything you need to know about District II activities. The calendar lists all upcoming events for the District and the AAP, with maps for our offices and events. Special events are listed in our “What’s New” sidebar, such as **Irwin Redlener’s** reception of the 2003 Louis Z. Cooper Advocacy Award and the Perinatal Day Symposium. Our 2002 CATCH grant recipients are listed in our Research pages. For our residents, all of the updated resident representatives are listed with e-mail contacts on the Residents’ page. And, of course, if you happen to misplace this copy of the “NYS Pediatrician,” you can print a spare copy from the website.

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Awards and Honors

Julia Block (Chapter 2, Brightwaters) was invited to join the Long Island Head Start Health Advisory Council.

Warren Seigel (Chapter 2, Brooklyn) has been honored by the American Cancer Society as Camp Adventure Volunteer of the Year. Dr. Seigel has been a volunteer for the American Cancer Society's camp for kids with cancer and their siblings for the past three years as an on-site physician. He also is a member of the camp medical advisory board and recently assumed the position of camp medical director.

Editor's Note: See page 7 for the 2002-2003 Special Achievement Award Winners.

New Programs

On April 1, 2003 **Eric Small** (Chapter 3, New York) started a multidisciplinary childhood weight management program in NYC called PENS (PE=Physical Exercise, N=Nutrition, and S=Sedentary Activity). PENS runs for 12 weeks and consists of exercise and nutritional counseling/management. Recommendations for avoiding a sedentary lifestyle are also provided. For inquiries, contact Dr. Small at 212-988-4800 or by email sportsdr@yahoo.com.

Grant Recipients

Editor's Note: See page 7 for the 2002 CATCH Grant Recipients.

In Memoriam

Chapter 2 mourns the loss of two of our members. **Martin Abrams** was one of the early Pediatric Surgeons in our Chapter and an emeritus member of the section on surgery of the AAP. He died in February 2003. **Milton Gordon**, a former President of the Suffolk Pediatric Society, former Chapter 2 President, and former District II Chairperson, died in March 2003. We will sorely miss both of these fine physicians and human beings. Our sympathy goes out to their families.

If you have a noteworthy event that you would like to share with your AAP colleagues, please send it to the Downstate District II Office via email: jschmidt@aap.org or fax: 516-326-0316

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