

Pediatric Developments

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Department of Pediatrics

Chair's Corner: A Year Flew By!

Dayton

Children's

Values

- *Safety*
- *Compassion*
- *Ownership*
- *Collaboration*
- *Innovation*
- *Value Creation*

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It's hard to believe that I have completed my first year as Chair. It has been an honor and a privilege to serve you, the Wright State University Boonshoft School of Medicine, Dayton Children's Hospital, and the children and families of our community. While many exciting changes are underway, it has been heartening to be welcomed by old friends, while also making many new friends!

I am excited about what the future holds for the Department of Pediatrics and for Dayton Children's Hospital. While the opening of the South Campus in Springboro and the impending opening of the new patient tower are truly transformational investments by our hospital and our community, I am equally excited about the investments that we are making in people and programs.

We have a new strategic plan for research and are making significant progress toward reaching its goals. We have positions posted for two additional research coordinators who when hired will be available to support research activities across our hospital.

We are working on a long term plan for investing in research that will grow our reputation, and enhance physician recruitment and retention.

We have recruited Heather Dyer to lead the transformation of our hospital medicine service. We have expanded attending coverage into the evenings, leading to safer, higher quality care, as well enhanced resident and medical student education.

We have expanded our Gastroenterology service to include 8 outstanding physicians. Sandra Wright is leading development of a comprehensive motility program. Shehzad Saeed brings leadership in IBD and will have a major role in Dayton Children's Health Partners, our new clinically integrated network. Shelley Rustagi brings a special interest in eosinophilic esophagitis and Katie Williams returns to Dayton after her fellowship at "that school up north."

Sandra Hassink, director of the AAP Institute for Child-

hood Healthy Weight spent 3 days with us in September, inspiring us to explore opportunities to broaden our approach to prevention and care of childhood obesity. Jim Ebert, Smita Mehta, Maninder Kalra, Sean Barnett, Rachel Riddiford, Jessica Saunders, and Tara Williams made significant contributions to the success of the visit. A number of our residents and students shared that Dr. Hassink's interactions with them were inspiring. Nearly 30 faculty from WSU attended the Research Roundtable, many of whom had not been in the same room together before. New opportunities for collaboration were identified.

The future is bright for pediatrics in our region. At the same time, we will be challenged to identify strategies to address the social determinants of health, develop a comprehensive approach to addressing the mental health needs of the children and families we serve, and expand our commitment to offering high quality, cost-effective care for the children of our region.

I look forward to working with you to achieve these goals!

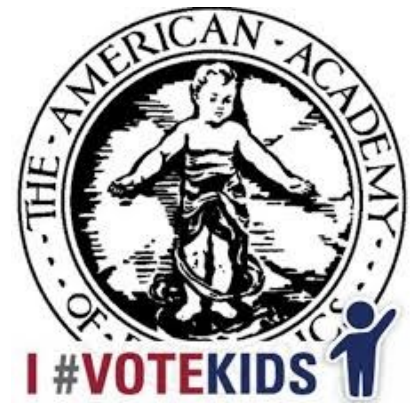


U.S. Presidential Candidates Respond to Child Health Issues

In September, the Pediatric Policy Council (PPC)—a collaboration of the Academic Pediatric Association, the American Pediatric Society, the Association of Medical School Pediatric Department Chairs, and the Society for Pediatric Research dedicated to promoting public policies to advance child health and

well-being—developed four general questions related to child health to be sent to the campaigns of the two major party candidates for President of the United States, Donald J. Trump and Hillary Clinton, with the goal of better understanding where both candidates stand for children.

Their responses are included here for your consideration.



Donald J. Trump

QUESTION 1

Most adult diseases have their origins in childhood and yet, less than 15% of the NIH budget is spent on pediatric research. How do you propose to ensure that future NIH funding priorities match the health care needs of all our country's population?

As President, I will responsibly balance our competing budget priorities. My administration will make our budget submissions based on what we agree will bring the greatest value added to the people of America. The National Institutes of Health's role is to pursue the research necessary to keep America as healthy as possible. We will work with Congress to ensure that budget priorities for health care and other domestic spending needs help strengthen our economy to find the necessary resources to meet our commitment to NIH in the future.



Hillary Clinton

Disease afflicts Americans in all stages of life. Throughout my career, I have worked to make sure that all children have a fair shot at reaching their God-given potential by fighting for health care for children, including helping to create the Children's Health Insurance Program (CHIP) and supporting the parents, schools, and communities that help raise our children. CHIP, which provides coverage for more than 8 million children nationwide, embodies my steadfast belief that delivering world-class health care is a fundamental building block for building a healthier and stronger nation. And in turn, a fundamental building block of a world-class health care system is a commitment to robust scientific and medical research that makes a difference for Americans of all ages.

As First Lady and Senator and in this campaign, I have championed our National Institutes of Health and other agencies that help inspire and fund the crucial scientific research that ensures a healthier future for our children. And over these years, I have fought to prioritize the resources these agencies require to pursue scientific discovery and implementation of new treatments for diseases that affect the most vulnerable members of our society, including our children.

These efforts require a long-run vision of the promise and possibilities of the American health care system that addresses the needs of current as well as future generations. I will keep the future of our children squarely in focus as we continue to nurture and support the scientific discoveries crucial to their well-being.

Donald J. Trump

Hillary Clinton

QUESTION 2

Shortages of pediatric subspecialists and child mental health providers result in sick children waiting for weeks or even months to get an appointment. How do you plan to strengthen the pediatric subspecialty workforce to ensure that children receive the care and treatments they need in a timely manner?

Achieving these objectives will require a reduction in regulations, getting rid of the Affordable Care Act, creating a federal backstop for states to pursue tort reform, and working with the states to improve the mental health system. Mental health reform touches many areas beyond treatment for children. Such reform must address criminal justice challenges, veterans' issues, and training for our police and other first responders regarding mental health situations. Comprehensive mental health reforms will be a top health care priority in my administration.

I am the proud grandmother of two beautiful grandchildren. When I think about their future and the future of millions of children like them, I am reminded of the many challenges that we must overcome together as a nation to ensure their lives are filled with health and opportunity. Among these challenges is the need to provide children timely access to medical care when the health care workforce is not evenly distributed across our country. We need to make sure that children in every community across the country can get the health care services they need.

Building on the progress of the ACA, which gave tuition relief for newly trained physicians to serve in underserved areas, my administration will further seek to improve access to subspecialty care for the children of America — no matter where they live. I will work to encourage our doctors—pediatricians and pediatric specialists alike—to practice in underserved communities by tripling of the size of the National Health Service Corps. I will also work to double the funding for primary care services at community health centers over the next decade.

The mental health of our children is a particularly important issue for me. Two-thirds of children with mental health problems receive no treatment at all, and children in high-risk groups—such as those in juvenile justice settings, in the child-welfare system, or whose mothers experienced depression during or after pregnancy—are particularly underserved. The consequences of delayed and inadequate treatment for children and young adults with mental health problems play out over decades. That's why I am committed to expanding early diagnosis and treatment of mental health conditions, and preventing them when possible. For example, I plan to scale up efforts and increase funding to help pediatric practices and schools support children with mental health problems, including increased access to child psychiatrists and other behavioral specialists for early screening and intervention.

Donald J. Trump

Hillary Clinton

QUESTION 3

Medicaid provides healthcare coverage for millions of Americans, nearly half of whom are children. Medicaid health care payments are significantly less than Medicare payments for the same services and are often less than the actual care costs. How do you plan to remedy this inequity to ensure that federal health care programs value children as much as adults?

As mentioned above, there are a host of issues that need to be addressed to relieve pressure on Medicaid. First, we will ask Congress to block grant Medicaid funding to the states. The states are far better equipped to manage Medicaid to meet the specific needs of their citizens than the federal government. Second, through immigration reform, we can reduce the number of individuals burdening Medicaid dollars. Third, our tax reforms will grow our economy, further reducing the number of people in need of Medicaid coverage. Our trade reforms will strengthen our economy even further. The best social program is a job, and by bringing millions of jobs back to the United States we can improve the lives and the health care for all our citizens.

I am grateful to Medicaid and CHIP for providing children, their families, and other underserved individuals the chance to attain the basic health care they deserve. Yet despite its successes, the Medicaid program faces challenges and can be improved. As First Lady and Senator, I have worked diligently to ensure that federal and state agencies work effectively to promote the health and well-being of Medicaid enrollees. As president, I will continue this effort by working with the governors in 19 states who, due to their refusal to expand Medicaid, have left 3 million Americans without coverage. Access to care should not depend on your zip code.

Fundamental to my vision for our health care system is the core belief that children's lives deserve the utmost value and respect. So in addition to working toward Medicaid expansion in all 50 states, we need to improve the delivery of care within the Medicaid system, so that care can be higher quality, less expensive, and of higher value for all children. Building on work that the ACA started, we will improve the ways that doctors and nurses deliver care on the front lines and continually strive for effective, timely, and patient-centered care as we strengthen Medicaid and CHIP in the twenty-first century.

QUESTION 4

Few private sector workers have access to paid family leave and many are unable to afford unpaid family leave. Parents must be able to care for their newborn infants and their sick children. How do you plan to reform workplace policies to ensure that parents are able to promote the health of their children?

I have proposed tax relief to cover the cost of childcare and to provide time off for the mothers of newborn infants. The most efficient approach is to create incentives for private sector employers and employees to pursue family-friendly policies on their own initiative by letting employees keep more of their own paychecks. My administration will do just that.

Today, the United States is the only developed nation in the world with no guaranteed paid leave of any kind. This is unacceptable.

No one should have to choose between keeping their job and taking care of a sick family member. Too many moms have to return to work just days after their babies are born. And too many dads and parents of adopted children don't get any paid leave at all. Neither do sons and daughters struggling to take care of their aging parents.

As president, I will fight to pass twelve weeks of paid family leave and up to twelve weeks of paid medical leave. And we'll pay for it by making sure the wealthy and corporations pay their fair share – not by increasing taxes on the middle class. Supporting families isn't a luxury – it's a health imperative and an economic necessity. And it's past time for our policies to catch up to the way families live and work today.

American Board of Pediatrics Seeks Associate Editors For Question of the Week

The American Board of Pediatrics (ABP) Question of the Week Part 2 activity has been extremely successful: over 15,000 pediatricians have launched the activity, and thousands participate each week; users tell us it's both a great learning opportunity and fun to do. At this time, the ABP is seeking to contract with 2 new Associate Editors. Each will create 6 QOW modules each year and share the job of assisting with day to day management of the activity. A brief job description is below.

Responsibilities of the QOW Associate Editor:

- Develop 6 QOW modules each year

Select an appropriate arti-

cle from recently published articles. For each article, write a case study, a commentary (with references), prepare the 5-part question, and write an accompanying "Pearl".

Submit to the Editor, and then follow the module through the editing and publication process, and respond as appropriate to user feedback.

Provide Administrative Oversight for various aspects of QOW when the Editor is unable to do so

Monitor topics and materials used for each QOW, schedule releases, check the functions of the week's QOW upon its release, monitor and respond to comments.

Work with the Editor to maintain a

minimum inventory of 4-6 month reserve of QOWs.

If you are interested, contact Dr. Virginia Moyer directly at : vmoyer@abped.org



Dayton Children's Introduces Dragon Medical - Network Edition

Dayton Children's is pleased to announce the roll out of **Dragon Medical Network Edition** voice-to-text software to assist providers in becoming more efficient with their documentation workflows. To assist authorized users in getting started with Dragon, below is a summary and frequently asked questions.

Benefits: The Medical Network Edition contains the newest, fastest, and most accurate Dragon Medical speech recognizer ever and includes medical vocabularies covering more than 90 specialties and subspecialties. It supports custom vocabularies and delivers continuous learning and profile adaptation. It is integrated closely with Epic® to ensure that providers can speak, edit, and voice-navigate within the text box. Users speak directly into a specific microphone (PowerMic II) that is integrated with the system and Epic.

Authorized Users: Currently, physicians and our allied health providers (PA's and NP's) are authorized and encouraged to use Dragon. As the system is established and support is in place, the user group will be expanded to include residents and ancillary providers such as child life, chaplain, PT, OT, and dieticians.

Become a User: If you are a current authorized user as stated above (physician, PA, or NP), you must attend the Dayton Children's approved Dragon training before access is given. Several classes are available for your convenience. Sign-up via HLC. Login to your HLC account, search for Dragon, and follow the prompts to choose your class.

Support. After training, functional and technical support should be directed to the Information Services Solution Center at x5293.

**You'll find
answers to
Frequently
Asked
Questions
on p. 6.**



Dragon FAQ's



What is Dragon? Dragon Medical Network Edition is a voice-to-text software to assist providers in becoming more efficient with their documentation workflows. The software contains an accurate speech recognizer and includes medical vocabularies covering more than 90 specialties and subspecialties. It supports custom vocabularies and is integrated closely with Epic®. Users speak directly into a specific microphone (a PowerMic II) that is integrated with the system.

Who can use Dragon? Currently, physicians and our allied health providers (PA's and NP's) are authorized and encouraged to use Dragon. As the system is established and support is in place, the user group will be expanded to include residents and ancillary providers such as child life, chaplain, PT, OT, and dieticians. User expansion will be communicated.

What do I need to do to become a user of Dragon? If you are an attending physician, PA or NP, then sign up for training via HLC.

How do I sign up for Dragon training? Sign-up for training via HLC. There are several classes to choose from. Login into your HLC account and search for "Dragon" and follow the prompts to choose a class.

What if I can't make one of the training session, can I still have Dragon access? Completion of the approved Dayton Children's training is required before you will be given access. Several training dates are provided to accommodate a range of schedules.

I have used Dragon with another practice or hospital, do I still need to attend training? Yes. All users of Dragon Medical Network Edition must go through the approved Dayton Children's Hospital training regardless of previous use with another institution. This is not an off-the-shelf solution. It is a medical network edition and clinician profiles are saved to the network allowing use on any Dragon Medical Network Edition enabled workstation. You will be assigned a license upon completion of training.

What workstations will have Dragon? Several non-Wyse workstations will have Dragon installed. Due to the current limited number of microphones available, only designated workstations will have a microphone attached. These will be identified with a Dragon sticker. At the current time Dragon use on Wyse terminals is not supported. This is something we are looking into.

How do I obtain a PowerMic to use with Dragon? In general, PowerMics will be distributed upon completion of training based on unit requirements. Some units will primarily use workstations on the unit floor and therefore do not require microphones distributed on an individual basis.

Can I use Dragon Medical Edition at home or remote? Remote use is not supported at this time. There could be issues with home connection bandwidth, the network edition software works best on Dayton Children's enabled machines, must be able to connect to Epic, and if disconnected, the file could become corrupt and dictation could be lost. We will continue to look into this possibility.

Can Dragon be used on Wyse terminals? Use on a Wyse terminal is not supported at this time. This is something we are looking into.

Where will training take place? Dragon training will be conducted in a classroom setting at LaForsch (436 building). Class room location will be published in HLC.

There isn't a secure place to do dictation in my department – workstations are near patients and public areas – what would we recommend for this? If there isn't a private area, then you may not be able to use Dragon in that particular location. You may want to discuss this internally within your department.

Welcome Our New Faculty!



Shehzaz Saeed, MD
Gastroenterology



Heather Dyer, DO
Hospital Medicine



Shelley Rustagi, MD
Gastroenterology

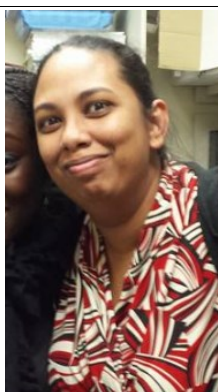


David Morris, MD
Allergy/Immunology

Katie Williams, DO
Gastroenterology



Kristen Spisak, MD
Anesthesiology



Melissa Mehabee, MD
Critical Care Medicine



Jasa Talarico, MD
General Pediatrics



Paige Triplett, DO
Hospital Medicine

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Congrats to Taggart and Distinguished Service Award Winners!

Taggart Award Winner: Dan Lacey, MD, Ph.D



Alan D. Shafer, MD, Distinguished Service Award Winners



Paul Breyer, MD



Robert Myers, DO



Douglas Prince, MD

Vision for Pediatric Research at Dayton Children's Hospital

To be a model community of innovation in pediatric research and medical care.

Strategic Imperatives

- Establish research leadership for building capability, focus and access to support
- Transform culture to value research, embracing the spirit of innovation and discovery required
- Build infrastructure through collaborations and dedicated staff and resources required to support research endeavors.
- Develop a financial model that leverages multiple sources of funds to launch and sustain a center of research excellence
- Identify areas of focus that strengthen programs of distinction, enhance patient experience (safety and quality) and improve children's health and wellbeing