Med Clips℠

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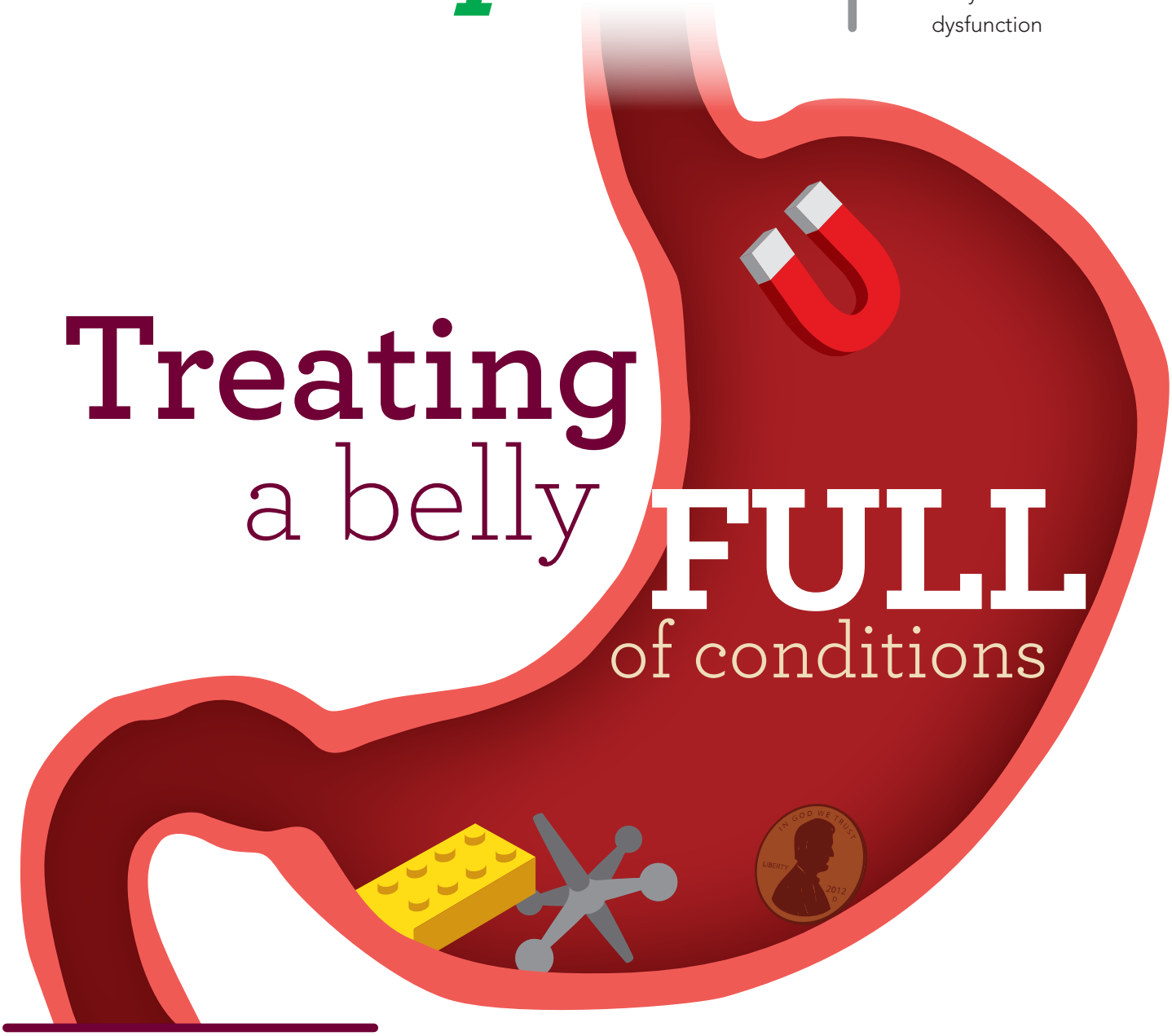

Treating a belly FULL of conditions

GI and liver physicians to use science and a coordinated approach to provide more answers, cures to patients

Story on page 3

Children's℠ Healthcare of Atlanta
Dedicated to All Better

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Visit the Physician Portal at choa.org/md for access to key resources, news and important announcements.

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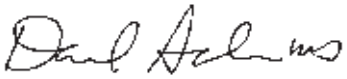
Deliver the best care

With all of the changes in healthcare, and with the many changes throughout the past 14 years at Children's, one thing remains the same as we look to the future—we are committed to providing the best care for the children who depend on us. But what does that mean, and how do we measure whether or not we're achieving that promise?

- **Deliver the highest quality, accessible pediatric care.** We know kids do better when they see a pediatric specialist, but if those specialists are not in the communities that need them, then there is a greater likelihood that a child will be seen by an adult provider. So, we have to improve access.
- **Use information and technology to innovate and improve care.** By leveraging information technology, we can better understand outcomes, readmission rates and complications and manage population health—a critical factor in what we hope to achieve in our efforts to improve the Medicaid system through the Pediatric Healthcare Improvement Coalition.
- **Improve care through collaboration and coordination.** When we take care of a child with asthma in our hospital, this encounter has only a small impact in the overall management of the child's health. But, by emphasizing the patient-centered medical home and improving the coordination of that child's care across the delivery system, we can make real gains in outcomes for children—especially those with chronic illnesses.

These aren't just lofty goals—they're an imperative. Georgia ranks 43rd in overall child well-being by the Annie E. Casey Foundation. As a pediatric community, we must come together to preserve pediatric care in Georgia and improve the future for Georgia's kids.



Daniel Salinas, M.D., Chief Medical Officer

Visit georgiakidscoalition.org to learn more about the Pediatric Healthcare Improvement Coalition.

GI and liver physicians advance care while treating 'whole child'

With 24 board-certified specialists, the Children's Gastroenterology (GI) Program is a leader in pediatric medicine, with nearly 40,000 outpatient visits in 2011, serving more than 1,000 children with inflammatory bowel disease (IBD), caring for 267 children with short bowel syndrome and performing 18 liver transplants. Advancements in this field have grown substantially since the first diagnosis of Crohn's disease in 1932 and the first class of 275 pediatric GI specialists achieving board certification in 1990.

With a median age of 12 for those diagnosed with IBD, patients often grapple with their disorders at a time in their emotional development when they're most vulnerable. Understanding families' needs and treating the whole child is a cornerstone of the program. In fact, Children's GI physicians and University of Georgia child psychologists published a study in 2010 about how psychosocial interventions for children with IBD support clinical treatments and overall outcomes.

Studies also indicate that GI-specific camps result in better overall outcomes and compliance for children with celiac, Crohn's and ulcerative colitis.

For many gluten free kids, a standard summer camp experience is challenging at best. The GI program, in cooperation with Camp Twin Lakes, offers Camp Weekaneatit, which allows these kids to have that normal childhood experience.

Better outcomes are key, and program physicians participate in multiple outcomes databases, including Improve Care Now.

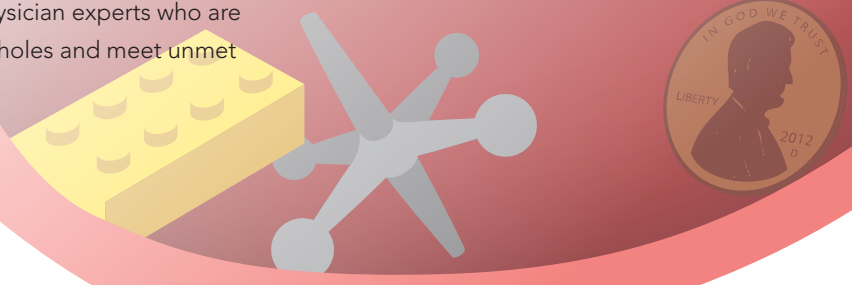
The Children's GI Program focuses on the use of less-invasive capsule endoscopy for the identification of mucosal lesions in the small intestine, which allows for more precise clinical management. And, after a literature review, an ethanol lock program was initiated for the maintenance of central lines in patients with short bowel syndrome—a method shown to dramatically decrease the rate of outpatient infection. The team hopes to take the program systemwide.

In addition, Children's GI physicians participate in multidisciplinary teams to address nutrition, liver and GI issues related to chronic conditions like cystic fibrosis. Saul Karpen, M.D., Ph.D., and Chief of the Emory-Children's Center Division of Pediatric Gastroenterology, Hepatology and Nutrition at the Emory University Department of Pediatrics, emphasizes the importance of a coordinated approach to provide the best care to complex patients.

"We have what I consider the best collection of physician experts who are trying to fix the holes and meet unmet needs—something that I would expect as a parent," said Karpen. "It's what drives me and my colleagues to explore rational, forward-thinking ideas in the lab that can feasibly link up with clinical research to help our patients."

Visit choa.org/gi for more information about the program.

Visit camptwinlakes.org or georgiarock.org for details about summer camps and support groups for children with GI and hepatological disorders.



NEWSandNOTES

New: pathology interpretation of muscle and kidney biopsies

Matt Schniederjan, M.D., pediatric neuropathologist, provides processing and interpretation for muscle biopsies taken for neuromuscular disorders at Egleston and Scottish Rite hospitals. In addition, Robert Garola, M.D., pediatric pathologist, provides interpretation for kidney biopsies at Scottish Rite. Emory University continues to manage kidney biopsy referrals for Egleston.

For information on each of these services, contact Schniederjan at 404-785-4717, or Garola at 404-785-4568.

Concussion quality initiatives and team members

Dedicated to continuous improvement, the Concussion Program recently launched two quality initiatives. One to provide better coordinated care and access for patients, and the other, in collaboration with the Georgia Pediatric Care Network (GPCN), to disseminate, adopt and measure the effectiveness of Children's concussion management tools for primary care physicians. Additionally, the team has added two new members: Kim Speake, R.N., concussion nurse coordinator, and Kathy Stancil, R.N., concussion program development coordinator. Contact the program at 404-785-1111 or visit choa.org/concussion to learn more.

Nursing peer review

The Nurse Practice Council introduces nursing peer review to Children's. The goal of this new process is to assist with feedback, education and professional development, ultimately improving patient care and our nurse practices. The committee will identify trends, challenges and barriers to delivering excellent nursing care, and recommend changes accordingly. Peer review has evolved into a well-recognized component of nursing practice and is included in the American Nurses Credentialing Center (ANCC) Magnet standards for exemplary practice.

Contact Gary Stout, R.N., Manager, Clinical Operations, at 404-785-0634 or gary.stout@choa.org for more information.

Interacting with elected and public officials

Organizations may request that you testify before a political body or agency as a subject matter expert. Note the Children's policy on interacting with elected and public officials, which is located on the Physician Portal (choa.org/md) in the Professional Resources section. If contacted, notify the Children's Government Affairs Department at 404-785-7145 before responding to the request.

Q&A

Misconceptions in pediatric GI care

Contributing pediatric gastroenterologists Jeffery Lewis, M.D., and Cary Sauer, M.D.

What are some of the common misconceptions you hear?

We hear a lot of concerns that stool softeners are addictive or unsafe to use for more than 14 days for patients with constipation. In reality, the problem often occurs when patients stop taking them too early and constipation resumes, when they could have safely continued the softener and avoided a visit to the specialist.

Another misconception is that lactose intolerance is common in infants. Science tells us that children under the age of 5 are rarely lactose intolerant, but may be allergic to cow's milk protein, not the lactose—or sugar—in milk.

We hear a lot of misconceptions about childhood obesity—most of which can be prevented with proper caloric intake and exercise. For example, many young children consume a lot of juice, which can cause diarrhea and poor weight gain, and excessive weight gain in older kids. The best drinks for kids are water and milk.

How do you respond to questions about swallowed objects?

Not all ingested foreign bodies are an emergency. For example, we can monitor a coin in the stomach for two to three weeks before considering removal, and if a button battery is in the stomach, it's more of a judgment call. That said, any foreign body stuck in the esophagus is considered a life-threatening emergency and should be removed immediately.

If a child consumed multiple magnets, we need to remove them immediately in case the magnets attract each other across the GI tract. This could cause erosion through the wall and harm the child.

Aerodigestive program to provide more patients with coordinated, interdisciplinary care

Prior to 2008, Georgia children seeking treatment for complex airway and upper gastrointestinal system disorders, like extraesophageal reflux and dysphagia with aspiration, faced a disjointed care delivery system and sometimes duplicative tests due to a lack of communication, data sharing and care coordination between specialists.

Physicians at Children's recognized an opportunity for an interdisciplinary, systemwide approach to optimally care for these patients and families, and began developing a program to meet their needs.

"There's nothing more rewarding after doing triple endoscopies in the operating room than for all three surgeons to walk up to the parents and be able to explain our findings in relation to what the other persons saw," said Dawn Simon, M.D., pediatric pulmonologist at Children's. "We've diagnosed a lot of conditions that were not suspected, and we've treated a lot of conditions in a more interdisciplinary fashion."

The Children's program, which currently includes three practices operating within the Atlanta Aerodigestive Center of Excellence (AACE), will include three additional practices in the coming year. Gastroenterology, ENT, pulmonology, nutrition and speech language pathology specialists are involved.

"While we're home to several multidisciplinary programs, this one is unique at Children's due to the various proceduralists involved at one time in multiple locations—there are a lot of cooks in this kitchen," said Mark Wulkan, M.D., Surgeon-in-Chief at Children's.

This fosters added collaboration between private practice and academic settings, allowing all groups to offer services they may not have been able to previously.

"The most exciting thing is the changing dynamics of patients we're seeing," said Ben Gold, M.D., pediatric gastroenterologist at Children's. "There are patients in our state that otherwise may have gone to Cincinnati or Boston for coordinated treatment, and they now can receive comparable services right here in their own backyard."

Contact Dawn Simon, M.D., at dmsimon@emory.edu for more information about the future of the program.

Our multi-specialty aerodigestive program will include providers from our Egleston and Scottish Rite hospital campuses, relieving a burden to families who used to travel to multiple specialists for care.

Direct bilirubin level is an early indicator of liver dysfunction

"Patients With Biliary Atresia Have Elevated Direct/Conjugated Bilirubin Levels Shortly After Birth"
By Sanjiv Harpavat, M.D., Ph.D., Milton J. FInegold, M.D. and Saul Karpen, M.D., Ph.D.

A jaundiced newborn is not an unusual site in a maternity ward. The causes are generally benign, e.g., breastfeeding or a preterm infant (<38 weeks) with an immature liver.[1] At times, the cause of neonatal jaundice is more serious—biliary atresia. Though not particularly prevalent (approximately one in 12,000), biliary atresia can quickly become a fatal condition for infants as young as 6 months old.

Saul J. Karpen, M.D., Ph.D., Chief of the Emory-Children's Center Division of Pediatric Gastroenterology, Hepatology and Nutrition, co-authored a retrospective study to determine whether healthy newborns were acquiring biliary atresia by examining bilirubin levels in blood—a yellowish pigment found in bile—shortly after birth.

"Every time I saw a new patient who I suspected of having biliary atresia, I would ask for their first blood work," Karpen said. "And of those tested, I would see high direct bilirubin levels beginning with their first or second day of life."

Of the 61 subjects in the study, 56 percent had newborn direct bilirubin/conjugated bilirubin (DB/CB) levels measured. Every single child with biliary atresia had DB levels significantly higher than the controls, even though the majority of patients (79 percent) had normal total bilirubin ratios.

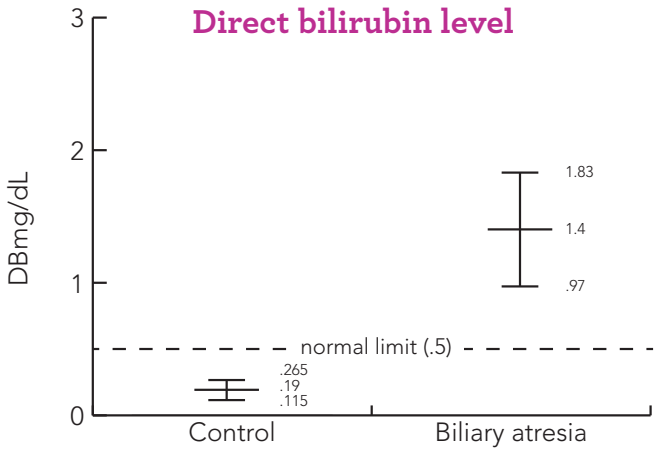
"This validates two things: Biliary atresia is likely a genetic perinatal condition and the bile duct cells are abnormal," Karpen said. "If we diagnose this condition in the first 6 to 8 weeks of life, surgery can have a beneficial effect. However, if it is missed and the patient is already cirrhotic, the baby can develop end-stage liver disease quickly."

Due to the highly lethal nature of biliary atresia, the study suggests the consideration of two major recommendations for pediatricians:

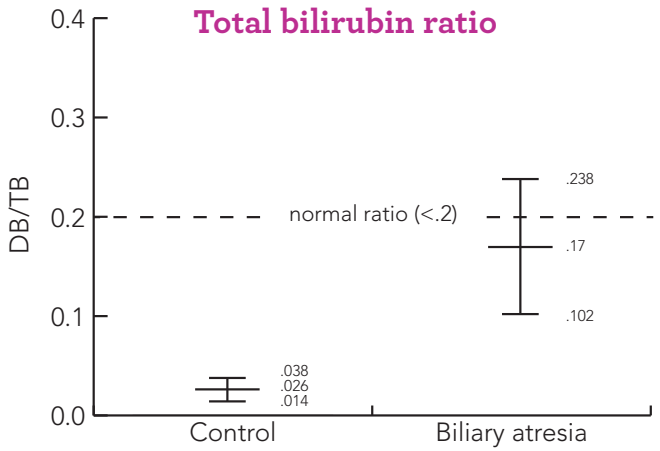
- All newborns should have DB/CB levels measured, especially those who are jaundiced.
- All elevated DB/CB levels are followed, independent of total bilirubin measurements.

"Early recognition allows us to help the patient in two ways: one is that if surgery is an option, its success is dependent upon determining if the patient has biliary atresia by approximately 6 to 8 weeks of age; and two, we can keep them healthier by giving them special nutrition," Karpen said. "So, whatever health challenges the patient faces in the future—transplant or sickness—he is better off."

Email Katrina Scott at katrina.scott@emory.edu for more information about this study.



Direct bilirubin levels can be high just a few hours after birth.



A patient with biliary atresia can have a normal total bilirubin ratio, but still have a dangerously high direct bilirubin level.

[1]*http://nlm.nih.gov/medlineplus/ency/article/001559.htm, Medline Plus. A service of the U.S. National Library of Medicine and National Institutes of Health*

We celebrate our physicians

The March 29 Professional Staff meeting was an opportunity to give some much-deserved recognition to three of the deeply committed and passionate physicians who make up our medical community. We recognized Jaquelin Gotlieb, M.D., Ed Gotlieb, M.D., and Donald Gilner, M.D., for 35 years of service as members of the Children's professional staff.

Subsequent to that, physician health and well-being was the topic of the keynote address given by Tait D. Shanafelt, M.D., Director, Mayo Clinic Department of Medicine Program on Physician Well-Being.

SAVE THE DATE

The next semi-annual professional staff meeting will be 5 p.m. to 8 p.m. Thursday, Oct. 11, at the Atlanta Century Center Marriott. Look for more details in early August.

Library Services UPDATE

Visit choa.org/medicallibrary to see the latest content added to our medical libraries.

PROFESSIONAL Staff Applications

The following applicants have applied for membership to the Professional Staff at Children's. Current Professional Staff members who have information bearing on the applicant's qualifications for staff appointment or clinical privileges may fax that information to the Credentialing Services Office at 404-785-7498 or mail to 1584 Tullie Circle, Atlanta, GA 30329, attention Lisa Kuklinski, CPMSM, CPCS.

Name	Specialty
Budman, Kevin M.D.	Ophthalmology (Fellow)
Chander, Archana M.D.	Pediatrics
Fraser Doh, Kiesha M.D.	Emergency Medicine
Gambello, Michael M.D.	Genetics
Garde, Joanne M.D.	Pediatrics (Hospitalist Fellow)
Goldman, Brian Ph.D.	Psychology
Grunwell, Jocelyn M.D.	Pediatrics
Hari, Meenakshi M.D.	Pediatrics
Hellstrom, Michael M.D.	Otolaryngology
Hoover, Justin R. M.D.	Orthopaedic Surgery (Emory Fellow)
Iyengar, Padma M.D.	Pediatrics
Kebriaei, Meysam M.D.	Neurosurgery (Fellow)
Klaiman, Cheryl Ph.D.	Psychology
Leon, Marlen M.D.	Ophthalmology (Fellow)
Lynch, Raymond M.D.	General Pediatric Surgery (Transplant Fellow)
Merriman, Laura M.D.	Urology (Fellow)
Murray, Michael M.D.	Orthopaedic Surgery (Fellow)
Neelagaru, Suleka M.D.	Pediatrics
Prajapati, Hasmukh M.D.	Radiology
Verma, Sumeet M.D.	Teleradiology
Whitley, Matthew M.D.	Otolaryngology
Zaveri, Maulik M.D.	Ophthalmology (Fellow)

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Recurring Events

Pediatric Grand Rounds at Scottish Rite (GR-SR) occurs the first, second and third Tuesdays of the each month, Main Auditorium, 7:30 a.m.

Grady Pediatric Grand Rounds (GPGR), Clinical/Pathological Conference, Thursdays at Steiner Auditorium, 68 Armstrong Drive across from the Grady Emergency department, 8 to 9 a.m. Contact Jackie Riley at jrile2@emory.edu or 404-778-1415 for more information. These sessions have been approved for CME credit through Emory University.

Pediatric Grand Rounds at Egleston (GR-EG), Wednesdays, Classrooms 3, 4 and 5, 7:30 a.m.

Pediatric Surgery Conference (PSC), Fridays at 7:30 a.m., Egleston, Classrooms 3, 4 and 5 (video-conferenced at Scottish Rite). Contact Nancy Richardson, Program Specialist, at 404-785-7843 for CME information.

9 **GR-EG:** Disorders of Growth, presented by Andrew Muir, M.D.

11 Allied Health Peer Review Committee, 1677 Tullie Circle, 8 a.m.

Marcus Autism Center Grand Rounds, 12 -1 p.m., marcus.org/grandrounds

15 **GR-SR:** Update—Thyroid Disorders in Children, presented by Doris Fadoju, M.D.

16 **GR-EG:** Research Grand Rounds—Pharmaceutical Control of Foxp3+ Regulatory T cells: The Role of Histone/Protein Deacetylases, Ulf Beier, M.D., Nephrologist, Children's Hospital of Philadelphia

17 ED/Urgent Care Peer Review Committee, 1677 Tullie Circle, 12:30 p.m.

Forsyth CME Dinner, 6:15 p.m. buffet; 6:45 p.m. presentations, Forsyth Conference Center at Lanier Technical College, choa.org/cmedinner

18 **PSC:** Trauma Lecture of the Surgery Conference—Six Dimensions of Wellness to Mitigate Vicarious Traumatization, presented by Johnnathan Ward, M.D. (Video-conference at 1st Floor Sleep Lab conference room)

21 System Board of Trustees, 1600 Tullie Circle, Boardroom, 4 p.m.

22 System Board of Trustees, 1600 Tullie Circle, Boardroom, 4 p.m.

System Peer Review Committee, 1680 Tullie Circle, 6 p.m.

23 **GR-EG:** UTI, presented by Andrew Kirsch, M.D.

24 Institutional Review Board Meeting, 7 – 9 a.m., Marcus Autism Center, 3rd Floor Boardroom

30 **GR-EG:** Bone Health, presented by Jill Flanagan, M.D.

31 Presidents' Meeting (planning session for MEC meeting), 1680 Tullie Circle, 6 p.m.

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