**Needs Assessment for Alabama Chapter of the American Academy of Pediatrics**

**2021 Spring Meeting & Pediatric Update**

The Alabama Chapter of the American Academy of Pediatrics (AL-AAP) is the largest association of pediatricians in the state of Alabama dedicated to the care and well-being of children. There are more than 850 members representing academic, subspecialty and community pediatrics from urban, suburban and rural settings in Alabama. The mission of the AL-AAP is to obtain optimal health and well-being for all children in Alabama, and to provide educational and practice support for its membership so the highest quality of medical care can be achieved. The vision of the AL-AAP is: children in Alabama are happy and healthy; Alabama pediatricians are professionally fulfilled and financially secure.

The AL-AAP Spring Meeting & Pediatric Update is designed to increase the development of clinical skills, clinical practice, and teaching ability and to help improve knowledge and competence within all areas of pediatric medicine in order to help achieve the best outcome for the child. Focus will be placed on the core competencies identified by the American Board of Medical Specialties, which are Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, and Systems-Based Practice.

The AL-AAP Spring Meeting & Pediatric Update was developed to address the educational needs of Alabama pediatric healthcare providers by identifying the professional practice gaps that exist among our learners. This process begins by creating a list of quantified or perceived performance gaps from resources which include data from the Alabama Department of Public Health, Alabama Kids Count, Alabama Medicaid Agency and others, as well as prior surveys from CME events and experiences from pediatricians from around the state. When appropriate, Alabama performance gaps are verified by using national healthcare statistics and trends, American Academy of Pediatrics guidelines/policy, state and local public health statistics, identified healthcare gaps from national opinion leaders such as the Institute of Medicine (IOM), Institute of Safe Medication Practices (ISMP), National Patient Safety Foundation (NPSF), Agency for Health Care Research and Quality (AARQ), National Quality Foundation and literature searches of writings submitted by experts in the field of interest. Recent Center for Disease Control releases on healthcare policy related to children, and immunization statistics may be considered.

Despite wide promulgation, clinical practice guidelines by themselves have had limited effect on changing physician behavior. Little is known about the process and factors involved in changing physician practices in response to guidelines. One potential barrier to implementation of practice guidelines into practice is a knowledge gap. Pediatricians need to know about common presentations of medical disorders in children and adolescents and evidenced-based approaches to diagnosis and management of these conditions.

The 2021 Spring Meeting & Pediatric Update sessions will emphasize clinical topics related to the current COVID-19 pandemic, including the efficacy and distribution of the COVID vaccine, and trickle-down effects on children and pediatric practice, as well as illnesses and conditions specific to newborns, children, adolescents, and young adults. Sessions will also cover healthcare-related topics, including spinal muscular atrophy, sickle cell disease, bleeding disorders, Hepatitis C in children, and other child health issues including child death review, early screening and referral, practice management and risk liability for pediatric practices.

Pediatricians must address a long list of medical and social issues affecting child wellness, many of which were not covered in medical school, at a time when payor and other external demands have become increasingly complex. With social-emotional issues and negative social determinants of health on the rise among children and teens, pediatricians must be better prepared to work as a team with parents and families and the health system at large to better address mental health issues, immunization delivery, managing complex medical issues, and the added layer of detrimental effects of COVID-19 on children and families.

The first does of the SARS-CoV-2, COVID-19 vaccine were sent to Alabama in mid-December. There remains many questions on how quickly the vaccine will be allocated to populations most in need, the efficacy and length of protection, when the vaccines will be approved for children and how pediatricians can help in its distribution. With acquisition of new data, regional, national, and international guidance on COVID-19 continues to rapidly evolve. Pediatric leaders recognize the unsettling nature of these changing recommendations and cite a strong need to provide pediatric health care providers with more education to better understand the shifting landscape surrounding COVID-19. Pediatricians must be equipped to manage these cases effectively within the context of the broader health system.

Although COVID 19 infection is usually mild in children, the pandemic has serious detrimental effects on children ranging from school lockdown, mental health, child abuse, screen time, etc. Defining the extent of the impact is necessary for a pediatrician to effectively provide support/care. During the COVID-19 pandemic, in some households children likely also witnessed or experienced more violence (anger on the caretaker side, triggering fear in children), something at least discussed in many opinion papers (Bradbury-Jones and Isham, 2020, Usher et al., 2020). New empirical evidence backs this up by showing that in particular parents with more anxiety and depressive symptoms tend to show more potential for child abuse perpetration during the pandemic, especially when not receiving support (Brown, Doom, Lechuga-Peña, Watamura, & Koppels, 2020). Fear of COVID-19 might also have played a part in this.

Early screening and referral for developmental delay, maternal depression, and other conditions in early childhood has been tested and refined by pediatric practices across the state through the Alabama Child Health Improvement Alliance’s 2020 Best Beginnings Collaborative. Participating practices cited big improvements in care, which are important to spread to peers across the state through education and case studies.

Pediatricians must fully understand the elements of the pediatric medical home and stay adept at ways to promote practice vitality in the face of an ever-changing healthcare system. With retail clinics, direct-to-consumer telehealth and changing contours of primary care practice, including increased rates of chronic conditions, the role of the pediatrician in optimizing their practices as medical home providers remains crucial.

Given the crucial role pediatricians play in the health of children and in the US healthcare system in general, it is vitally important that pediatric practices understand what the actual legal obligations and risks are for providing pediatric services.

The approval of the first drug for spinal muscular atrophy in December 2016 and promising early results from other clinical trials have changed the perspective of physicians and families who are now more willing to be proactive in the management of this disorder, especially in type 1. As children’s medical home, pediatricians need a better understanding of the genetics, disease evolution, diagnosis and availability of therapy, plus the need for a multidisciplinary approach.

Another important need for continued education is the new therapy that is now available for Hepatitis C for children 3 years of age and above. In addition, universal maternal screening is now recommended, thus hopefully identifying patients that would benefit from therapy and identifying at-risk children. Pediatricians need to be aware of these new therapies so that they can advocate for testing of mothers as well as therapy for children. Advocacy for insurance coverage of highly effective therapy early on before lifelong liver damage occurs in affected children is also a must. An estimated 3.5 to 5.0 million children and adolescents worldwide have chronic HCV infection, including an estimated 23,000-46,000 pediatric patients in the United States.Recent and anticipated FDA approval of additional regimens for children aged 3-11 years present an opportunity to expand HCV treatment in the pediatric population. Modeling data indicate that HCV DAA therapy is cost-effective in children as young as 12 years.

In addition, new therapies are now available for patients with sickle cell disease, pointing to the importance of continuing education so that primary care pediatricians can advocate for newer therapies in patients afflicted by this chronic condition.

Another educational gap is menorrhagia in adolescents. An estimated 20 percent of American women with menorrhagia have an underlying bleeding disorder. To deliver comprehensive care to the adolescent with menorrhagia, clinicians should recognize patterns of menstrual loss that are atypical of that associated with physiologic hormonal changes. There remains a need for consideration of possible underlying bleeding diatheses when screening the adolescent with heavy menstrual bleeding. Clinicians should be aware of the treatment modalities available to the adolescent with menorrhagia and an underlying bleeding disorder and understand when referral to a hematologist is indicated.

Alabama's Child Death Review Law, established in 1997, created the Alabama Child Death Review System (ACDRS), comprised of both state and local Child Death Review teams whose task is to review, evaluate, and formulate recommendations on how to prevent cases of unexpected and unexplained child deaths in their areas. While pediatricians serve on the state team as per statute, including one that represents the Alabama Chapter-AAP, there is wide variation in both the level of involvement of pediatricians at the local ("circuit") level as well as the effectiveness of local teams in reviewing and making recommendations to prevent child deaths locally. Stepwise, meaningful participation by pediatricians that would effect improvements in child death review at the community level and thus it is important for Alabama’s pediatricians to be educated on their role in this system.

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