This will be my last newsletter article as Chair of the Section on Endocrinology (SOEn). This fall I hand the leadership reins to Jane Lynch who has been on the Executive Committee for many years and has been working with me for the past year to insure a smooth transition. It has been a privilege to serve in this capacity. I am convinced more than ever about the tremendous value of the American Academy of Pediatrics to the welfare of children and adolescents in the US and globally, to education and advocacy for the general pediatrician, and to advocacy for subspecialist practice.

The Executive Committee has been assisted in the last many months by additional pediatric endocrinology member volunteers who have reviewed some of the clinical reports that we evaluate and have provided opinions on specific issues. This has allowed us to better represent you; the members. If you are interested in being on that list, all it takes is an e-mail to me at insills@msn.com or Laura Laskosz at llaskosz@aap.org.

Choosing Wisely Initiative

As some of you may know, the American Board of Internal Medicine (ABIM) Foundation launched the Choosing Wisely initiative in 2012 with the goal to advance a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures. The AAP was one of the organizations that joined this program. In 2012 a message went out to the membership and to the sections and committees to come up with lists of tests, treatments, and procedures that were felt to be unnecessary to provide good care. The items for the list were culled down to 2 lists of 5 items and they were published in 2013 and 2014. An example item is the finding that neuroimaging (CT, MRI) is not necessary in a child with simple febrile seizure. Paul Kaplowitz has agreed to a leadership role in this endeavor and we are asking that our membership suggest such studies and treatments in peds endo that are not necessary and only add to the cost of medical care. An email has been sent out to SOEn members requesting input on this topic. This will be further discussed during the next Executive Committee meeting and updates will be included in future issues of this newsletter.

National Diabetes Education Program (NDEP) 2016 School Guide

The AAP, with the support of the SOEn, has approved being listed among the list of organizations that support use of the school guide by school personnel. The guide has updated information on (1) effective diabetes management for children with type 2 diabetes, (2) diabetes equipment and supplies for blood glucose monitoring and administering insulin, and (3) meal planning and carbohydrate counting; and psychosocial issues affecting students with diabetes. The AAP Section on School Health members continue to have concerns with the role of the “trained diabetes professional” and the supervision of this person. The SOEn is committed to supporting the role and responsibilities of school nurses but recognizes (along with NDEP and American Diabetes Association) that in view of the insufficient numbers of school nurses available to school children with diabetes, trained diabetes professional can fill an important gap. The updated school guide will be available fall 2016 via online access only. To be sign up to be notified when the guide is available, visit: https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/school-guide/Pages/publicationdetail.aspx

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Clinical reports

The SOEn is excited to be working with authors Leena Nahata, MD; Gwendolyn P. Quinn, PhD; and Amy Tishelman, PhD to develop a clinical report entitled “Counseling in Pediatric Populations at Risk for Infertility and/or Sexual Function.” It is hoped that this report will assist pediatricians and pediatric subspecialists who see children who are either infertile due to genetic causes or become infertile in the course of treatment of a chronic disease. In addition, the report should be of interest to those who provide care for transgender adolescents.

The clinical report, “Bone Densitometry in Children and Adolescents,” co-authored by Drs Laura Bachrach and Catherine Gordon has been updated and approved for publication in the October issue of Pediatrics. Upon publication, the existing clinical report will be retired. The International Society for Clinical Densitometry had updated its clinical guidelines and the SOEn wanted to be certain that the AAP report (read by providers unlikely to be members of the Densitometry society) reflected the updated recommendations.

Work continues on the clinical report entitled “The Metabolic Syndrome in Children and Adolescents: Shifting the Focus to Risk Factor Clustering Rather than a “Syndrome.” Sheela Magge is our representative to this effort.

Hassle Factor Form

The SOEn Executive Committee is devising a way to gather information on its members experience with payer denials and concerns with insurance payment. The Hassle Factor Form is a tool that has been available to AAP members, but it has now been updated. Click here to access the online Hassle Factor form (member log-in required). The Executive Committee would like to hear back from you about denials and “hassles” with insurance reimbursement. Common issues/themes will be tracked and the SOEn Executive Committee will work with the Private Payer Advocacy Advisory Committee of the AAP to address concerns. There is power in numbers and this may be the way to collect the data.

2017 National Conference and Exhibition (NCE)

An important role of the SOEn is to provide updated education to general pediatricians about pediatric endocrinology. One way this is accomplished is by presentations at the annual AAP meeting by our colleagues who are AAP members.

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The following proposals submitted by the SOEn were accepted for presentation in 2017. Thanks to Ilene Fennoy, Jose Gonzalez, and Ambika Ashraf for this effort.

(1) Abnormal A1C or Blood Sugars, Not Yet Diabetes: What to do?
(2) Optimizing Bone Health in Growing Children
(3) Menstrual Disorders in Teens: Evaluation and Management
(4) Pediatric Endocrine Emergencies (DKA, Hypoglycemia, Adrenal Crisis, Hypocalcemia)
(5) Trending Growth Patterns
(6) Normal vs abnormal variations in pubertal
(7) Joint Program: Section on Bioethics and Section on LGBT Health and Wellness (SOEn Co-sponsored)

Youth-onset Type 2 Diabetes Consensus Report
Thank you to Jane Lynch for being our representative to this effort. The report has been published in Diabetes Care and the AAP has endorsed the effort. The report is available online at: http://care.diabetesjournals.org/content/diacare/39/9/1635.full.pdf

Membership survey for strategic plan
We recently reached out to membership requesting a few moments of your time to complete a survey that will help us develop our goals and challenges for the next few years. The important feedback from our membership will be helpful in updating the section strategic plan and help us to focus on making membership in the AAP and SOEn a valuable addition to your practice.

Technical Review of Policy
The Section on Endocrinology has been busy serving as expert technical reviewers for draft Academy policy, manuals, and consumer publications. The following documents have been reviewed:

- Council on Sports Medicine and Fitness Clinical Report, “Promotion of Healthy Weight-Control Practices in Young Athletes”
- Committee on Genetics Clinical Report, “Health Supervision for Children with William Syndrome”
- Council on Environmental Health Policy Statement and Technical Report, “Pediatric Considerations during Radiologic/Nuclear Emergencies”
- Request for endorsement: new 2016 American Thyroid Association Guidelines for Diagnosis and Management of Hyperthyroidism and Other Causes of Thyrotoxicosis
Quality Improvement and Depression Screening in Diabetes
—A Success Story

By Edward J. Bellfield, MD, MPH, FAAP

This past year within the endocrinology division of The Children's Hospital University of Illinois, we made a breakthrough. After a year of planning with meetings and data analysis, the clinic reached a milestone: our diabetes clinic workflow processes led to the goal of screening >80% of eligible diabetes patients for depression. It was no simple feat, which made it much more significant, and accomplished an important step in finding appropriate mental health services for our patients.

Depression in adolescents with type 1 diabetes is associated with less frequent blood glucose monitoring, higher HbA1c values and increased number of hospitalizations for diabetic ketoacidosis. The estimated national prevalence of depression among adolescents is up to 9.5%, and is up to twice as high for those with type 1 diabetes (Corathers, 2013). In our clinic there was no protocol to screen patients for depression. Although any member of the medical team can consult with the psychology or social worker team when there is an obvious concern for depression, it is entirely possible that many patients may not present with obvious signs of depression, or freely admit to feeling depressed. Furthermore, the ADA Standards of Medical Care in Diabetes recommends depression screening as part of the comprehensive medical evaluation.

The intent of this quality improvement intervention was to identify diabetes patients with possible depression, and thus facilitate referral to a mental health specialist. This project's goal was to screen at least 80% of type 1 diabetes patients ≥12 years for depression by least 6 months of implementing the workflow interventions.

Screening was done using the Patient Health Questionnaire-2 (PHQ2), a validated tool made up of two questions inquiring about depression symptoms. Our electronic medical record system already had a PHQ2 questionnaire in place that could add the score automatically. A score of 2 or more was considered positive, and would prompt the clinician to ask about suicidal ideation. The next step would be to either inform our Social Worker or the patient's primary care physician to obtain further mental health assessment, or send the patient to the emergency room depending on the patient's answer to suicidal ideations.

We performed three PDCA (Plan-Do-Check-Act) cycles, each lasting two months. It was determined that the physician would carry out the confidential screening. For the first several months, the main obstacle was for the clinician to remember to actually carry out the screening. Unfortunately, our medical records system did not allow for pop-up reminders, so we had to get creative. We placed signs in the clinic work room and patient rooms and rotated colors every other month, reminded clinicians every month of the need to screen eligible patients, and identified eligible patients on the clinician's patient list. A retrospective chart review at the end of the cycle allowed us to determine who received screenings. At the end of the three PDCA cycles, we took our screening rates from a baseline of 0% to 70%. After three maintenance phases in which no new interventions took place, we reached 81%.

One of the most important lessons learned is that making even minor modifications to a work process requires buy-in from all involved, as well as a whole lot of patience, time, and persistence. I am sure those of you who have led a quality improvement measure know this lesson all too well. Fortunately, this persistence is ultimately the framework by which success can ultimately be achieved.

Edward Bellfield is a third-year fellow in Pediatric Endocrinology. His QI project “Systematic Depression Screening in Adolescents with Type 1 Diabetes: A Clinic-Based Quality Improvement Project” was selected for the 2016 American Academy of Pediatrics and Pediatric Endocrine Society Leona Cuttler Award.
Approximately 23 thousand children and adolescents are diagnosed with diabetes in the U.S. annually.*

Some are not diagnosed promptly which can lead to poor outcomes.

When a patient presents to you with vomiting, fatigue, and malaise, don’t assume it is “the flu” or “a virus” until you are sure that your patient does not have diabetes.


American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Section on Endocrinology sponsored programs

Saturday, October 22, 2016
7:30 – 8:15am
Office Evaluation of the Child with Early Signs of Puberty
   Faculty: Dennis Styne, MD

2:00 – 2:45pm
Thyroid Nodules: When Is It Cancer and What to Do?
   Faculty: Harvey Chiu, MD

4:00 – 4:45pm
Office Evaluation of the Child with Early Signs of Puberty (repeat)
   Faculty: Dennis Styne, MD

Sunday, October 23, 2016
7:30 – 8:15am
Thyroid Nodules: When Is It Cancer and What to Do? (repeat)
   Faculty: Harvey Chiu, MD

4:00 – 4:45pm
Vitamin D Insufficiency: A New Disease in an Old Society or an Old Disease in a New Society?
   Faculty: Catherine Gordon, MD, MS, FAAP

Monday, October 24, 2016
7:30 – 8:15am
Vitamin D Insufficiency: A New Disease in an Old Society or an Old Disease in a New Society? (Repeat)
   Faculty: Catherine Gordon, MD, MS, FAAP

8:30 – 10:00am
Type 2 Diabetes in Children and Adolescents: Lessons from the TODAY Study
   Faculty: Saleh Adi, MD

Tuesday, October 25, 2016
9:30 – 10:15am
Type 1 Diabetes: Management and Update
   Faculty: Gina Capodanno, MD, FAAP

4:00 – 4:45pm
Type 1 Diabetes: Management and Update (Repeat)
   Faculty: Gina Capodanno, MD, FAAP
**Award Recipients**

**Paul Kaplowitz, MD, Endowed Lectureship Award**

*Sponsored by the American Academy of Pediatrics and the Pediatric Endocrine Society*

Congratulations to Joyce Lee, MD, for receiving the inaugural Paul Kaplowitz, MD, Endowed Lectureship for contributions to quality and cost-effective care in pediatric endocrinology.

Dr Lee received the award and presented a talk at the PES annual meeting entitled, “Health Outcomes, Quality, and Cost: New Opportunities for Pediatric Endocrinology.”

**The AAP and PES Leona Cuttler Quality Improvement Award**

Congratulations to Edward Bellfield, MD, MPH, FAAP, for receiving the 2016 Leona Cuttler Quality Improvement Award! The award was established in 2015 in memory of Dr Leona Cuttler and her extensive career as an advocate for children with endocrine disorders. The award is given to acknowledge the best abstract by a pediatric endocrine fellow, resident or medical student on a topic that has a focus on quality improvement in pediatric endocrinology. Dr Bellfield received the award for the abstract entitled, “Systematic Depression Screening in Adolescents with Type 1 Diabetes: A Clinic-Based Quality Improvement Project.” We hope you have read his article earlier in this newsletter highlighting his work.

**Thank you to our Section Volunteers!**

We would like to acknowledge section members who have been volunteering for a variety of section initiatives over the past few months!

- Ambika Ashraf, MD, FAAP – Section Program Co-Chair
- Manmohan Kamboj, MD, FAAP – Newsletter Editor
- Wendy Bailey, MD, FAACE, FAAP
- Andrew Bremer, MD, PhD, FAAP
- Stuart Brink, MD, FAAP
- John Galgani Jr, MD, FAAP
- Joel Hahnke, MD, FAAP
- Katherine Hwu, MD, FAAP
- David Jelley, MD, FAAP
- John Oberlin, MD, FAAP
- Roja Motaghedi, MD, FAAP
- Joel Steelman, MD, FAAP
- Selma Witchel, MD, FAAP

**Interested in being more involved with the SOEn?**

E-mail Laura Laskosz at llaskosz@aap.org
The American Academy of Pediatrics 2017 Legislative Conference, which will take place April 23 – 25 in Washington, DC, will include a Pediatric Subspecialty Advocacy Track of specific legislative and skills building workshops uniquely focused on the interests and needs of pediatric medical and surgical subspecialists.

All attendees who participate in the track will attend the events and workshops on the full conference agenda, with the below modifications/additions:

- **A skills-building workshop** on how to educate legislators and their staff about your field of expertise, how to credential yourself as a resource to legislators on issues related to your specialty when there isn’t legislation moving on that topic, and how to adapt broader legislative priorities to meet your focus and interest

- **At least one legislative priority workshop** on a subspecialty topic related to an issue impacting specialists and subspecialists (for example, sustaining a robust and specialized pediatric workforce)

- **Networking opportunities** to meet other pediatricians in other fields and compare advocacy challenges and achievements

If you are interested in learning more about the track and would like to be notified when registration for the conference opens, please email LegislativeConference@aap.org and mention your specific interest in the track. For more information on the Legislative Conference, please visit aap.org/legcon.

### New and Renewed Members

- Amanda Ackermann, MD, PhD, FAAP
- Javier E. Aisenberg, MD, FAAP
- Melissa Buryk, MD, FAAP
- Eric Chang, MD
- Kimberly Fuld, DO, FAAP
- Chijioke Ikomi, MD, FAAP
- Capt. Sharon Jackson, MD, FAAP
- Rashmi Jain, MBBS, FAAP
- Farah Khatoon, DO, MPH, FAAP
- Michelle Knoll, MD
- Kathleen Marquart, MD, FAAP
- Leena Nahata, MD, FAAP
- Nicolas Nicolaides, MD, PhD
- Sonalee Ravi, MD
- Ramah Sharief, MD
- Jason Smith
- Kayla Stefanko
- Cara Tillotson, DO
- Bach-Mai Vu, MD, FAAP

### Not a Member?

**Joining is Easy!**

Current members of the Academy in good standing are eligible to join the Section on Endocrinology by contacting the AAP Customer Service at 866/THE-AAP1 (866-843-2271).
Endocrinology Meeting Schedule

2016
AAP National Conference and Exhibition
http://www.aapexperience.org/
October 22-25, 2016
San Francisco, CA

2017
ENDO 2017 – The Endocrine Society Annual Meeting
http://www.endocrine.org/meetings/endo-annual-meetings
April 1-4, 2017
Orlando, FL

AAP Legislative Conference
aap.org/legcon
April 23 – 25, 2017

American Diabetes Association 77th Scientific Sessions
http://professional.diabetes.org/meeting/scientific-sessions/77th-scientific-sessions
June 9 – 13, 2017
San Diego, CA

10th International Meeting of Pediatric Endocrinology
http://internationalmeeting2017.org/
September 14 – 17, 2017
Washington, DC

AAP National Conference & Exhibition
http://www.aapexperience.org
September 16-19, 2017

McCormick Place
Chicago, IL
Pre-conference events Friday, September 15

87th Annual Meeting of the American Thyroid Association
http://www.thyroid.org
October 18 – 22, 2017
The Fairmont Empress and Victoria Conference Center
Victoria, BC, Canada

Statements and opinions expressed in this publication are those of the authors and not necessarily those of the American Academy of Pediatrics or the Section on Endocrinology.