The Forum

Massachusetts Chapter

INCORPORATED IN MASSACHUSETTS

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

Newsletter of the Massachusetts Chapter of the American Academy of Pediatrics

PRESIDENT'S MESSAGE

Improving Mental Health for Children

There have been days as a pediatrician where I would just like to go to Pooh's "Thoughtful Spot" to give me a moment to ponder the more complex concerns that families and patients bring to me. I've come to realize that it is usually the struggle of children with complex behavioral concerns that gives me pause and sometimes makes me feel inadequate as a healer, despite many years of buffing up my skills in **pediatric mental health**.

I've made a conscious effort to lead our MCAAP Executive Board meetings by being present and by eliciting from our district representatives the struggles they are facing professionally or those they hear about from colleagues. Sure enough, I keep hearing that behavioral health is demanding more attention during every pediatrician's day, and many don't feel well enough prepared to "solve their patients' problems." We are all feeling the same strain and pressures.

Just recently, the CDC delivered the *Youth Risk Behavior Survey Data Summary and Trends Report*, and it painted a sobering picture of the state of mental health in our middle and high schoolers. While there was some good news in the report, including overall improvements in risky sexual behavior and substance use and decreases in school bullying and nonconsensual sex, the report delivered the troubling news that "almost 60% of female students experienced persistent feelings of sadness or hopelessness during the past year and nearly 25% made a suicide plan." There were equally alarming statistics for our LGBTQ+ teens' feelings of hopelessness

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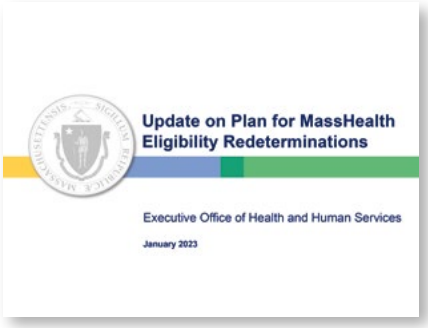
A Call to Action for Upcoming MassHealth Eligibility Redeterminations

In March 2020, the federal government declared a public health emergency (PHE) due to the COVID-19 pandemic. In response to the PHE and consistent with federal continuous coverage requirements, MassHealth put protections in place that prevented members' MassHealth coverage from ending during the COVID-19 emergency.

Currently, protections are in place that allow all members to keep their MassHealth coverage until April 1, 2023. Beginning April 1, 2023, MassHealth needs to renew all members. These renewals will take place over 12 months, from April 2023 to April 2024. This means that members could get their renewal forms in the mail at any time during this one-year period.

Members need to know what to expect and how to keep their health coverage when MassHealth returns to our regular renewal processes. Most members will either remain eligible for MassHealth or qualify for subsidies that will allow them



to get affordable coverage through the Health Connector or other sources.

In order to reduce the number of qualified members that lose their coverage, MassHealth is working with the Massachusetts Health Connector, Health Care For All, and other partners to make sure members know how to renew their coverage and know of other affordable health coverage options if needed.

MassHealth provides health insurance coverage for nearly 40% of all children in Massachusetts. It is critical we ensure our

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Photo by Lisa Dobberteen, MD, FAAP

EDITOR'S NOTE

Reflections on the Past 3 Years

Along with my work as a garden-variety pediatrician I work with the Cambridge Public Health Department. Before the pandemic, I used to joke that I had a little public health job with a big title: "Medical Director, School Health and Public Health Programs, Cambridge Public Health Department." In March 2020, everything changed, and just as in a children's story, my job grew, and grew, and grew.

I've had the privilege of serving with a fine group of public health warriors. I've had a close look at the intersection of politics and public health, which gave me the chance to work closely with elected officials. I've had to learn to speak well and extemporaneously in public meetings. I've had to develop a bit of a thick skin, too.

The arrival of vaccinations and the relief of being vaccinated (I got my first on New Year's Eve 2020) foretold a somewhat better 2021. Vaccination clinics for First Responders began our hugely effective partnerships and warm relationships with our city allies in the Fire Department, Police Department, Public Works Department, and other departments that continue on.

The pandemic had a profound effect on childcare. After being closed for months, schools grappled with unwieldy testing protocols. We gradually learned that schools are very safe places for children, and most transmissions occur outside the classroom for both students and staff. MCAAP and the School Health Task Force were leaders in helping us all make good choices for students.

We have learned so much. Masks work to protect the wearer and others when they are high quality and worn correctly. Vaccinations work. Unvaccinated people get sicker from COVID-19 and die more often. Politics can get in the way of effective science helping people make the choice to get vaccinated and to wear masks. We had to learn thoughtful ways of communicating new information as the science taught us more about COVID-19 and pandemics, effective ways of communicating public health strategies, and the critical importance of well-funded public health infrastructure locally, nationally, and globally. We learned that safe vaccines could be produced rapidly. In the office, we learned that for some things, telehealth can be very useful, and for other things, definitely not. Those telehealth "physicals!"

And as pediatricians, our empathy and compassion grew for our adult medicine colleagues, who took care of much sicker patients and lost many more to COVID-19 than we did. The lives lost still haunt

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Improving Mental Health for Children

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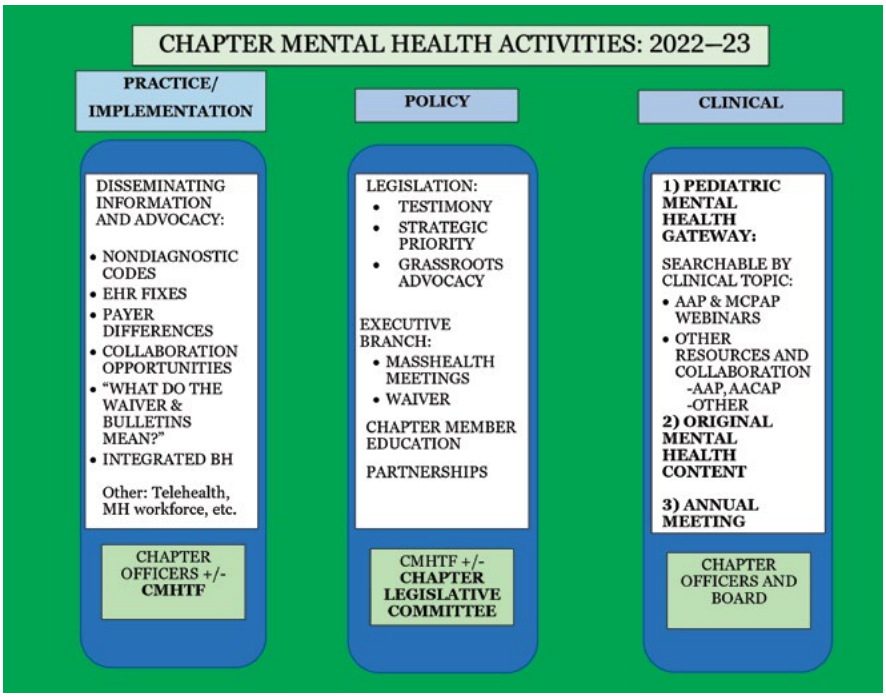
and there were notable disparities between Black and non-Black suicide attempts.[1] Our youth are in pain.

First of all, I want to relieve us all of the delusion that we can handle the youth mental health crisis on our own as individual physicians or even with our pediatric teams. We care deeply about our patients. We can be present, and we can improve our competencies in mental health screening, diagnosis, and treatment. We can advocate in communities, in schools, in the Commonwealth, and nationally for improvements in systems of care and general awareness of the problems and possible solutions. The Chapter is very involved in such advocacy and regularly partners with nonprofit agencies and state agencies that are working on new approaches to a challenge that often feels overwhelming. Only through collaborations and societal movement can we make a difference. We are living in systems that are hurting our youth, and we can join with youth and families to advocate loudly.

Our Chapter leadership has envisioned a three-part approach to mental health that I'd like to share with you all.

The Children's Mental Health Task Force (CMHTF) was established over 20 years ago by Chapter members and continues to lead the way statewide. The CMHTF represents a coalition of pediatricians, child psychiatrists, psychologists, social workers, insurance representatives, policy advocates, various commissioners, legislators, employer groups, nurses, and groups from the education and correctional services communities. All are united in their commitment to improving children's mental health in Massachusetts. Currently chaired by Drs. Heather Forkey and Michael Tang, the group meets quarterly to discuss mental health policy and implementation best practices that can be highlighted and supported in different arenas. In the past, the CMHTF has been instrumental in state mandates and reimbursement for developmental and behavioral health screening in preventive and acute pediatric visits, has facilitated conversations with state government on the ED boarding crisis, and has demonstrated the benefits of funding pediatric integrated behavioral health. Task Force collaborators have also come together to plan webinars on such topics as referrals for counseling with non-diagnostic codes and how the CMS waiver/MassHealth policies could impact pediatric practices. MCAAP members have a fantastic opportunity to both hear and influence policy improvements in youth mental health services by participating in the CMHTF meetings, and we need many more practicing pediatricians at the table to give feedback to these partners. Please contact Cathleen Haggerty (chaggerty@mcaap.org) to be added to the invitation list.



In addition to strategic consideration of legislative testimony and grassroots advocacy on current bills in the State House, the MCAAP Executive Officers and the MCAAP Legislative Committee remain committed to mental health solutions. These are again opportunities for MCAAP members to reach out and offer anecdotal or evidence-based information to share with legislators, the state executive branch, and national leaders. Chapter leaders are also advocating for the Massachusetts Medical Society to develop a CME workshop to teach Massachusetts physicians how to write effective op-eds and letters to the editor to get the word out on all health topics. Pediatricians are on the front lines with our patients and their families in offices, hospitals, and schools, and we cannot make meaningful change without speaking up.

Pediatricians want their patients to have access to the best mental health care on a timely basis, and we do need to advocate for overhauling the system if we are ever going to get there. We all know, however, that this isn't the reality for families and our practices *now*. It often feels as if we are in a grand game of mental health tag and "we are it." How do we offer the same high-quality care for behavioral concerns as we do for physical complaints?

There are many resources out there for pediatricians to improve their competence and confidence in mental health diagnosis and treatment. There are a number of groups within the national AAP working on mental health videos, courses, and quality improvement programs. The Massachusetts Child Psychiatry Access Program (MCPAP) also offers an archive of invaluable resources, including webinars and algorithms. Are these tools as organized and accessible as practicing pediatric teams need them to be to learn new skills and gain confidence? We've heard a resounding no. Which tools are the

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Taking the New AAP Clinical Practice Guidelines on Obesity to the Medical Home

Providers and caregivers yearn for a safe and effective way to treat childhood obesity. With the increasing prevalence of obesity and associated comorbidities, the concern for the short- and long-term physical and mental health of children with obesity is greater than ever. Obesity is a complex pathophysiologic process caused by a genetic predisposition in the setting of adverse environmental exposures starting in prenatal life and occurring through childhood and adolescence. To date, lifestyle modifications to decrease caloric intake and increase energy expenditure were the only treatment advocated by the American Academy of Pediatrics (AAP). But in January 2023, the AAP published the "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity" (CPG), which focused on the urgency of addressing childhood obesity using an evidence-based approach appropriate for the severity of the disease.

The CPG states that obesity is a chronic disease and treatment requires a longitudinal, dynamic, and multidisciplinary approach. Promptly identifying overweight status and obesity in children and addressing the modifiable risk factors is imperative. Immediately upon establishing a diagnosis, it is important to discuss treatment options and monitor for obesity-related complications.

Diagnosis is based on BMI, which is not a perfect tool but is widely utilized to identify children with overweight status or obesity. The intervention, which should start promptly after diagnosis, is based on the patient's age and the severity of the disease. Initial treatment begins in the patient's medical home by explaining the diagnosis in a non-stigmatizing, culturally sensitive way, identifying modifiable behaviors and risk factors (including monogenic and syndromic causes of obesity, which require specific testing), engaging in family-centered

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Reflections on the Past 3 Years

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me — well over one million in the US and well over six million in the world. The deaths of a dear friend and two beloved neighbors were my personal losses. So many families of our patients were touched. As I write this, the Cambridge Public Health Department (CPHD) has reported yet another death of a Cambridge resident. The ongoing loss of 400–500 people daily in our country and many more globally is unacceptable.

The distress, anxiety, and loneliness of new parents with pandemic babies were palpable. How to help them negotiate quarantines for grandparents eager to hold their new grandchildren was challenging. Difficulties obtaining tests in the days before rapid tests made everything so much easier and safer. Relying less on test positivity as a measure of virus activity and relying more on the CDC's Community Levels of Transmission, which incorporates data reflecting the strain on our health care setting. Much of MA and the East Coast are now, fortunately, in the Low category.

I remember so many stories. There was the grateful dad, at the end of a home visit for well-child guidance and vaccines, who said, "Hey Doc, want some toilet paper?" Another home visit, where my extraordinarily helpful scribe and I were barricaded in a corner because the family was afraid we would contaminate their home with coronavirus. Offers of tea, food, cake, and cookies everywhere we went. Eerily empty streets all through Greater Boston. We found a parking space on Mass Ave in the South End, where we miraculously parked right in front of the home we were visiting.

And always, it was the relationship with our patients that sustained me. One concerned parent, as I came into the room for a well-child visit for beautiful twins, gowned head to toe, masked and goggled, asked, "Dr. D., are you afraid to see your patients?" Not at all, I assured them; I was and continue to be delighted to get in a room with a family. We have learned a tremendous amount about how to support families in a pandemic, which will be useful for the next one. We have also learned the terrible toll this time has taken on the mental health of our patients and their parents. The Chapter has a revamped website that we encourage you to try out, use, and provide feedback on; our Chapter leadership is working tirelessly, and our upcoming Annual Meeting will provide additional tools in the area of mental health.

It is worth returning to the Italian philosopher and writer, Francesca Milandri, in "A Letter from Locked Down Italy: This is What We Know about Your Future." Her beautifully written glimpse of the beginning of the pandemic is deserving of rereading to remind ourselves just how far we have come. COVID-19 will be with us forever, in its endemic form, but we are moving beyond the pandemic. May we learn from the challenges experienced, always support our families, and never take seeing our patients in person for granted. Wishing you, your families, and your staff good health and brighter days in the months to come.

— Lisa Dobberteen, MD, FAAP

Improving Mental Health for Children

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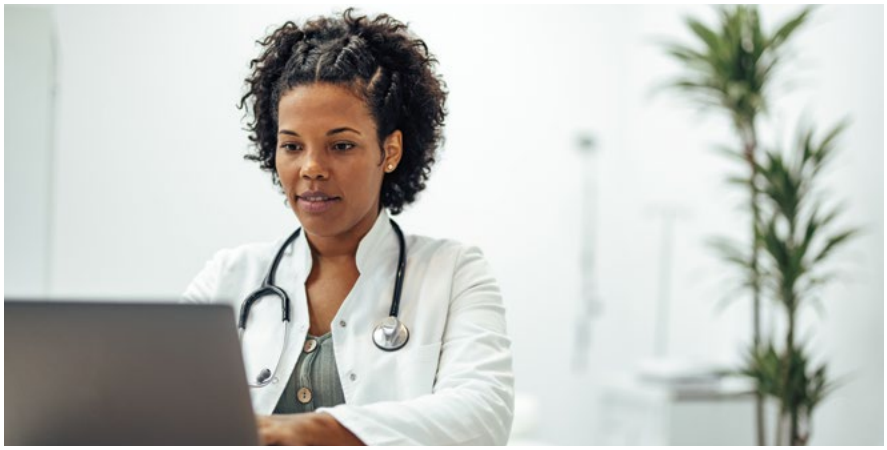
most relevant to the problems we are facing, and how can pediatricians find them? These are the questions the MCAAP board and executive team has asked.

Our February update to the MCAAP website includes a new "Pediatric Mental Health Gateway." We initially considered creating an ambitious webinar series, but we decided that curating the existing valuable resources for our members should be the first step to supporting our MCAAP members. While this gateway is a dynamically linked database that will be updated frequently, it already includes videos, articles, and podcast links for clinical topics of interest to our members and the community at large.

Please visit mcaap.org to explore this valuable tool. This is one-stop shopping for pediatrician-curated mental health tools; you can get to where you need to be in one to two clicks. We would love to get feedback and your suggestions for content. Moving forward, we will be adding more content, including both curated links and new Massachusetts-specific original videos, and inviting any member to become more involved in this initiative. It's a great way to spread your wisdom on a flexible schedule, and you can learn more about opportunities in the chapter at the same time.

Both the Massachusetts Chapter of the AAP and the national AAP have committed to making pediatric mental health an ongoing strategic priority. My friends and colleagues know it's also a personal passion of mine, so I'd like to offer two key pieces of wisdom:



- You don't need to know it all. We will all feel more competent if we use some time to assess our confidence gaps in caring for kids with mental health concerns and proceed to buff up these skills. We hope that our MCAAP Pediatric Mental Health Gateway can help you make a reasonable plan for yourself, either by "just in time" learning or on a workable schedule. Please pay special attention to the concepts of brief interventions, common factors, and common elements referenced in Mental Health Competencies for Pediatric Practice[2] to make this all workable.
- Being present, forming a therapeutic alliance, and walking along with the family on their journey may be the most valuable "treatment" you can offer for behavioral health concerns. Many of these conditions may become chronic. Families struggle alone through much of the journey. We can teach caregivers to "put on their own oxygen masks" when caring for loved ones in pain, and we must reach out for our own support when we internalize the despair.

We hope that the Chapter can help you with both goals. Please remember that I welcome your input because I can't do my best for Massachusetts youth and your pediatric teams if you don't tell me what you really need.

— Mary Beth Miotto, MD, MPH, FAAP

References

[1]https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

[2]https://publications.aap.org/pediatrics/article/144/5/e20192757/38256/Mental-Health-Competencies-for-Pediatric-Practice?autologincheck=redirected

ShotClock

CDC Publishes 2023 Immunization Schedules

The Centers for Disease Control and Prevention (CDC) has published the **Recommended Child and Adolescent Immunization Schedule for Ages 18 years or younger, United States, 2023** (https://rb.gy/nzybjz) and the **Recommended Adult Immunization Schedule for Ages 19 years or older, United States, 2023** (https://rb.gy/tvnopv).

Updates to this year's schedules are reviewed in the following articles, published in *Morbidity and Mortality Weekly Report* (MMWR), on February 10, 2023:

- ***Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2023*** (https://rb.gy/igva7q).
- ***Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2023*** (https://rb.gy/84xxuu).

A summary of schedule changes, along with guidance about COVID-19 vaccination, vaccination recommendations during the COVID-19 pandemic, and vaccine catch-up, can be found on the CDC website at the following link: https://rb.gy/bdoduj.

Printable versions of the 2023 immunization schedules are available on the CDC website (https://rb.gy/hj4koh) in several formats, including portrait, landscape, and pocket-sized versions. Parent-friendly schedules are also available in English and Spanish (https://rb.gy/cz67qx).

The 2023 CDC Vaccine Schedules App for Healthcare Providers for iOS and Android devices can be downloaded for free at https://rb.gy/p87iip.

Immunize.org is selling laminated versions of the 2023 immunization schedules. The schedules are now available for order. For more information, visit https://rb.gy/43fson.

Submissions for the next issue of *The Forum* should be sent to ldobberteen@mcaap.org by May 22, 2023.

On March 9, the MCAAP Immunization Initiative Webinar Series presented, *"Updates in ACIP Recommendations for the 2023 Childhood/Adolescent and Adult Immunization Schedules."* The webinar recording can be found at https://rb.gy/3yboek.

Additional Resources

- Recommended Childhood and Adolescent Immunization Schedule: United States, 2023. *Pediatrics*. 2023 Mar 1; 151(3): e2022061029. https://rb.gy/xdm3ra
- Recommended Adult Immunization Schedule, United States, 2023. *Annals of Internal Medicine*. 10 Feb 2023. https://rb.gy/yoxzse

— MCAAP Immunization Initiative

Vaccine Catch-Up Guidance Job Aids

CDC has developed guidance job aids to assist providers in interpreting Table 2 of the 2023 childhood and adolescent immunization schedule, **Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind**.

The job aids can be found at: https://rb.gy/19fzsh.

— MCAAP Immunization Initiative

Massachusetts Vaccine Confidence Project Introduces Its New Website

The Massachusetts Vaccine Confidence Project (MVCP) is committed to increasing vaccine confidence and ensuring that all Massachusetts residents are protected against vaccine preventable diseases. The MVCP is pleased to announce the launch of its website (massvaccineconfidenceproject.org).

The website includes information and resources that can help you increase vaccine confidence in your own practice.

Your feedback is welcome! Do you have resources that have helped you to improve vaccine confidence in your practice? Please send them to Cynthia McReynolds (cmcreynolds@mcaap.org).

— MCAAP Immunization Initiative

CDC Initiates Let's RISE Initiative to Get Routine Immunizations Back on Track

The COVID-19 pandemic has resulted in a drop in routine immunizations among both children and adults. While routine vaccination is recovering, it has been inconsistent, especially among at-risk populations. To respond to this drop in routine immunization, CDC has initiated **Let's RISE (Routine Immunizations on Schedule for Everyone)** (https://tinyurl.com/ynn2jmdm).

The purpose of **Let's RISE** is to use evidence-based strategies and available resources and data to encourage people to catch up on routine vaccinations.

Health care professionals can take these steps to get their patients back on track with routine immunizations:

- Prioritize ensuring everyone catches up on routine vaccinations.

- Identify individuals behind on their vaccinations.
- Encourage vaccination catch-up through reminders, recall, and outreach.
- Make strong vaccine recommendations.
- Make vaccines easy for everyone to find and afford.

As it becomes available, the CDC will publish data on routine immunization uptake and priority groups to target for catch-up.

Visit the **Let's RISE** website (https://tinyurl.com/ynn2jmdm) to access data and resources for use in your practice.
— MCAAP Immunization Initiative

Reference

Let's RISE Initiative, CDC (https://tinyurl.com/ynn2jmdm).

2023 MDPH Immunization Updates

Every spring, the Massachusetts Department of Public Health's Immunization Division presents annual updates on immunization-related topics for health care professionals. The 2023 Immunization Updates will take place as a series of one-hour webinars in May and June. Vaccine coordinators and backups can earn their Vaccines for Children (VFC) certificate by taking the VFC Compliance/Vaccine Storage and Handling webinar.

The 2023 Immunization Updates schedule follows:

- **Wednesday, May 17**
  Immunization Schedule Updates
- **Wednesday, May 24**
  Vaccine Confidence with Karen Ernst (Co-Founder, Voices for Vaccines, www.voicesforvaccines.org)
- **Wednesday, May 31**
  Massachusetts Immunization Information System (MIIS)
- **Wednesday, June 7**
  Vaccines for Children (VFC) Compliance Training/Vaccine Storage and Handling
- **Wednesday, June 14**
  Epidemiology of Vaccine-Preventable Diseases in Massachusetts

All of the updates will start at noon (there will be no in-person sessions). Registration is free; pre-registration is required.

Updates, including information about registration and continuing education credits, will be posted as they become available at: https://rb.gy/ullbb9.

If you have questions about the Immunization Updates, please contact Ted Clark, Outreach Coordinator, MDPH Immunization Division (ted.f.clark@mass.gov).
— MCAAP Immunization Initiative

Upcoming Conferences and Meetings

National Infant Immunization Week (NIIW)
April 24–April 30, 2023

For more information, visit https://rb.gy/smxyrh.

2023 MDPH Immunization Updates
May and June 2023

The updates will be held as one-hour webinars.

For more information, including the webinar schedule, visit mass.gov/service-details/immunization-division-events.

Massachusetts Vaccine Purchasing Advisory Council Meeting
June 8, 2023, 4:00 PM

For more information, visit mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac.

Advisory Committee on Immunization Practices (ACIP) Meeting
June 21–22, 2023
Atlanta, Georgia; virtual

For more information, visit https://rb.gy/nolvby.

BOOK CORNER

Why Books Featuring Human Characters Might Be Better for Children

What is your favorite storybook character? Mine is a tie between Babar the Elephant and the many Berenstain Bears, though there is substantial competition from the likes of Little Critter, Froggy, and Shrek (not the jerk-with-a-heart-of-gold Shrek from Dreamworks, but the original Shrek who delighted in being revolting, had nightmares about being adored by children, and "lived horribly ever after" after meeting an equally revolting princess; seriously, the book by William Steig is worth a look).

Green monsters aside, when I think of childhood characters, I think of animals. Talking animals. Animals with houses and human-like occupations, but animals nonetheless. Though there are exceptions (*Mr. Putter and Tabby* as well as *The Magic School Bus* series come to mind), it certainly seems that anthropomorphizing animals is a common motif in children's stories. I would be interested to see if this is a trend that has changed over time; this is not something that, to my knowledge, has been studied.

However, I did find a study that looked at whether animal or human main characters are better at teaching prosocial behavior. In 2017, an article in *Developmental Science* by Nicole Larsen, Kang Lee, and Patricia Ganea examined prosocial behavior in 96 children, ages four to six years, after being read either *Little Raccoon Learns to Share* by Mary Pacard (the same book altered to have human characters) or a control book (strongly hinted to be *The Tiny Seed* by Eric Carle, which contains no interpersonal interaction). These children were then given stickers and told they could donate some of them to kids who were not able to participate in the lesson — these stickers were placed in an envelope and sealed, and an examiner counted the number of donated stickers after the fact.

The results were surprising to me. First, children who were read the "human" version of Mary Pacard's book shared more stickers after the reading than did children who were read either the animal version or the control book. In addition, the authors found that children who were read the book with animals *and* perceived the actions of the animals to be "human-like" donated more stickers than children who saw them merely as "animal-like." To me, this speaks to how concrete children often are; it is easier to apply a lesson on how to treat other humans if the characters in the lesson are themselves humans. It is interesting, then, how often lessons in storybooks are imparted through animals.

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A Call to Action for Upcoming MassHealth Eligibility Redeterminations

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families are aware of the upcoming renewals. To spread the word, MassHealth is working with stakeholders and other partners to ensure our members avoid gaps in coverage when renewals begin. To further this effort, MassHealth is targeting special communications strategies to best reach our children and families.

MassHealth is urging partners to share key messages to notify and educate families about the upcoming renewal process. This includes informing members to **update contact information**, **report any household changes**, and **read all mail from MassHealth** — including looking out for a blue envelope in the mail, which will include their renewal notice and their deadline to renew.

To help MassHealth spread the word about the upcoming redetermination process, please find more information on our website at (https://rb.gy/b2qnde). This website includes an outreach communications toolkit that contains key messages and materials to help you educate and outreach to members, as well as helpful information for members. Thank you for your help spreading the word to protect the health of children of Massachusetts! ***— Madi Wachman, MSW, MPH, Deputy Director, Parent, Child, and Family Policy, MassHealth Executive Office of Health and Human Services***

Why Books Featuring Human Characters Might Be Better for Children

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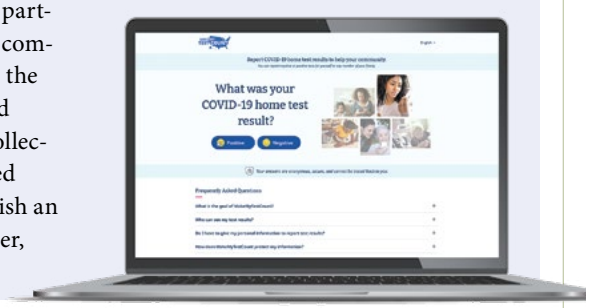
Several questions come to mind after reading this study. Is personal attachment to characters perhaps a mediating factor? For example, would a child who had come to know Babar the Elephant through several stories be more likely to take his lessons to heart than a child reading about him for the first time? Given the concrete thinking of children, if a story about humans promotes prosocial behavior toward other children, would a story about animals promote kindness toward animals?

It's a nice idea. I'm a vegetarian though, so I might be biased. ***— Raja Pillai, MD, fellow in Developmental/Behavioral Pediatrics at Children's Hospital***

Dr. Pillai can be reached at Rajapillai.Pillai@childrens.harvard.edu.

Make My Test Count

The website, Make My Test Count, learn.makemytestcount.org, was launched in November as an initiative of the National Institutes of Health to try and capture some of the data from rapid antigen home tests taken for COVID-19. This is a partnership with CareEvolution, a company whose platform supports the Framingham Health Study and other important health data collection efforts. All data is collected anonymously. Certainly, we wish an effort like this had begun earlier, and it will be a self-selected sample. I think many families will find this interesting and want to participate! ***— Lisa Dobberteen, MD, FAAP***



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Please remember to double check that your ad is the correct size and contains the most up-to-date information.

Taking the New AAP Clinical Practice Guidelines on Obesity to the Medical Home

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motivational interviewing to empower families, and enrolling them in intensive health behavior and lifestyle treatment (IHBLT).

IHBLT is an intensive treatment lasting at least 26 hours over 3–12 months that addresses nutrition, physical activity, and behavior modification and can accomplish a moderate decrease in BMI. Main challenges to IHBLT include patient retention, particularly among low-income families, and a lack of evidence on the sustainability of results over the long term. To improve adherence, the importance of early treatment and setting realistic expectations should be emphasized. Developing infrastructure to deliver IHBLT is needed and building community-based partnerships may help expand capacity to deliver this treatment.

In older children with poor response to IHBLT alone, providers should escalate treatment by adding other evidence-based approaches to weight management, including pharmacotherapy and surgery. In children 12 years of age or older who do not respond to IHBLT, pharmacotherapeutic options can be offered by the primary care provider or referred to pediatric obesity experts. Metabolic and bariatric surgery, either sleeve gastrectomy or Roux-en-Y gastric bypass, can be considered in children with severe obesity after age 13. Treatment needs to be individualized, and the patient and their family should be informed about all available options, which may even include some off-label use of medications.

It is essential to address obesity stigma both at the family and provider level to have effective and non-stigmatizing discussions around obesity as a chronic disease. The conversations should appropriately focus on current pathophysiological insights and devise a plan to achieve the common goal of better health and a better quality of life for the child. To optimize resource utilization, patients referred to pediatric obesity centers should have clear expectations about the therapies offered at these centers. The conversation on anti-obesity medications should start at the medical home.

The need for capacity building to provide these therapies has never been greater. This requires training of current and future pediatric providers in anti-obesity pharmacotherapy as well as building adolescent bariatric centers that provide multidisciplinary care. Primary care practices may consider collaborating with specialized obesity centers to develop infrastructure to provide these advanced treatment options, especially anti-obesity pharmacotherapy.

In summary, the CPG propose that primary care teams screen for obesity and comorbidities and institute prompt treatment instead of watchful waiting. All children with overweight or obesity should be involved in IHBLT with the goal of addressing modifiable risk factors with a family-oriented care plan. Working with specialized obesity centers to provide pharmacotherapy and surgical options as needed is recommended. Establishing realistic expectations to improve patient and family compliance is important to ensure the success of the interventions. However, this will take time, effort, and support from entities within and outside of health care. Partnering with resources in the community will help expand the current infrastructure to allow adherence to recommendations.

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Ed note: The opinions expressed here are those of the authors and not their home institution.

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