South Carolina
pediatrics
newsletter for members of the south carolina chapter of aap | Spring 2019

President's Message

Kerry K. Sease, MD, MPH, FAAP | President

Happy spring! I don't know about you, but I am ready for the warmer weather and look forward to hitting the beautiful beaches, lakes and rivers across South Carolina. With this warmer weather also comes an opportunity for advocacy!

Last month, AAP released updated recommendations on water safety. Drowning is the number 1 cause of death among children aged 1-4, and it is the second-leading cause of death among teens.

We can lower these rates if pediatricians, parents and policy-makers work together to implement solutions we know will keep children safe.

Please visit AAP's new campaign page which makes sharing our content especially easy: www.aap.org/drowning. The page has sample social media posts you can automatically send in one click, infographics, videos, and other helpful information you can share with parents and caregivers.

I also encourage you to reach out to your local Safe Kids Coalition https://www.safekids.org/coalition/safe-kids-south-carolina to see what other resources are available in your area or how you may be able to incorporate them into our office and practice.

Soon we will begin the important work of revising our Strategic Plan, and we need to hear from you! Your valuable input will guide us in improving our Chapter resources and services to better suit your needs. We have prepared a membership needs assessment that will be hitting your inbox soon and I am very hopeful that you will take 10-15 minutes out of you busy schedule to complete the survey. The proposed schedule is below:

Friday, May 3 – Send out survey

Saturday, May 11– Reminder to those who haven't responded

Thursday, May 16 – Last chance reminder to those who haven't responded

Friday, May 17 – Close survey

I very much want your candid feedback. We want to make your membership in the SCAAP meaningful. I look forward to hearing from you and hope to see you at the annual meeting at the Omni Grove Park Inn in August! http://www.scaap.org/registrations/meetings/view/6

Immunization Update

- Parents are receiving inaccurate information on social media about vaccines and need to hear from us. The CDC has reported 387 measles cases so far this year, up from zero just a few years ago. Please consider sending a letter to the editor of your local paper to express your concern about falling immunization rates and the rising rate of vaccine preventable illnesses.

- The CDC and the AAP Committee on Infectious Diseases have put out a statement that Flu-Mist is an acceptable option for immunization against flu next year for eligible patients. SC DHEC has pre-booked a limited amount of Flu-Mist for VFC providers so there will be some available for providers who request it.

- Dr. Jennifer Bailey was recently featured on the CDC LinkedIn post. She is our state's CDC HPV Immunization Champion. Her HPV immunization rates consistently hover near 100%. She attributes her success to simple messaging that the HPV vaccine is a standard, routine teen immunization and prevents cancer. https://www.cdc.gov/hpv/champions/2018-winners.html#sc

- A new state vaccine registry is on the horizon. Envision Technology Partners, Inc has been selected to replace the current registry. It will take some time to build it and teach everyone how to access it, but hopefully it will help us collect and maintain better data than our current system allows.

- If you are on Facebook, please "like" SC Parents for Vaccines page, administered by Kimberly Nelson. Kim has been an extraordinary parent partner for improving vaccination rates and educating parents on the risks of opting out and the benefits of fully vaccinating on time. She was recently featured on NPR's All Things Considered for her advocacy: https://www.npr.org/2019/02/19/695689954/how-one-woman-is-working-to-educate-parents-on-vaccinations?fbclid=IwAR1273oiuQ794vFcVVyHVwMtJ3GCpvilPdyox-Bb8zP1gtj8S7kLQmA9pbg

Her efforts were also featured in this article on the scarymommy.com website: https://www.scarymommy.com/speak-up-get-parents-to-vaccinate/

She just posted that April 30, 2019 will be SC Parents for Vaccines Advocacy Day at the State House, 10:30-12:00.

Martha Edwards, MD, FAAP, SCAAP Immunization Liaison

Hepatitis A Vaccine

As you may be aware, hepatitis A vaccine is being added as a requirement for the 2020-2021 school year for 5K and for daycare starting July 1, 2020 (for kids born on or after Jan 1, 2019). The question has come up regarding whether VFC vaccine can be utilized for catch up. Apparently in the past, the division had limited use to children 12-23 months. This is no longer the case.

VFC and State hepatitis A vaccine can be used for any eligible child 12 months - 18 years. If the vaccine wasn't given in the recommended time frame of 12-23 months, VFC and State vaccine can be used for catchup at any time up to age 18. In general, VFC and State vaccine should always be administered based on the current CDC Advisory Committee on Immunization Practices (ACIP) recommendations.

We are communicating early about the new requirements so that providers can start getting kids caught up if they haven't already been vaccinated. Provided in the newsletter is a FAQ document and a CDC hepatitis A fact sheet that can be shared with parents. The registry system issue wherein the 2nd dose does not print on the certificate has been fixed. Please make sure children's certificates include both hepatitis A doses if they have already completed the series. DHEC will be updating the certificate to a new version for the new Immunization Information System (IIS) in 2020. If a child is complete with 2 doses of hepatitis A vaccine on the current version of the certificate (and they are up to date appropriately for all other vaccines), it will be accepted for school and daycare entry.

Please contact the DHEC Immunization Division at 803-898-0460 or immunize@dhec.sc.gov with any questions or Martha Edwards, MD, SCAAP Immunization Liaison, at mmcedwards@yahoo.com.

Thank you!

Teresa (Tracy) Foo MD, MPH

Medical Consultant, Divisions of Immunization and Acute Disease Epidemiology

S.C. Dept. of Health & Environmental Control

Office: (803) 898-1956

Prevention

Hepatitis A and the Vaccine (Shot) to Prevent It

Last updated August 2018

The best way to protect against hepatitis A is by getting the hepatitis A vaccine. Doctors recommend that all children get the vaccine.

Why should my child get the hepatitis A shot?

The hepatitis A shot:

- Protects your child against hepatitis A, a potentially serious disease.
- Protects other people from the disease because children under 6 years old with hepatitis A usually don't have symptoms, but they often pass the disease to others without anyone knowing they were infected.
- Keeps your child from missing school or child care (and keeps you from missing work to care for your sick child).

Is the hepatitis A shot safe?

The hepatitis A vaccine is very safe, and it is effective at preventing the hepatitis A disease. Vaccines, like any medicine, can have side effects. These are usually mild and go away on their own.

What are the side effects?

The most common side effects are usually mild and last 1 or 2 days. They include the following:

- Sore arm from the shot
- Headache
- Tiredness
- Fever
- Loss of appetite (not wanting to eat)

What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus. Children with the virus often don't have symptoms, but they often pass the disease to others, including their unvaccinated parents or caregivers. These individuals can get very sick.

What are the symptoms of hepatitis A?

Children under 6 years old often have no symptoms.

Older children and adults feel very sick and weak. Symptoms usually appear 2 to 6 weeks after a person gets the virus. The symptoms may include the following:

- Fever
- Loss of appetite (not wanting to eat)
- Tiredness
- Stomach pain
- Vomiting
- Dark urine
- Yellow skin and eyes

Doctors recommend that your child get two doses of the hepatitis A shot for best protection. He or she should get the first dose at 12 through 23 months. He or she will need the second dose 6 months after the last dose.

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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Is it serious?

Older children, adolescents and adults often feel sick and symptoms can last for up to 6 months. There is no specific treatment for hepatitis A. Some people with hepatitis A get so sick that they need care in the hospital.

How does hepatitis A spread?

Hepatitis A virus is found in the stool (poop) of a person who has the virus. It spreads when a person puts something in his or her mouth that has the hepatitis A virus on it. Even if the item looks clean, it can still have virus on it that can spread to others. The amount of stool can be so tiny that it cannot be seen with the naked eye. You can get it by touching objects such as doorknobs or diapers or eating food that has the virus on it.

Where can I learn more about the hepatitis A vaccine and my child?

To learn more about the hepatitis A vaccine, talk to your child's doctor, call 1-800-CDC-INFO or visit www.cdc.gov/vaccines/parents.

The Centers for Disease Control and Prevention, American Academy of Family Physicians, and the American Academy of Pediatrics strongly recommend all children receive their vaccines according to the recommended schedule.

FAQs: New Hepatitis A Vaccine Childcare and School Requirement for 2020-2021 School Year

What is hepatitis A?
Hepatitis A is a virus that causes serious liver infection and can spread from person to person. It can cause symptoms like fever, nausea, vomiting, stomach pain and jaundice (skin or eyes look yellow). Children under 6 years old often have no symptoms.

What do I need to know about the hepatitis A vaccine?
Children need 2 doses of the hepatitis A vaccine for full protection. The first dose is given as early as age 12 months and the second dose is given at least 6 months later. The vaccine is safe and highly effective at preventing hepatitis A infections.

Why a new requirement for hepatitis A vaccine?
Vaccination requirements for child care and school aged children promote higher rates of vaccination coverage, an important need given increasing reports of vaccine preventable disease outbreaks. Many states are experiencing years-long hepatitis A outbreaks, and South Carolina is now seeing increases in hepatitis A cases. Vaccinating children against hepatitis A virus can help stop hepatitis A spread in communities, and also prevent future outbreaks.

What children will be required to get the vaccine under the new requirement?
- Childcare: Any child born on or after January 1, 2019
- School: Any child starting 5K in the 2020-2021 school year

When does the new requirement start?
- Childcare: effective July 1, 2020
- School: effective for the 2020-2021 school year. Each school year an additional grade levels will be added to the requirement.

How many children in South Carolina have had the hepatitis A vaccine?
Data from the CDC shows that about 85% of children under age 3 have had 1 dose of hepatitis A vaccine and almost 60% have had 2 doses.

Where can children get the hepatitis A vaccine?
Children can get hepatitis A vaccine and other vaccines from their health care provider or local health department. For a DHEC appointment, call 855-472-3432.

Where can parents/guardians get more information?
Parents/guardians should talk to their child's health care provider or local health department. To learn more, go to: cdc.gov/vaccines/parents/diseases/

S.C. Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201 (803) 898-3432 www.scdhec.gov

PROS (Pediatric Research in Office Settings) Research Network Update Spring 2019

South Carolina pediatricians continue to be actively involved in the PROS Network, participating in various ongoing research studies. We would like to welcome Sandhills Pediatrics as our newest network member! The PROS Network continues to participate in studies on multiple topics affecting children's health. Here is a summary of what we are studying in 2019.

Obesity Treatment: The BMI2+ study will evaluate whether office visits with MI-trained pediatricians combined with telephone visits with RDs can reduce BMI for children who are overweight or obese. The study will also evaluate whether there are population effects at the practice level.

Antibiotic Prescribing: The DART (Dialogue Around Respiratory Illness Treatment) study asks whether a distance learning intervention can reduce antibiotic prescribing and whether changes in communication and/or prescribing will affect patient satisfaction.

Influenza Vaccine: The Flu2Text Study investigates whether text message reminders to parents can improve completion rates for the 2nd dose of flu vaccine among first time vaccine recipients and whether the text messages can make a difference versus standard care.

HPV Vaccine: StopHPV is studying whether a distance-learning intervention including communication strategies, performance feedback and office prompts can impact the HPV vaccination rates and HPV vaccine missed opportunity rates.

Child Poverty: WeCare will test a practice-based intervention using local resource manuals to address social determinants of care along with the WeCare screening for unmet needs. This study will involve both the PROS Network and the CORNET (Continuity Clinic Research Network).

Benchmarking Antibiotic Use to Inform Outpatient Stewardship: This study will utilize the CER2 (Collaborative Electronic Reporting supernetwork) to develop an evidence-based benchmark rate of antibiotic prescribing and apply that benchmark to assess unnecessary antibiotic treatment and the burden of adverse drug events along with the associated costs.

So, you can see there is a lot of activity within the PROS network, possibly the most I have seen at one time. Pediatricians can be involved at any level in the network: helping to design and implement studies, collecting data, writing reports/articles. The sky is the limit. Please reach out to Dr. Greenhouse if you have questions or are interested in joining the PROS network.

Deborah Greenhouse MD, FAAP
SC PROS Coordinator
dgreenhouse@scpapeds.com

Smoking Cessation Workshop

QTIP, in conjunction with SC DHEC and the SCAAP, is offering a two-part Quality Improvement Workshop. The first session is on May 9 from 9:30 – 2:30 and is aimed at helping pediatric practices increase their skills and competency around both patient tobacco cessation and care-giver cessation. Participants will gain the skills necessary to develop a quality improvement initiative in their practice.

Dr. Lochrane Grant will be discussing the Clinical Effort Against Second Hand Smoke Exposure (CEASE), along with the efforts of second and third-hand smoke on children, prescribing NRT and motivational interviewing. Staff from SC DHEC's Division of Tobacco Prevention and Control will be presenting the SC CEASE Initiative and resources. Staff from SC DHHS – Quality unit, will be helping practices begin developing a quality improvement initiative for their office.

May 9 is an in-person meeting which will be held at the South Carolina Medical Association conference room located at 132 Westpark Boulevard in Columbia, SC. Part 2 of the workshop will be a conference call on June 20 from 12:00 – 1:30. During this conference call, the practices will share their QI project and results.

The training is open to all members of the practice's quality improvement team; physicians participating in both sessions and the data review will be eligible for ABP MOC Part 4 credits.

To register, please email Laura.Brandon@scdhhs.gov by April 31.

Report From ALF

The SCAAP leadership (Kerry Sease, Bob Saul, Elizabeth Mack and Debbie Shealy) along with John Langley, Michelle Macias and Eliza Veradi just returned from the AAP Annual Leadership Forum in mid-March. Over 200 pediatric leaders (chapters, sections, committees and councils) met to review resolutions submitted from the AAP membership and to engage in educational sessions about various leadership issues. We all came back energized with a renewed sense of purpose to continue the work of the SCAAP on behalf of South Carolinas' children and families. Plus, kudos to Debbie Greenhouse for her "gavel-ship" as the leader of the session where resolutions were presented, debated and voted on. She wields a mean gavel!

Top ten resolutions –

- Eliminating Non-Medical Exemptions to Vaccinating Children
- Family Separations at the Border: Safeguarding Children's Health
- Limitation of Prior Authorization Requirements for Medications
- Continuity of Medicaid Benefits When Recipients Move
- Access to Evidence-Based Treatment for Children and Adolescents with Neurodevelopmental Disorders Beyond Autism
- Affordable Insulin Access for All Children with Diabetes
- Revising the AAP Bright Futures Guidelines on Gun Safety Anticipatory Guidance
- Drowning Prevention Recommendation Statement and Education
- Providing Guidance on School Response to E-Cigarette Use by Students
- Public Education About Intramuscular Vitamin K Administration at Birth

In addition, there was a dramatic two hour presentation on promoting injury prevention (drowning and safe sleep) featuring families (Bode Miller [Olympic skier] and two physician families) with heartbreaking losses and preventable deaths. These presentations emphasized that drowning was the #1 cause of death for ages 1-4, that these tragedies can happen to anyone regardless of socio-economic status, and that all pediatricians (primary care and specialists) all have a role in injury prevention.

Robert A. Saul, MD, FAAP, SCAAP Vice President

External Training Opportunity for Chapter Members

The University of North Carolina (UNC) Gillings School of Global Public Health is offering opportunities to train a physician from your chapter to deliver the Announcement Approach training. This one-hour interactive program teaches health care providers to use presumptive communication and specific messages to address parent hesitancy in order to increase HPV vaccine uptake among adolescent patients. Click here https://www.hpviq.org/resources/communication-training-intervention-materials/ to preview training materials and contact UNC for more information.
Contact: Dana Bright, Senior Manager, Immunization Initiatives
dbright@aap.org

Joseph Riley Wellness Award

Dr. Janice Key, SC AAP member since 1991, was awarded the Joseph Riley Wellness Award by the Cooper River Bridge Run for her school-based wellness initiative. Check it out on the Facebook page for the MUSC Boeing Center for Children's Wellness. https://www.facebook.com/BoeingCenter/

The Docs Adopt© School Health Initiative is now in 11 school districts and over 200 schools. Outcome evaluation has found that students at participating schools have:

- Healthier BMIs
- Increased attendance
- Decreased suspension/expulsion
- Decreased grade retention

Several SC AAP members volunteer as the "adopting" doctor on a school wellness committee. Would you like to get involved? Email Janice Key (keyj@musc.edu).

Pediatric Residents' Advocacy Day

We had a very successful Pediatric Residents' Advocacy Day at the SC Statehouse. I want to thank the Institute for Child Success, the SC Chapter of the AAP, and the Bradshaw Institute for hosting this now annual event.

Pediatric residents from all programs were able to have conversations with multiple legislators on vaccines, gun safety, e-cigs, and other topics. Jim Kaufman, Vice President of Public Policy for the Children's Hospital Association, gave an outstanding presentation on Medicaid and federal policy issues. Bryan Burroughs, Dr. Greenhouse, and I were able to provide a state legislative update and some general guidance on advocacy as well.

I especially want to thank all of the pediatric residents for their fearless engagement in the political process. You all rock! Because of conversations that occurred, we now have interest and some direction from legislators on a legislative approach for vaccine exemptions and gun safety.

Advocacy works!

Maggie Cash

SC Children's Hospital Collaborative

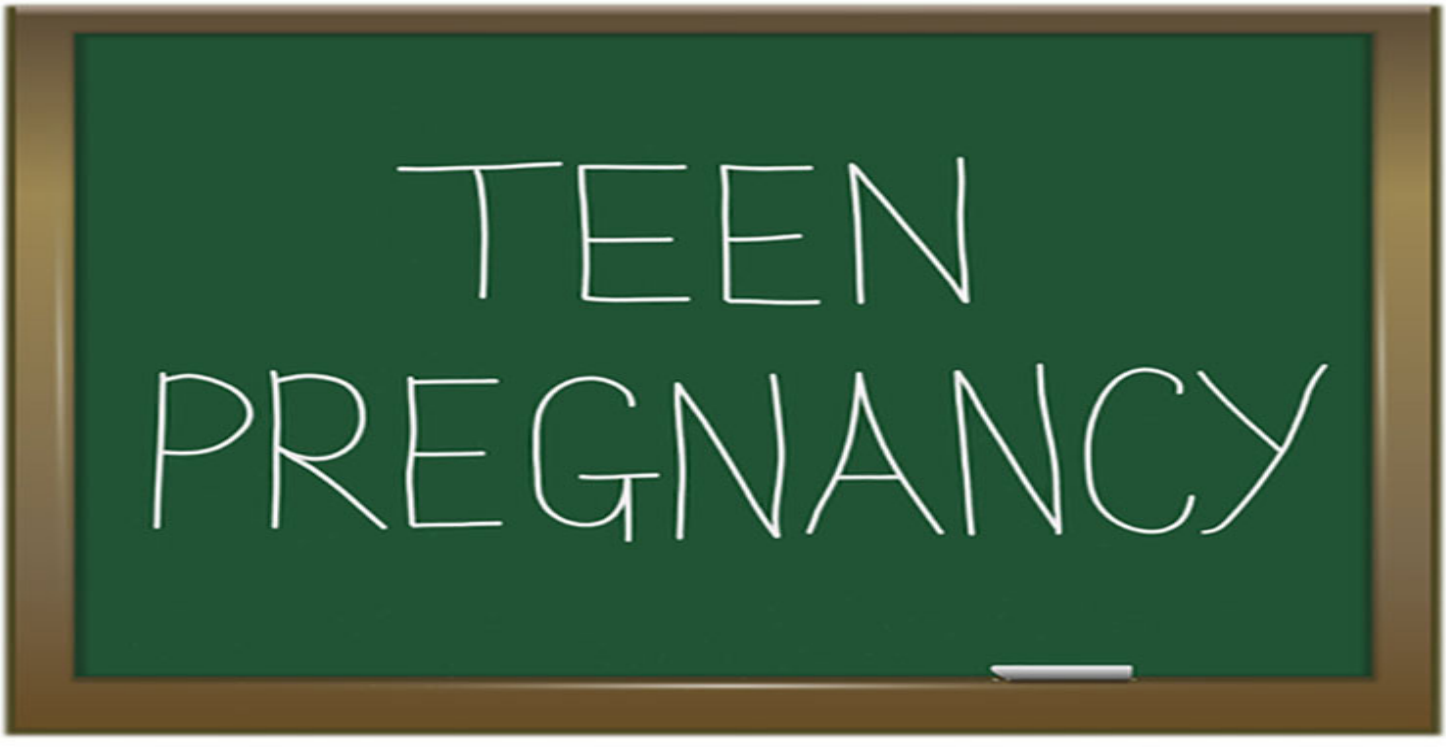
South Carolina Campaign to Prevent Teen Pregnancy

Support from pediatric providers for contraceptive services and sexually transmitted infection testing and treatment is needed in our state. Although South Carolina's teen birth rate has declined by 70% since its peak in 1991, teens in South Carolina are at substantial risk for contracting an STI/STD. In 2017, South Carolina was ranked 5th highest in the country for infection rates of chlamydia and 4th in the country for gonorrhea among all ages. Additionally, over 56% of South Carolina counties exceed the national rates. Adolescents (ages 15-24) accounted for 67% of chlamydia cases and 53% of all reported gonorrhea diagnoses. According to the 2017 YRBS survey, 46% of sexually active high school students reported NOT using a condom the last time they had sex.

This data underscores the importance of communities utilizing evidence-based interventions, providing access to clinical services, maintaining access to condoms, and increasing parent child communication. The South Carolina Campaign to Prevent Teen Pregnancy (SC Campaign) encourages educators, medical professionals, and parents or trusted adults to use evidence-based approaches to reduce teen births, sexually transmitted infections, and rates of associated risk behavior. Now more than ever, support for pediatric providers is key for keeping adolescents healthy.

One way the South Carolina Campaign can provide support for pediatric providers specifically is the Collaborative for Reproductive Education and Wellness (CREW). CREW is a statewide initiative that helps health care systems effectively engage adolescent patients. The intensive collaborative provides the time and space necessary to help health care professionals assess current efforts and work as teams to maintain good initiatives and policies while using the process to make needed improvements along the way.

Are you interested in receiving support through CREW? Contact Rena Dixon PhD, MPH, MCHES, at rdixon@teenpregnancysc.org to learn more.



Greenville ADHD Specialists

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Update On ADHD Medications

Newer ADHD medications have improved our choices of medications for children, adolescents, and adults.

- Remember, that acidifying agents such as ascorbic acid, Vitamin C, in multivitamins and orange and other citrus juices will decrease the blood levels of amphetamines and methylphenidates.
- Also alkalinizing agents such as antacids will increase the blood levels of amphetamines and methylphenidates.
- Amphetamines and Methylphenidates block the reuptake of norepinephrine and dopamine into the presynaptic neuron and increase the release of these monoamines into the extra neuronal space thus improving dopamine and norepinephrine levels. Low levels can cause hyperactivity, inattention, and impulsivity.

Newer Short Acting Amphetamines:

- Evekeo is a balanced d and l amphetamine sulfate (most amphetamines are 3:1 -d and l amphetamine) in short acting category but lasting around 8 hours. Available in 5 mg and 10 mg tablets. 10 mg is scored to be divided into fourths. Evekeo is one of a few ADHD medications approved down to age 3 and up to age 17. (Arbor)
- Zenzedi is a d-amphetamine sulfate also approved down to age 3 and available (but hard to find) in 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg and 30 mg dosage tablets. Approved up to age 17. (Arbor)

Newer Long Acting Amphetamines:

- Vyvanse chewables (strawberry flavor) are the same product as Vyvanse capsules. Lisdexamfetamine is a long acting amphetamine usually lasting around 10-12 hours and is now available in chewables of 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, and 60 mg doses. Vyvanse is a pro-drug and likely to be abused.

  Approved for ages 6 and up. (Shire)
- Dyanavel XR is a long acting amphetamine product with a ratio of 3.2 dextroamphetamine to 1 levoamphetamine in a liquid that is bubblegum flavored and 2.5 mg per 1 ml. This product provides a smoother onset and smooth distribution of medication throughout the 12 hour duration. Starting dose is 2 ml and titration is 1 ml every 4-7 days as needed. Approved for ages 6-17 years. (Tris)
- Adzenys XR-ODT is a long acting amphetamine product comparable to Adderall XR except it is NOT a mixed amphetamine salt. The salt is dissolved in solution and the remaining amphetamine micro particles are embedded in an orally dissolving orange flavored tablet. This product has a rapid and smooth onset (no gut clinch as with older amphetamine products), smooth offset, and is consistent throughout the 8-10 hour day. 50% of the 3 to 1 ratio of d to l amphetamine micro particles are immediate release and 50% are extended release in dosages of 3.1 mg (5 mg of Adderall XR), 6.3 mg (10

mg of XR), 9.4 mg (15 mg of XR), 12.5 mg (20 mg of XR), 15.7 mg (25 mg of XR) and 18.8 mg (30 mg of XR). Approved for ages 6 and up. (Neos)

- Mydayis is a long acting amphetamine and contains equal amounts of four salts: dextroamphetamine sulfate, amphetamine sulfate, dextroamphetamine saccharate, and amphetamine aspartate monohydrate resulting in a 3:1 mixture of d to l amphetamine equivalent. Capsules contain immediate release beads, and 2 types of extended release beads. Capsules are available in 12.5 mg, 25 mg, 37.5 mg, and 50 mg and provide 14-16 hour coverage. Approved for ages 13 and up. (Shire)

Newer Long Acting Methylphenidates:

- Cotempla XR-ODT is a long acting methylphenidate product with micro particles embedded in an orally dissolving grape flavored tablet. Cotempla XR ODT contains 25% immediate release and 75% extended release methylphenidate. Tablets are available in 8.6 mg (10 mg of ER MPH) , 17.3 mg (20 mg of ER MPH) and 25.9 mg (30 mg of ER MPH) with combined doses of 2 of 17.3 mg = 34.6 mg (40 mg of ER MPH) and 2 of 25.9 = 51.8 mg (60 mg of ER MPH). Cotempla XR ODT has very smooth and rapid onset and offset. This product lasts a full 12 hours and is approved for ages 6 to 17. (Neos)
- Quillivant XR is a long acting methylphenidate liquid suspension with 25 mg/ 5 ml or 5 mg/1 ml. Quillivant XR production and Quillichew ER production were taken over by Tris and are now available in pharmacies. Quillivant XR suspension is fruit flavored but tastes more like banana flavored. Quillivant ER chewables are cherry flavored and come in scored 20 mg, 30 mg and non-scored 40 mg dosages. (Tris)

SAVINGS CARDS INFO for BRAND NAME MEDS:

- NEOS: Adzenys XR-ODT and Cotempla XR- ODT have savings cards for $15 per month if insurance covers medication and $50 per month if insurance does not cover medication. First month is free of Cotempla XR ODT. Cash paying patients receive $100 off. Cards expire December 31st.

- SHIRE: Vyvanse and Mydayis cards enable patients to pay $25/month and patient is responsible for any cost above $85 per prescription. Online savings card are to pay $30/month. Cards expire on December 31.

- TRIS: Dyanavel XR savings card gives liquid free for first month and then $20/month thereafter for a year. This savings card can be activated by calling 855-750-1005, enrolling online at dyanavelxr.com/savings-offer, or texting “Enroll” to 37500. Cash paying patients pay first $50

- TRIS: Quillivant XR liquid and Quillichew ER chewables have a savings card that can be activated by enrolling online at savings-offer.quillivantxr-quillichewer.com or by texting QSAVE to 26789. If out of pocket cost for eligible insured patients is $165 or less, the patient pays $25. The savings card pays up to $140 off costs and limited to 12 uses within one year with maximum savings of $1680 per year. Cash payers receive $100 off each prescription.

- ARBOR: Evekeo- has 1st fill free for 30 tablets of Evekeo and $30 for refills. Also has a participating pharmacy program with savings for more than 30 tablets per month.

If you have any questions regarding ADHD medications, please feel free to give me a call at Greenville ADHD Specialists, 864-305-1662

Sheila Woods MD, FAAP, SCAAP ADHD Liaison

DSS Consent Policy For Kids In Foster Care

There have been some issues in the past with confusion regarding “Consent” for kids in Foster care.

DSS has issued two new consent policies that address some of the issues regarding who can consent and what constitutes as routine medical care. I have summarized some of the salient points from the policy.

- When a child comes under DSS care, the case manager is the primary medical consenter for routine medical care. However, when there is no termination of parental rights, the case manager is to make every effort to engage birth parent in this consent process, unless doing so is not in the best interests of the child.

- In addition, one of the new DSS policies now allows the case manager to designate two secondary medical consenters when they are unable to make medical appointments to consent for routine care. The secondary consenters could be a foster parent, and nurses and care coordinators at group homes.

- Primary and secondary medical consenters are required to take health care oversight and psychotropics medication training to help facilitate the consent process.

- Routine medical care includes EPSDT visits/well child exams, immunizations, routine laboratory testing, vision/hearing/developmental screening and psychotropic medications.

- In addition, psychotropic medication consent requires DSS Psychotropic Informed Consent Form to be signed by the consenter and medical provider.

- Major treatments such as surgical procedures, invasive diagnostic procedures, anesthesia, any treatment that the physician considers dangerous fall outside of routine medical care and depending on court order would need the consent either from someone high up at DSS or the child’s parent.

Please contact me if you have any questions pertaining to this policy Poornemaram@yahoo.com

Ramkumar Jayagopalan, MD, FAAP, SCAAP Foster Care Liaison

AAP Mentorship Program

Are you looking for an easy way to provide your chapter members with the opportunity to be a mentor at the local level? Encourage your chapter's leaders to participate in the AAP Mentorship Program by registering here. Take the first step to connect and establish a mentoring relationship with local trainees and early career physicians. The platform features topical forums, articles, and a resource library that includes mentor and mentee handbooks.
Contact: Britt Nagy, Manager, Early Career Member Engagement • bnagy@aap.org