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NH PEDIATRICIAN OF THE YEAR 2010

Dr. Ardis Olson

For the past several decades Ardis Olson has been a champion for pediatricians, family practitioners, and their practices. Since 1995 she has coordinated the Partners in Health Parent Partnership, which supports families with special health care needs. More recently, Ardis has been working with Title V to train five practices in family-centered medical home approaches to care coordination.

Ardis has actively collaborated with pediatric providers and family practitioners in practice-based research. Many practitioners will remember the office project involving middle school students and their families to enhance home safety by preventing drug and alcohol use.

In 2002 Ardis actively sought pediatrician input regarding what practitioners felt were critical practice issues adversely impacting family interaction and health. Consequently, a study was begun to determine incidence of parental depression in practice. A validated two-question screen for parental depression was created. Practices involved in this study were offered support materials for caregivers who screened positive for depression. This study resulted in

several publications which validated the utility of the two-question screener. This screener continues to be used by NH practitioners.

Ardis has also promoted the use of palm pilots for information gathering at well visits. Palm pilot programs cover all anticipatory guidance issues. One iteration (completed by parents) addresses healthy lifestyle issues in preteens. The teen palm pilot program masterfully incorporates questions about all teen risk issues. In addition, both programs incorporate motivational interviewing, a technique which has revolutionized physician-patient communication.



Ardis leads CECH (Clinicians Enhancing Child Health), the Dartmouth practice-based research network. She is also a state co-coordinator for PROS.

New Hampshire families and medical providers are fortunate that Ardis Olson has been and continues to be a pioneer committed to improving practice quality through enhanced communication.

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**THE FRANKLIN NORWOOD ROGERS
AWARD (NH RETIRED PEDIATRICIAN OF
THE YEAR 2010)**

Dr. Arthur (Art) Simington

Dr. Art Simington graduated from Dartmouth College in 1964 and George Washington Medical School in 1968. He completed a rotating internship at York Hospital in York, PA, and pediatric residencies at Columbus Children's Hospital in Columbus, OH (1969-70), and Buffalo Children's Hospital in Buffalo, NY (1972-73). He came to Keene, NH, to join the Keene Clinic (now CMC/DHK) in 1973 and quickly became one of Keene's most beloved pediatricians.

Art retired from general practice in 2001 and served as a consultant in Developmental Pediatrics at DHMC from 2001 until 2003. He was the Chairman of Pediatrics there from 1990 until 2001. He is a dedicated teacher and has received several teaching awards including: Volunteer Teaching Award, Alpha Omega Alpha Fraternity, Dartmouth Medical School (2004), Commitment to Excellence in Teaching, Pediatrics, Dartmouth Medical School (2002), and Outstanding Contributions to Teaching, Dartmouth Medical School (2000). He served as clinical clerkship director for DMS students throughout most of his practice years. He has presented pediatric clerkship Friday seminars on ADHD every other month since 2002. He served for many years on the Medical Staff Medical Education Committee and designed, instituted, and organized for many years a (now annual) program for "Departmental Updates."

Art was a well-loved speaker in the community and made many, many presentations to local groups, including the PTA's, school nurses, and other child-related organizations. He also presented several evening educational programs sponsored by the Keene Clinic/Dartmouth-Hitchcock Keene, as part of its regular public education effort, "Knowledge is Good Medicine." He co-produced and presented a twice-a-month local radio call-in show that ran for almost seven years and did close to 150 programs. Art has also served as school physician for the Keene and Monadnock School Districts. He recently served on his Church Council and has accompanied his church's Youth Group on

mission trips. And I have it on good authority that he has now started an ad hoc service for grandparents, continuing to answer their questions on their children and grandchildren. He continues to be a model pediatrician!

NH PUBLIC CITIZEN OF THE YEAR 2010

Dr. José Montero

José Montero, MD, began his service to the citizens of NH in 1999 as the Chief of the Bureau of Communicable Diseases. In 1995 he became the State Epidemiologist and Deputy Director for Public Health Emergency Preparedness and Response. In 2008 he became Director of Public Health Services, New Hampshire Department of Health and Human Services. José also serves of multiple national committees, such as Chair of the Infectious Disease Policy Committee for the State Territorial Health Officers, Co-Chair on the National Influenza Surveillance for the Centers for Disease Control and the Council of State & Territorial Epidemiologists, as well as consultant for the CDC, just to name a few. José serves as a board member on the NH Foundation for Healthy Communities, is a member of the NH Citizens Initiative, and member of Dartmouth Medical School Leadership Preventive Medicine Residency Advisory Committee. José also teaches an epidemiology course at Dartmouth.

Representing NH DHHS, José sits on numerous committees such as Pandemic Planning Coordinating Committee, Strategic Prevention Framework Epidemiology group, and the NH Immunization Advisory Board. He is on the Advisory Board for the Masters in Public Health Program for UNH. In 2009 José won the Friend of Public Health award for NH Public Health Association.

José works tirelessly for the citizens of NH. He is there long hours during all the emergencies with other DHHS team members. West Nile, H1N1, and Eastern Equine Encephalitis have kept him busy. The above is just a very brief synopsis of José's hard work for NH.



CHaD Welcomes New Providers

Pediatric Neurology | Lebanon



Linda A. Specht, MD, PhD
 Lebanon (603) 653-9669
 Medical School: MD, Cornell University
 Medical College, New York, NY
 Education: PhD, Cornell University
 Medical College, New York, NY
 Internship: Boston Floating Hospital, Boston, MA, Pediatrics

Residency: Massachusetts General Hospital, Boston, MA, Neurology

Fellowship: Harvard Medical School, Boston, MA, Neurology

Board Certification: Neurology with Special Qualification in Child Neurology

Practice Note: Pediatric neuromuscular disease.

Pediatric Cardiology | Manchester



Jenifer A. Glatz, MD
 Manchester (603) 695-2740
 Medical School: MD, Loyola Stritch
 School of Medicine, Maywood, IL
 Residency: Medical College of Wisconsin,
 Milwaukee, WI, Pediatrics
 Fellowship: Children's Hospital of Philadelphia, Philadelphia, PA, Pediatric Cardiology

Board Certification: Pediatrics, Pediatric Cardiology

Practice Note: Fetal cardiology, fetal echocardiography

New England Birth Defects Consortium (NEBDC)

All New England states currently operate state-wide birth defects programs; however routine collaboration on program goals and objectives has been limited. As funding for birth defects programs becomes more restricted and individual states are being asked to do more activities with fewer resources, there is great need for ways to creatively and effectively implement program goals. One way to accomplish this is through the sharing of ideas, experiences, and program tools that have been tried in one state and used successfully. In addition, New England's geography of small states in close proximity allows for unique oppor-

tunities for collaboration. In early 2009, the New Hampshire Birth Conditions Program lead an effort in which the six New England states (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, and Vermont) formed a regional collaboration called the New England Birth Defects Consortium (NEBDC). The group developed a mission to improve the comprehensiveness and value of birth defects programs in New England by promoting regional collaboration through data standardization, research activities, prevention activities, and health care quality improvement.

There are several benefits to a regional approach to birth defects program management:

- the ability to participate in regional studies on birth defects

- the possibility of data standardization among the states, including the development of regional prevalence rates to create an environment of collegiality in the routine sharing of ideas

In 2010 the NEBDC plans to develop surveillance data criteria in an effort to standardize data among the programs and to pilot test the possibility of combining aggregate data from the participating states on 21 birth defects. As the Consortium grows and expands, other New England stakeholders, such as birth defects practitioners and families affected by birth conditions, will be invited to join the group.

Submitted by Stephanie Miller, RN, MSN, MPH
 Director, New Hampshire Birth Conditions Program
 Dartmouth Medical School

CHaD Pediatric Epilepsy Program

CHaD has just unveiled new guidelines for comprehensive care of pediatric epilepsy as a part of a system-wide Quality Improvement Initiative involving primary care pediatricians and pediatric neurology. The guidelines were developed with the support of a US Maternal Child Health Department grant, Project Access, that aims to increase access for children and youth with epilepsy to health care providers and community resources. The project team, led by Ardis Olson, MD in collaboration with Pediatric Epilepsy Specialist, Dr. Richard Morse, has worked throughout the CHaD system with primary care pediatricians to improve education and services. The team is targeting families within primary care to educate them on what resources are available to them and how best to use them, including Care Plans.

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In addition, they are helping educate primary care clinicians about the latest in epilepsy and resources to share with families.

“By and large parents are not aware of what a care plan is our how to use them,” said Sylvia Pelletier, Project Coordinator. Pelletier has been working closely with Pediatricians and Care Coordinators across the CHaD system on how best to coordinate care and develop a comprehensive care plan for use by parents and clinicians. “From the beginning the attitude has been that this is the right thing to do and never was a question of do we have the time to do it. This is helping the practices organize and provide care at the level they want,” said Pelletier.

CHaD has recently launched the website, www.chadkids.org/epilepsyonline, to assist families looking for the best and most reliable resources available to help care for their child with epilepsy. The site also has information for clinicians to assist families. It also provides clinicians access to brief educational updates (video webcasts and podcasts) by pediatric neurologists on topics such as Febrile Convulsion Management and the Evaluation of a New Seizure. As new educational updates are available pediatricians will learn about them by email from the NH Pediatric Society. Ardis Olson, MD, Project Director, notes that this electronic approach allows busy pediatricians to access the newest research and clinical pearls when they have only 10 minutes.

“One of our key activities to improve care has been supporting the use of Seizure Action Plans that provide key information for urgent care” said Dr. Olson. A ‘Seizure Action Plan’ provides information about the child’s seizure, medications, and what to do when the child is having a seizure. The document becomes part of the child’s medical record and overall care plan and can be shared with day-care providers, family members and all medical professionals, including school nurses. “The Seizure Action Plans are essential to a comprehensive care plan, and for parents they create a sense of control. They can hand this document over to their schools and know they have the information they need to care for their child if something were to happen,” said Dr. Olson. Seizure action plan forms are available on the website and electronically within the CHaD electronic medical record systems.

Dr. Richard Morse and his staff in the pediatric epilepsy program have the goal that all of their patients on medication will have seizure action plans in the electronic record and at home. CHaD primary care practices are working with the neurologists to ensure that their patients receive a detailed plan. “We are getting there and the feedback we have received from parents explaining how much more confident they feel leaving their child in day-care or school due to this plan is overwhelming,” said Pelletier. The project has been working in partnership with New Hampshire’s Department of Special Medical Services and New Hampshire Family Voices, which will continue to support practices when the grant ends in the fall.

Please Take Notice!

The New Hampshire Pediatric Society wants to improve immediate communication with and among our members. If your email address is not on our master list (or if you're not sure) please add your preferred address to the list by contacting Gil Fuld.

Our plan is to periodically send out the updated address list to everybody on it. If you haven't recently received a copy, we don't have your address.

**-Gil Fuld
Communications and
Public Relations Chair**

Submitted by Rebecca Oliver
Research Coordinator, Hood Center
Department of Pediatrics
Dartmouth Medical School