

PEDS NEWS

LSU DEPARTMENT OF PEDIATRICS

FROM THE CHAIR



Happy New Year and Happy Mardi Gras! I love how New Orleans adds reasons to celebrate. As your Department Head, I can

tell you that we have much to celebrate from 2016 and much to look forward to in 2017. Your energy, innovation, focus on quality and excellence, and academic accomplishments are outstanding. In 2016 and early 2017 we have celebrated or said goodbye to fifteen colleagues via retirement or transition. We have simultaneously welcomed ten new faculty. We remain busy at work recruiting to more than fifteen open positions.

With your help, Children's Hospital has accomplished amazing outcomes in Quality and Safety. Over three of the prior four months, the hospital preventable harm index was zero! Very well done. Kudos to Robin English for promotion to Assistant Dean for Undergraduate Medical Education and Kudos to Jay Hescok for election to the role of President of the Children's Hospital Medical Staff. Congratulations to our faculty and trainees who have celebrated the publication of over fifty new manuscripts or book chapters in 2016.

You have answered my call and challenge to participate and offer your

DR. SETH PINCUS RETIRES

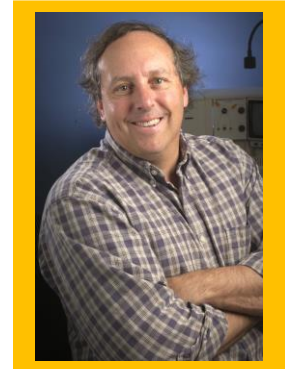
Seth Pincus, MD will retire today, February 2, 2017 after more than 15 years of service to the Department of Pediatrics and LSU School of Medicine. He has held a faculty position at LSUHSC since 2001, holding the titles of Nelson Ordway Professor and Vice Chair for Research in the Department of Pediatrics and Professor, Department of Microbiology. Dr. Pincus was recruited to lead research efforts in the department and serve as the Director of the Research Institute for Children at Children's Hospital of New Orleans. He worked tirelessly to build a research foundation at Children's Hospital and at the same time champion the cause of research within the department. He impacted innumerable trainees via his oversight and guidance of the Department of Pediatrics Research Day and mentored clinician-scientists over many years. In addition, he served as an active faculty member in the Department of Microbiology over the same time period, including as a major professor or dissertation committee member for several graduate students and as a classroom teacher for both graduate and L1/L2 medical students.

In honor and recognition of his service to the department and school of medicine, Chairman **Raymond Watts, MD** and **Alistair Ramsay, PhD**, Chairman of Microbiology, Immunology and Parasitology nominated Dr. Pincus for Emeritus Faculty status. His new title will coincide with his retirement.

ROBIN ENGLISH, MD PROMOTED



Associate Dean Janis Letourneau, MD announced back in December that **Robin English, MD** has been promoted to Assistant Dean for Undergraduate Medical Education from her current role as Director of Clinical Science Curriculum. Dr. English graduated from the School of Medicine in 1995, completed her Pediatrics Residency in 1998. She joined our department as faculty in 1999 after her chief residency. She served as Chief of the Hospitalist Division from 2004 till 2008 when she was appointed as Director of Clinical Science Curriculum.

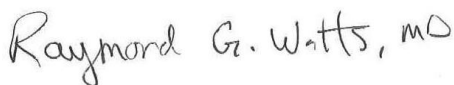


ideas as we work to adapt to the changes in academic medicine and the State and National healthcare environment. Your participation is more important now than ever before. We face more uncertainty, but I know, with your help, we will contribute to the solutions.

In 2017, I want us to focus on two key new initiatives: 1. Develop a comprehensive 3-5 year strategic plan for our Department. Individual and group voices will be crucial to the process; 2. Find a way to re-invent and re-invigorate support for clinical and translational research. Again, I will be calling on many of you for your ideas. So please participate.

Other 2016 initiatives are not done: trainee and faculty recruitment, improvements in our Faculty Development and Promotion and Tenure processes, further progress towards the EPIC EMR system, the move of several offices to the State Street campus as the \$225 million hospital expansion process moves forward, standardized faculty onboarding and orientation process, ongoing focus on faculty and staff wellness, education of individual faculty members concerning how the University, Department and Hospital “work” and our roles in those partnerships, emphasis on clinical excellences and quality and further focus on how each member of the Department of Pediatrics can best utilize their God-given talents and expertise to our shared goals.

2017 promises to be a fast and eventful year. Hang on tight.



Raymond G. Watts, MD
Professor and Head
Department of Pediatrics
LSUHSC School of Medicine – New Orleans
William H. Stewart, MD Chair in Pediatrics

Chairman Raymond Watts, MD spoke for the department when congratulating Dr. English on her new position at the School of Medicine. He said, “We will miss her daily presence as a force for excellence in the Department of Pediatrics, but to her credit, she was sure the Division of Hospital Pediatrics, led by **Jay Hescocock, MD** was in excellent hands before she began her intensive focus on the Medical School Curriculum in recent years. We will all make sure that she remains an integral part of our Department.”

FELLOWSHIP MATCHES

The fellowship programs filled positions for the 2017-2018 academic year during last fall’s match. Program Director **Ken Paris, MD, MPH** and the Allergy/Immunology team will welcome **Gordon Myers, MD** who is completing his pediatrics residency at University of Tennessee at Chattanooga and **Alissa Welsh, MD** from Western Michigan University School of Medicine’s Pediatric Residency Program. Program Director **Dana Rivera, MD** and the Neonatal-Perinatal Fellowship Program matched **Nicole Dinh, DO** from Our Lady of the Lake Regional Medical Center’s Pediatrics Residency Program. And Program Director **Brent Keith, MD** and the Gastroenterology Fellowship Program matched **Ivonne Iglesias, MD** who is currently completing her Pediatrics Residency at San Juan Hospital in Puerto Rico.

Each fellowship program along with our Categorical Residency Program received good news from the ACGME recently. All were granted Continued Accreditation status for the next academic year. Congratulations to all!

NEW HIRES

A familiar face is now officially a part of the department. **Isa Ashoor, MD** became Assistant Professor of Pediatrics in the Nephrology Division on February 1st. He has served as a Pediatric Nephrologist at Children’s Hospital since 2013. Dr. Ashoor received his medical degree from Arabian Gulf University in Bahrain in 2005. He completed his Pediatrics Residency at the University of Florida in Gainesville in 2010 and his Pediatric Nephrology fellowship at Children’s Hospital Boston and Harvard Medical School in 2013.



The Cardiology Division welcomed Associate Professor **Michael Brummund, MD** to the team last month. Dr. Brummund moved from Baton Rouge where he spent 12 years in the Department of Pediatrics at Earl K. Long Hospital. He received his medical degree from the Medical College of Georgia in 1995. He completed his Pediatrics Residency in 1998 and his Pediatric Cardiology Fellowship in 2001. He is board certified in Pediatrics, Pediatric Cardiology and Internal Medicine- Adult Congenital Heart Disease.

Kim Geller joined the administrative staff last November as an additional residency program coordinator in our department. She will serve in two roles, working with **Susan Wack** and the Pediatrics Residency Program and as the Coordinator for the Pediatrics Emergency Medicine Residency Program under Program Director **Anna McFarlin, MD**. Kim's previous roles include administration of educational programs at Le Cordon Bleu Institute and the Gemological Institute of America.



The Adolescent Medicine Division welcomed a new nurse practitioner last year. **Brooke Naranjo, MN, FNP-C** will be providing care in our adolescent clinics at CHNOLA, Tiger Care, School-Based and other Community Health Clinics. She will be working to expand out adolescent reproductive and sexual health services. Welcome aboard, Brooke!

RECENT DEPARTMENTAL EVENTS

Several members of the department took part in a recent symposium titled "Improving Asthma Outcomes Through School-Based Health Centers" organized by **Ryan Pasternak, MD, MPH**. The event was sponsored by the Department of Pediatrics and the Reproductive Education + Advocacy Louisiana Program (REAL: http://www.medschool.lsuhsu.edu/pediatrics/section_ambulatory.aspx) and funded by the David and Lucile Packard Foundation. Dr. Pasternak and his team also hosted an event the same night at the Renaissance New Orleans Arts Hotel called "Power to the Provider" which brought providers and health care advocates together to discuss collaborative efforts to engage around shared interests and support reproductive health care services. Dr. Pasternak recognized the hard work his team put forth while organizing the event, "These events could not have succeeded without the incredible hard work of our Division of Ambulatory Pediatrics and Adolescent Medicine along with our adolescent health program staff Ivy Terrell and Madeline Dang, Physicians for Reproductive Health, and the generous support of the David Lucile Packard Foundation. Ivy and Maddy really went above and beyond to make this happen. We had an excellent turnout on a very short timeline. It's amazing how much can be done when you care about your work and are motivated to make things better!" The division looks forward to sponsoring similar events in the future that stimulate collaborative efforts and improve the reproductive health care landscape throughout Louisiana.

DEPARTMENT WELLNESS PROGRAM

Chief Wellness Officer **Jerussa Aita-Levy, MD, MPH** is excited to announce the first annual Department of Pediatrics Wellness Week. Activities will take place April 17 – April 21, 2017 and include Grand Rounds by **Stuart Slavin, MD, MEd** of St. Louis University and a "Heal the Healer" event in that will include massages, aroma therapy and more! The wellness team invites all members of the Department of Pediatrics to attend. More information to come!

The monthly Mindfulness Training Seminar will also be incorporated into Wellness Week, however this is one activity that is offered every month to all members of the department. The next session is on Monday, February 20 at 2:30 and all sessions after will be held on the fourth Monday of every month at 2:30. All sessions are in 2Center. The goal of mindfulness training is to calm and focus the mind on your natural breathing to relax your mind and eventually relax your body. You will become aware of intrusive thoughts, allow them to come and go, and ultimately restructure those thought patterns in a positive way.



ANNOUNCEMENTS



Mark your calendars for the Department of Pediatrics' annual Research Day on Friday, May 19, 2017 in the Children's Hospital Auditorium. The department will dedicate this year's event to **Yves Lacassie, MD** who will be retiring in May after over 30 years of service to the Department of Pediatrics. All faculty, fellows, research professionals, residents and students (LSU undergraduate, graduate and medical students working with LSU Pediatrics faculty mentors) of the Department of Pediatrics and Research Institute for Children are invited to submit abstracts. An official announcement regarding abstract submission will be sent out soon.

Faculty are asked to set aside time away from clinic to attend the following faculty meetings. All will be held on Friday at noon in the Children's Hospital Auditorium.

- March 17th
- May 19th (before Research Day)
- July 21st
- September 15th
- November 17th

A link to past faculty meeting presentations can be found on the department website. The website link requires an email and password to enter. The data stored on that site is for our use only and not for general distribution.

PUBLICATIONS AND PRESENTATIONS

Zak J, **Lacassie Y**, et al. ASPP2 deficiency causes features of 1q41q42 microdeletion syndrome. *Cell Death Differ*. 2016 Dec;23(12):1973-1984. doi: 10.1038/cdd.2016.76.

Zambrano RM, Marble M, Chalew SA, Lilje C, Vargas A, Lacassie Y. Further evidence that variants in PPP1CB cause a rasopathy similar to Noonan syndrome with loose anagen hair. *Am J Med Genet A*. 2016 Nov 21. doi: 10.1002/ajmg.a.38056. [Epub ahead of print]

Redin C, Brand H, **Lacassie Y**, et al. The genomic landscape of balanced cytogenetic abnormalities associated with human congenital anomalies. *Nature Genetics* 2016 Nov 14. doi: 10.1038/ng.3720. [Epub ahead of print]

Crespo-Salgado J, Vehaskari VM, Stewart T, Ferris M, Zhang Q, Wang G, Blanchard EE, Taylor CM, **Kallash M**, Greenbaum LA, **Aviles DH**. Intestinal microbiota in pediatric patients with end stage renal disease: a Midwest Pediatric Nephrology Consortium study. *Microbiome*. 2016 Sep 17;4(1):50. doi: 10.1186/s40168-016-0195-9.

Lilje C, Chauhan A, Turner JP, Carson TH, **Velez MC**, Arcement C, Caspi J. Childhood pulmonary embolism – diagnostic and management challenges. *World Journal for Pediatric and Congenital Heart Surgery* 2016, Sept 12 UI: 27619327

Lambert SL, **Aviles D, Vehaskari VM, Ashoor IF**. Severe West Nile virus meningoencephalitis in a pediatric renal transplant recipient: successful recovery and long-term neuropsychological outcome. *Pediatr Transplant*. 2016 Sep;20(6):836-9. doi: 10.1111/ptr.12768. Epub 2016 Jul 28.

Zea AH, **Stewart T**, Ascani J, Tate DJ, Finkel-Jimenez B, Wilk A, Reiss K, Smoyer WE, **Aviles DH**. Activation of the IL-2 Receptor in Podocytes: A Potential Mechanism for Podocyte Injury in Idiopathic Nephrotic Syndrome? *PLoS One*. 2016 Jul 7;11(7):e0157907. doi: 10.1371/journal.pone.0157907. eCollection 2016.

Lilje C, Mallula K, Ward K, Congeni J. Shortness of Breath and Headaches. *Consultant for Pediatricians* 2016;15(6):363-365

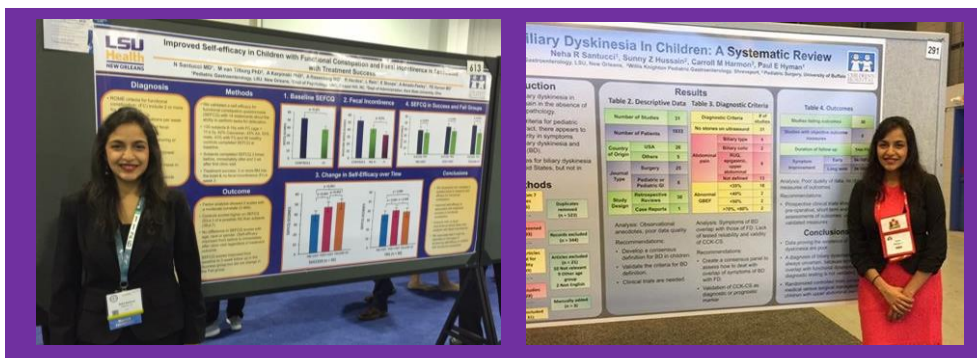
Chauhan A, Arcement C, Gajewski KK, Lilje C. Delayed congenital diaphragmatic hernia with complex cardiac and gastrointestinal defects. *Consultant for Pediatricians* 2016;15(12):583-

Tran T, Wang Y, Smith MJ, Sharp B, Ibieta T, Webb J, Jumonville W, Peat M, Berry S. Time Trend and Factors Associated with Late Enrollment in Early Intervention among Children with Permanent Hearing Loss in Louisiana 2008-2013. *Journal of Early Hearing Detection and Intervention.* 2016; 1(2): 1-6.

Tran T, Ng I, Choojitarom T, Webb J, Jumonville W, Smith MJ, Ibieta T, Peat M, Berry S. Late Newborn Hearing Screening, Late Follow-up, and Multiple Follow-Ups Increase the Risk of Incomplete Audiologic Diagnosis Evaluation. *Journal of Early Hearing Detection and Intervention.* 2016; 1(2): 1-7.

Lilje C, Paredes Mendoza A. Abnormal origin of one pulmonary artery from the ascending aorta – embryologic considerations. *Fetal and Pediatric Pathology* 2016;35(3):209-12

Ashoor I, Aviles D, Pasternak R, Vehaskari VM. Sexually transmitted infections in pediatric renal transplant recipients: Time to take notice! *Pediatr Transplant.* 2015 Sep;19(6):584-7. doi: 10.1111/petr.12554. Epub 2015 Jun 23. PMID: 26108149



Third-year GI fellow **Neha Santucci, MD** was invited to present a talk on her research titled "Self- efficacy in children with functional constipation is associated with treatment success" at the third-year Pediatric Gastroenterology Fellows Conference, sponsored by the North American Society of Pediatric Gastroenterology, Hepatology and

Nutrition in Scottsdale, Arizona on November 4, 2016. Only 5 out of 100 abstracts were selected for oral presentations and her topic was very well received. She also presented a poster for the same research at the annual meeting for the American College of Gastroenterology on October 16, 2016 and a poster for "Biliary Dyskinesia in Children: A Systematic Review" at the annual meeting for the North American Society of Pediatric Gastroenterology, Hepatology and Nutrition in October.

In other news from our fellows, third-year Endocrinology fellow **Mahmoud Hamdan, MD** was recently appointed to be on the Education Committee of the National Lipid Association.

Christian Lilje, MD gave several presentations at the American Academy of Pediatrics National Conference & Exhibition in San Francisco last October:

Lilje C, Harry J, Gardner RV. Prevalence and Severity of Pulmonary Hypertension in Children with Sickle Cell Disease Using a Modified Echocardiographic Protocol.

Lilje C, Owers EM, Schwartzburg EJ, Cronan JC, Cardinale JP, Clesi P, Gomez R, Stender S, Vargas A, Chalew S. Aortic Intima-Media Thickness Normalized to Lumen Diameter is more abnormal in Children with Repaired Congenital Heart Disease than in Children with Type 1 Diabetes or in Young Adults

Lilje C, Cardinale JP, Cronan JC, Schwartzburg EJ, Owers EM, Clesi P, Gomez R, Stender S, Vargas A, Chalew S. Aortic Intima-Media Thickness Normalized to Lumen Diameter is more Sensitive than Conventional Non-normalized and Carotid Analyses for Detecting Early Vascular Changes in Children with Type 1 Diabetes

Back in June 2016, Dr. Lilje presented “Aortic Intima-Media Thickness is feasible and more sensitive than protocols targeting other vessels for detecting early macro-vascular changes in children with type 1 diabetes at risk for micro-vascular complications” at the American Society of Echocardiography 27th Annual Scientific Session in Seattle. And in April 2016 he presented “Intima-Media Thickness is abnormal in children with non-complex Congenital Heart Disease despite successful repair” at the American College of Cardiology 65th Annual Scientific Session & Expo in Chicago.

CODING CORNER *with Sheri Russell-Cromwell, CPC*

Bill the Correct Level of Care

Three components determine the appropriate billing level for an Evaluation/Management (E/M) visit: history, examination, and medical decision-making. The correct code for an E/M visit is largely tied to the complexity of the visit which is determined by the number of problems and the scope to which they are addressed.

Adequately documenting the complexity of your patient’s presenting problem is key to your code selection. The Medical Decision Making (MDM) is the complexity level; if under documented it can pull the visit level down. The provider should include all thoughts and actions in the Assessment and Plan such as old records reviewed, medication management, and any test or labs ordered.

I cannot stress enough how important thorough documentation is to supporting your code selection. Refrain from using such words as “probable”, “suspected”, “questionable”, “rule out”, “working diagnosis” or other similar terms indicating uncertainty. As you know uncertain diagnoses cannot be reported on the Professional Claim.

See the next page for a convenient “Evaluation and Management Table” I found in the AMA Current Procedural Terminology Manual to use as a quick reference.

SAVE THE DATE

February 28	Mardi Gras
March 17	Residency Match Day
April 14	Easter (Good Friday)
April 17-21	Pediatrics Wellness Week
May 19	Research Day
May 24	Spring Fellowship Match Day
June 16	Hello/Good-Bye



Pediatric Residents in the Healthy Tigers Club collect donations to the Second Harvest holiday food drive.



Dr. Watts and the administrative team at the department Holiday Party.

Evaluation and Management Tables

Office or Other Outpatient Services					
Patient: New					
Required Components: 3/3					
Code	99201	99202	99203	99204	99205
Required Key Components					
History and Exam (#1 and #2)					
Problem-Focused	X				
Expanded Problem-Focused		X			
Detailed			X		
Comprehensive				X	X
Medical Decision Making (Complexity) (#3)					
Straightforward	X	X			
Low			X		
Moderate				X	
High					X
Contributory Factors					
Presenting Problem (Severity) (#1)					
Self-limited or Minor	X				
Low to Moderate		X			
Moderate			X		
Moderate to High				X	X
Counseling (#2) See E/M Guidelines					
Coordination of Care (#3) See E/M Guidelines					
Typical Face-to-Face Time (#4)					
Minutes	10	20	30	45	60

Office or Other Outpatient Services					
Patient: Established					
Required Components: 2/3					
Code	99211	99212	99213	99214	99215
Required Key Components					
History and Exam (#1 and #2)					
Problem-Focused	N/A	X			
Expanded Problem-Focused			X		
Detailed				X	
Comprehensive					X
Medical Decision Making (Complexity) (#3)					
Straightforward	N/A	X			
Low			X		
Moderate				X	
High					X
Contributory Factors					
Presenting Problem (Severity) (#1)					
Minimal	X				
Self-Limited or Minor		X			
Low to Moderate			X		
Moderate to High				X	X
Counseling (#2) See E/M Guidelines					
Coordination of Care (#3) See E/M Guidelines					
Typical Face-to-Face Time (#4)					
Minutes	5	10	15	25	40

Initial Observation Care			
Patient: New or Established			
Required Components: 3/3			
Code	99218	99219	99220
Required Key Components			
History and Exam (#1 and #2)			
Detailed or Comprehensive	X		
Comprehensive		X	X
Medical Decision Making (Complexity) (#3)			
Straightforward or Low	X		
Moderate		X	
High			X
Contributory Factors			
Presenting Problem (Severity) (#1)			
Low	X		
Moderate		X	
High			X
Counseling (#2) See E/M Guidelines			
Coordination of Care (#3) See E/M Guidelines			
Bedside/Unit/Floor Time (#4)			
Minutes	30	50	70

Initial Hospital Care			
Patient: New or Established			
Required Components: 3/3			
Code	99221	99222	99223
Required Key Components			
History and Exam (#1 and #2)			
Detailed or Comprehensive	X		
Comprehensive		X	X
Medical Decision Making (Complexity) (#3)			
Straightforward or Low	X		
Moderate		X	
High			X
Contributory Factors			
Presenting Problem (Severity) (#1)			
Low	X		
Moderate		X	
High			X
Counseling (#2) See E/M Guidelines			
Coordination of Care (#3) See E/M Guidelines			
Bedside/Unit/Floor Time (#4)			
Minutes	30	50	70

Subsequent Observation Care			
Patient: New or Established			
Required Components: 2/3			
Code	99224	99225	99226
Required Key Components			
Interval History and Exam (#1 and #2)			
Problem-Focused	X		
Expanded Problem-Focused		X	
Detailed			X
Medical Decision Making (Complexity) (#3)			
Straightforward or Low	X		
Moderate		X	
High			X
Contributory Factors			
Presenting Problem (Severity) (#1)			
Stable/Recovering/Improving	X		
Inadequate Response to Therapy/ Minor Complication Development		X	
Unstable/Significant Complication/Significant New Problem			X
Counseling (#2) See E/M Guidelines			
Coordination of Care (#3) See E/M Guidelines			
Bedside/Unit/Floor Time (#4)			
Minutes	15	25	35

Subsequent Hospital Care			
Patient: New or Established			
Required Components: 2/3			
Code	99231	99232	99233
Required Key Components			
Interval History and Exam (#1 and #2)			
Problem-Focused	X		
Expanded Problem-Focused		X	
Detailed			X
Medical Decision Making (Complexity) (#3)			
Straightforward or Low	X		
Moderate		X	
High			X
Contributory Factors			
Presenting Problem (Severity) (#1)			
Stable/Recovering/Improving	X		
Responding Inadequately/ Minor Complication		X	
Unstable/Significant Complication/New Problem			X
Counseling (#2) See E/M Guidelines			
Coordination of Care (#3) See E/M Guidelines			
Bedside/Unit/Floor Time (#4)			
Minutes	15	25	35