What Does TNAAP Do?

**Tennessee AAP President’s Letter**

**Deana Bell, MD, FAAP, TNAAP President**

I remember looking around the room as a medical student at a TNAAP board meeting and hoping I would have the opportunity be like the pediatricians who were there. They were all so passionate for the well-being of children, interested in practicing evidence-based medicine, and selfless with their time. Joe Lenz, Russel Chesney, David Kalwinsky, Quentin Humberd and Iris Snider were all pediatricians who shaped my vision of what pediatric practice should be. As I moved into various roles with TNAAP over the past 15 years, I realized TNAAP’s work on behalf of pediatricians and advocacy for children are some of the best kept secrets in the pediatric community.

I would like to share some of the outcomes of that work:

- TNAAP is the leading voice of pediatricians to insurance payers. TNAAP meets one-on-one with individual payers and with the Bureau of TennCare every quarter to discuss appropriate coverage, claims payment policies, etc. (Pediatric Council).

- TNAAP is the only state-wide pediatric organization that employs a lobbyist to keep pediatricians informed and involved in legislation that affects children and pediatricians. TNAAP is the voice of the pediatrician in the legislature.

- TNAAP trained 1043 health professionals on developmental screening in 2017 (START Program).

- TNAAP maintains a platform for quality improvement activities used by 531 physicians impacting nearly 200,00 children in Tennessee, providing meaningful MOC activities and credit for pediatricians. (PHiT)

  - TNAAP has 5 behavioral health trainers and has developed online behavioral health modules. Over 300 healthcare providers across the state have been trained. Others have participated in TNAAP’s ongoing mental health collaborative addressing challenging cases for children in foster care. (BEHIP)

- TNAAP trained over 500 health care providers in appropriate EPSDT provision in 2017. TNAAP also

*Continued on next page...*
developed EPSDT and Coding Webinars to help pediatricians maximize revenue. These are available on our web site (EPSDT and Coding).

- TNAAP continues to be the leading advocate for pediatricians in payment reform activities and provides trainings for practices on how to navigate current episodes.
- TNAAP develops educational programs for pediatricians to obtain CME and MOC. (Annual Conferences, workshops, etc.)
- TNAAP provides one-on-one practice support and coaching as well as an educational conference for practice managers every year. (PMN Conference)

All of these activities take a tremendous amount of time, energy, and funds. We need the involvement of every pediatrician to maximize our impact. Please contact us if you are interested in being involved on any level. TNAAP is a wonderful platform on which to develop a project that is your passion. In fact, most of our best programs started out as the dream of a single pediatrician!

It is common for membership in TNAAP to lapse without a pediatrician knowing it. Is everyone in your practice a current member? Email casey.lamarr@tnaap.org to have us check for you. Membership in TNAAP is only $185 per year and national AAP membership is not required to join the chapter. Finally, please keep TNAAP in mind when it comes to charitable donations. There are seasonal giving opportunities and various modes by which you can financially support the important work TNAAP is doing. We cannot continue these programs without your support!

**The AAP Annual Leadership Forum 2018**

Have you ever wondered how a child advocacy issue becomes AAP policy? The answer is that AAP members like you set the strategic priorities for the national AAP every year through a resolution process that is open to all AAP members. The resolution process provides a formal mechanism whereby members of the Academy can give input concerning AAP policies and activities. The Chapter Forum Reference Committee manages this process and has a call for resolutions every fall. These are reviewed by various councils and sections and divided into consensus calendar or calendar for debate. Consensus resolutions are the “no brainers” that are generally accepted pediatrics philosophies, and the issues placed on the calendar for debate could be contentious resolutions, redundant resolutions, resolutions that carry fiscal notes, or resolutions that may lead to unintended consequences.

Your state AAP president and vice-president, as well as leaders of AAP councils and sections, meet at the Annual Leadership Forum (ALF) to approve or disapprove the consensus calendar, and to discuss and vote on the resolutions on the calendar for debate. At the end of the ALF, leaders vote on the top 10 resolutions which become issues of emphasis for the board of directors.
This year your chapter leadership attended the ALF in March to debate current issues which covered a spectrum of child advocacy, access, practice management, and clinical issues. The top 10 issues for 2018 are as follows:

1. Schools as Gun-Free Zones – Arming Teachers is not the Answer!
2. Creation of a Suicide Prevention Task Force and Resources for Pediatricians, Healthcare Organizations, Schools, and Community Organizations Who Serve Children and Adolescents
3. Gun Restraining Order
4. The AAP Setting the Standards for Marijuana Regulations
5. Funding and Support for Autism Therapy
6. Granting Candidate Fellows the Right to Vote in AAP Elections
7. Increasing Immunization Rates by Universal Access to Immunizations
8. Promotion of Safe Gun Storage
9. Advocating for Universal and Affordable Contraception
10. Opioid Prescription Policy Statement

To read more about this year’s top 10 resolutions, follow the link [http://bit.ly/2GNfYIV](http://bit.ly/2GNfYIV). To find more information on previous resolutions, go to [www.aap.org](http://www.aap.org), sign-in with your AAP ID number and password, and scroll to the bottom and click “ALF.” If you would like to submit a resolution, guidelines and a template can be accessed at [http://www.aap.org/moc/loadsecure.cfm/alf/guidelinesforsummitingresolutions.pdf](http://www.aap.org/moc/loadsecure.cfm/alf/guidelinesforsummitingresolutions.pdf). If you intend to submit a resolution, please reach out to your chapter leadership for support with the process. As always, we are here to help!

It is with deep sadness that I share Dr. Iris Snider-Slowey passed away in February this year. This was a huge loss for children and pediatricians in Tennessee. Dr. Snider was like an institution in the pediatric community and was probably the loudest voice demanding changes to TennCare in the early days. Always preferring to be addressed simply as Iris, she was active in the chapter and the national AAP. After serving as chapter president, she established the chapter’s pediatric council and served in leadership of the AAP’s Committee on Child Health Finance. At the state and local level she served on numerous councils and committees and she was the “go to” for pediatricians in the state whether they had an issue with a health plan or needed to find a certain resource. I expect many of you reading this have lots of “Iris stories.” She was an inspiration and a dear friend and colleague to so many of us. Iris is, and will continue to be, deeply missed.

In her honor, the Chapter is launching The Iris Snider-Slowey Memorial Rural Health Grant. Under this grant pediatricians in rural areas can apply for a grant of up to $1,500 for a patient who has needs not covered by their insurance. This might include a variety of services such as transportation, speech therapy or medication. If you would like to make a contribution in Iris’s honor, please do so through our web site at [www.tnaap.org](http://www.tnaap.org). Stay tuned for announcements on the timing and application process to seek funding through the grant.
## TENNESSEE STATE PEDIATRIC CONFERENCE

**September 15, 2018 • Cool Springs Marriott, Franklin, TN**

### CONFERENCE PROGRAM

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Details</th>
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<tbody>
<tr>
<td>7:30-8:00 a.m.</td>
<td><strong>BREAKFAST</strong></td>
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<tr>
<td>8:00-8:15 a.m.</td>
<td>Activity Medical Director Welcome</td>
<td>Deanna Bell, MD, FAAP, President, TNAAP</td>
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<tr>
<td>8:15-9:00 a.m.</td>
<td>Neurology: Innovative Therapies for Seizure, Headache and Tic Management</td>
<td>Eric Pina Garza, MD, Pediatric Neurology, Tristar Medical Group</td>
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<tr>
<td>9:00 - 9:45 a.m.</td>
<td>Dermatology: New Acne Guidelines &amp; Updates for Eczema and Autoimmune Skin Disease Therapies</td>
<td>Michael Smith, MD, FAAD, FAAP, Pediatric Dermatology, Heritage Medical Associates</td>
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<tr>
<td>9:45 -10:15 a.m.</td>
<td>MORNING BREAK/ EXHIBITOR SESSION</td>
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<tr>
<td>10:15 -11:00 a.m.</td>
<td>Endocrinology: Diabetic Mellitus Challenges for the General Pediatrician</td>
<td>Kathryn Sumpter, MD, Pediatric Endocrinology, UT Le Bonheur</td>
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<tr>
<td>11:00 - 11:45 a.m.</td>
<td>State Health Round Table</td>
<td>Facilitator: Michael D. Warren MD, MPH, FAAP, Deputy Commissioner for Population Health</td>
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<tr>
<td>11:45 a.m. - 1:00 p.m.</td>
<td>LUNCH, TN AAP Annual Meeting and Quiz Bowl</td>
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<tr>
<td>1:00 - 1:45 p.m.</td>
<td>Pulmonology: New Therapies for Asthma and Allergies</td>
<td>Paul E. Moore, MD, Director of Pediatric Allergy, Immunology and Pulmonary Medicine, Vanderbilt University</td>
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<tr>
<td>1:45 - 2:15 p.m.</td>
<td>AFTERNOON BREAK/ EXHIBITOR SESSION</td>
<td>Afternoon Workshops (participants choose one during registration)</td>
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<tr>
<td>2:15 - 4:45 p.m.</td>
<td>Afternoon Workshops</td>
<td>Workshop 1: Long Acting Reversible Contraceptives (LARC)</td>
</tr>
<tr>
<td>9:45 - 2:15 p.m.</td>
<td>Workshop 2: What Pediatricians Need to Know about Eating Disorders</td>
<td>Ovidio Bermudez, MD, FAAP</td>
</tr>
<tr>
<td>11:45 a.m. - 1:00 p.m.</td>
<td>LUNCH, TN AAP Annual Meeting and Quiz Bowl</td>
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### Find more information and register online at:

[www.tnaap.org/tspc](http://www.tnaap.org/tspc)

**Register by August 20 for the discounted rate!**

AMA Credit Designation: The University of Tennessee College of Medicine (UTCOM) designates this live activity for a maximum of 5.75 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Education for Non-Physicians: The UTCOM will issue Certificates of Participation to non-physicians for participating in this activity and designates it for a maximum of 5.75 CEUs using the national standard that 1 hour of educational instruction is awarded .1 CEU.

Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the UTCOM and the Tennessee chapter of the American Academy of Pediatrics. The UTCOM is accredited by the ACCME to provide continuing medical education for physicians.
You’re probably aware that Tennessee’s Pediatric Council meets to discuss operational issues with payers several times a year. We have successfully advocated to get payers to change medical and payment policies and get improperly-denied claims overturned. But did you know that our Pediatric Council has the full weight of the AAP behind it and has a number of national resources that are ready to assist practices? Here are just a few:

- The TNAAP Pediatric Council is part of a national network of AAP Pediatric Councils all over the country. We exchange information about new policies and payment models, collectively advocate with CMS regarding new codes, and leverage successes in one state to help others. Last year, a Massachusetts-based pediatric practice identified early that Cigna began processing immunization-related claims incorrectly; due to the “early warning system,” Tennessee practices were impacted less severely and the problem was corrected faster.

- The AAP’s permanent Payer Advocacy/Advisory Committee (PAAC) is the epicenter of the Pediatric Councils and has staff and physician liaisons with all the major national payers. Formerly known as PPAAC (Private Payer...), just this year, PAAC has recently expanded its scope to cover Medicaid and other government payers (like CHIP and Tricare) and has dropped the “private” label. To read more about the work of PAAC, visit https://bit.ly/2ty3a2q

- The AAP’s Coding Hotline is an email-based service that’s FREE to national AAP members. Got a question about the right way to code something? Need to settle an argument in your practice about whether this is a level 3 or level 4? Email your question to the AAP coding hotline and get a cited, researched response in 1-2 business days. This service provides a huge value and is itself worth the annual price of AAP membership. If you’re not an AAP member, you can join at https://bit.ly/2ru7H6f

- The AAP’s Committee on Child Health Finance (COCHF) is a sister committee to PAAC. It works on developing health policy statements that make sense for pediatrics. For example, government officials often write regulations that make sense for Medicare (a program almost exclusively of disabled and elderly adults) but often don’t make sense for Medicaid (a program which is primarily pregnant women and children). To read more about the work of COCHF, visit https://bit.ly/2G31OBp

- Finally, the Section on Administration and Practice Management (SOAPM) and Pediatric Practice Managers Alliance (PPMA) are the AAP’s official groups for pediatric manager-leaders and pediatric practice administrators, respectively. Membership is $30 per year for pediatrician AAP members and $75 per year for administrators. Benefits include membership in a robust listserv where pediatric management pearls, advice, forms, and policies are exchanged. Other SOAPM/PPMA joint projects include educational programs (both national, regional, and webinar-based) and leadership training opportunities. To find more about SOAPM & PPMA, go to https://bit.ly/2ryYTLY (SOAPM) or https://bit.ly/2rwq0b4 (PPMA)
The 2018 session of the 110th Tennessee General Assembly began January 8 and adjourned late Wednesday, April 25.

The Chapter monitored over 700 of the 3210 bills filed during the fast moving 16-week session.

On March 13, TNAAP hosted its annual Day on the Hill with over 40 pediatricians in attendance! Groups divided by region had meetings with legislators throughout the day to discuss key legislation.

TNAAP is pleased to report several key legislative policy victories both supporting and opposing bills that were filed in 2018. The following is a summary of key legislation we followed and associated outcomes.

2018 TNAAP Legislative Priorities

- **OPPOSE** Vaccines HB2488 (Holt)/SB2482 (Niceley)
  Both sponsors have taken the bill OFF NOTICE as of 3/21/18

- **OPPOSE/AMEND** Heart Monitors & Safe Sleep Legislation HB1539 (Windle)/SB2673 (Bailey)
  Signed by Governor on 4/13/18
  AMENDED: "Develop educational literature to inform the general public of the risks and prevalence of sudden infant death syndrome (SIDS) and any research findings that may lead to the possible means of prevention, early identification, and treatment of SIDS, and make such literature available on the department of health’s website."

- **SUPPORT** School Bus seat belts SB0381 (Gardenhire) HB0675 (Favors)
  Governor included $3m funding in the budget

- **OPPOSE** Fluoride SB 0985 (Gresham) HB0675 (Lynn)
  FAILED for lack of Motion/second in House Agriculture Subcommittee

- **SUPPORT** Anti-Tanning HB1489 (Hazelwood)/SB1495 (Haile)
  SIGNED by governor 4/2/18

- **MONITOR/ADVISE** Medical Cannabis Act SB1710 (Dickerson)/HB1749 (Faison)
  Passed House Criminal Justice and House Health Committees
  Senate sponsor did not have the votes in Judiciary, sent to general subcommittee (which is the same as a failed bill).
  HJR 0730 (Powell) Primacy to states to regulate medical cannabis referendum FAILED in Health Committee on 4/3/18.

- **MONITOR/ADVISE** Firearms
  HB2208 (Byrd)/SB2563 (Hensley) Teachers carrying firearms FAILED in House Education: Admin & Planning on 4/3/18.
  HB1602 (Matheny)/SB1955 (Pody) 2nd Amendment Civil Rights Act FAILED in Senate Judiciary for lack of a second to the motion 4/3/18.
  SB0834 (Haile)/HB0958 (Farmer) Mental health/firearms purchase PASSED & signed by the Governor
  HB2575 (Stewart)/SB2430 (Kyle) Firearms purchase liability TAKEN OFF NOTICE in both chambers
  HB2302 (Beck)/SB2356 (Yarbro) buying/selling to disqualified persons FAILED in House Civil Justice Subcommittee

- **SUPPORT** Banning Smoking in Vehicles with Minor Passengers HB1716 (Ramsey) SB1759 (Briggs)
  PASSED on the Senate Floor the final day of session and was re-referred to House Agriculture Committee from House floor which killed the bill for 2018.

- **SUPPORT** Payment Reform/Episodes of Care SB2639 (Hensley) /HB1729 (Sexton)
  PASSED and was signed by the Governor on 4/19/18.
  AMENDED: “Requires the Division to study the
means of fair and just implementation of episodes of care initiatives, especially with respect to costs associated with: a healthcare facility located in an area that lacks an alternative healthcare facility within a 30-minute drive; lack of more than a single provider of healthcare services for including, but not limited to, radiology, anesthesia, pathology, or physical therapy; and contractual agreements between the Division of TennCare, managed care organizations, and other participating providers or healthcare facilities associated with particular episodes of care if such contracts are the cause of increased costs.”

House of Medicine (TMA) legislative priorities

- “TN Together”: Governor Haslam’s opioid legislation SB 2257 (Norris) / HB 1831 (Hawk)

- Places restrictions on prescribing opioids including pre-Rx counseling requirements and assessments Includes exemptions for chronic conditions (i.e. cancer, chronic pain, etc.) PASSED and is on the Governor’s desk

- Balance Billing – HB2353 (Hill)/SB2640 (Watson) was taken off notice.

- Maintenance of Certification SB1824 (Briggs) / HB1927(Williams) has PASSED and was signed by the Governor on 4/19/18. AMENDMENT: “Authorizes a mental healthcare facility, health insurance entity, or healthcare facility to differentiate between licensed physicians based on a physician’s maintenance of certification in medical staff privileging and credentialing when the voting members of the facility’s organized medical staff vote to adopt the differentiation and the facility’s governing body reviews and approves the action of the medical staff.”

- New Healthcare Practitioner SB1926 (Briggs) / HB2122 (Williams)
  TAKEN OFF NOTICE on 3/20/18 by the House sponsor at the request of Lincoln Memorial University who had requested the legislation.

There are many pro-child legislators retiring, including last year’s TNAAP Legislator of the Year Representative Kevin Brooks (R-Cleveland) who is running for Mayor of Cleveland, Minority Leader Craig Fitzhugh (D-Ripley) and popular House Speaker Beth Harwell (R-Nashville), both running for governor.

Tennessee pediatricians visiting with Representative Sabi ‘Doc’ Kumar during TNAAP’s annual Day on the Hill.

Make plans to join us next year on the hill! tnaap.org/advocacy
THE TENNESSEE PEDIATRICIAN   ·   SPRING/SUMMER 2018

2017 EPSDT Rates Are Up!
Janet Sutton, CPC, RHIT, TNAAP EPSDT Program Manager

In recent years, we have seen EPSDT rates fall below the overall goal of 80 percent beneficiary participation in EPSDT that was established for each state mandated by the Secretary of Health and Human Services in 1989. The State has been working with TNAAP, the TennCare MCOs and the provider community over the last few years on strategies to increase rates, including targeted outreach to underperforming areas of the state, training collaborations, special events and other concerted efforts. These combined efforts have helped to improve the rates for 2017 to 74 percent, which is the highest rate since 2014, but we still have work to do to reach the 80 percent goal!

States are required to report annually to CMS certain data about their delivery of services under the EPSDT benefit. The CMS-416 report calculates how many children were eligible for EPSDT services vs how many screenings were provided. The data is collected through claims, so it is important that we report EPSDT services correctly on claims by coding accurately so that all EPSDT services performed are captured and reported to CMS.

The graph below illustrates the average compliance rates for EPSDT screenings in Tennessee year over year from 2015-2017. The expected average is 80 percent. As you can see, Tennessee’s 2017 screening average increased 5 percentage points over last year.

The next graph on page 7 illustrates the average compliance rates for EPSDT screenings by age group in Tennessee year over year from 2015-2017. We are doing a fantastic job with members through age 5. As you might expect, the rates begin to drop at age 6 and continue to plummet from adolescence through age 20. While rates have still improved in these age groups over the last couple of years, again, there is much work to be done to reach this population.

TN AAP continues to work with the provider community, TennCare and the MCOs to collaborate on outreach activities and strategies to improve EPSDT rates across the state.

In January of 2018, TNAAP’s PHiT (Pediatric Health Improvement Initiative in Tennessee) program began the Well Care Project. This project assists ambulatory pediatric practices in improving annual, well care visit completion rates. These rates will increase through the implementation and sustainment of several process changes.

2015-2017 CMS-416 Rates TN Average
The evidence-based process changes include:

- Process mapping of patient workflow for acute and well visits
- Using practice billing data to identify active patients not completing annual well care
- Create a monthly recall system
- Assess the well child visit completion status at each acute visit
- Scheduling next well care at each visit
- Perform well care elements at acute visits
- Other process developed by practice leadership
- Annual learning collaborative session

For more information on the PHiiT Well Care Project, please contact Becky Brumley at becky.brumley@tnaap.org or Becca Robinson at rebecca.robinson@tnaap.org

TNAAP continues to provide comprehensive EPSDT training, including documentation and coding instruction. The Bright Futures/AAP Recommendations for Preventive Services Webinar and other various EPSDT resources are available on our website at www.tnaap.org. Please contact Janet Sutton for more information or to schedule a training at janet.sutton@tnaap.org.

Additional learning opportunities are available on the Vanderbilt website for CME credit including The Bright Futures/AAP Recommendations for Preventive Services and The Business Case for EPSDT webinars. If you need assistance accessing the Vanderbilt CME website, please contact Becky Brumley at becky.brumley@tnaap.org.

The Business Case for EPSDT

Bright Futures/AAP Recommendations for Preventive Services
https://cme.mc.vanderbilt.edu/phiit-qi-training-videos-bright-futures-recommendations

Check out the TNAAP website for these EPSDT resources:

- AAP/Bright Futures Recommendations for Preventive Service Webinar
- Periodicity Schedule
- TNAAP EPSDT Coding Guide
- Well Child Encounter Forms

Still need help? Contact Janet Sutton (janet.sutton@tnaap.org) to schedule an office training!
The Intersection Between Infant and Early Childhood Mental Health and Pediatric Practice

Mindy Kronenberg, PhD & Angela Webster, MSW

As research has clearly documented the primacy of infancy and early childhood as the foundation of life-long health and development, the importance of infant and early childhood mental health (IECMH) has become increasingly recognized by professionals, policy makers, and the public.

In Tennessee, the Association of Infant Mental Health in Tennessee (AIMHiTN) was created to promote the healthy social and emotional development of Tennessee’s children (birth through five) by increasing knowledge of IECMH, promoting collaboration among individuals, agencies, and systems that touch the lives of children, and fostering public policy to support infants, young children, and their families.

What is Infant and Early Childhood Mental Health?

Infant and early childhood mental health can be defined as it relates to the child and as a field.

- The national organization ZERO TO THREE has defined infant and early childhood mental health as the developing capacity of the infant (birth to three) and young child (three through five) to form close and secure interpersonal relationships; experience, regulate, and express emotions, and explore the environment and learn, all in the context of family, community, and cultural expectations for young children.

- As a field, infant and early childhood mental health is an interdisciplinary approach to practice, research, and public policy concerned with maximizing the well-being of infants, young children, and their caregivers through promotion, early identification, preventive intervention, treatment, and support. Infant and early childhood mental health providers (including pediatricians) are not defined by their discipline but by the core principles that underlie their work. IECMH providers are:

1. Developmentally-informed. They understand that infancy is a period of rapid growth, change, and development which sets the foundation for all future development. They acknowledge that infants are born with the capacity and drive to relate to others and to communicate through their behavior. Thus, IECMH providers are trained to observe infants and young children in the context of relationships and often serve as the “voice” of the infant/young child by translating the meaning of behavior.

2. Relationship-based. They understand that development, growth, and change occur in the context of relationships. Thus, they assess and treat children in a relational context and with caregiver(s) present. IECMH providers recognize the importance of their relationships with families. They interact with families in ways they would like family members to interact with each other, and they support infants’ caregivers so caregivers can, in turn, support their children.

Infant and early childhood mental health providers recognize that relationship-based work with infants, young children, and families can evoke powerful feelings, both positive and negative. They, therefore, value reflective capacity: the ability to slow down, notice their own thoughts and feelings, and wonder about the thoughts and feelings of others. IECMH providers engage in reflective practice through reflective supervision/consultation

3. Culturally-sensitive and community-oriented. They understand that relationships must be understood within the cultures and communities in which they exist. IECMH providers seek to understand families’
cultures and tailor interventions to honor families' strengths and align with families' needs. IMH providers recognize the varying needs (e.g., physical, social, emotional, educational, spiritual) of children and caregivers. Thus, they collaborate across disciplines and aid families in navigating systems. IECMH providers are aware of the impacts of social injustice and, as necessary, advocate for social change.

4. Trauma-competent. While being strengths-based and focusing on healthy social and emotional growth, IECMH providers recognize that infants and young children experience and can be impacted by trauma and can be diagnosed with mental health disorders. IECMH providers recognize that while infants' developmental status/neuroplasticity makes them especially vulnerable to the effects of trauma, they are also able to benefit from intervention.

Pediatricians and IECMH

Pediatricians are integral members of the field of infant mental health as trusted community providers who are most likely to have contact with infants, young children, and families during this crucial time of development. Dr. T. Berry Brazelton highlighted the influential role pediatricians hold in enhancing caregiver-child relationships, thereby, supporting infant and early childhood mental health. Dr. Brazelton demonstrated how relatively simple interventions, such as sharing observations of newborns with parents, can aid parents in seeing their newborns as individuals with unique capacities, preferences, and ways of communicating. Pediatricians further support IECMH by providing emotional support, concrete assistance, and developmental guidance for caregivers; by screening for caregiver mental health problems and providing referrals for treatment as needed; by screening children's social-emotional development and observing for signs and symptoms that may indicate developmental delay, environmental stress or trauma, or other issues requiring an appropriate referral.

Pediatricians who are interested learning more about infant and early childhood mental health (http://aimhiTN.org/about-early-experiences/what-is-infant-mental-health); who are interested in obtaining Infant Mental Health Endorsement®, an internationally recognized credential that supports and recognizes the development and proficiency of professionals who work with or on behalf of young children, birth to age three, and their families (http://aimhiTN.org/endorsement/overview); or to join a group of professionals dedicated to the wellbeing of infants, young children, and their families (http://aimhiTN.org/membership/membership-info) are invited to learn more by contacting the Association of Infant Mental Health in Tennessee (http://AIMHiTN.org).

References

Association of Infant Mental Health in Tennessee (AIMHiTN.org)

New Screening Technical Assistance and Resource Center

New resources are available from the AAP Screening Technical Assistance & Resource (STAR) Center. Practices can take advantage of the course Screening Time: Tuning In to the Needs of Families, watch a new practice case study video on screening and fostor engagement, and use the Screening Tool Finder. For more information visit the STAR Center online or email screening@aap.org.

You can also find screening resources on the tnaap.org website as well as information on our Screening Tools and Referral Training (START) program. Contact Susan Rollyson (susan.rollyson@ tnaap.org) to schedule an in office training!
Tennessee State Pediatric Conference
September 15, 2018
Franklin Marriott Cool Springs  •  Franklin, TN
www.tnaap.org/tspc

REGISTER NOW! MORE INFORMATION ON PAGE 4.