Med-Peds perspective

UPDATE FROM THE MED-PEDS PROGRAM DIRECTOR’S ASSOCIATION

Med-Peds Match Update: 2014

Russ Kolarik, MD, FAAP
President, MPPDA 2013-2014

Greetings from the MPPDA Executive Committee,

This year, 79 Med-Peds programs participated in The Match with a total of 374 positions offered. The total number of candidates applying to Med-Peds residency was 582, with 334 being U.S. allopathic seniors. Of the 374 positions offered, 362 were filled in the regular match yielding an overall fill rate of 96.8%. Med-Peds continues to grow as a specialty, and two new programs have opened this year at the University of Puerto Rico and at The University of Colorado at Denver. The number of positions offered and number of programs in Med-Peds is higher than it has been in over a decade, and Med-Peds remains the primary care specialty with the highest fill rate with U.S. seniors at 75.9%.

The MPPDA just held its national meeting in Nashville, TN in April in conjunction with the Association of Program Directors in Internal Medicine. Our national meeting gives us a chance to share ideas with other programs from across the country and to get an update on the latest developments from the boards and the ACGME. At this year’s meeting, the issue of pending accreditation for pediatric hospital medicine fellowship training was discussed. Dr. Gail McGuinness from the American Board of Pediatrics commented to our group that the process to obtain accreditation for a new medical specialty is typically a 7-8 year process and it has just begun for this proposed specialty. The MPPDA is working actively with the Joint Council of Pediatric Hospital Medicine to ensure that the perspective of Med-Peds physicians present and future is being considered as this process unfolds. Dr. McGuinness also stated that the primary consideration for any proposed fellowship or specialty is that it serves to enhance the well-being and health of children.

Students who are considering Med-Peds training as a career option because of their interest in hospital medicine will continue to have an important role to play in the care of hospitalized children and young adults with special health care needs going forward.

As of July 1, Sandi Moutsios of Vanderbilt University will assume the position of MPPDA President, with J.R. Hartig from the University of Alabama at Birmingham serving as President-elect. I will continue to work with the MPPDA Executive and Sub-Committees in the role of Immediate Past President. I will continue to develop our new organization website http://mppda.org for the next few years. Please visit it to learn more about or organization and to learn more about issues related to Med-Peds training. It has been my pleasure to serve the MPPDA and the amazing discipline of Med-Peds over the past year and I look forward to all that the future holds for our specialty.

Yours,
Russ Kolarik, MD, FAAP
MPPDA President, 2013-2014
Save the Date
FOR
UPCOMING
AAP PROGRAMS

OCTOBER 11-14, 2014
SAN DIEGO, CALIFORNIA

MED-PEDS SESSION
■ October 12, 2014
■ 1:00 P.M. to 5:00 P.M.
■ Title:
How Pediatricians Transition Adolescents to Adult Care—Lessons Learned in Quality Improvement and How to Get Paid
■ Faculty:
Patience White, MD, MA, FAAP
Peggy McManus, MHS
■ Med-Peds Section/NMPRA Reception—following at 5:15 P.M.

NMPRA ANNUAL MEETING
■ Saturday October 11
■ Alternative Medicine

AAP: LETTER FROM
THE MED-PEDS CHAIR
executive committee

Allen Friedland, MD, FACP, FAAP
AAP Chair, Section on Med-Peds

Welcome spring !!!

The med-peds section sponsored Betsy Toll, MD to speak at the American College of Physicians annual meeting in April. From all reports it was a great success with over 100 attendees present to hear a discussion on basic counseling skills for the primary care physician. The med-peds reception was also a success that included many primary care med-peds physicians from all over the country and also a first year medical student who wanted to learn more about our specialty!

The executive committee is actively completing a document to help navigate the MOC, obtain permanent funding for our Physician Health and Wellness booth, permit medical students to be section members, analyze the workforce survey, combine educational sessions with the adolescent and senior sections and to provide representation on some of the committees that are discussing pediatric hospitalist fellowships.

Included in the newsletter are the education sessions for the 2014 AAP and 2015 ACP. Please consider submitting a newsletter article about your work experiences or a case that interested you. We want to represent you, our specialty and also get you involved!

If you would like more information or are interested in submitting an article, please contact NMPRA@medpeds.org.

Richard M. Wardrop, MD, PhD, FACP, FAAP
Med-Peds Section of AAP: Grand Rounds Section Editor

In early 2013 I was very fortunate to be appointed Section Editor for the Med-Peds section of AAP Grand Rounds, a monthly evidence-based publication from the AAP.

Since joining the editorial staff of Grand Rounds I have thoroughly enjoyed the opportunity to join a wonderful staff of other section editors as well as receive expert mentoring and guidance from the more senior editors, specifically Dr. Joseph Geskey, who has guided me through the process of finding, summarizing and appropriately commenting on new articles with direct application to Pediatricians and Medicine-Pediatrics physicians. This process has not only been good for my own career and faculty development, but has hopefully also broadened the horizons of the readership. To me this is just another example of how wonderful the Med-Peds section of the AAP can be for our community of clinicians and clinician educators.
The Med-Peds Perspective

update from the Western regional med-peds meeting

Jose S. Sepulveda MD, PGY-4
Kimberly DeQuattro, MD, MM, PGY-2
Sumeet Vaikunth, MD, PGY-2
Keck School of Medicine, University of Southern California

Serving our patient population is both rewarding and challenging; for the wealth of what they teach us on a daily basis, we were inspired to make “serving the underserved” the theme of the Med/Peds Western Regional Meeting at LAC+USC Medical Center in April.

Highlights included Med/Peds Alumni and Transitional Care Panels with a unifying message: in order to make a difference in a patient’s life, we must “go the extra mile.” Dr. Elizabeth Ortiz stated, “Sometimes you have to learn how to be a social worker, a life coach and a psychologist” in order to provide good medical care.

Dr. Rishi Manchanda addressed Medicine and Social Justice. He urged us to be “upstream doctors” who advocate for patients’ basic needs such as more green space in communities, rather than simply prescribing medications. Dr. Alexandra Levine reminded us to never lose hope for our patients. When asked how to remedy the limited time we have with patients, Dr. Levine responded emphatically, “Fight it. Fight it and never settle for less.” Dr. Nathan McFarland described many examples where creativity and ingenuity—despite limited funding—can help patients in the community. Through his experiences, sometimes simple tasks—like fixing bikes—are all you need to motivate and encourage your patients to exercise.

Our Keynote Speaker was Father Greg Boyle, founder of Homeboy Industries, an organization that rehabilitates former gang members. Father Boyle taught us that compassion and empathy can always make a difference. As a living example of this, he shared vignettes demonstrating that offering jobs and second chances can be more valuable to a person than putting them in jail.

We were honored to host medical students, residents and faculty from CHLA, Duke, Loma Linda, UCLA, UCSD and USC. There was a robust session of 25 case reports and 25 quality improvement/community posters. Thanks to NMPRA for sending liaison Dr. Emery Chang, for donating towards our event and for continued support of regional Med/Peds interests.

FROM THE NMPRA PRESIDENT:

Introducing NMPRA Research Grants

Over the past few years, NMPRA has made a concerted effort to increase learning opportunities in a variety of areas. Because many of us have interests in community service and global health, grants have been developed to assist residents pursuing projects that can provide exposure to these fields. These awards have funded a number of truly excellent projects, and we are continually amazed to see the designs and results of each.

For quite some time, a number of our colleagues have been pursuing careers that are focused on research and this has prompted NMPRA to expand on this idea. We are therefore incredibly excited to announce a new grant specifically designed for this goal. We hope to provide resources to our fellow residents who are interested in discovering information and solving problems in the fields of public health, epidemiology, medical education, informatics, and clinical research, all related to our adult and pediatric patients.

Many of you have extensive experience in research and simply need a bit of a “kick-start” to begin your investigations. We want to help you do that. The application will require a research proposal, biographical sketch, budget, and letters of support from your research mentor and program director. As with all of our grants, we encourage each of you to visit our webpage to learn a bit more about the application process and how it can assist in getting your project off the ground. As your executive board, we are privileged to offer ways to help each Med-Peds resident move toward his or her ultimate career goal, and we are happy to provide another avenue to do this. We look forward to your submissions.

Tristan McPherson, MD
NMPRA President 2014-2015

Attendants at 2014 Western Regional NMPRA Meeting. Photo credits: Deepa Nanayakkara, Roshel Graham
I see Catherine at least twice a month at the hospital where I train. She’s in her early thirties, has asthma, and, despite good adherence to her medication regimen, likes to joke with me about how her inhaled corticosteroid will give her big muscles. She has two children who sometimes walk to the hospital to visit her after their school day. She lost one parent to hepatocellular carcinoma and is the principle caregiver for the other. Born and raised in East Baltimore, she wears Ravens earrings on game days and scoffs at the paucity of purple in my wardrobe.

Yet I’ve never seen Catherine in the clinic office or in a hospital room. I see her on the job, working alongside me, as she totes linens to and from the hospital laundry facility. She is an employee in the hospital in which I train and has worked there longer than I, yet she earns less than $12 an hour. Due to poor compensation, she must look beyond her employer to satisfy her basic needs, seeking Medicaid for her medical care, food assistance programs for her family’s meals.

The effects of financial insecurity on Catherine and her family may be self-evident, but they came into sharp relief when I saw her son in the emergency department one evening with an asthma exacerbation. On entering the room, she was sitting with her wheezing son in her lap, writing checks of partial amounts for her utility bills while awaiting her next paycheck. She smiled when we recognized one another. But outside of the room, where her sons couldn’t hear us over the hum of the nebulizer, she sobbed to me that she didn’t think she could continue to make things work, anticipating the medical bills and missed days of work.

This kind of pathology can’t be measured with a peak-flow meter, but its effect is resonant and just as morbid. Here was a colleague of mine who works in a prestigious medical institution, yet who was unable to achieve resources necessary for a healthy and productive family. These are the very things that I am trained to provide, and that my institution purports to promote.

The day-to-day for practitioners in medicine-pediatrics affords relationships with patients and colleagues that span time and generations. This comes with its joys and triumphs: witnessing the young adult surpass a milestone in recovering from a substance use disorder, or congratulating a mother on her child’s long-awaited achievement in school. But it also cultivates perspective about how social injustices affect the complex fabric that holds families and communities together. Even though I’m not Catherine’s primary care physician, her state that night in the emergency department was relevant to my wheezing patient, my institution, and my city. It was a reminder that medicine-pediatrics provides a career well suited to advocacy and that it was time to stand up.
**Case Report**

**An Elusive Two Inches; How a Proton-Pump Inhibitor Can Obscure a GI bleed**

David C. Peritz, MD  
Richard M. Wardrop III, MD, PhD, FAAP

**Case Description**

A 26-year-old man presents with two days of worsening generalized abdominal pain and bright red blood in his stool. He experienced near-syncope just prior to presentation after passing a large bloody bowel movement. Family history was significant for brother and father with Crohn’s disease. On presentation he was tachycardic with a soft and non-tender abdomen. Rectal exam revealed evidence of blood but was without fissure, fistula or hemorrhoids. CT abdomen was unremarkable. A proton-pump inhibitor drip was initiated and he had no further bloody bowel movements. Colonoscopy and esophagastroduodenoscopy revealed normal mucosa without a source of bleeding. Following cessation of proton-pump inhibitor drip, he passed multiple bloody stools dropping his hemoglobin from 13g/dL to 6g/dL. Technetium-99m pertechnetate scan demonstrated increased radiotracer accumulation in his right lower quadrant. A small bowel resection with re-anastomosis confirmed the diagnosis of Meckel’s Diverticulum.

**Discussion**

We report a case of obscure GI bleeding to highlight the importance of further diagnostic testing when a clear source is not identified. Gastrointestinal bleeds are frequently encountered in the acute care and inpatient settings with only about 5% localizing to the small bowel. In cases of obscure GI bleed, physicians must rely on radiographic studies such as angiography, tagged RBC scan and technetium bleeding studies or capsule endoscopy. Briskness of bleed and age of patient traditionally dictate which of these studies is performed next. In our patient, endoscopic exam demonstrated no source of bleeding thus gastric acid suppressing medication was discontinued leading to recurrence of bleeding.

Meckel’s Diverticulum, occurring in 2-4% of the population, is the most common congenital malformation of the GI tract and arises from incomplete closure of the vitelline-intestinal duct. Twenty percent of malformations contain ectopic gastric mucosa which causes ulceration in distal colonic tissue secondary to acid secretion. Patient’s typically present within the first two years of life with overt gastrointestinal bleed. Rare cases of Meckel’s Diverticulum discovered in adulthood more often show symptoms consistent with obstruction or intussusception. Though bleeding does occur in the adult population, it is more often due to perforation of the diverticulum rather than ulceration from gastric acid secretion.

Technetium-99m pertechnetate scan is the most sensitive and specific non-invasive method of diagnosis. This scan does not rely on active bleeding but instead utilizes the propensity of gastric mucosa to collect technetium-99m (see figure 2). Often used in concert with the scan, histamine H2-receptor agonists and somatostatin have been shown to enhance the study’s sensitivity. The definitive therapy for Meckel’s Diverticulum is surgical resection followed by either diverticulectomy and/or anastomosis.

When faced with an obscure gastrointestinal bleed that recurs when acid suppression is discontinued, physicians should include Meckel’s Diverticulum in the differential diagnosis no matter the age of the patient.

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**Figure 1.** Endoscopic and gross images of ectopic gastric tissue.

**Figure 2.** Technetium-99M uptake localizing ectopic gastric tissue.
IMMUNIZATION RATES OF CHILDREN DIAGNOSED WITH AUTISM-SPECTRUM DISORDERS IN NEW YORK STATE

Danielle Wales, M.D., M.P.H.1, Sara Horstmann, M.D.1,2, Judith Lucas, M.D.1, Anthony Malone, M.D.3, Chandni Vaid1, Susanna Hill1, Lara Reichert1, John Wax, M.D.1,4, Ajay Gupta, M.D.5, Susan Hyman, M.D.4

Immunizations are one of the most successful public health achievements in history. Unfortunately, a resurgence of vaccine preventable diseases in the US has occurred in the past 20 years. Concurrently, there has been much misinformation in the media regarding a connection between immunizations and Autism-Spectrum Disorders (ASDs), which has been disproved by multiple studies. Symptoms of ASDs present in the first 18 months of life, at the same time where parents are making the decision to vaccinate their children. Concerns over immunizations in these parents may cause them to delay or defer immunizations. To date, no study has examined whether children with ASDs are up-to-date with recommended immunizations compared with the general population.

After informed consent was obtained, patients age 19-36 months were recruited from the two Developmental-Behavioral practices in Albany County, NY. In addition, patients were recruited from the University of Rochester Developmental-Behavioral listserve. Their immunization rates were obtained using the New York State Immunization Information System (NYSIIS). Control patients were obtained from the general population of New York State children age 19-36 months using NYSIIS. Four control patients per study patient were matched on the basis of age, sex and county of residence. Chi-square analysis was used to compare immunization rates between the control (NYS) and study (ASD) groups, using the following vaccine series, which are commonly used as quality indicators nationwide: 4:3:1:3:1 (4 doses DTaP: 3 doses Polio: 1 dose MMR: 3 doses Hib: 3 doses Hepatitis B), 4:3:1:3:3:1 (previous series plus 1 dose varicella), and 4:3:1:3:3:1:4 (previous series, plus 4 doses of Pneumococcal vaccine).

To this point, consent has been obtained for 8 patients. For the 4:3:1:3:3:1 series, both groups had a rate of 87.5% ($\chi^2 = 0$, p value = 1). For 4:3:1:3:3:1, the ASD group had a rate of 75%, while the NYS group had a rate of 87.5%. ($\chi^2 = 0.784$, p value = 0.58). For the 4:3:1:3:3:1:4 series, the ASD group had a rate of 62.5%, while the NYS group had a rate of 78% ($\chi^2 = 0.833$, p value = 0.388).

Although the study did not achieve statistical significance, there is a trend noted that as the number of immunizations in series increases, the children with ASDs have a lower immunization rate compared with the general population. More studies with larger sample sizes are needed to determine if this trend is seen in other populations. If this association proves to be real, a concern would be that the ASD population may be more susceptible to vaccine-preventable diseases compared with the general population.

REFERENCES:

From:
1. Albany Medical Center, 43 New Scotland Avenue, Albany, NY 12208
2. Carolinas Health Care/Levine Children’s Hospital, 1000 Blythe Blvd., Charlotte, NC 28203
3. CapitalCare Developmental-Behavioral Pediatrics Capital Region, 7B Johnson Road, Latham, NY 12110
4. University of Rochester, 601 Elmwood Ave., Rochester, NY 14642
5. Miami Children’s Hospital, 3100 SW 62nd Ave, Miami, FL 33155
Refugee Outreach at Albany Med:
SELECT (Social Emotional Learning: Educating Community Trailblazers) Program.

At Albany Med, Preetha Kurian, PGY-2 (Med-Peds) and Achala Talati, PGY-2 (Internal Medicine) focus on the challenges of public education in the refugee population by developing an after school program. Their goal is to promote academic engagement, improve social skills and encourage multiculturalism in a safe classroom environment.

In 2013, the source countries for over 67% of all refugee arrivals in New York were Burma, Bhutan and Iraq. Over 3700 refugees resettled in upstate New York in 2013. The refugee youth represent a particularly vulnerable population. From the moment of their arrival, they are faced with emotional, social and educational challenges. These youth must rapidly adapt to a new culture and way of life and are often the target of ridicule and prejudice. Additionally, they often enter into the educational system not only with limited English proficiency (LEP), but with significant lapses in their education as well. This, combined with their socio-economic class, places them at an extraordinary risk for academic failure. In the city of Albany, the graduation rate of LEP students is a staggering 27.3%.

Educators have long understood third and fourth grade as a pivotal point in education where a child transitions from learning to read to reading to learn. Those unable to make this transition are at risk, not only for falling behind in all subjects, but eventually, for not graduating from high school. Traditionally, programs created to address achievement gap have been aimed at targeting specific academic skills. Research suggests, however, that fostering non-academic self-management skills are essential for youth success, both academically and in life.

A pilot program will be launched at TOAST elementary, a local public school located blocks from Albany Medical Center. It will be a structured afterschool program meeting twice a week, centered around a curriculum called PATHS, Promoting Alternative Thinking Strategies. PATHS is an evidence-based program centered on social emotional learning. Teachers will open the program to all 3rd and 4th graders with special emphasis being placed on LEP students. Local university students will volunteer to implement the program. Primary process outcomes that will be evaluated include pre/post program evaluations, decreased office referrals, subjective teacher and parent reports, and attendance.

By implementing this program at an early age, the hope is to intervene at a critical juncture and provide children with a skill set that will empower them for success, both academically and socially. Although such a learning model has not specifically been trialed in the LEP population, nor in a refugee population, the stresses, challenges and transitions experienced by this population make them ideal candidates for such a program.

References: