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WINTER

2012

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Iowa Chapter



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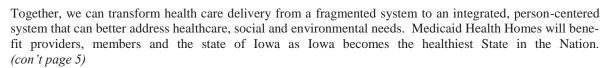


► PROGRAM SPOTLIGHT: FUEL UP TO PLAY & THE MIDWEST DAIRY COUNCIL...4 The Heartland Pediatrician

Join Iowa Medicaid to Build Health Homes

Submitted by Dr. Jason Kessler Iowa Medicaid Medical Director

The Iowa Medicaid Enterprise (IME) implemented Health Homes for Medicaid members with chronic conditions on July 1, 2012. IME is enrolling providers and we encourage pediatricians to participate.





A Note from the Chapter President



As 2012 draws to a close, our chapter is proud of our many accomplishments on behalf of Iowa's children and the pediatric professionals who serve them. We have worked diligently to ensure that our children will have not only the necessary health care coverage, but more importantly the access to qualified providers of pediatric care. We have represented the best interests of children and pediatricians at the Iowa Capitol, as well as through our national AAP at the US Capitol. Our advocacy efforts have kept child health issues and topics in the legislative arena.

Our chapter's voice was well represented in the 2011 and 2012 Children's Disability Workgroup efforts. Our members actively participated in the meetings, as well as helped draft the final report to the legislature. Of particular note is the role that our professional organization can continue to play in the creation of and participation on a State level Child Cabinet, which will be devoted to improving all of Iowa's children's health. The full report can be accessed at http://www.dhs.state.ia.us/Partners/Partners Providers/MentalHealthRedesign/Redesign-Reports.html

As pediatric providers, we are well aware that many factors outside of the clinical realm affect child health. Our chapter is joining with others to address the importance of healthy environments-both physical and social. We co-sponsored an environmental health conference with the University of Iowa in September that highlighted many of the environmental toxins that impact children's development. We are also one of many collaborators on the state council of Project LAUNCH that stresses healthy childhood mental development. One important topic this council is addressing is the toxic stress of adverse childhood experiences, and its short and long term effects on an individual's health.

To quote our AAP past president, Dr. Bob Block: "All adults were once children, but not all children grow up to be adults." Let's go forward in 2013 as caring adults and pediatricians to make sure all of Iowa's children grow up to be healthy and happy adults.

Wishing you and your families a New Year that is filled with peace and joy! Debra

IA AAP Featured Member

Dr. Robert Anderson—Bettendorf, Iowa



Dr. Robert Anderson has been a pediatrician for more than 30 years. Although he may be most often recognized for his signature bow tie, it is his tireless advocacy for children that sets him apart. IA AAP was pleased to have a few moments and a cup of coffee with Dr. Anderson while discussing his work and the future of our profession.

AAP awarded Dr. Anderson a National Special Achievement Award this past year, which the Chapter presented to Dr. Anderson during our September meeting. The award acknowledges not only his dedication to children over the decades, but also his support for AAP's CATCH Grant program. Dr. Anderson became involved in the CATCH Grant program from its start, based on a

belief that one pediatrician -- or as he prefers to say, all pediatricians -- can make a difference. It was important to him that the grant process be transparent, user-friendly, and truly support residents and pediatricians in bringing their ideas forward through contemplation, to planning and then action.

Dr. Anderson is one of the rare pediatricians who still make house calls to his patients, particularly those with special needs who have difficulties getting to the office for their visits. Dr. Anderson noted that "patient interaction is important to me. It's fulfilling to provide health opportunities. The resiliency of youth, even with chronic conditions, always inspires me."

In looking at the future of the profession, Dr. Anderson mentioned two areas where he hopes to see change and progress in the coming years. First is the importance of continuing the patient-centeredness now seen in many practice initiatives. Given the team environment we now work in, the ability to "bring collective perspectives to provide effective, efficient care" will go far in serving our patients, he said. The second area where he hopes to see change occur is in the debt-level of recent graduates, given the negative effect it can have on their ability to practice without worry or pressure.

IA AAP thanks Dr. Robert Anderson for his decades of dedication to our professional and to children.

Hear Dr. Anderson speak about importance of AAP membership on our You Tube channel.

Resident Advocacy Training Day

IA AAP hosted its Annual Resident Advocacy Training Day on October 12 at the University of Iowa Children's Hospital. Pediatric residents from both Blank Children's Hospital and UICH attended, as well as M4s with a stated interested in pediatrics. IA AAP Board of Directors Trustee Pattie Quigley chaired the event for a second year.

Dr. Dipesh Navsaria (Madison, WI) was the keynote speaker and a lead facilitator for the day. Dr. Navsaria provided expertise related to advocacy work, with a particular focus on

how pediatricians can effectively use social media to engage and educate. As a way to practice using social media in advocacy, residents were invited to participate in the AAP Charlie photo event sponsored by the AAP Department of Federal Affairs. Residents submitted creative photos of AAP Charlie through the Iowa Chapter's Facebook page. Winning photos were announced at Dr. Navsaria's Grand Rounds presentation.





Kiley Ottervanger



Best Blank Submission Tara Ulmer



Best Transportation Safety Christina da Silva



Best UICH Submission Michael Colburn

Residents also had an opportunity to role play speaking with legislators about Iowa's graduated driver's license laws with Dr. Amy Shriver, Chapter CATCH Facilitator. To see Dr. Shriver and residents practice speaking with legislators, visit IA AAP's Facebook photo/video albums.



GET INVOLVED!

Many opportunities exist to get involved with AAP. Below are current opportunities.

Chapter Champion Vacancies

- Medical Homes on Asthma
- Mental Health
- Smoke Free Homes
- International Immunization

Chapter Champions receive support from AAP nationally and locally to initiate programs, information sharing, and training on their topic area. For more information, visit www.iowapeds.org or email Tess at tbarker@aap.net

National Committee Vacancies

- Adolescence
- Federal Gov't Affairs/ Access to Care Subcommittee
- Fetus and Newborn (2)
- Genetics (2)
- Infectious Disease (2)
- Medical Liability & Risk Management
- Native American Child Health
- Pediatric AIDS (3)
- Pediatric Education
- Pediatric Research (3)
- Psychosocial Aspects of Child and Family Health (2)

For more information, visit www.aap.org/moc/ commnoms/htm. Or contact Cyndy Rouse at crouse@aap.org.

See photos facebook from the AAP Charlie contest at facebook.com/IowaPeds

PROS Child Abuse Reporting Experience Study (CARES)

Submitted by Richard C. "Mort" Wasserman, MD, MPH Director, Pediatric Research in Office Settings (PROS)

To Report or Not Report: Examination of the Initial Primary Care Management of Suspicious Childhood Injuries

For 25 years, the primary care practitioners of the Pediatric Research in Office Settings (PROS) have collaborated to produce large-sample, national studies of interest to pediatrics. In this vein, we wanted to ensure that you were made aware of a recent manuscript from the Child Abuse Recognition and Experience Study (CARES) team. The CARES team undertook this effort to examine the validity of primary health car providers' (PHCPs) assessment of childhood injuries for possible physical abuse. This effort was a sub-study of the larger CARES study, a prospective observational study to determine how frequently PHCPs reported suspected physical child abuse, the levels of suspicion associated with reporting,

Manuscript highlights include:

- 1) The independent experts agreed with the providers' initial assessments 81% of the time
- 2) the experts would have filed a CPS report in an additional 21% of the cases
- 3) at the 6 month interview, 70% of provider reports to CPS had received feedback and
- 4) most providers who did not report, when interviewed at 6 months, said they would not have managed the case differently.

These were among the findings from PROS and the National Medical Association's pediatric-based research network, NMAPEDSNET. Funding was received from the Agency for Healthcare Research and Quality (grant R01 HS010746), the Maternal and Child Health Bureau (grant R40 MC 00107), and AAP. The following article based on study result appeared in *Academic Pediatrics*:

Sege R, Flaherty E, Jones R, Price L, Harris D, Slora E, Abney D, Wasserman P. To report or not report: Examination of the initial primary care management suspicious childhood injuries. Academic Pediatrics. 2011;(11):460-466.

Iowa's EMSC Program Offers School Nurse Guidelines

Submitted by KatrinaAltenhofen, MPH, Paramedic

The Iowa Emergency Medical Services for Children (EMSC) program recently revised the *EMSC School Nurse Guidelines* to include the 2010 AHA CPR changes. The newly revised document has been posted on the Iowa Department of Public Health-Bureau of EMS, Iowa School Nurses Association, and made available to Iowa AAP members. (http://www.idph.state.ia.us/ems/common/pdf/guidelines_schools.pdf).

The guidelines provide a framework for nurses to utilize in a variety of pediatric, school-related emergencies. These guidelines were created in the late 1900's for the Ohio EMSC program. Along with the guidelines, there was a national EMSC School Nurse Curricula that many states used to train school nurse personnel.

Iowa reproduced the Ohio guidelines several times and offered the training in 2000 and 2001. Since then, the curricula has been revised but there was not a structure for Iowa's EMSC programs to continue printing updates since Iowa's EMSC programs were directed to focus only on the newly defined federally-mandated HRSA Performance Measures.

Today, Iowa's EMSC program is pleased to announce it is providing an updated and revised document electronically. This is both cost-effective and easily accessible way to share the guidelines and any future updates made. It is the intent of the Iowa EMSC program, in partnership with the Iowa School Nurses Association, to review and make changes as needed to the Iowa School Nurse Guidelines at a minimum of every five years.

The revised Iowa guidelines take into consideration the equipment and level of training within the school system, as well as the tiered utilization of the state's EMS system. It also includes suggestions on how school-based nurses can best interact with pediatricians and family practice doctors, both for children with known special health care needs or with unexpected pediatric emergencies. It is highly encouraged that school emergency response staff knows and understands who their local EMS staff, as well as their various level of authorization.

If there is a desire among school health providers to conduct the four-day EMSC School Nurse curricula please advise Katrina Altenhofen, Director of Iowa's EMSC program. Blank Children's Hospital Advocacy and Outreach Center along with the University of Iowa's Children's Hospital Advocacy department have agreed to work with the state's program to provide education to school nurses.

For more information please contact:

Katrina Altenhofen, MPH, Paramedic State Director-IDPH Bureau of EMS EMSC Program National Association of State EMS Officials-Pediatric Emergency Care Council-Chair P.O. 24 Washington Field Office

Washington, IA 52353

State Office: 515-344-1618 Personal Office: 319-653-7270

<u>katrina.altenhofen@gmail.com</u> katrina.altenhofen@idph.iowa.gov

PROGAM SPOTLIGHT: FUEL UP to PLAY 60



To learn more about Fuel Up to Play 60 and the Midwest Dairy Council, please contact Nikki Stahr RD, LD nstahr@midwestdairy.com or visit http://www.midwestdairy.com/

IA AAP is proud to support the Fuel Up to Play 60 program and its guiding principles to help end childhood obesity.



Dr. Ken Cheyne and Nikki Stahr at the IA AAP certificate signing (April 2012)



IA AAP Board
Member
Pattie Quigley and
Executive Director
Tess Barker join
Fuel Up to Play 60
children in the
Hawkeye Press
Room at
Kinnick Stadium.
(September 2012)



In the Hawkeye Locker Room at Kinnick Stadium (September 2012)

Health Homes Update — IA AAP at Governor's Bullying Summit

Join Iowa Medicaid to Build Health Homes

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With a new payment structure, providers can better practice proactive, coordinated care, increasing the value and quality of services. There will be more opportunities to track, coach and engage patients and families. Better outcomes will be achieved with improved communication and use of health information technology.

Families will see improved coordination and management of complex care. They will receive assistance navigating multiple systems and be more engaged.

The State of Iowa will benefit from improved health for Medicaid members with difficult health challenges. Savings will be due to use of health care services that reduce use of ER and hospital admissions.

The Health Home is based on the Patient-Centered Medical Home (PCMH) model with added flexibility around the location where services like care coordination are provided. PCMH is appropriate for people of all ages and abilities, particularly those with chronic conditions. Health Homes should adhere to the Health Home provider standards and will be required to work towards PCMH recognition, such as NCQA.

Health Homes must have designated practitioners and identify the primary care provider for each member. A dedicated care coordinator and health coaching must be available. Each role may be filled by more than one person, or multiple roles may be filled by a single person, as long as all duties are performed.

Iowa Medicaid members with full benefits qualify for enrollment in a Health Home if they have two or more qualifying

conditions or they have one and are at risk of a second. The qualifying conditions are:

- hypertension
- overweight/obesity
- heart disease
- diabetes
- asthma
- substance abuse and
- mental health conditions.



Health Home providers identify and enroll qualifying patients. Providers use a simple tool to assign enrollees into one of four risk tiers. The Health Home is paid for health homes services based on the risk tier. Reimbursement is between \$12.80 and \$76.81 per month. Providers continue to receive fee-for-service payments for Medicaid-covered services.

Beginning in year two, providers can earn bonuses for performance on a set of quality measures. Health Homes will need to participate in Iowa's Health Information Network (HIN) to report data on the measures. Health Homes will need electronic health records (EHR) and population management tools, such as disease registries for effective population health management.

This is just the beginning of Iowa Medicaid's involvement in Health Homes. A future model is being developed for children and adults with serious and persistent mental illness. Pilot programs are already underway.

For more information contact Marni Bussell at mbussel@dhs.state.ia.us or call Provider Services at 1-800-338-7909 (Local Des Moines area 515-256-4609).

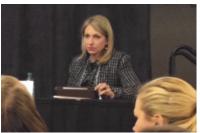
Learn more by visiting

http://www.ime.state.ia.us/Providers/healthhome.html.

IA AAP President-Elect Presents at Governor's Summit on Bullying

The Iowa Governor's Bullying Prevention Summit was held on November 27 in Des Moines to raise awareness about the pervasive problem of bullying as well as to send the strongest possible message that our schools and communities must become more engaged in addressing the problem. The Summit, which was open to the public, saw nearly 1,200 Iowans come together to openly discuss the problem and begin to identify possible solutions. A strength of the Summit was the variety of disciplines and professions present.





Dr. Jennifer Groos, IA AAP President-Elect, represented the voice of pediatricians on a panel entitled "Sick from Bullying." During her presentation, Dr. Groos noted that "we may not be asking our patients as often as we need to

tation, Dr. Groos noted that "we may not be asking our patients as often as we need to about bullying" but that this part of pediatric practice is changing.

A resource list developed from the Summit can be downloaded from the event website, https://preventbullying.iowa.gov/. AAP also has bullying-related materials at www.HealthyChildren.org, including downloadable brochures appropriate for use with patients and families. Your Life Iowa is a 24/7 hotline, staffed by trained counselors, who can provide support and guidance. www.YourLifeIowa.org or 855-581-8111.

You Tube

Visit IA AAP's You Tube channel to see part of Dr. Groos panel presentation and thoughts on why it is critical for pediatricians to be involved in addressing bullying.

Happy Holidays from IA AAP







Wishing you health and happiness during this holiday season and throughout the coming year.

UPCOMING EVENTS

February 28, 2013

Annual Legislative Breakfast 7:30 a.m.— 9:00 a.m. Capitol Rotunda, Des Moines

April 18, 2013 IA AAP Chapter Meeting Noon —1 p.m. Blank Children's Hospital

SAVE THE DATE!

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Iowa Chapter

Iowa AAP

100 Hawkins Drive Room 247 CDD Iowa City, IA 52242 tbarker@aap.net 319-594-4067 www.iowapeds.org





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