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American Academy of Pediatrics

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Iowa Chapter

The Heartland Pediatrician

Filling the Gaps: Iowa Child Health Specialty Clinics

Submitted by Mary Larew, MD, FAAP and Lena Thompson, MPH



The Iowa AAP and the Title V Maternal and Child Health Program (Title V) have a long-standing history of working **together to advocate at the local, state, and national level for children's needs.** "Iowa AAP and Title V have a strong relationship. We have partnered on many projects that affect the health and well being of women and children. For example Iowa AAP has representation on the Maternal Child Health (MCH) Advisory Council, CIDAC, EHDI, PRAMS, and PREP. Also, the Iowa AAP chapter holds contracts to deliver program components for Iowa's MCH program, including the 1st Five project," says Dr. Debra Waldron, Immediate Past President of the Iowa AAP.

What is Title V?

Title V of the 1935 Social Security Act created the Maternal and Child Health program (MCH), which provides funding for states to promote the health and welfare of mothers and children. The program provides block grants to states supporting a wide range of health programs serving about 44 million women and children each year. At least 30% of that money is earmarked to address the needs of children and youth with special health care needs (CYSHCNs). Dollars specifically go towards programs that ensure access to quality care; reduce infant mortality; increase the number of children receiving health assessments and follow-up services; and implement family-centered, community-based systems of coordinated care for children with special health care needs.

What are the Child Health Specialty Clinics?

The Iowa AAP chapter works with Iowa's Title V directors to identify and address health care needs for mothers, children and youth in general, as well as CYSHCNs. Child Health Specialty Clinics (CHSC) is Iowa's program for serving CYSHCNs. Its mission is *"To improve the health, development and well-being of children and youth with special health care needs in partnership with families, service providers, communities and policy makers."*

The vision is to *"Assure a System of Care for Iowa's Children and Youth with Special Health Care Needs."* One way that Iowa AAP and Title V work together is to educate policy makers of the needs of children in general and CYSHCNs" said Dr. Mary Larew, a pediatrician at the University of Iowa Hospitals and Clinics. [Iowa AAP and Title V] can also help educate other providers including Family Medicine physicians, PAs, ARNPs on the needs of this population and especially on how we can all work together to serve them".



Where can I find the nearest CHSC Center?

CHSC has 13 Regional Centers across the state, 11 of which have Advanced Registered Nurse Practitioners (ARNPs) providing direct services to children and youth. The intent is to be strictly gap filling, which means CHSC aims to provide services that are not available in surrounding communities. Some centers focus on those with serious emotional disorders, while others concentrate more on serving children and youth with developmental disabilities. (Con't on page 7)

A Note from the Chapter President

It has been a busy summer for Iowa AAP. As school physical time has rolled around, we have been working hard to spread the word about the importance of HPV vaccination among teens. We hope you received the mailing regarding talking to your patients about the importance of HPV vaccination. Thank you to Iowa AAP members Dr. Nathan Boonstra and Dr. Ken Cheyne, who appeared in a series of HPV-related videos, as well as Dr. Ginny Ryan (UIHC OB/GYN) and Dr. Anne Laros (University of Iowa Student Health). The videos are on the Iowa AAP YouTube.com channel.



Additionally our executive director had the opportunity to attend the GENYOUth 2014 Nutrition and Physical Activity Learning Connection Summit in Arlington, Texas this summer. Thank you to the Midwest Dairy Council for their support. (Con't on page 5)

Pediatric Palliative Care: A Growing Resource for Iowa's Children

Submitted by Becky Benson, MD, PhD, FAAP



What do you think of when you hear the words palliative care?

For many, both within healthcare and in the general population, the immediate thoughts that come to mind may include end of life, giving up, or loss of hope. Those of us who are palliative care specialists would like to *change* those associations, especially in the world of pediatric medicine. Palliative care can more accurately be defined as an interdisciplinary team approach to helping patients, families, and primary medical teams navigate the course of a serious illness.

In palliative care, our focus is on improving or maintaining quality of life, relieving suffering, helping with decision-making and goal setting, and providing support for all phases of an illness. It is a total approach to care that includes attention to the physical, emotional and spiritual dimensions of wellness. Patients can continue to receive whatever types of treatments will help them achieve their goals with palliative care alongside for additional help with care coordination, symptom management, and advance care planning. In pediatrics, consults often come at the beginning of life, at the time of a new diagnosis, or when there is a change in condition with uncertain prognosis. We follow many of our patients for years, through the ups and downs of the disease process, and others are able to "graduate" when they pull through their time of serious illness and their condition improves or stabilizes. Importantly, when end of life does come, we have an established, trusting relationship in place, which helps us to provide compassionate guidance through the sacred process of dying.

Since palliative care is a relatively new field, one of our goals is to help other providers across the state learn more about what resources **are available and how the field is growing**. The **University of Iowa Children's Hospital, Blank Children's Hospital, and ChildServe** all have **palliative care teams**, and **perinatal palliative care is also offered by several programs**. The **University of Iowa Children's Hospital sponsors an annual conference**. This year's conference is called **Challenges in Pediatric Palliative Care and will be held on Wednesday, November 19 in Coralville**. For more information about this upcoming conference, please see our brochure at: www.medicine.uiowa.edu/uploadedFiles/Departments/Pediatrics/Content/News_and_Events/PediatricPalliativeCare.pdf Continuing education is available for nursing and social work. CME will not be available this year, but if there is enough interest, we hope to have CME available for future conferences. Please let us know if you would find that helpful!

Speaking of CME, there is a new Iowa Board of Medicine requirement that Iowa-licensed physicians who provide primary care must earn two hours of **AMA PRA Category 1 Credit™** for end-of-life care and two hours of training for chronic pain management every five years. Physicians have until August 17, 2016 to complete the training and then must participate in training once every five years thereafter. One opportunity to earn these credits is through on-line webcasts of presentations on the Health Pro Network: <http://www.medicine.uiowa.edu/healthpro/>. There are currently several web-casts on pediatric topics, including presentations on decision-making support for children with severe neuro impairment and critically ill newborns by world-renown experts.

Palliative care differs from hospice in the important sense that it does not have the requirement that a patient have an expected prognosis of 6 months or less. Having acknowledged that difference, hospice is an extremely valuable and underutilized resource to provide support for children who are at end of life. Previously, in order to have hospice support, patients had to forgo curative or life-prolonging treatments. Fortunately, the Affordable Care Act has a Concurrent Care for Children Act that allows children who qualify to receive hospice care concurrently with their previous level of care. This is currently being worked out on a case by case basis in Iowa, but we would love to build a coalition of interested providers to move this process to the next level.

I hope that I have convinced you that palliative care is about helping children with serious illness to *live* well, not just die well. As you think about what palliative care has to offer, are there patients that you care for who might benefit from a palliative referral?

For more information, please contact our Pediatric Pain and Palliative Care Program:

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Update on Iowa's Text4Baby Program

Submitted by Kelly Ann Schulte, LMSW



Text4baby is a free national health text messaging service providing accurate, text-length health information for mothers with babies up to age 1. Mothers can join by texting "BABY" (or "BEBE" for Spanish) to 511411 to receive weekly text messages (timed to their due date or their baby's birth date) throughout pregnancy and up until baby's first birthday. The text4Baby program:

- Sends three FREE text messages each week with health and safety information through pregnancy and baby's first year.
- Times the messages to mom's due date or baby's birthday, so information is clinically relevant.
- Offers an option to set up prenatal, well-baby visit, and WIC appointment reminders.
- Alerts moms of urgent health news (e.g., Hurricane Sandy refrigerated food warning and Pertussis outbreak information).
- Enhanced text messages featuring videos, specific health resources, and interactive links for more information.
- Text4baby is committed to providing a free quality service with no advertising or product promotions.
- Independent research demonstrates that text4baby **increases users' health knowledge, facilitates interaction with doctors**, improves appointment and immunization adherence, and users are three times as likely to feel prepared for motherhood than non-Text4baby users.

Pregnant women and moms with babies under one year can get health information delivered free to their mobile phones through an innovative program called text4baby. An educational program of the National Healthy Mothers, Healthy Babies Coalition, text4baby provides women with information to help them care for their health and give their babies the best possible start in life. The messages provide essential health information about prenatal care, immunizations, safe sleep, avoidance of substance abuse, well-baby care, injury prevention and other critical health and safety issues.

Text4baby is reaching women who need health information the most at a time when it's crucial, through a medium that is easy, convenient and standard for the 81% of adult women in the U.S. who have cell phones. Since the program launched in 2010, text4baby has reached hundreds of thousands of moms with accurate and timely health information that mothers need, and the service is making a difference. Research has found that text4baby is increasing users' health knowledge, facilitating interaction with their health providers, improving their adherence to appointments and immunizations, and improving their access to health services.

Text4baby is made possible through a broad, public-private partnership that includes government, corporations, academic institutions, professional associations, non-profit organizations, and more.

Join the partnership today by becoming an Outreach Partner! There is no cost to organizations wishing to partner with text4baby. Outreach Partners can order free printed materials including flyers, tear pads and referral cards.

"The AAP is a key content reviewer of the service's text messages. Given the limited time available to discuss every health promotion topic, text4baby is an important tool to engage and reinforce the guidance pediatricians provide families based on Bright Futures."

Robert W. Block, MD, FAAP, Immediate Past President, American Academy of Pediatrics

For more information, go to www.text4baby.org or email info@text4baby.org.

Do you want to learn about how this is being promoted across Iowa? Contact Kelly Schulte at the Iowa Department of Public Health (Kelly.Schulte@idph.iowa.gov).



Educational Opportunity for Iowa AAP Members

Submitted by Jennifer Lowry, MD, FAAP

With the widespread presence of environmental health hazards in our communities, concern about health risks for children has increased among the general public and the media, as well as among public and private organizations. In a national survey of parents, 41% percent stated they “worry a lot” about their children’s exposure to environmental poisons. Despite this increased interest and the economic burden, pediatric medical, nursing and ancillary care education currently lacks the environmental health content necessary to appropriately prepare pediatric health care professionals to recognize, manage, and prevent environmental exposure–related diseases. To that end, the Center for Environmental Health at Children’s Mercy Hospital has received grant funding to provide an educational activity throughout the region to open a dialogue with you how the environment can impact patient’s health.

Objectives of the discussion include:

1. Describe common environmental hazards in the home.
2. Discuss the role of the primary care office to guide the patient with housing- related illness
3. Understand physiological and behavioral differences that make children more vulnerable to toxic exposures than adults. Appreciate how ongoing epidemiological and toxicological studies have altered our concept of what is acceptable.

Lunch will be provided for staff in attendance. Children’s Mercy Hospitals and Clinics is approved as a provider of continuing medical education by the Missouri State Medical Association which is accredited by the ACCME, to sponsor continuing medical education for physicians. Children’s Mercy Hospitals and Clinics designates this education activity as meeting the criteria for a maximum of (1) AMA PRA Category 1 credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Please notify Jennifer Lowry MD, FAAP at jlowry@cmh.edu or by calling 816-234-3059 to discuss scheduling.

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Stanford University Medical Center, Stanford, CA

Amanda Cohn, MD

Medical Epidemiologist, US Public Health Service
Centers for Disease Control and Prevention, Atlanta, GA

Shawn Ralston, MD

Section Chief, Pediatric Hospital Medicine
Geisel School of Medicine, Dartmouth-Hitchcock Medical Center, Lebanon, NH

Stephen Rosenthal, MD

Program Director, Pediatric Endocrinology
Professor of Pediatrics, University of California, San Francisco,
Benioff Children's Hospital, San Francisco, CA

To register or for more information visit:

www.childrensmercy.org/caps



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**Children's Mercy
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www.childrensmercy.org/network

Adolescent Health Partnering Schools & Providers

(save the date) **Monday, September 8, 2014**

8:00 AM—4:00 PM

The University of Iowa
Urrilla Sahai Seminar Room
Sahai Medical Education Center
2137 Medical Education and Research Facility
Iowa City, Iowa

Jointly Sponsored by:
The University of Iowa Roy J. and Lucille A.
Carver College of Medicine, Department of
Pediatrics, College of Nursing and the
Iowa Chapter of the American
Academy of Pediatrics

Save the Date

Registration is required. More
information, including registra-
tion fee, will be forthcoming.

Questions? Contact Leann
Hotchkiss@uiowa.edu



A Note from the Chapter President

Con't from page 1



She has since been building collaborative relationships with groups across Iowa interested in advancing the cause of healthier and higher achieving students.

Thank you to Dr. Rich Robus our new Asthma Chapter Champion and Dr. Paige Volk as our new Disaster Preparedness Chapter Champion. They join a our group of dedicated chapter champions who are leading efforts across Iowa to improve the health of children. There are available opportunities to join these ranks at <http://www.iowapeds.org/chapter-champions.asp>. You can see videos of a few of our Chapter Champions on our Chapter You Tube channel ("Iowa AAP" at www.youtube.com)

We are looking forward to our fall board of directors meeting where we will have an opportunity to revisit our strategic plan. The plan was developed in October 2010 and it is exciting to see all that has been accomplished in the last 4 years toward mobilizing our membership, establishing our organization as a leader and strengthening the system of **care for Iowa's children and families**. Thank you to those of you completed the Iowa Chapter membership survey. As we update our strategic plan, we will be incorporating specific activities to address the topics identified as being important to you.

Dr. Debra Waldron will be taking over as legislative committee chairperson. She, David Adelman of Cornerstone Government Affairs, and our legislative committee will soon be working on the chapter legislative agenda. We invite you to join this committee or contact them with your input on important issues that impact the care you provide for children. We encourage you to reach out to your local legislators this fall, prior to the start of the legislative session in January.

Please consider adding the following AAP Chapter event to your calendars:

Spring Chapter Meeting to be held on April 24th at noon- in conjunction with the Blank Spring Conference April 23 and 24th, 2014.

Our biannual chapter meeting is approaching quickly. It will be held Monday, September 8 at noon in conjunction with the Adolescent Health Partnering Schools and Providers Conference at University of Iowa. Our new Vice President Dr. Marguerite Oetting and our Chapter Executive Director Tess Barker, JD, PhD, will also be presenters at the conference. Our District Chair, Dr. Pam Shaw, will be joining us for the day, as well. We are looking forward to updating you about current chapter activities and learning more about how we can help support the **work you do to care for and advocate on behalf of Iowa's Children**.

Best in Health,
Jennifer

SAVE THE DATE!

Reach Out and Read Iowa presents

Revel Read

A gala to benefit early childhood literacy

Join us in creating an Iowa where every child and family revels in the joys of reading!



WHEN: Saturday, November 8, 2014

Social 6:00 pm • Dinner 7:00 pm

WHERE: Wakonda Club, Des Moines, Iowa

FEATURED AUTHOR: Heath Hardage Lee,
author of *Winnie Davis: Daughter of the Lost Cause*

For more information: reach@reachoutandreadiowa.org 515-991-0872 www.reachoutandreadiowa.org



Organized by

Children's Hospital & Medical Center, Omaha, NE

Mercy Medical Center, Sioux City, IA

Prairie Pediatrics & Adolescent Clinic, P.C., Sioux City, IA

Siouxland Medical Education Foundation, Sioux City, IA

UnityPoint Health - St. Lukes, Sioux City, IA

Save the Date

7th Annual
Upper Midwest Regional
Pediatric Conference

Sept. 25 & 26, 2014
Marina Inn & Conference Center
South Sioux City, NE

A unique conference presenting the spectrum
of care for the sick or injured child.

**For conference information and updates go
to www.UMRPConference.com**

Transitioning to Adult Health Care: Practice Tools & New Website

The [Center for Health Care Transition Improvement - Got Transition](#) recently released clinical resources on transition from pediatric to adult health care. The Six Core Elements of Health Care Transition (Version 2.0) define the basic components of transition support and are based on the 2011 clinical report, "[Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home](#)", jointly developed by the AAP (led by the [Council on Children with Disabilities](#)), the American Academy of Family Physicians, and the American College of Physicians.

Three transition tool packages are available in English and Spanish for: 1) practices serving youth who will transition out of pediatric care into adult care; 2) practices serving youth who will remain with the same provider but need to transition to adult-focused care; and 3) practices accepting new young adults into adult care.

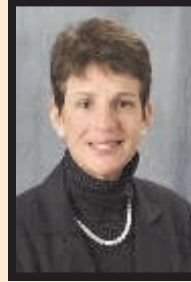
Each package includes sample tools that are customizable and available for download. They include a sample transition policy, a tracking mechanism, a readiness/self-care assessment tool, a plan of care template, medical summary, emergency care plan, transfer checklist, and a transfer letter. Each package also includes consumer feedback surveys and two new measurement tools to assess progress in transition quality improvement. According to Patience White, MD, FAAP, the co-director of Got Transition, "We are pleased to make available these new resources to stimulate new quality improvement efforts aimed at ensuring that all youth effectively transition from pediatric to adult-focused care."

To coincide with the release of the updated Six Core Elements, Got Transition launched its newly redesigned website, www.GotTransition.org. The site includes an interactive health provider section that corresponds to the three practice settings. It also includes frequently asked transition questions developed by and for youth/young adults and families, new information for researchers and policymakers, and a robust listing of transition resources.

Filling the Gaps: Iowa Child Health Specialty Clinics (*con't from page 1*)

How can CHSC help Iowa families and pediatricians?

"All our ARNPs can help assess whether a child is at high risk for autism spectrum disorders (ASD) through the use of a tool called 'STAT-MD'" says Dr. Larew. "There is currently an enormous waiting list for appointments in ASD diagnosis centers. Our effort is to help identify those not at risk, and therefore shorten waiting time for those who truly are at risk." CHSC then connects the children taken off of the waiting list for more appropriate services.



Dr. Debra Waldron

Recently, state funds were appropriated to help CHSC identify community services and supports as well as opportunities for improvement, for children with ASD and their families. Through this fund, CHSC can provide money for Applied Behavioral Analysis (ABA) services for young children with ASD whose insurance does not cover these services.

CHSC has a project called Child and Youth Psychiatric Consult Project of Iowa (CYC-I) to address the shortage of mental health services in Iowa. The vision is to assure that children and youth with mental health needs receive timely, quality care within their medical home. In order to achieve this, CHSC provides support to Primary Care Physicians (PCPs) through phone consultations with a Child Psychiatrist and education on the use of mental health screening tools. They work with PCPs to build confidence in assessing, diagnosing, and managing mental health and behavioral concerns and provide local services to families in order to serve children in their own homes and communities. CHSC also provides telehealth consultations in its regional centers with a Child Psychiatrist. There are many other projects that CHSC is involved in. For more information about these programs, visit <http://www.chsciowa.org>.

Another area where CHSC works to fill in gaps is in care coordination and family support. Some families may not know that there is a system of over 70 Family Navigators (FNs) located across Iowa. FNs are parents or caregivers of CYSHCNs that know how difficult it can be for families navigate the fractured medical system. All CHSC FNs have been trained in a variety of areas, including community resources and waiver services. They know what it is like to be in the family's shoes and can provide peer support.

As a provider, it is important to know what resources are available to patients. "I was in private practice in Iowa City for 14 years," says Dr. Larew. "Even though I had grown up in Iowa City, after I joined CHSC, I found out how much I didn't know about resources available to my patients." Dr. Larew now works to get the word out to families and practitioners. She currently serves as the Iowa AAP representative to what was is now called the Patient-Centered Health Advisory Council. This Council acts as a key resource for feedback and recommendations to IDPH, the legislature, and other stakeholders. "In order to maintain and improve our partnership Iowa AAP and Title V will need to continue to collaborate and recognize each other's expertise. It will be important to develop joint quality improvement projects" says Dr. Waldron. "Pediatricians and Title V programs have always been viewed as champions for children's health. It is important for this to continue."

How can we serve YOU?

How can CHSC better communicate with Iowa AAP members? Dr. Larew and those working with CHSC would like you to let them know of any suggestions or concerns you have of how we can improve our partnership. **"Please let us know let me know if there are gaps that are not being filled in your communities or if you are able and willing to provide the services that our regional center provides in your area."**

For more info about CHSC visit www.chsciowa.org

To provide feedback to Dr. Mary Larew, Medical Director of CHSC:

E-mail: Mary-larew@uiowa.edu Phone: 319-353-6139.

Secretary E-mail: Kathy-francois@uiowa.edu Phone: 319-356-3808

TOP 10 THINGS PEDIATRICIANS SHOULD KNOW ABOUT TITLE V

Reprinted with permission from the AAP.

1. The Title V Maternal and Child Health Services block grant is the nation's oldest federal-state partnership focused on assuring the health of women, children, and adolescents, including children and youth with special health care needs and their families
2. Title V programs typically are located within state public health departments. In some states, the program for those with special health care needs is located within a university. To find your Title V program, visit www.amchp.org/policy-advocacy/mchadvocacy/pages/stateprofiles.aspx.
3. Title V programs are a resource for pediatricians and patients in areas such as preventative services, screening, care coordination and programs that help youth with special needs transition into adult health care delivery systems.
4. States use their Title V funds to support a range of activities designed to improve the health of children, including those with special needs and their families.
5. Title V program investments support the work of pediatricians and other primary care providers in areas such as medical home, promotion of the *Bright Futures Guidelines* and access to care.
6. Title V programs can pay for health care services not covered by public insurance (e.g., Medicaid) or private insurance. Payment for health care services varies by state.
7. Most state programs pay for support services such as translation, transportation, respite care, family support, case management and care coordination.
8. Title V programs help families access services for their children through programs such as hotlines and application assistance for children who may be eligible for Medicaid or the Children's Health Insurance Program.
9. Title V directors have a strong understanding of children's health needs since they are required to conduct statewide, comprehensive needs assessments. To find your Title V director and Maternal and Child Health leadership, visit <https://mchdata.hrsa.gov/tvisreports/contactinfo/statecontactsearch.aspx>.
10. AAP chapters are partners to Title V programs, ensuring that the unique needs of children and adolescents are met.



A Pediatrician's Perspective on IPOST: Iowa Physician Orders for Scope of Treatment

Five years ago, as a junior pediatric intensivist at the University of Iowa Children's Hospital, I cared for a 3-year-old girl with an unknown genetic neurodegenerative disease. After multiple PICU admissions for management of pain and agitation, her parents came to the decision that they did not want resuscitation attempted in the event of cardiorespiratory arrest. I knew I could protect her from unwanted resuscitation in the hospital, but my patient spent most of her time at home with her family, going about their daily lives. The chance that a bystander — at the grocery store or the mall — might call 911 for an arrest was very real. If that happened, EMS would be obligated to perform chest compressions and attempt intubation. Naively, I tried to help my patient by writing a letter to her local EMS team to document her parents' wishes. I asked that the end of her life be as peaceful as possible and that she not receive unwanted resuscitation.



Unfortunately, that letter didn't protect my patient at all. Iowa's out-of-hospital Do Not Resuscitate (OOH DNR) law applies only to adults older than 18 years of age. Although the OOH DNR law has not changed, the IPOST law allows all terminally ill or medically fragile patients, regardless of age, to express their wishes for end of life care. The IPOST form translates patient preferences into medical orders. Through IPOST, Iowa's pediatricians can help ensure that end-of-life events meet the needs expressed by our most fragile children and their families. Since caring for my fragile patient, I've learned that many other pediatricians in Iowa struggled with OOH DNR protection for their patients. I'm so pleased to share the good news about IPOST with others who care for sick kids!



What is IPOST?

Iowa Physician Orders for Scope of Treatment:

Based on the IPOST law, the IPOST form is a medical order that allows a person to communicate their preferences for key life sustaining treatments, including:

- Resuscitation
- Scope of medical intervention
- Artificial nutrition

Who can have an IPOST?

Any individual who is frail and elderly or who has a chronic, critical medical condition or a terminal illness and for which a physician orders for scope of treatment (IPOST) form is consistent with the individual's goals of care can have an IPOST.

Iowa Administrative Code 641-142.1(144A.2, 13)

What is POLST®?

IPOST is Iowa's version of POLST®, or Physician Orders for Life Sustaining Treatment. The POLST Paradigm was developed to improve the quality of patient care and to reduce medical errors. The POLST® system identifies patients' wishes regarding medical treatment and communicates/respects those wishes by creating portable medical orders. While IPOST and the POLST® Paradigm support the completion of advance directives, often advance directives alone are not sufficient to assure that those who suffer from serious illnesses or frailty will have their preferences for treatment honored unless a POLST®/ IPOST form is also completed.

History of POLST® & IPOST

Physician Orders for Life-Sustaining Treatment

- 1995:** Oregon adopts first POLST® law
- 2006:** West Virginia and Wisconsin adopt POLST®
- 2008:** IPOST Pilot in Linn County
- 2010:** IPOST Pilot expands to Jones County
- 2012:** Iowa passes IPOST legislation on July 1st
- 2014:** 43 states have developing or endorsed POLST® programs

Where do I find IPOST information?

For more information on how to obtain and use the IPOST form, visit the following websites:

www.idph.state.ia.us/IPOST

<http://www.ihconline.org/aspix/initiatives/ipost.aspx>

For more information on the national POLST® paradigm, visit www.polst.org





A Pediatrician's Perspective on IPOST: Iowa Physician Orders for Scope of Treatment

How is IPOST used at University of Iowa Children's Hospital?

Best Practice: Facilitated Discussion

Any LP (physician/ PA or ARNP) or trained IPOST facilitator can lead a discussion on IPOST with patients and their families. Key elements of the discussion include:

- Diagnosis
- Prognosis
- Goals of Care

At UIHC, we've developed an IPOST packet that includes:

- The IPOST form
- Guidelines for use of IPOST at home
- A Community Education Checklist
- A Sample Letter to Community Providers
- Pediatric IPOST FAQ/ Facts Sheets

These documents are available for use online, at the Iowa Healthcare Collaborative Toolkit on IPOST:

www.ihconline.org/apsx/initiative/ipost.aspx

What's different about IPOST for pediatric vs adult patients?

Under current Iowa Code, out-of-hospital Do Not Resuscitate orders and Advance Directives supersede IPOST for adults. For children, no other law or code exists to document end-of-life wishes. This makes IPOST law easier to understand and follow for children than adults.

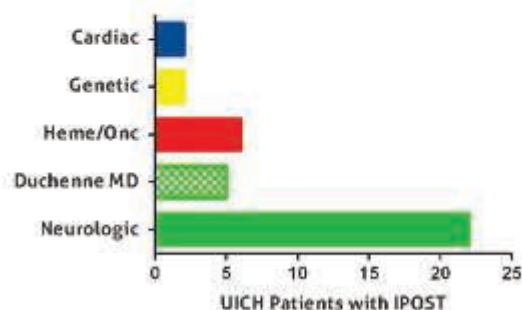
Can an IPOST be revoked?

An IPOST form may be revoked at any time and in any manner by which the patient or patient's legal representative is able to communicate the patient's intent to revoke, without regard to the patient's mental or physical condition.

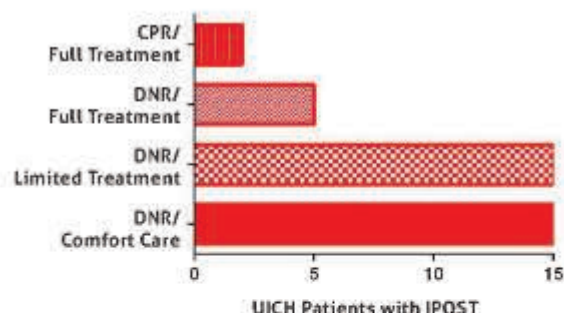
Iowa Administrative Code 641-142.1(144A, IPOST)

Pediatric patients with IPOST have a variety of illnesses and unique end-of-life preferences

UIHC Patients with IPOST

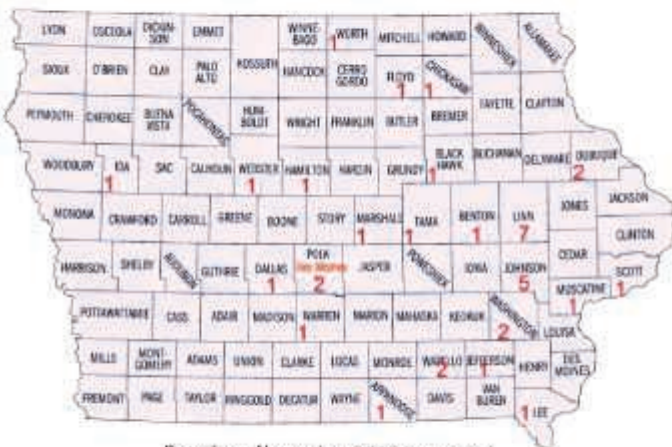


Range of IPOST Orders



UIHC Patients with IPOST

- 23 Iowa counties serve UIHC pediatric patients with IPOST.
- 37 UIHC patients have had an IPOST.



Data from November 2012 to present

For more information on IPOST, please contact:

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worldbreastfeedingweek.org

The Go Green Innovation Mother's Milk Bank of Iowa

Submitted by Jean M. Drulis, Director and Co-founder
Mother's Milk Bank of Iowa

The Mother's Milk Bank of Iowa turned 12 years old this past August.

Last year 129,812 ounces of donor human milk (DHM) were dispensed to 17 states, quite a change from our inaugural year when 3,001 ounces went to 1 place, the neonatal intensive care unit at the University of Iowa Hospitals and Clinics (UIHC).

The popular destination for donor milk (79% in 2013) is to infants in hospitals; however, when the inventory allows, which it routinely does, it also nourishes infants at home. Iowa Medicaid receives Exception to Policy filings from providers for donor human milk feedings when the medical indication warrants its submission for outpatient infants. The milk bank is categorized as a medical supply dealer by Iowa Medicaid.

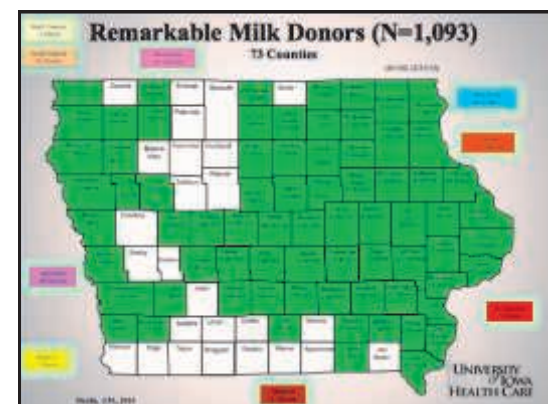
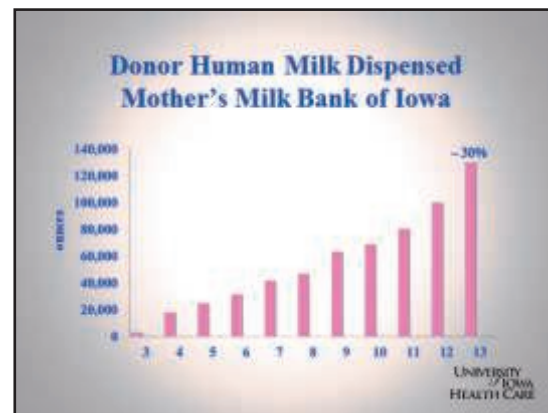
Donor human milk served at UIHC tipped in 2007/2008. Even though more is being fed in the Mother/Baby Unit in recent years, overall use is below what it was at its peak. Eleven hospitals in Iowa have ordered DHM for its patients, 10 of these hospitals maintain a regular inventory of it. Over the years, we have dispensed to 37 hospitals. In 2013, we distributed DHM to 28 hospitals.

"Where do you get all this milk?" I am asked repeatedly. We pick it up from 19 of our 20 milk collection depots (the Sioux Falls, South Dakota depot ships it to us) that milk donors frequent at all hours of the day and night, liberating their freezers and generously filling ours. The donors who don't live close to a depot ship their milk. Those living near the milk bank deliver it personally.

We have 15 depots in Iowa, 1 in Minnesota, 3 in Nebraska and 1 in South Dakota. Depots are an agency affiliated with a milk bank that collect and store milk from donors who have been screened by the milk bank.

It is because of these 1,093 exceptional donors who are predominantly from the heartland that the Mother's Milk Bank of Iowa is able to serve infants nationwide. Milk donors from 73 of Iowa's 99 counties (74%) have participated. 81% of the donors are from Iowa with the remaining 19% from 9 other states.

As depots are established in other locations, more donors will be reached and their participation and donation will be facilitated. Ultimately the Iowa map will become entirely green.



Save the Date! Upcoming Events

Adolescent Health
Partnering Schools & Providers
September 8, 2014
Iowa City, IA

Iowa AAP Fall Chapter Meeting
September 8, 2014
Iowa City, IA

47th Annual Clinical Advances in Pediatrics Symposium
September 16-19, 2014
Kansas City, MO

Revel Read
November 8, 2014
Des Moines, IA

Challenges in Pediatric Palliative Care
November 19, 2014
Coralville, IA

Iowa AAP Spring Chapter Meeting
April 24, 2015
Des Moines, IA

Reach Out and Read Iowa presents
Revel Read 2014
A gala to benefit early childhood literacy

Join us in creating an Iowa where every child and family revels in the joys of reading! Our 4th Annual Revel Read will be held at Wakonda Club in Des Moines on Saturday, November 8th, 2014 with a 6:00pm Social, 7:00pm Dinner.

Our featured guest and speaker will be notable history writer, Heath Hardage Lee, author of *Winnie Davis: Daughter of a Lost Cause*, an award-winning book written from the perspective of Jefferson Davis' daughter, Winnie Davis, during the Civil War era. The evening will also include a Silent Auction and Raffle and music and dancing following dinner. Tickets are \$100 per person and 35 and Under guests are \$50 per person.

For further information please contact
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