Speak Up for Children- Contact Congress!

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Back To School Blues

Availability of Influenza Vaccines for the 2014 – 2015 seasons (VFC)

SUIDA Recipe: BBQ Chicken and Cheddar Foil Packet Dinner

Upcoming Event: Primary Prevention Of HPV Related Cancers: HPV Vaccines

Speak Up for Children- Contact Congress!

Congress is back in session as of Monday, September 8, and the AAP is calling on you to ensure children have a voice on Capitol Hill. Over the next two weeks before adjourning to prepare for mid-term elections, your federal legislators will be considering several key pieces of legislation. We need your help to make sure children’s health is at the top of their agendas.

There are numerous federal child health policy issues moving on the Hill that need your support, including extension of the Medicaid payment increase and the Children’s Health Insurance Program, reauthorization of the Newborn Screening Saves Lives Act and legislation to prevent liquid nicotine poisonings.

In order urge your members of Congress to support these and other legislative issues critical to children's health, please visit the Advocacy Action Center on the Academy’s newly-designed federal advocacy website, federaladvocacy.aap.org, where you will find issue summaries, talking points and draft emails to help guide your outreach. Also, be sure to check the website regularly for the latest updates and breaking news related to these federal child health policy issues. Note- you will be asked to sign in to the AAP members section.

Pediatricians are strong advocates for children, and there could not be a more critical time to speak up for your patients and children across the country.

Thank you for all you do for children.
State officials, Blue Cross announce payment reforms aimed at improving birth outcomes for Louisiana newborns

Blue Cross and Blue Shield of Louisiana and Louisiana Medicaid will no longer pay for early elective deliveries of newborns before 39 weeks of gestation; reform will help give more Louisiana babies a healthy start

Baton Rouge, La. -- Louisiana Department of Health and Hospitals (DHH) Secretary Kathy H. Kliebert joined officials from Blue Cross and Blue Shield of Louisiana, and other health care leaders today in announcing a payment reform that will help Louisiana newborns have a head start on a healthy life. Effective Sept. 1, 2014, Blue Cross and Louisiana Medicaid will no longer pay for elective, medically unnecessary births of infants before 39 weeks of gestation. The change is expected to reduce the number of early elective deliveries by providers across the state and to reduce the number of costly health complications that lead many infants to have preventable medical challenges.

"All Louisiana children deserve the same opportunity for a healthy birth, one that reduces medical complications for both the mother and child, and that helps families take their infants home sooner," said DHH Secretary Kathy Kliebert. "Today's announcement takes us one step closer to that reality. I am so proud to call Blue Cross and Blue Shield a partner in reducing the number of early elective deliveries. They, along with our health care partners in Louisiana, are making the wellbeing of newborns a priority."

"We want all of the moms and babies we cover to have the healthiest possible labor and delivery, so families can experience this special time with the joy that should be felt, not with the stress or fear of needing extra medical treatment," said Dr. David Carmouche, Blue Cross and Blue Shield of Louisiana Executive Vice President for External Operations and Chief Medical Officer. "Our 39-week policy is the latest step we are taking to protect the health of our newest and tiniest members."

Early elective deliveries are medically unnecessary deliveries of babies before 39 weeks of gestation. Those early elective deliveries may put the health of the newborn at risk and increase their likelihood of serious medical complications. Early elective deliveries are also far more costly.

Blue Cross joined the Medicaid program today in announcing that effective immediately, the health insurer will not cover elective deliveries, either C-section or induced natural birth before the 39th week of pregnancy. Blue Cross will continue to cover any births before 39 weeks that are deemed medically necessary.

Louisiana's Medicaid program implemented a similar payment reform at the start of this fiscal year on July 1, 2014. The State legacy Medicaid and Bayou Health plans do not reimburse providers for early elective deliveries before 39 weeks.

"Today's announcement is an incredible step for Louisiana families, but we still have more work to do," said DHH Medicaid Medical Director Dr. Rebekah Gee. "Louisiana women consistently have the highest or second highest chance of ending up with a cesarean section in the United States. Reducing all early elective deliveries before 41 weeks will go a long way toward reducing unnecessary cesarean sections. Hospitals like Woman's and Ochsner have taken a
strong leadership role in ending the practice of inductions before the cervix is dilated or "ripe" and have already shown reduced cesarean sections because of new policies."

"In 2007, Woman's was one of the first hospitals in Louisiana to no longer allow early elective deliveries before 39 weeks. Since this strong stance, the number of critically ill newborns in our Newborn and Infant Intensive Care Unit (NICU) has reduced by 20 percent and our first time c-section rates have declined by 3 percent," explains Teri Fontenot, President and CEO of Woman's Hospital.

"Ochsner Health System has fully embraced the 39-week initiative across all of our medical centers in Southeast Louisiana," said Alfred Robichaux, MD, chairman of the Department of Obstetrics and Gynecology, Ochsner Health System. "We completely agree with this new standard for helping babies enter the world as healthy as possible and are proud to offer some of the state's most innovative and mother-baby focused programs at our Ochsner facilities."

Some of the nation's largest health organizations co-signed a letter earlier this year pledging to help reduce or eliminate all early elective deliveries across the country. The list of health care leaders included, the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Nurse Midwives (ACNM), the American College of Obstetricians and Gynecologists (ACOG), the American Hospital Association (AHA), the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), and the March of Dimes.

"We are pleased the 39 Weeks Initiative has continued to yield success towards improving birth outcomes for Louisiana's moms and babies," said March of Dimes State Director Frankie Robertson. "The March of Dimes commends Blue Cross and Blue Shield of Louisiana and the Department of Health and Hospitals for taking additional steps to reduce early elective deliveries without any medical indications. We will continue to partner with various health agencies to promote long-term, systematic changes necessary to improve birth outcomes and reduce premature births."

Improving birth outcomes statewide is a major policy priority for DHH. The agency has focused on large-scale changes to improve how and when Louisiana children are born side by side with health care providers, insurers, hospitals and Louisiana parents. These changes have begun to reduce the number of Louisiana children born before 39 weeks while garnering support from key health care decision makers. Still, Louisiana has received a letter grade "F" for birth outcomes from the March of Dimes in recent years. Payment reforms like those announced today will likely not be reflected in reports on Louisiana's birth outcomes for several years, although the impact to Louisiana newborns can begin immediately.


The Louisiana Department of Health and Hospitals strives to protect and promote health statewide and to ensure access to medical, preventive and rehabilitative services for all state
Back To School Blues
Bryan G. Sibley MD, FAAP

Children are not the only people in the world who get a little anxious about the start of a new school year … so are their doctors. Of course for Pediatricians, the back-to-school-blues to which I’m referring has to do with school forms.

As most parents of school aged children know, it would seem that kids, while at school, are not allowed to eat, drink, walk, talk, go to the bathroom or even breathe without a school form completed and signed by a physician.

What most people probably don’t know (since their children only go to one school) is that very few schools utilize the same version of any given “form”. Hence, every fall, Pediatricians’ offices are inundated with a wide variety of “medication administration” forms, “sports physical” forms, “vaccine” forms, “who to call in the case of an emergency” forms, “please sign here so the child can have therapy” in school forms, etc.

Don’t get me wrong, I think I understand how this happened - the schools don’t want the responsibility of side effects of medications, outbreak of disease, liability of injury, and so on - so they’ve created this process of having a “doctor’s order” to do just about anything on the school premises. The vast array of medications being administered at school, the exponentially increasing number of diagnoses being managed during the school day, and the host of potential complications are reason enough for me not to blame the schools for the situation in which we’ve found ourselves.

Nonetheless, the completion of said forms is not only time consuming, it’s also overly burdensome. In fact, now that I think about it, I’ve never met a colleague who has told me that he or she went to medical school and completed their Pediatrics training so that they could one day spend a good portion of their professional time completing forms.

I believe the solution to our professional “forms blues” will occur when the involved parties (public and private school systems, parents, physicians, etc.) sit at the same table and agree on a universal document.

Until then, well, I guess I’ll just continue singing the “back to school, completing and signing school form” blues.

Availability of Influenza Vaccines for the 2014 – 2015 seasons (VFC)

From: Rubén A Tapia, MPH Director, Immunization Program
Date: September 9, 2014

Subject:

Please be advised that we presently have limited amounts of:
FluMist (LAIV4); Medimmune – intra-nasal
Fluzone (IIV4) 6-35mths Sanofi
Fluvirin (IIV3) 4 yr+ Novartis
Fluarix (IIV4) 3yr + Glaxo-Smith Kline

Please remember that our supplies will be in incremental allotments. However, ultimately sufficient vaccine will become available. We will notify you as soon as we have access to more of our allotments. Follow ordering guidelines by ordering what you need for the month (not for the whole season), and re-order once a month. As the vaccine quantities are initially limited, you may receive a portion of what you ordered based on your pro-rata share of the quantities available to us. Providers should plan to use this “once a month” ordering system until we advise you that the vaccine supply has become more plentiful.

Vaccines For Children providers may begin vaccinating their children immediately upon receipt of vaccine.

As usual your collaboration and understanding is appreciated. Inquiries may be directed to the Immunization Program at 504-838-5300. This communication should be printed and kept for reference.

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**SUIDA Recipe: BBQ Chicken and Cheddar Foil Packet Dinner**

Cooking with foil makes dinner simple and clean up easy. Chicken breast is an affordable and healthy alternative to red meat. Topping this dish with low-fat cheeses adds flavor and nutrition. Cheese is a very good source of bone building nutrients like calcium, Vitamin D and phosphorus. Prepare these packets in advance for a quick and wholesome dinner any night of the week.

**Ingredients**
- 3 tablespoons barbeque sauce
- 4 small boneless, skinless chicken breast halves (1 pound)
- 2 small unpeeled red potatoes, thinly sliced
- 1 red or green bell pepper, seeded and sliced
- 1 green onion, finely chopped
- 1/4 teaspoon salt
- 1/8 teaspoon black pepper
- 1 1/2 cups shredded reduced-fat Cheddar cheese
Directions:
Preheat oven to 375 degrees Fahrenheit.

Place a foil sheet, approximately 12x12 inches, on a work surface. Spoon about 1 teaspoon of the barbecue sauce in the center of the foil sheet.

Place one chicken breast half over barbecue sauce and spread another teaspoon of sauce over chicken. Top with a quarter of the potato, bell pepper and onion. Sprinkle with a little of the salt and pepper.

Fold foil in half to cover contents; make narrow folds along edges to seal. Repeat with remaining ingredients to assemble three more packets. Place packets on a baking sheet and bake for 35 minutes.

Open foil packets with scissors and carefully pull back edges (contents may be very hot).

Sprinkle a quarter of the cheese over the top of each chicken breast half and return to oven, unsealed, for 2 minutes or until cheese is melted.

With a spatula, transfer the contents of each packet onto individual serving plates, if desired.

Recipe Source: Recipe created by 3-A-Day of Dairy.

Nutrition Information:
Calories: 290
Total Fat: 4.5
Saturated Fat: 2.5 g
Cholesterol: 75 mg
Sodium: 630 mg
Calcium: 20% Daily Value
Protein: 38 g (10 grams from dairy)
Carbohydrates: 21 g
Dietary Fiber: 2 g

For more information and recipes visit www.southeastdairy.org
From Hungry To Healthy

The Importance of Increasing School Breakfast Participation

School breakfast plays a critical role in helping school children reach their full academic potential. This may be especially true for the 1 in 5 \(^*\) who live in a household faced with food insecurity.

To help our nation’s children who need to move from hungry to healthy, we are committed to increasing student participation in School Breakfast Programs.

Collectively we will work together to:

- **Increase** awareness of the critical impact School Breakfast Programs have on learning, nutrition security, diet quality and student health.
- **Provide** resources to empower schools to champion school breakfast.
- **Inspire** families and communities to embrace school breakfast.
- **Empower** children to take action to help increase access to breakfast in their schools.

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\(^*\) Approximately 4% of households experience very low food security when children are hungry, skip a meal, or don’t eat for a whole day because of economic challenges at some time during the year.
Upcoming Events

Primary Prevention Of HPV Related Cancers: HPV Vaccines
LA Chapter American Academy of Pediatrics
www.laaap.org

Presented by
Dr. Joseph Bocchini, Jr., MD, FAAP

[Objectives]

- Review epidemiology & outcomes of HPV infection
- Discuss rationale for current HPV vaccine recommendations
- Review recent uptake date and early impact evidence
- Review 2 dose data and discuss investigational 9-valent vaccine

[Time]

6:00 - 6:30 pm  Registration, Dinner (Please arrive by 6:30 pm to make your meal selection)
6:30 – 8:00 pm  Presentation, Q&A, Evaluation

[Dates/ Location]

Sept. 3 - Lake Charles
Pats of Henderson, 1500 Siebarth Dr.

Sept. 4 – Lafayette
Marcellos Wine Market Café, 340 Kaliste Saloom Rd.

Sept. 9 – Shreveport
Anvil Bar & Grill, 6301 Line Dr.

Sept. 24- Covington
The Dakota, 629 N. Hwy. 190

Oct. 2 – Monroe
Geno’s Italian, 705 N. 8th St.

Oct. 21 – New Orleans
Zea Rotisserie & Grill, 525 St. Charles Ave.

Oct. 22 - Thibodaux
Location, TBD

To register, go to: www.hpv-la.eventbrite.com and select the date you will attend.
Continuing Education Credits:
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Louisiana State Medical Society (LSMS) through joint sponsorship of Woman's Foundation, Inc. and the Louisiana Chapter of the American Academy of Pediatrics. The Woman's Foundation, Inc. is accredited by Louisiana State Medical Society to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

Woman's Foundation, Inc. designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The LA AAP would like to thank our SPONSORS, EXHIBITORS and SUPPORTERS! Each of them help make this event possible.

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