

September 15, 2015 Progress Notes

In this Edition:

National Child Passenger Safety Week

Lammico Presenting Office Staff Lectures Around the State

Announcing New and Improved Pediatric Medical Home Implementation Web Site

Action Requested: Please Complete the Survey on Pediatrician's Experience with VBID/VBP

Child Death Review Panel Seeking Nominations

Medicaid/Bayou Health

- DHH to Host Provider Calls for Behavioral Health Integration
- Bayou Health Informational Bulletins **** NEW****
- Health Plan Advisories

SUDIA Recipe: Three Cheese Black Bean Chili with Cheddar Crust

Upcoming Events:

- 2015 Childhood Obesity & Public Health Conference | 10/28/15 | Pennington Biomedical Research Center, Baton Rouge
- 2015 National Pediatric Disaster Coalition Conference | 11/2-4/15 | Scottsdale, Arizona
- Prematurity Prevention Summit 2015 | 11/5/15 | Pennington Biomedical Research Center, Baton Rouge
- Save the Date - Red River Potpourri Save the Date - Red River Potpourri | 8/19-21/16 | Shreveport, LA

National Child Passenger Safety Week September 13-19, 2015

Below you will find the abstract from the "AAP Policy Statement - Child Passenger Safety". For the full article and summary of Best-Practice Recommendations click [Here](#)

Child passenger safety has dramatically evolved over the past decade; however, motor vehicle crashes continue to be the leading cause of death of children 4 years and older. This policy statement provides 4 evidence-based recommendations for best practices in the choice of a child restraint system to optimize safety in passenger vehicles for children from birth through adolescence:

(1) rearfacing car safety seats for most infants up to 2 years of age;

- (2) forward-facing car safety seats for most children through 4 years of age;
- (3) belt-positioning booster seats for most children through 8 years of age; and
- (4) lap-and-shoulder seat belts for all who have outgrown booster seats.

In addition, a fifth evidence-based recommendation is for all children younger than 13 years to ride in the rear seats of vehicles. It is important to note that every transition is associated with some decrease in protection; therefore, parents should be encouraged to delay these transitions for as long as possible. These recommendations are presented in the form of an algorithm that is intended to facilitate implementation of the recommendations by pediatricians to their patients and families and should cover most situations that pediatricians will encounter in practice. The American Academy of Pediatrics urges all pediatricians to know and promote these recommendations as part of child passenger safety anticipatory guidance at every health-supervision visit. *Pediatrics* 2011;127:788–793

For additional resources visit the [CDC Vital signs website](#) on Child Passenger Safety

Lammico Presenting Office Staff Lectures Around the State

Lammico is holding a series of live lectures across the state for office staff. Topics for the program are: HIPAA Objectives, Patient Tracking/Followup, Documentation Objectives, E-Communications (social media, patient portals, mobile devices) and Patient Perception.

REGISTRATION FEE – \$50 per person for LAMMICO policyholders and staff or \$95 for non-insureds. Continental breakfast and box lunch is included.

LOCATIONS:

- o Lake Charles – Sept. 18
- o Baton Rouge – Sept. 22
- o Shreveport – Sept. 24
- o Metairie – Oct. 1
- o Lafayette- Oct. 7
- o Alexandria – Oct. 8

Space is limited, so register early. [See details here](#) [Click here for Registration Form](#)

Questions? Please contact Geri F. Cook, RHIA, CPHRM, gcook@lammico.com - (504) 841-5209, Lammico - Metairie, LA

Announcing New and Improved Pediatric Medical Home Implementation Web Site



The National Center for Medical Home Implementation (NCMHI) in the American Academy of Pediatrics (AAP) is pleased to announce the launch of its new and improved Web site, www.medicalhomeinfo.org.

The Web site provides pediatric medical home information, tools, and resources for practices and clinicians, specifically pediatricians. Visit the Web site to learn about the following:

- Education and training opportunities
- Tools and resources for pediatric medical home implementation
- Evidence supporting the pediatric medical home model
- Information about pediatric medical home initiatives in 50 states and the District of Columbia

ACTION REQUESTED

Take
the **Survey**

The American Academy urges all of its members to complete the survey on Pediatrician's Experience with VBID/VBP by September 30, 2015. Survey link: <https://www.surveymonkey.com/r/T383RD9>

Research on the implications of *Value Based Payments (VBP)* and *Value Based Insurance Design (VBID)* on the design and delivery of pediatric health care, particularly for children and youth with special health care needs (CYSHCN), is limited. The American Academy of Pediatrics is collaborating with the Catalyst Center on projects designed to fill this gap with essential

information and data. We are seeking information from pediatric practices that have worked with health plans that have implemented VBID products and VBP to learn of the effect the products have had on the delivery of pediatric care in the practice setting.

We are looking to have all responses back by **September 30th** so we can begin to accumulate the responses and share them with our Catalyst Center grant partners.

If you have any questions about the survey, please contact Lou Terranova, Senior Health Policy Analyst at lterranova@aap.org

We appreciate your time and assistance with this initiative.

Child Death Review Panel Seeking Nominations

Think you might be interested in serving on the State Child Death Review (CDR)? They are seeking nominations from LA AAP. See below for details. If you think you might want to be considered, please send an email to ashley.politz@laaap.org expressing your interest.

What is needed to meet legislative requirements (RS 40:2019)

A pediatrician with experience in diagnosing and treating child abuse and neglect appointed from a list of three names submitted by the state chapter of the American Academy of Pediatrics.

What the panel does:

The purpose of this Section is to identify the cause of death of children fourteen years of age and below, and thereby reduce the incidence of injury and death to infants and children by requiring that a death investigation be performed in the case of all unexpected deaths of children fourteen years of age and below, and establishing the Louisiana State Child Death Review Panel to collect data from such investigations and report to the legislature regarding the causes of such deaths and share information among local and regional panels, health care providers, and state agencies which provide services to children and families.

Functions/Duties: (abbreviated from the Statute):

- (a) Establish a standardized child death investigation protocol which shall require at a minimum that all death investigations be completed within thirty working days of the report of the death. The protocol shall include procedures for all law enforcement agencies and local departments of social services to follow in response to a child death. (Completed)
- (b) Establish criteria for information that must be included in a death investigation report and provide such information to the appropriate agencies and medical providers to be used as a guideline in preparing the death investigation report. (Completed)
- (c) Analyze any data available through any state systems that may decrease the incidence of injury and unexpected death to infants and children below the age of fourteen.
- (d) Collect, review, and analyze all death investigation reports prepared in accordance with this Section, and such other information as the state panel deems appropriate, to use in preparation of reports to the legislature concerning the causes of and methods of decreasing unexpected deaths of infants and children. (Bureau of Family Health with input from Panel experts)
- (e) Recommend changes within the agencies represented on the state panel which may prevent child deaths. (Panel experts)

Level of Commitment:

Quarterly meetings in Baton Rouge

Respectfully request consistent participation and a willingness to accept minimal "homework" assignments between meetings such as policy or practice research, connections to resources, advocacy on an as needed basis.

Medicaid/ Bayou Health***DHH to Host Provider Calls for Behavioral Health Integration***

Beginning Dec. 1, 2015, Louisiana Medicaid is changing the way members get behavioral health services (mental illness and substance use treatment). All Medicaid members will get their behavioral health services through a Bayou Health Plan. If they are not already enrolled in Bayou Health, they will be enrolled in a Plan before Dec. 1, 2015 to get medical behavioral health services. DHH's current contract with Magellan will end on Nov. 30, 2015.

To prepare providers for this change, Louisiana Medicaid and the Office of Behavioral Health will host a series of weekly calls for providers, to listen to comments and concerns that you may have and answer any questions. Beginning Monday, Sept. 21, 2015 and until further notice, the following call schedule will be in place:

- **Monday** - Local Governing Entities, Federally Qualified Health Centers, Rural Health Centers and Intensive Outpatient Substance Use Providers
- **Tuesday** - Rehabilitation Providers, Multi-Systemic Therapy Providers, Functional Family Therapy Providers, Homebuilders Providers, Assertive Community Treatment Providers, Psychiatrists

and Licensed Mental Health Practitioners

• **Wednesday** - Inpatient Hospitals, Psychiatric Residential Treatment Facilities, Therapeutic Group Homes and Residential Substance Use Treatment Facilities

All calls will take place from noon to 1pm. The call-in information is as follows:

- Call-in #: 1-888-636-3807
- Access Code: 1133472

Please note that this call is being hosted by the Department, so specific questions, pertaining to a specific Health Plan may not be answered. Although there will be representatives from the managed care organizations on the line, we ask that you keep all questions Department related.

We welcome all provider types to participate on any of the days, but DHH's staff will give priority to questions from the designated provider type for that call, and will have staff who work in that provider area on the line to assist.

If any provider is unable to ask a question during the call, we encourage them to submit their questions to integratedhealthcare@la.gov or bayouhealth@la.gov. The Bayou Health Provider Relations unit has released some "Talking Points" for behavioral health providers. That document can be accessed by clicking here. [Informational Bulletins](#), [Frequently Asked Questions](#) and other pertinent information can be accessed at any time by visiting www.makingmedicaidbetter.com.

For news specifically pertaining to the integration, you can click on the "Behavioral Health" tab on www.makingmedicaidbetter.com. To automatically receive updates and releases from the Department regarding the integration, click [here](#) and subscribe to the "Integrated Health Care" newsletter.

Bayou Health Informational Bulletins for Providers ** NEW**

[Informational Bulletin 15-12](#), "Open Enrollment for Bayou Health Plans"

Informational Bulletins cover a variety of topics related to Bayou Health, and all are available [here](#).

Health Plan Advisories

Health Plan Advisories are available at <http://new.dhh.louisiana.gov/index.cfm/page/1734>

SUDIA Recipe: Three Cheese Black Bean Chili with Cheddar Crust

This veggie-packed black bean chili features two types of cheese stirred into the chili and is topped with a Cheddar cheese crust.

Ease: Moderate

Yield: 8 servings

Preparation Time: 20 minutes

Cook Time: 120 minutes

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



Ingredients

2 large onions, diced

2 tbsp olive oil

1/4 cup tomato paste

1 tbsp chili powder

1 tbsp cocoa powder

1 tsp cumin seed

3 medium carrots, chopped

2 ribs celery sliced

3 small jalapeno peppers, seeded and minced

128 oz. can crushed tomatoes

2 cups cooked or canned black beans, rinsed

6-12oz. tomato juice

1 cup (4 oz.) shredded Mozzarella cheese

1 cup (4 oz.) reduced fat shredded Monterey Jack cheese

1 cup (4 oz.) shredded sharp Cheddar cheese

Directions

1. Sauté onions in oil over medium high heat in large saucepan until translucent, about three minutes. Add tomato paste, chili powder, cocoa powder, and cumin, and cook until mixture caramelizes to a dark brown, about ten minutes. Stir in carrots, celery and jalapeños and stir to coat. Add crushed tomatoes and beans. Stir in tomato juice to your preferred consistency. Simmer for at least an hour, but only up to two hours.

2. Preheat broiler.

3. Stir Mozzarella and Monterey Jack cheese into chili and top with shredded Cheddar. Broil until cheese is bubbly, about four minutes.

For more information and recipes visit www.southeastdairy.org

Upcoming Events

2015 Childhood Obesity & Public Health Conference

Wednesday October 28, 2015

The 2015 Pennington Biomedical Research Center

Childhood Obesity & Public Health Conference

This is the eighth annual childhood obesity and public health conference to be held at the **Pennington Biomedical Research Center on Wednesday, October 28, 2015**. Given the emphasis on developing

evidence-based public health strategies targeting childhood obesity, the topic of this conference is on local Louisiana researchers and how their work is having an impact at the national level.

Learning Objectives

The participants in this conference will be able to:

- comprehend the extent of the problem of childhood obesity in Louisiana
- understand the current local and national landscapes with respect to pediatric obesity prevention and treatment health care reimbursement
- describe the “Challenge for a Healthier Louisiana” program and its state-wide impact
- understand the potential of local pediatric obesity research to have a national impact

Who Should Attend?

This conference is designed for professionals engaged in public health efforts, including: physicians, nutritionists, physical activity specialists, registered dietitians, nurses, health educators, psychologists, and counselors; healthcare policy makers, researchers, media, business and civic leaders, parks and recreation personnel, and early childhood and school-age educators and decision-makers.

How to Register?

Registration for this conference is not yet open. You will receive an email informing you when online registration becomes available.

2015 National Pediatric Disaster Coalition Conference

You are invited to attend the National Pediatric Disaster Coalition Conference (NPDC) November 2-4, 2015 at the Camelback Inn Resort and Spa in Scottsdale, Arizona. The purpose of the NPDC is to provide medical practitioners; clinical staff; hospital emergency management; other hospital representatives; prehospital providers; educators, school nurses and other school representatives; behavioral health providers; and faith-based organization representatives with tools, training, resources, and information **to improve pediatric disaster preparedness**. Speakers will examine a broad spectrum of pediatric disaster response, resilience, extended care, recovery, and coalition topics as gleaned from surviving Hurricane Sandy, the Boston Marathon bombing, the Joplin tornado, the Sandy Hook shooting, and more. Continuing Education Credits are available, and accommodations are available for access and functional needs populations.

The National Advisory Committee on Children and Disasters’ Surge Capacity Work Group Report (April 28, 2015) “recommended to ASPR to . . . support convening pediatric health care coalition and preparedness stakeholders annually to assess strategic planning, gap analysis, and mitigation tactics for addressing . . . threats with national implications.” In addition, the NACCD states “coalitions will benefit from . . . sharing information, strategies, resources, and challenges, and thus [identifying] many unused and unrecognized tools existing at the local, state, and national levels [to] . . . avoid reinventing the wheel with each response . . .”

Registration has started (early bird registration is \$485, regular registration begins July 1, 2015 at \$585, and late registration begins October 1 at \$685). For additional information, go to npdcconference.org. For questions, contact Deb Roepke at deb.roepke@coyotecrisis.org or 480.861.5722.

**PREMATURITY PREVENTION
SUMMIT 2015**

Louisiana Moms and Babies First
through Care and Quality Improvement

Thursday, November 5, 2015

Pennington Biomedical Research Center
Conference Center 8:00am - 4:00pm

This conference will examine ways to improve perinatal outcomes and enhance prematurity prevention efforts in Louisiana by sharing National and Statewide best practices for designing and implementing collaborative quality improvement initiatives. This conference is designed to bring together a multidisciplinary group of medical and health professionals, including: obstetricians, physicians, pediatricians, midwives, nurses, neonatologists, maternal fetal medicine, public and private health insurers, public health practitioners, healthcare policy makers, birthing hospitals, maternal and child health community-based organizations and other interested parties.



More details and registration to be open in September 2015. www.marchofdimes.org/louisiana

Confirmed Speakers:



Elliot Main, M.D.
Maternal & Fetal Medicine
Obstetrics and Gynecology
Sutter Pacific Medical Foundation
California Pacific Medical Center
California Maternal Quality Care
Collaborative



Michael P. Marcotte, M.D.
Director of Quality and Safety for
Women's Service
Medical Director for Helping Opiate
Addicted Pregnant Women Evolve
TriHealth Cincinnati, Ohio
Ohio Perinatal Quality Collaborative





Red River Potpourri

August 19-21, 2016
Shreveport Convention Center
Shreveport, LA

Registration details will be forthcoming
www.womansfoundation.com
Call us for more information 337.988.1816

Red River Potpourri is presented by The Louisiana Chapter of
the American Academy of Pediatrics