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- 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
- Medicaid Behavioral Health Integration "Roadshow" meetings | Oct and Nov 2015 | Statewide
- Save the Date - Red River Potpourri Save the Date - Red River Potpourri | 8/19-21/16 | Shreveport, LA

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What's the Latest with the Flu

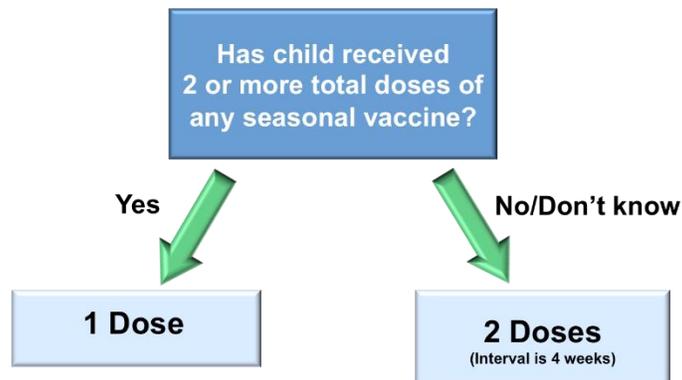
October 2015

The American Academy of Pediatrics (AAP) policy "[Recommendations for Prevention and Control of Influenza in Children, 2015-2016](#)" was recently released, and it offers updated recommendations for routine use of seasonal influenza vaccine and antiviral medications for the prevention and treatment of influenza in children. Important details are highlighted in the [AAP News article](#) and revised AAP policy [Influenza Immunization for All Health Care Personnel: Keep it Mandatory](#).

The [2015-2016 vaccine strains](#) differ from those contained in the 2014-2015 seasonal vaccine. This year, the trivalent vaccine includes an A/California/7/2009 (H1N1) pdm09-like virus, an A/Switzerland/9715293/2013 (H3N2)-like virus, and a B/Phuket/3073/2013-like virus (B/Yamagata lineage). The quadrivalent vaccine contains an additional B virus (B/Brisbane/60/2008-like virus [B/Victoria lineage]). There is no preference for trivalent or quadrivalent vaccine.

The dosing algorithm for children 6 months through 8 years has changed, as it is believed the H1N1 pandemic influenza virus is no longer antigenically novel. If a child received two or more doses of trivalent or quadrivalent vaccine prior to July 1, 2015, he or she would only need one dose this year. If the child did not receive two or more doses prior to July 1, 2015, or if the influenza vaccine history is not clear, two doses should be given this year at a four week interval. See the updated AAP dosing algorithm:

Number of Seasonal Influenza Doses for Children 6 Months Through 8 Years of Age



The AAP recommends annual seasonal influenza immunization for all people 6 months and older, including all children and adolescents. **It is especially important to vaccinate children and adolescents with an increased risk of complications from influenza, including those with chronic medical conditions, such as asthma, diabetes mellitus, hemodynamically significant cardiac disease, immunosuppression, or neurologic and neurodevelopmental disorders.** Children younger than 2 years are also at an elevated risk of hospitalization and complications attributable to influenza. Optimal protection is achieved through annual immunization. Not everyone understands the importance of annual immunization, so it is valuable for you, as a clinician, to explain why this is important.

Consider taking the following steps NOW:

- -Get vaccinated and talk to colleagues about why they should get vaccinated too.
- -Identify patients at an increased risk of complications from influenza and encourage vaccination.

- To protect children younger than 6 months of age, immunize adults who are caregivers or close contacts to reduce their risk of contagion. This strategy is called cocooning. If you do not vaccinate adults in your office, direct these people to a nearby vaccination site.
- Meet with staff to discuss what worked and didn't work in the office during the most recent flu season.
- Train staff on standard precautions, infection control, seasonal and pandemic influenza, and strategies for communicating the importance of immunization.
- Improve office preparedness. Additional office preparedness strategies are available in the [seasonal](#) and [mandatory influenza immunization for health care personnel implementation guide](#) and section 9 of the [Preparedness Checklist for Pediatric Practices](#).

As a large number of children are enrolled in Head Start or other early education and child care programs throughout the country, partnering with these programs to encourage vaccination of all children, staff, and caregivers is beneficial. Share information about AAP training materials and other [resources](#).

There are ongoing concerns about certain influenza viruses. One human infection with a novel influenza A virus was recently reported by the state of Michigan. The person was infected with an influenza A (H3N2) variant (H3N2v) virus and was hospitalized in June 2015, but has fully recovered. No human-to-human transmission has been identified and the case reported close contact with [swine](#) in the week prior to illness onset. The varying characteristics of influenza A viruses are described in this [AAP News article](#).

For more information, see the [AAP Red Book Online Influenza Resource page](#) or the [CDC FluView](#). The new [Protect Children from Influenza](#) infographic identifies actions pediatricians can take to help protect children, especially those at highest risk. Also see the CDC Morbidity and Mortality Weekly Report "[Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2015–16 Influenza Season](#)". All What's the Latest with the Flu messages will be [archived](#). Members of the AAP also have access to [Flu Vaccine Recommendations Speaking Points](#) and updates relating to the [2015-16 Influenza Vaccine Supply](#).

Pediatric Office Staff Salary Survey

Data on pediatric-specific office staff salaries has been very limited. National surveys of all practices have been unreliable since they include surgery, specialty care, and Internal medicine that rely on Medicare reimbursement to meet their overhead. To provide this important benchmark information for AAP members and their practice managers, the AAP Pediatric Practice Managers Alliance (PPMA) has partnered with Pediatric Management Institute (PMI) to develop such a resource tool.

This nationwide survey tool focuses solely on the office staff, NO provider/physician salaries will be included. All reported results are blinded, prohibiting individual practices from being identified.

Please visit <http://pediatricmanagementinstitute.com/aap-ppma-pmi-salary-survey/> (password **99213**) **by November 30, 2015** to share your input. Participants will also receive an emailed copy of the results. The more pediatric practice input, the more valuable these survey results will be! *Please share this link to your Chapter members as well as pediatric practice manager colleagues.*

If you have any questions, please feel free to contact Elisha Ferguson at eferguson@aap.org.

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

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

Medicaid Behavioral Health Integration "Roadshow" meetings across the state

Medicaid will be holding provider information sessions on Behavioral Health Integration around the State in October and November; click [here](#) for the list of the sessions. Behavioral Health Integration in this context refers to behavioral health being covered under the Bayou Health Plans. Both CCAB and SICC members as well as your extended network may be interested in attending these events.

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 15-17](#), "Billing for Specialized Mental Health and Substance Use Services for Dual Eligibles" has been released.

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>

News from the Policy Institute for Children

Early Care and Education and the Upcoming Louisiana Elections

This fall, Louisiana will be voting on a new Governor, a new Legislature, and a new State Board of Education (BESE). It is critical that early care and education be brought to the attention of all the candidates.

Resources

The **Policy Institute for Children** has created an [Election Alert](#) for citizens, elected officials, employers, parents, and media for the upcoming October and November elections. It includes key questions to ask, recommended policies for candidates, and background on early care and education in Louisiana.

Making Early Care and Education a Priority Issue in Louisiana

A number of organizations that identify issues that they believe should be priorities for the candidates have included early care and education in their Election Platforms. These include:

- The **Council for a Better Louisiana (CABL)** has included early care and education on its [2015 Election Agenda](#). Specifically, CABL's platform seeks to: "Expand access to quality pre-K and child care programs for all at-risk children in Louisiana."
- **One Acadiana**, a regional Chamber of Commerce serving a nine parish area, released recommended action items for Louisiana's next governor and state legislature. In their [policy brief on education](#), they include prioritizing early childhood care and education with funding for enhanced services, while accelerating the development of a unified high-quality Pre-K system.
- **United Way of Southeast Louisiana** created a [four-page policy statement and questionnaire](#) for [Gubernatorial candidates](#) that includes appropriately funding the Early Childhood Education Act (Act 3 of 2012) as well as the licensure of small centers.
- **Ready Louisiana**, a coalition of [over 30 organizations statewide](#), has called for increased investment in early care and education in Louisiana.
- The [Louisiana Platform for Children](#) includes a section on Early Care and Education with a number of recommendations including increased funding and other policy changes.

For some of the press coverage of these platforms, see:

- [What do we have to do to make Louisiana thrive? Editorial](#)
- NOLA.com | The Times-Picayune - September 27, 2015
- [Public policy experts preparing presentations, findings for candidates ahead of Oct. primary](#)
- Advocate - September 17, 2015
- [Louisiana Public Square, "Agenda Louisiana"](#)
Louisiana Public Broadcasting - September 2015

New Poll Shows Voters in Battleground States Believe Investing in Early Childhood Education is Critical to the Future of the Country

According to a [new poll](#) released by Save the Children Action Network (SCAN), an overwhelming majority of voters in the battleground states of Colorado, Florida, Ohio, Virginia and Wisconsin believe investing in high-quality early childhood education is critical to the future of America.

Key findings:

1. Battleground voters universally agree on the importance of early childhood education.
2. A significant majority support increasing access to and improving the quality of early childhood education and are willing to pay for it.
3. Increasing access to and improving the quality early childhood education could have significant impact on voters' preference as we head into presidential campaigns in 2016.
4. There are a variety of funding methods with broad support, and results show voters across a broad range of key vote groups would back investing in early childhood education, even if it means a slight increase in their taxes.
5. While nearly all voters agree that investing in early childhood education should be a priority - different voter blocks are sometimes motivated by different reasons and arguments.

[Read the report on Battleground Poll Results.](#)

*The **Policy Institute for Children** is a non-partisan, non-profit, independent source of data, research and pertinent information for policy makers, stakeholders and the public at large around issues related to young children in Louisiana. The Institute seeks to develop policy proposals informed by research, best*

practices and the experiences of other states and to conduct educational and outreach activities around these recommended policy solutions.

For more information contact Melanie Bronfin at mbronfin@policyinstitutela.org.

Visit www.policyinstitutela.org for the latest news and updates on early care and education in Louisiana.

SUDIA Recipe: Grilled Chicken Cheddar Casserole with Mushrooms

This hearty chicken casserole features the delectable flavors of grilled chicken, carrots and mushrooms combined with creamy pasta and baked until bubbly.

Ease: Advanced
Yield: 8 servings
Preparation Time: 15 minutes
Cook Time: 40 minutes
Source: Recipe created by Chef John Caputo, Bin 36, Chicago, on behalf of 3-A-Day of Dairy



Ingredients

Nonstick cooking spray
1 pound penne pasta
1 tablespoon butter
1 1/2 tablespoons flour
2 1/2 cups fat-free milk
1 tablespoon Dijon mustard
1/2 teaspoon hot pepper sauce
1 teaspoon Worcestershire sauce
1/2 teaspoon salt
1/8 teaspoon ground white pepper
3 tablespoons sliced green onion
1/2 cup thinly sliced carrots
1 1/2 cups (4 ounces) sliced mushrooms
1 cup shredded Cheddar cheese
4 boneless, skinless chicken breast halves, grilled and sliced
2 tablespoons bread crumbs
1 tablespoon chopped parsley

Directions

Preheat oven to 350 degrees Fahrenheit. Spray a 13x9-inch baking dish with nonstick cooking spray; set aside. Cook and drain pasta according to package directions; keep hot.

Melt butter in a large saucepan over medium heat. Stir in flour and cook 2 minutes, stirring frequently. Whisk in milk, mustard, hot pepper sauce, Worcestershire sauce, salt and pepper.

Cook, stirring constantly, about 10 minutes or until sauce thickens. Stir in onion, carrot, mushrooms and Cheddar until cheese is melted. Remove sauce from heat.

Mix pasta into sauce and pour into prepared pan. Arrange sliced grilled chicken over pasta. Mix bread crumbs and parsley together and sprinkle over pasta.

Bake about 25 minutes or until pasta is heated through and edges are bubbling.

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?

To register and learn more please visit
www.pbrc.edu/childhood_obesity_conference/

2015 National Pediatric Disaster Coalition Conference

You are invited to attend the National Pediatric Disaster Coalition Conference (NPDCC) November 2-4, 2015 at the Camelback Inn Resort and Spa in Scottsdale, Arizona. The purpose of the NPDCC 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**

Putting 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.

[CLICK HERE](#) for more details and registration.

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

Medicaid Behavioral Health Integration "Roadshow" meetings- Statewide

Medicaid will be holding provider information sessions on Behavioral Health Integration around the State in October and November; click [here](#) for the list of the sessions. Behavioral Health Integration in this context refers to behavioral health being covered under the Bayou Health Plans. Both CCAB and SICC members as well as your extended network may be interested in attending these events.

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

Opportunities and Job Announcements

Pediatric Emergency Medicine Physician Opportunity

Our Lady of the Lake Children's Hospital operates the only 24/7 pediatric emergency room in the region and is looking for additional PEM trained physicians to join their team. Candidates must be board eligible or board certified in Pediatric Emergency Medicine. The position joins 4 other fellowship trained PEM physicians, as well as seasoned emergency room BC pediatricians and Emergency Medicine physicians with an interest in Pediatrics. It also entails supervision of pediatric and emergency medicine residents and medical students in our newly renovated 20 bed pediatric emergency room.

LOL Children's Hospital is currently a 100 bed "hospital within a hospital"; however, there are definitive plans to open a free standing children's hospital in 2018, giving our physicians a chance be part of its development from the ground up! Our Pediatric Emergency Room physicians benefit from 60 pediatric specialists in 20 subspecialties, a 14 bed PICU with 4 BC Pediatric Intensivists delivering 24/7 on-site

care, flexible 9 hour shifts, double coverage (except early morning), competitive salaries, and excellent benefits.

If you are interested in this opportunity, please email your CV to Kathy Prejean, Physician Recruiter: kathryn.prejean@ololrhc.com

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Child Neurologist Opportunity

Our Lady of the Lake Children's Hospital has an excellent opportunity for a BC/BE Child Neurologist. OLOL Children's Hospital is currently a 100 bed "hospital within a hospital"; however, there are definitive plans to open a free standing children's hospital in 2018, giving our physicians a chance be part of its development from the ground up! We provide extensive opportunities for professional development, as well as competitive salaries and excellent benefits. Additional features of this opportunity include:

- 7 Board Certified Pediatric Hospitalists
- 14 bed PICU with 4 Board certified Pediatric Intensivists delivering 24 hour on-site care
- 20 bed Pediatric Emergency Department (Level 2 Trauma Center)
- Pediatric Development and Therapy Center
- Pediatric and Psychiatric Residency Programs
- Largest affiliate clinic of St. Jude Children's Research Hospital
- 60 pediatric specialists in 20 subspecialties available for consult
- Largest certified Child Life Specialist team in Louisiana
- Tort Reform State

If you are interested in this opportunity, please email your CV to Kathy Prejean, Physician Recruiter: kathryn.prejean@ololrhc.com