

November 18, 2014 Progress Notes

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Advocacy Action Requests

Contact BESE Members About Recommended Child Care Regulations

The LA AAP reported in last week's *Progress Notes* an update from the Early Childhood Care and Education Advisory Council. In that update included the major recommendations from the Council that were to be sent to BESE for consideration in their December meeting. There has been a good deal of push-back from childcare center owners on the lower staff to child ratios recommended by the Council. We have heard that BESE board members have received numerous emails and letters on this topic. The LA AAP will be sending a letter from the organization in support of the lowered ratios, increased educational requirements and elimination of the ability to use corporal punishment. We are asking Chapter members to also get involved by sending emails and making phone calls to BESE board members. Below you will find 1) e-mail addresses for the board members, 2) a policy brief on ratios and 3) a link to a map of BESE members' regions. Please make the call or send an email today. *This issue will go before BESE on December 2nd, and the Department of Education will be deciding in the coming days what they will recommend to BESE for changes to the proposed regulations.*

Recommended: Put letter both in body of the email and attached on letterhead of your organization.

John White
Superintendent

Louisiana Department of Education
John.White@la.gov

BESE members:

James.Garvey@la.gov Kira.OrangeJones@la.gov

Lottie.Beebe@la.gov Walter.Lee@la.gov

Jay.Guillot@la.gov Chas.Roemer@la.gov

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BESE member map and phone numbers: <http://www.policyinstitutela.org/#!your-state-board/cqbo>

[Click here](#) for a policy brief from the Policy Institute for Children on staff ratios

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Dear

As a pediatrician in Louisiana, I support your efforts in the implementation of Act 3. I understand the significance that the new Child Care Regulations play in ensuring that the children within these centers are healthy and safe and given the tools they need to enter kindergarten prepared to learn.

To provide the healthiest and safest environment for Louisiana's children in child care centers, I urge you to adopt the following changes to the proposed child care regulations:

1) Lower the Staff : Child Ratios for Two Year Olds from 1:11 to 1:8 and for Infants from 1:5 to 1:4

Staff-to-child ratios and group sizes can have a significant effect on child outcomes, especially for young children. Yet, the ratios for each age group under the current and proposed regulations are substantially higher than the national recommendations. For two year olds it is the most egregious, with current and proposed licensing regulations **allowing more than double the number of children per staff member** than is nationally recommended.

The Advisory Council to BESE on Early Care and Education has urged that the ratios for two year olds be reduced to 1:8 by dropping the ratios one child per year. We strongly endorse this recommendation.

2) Restore Requirement that Continuing Education (CE) training must have prior approval by the Department and add a requirement for trainer approval and a trainer registry

Teachers must have access to training that has been reviewed for quality and to trainers who have demonstrated their own competence in the content that they teach. By contrast to national standards and best practice, Louisiana's current and proposed child care regulations allow for child care teacher to be 18 years old without a high school degree and no background education or training at all before entering

the classroom. The proposed regulations do require 12 hours of annual continuing education, but provide absolutely no quality control on the trainer or the training. Maintaining a registry of approved trainers and trainings would make it possible to share training resources with the early learning providers and directors who need access to them.

The Advisory Council to BESE on Early Care and Education has recommended that the requirement be added that all trainers be approved by the department and a trainer registry be maintained. We strongly endorse this recommendation.

- your name, credentials and contact information

ACA Enhanced Payment Extension Update

Source: AAP Federal Affairs

We are making progress on the extension of the Medicaid Payment Equity provision, but we are in no way out of the woods yet. Nor do we have *public* Republican support as of yet.

AAP is working with congressional staff and staff for AMA, ACP (American College of Physicians), AOA (American Osteopathic Association), ACOG (American Congress of Obstetricians and Gynecologists), AAFP (American Association of Family Physicians), and CHA (the Children's Hospitals Association), to include an extension of the Medicaid payment increase in any end of the year legislative vehicle moving during the lame-duck session.

On Thursday, Dr. Tom McInerney, AAP Immediate-Past President, met with staff for 11 offices as part of an ACOG fly-in and it appears we have shaken loose an Energy and Commerce Committee Republican, but have not seen corroborating evidence for what was reported by ACOG folks in that meeting. I think that this whole effort very much ties into the over-arching advocacy on the SGR, and apparently House Rs are considering not paying for some of that (which could conceivably mean that we could be attached to a larger SGR bill). See attached CQ article for more background on the SGR state of play. There is an AMA meeting at 2 PM today that I plan to attend.

Medicaid Payment Equity Background

The provision provides federal funding for an increase in Medicaid payment rates to at least Medicare rates for certain evaluation and management (E&M) and vaccine administration codes billed by qualifying providers in calendar years 2013 and 2014.

E&M codes 99201–99499 and vaccine administration codes 90460, 90471, 90472, 90473, and 90474 must be paid at rates that are at least equivalent to the Medicare rates for those services, as long as the state's Medicaid program currently pays for the codes. The codes include primary care E&M codes not paid by Medicare, and the increase should apply in fee-for-service as well as in managed care arrangements. Implementing regulations also raise regional maximum vaccine administration fees in the Vaccines for Children (VFC) program.

The AAP maintains a [chart](#) detailing the state-by-state implementation of the payment increase. Many states were slow to begin paying physicians. While progress is encouraging, the Academy recognizes that there still is work to do, especially in the Medicaid managed care context, to ensure that all eligible pediatricians in all states receive increased Medicaid payments. The Academy continues to work at all levels to advocate for appropriate implementation of the Medicaid payment increase.

The payment increase expires on Dec. 31, 2014 and the Academy is currently working with congressional leaders to advocate for its extension. On July 30, Sens. Patty Murray (D-Wash.) and Sherrod Brown (D-Ohio) introduced the *Ensuring Access to Primary Care for Women & Children Act* ([S. 2694](#)), which would extend the Medicaid payment increase of 2013 and 2014 by two additional years. Following the Senate's efforts, Representative John Lewis introduced the *Medicaid Parity Act of 2014* (H.R. 5353) on July 31 to extend the Medicaid payment increase by five years; until January 1, 2020. The AAP sent a [letter](#) of support to Rep. Lewis for introduction of the bill.

The Medicaid payment increase was also included in the *CHIP Extension and Improvement Act of 2014* introduced by Reps. Henry Waxman (D-Calif.) and Frank Pallone (D-N.J.) on July 31, which would extend the Children's Health Insurance Program (CHIP) for a further four years through 2019.

On Feb. 4, 2014, President Obama released his [budget proposal for Fiscal Year \(FY\) 2015](#). To continue encouraging provider participation in Medicaid, the President's budget extends the Medicaid primary care payment increase of 2013-2014 for an additional year, at a cost of \$5.44 billion.

On Saturday of the AMA two weekends ago, we heard from Kevin Brady (challenging Paul Ryan for Ways and Means Chair) and Dr. Burgess (a Medicaid leader in the E&C majority). Brady indicated that the provision must be paid for and suggested cuts to the ACA that would be acceptable to Rs on his committee, while Dr. Burgess indicated that he and some others were open to paying for the SGR with "phantom" savings from the Overseas Contingency Operations fund (an over-funded account that was designed to pay for the Iraq and Afghanistan wars). Today's article seems to corroborate this to some extent.

How pediatricians in District VII can help - I think it is more than time to get pediatricians involved and calling the Hill, writing op/eds and using social media to turn up the heat on this issue. It was listed as the second health 'issue to deal with' in Politico last week.

We are working on something to share with Key Contacts, SOAPM and sections that are included in the increase, but that does not mean that you can't beat us to the punch and highlight the resources at [federaladvocacy.aap.org](#) for District VII pediatricians to contact the Hill this week and next. Now is the time for them to direct their advocacy if they can spare a few minutes.

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New Data Show Limited Effectiveness of LAIV in 2013-'14 Flu Season

Source: Ruben A Tapia, MPH Director Immunization Program November 12, 2014

At the October 2014 ACIP meeting, information was presented which indicated that there was no measurable effectiveness of the 2013-14 live attenuated influenza vaccine (LAIV) against the influenza A (H1N1) strain. However, the LAIV has been shown to be effective against influenza A (H3N2) and influenza B strains in the past. Both CDC and the American Academy of Pediatrics have issued updates regarding the use of LAIV and inactivated influenza vaccine for the 2014-15 season. Links to both statements are below.

From the CDC update:
"Because:

1. Surveillance shows that there is substantially more circulation of influenza A (H3N2) and B viruses and very little circulating H1N1 so far;
 2. LAIV has been shown to offer good protection against influenza A (H3N2) and influenza B viruses in the past;
 3. LAIV may offer better protection than IIV against antigenically drifted viruses that may circulate this season; and,
 4. Vaccine providers have received their vaccine for the 2014-2015 season and have likely administered a good proportion of it;
- ACIP and CDC have not changed the current influenza vaccination recommendations.

People who have not been vaccinated yet this season should get vaccinated now. Parents should seek to get their children immunized with whatever vaccine is immediately available and indicated. Influenza vaccination should not be delayed to procure a specific vaccine preparation. The HealthMap Vaccine Finder can be used to locate vaccine."

The CDC update can be found at: <http://www.cdc.gov/flu/news/nasal-spray-effectiveness.htm>.

The AAP statement can be found at: <http://aapnews.aappublications.org/content/early/2014/11/06/aapnews.20141106-1>.

Get Involved!



ASAP- Pediatric Subcommittee of Medicaid Quality Committee Seeking Participants

The Bayou Health Quality Committee is becoming the Medicaid Quality Committee which will have a broader focus. As part of the Medicaid Quality Committee, there are subcommittees including a Pediatric Subcommittee. DHH and Dr. Rebekah Gee, Medicaid Medical Director, has reached out the LA AAP to request names of pediatricians to fill this committee. DHH is hoping to have 10-12 pediatricians on the subcommittee and be geographically representative. If you are interested/ willing to serve on this committee, please send your name, contact information and any special interest/ expertise you may have to ashley.politz@laaap.org as soon as possible. DHH is requesting names be submitted by the end of next week.

Below is a communication sent by Dr. Gee that elaborates on the committee and subcommittees.

Source: Dr. Rebekah Gee, Medicaid Medical Director

Dear Louisiana Health Care Leaders,

Effective clinical leadership is critical to the success of any health care quality improvement effort. A commitment to quality requires sound decision making that places a high premium on clinical best practices as well as collection and review of data used to drive solutions.

Medicaid has recently re-organized the Bayou Health Quality Committee and created an over-arching Medicaid Quality Committee. The purpose of this new committee is to broaden the opportunity for those "in the trenches" to give clinical input to Medicaid. These teams will help guide decision-making and inform

policy makers of potential areas of focus for Medicaid reform in Louisiana. We are currently in the process of reaching out to providers across Louisiana who are interested in participating in Quality Committee and Subcommittee teams. This year, we have openings for the full Medicaid Quality Committee in the following areas which reflect new needed areas of expertise:

- a. Adult Long Term Care Provider
- b. Dentist
- c. Non-Physician Provider
- d. Obstetrician
- e. Neonatologist
- f. Pharmacist

In addition to the main committee, we are seeking individuals to participate on standing clinical sub-committees. These sub-committees will be "working" committees that roll up their sleeves to research specific policy issues, review data from the department and other sources, and develop recommended options and opportunities to improve the quality of care provided for the Medicaid population. The sub-committee will regularly report their findings and recommendations to the Medicaid Quality Committee. The sub-committees will be small enough to get the work done expeditiously, but inclusive of the needed expertise including a patient representative. Membership on the sub-committees can include, but is not limited to, members of the Quality Committee. The current clinical Sub-Committees include, but are not limited to, the following:

- a. Behavioral Health
- b. Emergency Medicine
- c. Long Term Supports and Services
- d. Obstetrics
- e. Pediatrics
- f. Neonatology

The work of these groups will be critically important to providing the clinical expertise and program input needed to drive quality improvement for our Medicaid system. We anticipate that both the Medicaid Quality Committee and the standing sub-committees will meet quarterly in person but more often by phone as needed. We would like to have new members onboard prior to our next meeting on 12/5/14. Please email me by November 1, the names of individuals with clinical expertise that you think would be interested in participating on either the overarching Quality Committee, a sub-committee, or both.

This is a very exciting time in healthcare and we hope that you, your organization or your members will be willing to join us to help improve the quality of care for the people we serve.

Warmly,

Dr. Gee

Rebekah Gee MD MPH MSHPR FACOG
Medicaid Medical Director, Louisiana
Assistant Professor, Louisiana State University Schools of Public Health and Medicine

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2015 AAP Council and Section Executive Committees Vacancies

AAP Councils and Sections are a great way to get involved at the National level! In 2015 there will be more than 100 vacancies to fill on the council and section executive committees. An executive committee is the leadership body comprised of a chairperson and executive committee members. Here are brief descriptions of councils and sections: <http://www.aap.org/sections>

Nominations are being accepted through December 15, 2014 via SurveyMonkey: <https://www.surveymonkey.com/s/2015CouncilSectionVacancies>

Interested candidates are asked to self-nominate. All nominees must be current members in good standing of the national AAP and the specific council/section for which they are nominated. Candidate information will be shared with the nominations committees for each Council or Section, who will weigh in on the nominations received and make their decision by mid-January. Elections are conducted in March.

Should you have any questions, please contact Yolanda Mackey Amjad at the National office at 800-433-9016 ext. 4079 or via email at sectionelections@aap.org.

Community Access to Child Health (CATCH™) Grant Opportunity

Call for Proposals-Submissions due January 30, 2015

The CATCH Program is seeking grant applications for innovative community-based projects to improve access to health services for children who are most likely to experience barriers. Eligible initiatives reach out to the community at large. Chapter officers are eligible to apply.

Up to \$10,000 will be awarded to pediatricians and fellowship trainees and \$2,000 to pediatric residents to work collaboratively with local community partners to ensure that all children have access to medical homes or access to specific health services not otherwise available.

Applications available November 3 for Planning Grants, Implementation Grants, and Resident Grants. Learn more at <http://www2.aap.org/catch/funding.htm>.

Examples of Recent Topics

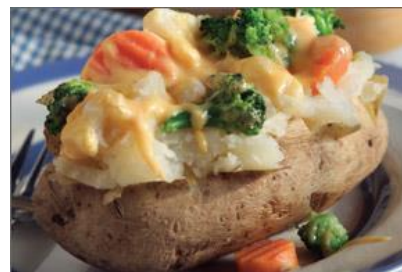
- Bullying Prevention
- Children of Incarcerated Parents Health
- Continuity of Care for Youth in the Juvenile Justice System
- Gun Violence
- Immunizations
- LGBTQ Youth
- Military Children's Health
- Refugee/Immigrant Health
- Teenage Pregnancy & Parenting
- Youth in Group Homes Health

To see what others are doing with their CATCH grants, visit the Community Pediatrics grants database at <http://www2.aap.org/commpedsg/grantsdatabase>. You can search by several categories, including health topic and AAP grant program.

SUIDA Recipe: Cheese Potato

No doubt about it, baked potatoes is the healthiest way to enjoy a spud. Potatoes provide vitamin C and heart supporting potassium. Boost your fiber content by eating the skin. Load a baked potato with colorful vegetables and nine essential vitamins and minerals by adding melted cheese. Try this recipe for a quick dinner and take leftovers for lunch.

Makes 8 Servings
Prep Time: 10 min
Cook Time: 10 min



Ingredients

- 1 (16-ounce) package frozen broccoli, cauliflower and carrot blend, cooked, drained
- 2 cups Kraft 2% Milk Shredded Reduced Fat Sharp Cheddar cheese, divided
- 1/4 teaspoon pepper
- 8 hot baked potatoes, split

Toss the hot vegetables with 1 cup of the cheese and pepper. Spoon about 1/3 cup of the vegetable mixture over each potato; sprinkle evenly with remaining cheese.

Recipe created by Kraft Kitchens.

Nutritional Facts

Calories: 320
Fat: 6 g
Saturated Fat: 4 g
Cholesterol: 20 mg
Sodium: 260 mg
Calcium: 20% Daily Value
Protein: 12 g
Carbohydrates: 55 g

For more information and recipes visit www.southeastdairy.org

Upcoming Events

The Louisiana Department of Health and Hospitals is excited to host an ADHD Symposium

*Tuesday, December 9, 2014
Bienville Building
628 N. 4th Street
Baton Rouge, Louisiana 70802*

We welcome leaders and champions from areas of medicine, behavioral health, health plan management, education, family members, advocates, and government to learn more about ADHD medication rates for youth in Louisiana and the U.S., best practices surrounding proper utilization of ADHD medications, and begin the discussion of solutions on how to best serve Louisiana youth.

There is *NO COST* to attend. Website for registration and further information can be found at <http://www.dhh.la.gov/index.cfm/subhome/39>

As you may know, recent data has informed us that Louisiana ranks among the top 3 states in our percentage of youth diagnosed with ADHD, and we are number 1 in our level of prescribing ADHD-related medications for children. This information has provided cause for concern within our healthcare system, within our legislators, and among our citizens. It raises important questions: are we correctly identifying youth with ADHD? And, are we relying too much on medication for Louisiana's children, while neglecting alternative treatments and approaches to help our children manage their behavior and focus their attention? In response to these concerns, DHH has convened an ADHD Taskforce to think critically and creatively about ADHD diagnosis and treatment, and begin exploring both barriers and opportunities. We know that effectively helping our youth with their attention will require partners from all corners, from the doctor's office to the offices of the HMO, and from the home to the classroom. In that spirit, we would like to invite you to partner with us.

We will be kicking off these efforts at a symposium scheduled for December 9th in Baton Rouge; we invite you to join us then. We are seeking to bring together leaders in the medical field, in healthplan management, in behavioral and public health, and in education, family members, and political leaders. At this symposium we will offer the latest data on trends in ADHD diagnosis and treatment in Louisiana and in the nation, as well as nationwide trends and promising initiatives across multiple systems including prescriber's networks, healthplans, mental health and supportive services for children and families, and education. We need leaders from all of these sectors to join us and shape the discussion.

For more information please contact Heather Taylor at Heather.Taylor@LA.GOV

Tulane Saturday Pediatric Series

*Hot Topics in Pediatric Pulmonary and Infectious Diseases
December 13, 2014*

Registration 9:00 am – 10:00 am

Conference 10:00 am - 1:30 pm

Presented by

Tulane University School of Medicine Department of Pediatrics
and the Center for Continuing Education
Tulane University Health Sciences Center

Location

Ralph's on the Park
900 City Park Avenue
New Orleans, LA

Topics will include:

Update on Ebola and Influenza Viruses
The New Synagis Guidelines



Pneumonia Diagnosis and Treatment
Effects of Tobacco Smoke and e-Cigarettes on Children

This activity has been approved for *AMA PRA Category 1 Credit™*.

Registration Fee is \$35

Online registration is open at <http://tulane.edu/cce/>

**LAPEN'S 8th Annual Summit for Parenting Educators
Adverse Childhood Experiences: Parenting Education is Key**



*Wednesday, January 21, 2015, West Baton Rouge Conference
Center in Port Allen, LA*

9:00am - 3:30pm

A full day of presentations, networking, exhibits, and more!

Register now! Early bird rates end 12/31/14

Speakers:

Dr. Robert Anda, co-Principal Investigator with the ACE Study

Dr. Anda has conducted research in a variety of areas including disease surveillance, behavioral health, mental health and disease, cardiovascular disease, and childhood determinants of health. After spending 20 years as a research medical officer in the U.S. Public Health Service, he is now a Senior Scientific Consultant to the Centers for Disease Control and Prevention (CDC) in Atlanta. He played the principal role in the design of the Adverse Childhood Experiences (ACE) Study and serves as its Co-Principal Investigator.

Findings from the ACE Study have been presented at Congressional Briefings and numerous conferences around the world. The ACE Study is being replicated in numerous countries by the World Health Organization (WHO) and is now being used to assess the childhood origins of health and social problems in more than 18 U.S. states.

Dr. Stewart Gordon, Community Health Solutions Louisiana

Dr. Stewart Gordon joined CHS-LA in January 2012 as Chief Medical Officer. Prior to joining CHS-LA, Dr. Gordon was a practicing pediatrician for eighteen years at Earl K. Long (EKL) Medical Center. His pediatric practice was largely focused on providing services to the Medicaid and uninsured population. He was involved in medical student and pediatric resident education throughout his tenure at EKL. Dr. Gordon's areas of interest include early brain development / early childhood, child advocacy / children's public policy, juvenile justice reform, prevention of child abuse and neglect and prevention and treatment of childhood obesity.

Register: <http://lapensummit2015.eventbrite.com>

Registration RATES:

\$40 through December 31, 2014

\$50 After January 1st, Registration Closes January 15th

Registration includes lunch!

Continuing education credit applications are in progress.

To view the flyer, [click here](#)

Questions? Call Lenell Young 225-218-5657 or lapen@selahec.org