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Supreme Court Rules in Favor of Federal Subsidies in All 50 States ***A Message from AAP President Sandra G. Hassink, MD, FAAP***

Today, in *King v. Burwell*, the U.S. Supreme Court [issued](#) a 6-3 decision affirming that people can continue receiving premium tax credits from the federal government to offset the cost of health insurance, no matter which state they live in.

As a result of the Affordable Care Act (ACA), each state must either set up its own health insurance marketplace for individuals to shop for and buy health insurance, have the federal government operate the marketplace instead, or pursue a partnership approach. At issue in *King v. Burwell* was whether those who live in the 34 states with federally facilitated marketplaces are eligible for subsidies: the Court ruled that they are.

Every child needs access to care. This ruling is important for several reasons:

- **Insurance matters.** Research shows that when parents are insured, children are more likely to access the care they need when they need it, and the whole family is healthier. The Court's decision makes it possible for all U.S. families, no matter where they live, to access affordable insurance that meets their most basic needs.
- **Stability matters.** Disrupting access to healthcare services, particularly for a child with a critical need, has devastating effects on family health. Had the Court ruled the other way, millions of people would have lost affordable options for insurance, and hundreds of thousands more would have been rendered uninsured.
- **Advocacy matters.** Our work ahead is clear: now that the Court has ruled, the AAP will continue to ensure that health

insurance marketplaces are family-friendly and that state chapters have what they need to help pediatricians and families access the care they need.

As a result of today's decision, families can now rest assured that their ZIP code does not determine their health insurance options. It is my sincere hope that today is the last legal challenge facing the ACA, and that we can turn our attention to ensuring that the law holds true to its name by offering children and families from Alaska to Wyoming access to stable, affordable health insurance coverage.

Learn more about today's decision from these resources:

- **AAP's [press release](#)** on today's decision
- **Materials** from InsureKidsNow.gov encouraging eligible families to enroll in Medicaid and the Children's Health Insurance Program year-round

Thank you for all you do for children.

Sincerely,
Sandra G. Hassink, MD, FAAP
President
@AAPPres

DHH Asks Parents to Ensure Children Are Up-to-Date on Vaccinations
Vaccines are Safe, Effective and Help Protect Other Children from Getting Sick
Wednesday, July 1, 2015 | Contact: John Ford; 225.342.9010, jpford@la.gov

Baton Rouge, La. – No need to remind the kids, but the beginning of the new school year is quickly approaching. The Louisiana Department of Health and Hospitals (DHH) is reminding Louisiana parents and guardians to make sure their children have received all vaccinations required by state law.

"The important thing to know is that vaccinations are considered to be one of the most successful and cost-effective public health tools parents can use to help protect their children," said DHH Immunization Medical Director Dr. Frank Welch. "Vaccine-preventable diseases include measles, influenza, mumps, whooping cough and pneumonia."

Louisiana law requires children who are ages 4 or older and entering kindergarten, pre-kindergarten or Head Start programs have proof they have received the following vaccinations:

- a booster dose of poliovirus vaccine (IPV);
- two doses of measles, mumps and rubella vaccine (MMR);
- three doses of hepatitis vaccine (HBV);
- two doses of varicella (chickenpox) vaccine (Var) and
- a booster dose of diphtheria-tetanus-acellular pertussis vaccine (DTaP).

Children in day care also need to be up-to-date with their age-appropriate immunizations.

Children who are 11 or older and are entering the sixth grade must have proof they received all the age-appropriate immunizations listed above, as well as the following vaccinations:

- meningococcal (meningitis) vaccine and
- tetanus-diphtheria-acellular pertussis vaccine (Tdap).

"School vaccination laws have helped eliminate major vaccine-preventable diseases," said Welch. "Doctors' offices aren't as busy now as they will be later in the year, so parents should take their children to get vaccinated soon while the wait time is shorter."

Vaccines have proven safe and effective in preventing illness and death from many infectious diseases. Having kids vaccinated keeps them healthy and in school, protects other children and family members from getting sick, and allows children to lead longer, more productive lives.

To have your child vaccinated, contact their primary care doctor. Children who are uninsured, are American Indian or Alaskan native, or who have insurance that does not cover vaccinations are eligible to receive vaccinations at parish health units. View DHH's [interactive parish map](#) to find a parish health unit in your area. Parents of children who have insurance should contact their private provider for vaccination services.

Parents can obtain copies of their child's immunization record from their child's physician, a parish health unit or a Federally Qualified Health Center. If parents are not able to submit proof of updated immunizations, their children will need to be re-vaccinated to get an updated immunization record.

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 citizens. To learn more about DHH, visit www.dhh.louisiana.gov. For up-to-date health information, news and emergency updates, follow DHH's [Twitter](#) account and [Facebook](#).

Call for Nominations - Chapter Awards

Deadline: Friday, July 31st

Send to: ashley.politz@laaap.org with subject line of "Chapter Awards Nomination"

Include: name of nominee with a few sentences on why that person is being nominated

Description of awards for 2015:

David W. Van Gelder distinguished Service Award—This award is to recognize and honor those rare and dedicated individuals who have contributed substantially to the advancement of the Chapter.

Dr. David Van Gelder served as AAP President from 1976-77. During his tenure, the Academy finalized a voluntary continuing education and assessment program leading to recertification and energized efforts to develop child health planning at state and local levels. In addition, Dr. Van Gelder oversaw changes that were made within the Academy's internal structure to increase efficiency and enhance services for members. He was a vocal advocate for creating a national immunization policy. Under his presidency, the Academy adopted a statement advocating such a policy.

Previous award winners:

2013	H. Jay Collinsworth, MD, FAAP
2011	Stewart Gordon, MD, FAAP
2009	Michael Judice, MD
2007	Keith Perrin, MD, FAAP
2006	Not Given
2004	Jean Takenaka, MD
2002	John Lewy, MD, FAAP
2000	Louis Trachtman, MD
1998	Gary Peck, MD, FAAP
1996	Bettina C. Hilman, MD
1994	Wallace Dunlap, MD, FAAP
1992	Larry Hebert, MD
1990	David Van Gelder

Charles M Vanchiere Award—This award is given to recognize special efforts to improve the health of children in Louisiana by increasing their access to needed health care.

Dr. Charles M. "Buzzy" Vanchiere was a private pediatrician in Lake Charles, Louisiana, for nearly 30 years, and a tireless advocate for children's services. He pushed the private sector to accept Medicaid patients when the state first allowed them to bill for screening and diagnostic services. He was president of the LA Chapter of AAP at the time that the federal State Child Health Insurance Legislation was enacted and he was a major force in assuring that Louisiana took advantage of this new opportunity to cover children. He served on medical committees in his parish, in the state and for the American Academy of Pediatrics. He organized and led the Pediatric Society of Southwest Louisiana and the LSU Pediatric Alumni Association. He chaired the Pediatric Advisory Committee for Medicaid and was a member of the Blue Cross Physician Executive Committee. He was also active in the "Children's Miracle Network" and received it "Miracle Makers" award in

1995 for outstanding service to that program. Dr. Vanchiere died in the year 2000 at the young age of 60 and the Chapter established this award in his name to honor outstanding child advocates.

Previous award winners:

2013	Not given
2011	Steve Bienvenu, MD, FAAP
2010	Jimmy Guidry, MD
2009	Steven Spedale, MD
2008	J. Ruth Kennedy, Kay Gaudet
2007	Geoffrey Nagle, PhD, MPH, LCSW
2006	William Gill, MD and Joan Wightkin, PhD
2005	Gov. Kathleen Blanco
2004	Lt. Gov. Mitch Landrieu
2003	Sen. John T. "Tom" Schedler
2002	David Hood*
2000	Rep. Shirley Bowler

Elizabeth E. Cassinelli Award—This award is given in recognition of special efforts relevant to women’s careers in pediatrics-at academic institutions, as basic scientist or clinicians, and in the private sector.

Dr. Libby Cassinelli was a general pediatrician who spent her career in Shreveport/Bossier City. She was in private practice, then worked at Barksdale AFB where she practiced until her retirement, and closed her career at the LSU Med School in Shreveport. During her career, she organized the NW LA Pediatric Society, served in every office, and personally arranged up to 4 lectureships annually for the members. She worked in the community for children’s services and was well known for her advocacy for women in medicine.

Previous award winners:

2013	Sue Berry, MD, FAAP
2011	Jane El-Dahr, MD, FAAP
2009	Barbara Golden, MD
2007	Henryne A. Loudon, MD
2005	Katherine M. Knight, MD
2003	Carolyn Duncan, MD, FAAP
2000	Bettina Hilman
1998	A. Joanne Gates
1996	Sheila Moore

Outstanding Pediatric Society—This award recognizes the president of the regional society for the society’s outstanding programs or accomplishments.

Previous award winners:

2013	Northwestern Pediatric Society
2011	Baton Rouge Pediatric Society
2009	Acadian
2007	Acadiana
2005	Greater New Orleans Pediatric Society
2003	Acadiana
2000	Baton Rouge
1998	Not Given
1996	Greater New Orleans Pediatric Society
1994	Greater New Orleans Pediatric Society
1992	Greater New Orleans Pediatric Society
1990	None

Ask the Experts: CDC Experts Answer Your Questions

***The questions and answers in this edition of IAC Express, all related to human papillomavirus (HPV) vaccination, first appeared in the May 2015 issue of Needle Tips.
Source: Immunization Action Coalition Issue 1189: June 17, 2015***

IAC extends thanks to our experts, medical officer Andrew T. Kroger, MD, MPH; and nurse educator Donna L. Weaver, RN, MN. Both are with the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

Questions and Answers:

Q: Which types of HPV are most likely to cause disease?

A: Of the annual average of 26,900 HPV-related cancers in the United States, approximately 64% are attributable to HPV 16 or 18 (65% for females; 63% for males; approximately 21,300 cases annually), which are included in all three HPV vaccines. Approximately 10% are attributable to HPV types 31, 33, 45, 52, and 58 (14% for females; 4% for males; approximately 3,400 cases annually), which are included in the 9-valent HPV vaccine. HPV type 16, 18, 31, 33, 45, 52, or 58 account for about 81% of cervical cancers in the United States. Approximately 50% of cervical precancers (CIN2 or greater) are caused by HPV 16 or 18 and 25% by HPV 31, 33, 45, 52, or 58. HPV 6 or 11 cause 90% of anogenital warts (condylomata) and most cases of recurrent respiratory papillomatosis. More information about HPV and HPV-related cancers is available in the 2014 HPV ACIP statement at www.cdc.gov/mmwr/pdf/rr/rr6305.pdf.

Q: Are healthcare personnel at risk of occupational infection with HPV?

A: Occupational infection with HPV is possible. Some HPV-associated conditions (including anogenital and oral warts, anogenital intraepithelial neoplasias, and recurrent respiratory papillomatosis) are treated with laser or electrosurgical procedures that could produce airborne particles. These procedures should be performed in an appropriately ventilated room using standard precautions and local exhaust ventilation. Workers in HPV research laboratories who handle wildtype virus or “quasi virions” might be at risk of acquiring HPV from occupational exposures. In the laboratory setting, proper infection control should be instituted including, at minimum, biosafety level 2. Whether HPV vaccination would be of benefit in these settings is unclear because no data exist on transmission risk or vaccine efficacy in this situation.

Q: Please summarize information about Merck’s new 9-valent HPV vaccine (9vHPV, Gardasil 9).

A: 9vHPV contains the four HPV types in 4vHPV (Gardasil; 16, 18, 6, and 11) and 5 additional “high risk” types (31, 33, 45, 52, and 58). It was licensed by the U.S. Food and Drug Administration (FDA) on December 10, 2014. 9vHPV is approved for use in females 9 through 26 years and males 9 through 15 years (Merck has subsequently submitted clinical trial data to the FDA for males 16 through 26 years of age). 9vHPV has the same schedule as 4vHPV (three intramuscular doses spaced 0, 1, and 6 months apart). In a clinical trial comparing 9vHPV to 4vHPV, 9vHPV reduced the risk of disease caused by the 5 additional strains by 97%. ACIP states that clinicians can administer either 4vHPV or 9vHPV to males through age 26 years to complete the HPV vaccine series.

Q: With the availability of 9vHPV, has the ACIP changed its recommendations for HPV vaccines?

A: The ACIP recommendations for HPV vaccination have not changed. ACIP recommends that routine HPV vaccination be initiated for females and males at age 11 or 12 years. The vaccination series can be started as early as age 9 years. Vaccination is also recommended for females aged 13 through 26 years and for males aged 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series. In addition, vaccination is recommended for men age 22 through age 26 years who 1) have sex with men or 2) are immunocompromised as a result of infection (including HIV), disease, or medication. Other males 22 through 26 years of age may be vaccinated at the clinician’s discretion.

Vaccination of females is recommended with 2vHPV (Cervix, GlaxoSmithKline), 4vHPV (as long as this formulation is available), or 9vHPV. Vaccination of males is recommended with 4vHPV (as long as this formulation is available) or 9vHPV. Ideally, HPV vaccine should be administered before potential exposure to HPV through sexual contact.

All 3 HPV vaccines should be given as a 3-dose schedule, with the second dose given 1 to 2 months after the first dose and the third dose 6 months after the first dose.

The 2014 ACIP recommendations are available at www.cdc.gov/mmwr/pdf/rr/rr6305.pdf (covers 2vHPV and 4vHPV), and the newly released 2015 ACIP recommendations (published March 27, 2015) are at www.cdc.gov/mmwr/pdf/wk/mm6411.pdf, pages 300–304 (covers 9vHPV).

Q: Can an HPV vaccine series begun with 2vHPV or 4vHPV be completed with 9vHPV?

A: Yes. Any available HPV vaccine may be used to continue or complete the series for females. 9vHPV or 4vHPV may be used to continue or complete the series for males. However, receiving fewer than 3 doses of 4vHPV or 9vHPV may provide less protection against genital warts caused by HPV types 6 and 11 than the usual 3-dose series. There are no data on the efficacy of the 5 additional HPV types included in 9vHPV if the person receives fewer than 3 doses.

Q: Does ACIP recommend revaccination with 9vHPV for patients who previously received a series of 2vHPV or 4vHPV?

A: ACIP has not recommended routine revaccination with 9vHPV for persons who have completed a series of another HPV vaccine. There are data that indicate revaccination with 9vHPV after a series of 4vHPV is safe. Clinicians should decide if the benefit of immunity against 5 additional oncogenic strains of HPV is justified for their patients.

Q: Is 9vHPV included in the Vaccines For Children (VFC) program?

A: Yes.

Q: Do women and men whose sexual orientation is same-sex need HPV vaccine?

A: Yes. HPV vaccine is recommended for females and males regardless of their sexual orientation.

Q: If a dose of HPV vaccine is significantly delayed, do I need to start the series over?

A: No, do not restart the series. You should continue where the patient left off and complete the series.

Q: To accelerate completion of the HPV vaccine series, can doses be given at 0, 1, and 4 months?

A: No, there is no accelerated schedule for completing the HPV vaccine series. You should follow the recommended schedule of 0, 1–2, and 6 months.

Q: What are the minimum intervals between doses of HPV vaccine?

A: Minimum intervals are used when patients have fallen behind on their immunization schedule or when they need their dosing schedule expedited (for example, if there is imminent travel). The minimum interval between the first and second doses of HPV vaccine is 4 weeks. The minimum interval between the second and third dose is 12 weeks. ACIP recommends an interval of 24 weeks between the first and third dose. However, the third dose can be considered to be valid if it was separated from the first dose by at least 16 weeks and from the second dose by at least 12 weeks.

Q: If HPV vaccine is given subcutaneously instead of intramuscularly, does the dose need to be repeated?

A: Yes. No data exist on the efficacy or safety of HPV vaccine given by the subcutaneous route. All data on efficacy and duration of protection are based on a 3-dose series given on the approved schedule and administered by the intramuscular route. In the absence of data on subcutaneous administration, the Centers for Disease Control and Prevention (CDC) and the manufacturers recommend that a dose of HPV vaccine given by any route other than intramuscular should be repeated. There is no minimum interval between the invalid (subcutaneous) dose and the repeat dose.

Q: If a patient has been sexually active for a number of years, is it still recommended to give HPV vaccine or to complete the HPV vaccine series?

A: Yes. HPV vaccine should be administered to people who are already sexually active. Ideally, patients should be vaccinated before onset of sexual activity; however, patients who have already been infected with one or more HPV types still get protection from other HPV types in the vaccine that have not been acquired.

Q: I read that HPV vaccination rates are still low. What can we do as providers to improve these rates?

A: Coverage levels for HPV vaccine are improving but are still inadequate. Results from the CDC's 2013 National Immunization Survey-Teen (NIS-Teen) indicate that HPV vaccination rates in girls age 13 through 17 years increased between 2012 and 2013. Just over 57% of girls age 13 through 17 years had started the series that they should have completed by age 13 years and 38% had completed the series. In 2013, 35% of boys age 13 through 17 years had received one dose but only 14% had received all three recommended doses. A summary of the 2013 NIS-Teen survey is available at www.cdc.gov/mmwr/pdf/wk/mm6329.pdf, pages 625–633.

Providers can improve uptake of this life-saving vaccine in two main ways. First, studies have shown that missed

opportunities are a big problem. Up to 88% (depending on year of birth) of girls unvaccinated for HPV had a healthcare visit where they received another vaccine such as Tdap, but not HPV. If HPV vaccine had been administered at the same visit, vaccination coverage for one or more doses could be 91% instead of 57%. Second, the 2013 NIS-Teen data show that not receiving a healthcare provider's recommendation for HPV vaccine was one of the five main reasons parents reported for not vaccinating their daughters and the number one reason for not vaccinating their sons.

CDC urges healthcare providers to increase the consistency and strength of how they recommend HPV vaccine, especially when patients are age 11 or 12 years. The following resources can help providers with these conversations.

- CDC's "Tips and Time-savers for Talking with Parents about HPV Vaccine," available at www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf
 - IAC's "Human Papillomavirus HPV: A Parent's Guide to Preteen and Teen HPV Vaccination," available at www.immunize.org/catg.d/p4250.pdf
- For more detailed information about HPV vaccination strategies for providers, visit www.cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html.

Q: If a 30-year-old female patient insists that she wants to receive HPV vaccine, can I give it to her?

A: HPV vaccine is not FDA-licensed for use in women older than age 26 years. Studies have shown that the vaccine is safe in women age 27 years and older. ACIP does not recommend the use of this vaccine outside the FDA licensing guidelines unless the series was started but not completed by age 26 years. Clinicians may choose to administer HPV vaccine off-label to men and women age 27 years or older.

Q: What adverse events can be expected following HPV vaccine?

A: In clinical trials involving more than 35,000 subjects, the most common adverse event was injection site pain, which was reported in 58% to 90% of recipients (depending on vaccine and dose number). Other local reactions, such as redness and/or swelling, were reported in 30% to 40% of recipients. Local reactions were reported more frequently among 9vHPV recipients than among 4vHPV recipients, probably because of the larger amount of aluminum adjuvant present in 9vHPV. Systemic reaction, such as fever, headache, and fatigue, were reported by 2% to 50% of recipients (depending on vaccine and dose number). These symptoms generally occurred at about the same rate in vaccine and placebo recipients.

Medicaid/ Bayou Health

Department of Health and Hospitals Delays LaHIPP Discontinuation to Dec. 1
<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/3438>

Tuesday, June 30, 2015 | Contact: Media & Communications: Phone: 225.342.1532, E-mail: dhhinfo@la.gov

Baton Rouge, La.—The Department of Health and Hospitals (DHH) extended the discontinuation date of the Louisiana Health Insurance Premium Payment (LaHIPP) program Monday, moving the date from July 1 to Dec. 1, 2015.

DHH is moving the date in an effort to give families more time to make arrangements for the change, such as enrolling in Bayou Health or finding a new provider if their current providers do not accept Medicaid as primary payer. All Medicaid-eligible recipients will continue to keep their current form of Medicaid coverage, although some may transition from legacy fee-for-service Medicaid to a Bayou Health plan by Dec. 1. The Department also will continue to pay the applicable portion of the recipient's private insurance until the Dec. 1 discontinuation date.

Bayou Health, Louisiana's Medicaid managed care program, has been successful in both increasing recipients' access to care and saving the state money. Because of those successes, DHH determined it is more cost-effective to transition some LaHIPP to Bayou Health. Some LaHIPP recipients receiving home- or community-based waivers may choose to opt into a Bayou Health plan for certain services or may elect to remain on legacy fee-for-service Medicaid.

The Department is sending letters to each of the approximately 1,500 households with additional details. Recipients who have questions about these changes or would like to transition from legacy fee-for-service Medicaid into a Bayou Health plan may call DHH offices Monday - Friday from 8 a.m. to 4:30 p.m. at 1-888-342-6207.

Bayou Health Informational Bulletins for Providers

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: Egg and Cheese Breakfast Bites (low-lactose)

Enjoy a low-lactose breakfast appetizer filled with sausage or topped with Cheddar cheese.

Ease: Moderate servings

Time: 10 minutes
15 minutes

Ingredients

lightly beaten
lactose-free milk
pepper
whole-wheat bread, crusts removed
chopped cooked ham, bacon or sausage
shredded, reduced-fat Cheddar (2%) or Pepper-Jack cheese

Directions

to 375°. Spray 6 muffin tins with cooking spray.
and pepper in a small bowl.
of bread into each muffin cup, making a cup shape with bread.
Pour egg mixture evenly into bread cups; top with ham, bacon or sausage.
Bake 15 minutes or until eggs are cooked and not runny. Remove from oven and turn oven off. Top evenly with cheese and let stand in oven 5 minutes or until cheese melts. Remove from oven and let cool at least 5 minutes.



ham and

Yield: 6
Preparation
Cook Time:

3 large eggs,
1/3 cup
Pinch of black
6 slices
1/4 cup
1/2 cup

Preheat oven
Mix eggs, milk
Press 1 slice

For more information and recipes visit www.southeastdairy.org

Upcoming Events



2015 Crescent City Potpourri

Date: August 21-23, 2015

Location: New Orleans Sheraton
500 Canal St.
New Orleans, LA

Hotel Information:

A specific block of rooms are available for this conference until the block is SOLD or until Monday, August 3, 2015. Please make your reservations early!

Room rates per night are: Single & Double = \$129 | Triple = \$154

Reservations can be made by calling 1-888-627-7033 and using group name "Pediatric Potpourri 2015" or by following this link: <https://www.starwoodmeeting.com/StarGroupsWeb/res?id=1502261391&key=26A325BD>

Rates do not include applicable state and local taxes, currently 13% plus \$3 Occupancy Tax per room per night, as well as Statutory Act 410 Tourism Support Assessment of 1.75% for each room rate, per room per night., or the following automatic or mandatory charges (e.g., resort charges): . No automatic or mandatory charges are tips, gratuities, or services charges for employees, unless otherwise expressly stated.

Early Departure Fee: An early departure fee of one night's room and tax will apply if a Customer attendee checks out prior to the confirmed checkout date.

Cancellation Policy: An individual reservation can be cancelled without a penalty as long as it is cancelled before 72 hours prior to arrival. If the cancellation occurs within 72 hours, one nights room and tax will be charged to credit card holding the reservation.



REGISTER NOW

Registration Brochures will soon arrive in your mailbox. Be on the lookout!

Potpourri Agenda:

Friday: 8/21/15

10:00 am- Exhibit Hall Opens
11:30 am- 12:30 pm- Registration and Box Lunch
12:30 - 12:45- Welcome and Introductions
12:45 - 1:30- "ICD 10 for Pediatrics" (Jan Blanchard)
1:30 - 2:15- "Financial Reports that all pediatricians should monitor monthly" (Paul Vanchiere)
2:15 - 3:00- "E and M leveling and monitoring" (Jan Blanchard)
3:00 - 3:15- Q and A
3:15 - 3:45- Break and Exhibit viewing
3:45 - 5:00- Panel Discussion: "The Health of Louisiana Children enrolled in the Medicaid Program: Where are we and where are we going?" Moderated by Bryan Sibley, MD
5:00- Adjourn
5:30 - 7:00- Resident Posters and Social- Sponsored by Children's Hospital of New Orleans

Saturday: 8/22/15

7:15 - 8 am- Registration/ Continental Breakfast/ Exhibit Viewing
8:00 - 8:15- Opening Remarks and Introductions
8:15 - 8:30- Resident #1 LSUHSC NO – Veronica Fabrizio MD "Sick Neonate w/ Skin Rash" (Histiocytosis) |
8:30 - 8:45- Resident #2 LSUHSC Shreveport
8:45 - 9:00- Resident #3 Tulane/Ochsner's – Courtney Crayne MD "Macrophage Activation Syndrome in an Infant with IVIG Resistant Kawaski Disease"
9:00 - 9:15- Resident #4 OLOL Baton Rouge
9:15 - 9:30- Q and A
9:30 - 10:00- Break/ Exhibit Viewing
10:00 - 10:45- Pharyngitis: Group A Strep and other causes (Angella Myers, MD) Kansas City
10:45 - 11:30- Immunization Update (John Vanchiere MD) Shreveport
11:30 - 12:15 pm- Preparing for International Travel (Angela Myers MD)
12:15 - 12:30- Q and A
12:30 - 1:45- Lunch, LAAAP Annual Business Meeting & Awards
1:45 - 2:30- Obesity #1 (Brian Knox MD)

2:30 - 3:15- Obesity #2 (Brian Knox MD)
3:15 - 3:30- Q and A
3:30 - 3:45- Break
3:45 - 5:30-Master Pediatrician Presentations, Moderator- Danny Bronfin, MD
5:30- Adjourn

Sunday: 8/23/15

7:15 - 8 am- Registration/ Continental Breakfast
8:00 - 8:15- Opening remarks / Introductions
8:15 - 9:00- Voiding Dysfunction (Christopher Roth MD - CHNO)
9:00 - 9:45- Orthopedic Problems in Newborn Nursery (Brad Culotta MD -OLOL BR)
9:45 - 10:00- Q and A
10:00 - 10:15- Break
10:15 - 11:00- Food Allergies: Controversies (Jane El Dahr MD - Tulane)
11:00 - 11:45- Management of Chest Wall Deformities (Vincent "Butch" Adolph MD - Ochsner)
11:45 am - 12:00 pm- Q and A
12:00 pm- Closing Remarks / Adjourn

General Registration Information:

REFUND POLICY - refunds of any activity fees will be made if cancellations are made prior to Monday, August 17, 2015. Absolutely no request for refunds will be honored after this date. No-shows are not eligible for a refund.

REGISTRATION - all participants of the conference must register with the registration desk at the conference prior to all events. Name badges will be provided and will be required for admittance to all activities.

PARKING – parking is available at the Sheraton New Orleans. Below are the rates:

\$12.00 + tax for daily parking

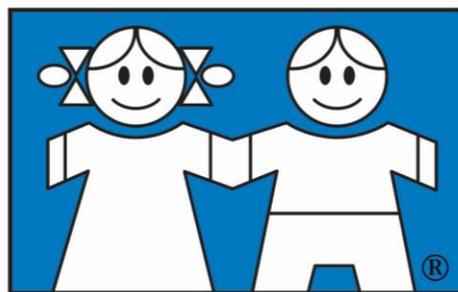
\$30.00 + tax for overnight parking

DRESS ATTIRE - business casual - consider layered clothing as heating and cooling conditions may vary.

REGISTRATION DEADLINE - All pre-registrations for this conference must be received at Woman's Foundation office no later than August 20, 2015. Onsite registration will be available each day.

Thank you to our sponsors!!

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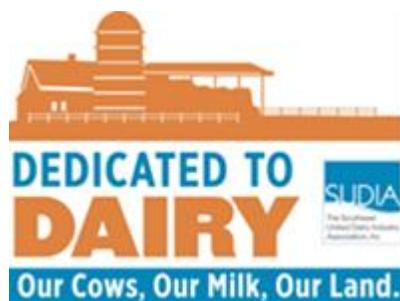
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MEDA Pharmaceuticals

Merck

Pfizer

FRIDAY BREAK SPONSOR



2015 Childhood Obesity & Public Health Conference

Save the Date!

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.

Opportunities and Job Announcements



Children's International Medical Group is a SE Louisiana based company with multiple clinics throughout the state and is searching for compatible Pediatric practices to merge with and develop a professional relationship of mutual benefits. Our unique structure relieves the

Pediatrician from the day to day management and operation of the practice while allowing them to become much more productive by focusing on patient care and improving their overall lifestyle with much autonomy and flexibility. For more information, please contact Zach Allen, Senior Vice President of Business Development at zach.allen@cimgpeds.com or visit us on the web at www.cimgpeds.com

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