

August 12, 2014 Progress Notes

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2014 Red Stick Pediatric Potpourri

Date: August 22-24, 2014

Location: Embassy Suites (4914 Constitution Ave, Baton Rouge, LA 70808)

Conference Overview/ Objectives:

This comprehensive three day course is designed to help the pediatrician and pediatric sub-specialist efficiently and effectively address pediatric problems on a daily basis and better serve the pediatric population. At the conclusion of the three day conference, the attendees should be able to:

- Establish a listing of the common and uncommon causes of viral meningitis and encephalitis; appreciate the spectrum of CNS disease from meningitis to meningoencephalitis to encephalitis; discuss non-infectious causes of encephalitis/encephalopathy, including autoimmune (anti-NMDA)
- Recognize the unique visual aspects of the various cases presented; discuss the differential diagnosis of the conditions presented; review the therapy of the conditions represented by the cases presented
- Recognize the varied clinical presentations of superficial fungal infections; initiate appropriate therapy for fungal infections
- Identify which congenital nevi are of concern; recognize appropriate workup and management of congenital nevi; communicate to parents when to be concerned
- Describe the factors contributing to the pathogenesis of acne; assess types of acne lesions and severity;

design an appropriate treatment plan

- Recognize changing concepts about infantile hemangiomas; become familiar with new emerging therapeutic options for infantile hemangiomas; recognize when to perform a more extensive evaluation of a newborn with an infantile hemangioma

Agenda:

FRIDAY, AUGUST 22, 2014

11:30 – 12:30 P.M. Registration/Box Lunch

12:30 – 12:45 Welcome/Opening Remarks/Introductions

12:45 – 1:30 Encephalitis: Current Concepts
David Kimberlin, MD

1:30 – 2:15 Potpourri of ID Visual Diagnosis Cases – Part 1
James Brien, DO

2:15 – 3:00 Neonatal HSV – When to Consider it, How to Evaluate it and How to Treat it
David Kimberlin, MD

3:00 – 3:15 Questions and Answers Session

3:15 – 3:30 Break

3:30 – 4:15 HPV
John Vanchiere, MD, Ph.D

4:15 – 5:00 Potpourri of ID Visual Diagnosis Cases – Part 2
James Brien, DO

5:00 - 5:15 Questions and Answers Session

SATURDAY, AUGUST 23, 2014

7:15 – 8:00 A.M. Registration/Continental Breakfast

8:00 – 8:15 Welcome/Announcements/Introductions

8:15 – 8:30 A Case of Pediatric Paralysis: Big Problem, Small Source, Short Window
Kristen Pontiff, MD

8:30 – 8:45 Xerophthalmis, Vitamin A Deficiency, CF
Megan Murphy, MD

8:45 – 9:00 Foamy Urine and Sickled Cells
Margaret Huntwork, MD

9:00 – 9:15 Abnormal Urine Screen: When Things Don't Add Up
Ramona Dsouza, MD

9:15 – 9:30 Questions and Answers Session

9:30 – 9:45 Break

9:45 – 10:30 Treatment of Superficial Fungal Infections
Amy Theos, MD

10:30 – 11:15 Congenital Nevi: When to Worry?
Elizabeth McBurney, MD

11:15 – 12:00 Cancer or Not Cancer: How to Distinguish
Catherine Boston, MD

12:00 – 12:15 Questions and Answers Session

12:15 – 1:30 LaAAP Business Lunch and Awards

1:30 – 2:15 Management of Acne
Amy Theos, MD

2:15 – 3:00 Infantile Hemangioma: Past, Present, Future
Elizabeth McBurney, MD

3:00 – 3:15 Questions and Answers Session

3:15 – 3:30 Break

3:30 – 5:00 Master Pediatrician Session

Pediatric Academic and Advocacy “Frontiers” in Baton Rouge 1969-1989 --- Larry Hebert, MD

Pediatric Academics and Advocacy: The More Things Change, The More Things Stay the Same ---
Roberta Vicari, MD

SUNDAY, AUGUST 24, 2014

7:15 – 8:00 A.M. Registration/Continental Breakfast

8:00 – 8:15 Welcome/Announcements/Introductions

8:15 – 9:00 A Practical Approach to Leukopenia/Neutropenia in Children
Lucien “Vandy” Black, MD

9:00 – 9:45 PANDAS and Other Autoimmune Neuropsychiatric Disorders
Jane El-Dahr, MD

9:45 – 10:00 Questions and Answers Session

10:00 – 10:15 Break

10:15 – 11:00 Pediatric Pseudotumor Cerebri – From Diagnosis to Treatment
Ann Tilton, MD

11:00 – 11:45 Hot Topics: Periodic Fever Syndromes and Biologics
Jane El-Dahr, MD

11:45 – 12:30 The Power of Belief
Ann Tilton, MD

12:30 – 1:00 Questions and Answers Session

Hotel Information:

A specific block of rooms is available for this conference until the block is SOLD or until Wednesday, **August 20, 2014**. Please make your reservations early!

Reservations can be made by calling (800-EMBASSY) using group code “**PPP**” or online at www.Embassysuites.com.

King and Double rates are \$109.00 per night. All room rates are subject to local sales tax and occupancy taxes.

Cancellation Policy: 30 day cancellation policy. Full payment of peak night room if cancelled within 30 days. Early departure fee of \$ 50.00

General Information:

REFUND POLICY - refunds of any activity fees will be made if cancellations are made prior to Monday, August 18, 2014. 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 Embassy Suites free of charge.

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, 2014. Onsite registration will be available each day.

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

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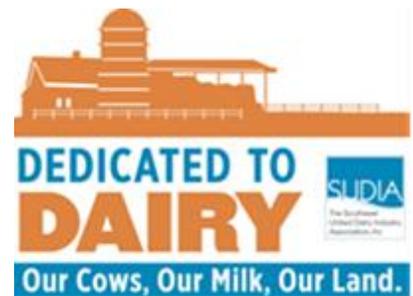
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Federal Bill Introduced to Extend Enhanced Payments for Primary Care Through 2016

Source: American Academy of Pediatrics

On Wednesday, Senators 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. The AAP sent a [letter of support](#) to Senators Murray and Brown and issued a [press statement](#) following the introduction of the bill.

The legislation would also expand the alignment in payments to include certain providers who are especially important to women's health, including obstetricians and gynecologists, certified nurse-midwives, nurse practitioners and physician assistants. For additional information on the bill, please see a [Dear Colleague letter](#) from the bill's two sponsors as well as a [one-page fact sheet](#).

Bill Would Keep Medicaid Raise for Primary Care Through 2016

By: Robert Lowes

August 01, 2014

On July 30, 2 senators introduced a bill that would extend a Medicaid raise for primary-care physicians another 2 years through 2016 and make more clinicians eligible for the extra money.

Given that the temporary pay hike was authorized by the Affordable Care Act (ACA), the bill's prospects are cloudy in the House, controlled by Republicans who want to junk the healthcare reform law, even if the Senate were to pass it.

The ACA allocated funds to boost historically paltry Medicaid rates to Medicare levels in 2013 and 2014 for evaluation and management (E/M) services and vaccine administration. The Kaiser Family Foundation (KFF) estimated in 2012 that Medicaid rates for those services would increase on average by 73%. Physicians eligible for the raise are family physicians, general internists, pediatricians, and subspecialists related to these fields, such as pediatric cardiologists.

The drafters of the ACA hoped that the higher rates would entice more physicians to accept Medicaid patients just as millions more individuals and families became eligible for coverage under the law. Twenty-seven states and Washington, DC, are participating in Medicaid expansion, and the rest have opted out so far, just as the Supreme Court said they could in its landmark 2012 ruling on the ACA. The Medicaid raise applies in all states regardless of expansion status.

The federal money that makes the higher rates possible is set to run out at the end of this year, but state Medicaid programs theoretically could make up the difference. Medicaid is jointly funded by federal and state governments, with Uncle Sam providing the lion's share. However, only 6 states — Alabama, Colorado, Iowa, Maryland, Mississippi, and New Mexico — and Washington, DC, intend to spend their own money to maintain Medicaid-Medicare parity, according to [a story](#) published by *Kaiser Health News*. The issue is a moot point for Alaska and North Dakota, which have footed the raise themselves since before 2013. For the remaining 42 states, Medicaid rates for E/M services and vaccine administration will revert to pre-2013 levels, according to *Kaiser Health News*.

The bill introduced by Sen. Sherrod Brown (D-OH) and Sen. Patty Murray (D-WA) would preserve Medicaid-Medicare parity for primary care physicians across the country through 2015 and 2016. "Doctors treating women, children, and families should receive the same treatment as their peers treating Medicare seniors," said Brown in a joint news release.

Obstetrician-gynecologists, nurse midwives, nurse practitioners, and physician assistants also would become eligible for the higher Medicaid rates under the bill, called the Ensuring Access to Primary Care for Women & Children Act.

President Barack Obama espoused a similar idea when he released his proposed budget for fiscal 2015 in March. Besides handing out the Medicaid raise for 1 more year, the administration wants to give it to nurse practitioners and physician assistants — but not obstetrician-gynecologists — as well. The proposed budget puts the 10-year cost of the 1-year extension at \$5.4 billion.

Even if congressional Republicans and Democrats rally around the idea of prolonging the raise, or making it permanent, they'll still face the challenge of how to offset the cost with either a spending cut elsewhere in the budget or higher revenue. Disagreement over a "pay-for" for a recent plan to repeal Medicare's sustainable growth rate formula for setting physician pay killed what otherwise would have been a bipartisan breakthrough.

A bevy of medical societies have endorsed the Brown-Murray bill, including the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association.

<http://www.medscape.com/viewarticle/829252>

New Advocacy Listserv for Pediatric Residents

Source: Jeanine Donnelly, MPH
Manager, Community Pediatrics Training Initiative (CPTI)
American Academy of Pediatrics
847/434-7397

The AAP [Community Pediatrics Training Initiative](#) invites residents to join the new Residents Engaging in Advocacy in Pediatrics (REAP) e-mail listserv. This resident-led listserv connects pediatric residents who are passionate about community health and advocacy. Join REAP to network, share successes, ask questions, and learn how to strengthen your training in advocacy.

Email cpti@aap.org to join today! Medical students and fellowship trainees are also welcome.

**National
Immunization
Awareness Month
- Back to School
(August 10-16)**



Source: American Academy of Pediatrics

August is National Immunization Awareness Month (NIAM). The goal of NIAM is to increase awareness about immunizations across the lifespan, from infants to the elderly. August is an ideal time to make sure everyone is up-to-date on vaccines before heading back to school and to plan ahead to receive flu vaccine. Providers can use this week as a special opportunity to prevent cancer by making sure their recommendation for HPV vaccine is strong!

- The Problem

Our three-dose HPV vaccine coverage has risen only a fraction (to 37%) nationally and missed opportunities for vaccination are high. The CDC, AAP and AAFP recommend that all 11-12 year-olds receive HPV, meningococcal, and Tdap vaccines together. For each year we stay at current vaccination rates, girls and boys will go on to acquire cervical, oral, anal and other HPV-related cancers. Rates for the booster doses of MCV4, a meningococcal vaccine, are also lower than Tdap rates.

- What can providers do?

The most significant factor in parents' decision to vaccinate their children with HPV vaccine is a clear, brief, and strong recommendation from the child's healthcare provider. Research shows that simply changing the wording used to introduce the HPV vaccine makes a tremendous difference. **Try changing your discussion for one week, and see how it improves your vaccine acceptance.**

Start your vaccine discussion with all 11 and 12 year-olds and their parents by saying: **“Your child needs 3 vaccines today – HPV, Tdap, and meningococcal.”**

This simple change works because by putting HPV first, parents perceive that it's a normal, recommended vaccine, not a controversial or optional vaccine.

CDC provides a "[Tips and Time-savers for Talking with Parents about HPV Vaccine](#)" resource that translates research into effective communication tools.

Other Adolescent Resources

- AAP - [Strategies for Increasing Coverage Rates](#) (PDF 42KB)
- CDC - [Frequently Asked Questions about HPV Vaccine Safety](#) (Exit site)
- CDC - [HPV Vaccine Information for Clinicians - Fact Sheet](#) (Exit site)

•[Adolescent Vaccination: Bridging from a Strong Childhood Foundation to a Healthy Adulthood](#) (PDF 1600KB)

•View the recommended [immunization schedule](#).

•Learn more about [school entry requirements](#).

•Coming Soon! - AAP PediaLink Course:
Strategies for Recommending the HPV Vaccine
Description

This course will discuss strategies for strongly recommending the HPV vaccine and will offer information to help pediatricians address their patients' concerns about the vaccine.

AAP Chapters and Title V Working Together

*Source: American Academy of Pediatrics - Stephanie Mucha, MPH
Manager, Children with Special Needs Initiatives*

["How 3 AAP chapters and Title V are improving the lives of children with special needs"](#) was published in the July issue of AAP News in collaboration with the [National Center for Medical Home Implementation](#) at the AAP and our partners at the [Association of Maternal and Child Health Programs \(AMCHP\)](#). The ["Top 10 things pediatricians should know about Title V"](#) sidebar article serves as a complementary piece. Beyond educating pediatricians about and linking them to Title V in their states, AAP Chapters that have successful collaborations were highlighted. Special thanks to Drs Romano, Meyers, and Hood (from the OH, WI and WA Chapters, respectively) for sharing their stories. Please note that the article is open to the public, not just AAP News subscribers.



Louisiana Department of Health
and Hospitals - Bayou Health Informational
Bulletin 14-1

August 8, 2014

Issue: Bayou Health ICD-10 Provider Testing

To assist providers with testing and ensure a successful implementation of the ICD-10 initiative, DHH is issuing this informational bulletin to provide important testing and contact information to providers. Molina scheduled ICD-10 Encounter testing with the Bayou Health Plans for 7/14/2014 to 8/22/2014.

Testing with providers will be voluntary and determined on an individual basis with the Bayou Health Plans. Timeframes and procedures for this testing will be determined by the individual Bayou Health Plans. The attached spreadsheet contains current information regarding contacts and procedures for volunteering for ICD-10 testing from the Bayou Health Plans, Magellan (the behavioral health managed care organization), MCNA (the dental managed care organization) and Molina.

Providers should utilize the communication flow spreadsheet [click here to view](#) for all ICD-10 questions and issues.

Note: This informational bulletin will be revised as needed.

http://new.dhh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/IB14-1.pdf

SUIDA Recipe: Mocha-Chip Bread Pudding

To many, warm bread pudding is the ultimate comfort food, especially if it's rich and gooey chocolate bread pudding! This bread is packed with healthy ingredients and wholesome low-fat milk cuts fat but not taste.

Moms can be confident in serving this sweet treat to their families and sneak in nine essential vitamins and minerals by topping with low fat frozen yogurt.

Ingredients

3 cups 1% low-fat or fat-free chocolate milk
1/4 cup strongly brewed coffee, cooled
1 tablespoon instant coffee or espresso powder
1 teaspoon vanilla extract
3/4 cup egg substitute
1 (1-pound) loaf whole wheat bread or whole wheat rolls, cut into 1-inch cubes
Cooking spray
1/2 cup mini semi-sweet chocolate chips
Low-fat frozen yogurt (optional)



Directions:

Combine milk, coffee, coffee powder, vanilla and egg substitute in a large bowl; stir well. Add bread cubes, tossing gently. Spoon mixture into a 3-quart baking dish or individual ramekins coated with cooking spray; sprinkle with chocolate chips. Cover and refrigerate at least 4 hours.

Preheat oven to 350°. Bake, covered, for 45 minutes in baking dish or 15 minutes in ramekins. Uncover and bake an additional 15 minutes or until pudding is set. Top with frozen yogurt, if desired.

For more information and recipes visit www.southeastdairy.org

Nutrition Information

Calories 380
Fat 10g (Sat Fat 4 g)
Chol 5mg
Sodium 475mg
Carb 60g
Fiber 7g
Protein 16g
Calcium 200mg

From Hungry To Healthy

The Importance of Increasing School Breakfast Participation



School breakfast plays a critical role in helping children reach their full academic potential, especially for the 1 in 10 household faced with food insecurity.

To help our nation's children go from hungry to healthy², we are increasing student participation in School Breakfast Programs.

Collectively we will work to

- **Increase** awareness of the benefits of School Breakfast Programs

[Back to Article List](#)

Upcoming Events



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

Dr.

Presented by
Joseph Bocchini, Jr., MD, FAAP

[Objectives]

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

[Time]

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

[Dates/ Location]

Sept. 3 - Lake Charles

Pats of Henderson, 1500 Siebarth Dr.

Sept. 4 – Lafayette

Marcellos Wine Market Café, 340 Kaliste Saloom Rd.

Sept. 9 – Shreveport

Anvil Bar & Grill, 6301 Line Dr.

Sept. 24- Covington

The Dakota, 629 N. Hwy. 190

Oct. 2 – Monroe

Geno's Italian, 705 N. 8th St.

Oct. 21 – New Orleans

Zea Rotisserie & Grill, 525 St. Charles Ave.

Oct. 22 - Thibodaux

Location, TBD

To register, go to: www.hpv-la.eventbrite.com and select the date you will attend.

Continuing Education Credits:

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Louisiana State Medical Society (LSMS) through joint sponsorship of Woman's Foundation, Inc. and the Louisiana Chapter of the American Academy of Pediatrics. The Woman's Foundation, Inc. is accredited by Louisiana State Medical Society to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

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

Primary Prevention of HPV Related Cancers: HPV Vaccines

[Time] 6:00 - 6:30 pm Registration, Dinner (Please arrive by

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