

## **September 29, 2015 Progress Notes**

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## Health Department Deploys EVZIO Naloxone Auto-Injectors to Fight Against Opioid Overdose Deaths

### ***Drug poisoning is now the leading cause of accidental death in the United States: CDC report shows rise in heroin abuse***

Baton Rouge, La. – The Louisiana Department of Health and Hospitals (DHH) received a donation of 8,640 doses for the distribution of EVZIO naloxone auto-injectors from kaléo, the Richmond, Virginia-based pharmaceutical company. EVZIO is the first and only FDA-approved naloxone product specifically indicated for the emergency treatment of known or suspected opioid overdose as manifested by respiratory and/or central nervous system depression and is intended for immediate administration as emergency therapy in settings where opioids may be present, including outside of supervised medical settings.

The American Medical Association (AMA) recently endorsed physicians in co-prescribing naloxone with opioids. Naloxone is a lifesaving medication that can reverse opioid overdoses. There are over 300 million opioid prescriptions filled in the United States each year. EVZIO can be prescribed by physicians and has no “street” value. The Centers for Disease Control and Prevention (CDC) recently released a report on increased heroin and opioid use across the country. As heroin abuse and dependence have increased, so have heroin-related overdose deaths.

“Through EVZIO’s charitable donation, DHH has been able to expand access of naloxone, a life-saving product, to residents throughout the state,” said DHH Secretary Kathy H. Kliebert. “It is important to raise awareness and attention to drug habits and intentional or unintentional drug abuse. We are coordinating with local police and fire departments throughout the state to utilize naloxone for emergency medical services.”

Nearly 17,000 Americans die each year from prescription opioid overdose. Unintended drug poisoning has surpassed automobile collisions as the leading cause of accidental death in the U.S., driven largely by prescription opioids. Opioid overdose can cause a person’s breathing to severely slow down and even stop.

It is important to note, persons often use heroin with other substances, including marijuana, cocaine, alcohol and opioid pain relievers. This practice is particularly threatening. This year, DHH provided EVZIO’s donated naloxone to nearly 40 recipients, including, fire districts and departments, and sheriff’s offices around the state. Donations total over 300 boxes or 4,320 doses. Earlier this year, Louisiana Gov. Bobby Jindal signed naloxone access legislation to increase access to the medication that can reverse the effects of heroin overdose.

“We are pleased to be making this donation as a part of our commitment to widen access to naloxone,” said T. Spencer Williamson, CEO of kaléo. “We are honored to support the outstanding efforts of the first responder community to help save the lives of those who are experiencing an opioid overdose.”

EVZIO is a pre-filled, single-use, hand-held auto-injector that works by temporarily blocking the effect of an opioid, potentially reversing the life-threatening respiratory depression and allowing the recipient to breathe more regularly. Each EVZIO device uses voice and visual cues to assist in guiding the user through the process and delivers a single 0.4 mg dose of naloxone. EVZIO is not a substitute for emergency medical care.

The CDC report shows a 63 percent increase of heroin use from 2002 to 2012. In the same years, the national rate of heroin-related overdose deaths has nearly quadrupled. This increase occurred among a broad range of demographics, including men and women, most age groups and all income levels. Groups with an increased risk for heroin abuse or dependence include men, persons aged 18 to 25 years, non-Hispanic whites and persons with an annual income less than \$20,000.

Without intervention, severe clinical consequences may occur within minutes; lack of oxygen can lead to brain injury in as little as four minutes. "Opioid safety is essential. Unfortunately there are instances of prescribed medication malfunction," said DHH Assistant Secretary for Public Health J.T. Lane. "This donation grants DHH an opportunity to make a real difference in the fight against unintentional drug poisoning and overdose,"

For more information on EVZIO, visit [www.EVZIO.com](http://www.EVZIO.com)

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](http://www.dhh.louisiana.gov). For up-to-date health information, news and emergency updates, follow DHH's [Twitter](#) account and [Facebook](#).

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### Lammico Presenting Office Staff Lectures Around the State

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

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

#### LOCATIONS:

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

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

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

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### 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](http://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
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### ACTION REQUESTED

**Take**  
*the* **Survey**

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

Research on the implications of *Value Based Payments (VBP)* and *Value Based Insurance Design (VBID)* on the design and delivery of pediatric health care, particularly for children and youth with special health care needs (CYSHCN), is limited. The American Academy of Pediatrics is collaborating with the Catalyst Center on projects designed to fill this gap with essential information and data. We are seeking information from pediatric practices that have worked with health plans that have implemented VBID products and VBP to learn of the effect the products have had on the delivery of pediatric care in the practice setting.

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

If you have any questions about the survey, please contact Lou Terranova, Senior Health Policy Analyst at [lterranova@aap.org](mailto:lterranova@aap.org)

We appreciate your time and assistance with this initiative.

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### 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](mailto: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.

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**Medicaid/ Bayou Health**

***ICD-10 Information Update***

A recent article published on the Modern Healthcare web site has caused concern to some of our Louisiana Medicaid providers about Louisiana’s readiness to meet the ICD-10 October 1, 2015 deadline. A link to this article is below. CMS mandated that states be able to accept ICD-10 codes by October 1, 2015. They did not mandate how processing was to take place. The article does not state that Louisiana will not be ready. Rather, it states the process of cross walking by Louisiana and 3 other states is a workaround and therefore a temporary solution. CMS has approved the method of cross walking in various forms based on each individual states’ needs. Louisiana is ready for the conversion to ICD-10.

Article link:

<http://www.modernhealthcare.com/article/20150904/NEWS/150909938/medicaid-icd-10-workarounds-in-california-three-other-states-worry>

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***ICD-10 Testing Information Update***

The deadline for compliance for use of ICD-10 Diagnosis codes for services rendered on and after 10/01/2015 is fast approaching. For those providers that wish to and have not yet completed testing please follow these instructions:

- Send all email correspondence related to ICD-10 testing to Donna Rehagen ([Donna.Rehagen@molinahealthcare.com](mailto:Donna.Rehagen@molinahealthcare.com)) or Ron Gerstner ([Ron.Gerstner@molinahealthcare.com](mailto:Ron.Gerstner@molinahealthcare.com)).
- Always put ICD 10 Testing in the subject matter of related emails.
- Any issues encountered with your testing should be reported to the ICD-10 Test Team at the email addresses listed above.

- Providers that do not currently receive the 835 Remittance Transaction will not receive the 835 in ICD-10 Testing.
- If approved for and transmitting test files via FTP, you must use public/private keys already set in place. Under no circumstances should you recreate keys for ICD-10 testing.
- General Questions regarding ICD-10 Implementation should be emailed to [lamedicaidICD10@molinahealthcare.com](mailto:lamedicaidICD10@molinahealthcare.com).
- Refer to [lamedicaid.com](http://lamedicaid.com) to review previous articles dated 7/06/15, 08/07/15 and 9/10/15 on ICD-10.

Contacting the Molina EDI Department regarding ICD-10 Testing may cause a delay in completion of your testing or issue resolution.

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### ***ICD 10 Webinar Presentation Questions & Answers***

Q. Will this ICD-10 presentation be available to be printed?

A. Yes, a copy of a printable version of this webinar is posted on [Lamedicaid.com](http://Lamedicaid.com) under the ICD-10 link at the top of the home page.

Q. Will Molina be providing a list of ICD-10 codes to replace the ICD-9s now being billed?

A. No, Molina will not be providing a crosswalk of ICD-9 to ICD-10 codes.

Q. Will the proprietary denial codes and reason codes listed in this presentation only be for Molina?

A. Yes these are only for claims submitted to Molina. Providers should contact each Bayou Health plan for specific denials and reason codes related to ICD-10.

Q. Are the Bayou Health plans going to follow Legacy (Molina) Medicaid procedures related to ICD-10 for prior authorizations?

A. The procedures for authorizations presented in the ICD-10 Implementation Webinar are only for Legacy Medicaid. Please contact each individual Bayou Health plan for their policies and procedures for prior authorizations related to ICD-10.

Q. If a provider's software vendor is unwilling to test with Legacy Medicaid can the provider test with Molina without going through the software vendor?

A. No, if the software vendor creates your claims and/or submits them to Molina on your behalf, testing must be done by the vendor.

Q. Can a provider submit claims with ICD-9 and ICD-10 diagnoses in the same electronic batch?

A. Yes

Q. Will my electronic billing software be updated for ICD-10 implementation on 10/1/15?

A. You must contact your software vendor to see if your billing software/system will be ICD-10 compliant.

Q. Will new ICD-10 coding books be coming out soon?

A. ICD-10 CM diagnosis coding books for professional and hospitals as well as ICD-10 PCS procedure code books are currently available through publishers.

Q. Will modifiers change with ICD-10's implementation?

A. No, modifiers are not affected. Only ICD-10 diagnoses for all providers and ICD-10 surgical procedure codes for hospital inpatient claims are affected.

Q. Will there be changes to CPT codes with this implementation?

A. No, there will be no changes for CPT codes. However, hospital providers will be required to submit ICD-10 surgical procedure codes for dates of service 10/1/15 and after.

Q. I am a professional services provider. Where do we go to get procedure codes relating to ICD-10 for providers that use CPT codes for billing (i.e. physicians, Early Steps, etc.)?

A. CPT Procedure codes are not changing. Only ICD diagnosis and ICD procedure codes are changing. For your billing, only diagnosis codes are changing and your billing will require the ICD-10 diagnoses for dates of service on or after 10/1/15.

Q. Are ICD 10 vision related diagnoses easy to find on the CMS link in the presentation?

A. All diagnosis codes are in one file but most vision codes are in a 'set' of codes that start with the same letter. The following chart may help with locating codes more easily:

- A00-B99 Certain infectious and parasitic diseases
- C00-D49 Neoplasms
- D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- E00-E89 Endocrine, nutritional and metabolic diseases
- F01-F99 Mental, Behavioral and Neurodevelopmental disorders
- G00-G99 Diseases of the nervous system
- H00-H59 Diseases of the eye and adnexa
- H60-H95 Diseases of the ear and mastoid process
- I00-I99 Diseases of the circulatory system
- J00-J99 Diseases of the respiratory system
- K00-K95 Diseases of the digestive system
- L00-L99 Diseases of the skin and subcutaneous tissue
- M00-M99 Diseases of the musculoskeletal system and connective tissue
- N00-N99 Diseases of the genitourinary system
- O00-O9A Pregnancy, childbirth and the puerperium
- P00-P96 Certain conditions originating in the perinatal period
- Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities
- R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
- S00-T88 Injury, poisoning and certain other consequences of external causes
- V00-Y99 External causes of morbidity
- Z00-Z99 Factors influencing health status and contact with health services

Q. Do we have to change procedure codes for ICD-10 in addition to diagnosis codes on 10/1/15?

A. Only if you are a hospital submitting inpatient claims that include ICD procedure codes. For dates of service on and after 10/1/15, you must use ICD-10 diagnosis codes and ICD-10 procedure codes where applicable.

Q. For hospitals that must split bill claims due to the hospital fiscal year ending 9/30/15, when does the hospital start billing ICD-10 codes?

A. ICD-9 codes must be used on the portion of the claim ending 9/30/15. ICD-10 codes will be required on the portion of the claim with date of service 10/1/15 and after.

Q. If a hospital inpatient stay spans the effective date of 10/1/15 do we have to split bill the claim?

A. No, not unless Medicaid policy requires split billing (Ex: Split billing for hospital Fiscal Year End). If split billing is not required; the hospital does not choose to split bill; and the claim discharge date is 10/1/15 or after, ICD-10 codes (diagnosis and procedure) are required on the claim.

Q. Do we need to split bill our hospital outpatient claims for ambulatory surgeries and observations?

A. No, for these two Revenue codes (HR490 and HR762) Molina will be editing with the "from" date of the claim. Ex: If the "from date" is 9/30/15 and the "through date" is 10/1/15 or after you may bill these

particular hospital revenue codes with ICD-9 diagnosis codes as the “from date” is prior to 10/1/15. This only applies to HR490 and HR762.

Q. I am a billing agent that uses the SRI Last System. Is LAST automatically going to use ICD-10 codes?  
A. It is our understanding that SRI is going to convert as many ICD-9 to ICD-10 diagnosis codes as possible (about 80%) and these will be loaded into LAST. The other 20% will be researched by case managers. The case managers will be responsible for researching and returning to SRI through the CMIS software the appropriate ICD-10 code for the ICD-9 diagnosis code in question. SRI will load the applicable ICD-10 code into LAST for the providers. If you have further questions, please contact SRI.

Q. If I obtained an approved prior authorization before 10/1/15 and it contains an ICD-9 diagnosis code, do I have to do anything with it?  
A. No action is required of providers on these authorizations for Legacy Medicaid. Authorizations approved prior to 10/1/15 stand as approved with ICD-9 codes. HOWEVER, associated claims billed with these authorizations must be billed correctly. Claims for dates of service prior to 10/1/15 must be billed with the appropriate ICD-9 diagnosis and claims with date of service 10/1/15 and after must be billed with the appropriate ICD-10 diagnosis.

Q. Will Waiver providers have to manually load the ICD-10 diagnosis codes for claims submissions when prior authorized by SRI?  
A. As indicated in the prior question, SRI is converting the codes in the LAST system, but providers must contact their billing vendor to determine how this will interface with their system for billing claims.

Q. I am a billing agent that bills behavioral health claims on a UB04. We are allowed to bill inpatient and outpatient services on the same claim. How are we supposed to split these?  
A. Legacy Medicaid does not allow inpatient and outpatient services to be billed on the same UB-04. If you are billing behavioral health claims to Magellan in this manner you should contact Magellan for their procedures for ICD-10 implementation.

Q. Is this going to affect Behavioral Health claims?  
A. Yes, this is a Federal requirement. All providers who currently submit claims with ICD-9 diagnosis codes will be required to submit claims for dates of service 10/1/15 and after with the appropriate ICD-10 diagnosis or they will be denied.

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### ***Bayou Health, LBHP, and DBPM PMPM Payments Schedule, State Fiscal Year 2016***

Click [here](#) for payment schedule

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### ***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](mailto:integratedhealthcare@la.gov) or [bayouhealth@la.gov](mailto: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](http://www.makingmedicaidbetter.com).

For news specifically pertaining to the integration, you can click on the "Behavioral Health" tab on [www.makingmedicaidbetter.com](http://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.

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### ***Bayou Health Informational Bulletins for Providers***

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

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### ***Health Plan Advisories***

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

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- 10/1 Craig Alan Greenman, MD  
10/2 Ernest C Hansen Jr., MD, FAAP  
Thomas Garrett Jones III, MD, FAAP  
Antoinette Cefalu Logarbo, MD, FAAP  
Michael Jude Marzullo, MD, FAAP  
10/3 Laura Elizabeth Classen  
Ashley Sarver  
10/5 Miller Daniella  
Brian Patrick Despinasse II, MD  
Ellis Landreneau, MD  
Kimberly Holley Reagan, MD  
10/6 Brandi Elizabeth Bradley  
Micah L. Karasov DO  
Elizabeth Kelly  
Justin Meche, MD  
10/7 Brandii Criss, MD  
Paige Oliver, MD, FAAP  
Laura C. Rachal, MD  
10/8 Virginia Homza Carter, MD, FAAP  
Meredith Collins, MD  
Jean Giang Tran, MD, FAAP  
10/9 Miriam Thomas Alexander, MD  
Leo Ralph Westmoreland, MD, FAAP  
10/10 Robert William Clarke, MD, FAAP  
Sairah Thommi, MD  
10/11 Lori M Cook, MD, FAAP  
Nupur N. Dalal  
Nicholas A Danna III, MD, FAAP  
Denise Alejandra Pineda Fortin  
Sam Solis, MD, FAAP  
10/13 Stephanie McCollister Kelleher, MD, FAAP  
Paul David Yuratich, MD, FAAP  
10/16 Rafael Cilloniz Guerrero, MD, FAAP  
10/17 John David Hinrichsen, MD, FAAP  
Mary Kathleen Meadows, MD, FAAP  
Donald Frederick Meyn Jr., MD, FAAP  
10/18 Toye Gaspard, MD, FAAP  
Stephen David Levine, MD, FAAP  
10/19 Olabode Olaosebikan Desalu, MD, FAAP  
Vincent Devlin, DO  
Thomas Tarro, MD  
10/20 Teresa Do, MD  
Patrick J Unkel, MD  
10/21 Diana Di Iulio Bienvenu, MD, FAAP  
10/23 Brannon Charles Perilloux, MD, FAAP  
10/25 Traci T. Brumund, MD, FAAP  
Adam Donnelly, MD  
Mary Montz Gioe, MD, FAAP  
10/26 Alexandra Rael Bellone  
Dionna Mathews, MD  
Sarah Rito, MD  
Rodney B. Steiner, MD, FAAP  
10/27 Stephanie C Arnaud, MD, FAAP  
Stewart Thomas Gordon, MD, FAAP  
Cong T. Vo, MD, FAAP  
10/28 Bruce Michael Thompson, MD, FAAP  
10/30 Rachel Z. Chatters, MD, FAAP  
Brooke Miner Dismukes, MD  
Robert Davis Haynie, MD, FAAP  
Sara Sussman, MD  
Colin Van Hook  
10/31 Rachel Herdes, DO  
Karim Suazo-Flores, MD, FAAP  
Mary Kay Thomas, MD, FAAP
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Please join us in welcoming our newest members to the LA Chapter of the American Academy of Pediatrics. There is strength in numbers and we are so glad you have chosen to add your voice to the more than 700 Louisiana Chapter members who are speaking out on behalf of the Children of Louisiana and the profession of Pediatrics.

*Alexander J Choi  
Abigail Leathe  
Kristin Leone  
Ethan Rosenblatt  
Heidi Lee Sinclair MD, FAAP*

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### **SUDIA Recipe: San Francisco Grilled Chicken Sandwich**

*This hearty grilled chicken sandwich features chicken breasts that are marinated in salad dressing, served on spinach and avocado, and topped with cheese and salsa.*

Ease: Moderate

Yield: 2 servings

Preparation Time: 70 minutes

Cook Time: 6 minutes

Source: Recipe courtesy of Sargento®

#### **Ingredients**

2 boneless, skinless chicken breast halves  
3 tablespoon Italian or ranch salad dressing  
2 slices Sargento® Deli Style thick-sliced Swiss Cheese or  
Sargento® Deli Style sliced Muenster Cheese  
2 Kaiser rolls, split or 4 slices sourdough bread  
8 spinach leaves  
1/2 cup alfalfa sprouts  
6 avocado slices  
2 tablespoon chunky-style salsa



#### **Directions**

1. Pound chicken breast halves to 1/4-inch thickness. Place in shallow bowl; pour dressing over chicken.

Cover; marinate in refrigerator 1 hour.

2. Drain chicken. Grill over medium coals 3 minutes; turn. Top each chicken breast half with cheese slice; continue to grill 2 minutes or until chicken is cooked through.

3. On bottom half of each roll, layer half of the spinach leaves, sprouts and avocado slices.

4. Top each sandwich with grilled chicken breast, half of salsa and top half of roll.

For more information and recipes visit [www.southeastdairy.org](http://www.southeastdairy.org)

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## Upcoming Events

### ***2015 Childhood Obesity & Public Health Conference***

**Wednesday October 28, 2015**

The 2015 Pennington Biomedical Research Center  
Childhood Obesity & Public Health Conference

This is the eighth annual childhood obesity and public health conference to be held at the **Pennington Biomedical Research Center on Wednesday, October 28, 2015**. Given the emphasis on developing evidence-based public health strategies targeting childhood obesity, the topic of this conference is on local Louisiana researchers and how their work is having an impact at the national level.

### **Learning Objectives**

The participants in this conference will be able to:

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

### **Who Should Attend?**

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

### **How to Register?**

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

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### ***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](http://npdcconference.org). For questions, contact Deb Roepke at [deb.roepke@coyotecrisis.org](mailto:deb.roepke@coyotecrisis.org) or 480.861.5722.

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**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.

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Louisiana Chapter



**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

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***Red River Potpourri***

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

Registration details will be forthcoming  
[www.womansfoundation.com](http://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

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**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.

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! 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](mailto: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](mailto:kathryn.prejean@ololrhc.com)