

## **October 27, 2015 Progress Notes**

### ***In this Edition:***

**New AAP Policy Statements on Tobacco and E-cigarettes**

**DHH Partnership Created to Improve ADHD Assessment and Treatment**

**AAP Election**

**AAP National Committees - 2016 Chairperson Appointments**

**Invitation to HHS & ED Nov. 5th Public Meeting on Health and Wellness Promotion in Early Childhood Settings**

**Pediatric Office Staff Salary Survey**

**Announcing New and Improved Pediatric Medical Home Implementation Web Site**

**Child Death Review Panel Seeking Nominations**

### ***Medicaid/Bayou Health***

- Medicaid Behavioral Health Integration "Roadshow" meetings across the state
- DHH to Host Provider Calls for Behavioral Health Integration
- Bayou Health Informational Bulletins
- Health Plan Advisories

**SUDIA Recipe: Spicy Pumpkin and Shrimp Soup**

### ***Upcoming Events:***

- 2015 Childhood Obesity & Public Health Conference | 10/28/15 | Pennington Biomedical Research Center, Baton Rouge
- 2015 National Pediatric Disaster Coalition Conference | 11/2-4/15 | Scottsdale, Arizona
- Prematurity Prevention Summit 2015 | 11/5/15 | Pennington Biomedical Research Center, Baton Rouge
- Medicaid Behavioral Health Integration "Roadshow" meetings | Oct and Nov 2015 | Statewide
- Save the Date - Red River Potpourri Save the Date - Red River Potpourri | 8/19-21/16 | Shreveport, LA

**Opportunities and Job Announcements**

**New AAP Policy Statements on Tobacco and E-cigarettes**  
**Karen Wilson, MD, MPH, FAAP**  
**AAP Section on Tobacco Control Chair**

The AAP Section on Tobacco Control is proud to announce the release of [three new tobacco control policy statements and one technical report](#).

A lot has changed in the world of tobacco control since the Academy last published a policy statement on the subject- Use of tobacco and nicotine products other than cigarettes, such as hookahs, little cigars, and e-cigarettes is on the rise. The role of the promotion of tobacco products, including cigarette use in the movies and other media, in increasing tobacco product use among youth is now much better understood. The benefits to children's health of clean air legislation, including smoking bans in bars, workplaces, restaurants, and other buildings, have been clearly documented. The harm to children and adolescents of involuntary smoke exposure in vehicles, multi-unit housing and from outdoor smoking in public areas is more well-recognized.

On the policy side, *Tobacco 21* legislation, which raises the age of sale of tobacco products to 21 years has grown in popularity since the last AAP policy statement. While this has been mostly seen on the local level through grassroots initiatives, Hawaii became the first state to pass this legislation, and it will take effect next year. Other states are currently debating similar measures, and national legislation was recently introduced in both houses of Congress.

Electronic nicotine delivery systems, or e-cigarettes, have exploded in popularity, and thus we have devoted an entire policy statement to these devices. This statement provides an overview of the current science and discusses how e-cigarettes pose a threat to child health, and do not just release "harmless water vapor". If you are familiar with the topic, I'm sure you can imagine how difficult it was to finalize our report since new articles are being published every day! We were approved to fast-track this statement in response to a growing concern from these products and continued requests from our members for concrete guidance, and you can be sure that we will update the statement when needed, and keep the Academy membership informed of important new research and developments in this area.

One thing that has not changed since the last Academy statement- tobacco remains a pediatric disease that we all play a role in combating. Later this week, the Section is hosting a webinar (information below) to outline the major findings in the policy statement as well as what the Academy is working on related to those topics. Please share this information with your colleagues, and register for the webinar, if you are available. This webinar is open to anyone, regardless of Academy membership. Please note that [talking points are available for AAP members](#), and should be used in any conversations with media about these statements. The [AAP Richmond Center](#) is currently offering funding and training opportunities to help solidify tobacco control efforts at your institution. Feel free to [contact Section staff](#) with any questions.

**Webinar: Protecting Children From Tobacco, Nicotine, and Tobacco Smoke**

October 28th; 12pm ET

On October 26, the AAP will publish three policy statements and a technical report on tobacco control. This webinar will describe major recommendations in the new AAP policy statements, current policy issues related to recommendations in the statements, and the Academy's actions on those issues. Serving as webinar faculty are Karen Wilson, MD, FAAP, Section on Tobacco Control Chair, and James Baumberger, MPP, Assistant Director of the AAP Department of Federal Affairs. [Register for this webinar](#).

---

**DHH Partnership Created to Improve ADHD Assessment and Treatment**  
***State agencies bring national Teacher to Teacher program to Louisiana public schools***

Baton Rouge, La. - Broadening its response to both the human and financial costs of attention deficit hyperactivity disorder (ADHD), the Louisiana Department of Health and Hospitals (DHH) today announced a partnership with the Louisiana Department of Education (LDOE), and CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder), the national resource on ADHD. The partnership will train more Louisiana teachers to recognize classroom behaviors caused by ADHD and to use appropriate and effective techniques to address them.

“By working with CHADD and LDOE, we will help more Louisiana teachers identify and accommodate the learning needs of children with ADHD in their classrooms. The better prepared our teachers are, the more students will have the opportunities to succeed,” said DHH Secretary Kathy H. Kliebert. “This partnership will also help reduce the number of children without a genuine ADHD diagnosis from being misidentified based on classroom behavior. It’s a win for everyone.”

Louisiana has one of the highest rates of ADHD prescription drug use in the country. While ADHD is a neurological condition affecting children in all communities, the rate of ADHD prescriptions is especially high in boys, with 17 percent of all Louisiana boys enrolled in Medicaid taking ADHD medication. DHH formed the ADHD Task Force in August 2014 to research and promote best practices regarding the proper diagnosis, medication and treatment of ADHD. This new partnership is an expansion of the Task Force’s efforts to help ensure that teachers throughout Louisiana have the best possible information and training when instructing children they suspect or know to have ADHD.

“We want to give our students every advantage to succeed in the classroom,” said State Superintendent of Education John White. “We’re excited about this partnership and this pilot program because it provides our educators with the tools necessary to support these students and give them every advantage possible.”

Members of the ADHD Task Force, including the State’s Department of Health and Hospitals in conjunction with the Department of Education met on Tuesday, September 29, with representatives of CHADD. This coalition of local and national resources discussed an approach to assist Louisiana’s teachers in recognizing when classroom behaviors are caused by ADHD and appropriate techniques to effectively address them. An implementation plan is currently being crafted that will be centered on CHADD’s ‘Teacher to Teacher’ Program.

“CHADD is absolutely delighted to work with the State of Louisiana in order to improve the lives of children affected by ADHD. This is a first of its kind initiative whereby students, parents, teachers and health care providers will all potentially be affected due to the unique ability of the Departments of Health and Education to collaborate in assessment and problem-solving. CHADD will ensure that the State has access to the best evidence-based practices available,” said Mike MacKay, CHADD’s President.

Teacher to Teacher: Best Practice Intervention Strategies to Ensure School Success is a day-long workshop that helps educators identify common ADHD-related learning problems and proven classroom techniques, interventions, and the latest research to enhance school success for students with ADHD. This interactive training allows classroom teachers to discuss solutions to common academic and behavioral problems in a case-based format.

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](#).

---

## AAP Election

From:  
Anthony D Johnson, MD FAAP  
AAP District VII Chair  
Member AAP Board

Good morning, we just completed our District VII breakfast meeting at the 2015 NCE in Washington DC. Voting has started for our new President-elect and a new District VII member on the National Nominating Committee. I just voted! You should have received or will receive an e-mail with a link to the candidate information and ballot. It takes less than a minute to vote!

Please exercise your right to vote, as we choose new leaders in our AAP. Your voice is needed!

---

### AAP National Committees - 2016 Chairperson Appointments

The AAP Board of Directors is soliciting nominations to fill the following vacancies for Chairperson positions for AAP National Committees for terms beginning July 1, 2016:

- **Committee on Federal Government Affairs**
- **Committee on Federal Government Affairs/Access to Care Subcommittee**
- **Committee on Medical Liability and Risk Management**
- **Committee on Native American Child Health**
- **Committee on Pediatric AIDS**
- **Committee on Pediatric Emergency Medicine**
- **Committee on Pediatric Research**
- **Committee on Practice and Ambulatory Medicine**
- **Committee on State Government Affairs**

Application materials (factsheet, biographical summary and nomination/self-nomination forms) for these positions are available on the [AAP Member Center](#), in addition to statements of needs and requirements ([www.aap.org/leader](http://www.aap.org/leader)).

Committee Chairpersons are appointed annually and may be re-appointed up to four years. Committee chairperson appointments are made on the basis of knowledge, expertise, and the documented needs of the committee. Within this context, Academy membership demographics such as professional activity, gender, ethnicity, and geographical distribution will be considered, as well as chapter activity.

The deadline for nominations for 2016 positions is **Friday November 27, 2015 (midnight CST)**. Nominees must submit a letter of nomination, a [factsheet](#) and a [biographical summary](#) to their Chapter President and the AAP by **e-mail** ([nominations@aap.org](mailto:nominations@aap.org)) or by **fax** 847/434-8000 (ATTN: 2016 AAP National Committee Chairperson Nominations).

All nomination materials must be submitted by **November 27, 2015 (midnight CST)**. The AAP Board of Directors will meet in **January 2016** to review nominations and make final appointments.

Thank you for your review and contribution to the nominations process of AAP National Committees for the 2016 term. Please email any questions to [nominations@aap.org](mailto:nominations@aap.org).

---

## Invitation to HHS & ED Nov. 5th Public Meeting on Health and Wellness Promotion in Early Childhood Settings

The next Early Learning Interagency Policy Board (IPB) meeting is scheduled for **November 5, 2015 from 9:30am – 11:00am ET**, and will include a public input session for a new HHS/ED policy statement on health promotion in early learning. Previously, HHS and ED have released policy statements on [Expulsion and Suspension Policies in Early Childhood Settings](#) and [Inclusion of Children with Disabilities](#) in based on public comments received.

Maximizing the health and developmental potential of our Nation's children is a priority for HHS and ED. Research shows that children in poor health do not do as well in school as their healthier peers. They are more likely to drop out of school, more likely to earn lower wages, and more likely to be in poor health as adults. Effective health promotion and disease prevention is best achieved starting early in life.

As a result, HHS and ED plan to release a joint federal policy statement on *Health and Wellness Promotion in Early Childhood Settings*. As we develop the policy statement, we would value your input on the following questions:

1. What are the key messages that we should communicate in a federal policy statement on children's health and wellness promotion? How are these messages similar or different when addressing the health, early childhood, and education communities?
2. What are barriers to implementing effective health and wellness promotion and disease prevention strategies in early childhood programs?
3. What are the most effective child health and wellness promotion and disease prevention strategies that you have implemented at the local or state levels?
4. How can the federal government uniquely support effective health and wellness promotion for expectant families and children, birth through school entry, at the state and local levels?
5. How can we ensure school principals, early childhood program directors, LEA administrators, and other leaders promote and systematically embed health and wellness promotion at the local level? How can we ensure that public health systems and primary health care providers connect to and support early childhood programs at the local level?
6. How can a federal statement on children's health and wellness be most helpful in supporting the work that you do?

The input session will be led by:

- Linda Smith, Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development for the Administration for Children and Families at HHS
- Libby Doggett, Deputy Assistant Secretary for Policy and Early Learning for the Office of Elementary and Secondary Education at ED and
- Michael Lu, Associate Administrator, Maternal and Child Health Bureau, Health Resources and Services Administration

**When:** Thursday, November 5, 2015 from 9:30am – 11:00am ET

**Where:** U.S. Department of Education  
LBJ Building Barnard Auditorium  
400 Maryland Ave., SW  
Washington, D.C. 20202

**Note:** This event will air on the EDstream network for those who are outside of the ED Network. **To request reasonable accommodations (prior notification of at least three business days is required), please contact [Jacquelyn.Borman@ed.gov](mailto:Jacquelyn.Borman@ed.gov).**

To access the event, go to: <http://edstream.ed.gov/webcast/Play/06c6b28b912a4ca0bda7eb64147e34431d>

### **All speakers and attendees**

- Please send RSVP by October 29, 2015 by sending an email to: [Jacquelyn.Borman@ed.gov](mailto:Jacquelyn.Borman@ed.gov)
- Include name, title and organization, e-mail and phone contact.
- Indicate if you are requesting to speak at the meeting or only attending.
- Speakers will be ranked in order of RSVP received, as time permits, and will be notified ahead of time if they will be speaking.
- For security purposes, all speakers and attendees are reminded to bring a photo ID and a business card. Please allow ample time to go through security.

The format for the Public Meeting will be as follows:

- Speakers will be given 3 minutes to address the group. Time will be strictly enforced.
- Speakers are to limit their comments to what they would recommend go into a joint health and wellness policy statement, starting with addressing any of the questions listed above.
- In addition, all individuals and organizations are strongly encouraged to submit input in electronic form (including from those speaking) by Friday, November 6, 2015, at 5:00 pm ET to: [Jacquelyn.Borman@ed.gov](mailto:Jacquelyn.Borman@ed.gov)

---

### **Pediatric Office Staff Salary Survey**

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

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

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

If you have any questions, please feel free to contact Elisha Ferguson at [eferguson@aap.org](mailto:eferguson@aap.org).

---

### **Announcing New and Improved Pediatric Medical Home Implementation Web Site**



The National Center for Medical Home Implementation (NCMHI) in the American Academy of Pediatrics (AAP) is pleased to announce the launch of its new and improved Web site, [www.medicalhomeinfo.org](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
- 

### **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.

---

## Medicaid/ Bayou Health

### **Medicaid Behavioral Health Integration "Roadshow" meetings across the state**

Medicaid will be holding provider information sessions on Behavioral Health Integration around the State in October and November; click [here](#) for the list of the sessions and to register. Behavioral Health Integration in this context refers to behavioral health being covered under the Bayou Health Plans.

-----

### **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

-----



## **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: Spicy Pumpkin and Shrimp Soup**

*Turn a can of pumpkin into an exciting soup. Just the right blend of ginger, cilantro, allspice, and garlic gives the pumpkin and shrimp a Caribbean-style flavor.*

Ease: Moderate  
Yield: 4 servings  
Preparation Time: 15 minutes  
Cook Time: 15 minutes  
Source: Makers of Lactaid brand products

#### **Ingredients**

1 (8 ounce) package frozen, peeled and deveined cooked shrimp, thawed  
Fresh shrimp in shells, peeled, deveined, and cooked (optional)  
2 teaspoons grated fresh ginger  
1 tablespoon snipped fresh cilantro  
2 medium carrots, thinly sliced  
2 medium onions, sliced  
Snipped fresh chives (optional)  
2 cloves garlic, minced  
1/2 teaspoon ground allspice  
2 tablespoons olive oil  
1 (14 ounce) can chicken broth  
1 (15 ounce) can pumpkin  
1 1/2 cups LACTAID® Reduced Fat Milk



#### **Directions**

In a covered large saucepan cook the onions, carrots, cilantro, ginger, garlic, and allspice in hot oil over medium heat for 12 to 15 minutes or until the vegetables are tender, stirring occasionally. Cool slightly. Transfer the mixture to a blender container or food processor bowl. Add 1/2 cup of the chicken broth. Cover and blend or process until nearly smooth. In the same saucepan combine pumpkin, LACTAID® Reduced Fat Milk, and remaining broth. Stir in the blended vegetable mixture and the 8 ounces shrimp; heat through. If desired, thread additional cooked shrimp on small skewers. Ladle soup into soup bowls. If desired, top each serving with snipped chives and a shrimp skewer.

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

---

## Upcoming Events

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

**Wednesday October 28, 2015**

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

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

#### **Learning Objectives**

The participants in this conference will be able to:

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

#### **Who Should Attend?**

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

#### **How to Register?**

To register and learn more please visit

[www.pbrc.edu/childhood\\_obesity\\_conference/](http://www.pbrc.edu/childhood_obesity_conference/)

---

### ***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.

---

### **PREMATURITY PREVENTION SUMMIT 2015**

Putting Louisiana Moms and Babies First  
through Care and Quality Improvement

**Thursday, November 5, 2015**

Pennington Biomedical Research Center  
Conference Center 8:00am - 4:00pm

This conference will examine ways to improve perinatal outcomes and enhance prematurity prevention efforts in Louisiana by sharing National and Statewide best practices for designing and implementing collaborative quality improvement initiatives. This conference is designed to bring together a multidisciplinary group of medical and health professionals, including: obstetricians, physicians, pediatricians, midwives, nurses, neonatologists, maternal fetal medicine, public and private health insurers, public health practitioners, healthcare policy makers, birthing hospitals, maternal and child health community-based organizations and other interested parties.

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

#### **Confirmed Speakers:**



**Elliot Main, M.D.**  
Maternal & Fetal Medicine  
Obstetrics and Gynecology  
Sutter Pacific Medical Foundation  
California Pacific Medical Center  
California Maternal Quality Care  
Collaborative





**Michael P. Marcotte, M.D.**  
Director of Quality and Safety for  
Women's Service  
Medical Director for Helping Opiate  
Addicted Pregnant Women Evolve  
TriHealth Cincinnati, Ohio  
Ohio Perinatal Quality Collaborative

---

### ***Medicaid Behavioral Health Integration "Roadshow" meetings- Statewide***

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

---

### ***2016 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



---

## **Opportunities and Job Announcements**

### ***Pediatric Emergency Medicine Physician Opportunity***

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

LOL Children's Hospital is currently a 100 bed "hospital within a hospital"; however, there are definitive plans to open a free standing children's hospital in 2018, giving our physicians a chance be part of its development from the ground up! Our Pediatric Emergency Room physicians benefit from 60 pediatric specialists in 20 subspecialties, a 14 bed PICU with 4 BC Pediatric Intensivists delivering 24/7 on-site care, flexible 9 hour shifts, double coverage (except early morning), competitive salaries, and excellent benefits.

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

-----

### ***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)