INAAP
INDIANA CHAPTER
AMERICAN ACADEMY OF PEDIATRICS

INAAP Monthly News & Updates

July 2017

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Letter from the President

INAAP started the month of July with a bang! Jen Walthall, (the new director of FSSA, a fellow pediatrician, and an advocate for the public health of Hoosiers) welcomed us to her office to discuss the Medicaid formulary issues which have dominated the INAAP inbox for the past 6 months. We are pleased to report that Dr. Walthall is keenly aware of our concerns and is actively working on a solution.

Plans are already underway to help streamline the system, and the concerns of our members will be taken into account as new changes take shape. We will remain involved in the ongoing discussions, and will keep our membership apprised of changes and updates as soon as we become aware of them.

Thank you all for communicating with us about your experiences so that we were able to present a clear message of concern for Indiana children.

Dr. Meagan O'Neil Provides Update on Unassigned Medications in Indiana Schools

The Indiana General Assembly recently passed legislation that permits school corporations to stock unassigned emergency medications. Expanding upon 2014's Senate Bill 245 (SB 245) which permitted schools to stock unassigned epinephrine auto-injectors, Senate Enrolled Act 392 (SEA 392) broadens those same permissions and protections to include stock albuterol and stock naloxone.

Both pieces of legislation permit any Indiana-licensed healthcare provider to write a prescription for the emergency medications, as well as to develop standing drug orders or protocols for their use in the school setting. The new statute also provides civil liability protection for providers who not only prescribe the medications, but also for practitioners who provide

any standing orders, protocols, or training to school employees, as long as said orders, protocols, and training are ***"within the healthcare provider's scope of practice."*** As pediatric healthcare providers, we may be approached by our local schools to prescribe one or more emergency medications, develop protocols, and/or provide training to school employees. When partnering with a school or corporation to perform this vital service, it is important to keep in mind your particular skill set and scope of practice. A toolkit for emergency epinephrine prescribing previously developed by the Indiana AAP exists here.

What: Senate Enrolled Act 392 (SEA 392)

What it Does: Permits, though does not require, school districts to stock up to 3 different unassigned emergency medications: epinephrine auto-injectors, albuterol, and naloxone.

Who can prescribe: Any Indiana-licensed healthcare provider may write a prescription to a school or school corporation for the emergency medications. See here for examples (link).

Who can administer: A school nurse may administer emergency medication; as can any other school employee who has voluntarily received appropriate training from a licensed healthcare provider.

Who can receive: Any student, employee, or visitor for whom medication is not available. It is important to note that stocked emergency medications are not intended to replace students' own personal supplies at school, nor are they intended to replace albuterol inhalers/spacers that students may self-carry when appropriate. Students with known asthma and life-threatening allergies should all be encouraged to have their own, unexpired medication(s) available at school at all times.

Important considerations:

- Due to ease of use and cost considerations, most schools will likely opt to stock albuterol in nebulizer solution form only. It will be important to assist schools in obtaining and maintaining nebulizer machines, masks, and tubing for this reason.
- While stocking epinephrine in schools has been greatly aided by Mylan's EpiPens4Schools® Program, no such program currently exists for albuterol, so schools should be aware that they will be responsible for medication costs. A 120-vial box of 2.5mg/3mL albuterol nebulizer bullets ranges from approximately $24 to $70 according to goodrx.com.
- Evzio (naloxone auto-injectors) currently retail for approximately $4,000 per 2-pack. There is currently no national program to provide these to school corporations at free or reduced cost; though a program through AdaptPharma provides two free doses of Narcan nasal spray to high schools. Replenishment doses may then be purchased afterwards for around $75.
- If you are asked to provide emergency medication prescriptions for a school, it is advisable to ask what protocols, standing orders, and/or training the corporation has in place or plans to develop. Training school personnel to recognize and intervene in the case of life-threatening emergency is critical to the effective implementation of stocking emergency medications.
- Keep in mind that while every Indiana school corporation employs at least one registered nurse, not every school has a nurse on site all (or any) days of the week. The passage of this legislation should prompt us all to review with our patients and their caregivers who is responsible for managing the student's chronic health conditions while she is at school, at sporting events, on field trips, etc.
- The full text of SEA 392 can be found here.

Please feel free to email any questions to me at mebmille@iu.edu.

Dr. Alan Schwartz Discusses the Importance of Medicaid to Indiana's Children

What is a politician? At the most fundamental level, a politician is one who is engaged in government; usually an elected official. A politician is someone, then, who studies and creates public policy for the

betterment of society. An honorable profession at its heart. Where we often differ is in what society considers "betterment!" I think we all can agree that those in government should, and for the most part do, care about the citizens they represent. It is therefore puzzling that this pursuit of a healthcare policy for the betterment of the citizens of the United States has proven so contentious.

As a primary-care pediatrician in Indianapolis, I have the opportunity to provide health supervision to the most vulnerable yet most important citizens for the future of our community-our children. As the chairman of the St. Vincent Hospital Department of Pediatrics, I am aware of the myriad and complex medical needs many of our children have and the barriers that exist to providing this care. Now I am confident that our Representatives and Senators in Washington, D.C. did not set out to add to these barriers or to prevent our children from receiving the health supervision, preventative care, and medical treatments so important to their health, growth, and development, but, the political climate being what it is, that is exactly what will happen if the proposed policies of the House of Representative's American Health Care Act (AHCA) or the Senate's Better Care Reconciliation Act (BCRA) become law.

Under the current Affordable Care Act (ACA), those individuals with pre-existing medical conditions cannot be denied coverage nor can that coverage cost more. Both the AHCA and the BCRA, while touting this same coverage, in reality allow for waivers for states which ultimately would lead to either increased patient costs for this coverage, or actual exclusion and elimination of coverage for some pre-existing conditions. Why is this important? Visit any major hospital Newborn Intensive Care Unit (NICU). There you will find many "pre-existing conditions" ranging from congenital defects to pulmonary disease to extreme prematurity with resultant developmental and neurologic consequences. Many of these medical conditions will be life-long and require ongoing evaluation and treatment. How will these children become insured? And at what cost, if coverage will even be available for them? What about a child who develops asthma, cancer, or diabetes? That is now a pre-existing condition when they become an adult. [As an aside, I wonder how many pediatricians were consulted as the AHCA and BCRA were being developed!]

Did you know that children make up nearly 60% of Indiana's Medicaid population? Over 90% of eligible children are able to benefit from this Medicaid coverage. Were you aware that almost half of the pediatric patients treated at Peyton Manning Children's Hospital at St. Vincent rely on Medicaid for their healthcare coverage? Under the current ACA, thirty-one states (including Indiana) as well as the District of Columbia offer expanded Medicaid coverage. In my pediatric practice, this allows hundreds of children to receive preventative healthcare, immunizations, and illness treatments; and allows tens of thousands of children to receive the specialized care that they need from the pediatric specialists in our state. While advertising to the contrary, it turns out that both the AHCA and BCRA will ultimately reduce the effective funds available for our Medicaid recipients. These proposed programs phase out federal funding for the Medicaid expansion thus leaving states to "pick up the tab" for this funding difference. States' budgets being what they are, it is unlikely that they will be able to do so. This shortfall in funding can only lead to three outcomes: 1) Reducing the number of people who can receive Medicaid benefits; 2) Maintaining enrollment but reducing the amount of services available; or 3) Cutting payments to physicians, hospitals, and other care providers. All of these options will lead to decreased care for the children of Indiana. [Lest anyone wonder how #3 inhibits care-Medicaid reimburses only a fraction of what Medicare might cover, and is often not even sufficient to cover costs. Those of us who care for children on Medicaid do so because it is the right thing to do, however we cannot personally afford to subsidize the program! If reimbursement is cut further, many physicians will have no choice but to leave the program, thus creating a gap in care for these children.]

Providing for the health of all of our citizens-children and adults-is not a Republican or Democratic issue. It is a moral imperative that should reflect the values of our country. There is no question that our current ACA has some shortcomings. But recognize that much of the recent turmoil has been created by our current leadership disrupting the funding and structure of the ACA causing the very problems that they rail against! The AHCA and the BCRA will not fix our system and in fact will only lead to more uninsured citizens and higher costs for those able to maintain healthcare coverage. Let us work together to improve the ACA-give it a different acronym if that helps-but do not simply destroy it in the name of partisan politics.

It is no coincidence that most major national physician associations, hospital executives, patient advocacy groups, and a large majority of American citizens oppose the AHCA and BCRA which

were largely formulated without any consultation or input from those who know healthcare the best! It is now time for all of us to let our elected officials know that we care about the health of our children, of our families, of our friends. We will all be "patients" at some point-even those in Congress and in the White House! We must, therefore, make sure that the healthcare system we implement strives for excellence in care for every American regardless of their economic status or existing health concerns. The health of American citizens should not be some prize won by the most "political points!" The health of American citizens should not be sacrificed by short-sighted political promises made! It is time for Congress to do their job and do what is right. And with resolve but with respect, let us all encourage those who represent us to do just that.

Dr. Schwartz is the Chairman of the Department of Pediatrics at Peyton Manning Children's Hospital at St. Vincent and St. Vincent Women's Hospital. He has been an INAAP member since 1998.

How to Call Your Senators & What to Say

Pick up the phone and call using the information below!

Senator Joe Donnelly Office Numbers

Washington, DC:(202) 224-4814
Evansville:(812)425-5813
Fort Wayne:(260) 420-4955
Hammond:(219) 852-0089
Indianapolis:(317) 226-5555
Jeffersonville:(812) -284-2027
South Bend:(574) 288-2780

Senator Todd Young Office Numbers

Washington, DC:(202) 224-5623
Indianapolis:(317) 226-6700
New Albany:(812) 542-4820

Start with their DC office and if you can't get through, try the district office closest to where you live. If you have time, ask for a local meeting in the state. If you don't have time to meet, say the following when you call:

- Hello. I am pediatrician from {your town} and a member of the American Academy of Pediatrics. I am calling today to urge {Senator Donnelly/Young} to oppose any funding cuts or caps to Medicaid in your health care bill.
- Medicaid covers children from low-income families and children with special health care needs. It's a lifeline program for 564,000 children in our state.
- I am deeply concerned with any proposal to cut or cap federal funding for Medicaid in any way. Doing so would shift costs to states, likely leading to enrollment and benefit cuts, and leaving children worse off.
- Insert brief anecdote if you have one of a patient on Medicaid who would be impacted.
- Through Medicaid, children are guaranteed benefits that cover a comprehensive array of medically necessary services, including developmental, vision and hearing screenings. Pediatricians recommend these services because they help diagnose, treat and prevent complex conditions right away, saving money and lives. Capping Medicaid funding means these services could be rolled back or eliminated altogether.
- Please protect children's health care coverage and oppose any funding cuts or caps to Medicaid in any health care bill you consider.

Dr. Laura Walls and Dr. Mary McAteer highlight gun safety issues in Indiana

The latest research highlighting the impact of gun violence on children in the United States was published in Pediatrics this month[1]. The Indiana Chapter of the American Academy of Pediatrics wishes to highlight the importance of this research, focus on components of gun safety, and raise awareness of the increasing rates of adolescent suicide in our state. We wish to provide data about deaths and promote education for responsible gun storage as well as recommend constant adult supervision when children and teens are in the presence of a gun. Our efforts are to help all of us achieve the goal of protecting our children from gun violence.

The authors of the cited article reviewed data from the National Vital Statistics System and the National Electronic Injury Surveillance System from 2002 to 2014 and found that nearly 1300 children die and 5790 children are treated for gunshot wounds each year. Firearm deaths are the 3rd leading cause of death overall among US children aged 1-17. Of the nearly 1300 children who died each year, 53% were homicides, 38% were suicides, and 6% were unintentional firearm deaths. The majority of these children are boys ages 13-17, African American in the case of firearm homicide, and white and American Indian in the case of firearm suicide. While rates of child firearm homicides and unintentional shootings decreased between 2007 and 2014, the rate of child firearm suicide increased from 2007 to 2014.1

According to the Gun Violence Archives, Indiana had the 7th highest per capita rate of shootings involving children between January 2014 and June 2016. Indiana also has the highest rate of teens that contemplate suicide and the second highest rate of teens that attempt suicide per the Indiana Youth's "2015 Kids Count in Indiana" data book. The majority of suicides in this age group are impulsive decisions, often precipitated by an acute relationship problem or situational factor and some studies have shown that many who attempt suicide in this age group spend 10 minutes or less contemplating that decision.

The AAP has long advocated for safe gun storage and believes that the safest home is one without a gun. As health care providers we read the above statistics and know the rate of adolescent suicide is increasing, but we also need to know that there are over 310 billion guns circulating in our country and that 39% of Indiana households own a gun. We have the responsibility of ensuring our patients can live safely in a home and within their community with guns. It is imperative to the health, safety and well being of our patients and families that we, as physicians, ask parents about the presence of unsecured guns in the home and that we educate parents about proper gun storage and the risks that an unsecured weapon poses to children and teens in the house. We should also encourage parents to discuss these safety considerations with their fellow parents, especially in preparation for playdates.

The INAAP Preventative Health Committee has adopted the BeSMART program as an educational child access prevention campaign to share with our patients. The ultimate goal of this program is to help parents and adults prevent child gun deaths and injures by being SMART:

S: Secure all guns in your home and vehicles.
M: Model responsible behavior around guns.
A: Ask about the presence of unsecured guns in other homes.
R: Recognize the risks of teen suicide
T: Tell your peers to be SMART.

Educational handouts summarizing these findings and recommendations, as well as a list of symptoms to watch for in the early stages of suicide-intent, are available for you to download and distribute to your patients. Please feel free to use them for community advocacy activities. They are available on the INAAP website or by clicking HERE.

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[1] Fowler KA, Dahlberg LL, Haileyesus T, et al. Childhood Firearm Injuries in the United States, Pediatrics 2017; 140 (1): e20163486

AAP District V Chair Update - Family Input Matters!

At a recent AAP Board meeting, it became clear to me

that having a family representative present made our dialogue related to children's issues richer and more meaningful. Julie Becket , mother of a special needs child, is a chairperson of the Academy's Family Partnership Network. She shared how their initiatives and collaborative relationships have moved action for children forward. They have also had a special focus on involving fathers in their discussions and actions.

As we all know, fulfilling our AAP mission "to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults", is intimately related to working effectively with parents and families as our partners in care. This has become more important as we have come to understand the critical nature of social determinants of health, especially important during the first 1000 days of life, when children are most vulnerable to toxic stress. It is the families who can provide the nurturing environment to help children by supporting resilience coping skills.

I encourage you to work with families at the chapter level in an advisory capacity with your initiatives, and whenever possible as partners as you operationalize and move your projects forward. Families can be particularly helpful in providing the stories and personal contacts to help advance your legislative agenda for children.

At a practice level, I would encourage you to consider forming a family advisory committee. Our practice started a parent advisory group to help us optimally meet the needs of our Children with Special Health Care Needs (CSHCN). This group provided much needed support and recommendations as to how to make us more family friendly as we advanced our Medical Home for these special patients. These discussions and changes in our practice clearly enhanced the care we deliver to all the children we see. Specific changes included installing an automatic door opener for our office and purchasing a special scale which accommodates special needs patients This group also helped us see how we needed to improve our scheduling and internal office process to efficiently and sensitively address the needs of these special patients. We would not have fully recognized these issues, and would not have been able to make the necessary changes, without the input of dedicated parents.

As EHRs evolve consider the link to parents that a patient portal can provide. This communication link will continue to improve as electronic health records improve. It is another opportunity to enhance that all important parent/family relationship.

We, as pediatricians, are also in a unique position to educate parents and families about the community resources that are available to address their needs and the social determinants of health. Examples include addressing food insecurity by connecting families to food resources, shelters when needed, and directing to community public health and mental health resources. This means working with families in their social environment, encouraging positive parenting, directing to health promotion programs, and focusing on the important touch points of child development. For many of our practices, this means a team based model for care delivery and a supporting infrastructure. Building that trusting relationship with families and parents provides the foundation for these opportunities to optimize our encounters with families. Together, working with parents and families, we can provide a strong foundation for the health, education, and well being of children. Fortunately, coding and payment for these services has been evolving in positive ways as we move to value-based health care delivery models. Ultimately this will help us provide optimal care for their children, decreasing costs and improving quality across the continuum of care.

We are now in a particularly challenging political environment with significant negative implications for access to and payment for the care of children. I encourage you to look for and optimize opportunities to work with the parents and families that are the bedrock of support for the children we see. This is a win-win opportunity for children as we provide that important bridge as a medical home to comprehensive services for children. Parents and families are indeed our partners in care!

Dr. Tuck has been the medical director of Quality Care Partners, a physician-hospital organization in southeastern Ohio, since 1995. He has served as the Chair of AAP District V since 2015.

Upcoming INAAP Meetings

There are several upcoming meetings for those who want to learn more about INAAP's efforts, or who are looking to get more involved.

Our next in-person meeting will be Wednesday, July 26th (see below for more details). Dinner is provided at our in-person meetings, so please RSVP to Chris Weintraut at cw@inaap.org by July 25th if you plan to attend.

If you haven't been involved in one of our child-health committees before due to distance or the timing of the meetings, now is the perfect time to join! Information on the three committees is as follows:

INAAP General Meeting (In Person)
Held at the Joseph Maley Foundation
7128 Lakeview Pkwy W Dr, Indianapolis, IN 46268
Next Meeting: Wednesday, July 26th at 6:00 pm
RSVP to cw@inaap.org by July 25th

Early Brain & Childhood Development (teleconference)
Chair: Katie Swec, MD, FAAP, kathleenswec@gmail.com (chair)
Next Meeting: Tuesday, August 8th at 12:10 pm

Preventive Health (teleconference)
Rick Reifenberg, MD, FAAP, rreifenb@IUHealth.org (co-chair
Cynthia Robbins, MD, MS, FAAP cyrobbin@iu.edu (co-chair)
Next Meeting: Wednesday, August 16th at 6:00 pm

Perinatal and Infant Mortality (teleconference)
Tony GiaQuinta, MD, FAAP, indypedsdoc@gmail.com (co-chair)
Emily Scott, MD, FAAP, escott1@IUHealth.org (co-chair)
Next Meeting: Thursday, August 17th at 12:00 pm

Teleconference Information for all committees will be the same, and is included below. If you want to learn more about the work being done by each committee, feel free to call and listen in! You can use either your computer (with mic and speakers) or your phone.

Teleconference Information:
Using a computer: https://www.uberconference.com/inaap
Using a phone: Dial-in number: 857-216-4676, PIN: 52460

Join Us on Workplace - A Place for INAAP Members to Collaborate

INAAP recently implemented "Workplace," a communication and collaboration platform produced by Facebook. The platform allows members to share thoughts, questions, documents, and other information quickly and easily.

Only INAAP members are permitted to join, so Workplace is the perfect place to bounce ideas off of other pediatricians and nurse practitioners throughout the state. Having those questions and collaborations stored in a central place will also serve as a resource to new members.

We highly encourage INAAP members to join. The platform will be more effective the more members we have involved. If you are interested in joining Workplace, contact Chris Weintraut at cw@inaap.org. He will send you an invitation and get you set up!

Reminder on the Importance of Social Media

Over the past year, INAAP has made a concerted effort to increase the quality and scope of its social media messaging. We are now posting a variety of information for both practitioners and families on a daily basis. INAAP currently utilizes both facebook and twitter, but needs your help to spread our message. If you haven't done so already, we encourage you to use the links at the bottom of this article to like us on Facebook and follow us on Twitter. The more followers we have, the more effective we can be at spreading our message.

STAY CONNECTED:

Like us on Facebook Follow us on twitter

Support INAAP Through Amazon Smile

Did you know that you can help support INAAP with every purchase you make from Amazon? The Amazon Smile program gives a percentage of every purchase back to participating nonprofit organizations, and those donation can really add up during the holiday season. It's just like using Amazon, but with an added philanthropic benefit. Make sure the purchases you would make anyways this holiday season help support INAAP by using the link below!

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