

INAAP REORGANIZES COMMITTEES

INAAP is in the process of restructuring its Chapter Committee Structure, and **YOU** can be involved! (the new Committees are listed below.) These Committees will be charged with helping the Chapter to direct and prioritize the goals and objectives of our Chapter. As working committees, we expect that these Committees will meet every other month, meanwhile we expect that the INAAP Board will meet only two times per year.

We hope that you will consider serving on at least of one of these Committees. Chapter members may sit on more than one Committee, so please let us know in which INAAP Committees you would be interested in participating. We are working to have Statewide representation on each Committee; and hope that you will consider participating.

Ad-Hoc Committees:

- ◆ Early Brain/Childhood & Epigenetics Committee
- ◆ Children With Special Health Care Needs/Chronic Disease Committee
- ◆ Perinatal Care & Infant Mortality Committee
- ◆ Preventive Health Committee

In This Issue	Click for Page
INAAP Early Brain Committee Notes	Page 1
INAAP Perinatal Committee Notes	Page 2
INAAP Preventive Health Committee Notes	Page 3
INAAP Children With Special Health Care Needs Committee Notes	Page 4
Dr. Greg Wilson's Retirement	Page 5
Dr. Bull's District V Update	Page 6
CYACC Update	Page 7
Upcoming Events	Page 9

Standing Committees:

- ◆ Legislative & Advocacy
- ◆ Pediatric Council (Also referred to as the "Payor Council")
- ◆ Communications & Public Relations (Includes Membership)

Standing Committee membership will be determine via an election process; but Ad-Hoc Committees will be open to any INAAP member who is interested in participating.

The first meeting of the Ad-Hoc Committees was held earlier this month. Each of the Committees provided notes from their meeting which are provided below:

INAAP Early Brain/Childhood & Epigenetics Committee Meeting Notes

Attending: Paula Gustafson, MD; (phone), Tom Lock, MD; Nancy Swigonski, MD; Katie Swec, MD; Erica Park (medical student)

Others interested in participation but unable to attend Cynthia Nassim, MD; Luis Escobar, MD; Bob White, MD

Topics Discussed:

Renewal of Reach Out and Read (ROR) At The Statewide Level

1. Katie Swec to contact former IN ROR Medical Director, Dr. Abby Klemsz, and National ROR leadership to learn current state of funding/ability to reestablish a state-wide coordination office and new ROR sites in the state Payor Council- explore sources of private/public funding

- ◆ Current interest from United Way Central Indiana; other private sources (Ball brothers, chamber of commerce, and other entities interested in promoting STEM since you have to learn how to read before you can read to learn)
- ◆ Opportunities for state health networks/insurers to support ROR (e.g. of Kaiser Permanente in Southern California)

2. Advocacy Council- learn from other states with funding for ROR included in the state budget

3. Communication Council- messaging to promote new AAP Policy statement and stimulate provider interest

- ◆ E.g. Tweets- "Shared reading builds better brains"

(Article con't on page 2)

In This Issue	Click for Page
INAAP Early Brain Committee Notes	Page 1
INAAP Perinatal Committee Notes	Page 2
INAAP Preventive Health Committee Notes	Page 3
INAAP Children With Special Health Care Needs Committee Notes	Page 4
Dr. Greg Wilson's Retirement	Page 5
Dr. Bull's District V Update	Page 6
CYACC Update	Page 7
Upcoming Events	Page 9

COMMITTEE MEETING NOTES (CON'T)

Early Brain Committee Notes Con't:

Support Of Universal High Quality Preschool

1. Advocacy Council
 - A. Follow the current legislation associated with the 6 county pilot program
 - B. Advocate for pediatricians to serve on all of the ELAC (Early Learning Advisory Council) Sub-committees (Nancy is currently the only pediatrician serving on any of the sub-committees; committee members are from state agencies only)
2. Communication Council- messaging to promote the need for high quality universal preschool in IN that echoes the efforts of AAP/Head Start collaboration at the national level (Dr. Bull)

Statewide Developmental Screening

1. Grant from Riley Children's Foundation and State Health Department is already in place through Nancy to educate pediatricians statewide about using the ASQ-3 and MCHAT per AAP Devo guidelines
 - A. Goal approximations: 50% of IN Peds by 1 yr, 80% IN Peds by 2 years, 50% of IN FPs by 3 years
 - B. Training of general pediatricians to conduct confirmatory testing of ASD with support from Developmental Pediatricians and psychologists is already underway in Bloomington with lessons learned impacting Riley's intake process
2. Payor Council - Encourage ERISA plans and other large insurers to reimburse 96110

3. Communication Council - Identify community champions for devo screening through contact with Regional Representatives

Other Items

- ◆ Katie Swec elected committee chair
- ◆ Standard Meeting Time - 3rd Wed of the month - Next meeting Wed, Sept. 17th from 5:30 to 7:30pm (location TBD)

INAAP Perinatal/Infant Mortality Committee Meeting Notes

Attending: Bill Engle MD, Emily Scott MD, Sarah Bosslet MD, Ed Liechty MD, Melissa Rice DO, Kelsey Montgomery DO, Brechin Newby MD, Anna Gilley MD

Others interested in participation but unable to attend: Tony GiaQuinta MD, Beth Summers MD, Niceta Bradburn MD, Anne Eliades MD

Topics Discussed:

1. Neonatal Abstinence Syndrome: There are many activities throughout the state already underway surrounding this subject. A work group is currently gathering more data at the legislative level to define NAS and determine the numbers and impact in the state of Indiana. We know that Maria del Rio (Evansville-Deaconess), and John Ellis (managed care) have been working on this issue along with ISMA. At the local level, Anne Eliades has been involved in discussions and forums in the Muncie area on this subject.

- A. Consider inviting Dr. Del Rio or Dr. Ellis to join us at an upcoming meeting to give us a status update on their work.
- B. Reach out to John Wiles at St. Mary's in Evansville to learn more about the protocol he has developed during fellowship in Ohio for treatment of NAS. (Melissa)
- C. Request that Anne Eliades report on her work in Muncie at an upcoming meeting.
- D. Explore further the messaging that mothers who are on narcotics receive prior to arrival at a delivery hospital.
- E. More clearly define the duration of observation needed for babies exposed to various substances and discuss the impact of these prolonged hospital stays on hospital systems and families.
- F. Research payment information for infants under observation for NAS as well as those being treated for NAS. (Emily, Sarah, Ed)
- G. Consider developing our own guideline for delivery hospitals for observation, diagnosis, and management of NAS. Use the national AAP policy statement as a starting point.

(Perinatal Committee Notes Con't page 3)

In This Issue	Click for Page
INAAP Early Brain Committee Notes	Page 1
INAAP Perinatal Committee Notes	Page 2
INAAP Preventive Health Committee Notes	Page 3
INAAP Children With Special Health Care Needs Committee Notes	Page 4
Dr. Greg Wilson's Retirement	Page 5
Dr. Bull's District V Update	Page 6
CYACC Update	Page 7
Upcoming Events	Page 9

COMMITTEE MEETING NOTES (CON'T)

Perinatal Committee Notes Con't:

H. Follow the impact of recent legislation to limit narcotics prescriptions. Has this law decreased the number of narcotic exposed infants or the number of infants who develop NAS?

2. Levels of Care: The state Department of Health has been working on defining Levels of Care for delivery hospitals in Indiana. Plans for implementation and monitoring are underway. Dr. Niceta Bradburn is involved in this project. Discussion at our meeting centered around questions of how this may affect delivery hospitals, how it will be enforced, and what we can do to support the process. We also discussed looking at insurance payment for back-transfers once babies at higher level NICUs are stabilized. Long stays far from home continue to be a burden for families, but it is difficult to get them transferred back to their home hospitals because of cost.

a. Consider asking Dr. Bradburn to attend an upcoming meeting to update us on this process and inform us of anticipated benefits and issues that may arise with this plan.

3. Infant Mortality: A major focus for the governor this year. Indiana has the 6th worst infant mortality rate in the country. Define which periods of risk are the major issue in Indiana. Which age groups of infants are resulting in high death rates in Indiana? State is currently collecting this data, expected to be available in August. Tailor further efforts depending on the results of the above. Consider tobacco exposure, safe sleep practices, ALTEs, SIDS, breast feeding rates, drug use, prenatal care collaboration w/ obstetrics, among many others, depending on this report.

mentation of best practices. In addition, a system like this would allow for better follow up on outcomes and impact of such changes. Various funding models exist. No action items on this topic at this time

Next Perinatal Committee Meetings: September 17th 5:30-7pm; November 19th 5:30-7pm

INAAP Preventive Health Committee Meeting Notes

Preventive Health Committee Notes

Attending: Sarah Stelzner, MD; Charlene Graves, MD; Cynthia Robbins, MD; Rick Reifenberg, MD; Evan Kreutzer, MD

Others interested in participation but unable to attend: Bob White, MD; Maggie Blythe, MD

Topics Discussed:

- Tobacco cessation efforts through increasing tobacco taxation**
 - This committee will be spearheading the Legislative Forum on tobacco
 - Two national speakers for Riley Grand Rounds, legislative session in evening, working in conjunction with Smoke Free Indy, and other activities (possibly a session with state legislators, webinar, work with MHC and speak to residents in each program)
 - Cigarette tax increase of \$1.00 up for vote this year
 - This idea originates from a case by Tobacco companies that Indiana was not effectively using money from tobacco settlement and sued in order to take money back. Therefore, less money available for tobacco cessation. Thus, the idea for raising cigarette tax. Recent development that tobacco companies are taking back less money from settlement which may decrease the legislator's motivation to raise funds with this increased tax. This money would need to be earmarked for smoking cessation. How do our taxes and prices compare to surrounding states? This should all include electronic cigarettes and other tobacco products.
 - Also a long-term suggestion to increase the legal age for tobacco product purchase
 - This event is approaching quickly and we will need to assign roles for this project

Preventive Health Committee Notes Con't on page 4

In This Issue	Click for Page
INAAP Early Brain Committee Notes	Page 1
INAAP Perinatal Committee Notes	Page 2
INAAP Preventive Health Committee Notes	Page 3
INAAP Children With Special Health Care Needs Committee Notes	Page 4
Dr. Greg Wilson's Retirement	Page 5
Dr. Bull's District V Update	Page 6
CYACC Update	Page 7
Upcoming Events	Page 9

COMMITTEE MEETING NOTES (CON'T)

Preventive Committee Notes Con't:

2. State Supplied Vaccination (See AAP letter)

A. National AAP wants state chapters to support effort for reimbursement for indirect costs of vaccine administration (storage, etc...). (VFC=Vaccines for Children). We are not a universal purchase state. As a state chapter, we approved that national AAP could send proposal to the state Medicaid Director.

B. Only applies to state-purchase vaccines, not privately purchased vaccines (as insurers have built in reimbursement for indirect costs)

C. Joe Moser is Indiana's Medicaid Director

D. What is happening next? Jean feels that this is a low priority given all that is going on in Medicaid. HIPPA is the major push possibly due to tacit federal improvement motivating this state effort.

E. This would be a great issue to send to the Pediatric Council We would benefit from having a private practice physician help promote this issue. This would shed light onto the expenses that private practice faces with indirect vaccine costs. Louise T. would have extensive experience to offer on this issue. She may have agreed to be the Pediatric Council representative.

F. Should we arrange a time to speak with Joe Moser about this issue? Yes, after Louise returns and we are able to provide a statement.

G. We will create a work group with specific requests for data

practices (including rural practices). No specific adolescent concerns since VFC covers to age 18.

3. AAP Disaster Preparedness

A. Current AAP representative is moving out of state

B. Could we find someone from EM/PEDs program? Elizabeth Weinstein or colleague?

4. HPV Grant

A. Background: AAP notified states last April that CDC has given funds for grants to promote HPV vaccination through pediatricians. We provided grant and received \$9,000 dollar grant. Grant activities accomplished thus far include: three webinars (Maggie Blythe was speaker, CDC provided slides, overall poor attendance and two of the three were cancelled), toolkit assembled by Indiana Immunization Coalition with USB drive provided, also buttons. Can use additional Grant Money to increase presence of this on the website. Presentation at annual meeting was completed. Member mailing accomplished through newsletter.

B. Can we organize a drive to wear buttons (Ask me today what I can do to prevent cancer). The Committee members thought this may not be most effective method as new recommendations are that you tell parents what vaccines their child will be receiving at that visit.

C. Would there be data on providers throughout the state and how many they order? State could provide data on orders for VFC.

D. Grant extension as CDC has provided funding for an additional 3-4 months. Now ends on October 31st, 2014.

E. The Indiana pilot is modeled after Chicago efforts

F. Pilot of Practice Intervention. If we could pool state data, then we could provide face-to-face intervention with practices that have low HPV administration rates/numbers. Would use tools already developed through this grant to provide intervention. There would be control practices and then we would measure the effectiveness of increase in vaccination coverage rates.

G. Nothing to go to legislative committee from this issue.

5. Adolescent Preventive Care

A. Funds from this grant are being used to give seven talks throughout cities in the state

Preventive Health Committee Notes Con't on page 5

In This Issue	Click for Page
INAAP Early Brain Committee Notes	Page 1
INAAP Perinatal Committee Notes	Page 2
INAAP Preventive Health Committee Notes	Page 3
INAAP Children With Special Health Care Needs Committee Notes	Page 4
Dr. Greg Wilson's Retirement	Page 5
Dr. Bull's District V Update	Page 6
CYACC Update	Page 7
Upcoming Events	Page 9

COMMITTEE MEETING NOTES (CON'T)

Preventive Committee Notes Con't:

B. INAAP can help by targeting email invitations for the events.

6. Other Items

A. Preventive Committee will meet again: September 17th, 5:30 location TBD

B. Committee Assignments:

Committee Chair: Not yet selected

Legislative Committee: Dr. Stelzner

Children With Special Health Care Needs/Chronic Disease Committee Meeting Notes

Attending: Mary McAteer, MD; Carolyn Lytle, MD; Joe O'Neil, MD; Sarah Tibbs, MD

Others interested in participation but unable to attend: Kosmas Kayes, MD; Mona Zawaideh, MD

1. Asthma/Treatment of Asthma

A. Mary McAteer has introduced a resolution to the ISMA 2014 session regarding standardization of asthma management plans within the state.

B. We were hoping to post the AMP again on our website. It is important to remind everyone that this is consistent with NHLBI guidelines and has resulted from consultation with pediatric pulmonologists, allergists, nurse practitioners, school nurses, respiratory therapists, and the Department of Education and Health.

C. Carolyn Lytle will look into submitting it as a national AAP resolution.

2. Environment

A. Carolyn has a contact that is concerned about air quality, validity of reports and assurance of adequate standards. We would like to have more dialog with her, invite her to contribute to this subcommittee.

B. Joe O'Neil knows of an initiative by the Carmel mayor to limit emissions at a downtown power plant, West Harrison.

3. Mental Health

A. Guns and safe access laws are being introduced in the legislature. Joe O'Neil will keep us aware.

B. Identifying resources and posting it on our INAAP members' only page.

C. Maybe generate an article for the newsletter about Indiana specific resources such as the Early Childhood Meeting Place (<http://www.iidc.indiana.edu/index.php?pageId=195>) Nancy Swigonski also has a possible list of resources.

Next Children With Special Health Care Needs/Chronic Disease Committee Meeting: September 10th 5:30—6:30 pm.

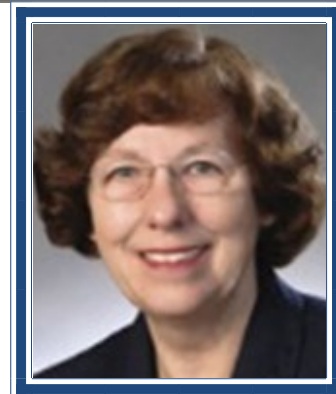
GREG WILSON, MD, FAAP RETIRING FROM INAAP

It is with heavy hearts that we report to you that Gregory Wilson, M.D., FAAP is retiring from INAAP, as he is moving out of Indiana. Dr. Wilson has been a long-standing, active member of our Chapter. He served as INAAP's President from 1999 - 2000; has served on the INAAP Board of Directors as well as served on other numerous Chapter Committees. In 1994, he was awarded INAAP's Irving Rosenbaum Community Pediatrics Recognition Award.

Dr. Wilson is presently the Richard M. Fairbanks Chair in Community Health and Associate Chair for Community and Global Health, IU Richard M. Fairbanks School of Public Health. Dr. Wilson is a 1975 graduate of the IU School of Medicine. He joined the Indiana University faculty in 1979 and has worn many hats during his medical career, all directed at improving the health of children. In 1979, at the start of his career, he founded the Indiana Poison Control Center and served as its medical director until 1983. He also has been a public health pediatrician (Wilson article con't on page 6)



In This Issue	Click for Page
INAAP Early Brain Committee Notes	Page 1
INAAP Perinatal Committee Notes	Page 2
INAAP Preventive Health Committee Notes	Page 3
INAAP Children With Special Health Care Needs Committee Notes	Page 4
Dr. Greg Wilson's Retirement	Page 5
Dr. Bull's District V Update	Page 6
CYACC Update	Page 7
Upcoming Events	Page 9



NEWS FROM AAP DISTRICT V

By Marilyn J. Bull, M.D. FAAP & AAP District V

PILLARS OF THE AAP— BEHIND THE SCENES

Anyone interested in being considered as a replacement for Dr. Wilson on the INAAP Board should contact Jean Caster at jcaster@inaap.org.

We all know the Pillars that uphold the AAP Agenda for Children that include Access, Quality and Finance. And you most likely also are aware of the current Agenda for Children “planks” that include Poverty and Child Health, Epigenetics, Early Brain and Child Development and Children, Adolescents and Media. But do you know what is behind the scenes as these pillars support the real work of the Academy as the Agenda for Children is conceptualized developed and implemented? Did you ever wonder how the rotating Agenda was developed, who determines what programs are implemented and how they are seen to fruition and how the programs are evaluated and integrated into AAP over time?

A great deal of effort “behind the scenes” is critical for the success of any of the Agenda for Children and that starts with the planning and selection process. An idea or suggestion for the Agenda can start anywhere and often is proposed by a Committee, Council or Section. It can start with a group of people that develop a proposal and submit their concepts to the Strategic Planning Committee of the Board of Directors. The Strategic Planning Committee carefully considers the submitted proposals every year and then submits to the Board of Directors their recommendation for discussion and approval. Once approved a chairperson and expert working group are appointed for the topic. They develop a strategic plan for the initiative and engage with the support of the talented AAP staff on a program that is de-

WILSON ARTICLE (CON'T) -

in Appalachia, director of the Pediatric Intensive Case Management Program at Wishard Memorial Hospital, section director of Developmental Pediatrics at Riley Hospital, and co-founder of the Riley Robotic Rehabilitation Center.

He was involved with the development of the state's First Steps program, which emphasizes early intervention for children with developmental disabilities and at-risk infants and toddlers.

In 2001, then-Governor Frank O'Bannon named him Commissioner of the Indiana State Department of Health, where he served a four-year term before returning to the Indiana University faculty. As the State's Health Commissioner, he strengthened county and state public health infrastructure, established programs focused on reducing health disparities, especially in chronic diseases, established an Office of Environmental Public Health, a web-based immunization registry, and improved state systems that support public health preparedness and bioterrorism response.

He has served in various leadership roles, including medical consultant to Indiana's Children's Specialist Health Care Services, Indiana Perinatal Quality Improvement Committee and positions with the Indiana State Medicaid Advisory Committee.

Thank you Dr. Wilson for your many contributions to our Chapter and to our State! You will be missed greatly.

PILLARS ARTICLE (CON'T) -

Behind the scenes are experts that develop many products. They may be as simple as targeted messages for “Smart Briefs” or as complicated as an in-depth white paper on a complicated topic for publication in a peer reviewed journal. Several strategic priorities have resulted in a place on the program at a NCE Peds-21 program. Writing and reviewing content for Healthychildren.org are included in the tasks that occur behind the scenes to ensure that the messages for families are accurate and complete. All is accomplished with the volunteer support of experts working in concert with the AAP expert staff.

Another example of behind the scenes work that is underway to enhance the strength of AAP initiatives is the Parent Advisory Group. Several groups within the AAP have incorporated parents in their work for many years and this contribution has been highly valued. An enhanced initiative is underway to strengthen the possibilities for parent involvement that has involved the leadership of experienced members of the Board and AAP staff as well as very expert parents. This should provide much added value to the products and programs that the AAP develops in many different venues. It has been determined that several AAP chapters also have parent involvement in some form and it is a growing though “behind the scenes” initiative.

Many AAP programs are grant funded and the deliverables from these grants strengthen programs that are critical to the AAP Agenda for Children. One example is the Head Start grant from MCHB in which AAP has the responsibility for Health in Head Start.

Many products have been developed and trainings conducted for Head Start staff. Opportunities for pediatricians to become involved in the community were outlined in an article in January AAP News as well. This initiative is essential to support Early Brain and Child Development as well as Poverty and Child Health as Strategic Priorities of the AAP

The Indiana Chapter functionally develops its’ own chapter pillars and you are to be congratulated for your forward thinking initiatives that also have many “Behind the Scenes” efforts upon which the progress builds and all you continue to accomplish.

Marilyn Bull, MD FAAP
District V Chair
318 944 4846; mbull@aap.net

THE CENTER FOR YOUTH AND ADULTS WITH CONDITIONS OF CHILDHOOD (CYACC)



BY: MARY CICCARELLI, MD, DIRECTOR

CYACC (pronounced ‘kayak’) is a statewide transition support program designed to provide transition consultative for youth and young adults with special health care needs (YSHCN) ages 11-22 and their families as they prepare to move from pediatric to adult services. CYACC’s mission is to steer YSHCN towards healthy, successful adult lives. The program is funded through Indiana Maternal Child Health with matching funds from the Indiana University School of Medicine Department of Pediatrics and Eskenazi Health Services. CYACC provides transition consultation, education and care coordination to 150 new youth and families each year, with another 100 youth returning for annual visits until they are ready for program graduation.

Transition graduation criteria include 1) engagement with an adult primary care provider, 2) establishment of the adult health care financing plan, 3) establishment of the adult decision-maker (whether that is the young adults themselves or a proxy), and 4) the preparedness to have one’s own health

(CYACC article con’t on page 8)

CYACC Article Con't

care needs met with use of appropriate subspecialty services and working within one's own personal support system. The program and team members share values as advocates for youth self-determination, self-management and the importance of family support. The program encourages community inclusion and provide suggestions for eligible accommodations and services. The CYACC team believes that early intervention (prior to high school) is critical in the preparation of YSHCN for transition, maximizing their own self-image as "abled" persons with attainable future goals.

Referrals are accepted from anyone, including physicians, community agencies or families themselves. After an initial office visit, the team creates a portable medical summary (PMS) and a transition plan to address goals in health, education/employment, living/caregiving, and recreation/social participation. Psychosocial and functional assessments are performed that take care to address teen risk behaviors as well as potential co-morbidities related to the youth's chronic conditions. These documents are designed to help youth, as well as new clinical providers, understand medical conditions and facilitate care within the primary care medical home. Chronic condition handouts are provided to PCP's to increase their comfort with unique health conditions. A transition care coordinator provides about three months of post-visit coordination and progress towards transition goals. Follow up with the youth/family verifies that the plan expresses and is moving towards their goals.

CYACC works with its community advisory board and youth subcommittee. The team utilizes medical education, implementation science and quality improvement to expand transition services across the state of Indiana. In March 2011, CYACC received the Indianapolis Business Journal Health Care Hero Award for Community Achievement in Health Care.

CYACC referrals or questions can be sent to cyacc@iu.edu, phone 317-948-0061, fax 317-948-7577.

WANT TO GET MORE INVOLVED IN INAAP—LOOK AT THE OPPORTUNITIES!

Are you looking for ways to become more involved in INAAP? We have a variety of opportunities, including serving on one of our newly created committees which include:

- ◆ Early Brain/Childhood & Epigenetics Committee;
- ◆ Children with Special Health Needs & Chronic Conditions Committee;
- ◆ Perinatal & Infant Mortality Committee; and
- ◆ Preventive Health Committee

Other opportunities within the Chapter for member involvement include serving as:

- ◆ A Media Spokesperson; or
- ◆ A Guest INAAP "Tweetiatician".

Contact Jean Caster via email at jcaster@inaap.org or by calling 317/586-.0732 to learn more!

In This Issue	Click for Page
INAAP Early Brain Committee Notes	Page 1
INAAP Perinatal Committee Notes	Page 2
INAAP Preventive Health Committee Notes	Page 3
INAAP Children With Special Health Care Needs Committee Notes	Page 4
Dr. Greg Wilson's Retirement	Page 5
Dr. Bull's District V Update	Page 6
CYACC Update	Page 7
Upcoming Events	Page 9

AAP Hosts Fetal Alcohol Webinars

The American Academy of Pediatrics (AAP)—via its Program to Enhance the Health and Development of Infants and Children—is offering a series of 30-minute educational webinars focused on raising awareness of primary care clinicians regarding the diagnosis and treatment for children with Fetal Alcohol Spectrum Disorders (FASDs). The educational webinars will focus on identification, diagnosis, referral, and management of FASDs.

Roles, Referrals and Reimbursement

Faculty: David Wargowski, MD The roles, referrals and reimbursement session will provide primary care clinicians with the tools they need to work with families and children who have or may have an FASDs. Dr Wargowski will identify the appropriate professionals needed to build an FASD team and discuss options for community based resources for referral and treatment. Billing, coding and reimbursement will also be discussed.

Date/Time: August 13, 2014 at 3 pm ET (30 minutes)

Register:

<https://www3.gotomeeting.com/register/187514118>

Communication, Care Coordination and Co-management

Faculty: Phillip John Matthias, MD, FAAP and Ira Chasnoff, MD The communication, care coordination and co-management session will confirm the importance of a medical home and its role in working with patients and families. Drs Matthias and Chasnoff will review the development of comprehensive care plans and present several case studies to demonstrate different approaches to care coordination and co-management.

Date/Time: August 27, 2014 at 3 pm ET (30 minutes)

Register:

<https://www3.gotomeeting.com/register/500923542>

For more information, contact Krysta Gerndt via e-mail at kgerndt@aap.org or Rachel Daskalov via e-mail at rdaskalov@aap.org

Upcoming Events SAVE THE DATES/SAVE THE DATES!

August 12, 2014, 5:30—7:30 pm: INAAP Standing Committee Organizational Meeting. Location TBD

September 10, 2014, 5:30—6:30 pm: INAAP Children with Special Health Care Needs/Chronic Conditions Committee Location TBD

September 17, 2014, 5:30—7:30 pm: INAAP Early Brain/Childhood & Epigenetics Committee Meeting; Preventive Health Committee and Perinatal/Infant Mortality Committee Location TBD

October 1, 2014, 5:30—7:30 p.m.: INAAP Legislative Forum—Open to INAAP Members and invited guests. Location TBD

November 19, 2014, 5:30 p.m. to 7:30 p.m.: INAAP Board or INAAP Committee Meetings- Open to all INAAP members and invited guests. Location to be determined.

May 15, 2015, (Time TBD) - INAAP Annual Meeting and Luncheon, Indianapolis Sheraton North

In This Issue	Click for Page
INAAP Early Brain Committee Notes	Page 1
INAAP Perinatal Committee Notes	Page 2
INAAP Preventive Health Committee Notes	Page 3
INAAP Children With Special Health Care Needs Committee Notes	Page 4
Dr. Greg Wilson's Retirement	Page 5
Dr. Bull's District V Update	Page 6
CYACC Update	Page 7
Upcoming Events	Page 9