

INAAP'S MAY ANNUAL MEETING RECAP

INAAP held its 2014 Annual Meeting and Luncheon in Indianapolis on May 15th in conjunction with the Riley 49th Annual Pediatric Conference.

The annual meeting is held to update INAAP membership about important issues and the successful work of the Chapter during the previous year. Over 50 INAAP members, awardees, and invited guests attended the luncheon event.

Through a grant from the AAP, INAAP also hosted a medical student and resident mentoring breakfast hosted by John Kunzer, MD. Riley Residents Allison Pratt and Jonathan Warus made a presentation on AAP's partnership with the [Shot@Life](#) campaign.

New 2014 –2016 INAAP Chapter Officers were introduced at the meeting:

Nancy Swigonski, MD—President

Sarah Bosslet, MD—Vice President

Louise Tetrick, MD—Treasurer

Sheila Stewart, MD—Secretary

(See more about INAAP's Annual Meeting on Page 2)



Michele Trivedi (left) with Dr. Nancy Swigonski, INAAP's newly elected President (right) at INAAP Annual Meeting Award Presentation

INAAP PRESENTS ANNUAL AWARDS

Also as part of the Annual Meeting, INAAP made presentations of its four Annual Chapter Awards:

The Irving Rosenbaum Community Pediatrics Recognition Award for distinguished service to children: Awarded to Niceta Bradburn, M.D.; nominated by Sarah Stelzner, M.D.

The Edwin L. Gresham Award for advancing the care of newborns: Awarded to Bobbi Byrne, M.D.; nominated by Mara Nitu, M.D.

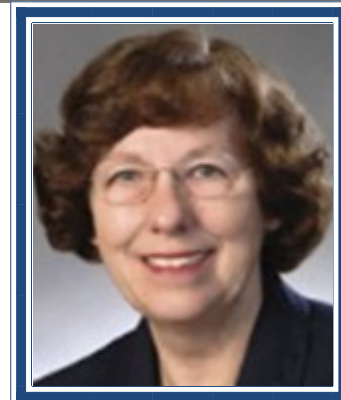
The Community Service Award for significant contributions to the welfare of children: Awarded to Michele Trivedi; nominated by Nancy Swigonski, M.D. (See photo above)

The Virginia Wagner Memorial Award to recognize service to children: Awarded to Luis Escobar, M.D.; nominated by Megan Tucker.

Thank you to everyone who took time to send in nominations for these important awards!

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NEWS FROM AAP DISTRICT V

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

SOME MAY CLAP THEIR HANDS— YOUR ROLE AT THE AAP

INAAP ANNUAL MEETING (CON'T) -

CATCH Grants were also a topic of conversation at the Annual Meeting. Applications are now being accepted for Planning, Implementation and Resident Grants. The deadline for CATCH grant applications is July 31, 2014.

For Planning and Implementation Grants—Up to \$10,000 will be awarded on a competitive basis to individual pediatricians and fellowship trainees to plan innovative community-based child health initiatives that will ensure all children have medical homes and access to health care services not otherwise available in their community. Priority is given to projects that will be serving communities with the greatest health disparities.

All pediatricians are eligible to apply regardless of employment setting or retirement status. Outreach must be to the community at large, not to practice or clinic patients only. All initiatives should incorporate screening for or connecting children to medical homes and available insurance programs.

For Resident Grants—Up to \$2,000 will be awarded on a competitive basis for pediatric residents to plan and/or implement community-based child health initiatives. Projects must include planning activities or demonstrate completed planning activities, and may include implementation activities. For more information on **CATCH Grants** contact Pat Treadwell via email at ptreadwe@iu.edu or Paul Rider at psrider@comcast.net.

“Speak up for children.” “The AAP is your voice for involvement in the lives of children.” How often have you heard these phrases? You have heard them many times, of course, because they are true. They are, however, voices that take many forms and every voice sings a different song. Each pediatrician or group of pediatricians faces different challenges that require a unified voice and many groups of children require a different advocacy message.

What is your song? Are you a subspecialist concerned about reimbursement or your place in an ACO? Do you have a specialty specific advocacy issue with which you need help? The AAP has experts with whom to discuss these specific issues and can direct your energies in the most effective way. You even have a dedicated lobbyist in the Office of Federal Affairs in Washington to address your needs. You can be the subspecialist that your chapter needs for consultation or expert witness.

Are you a primary care pediatrician and struggling with third party payment issues, office management or vaccine storage problems? You can call your chapter payer council, check out Practice Support at AAP.org, or

(Continued Page 3—See “Clap Your Hands”)

Clap Your Hands (con't)

consult with AAP experts on vaccine management. In all these arenas you will find AAP staff as extremely expert resources. The AAP is your voice at the state legislature and on Capitol Hill. Do you need a dependable resource for providing care for a unique patient? Check AAP.org for a Technical Report or Health Supervision Guideline.

Are you a Medical Student, Resident or Fellow in Training? Check the AAP web for your resources and benefits which are voluminous.

All these resources however, do not magically appear. Pediatrician volunteers in concert with AAP staff make this happen.

Where do you fit in and how do you make your voice heard will vary from time to time. Just know that there is a place for your voice.

It may be your vote in an election, a contribution to Friends of Children, clicking the easily accessed message to your Senator about an important vote at Federal Advocacy (www.aap.org) or writing an article regarding a subspecialty interest for your chapter newsletter.

Many will remember the song:

“All God’s children got a place in the choir;

Some sing lower and some sing higher;

And some will clap their hands.”

Please just sing your song or clap your hands; your voice will be heard.

Marilyn Bull, MD FAAP

Chairperson, District V

WANT TO GET MORE INVOLVED IN INAAP—JOIN A COMMITTEE!

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 member of INAAP’s Pediatric Council;
- ◆ A member of INAAP’s Legislative & Advocacy Efforts;
- ◆ 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!

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WE CAN PREVENT CANCER! VACCINATE FOR HPV TODAY!

By Charlene Graves, MD, FAAP

We, as pediatricians, can prevent cancer! Vaccination for human papillomavirus (HPV) prevents cervical cancer! This is the message that families need to hear from their pediatricians. This is the message that will be prominently featured on the INAAP website in the next several months. **HPV vaccination recommendation from a doctor or a health care provider is the SINGLE best predictor of vaccination.** Information on how to make a strong recommendation for this vaccine is available on our Chapter website at inaap.org, through webinars and in an Indiana HPV vaccination toolkit.

What are some facts about what can be accomplished by HPV vaccination?

- 1) Each year, about 26,000 cancers in the U.S. are attributable to HPV (17,000 in women and 9,000 in men);
- 2) HPV strains 16 and 18 account for 70% of cervical cancer, and are covered by HPV vaccination.
- 3) HPV vaccination is MOST effective when given before the onset of sexual activity, with the highest antibody levels from vaccination occurring in preteens.

Why are we focusing on HPV vaccination? We CAN prevent cancer; however, only 35% of Indiana girls have received the complete series of three injections of HPV vaccine and only 48% have received one injection, according to data from the CDC's 2012 National Immunization Survey of Teen Vaccination Coverage (MMWR, 8/30/13). HPV vaccination of pre-teen and teenage boys was first recommended in 2011, but only 20% of boys in the U.S. have received one dose of vaccine.

Your recommendation for HPV vaccination can make a big difference. For example, at the 11-12 year-old visit, doctors may say something like “your child needs vaccinations for whooping cough and meningitis”, with HPV vaccination expressed as an option/add on. Preferred language might be “your child needs three shots today - for whooping cough, HPV, and meningitis.

The HPV shot prevents cancer.” This recommendation assumes HPV vaccination is just as important as the others. More examples of this “modeling/how to” are provided in the toolkit and addressed in the INAAP webinars

A webinar titled “You Are the Key to HPV Cancer Prevention” will be provided by Dr. Maggie Blythe on **June 24, 2014 from 12:00 p.m. to 1:00 p.m.** for pediatricians and their office staff) An excellent HPV vaccination toolkit developed by the Indiana Immunization Coalition will be provided to Chapter members, either electronically, on a flash drive, or as a printed copy.

Click on www.INAAP.org for more information on HPV infection and promoting HPV vaccination! Call or email Jean Caster at jcaster@inaap.org or at 317/586-0732 to register for the June 24 Webinar .



Charlene Graves, MD accepting a Chapter Excellence award from Carolyn Lytle, MD at INAAP Annual Meeting

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GOVERNOR PENCE PROPOSES HEALTH CARE COVERAGE EXPANSION BY INTRODUCING HIP 2.0

Governor Mike Pence has proposed a new health care coverage expansion plan for Indiana. As you may know, the Governor has repeatedly stated that any coverage expansion plan carried out in Indiana as a result of the federal health care reform would need to be an expansion of the State's current Healthy Indiana Plan (HIP). Indiana's HIP plan was created by former Governor Mitch Daniels, and was originally created to offer coverage to uninsured adults, especially adult parents.

The HIP 2.0 plan must still get full approval from CMS at the federal level, but early indications are that current discussions between Indiana and CMS are favorable towards this new plan.

HIP 2.0 would replace traditional Medicaid for non-disabled adults and would offer three pathways to coverage:

- ◆ **HIP Link:** NEW defined contribution plan that helps pay for employer-sponsored health insurance
- ◆ **HIP Plus:** Current HIP program with enhanced benefits including dental and vision
 - Reduced non-payment lock-out period: 6 months instead of 12 months
 - Only option for individuals above 100% FPL
- ◆ **HIP Basic:** Allows individuals below 100% FPL who do not make POWER account contributions to maintain coverage.

For a full look at the HIP 2.0 proposal [click here](#).

INAAP applauds the Governor for laying out a plan for coverage expansion in Indiana. We are continuing to work with the administration to ensure that children's interests are fully supported in this new proposal, and we will keep you posted.

CARING FOR INDIANA ADOLESCENTS “PROVIDING SEXUAL HEALTH SERVICES FOR TEENS IN PRIMARY CARE”

Rebekah L. Williams, MD, MS, FAAP, Section of Adolescent Medicine, IU School of Medicine will make this presentation on **Wednesday, June 25th at 7:30am - 8:30am** at the Outpatient Care Center, Lingle Auditorium at Reid Hospital & Health Care Services; 1100 Reid Parkway; Richmond, IN 47374

Those who wish to attend should email Lynda.McClelland@reidhospital.org or call 765-983-3112 to RSVP.

At the conclusion of the presentation the participant should be able to:

- ◆ Practice elements of adolescent-friendly health services;
- ◆ Understand federal and local laws regarding minors' access to reproductive health services;
- ◆ Counsel adolescents on effective contraceptive methods; and
- ◆ Describe the local scope and risk factors for sexually transmitted infections affecting adolescents.

Accreditation Statement: Reid Hospital and Health Care Services is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Designation Statement: Reid Hospital and Health Care Services designates this live educational activity for a maximum of 1 *AMA PRA Category 1 Credit*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

[Click here to see the full brochure.](#)

ISDH SENDING REMINDER/ RECALL LETTERS BEING SENT TO HOOSIER PARENTS

The Indiana State Department of Health (ISDH) wants to inform Indiana providers about two different upcoming reminder/recalls that are being conducted by the Indiana State Department of Health using immunization records in the state's immunization registry (CHIRP). ISDH anticipates letters to be mailed to homes of Indiana residents during the months of June and July. The intention of this recall is to ensure children are up-to-date on their vaccines prior to the start of the 2014-2015 school year, given the new school immunization requirements.

The reminder/recall letters will target the following:

- ◆ Children entering kindergarten missing records in CHIRP for a complete Hepatitis A vaccination series; and
- ◆ Incoming high school seniors missing records in CHIRP for a booster dose of MCV4.

These vaccines are very important to protect the health of our children. In the past 5 years, ISDH has seen several break-through cases of invasive meningococcal disease, and nearly 100 cases of Hepatitis A in Indiana.

A complete listing of all immunizations required for school entry during the 2014-2015 school is posted on the ISDH website: <http://www.in.gov/isdh/17094.htm>, and in the CHIRP Document Center: <https://chirp.in.gov/>. You do not need a login and password to access information posted in the Document Center.

A copy of a letter to Indiana providers from ISDH can be found by [clicking here](#).

If you have questions, please contact:

The Indiana Immunization Program
Indiana State Department of Health
1-800-701-0704 (Telephone)
1-317-233-3719 (Fax)
immunize@isdh.in.gov

2014 DOWN SYNDROME MEDICAL INTEREST GROUP-USA (DSMIG-USA) ANNUAL SYMPOSIUM JULY 11, 2014 JW MARRIOTT—INDIANAPOLIS

This symposium provides a forum for sharing of knowledge and experiences related to clinical care of children and adults with Down syndrome, clinical research related to Down syndrome, and development of Down syndrome clinics. [Click here to see brochure.](#)

Intended Audience: Healthcare providers with a special interest in the care of persons with Down syndrome including, but not limited to: Primary Care Physicians, Specialty Physicians, Physician Assistants, Nurse Practitioners, Occupational Therapists, Physical Therapists, Speech Therapists, Psychologists, Dietitians, Social Workers, Trainees, and Down Syndrome Clinic Coordinators.

This year's program covers a wide range of pediatric and adult topics, including;

- ◆ Health Care Transition
- ◆ Adult Employment, Communication and Use of Technology
- ◆ Feeding
- ◆ Behaviour
- ◆ Otolaryngologic Issues
- ◆ Adult Healthcare
- ◆ Top Articles
- ◆ New Down Syndrome Growth Charts
- ◆ Updates on Biobanks and Registries

Welcome Reception and poster viewing: July 10th from 7:00 pm – 8:30 pm.

Find out more: <http://dsmig.pediatrics.wisc.edu>

To Register: Click on the tab "Administrative Features/CME" for registration information.

1634 Waiver Changes Made June 1, 2014

For providers that have families with Children with autism who are receiving Applied Behavior Analysis (ABA) Therapy Services, your families may have seen changes in their ABA Therapy Coverage under **Medicaid and the “1634 Transition” (Also called “The June 1st Changes”)**

Because of a transition at the state level, some parents have heard conflicting information from their local Division of Family Resources (DFR) offices, providers, or other resources regarding the type of Medicaid their child must have after **June 1, 2014**, if the child also has Social Security Income (SSI).

INAAP is working with a group of children’s advocates to clarify the changes that families are experiencing. We want to provide parents with accurate information and provide a contact at The Office of Medicaid Policy and Planning (OMPP) and the Family and Social Services Administration (FSSA) that DFR can contact to clarify any of their questions. Much of this confusion is based upon the “1634 Transition” that Indiana began on June 1, 2014.

What is the 1634 Transition? Simply put, in the past, the State of Indiana used different eligibility criteria for disability determination than the Social Security Administration, which is a federal entity. The “1634 Transition” puts the eligibility determination for both programs together, and uses the Social Security Administration’s guidelines to determine disability eligibility and if someone qualifies for Medicaid disability.

For more information please visit: [www.in.gov/fssa/files/1634 Stakeholder Presentation FINAL.pdf](http://www.in.gov/fssa/files/1634%20Stakeholder%20Presentation%20FINAL.pdf) or www.in.gov/fssa/ddrs/4861.htm

For example, several families report that their child has been moved from Hoosier Healthwise (HHW) a managed Medicaid program, which covers ABA, to what is being called “MASI”, which does not cover ABA. MASI is a different category of Medicaid coverage that a person is eligible for if he has SSI. This is causing disruption for families.

INAAP and the group of advocates is working on providing a resource to assist families who have been affected by these changes. Stay tuned for details.

Upcoming Events

June 24, 2014—12:00 p.m. to 1:00 p.m.—”You Are The Key To Cancer Prevention/HPV Immunization Webinar

June 25, 2014— 7:30—8:30 a.m.— Caring For Indiana Adolescents, “Providing Sexual Health Services For Teens In Primary Care” at the Outpatient Care Center, Lingle Auditorium at Reid Hospital & Health Care Services; 1100 Reid Parkway; Richmond, IN 47374

July 19, 2014—5:30 p.m. to 7:00 p.m.— INAAP Board or INAAP Committee Meetings- Open to all INAAP members and invited guests. Location to be determined.

Sept/Oct 2014—(Date and Time to be determined) - INAAP Legislative Forum—Open to INAAP Members and invited guests

November 19, 2014, 5:30 p.m. to 7:00 p.m.— INAAP Board or INAAP Committee Meetings- Open to all INAAP members and invited guests. Location to be determined.

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