



INAAP Monthly News & Updates

April 2017

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Letter from the President - Pediatric Coordination of Care in Indiana

Coordination of Care. Three words that sound like wishful thinking for many pediatricians and families. Have you ever wished you could enlist a member of your staff to spend their time managing the complex care of that handful of patients in your practice who need it the most? Between specialists, therapists, the primary pediatrician, the dentist, the school, the social worker, DCS, the insurance company, and the family, this can take hours of time. If done well, a care coordinator can accomplish more than just saving time and money. A good, coordinated care effort can improve the wellbeing of children with complex medical conditions, and may even extend their lives.



Many insurance companies offer some version of care coordination. In my experience, however, this "coordination" is a fax that asks for a list of current medications and the next scheduled appointment for my patients with frequent visits to the emergency department. I find myself grumbling about yet another piece of paper I have to fill out after-hours and questioning the actual benefits this approach provides.

INAAP recognizes that our current state is a frustration felt by many of our members, and we are launching an effort to review the state of pediatric care coordination in Indiana. As defined by Antonelli et al, *pediatric care coordination is a patient and family-centered, assessment driven, continuous team-based activity designed to meet the bio-psychosocial needs of children and youth while enhancing person and family care giving skills and capabilities. Care coordination addresses interrelated medical, social, developmental, psychological, behavioral, educational, environmental and financial needs in order to achieve optimal health and wellness outcomes.* As part of that effort, we want to hear your patient care stories. If you have a care coordination program that works, tell us about it! If you have frustration about the lack of care coordination, we want to hear that too. In particular, we would really like to hear stories about how your patients have been affected by a lack of care coordination.

We believe coordination of care should be embedded in the medical home, and that practices should be reimbursed for their time in this effort. In order to advocate for care coordination, we need to hear from you! Share your stories by sending them to cw@inaap.org, and stay tuned throughout the year for updates on this very important issue.

LAST CALL: Free Adolescent

Immunizations Seminar and Fluoride Varnish Training - April 29th at Conner Prairie



RSVP deadline extended to April 21st.

INAAP will be hosting an adolescent immunization seminar on Saturday, April 29th at Conner Prairie Interactive History Park in Fishers, Indiana. (13400 Allisonville Rd, Fishers, IN 46038).

The seminar will address a broad range of topics relating to adolescent immunizations, with a focus on how to make a strong recommendation for the HPV vaccine. Other areas of focus will include: epidemiology, issues related to vaccine avoidance, and ways to improve compliance with vaccine schedules, discussion of vaccines in the adolescent platform, and updates on vaccines in development. Participants can earn 20 MOC part II Points and 2 hours of CME.

INAAP will also be providing an optional session on fluoride varnish. Get trained to provide fluoride varnish in your practice, and get all the information on billing and reimbursement. The optional session will take place from 11:15 am to 12:00 pm.

A flyer for the seminar, along with the full course description is available [HERE](#).

Registration is free, but RSVP is required. To RSVP, email Chris Weintraut at cw@inaap.org.



Dr. Emily Scott Discusses the Safe Practice of Skin to Skin Care in the Newborn Period

Not only is breastfeeding the natural way for newborns to feed, but it is a critical intervention to improve the health of our moms and babies. Breastfeeding decreases the rate of infectious diseases, such as ear infections and lung infections, in the first year of an infant's life. Breastfeeding also decreases the risk of chronic health conditions such as obesity, asthma, allergies and leukemia. Babies who are breastfed have a 50% reduction in their SIDS risk. Mothers who breastfeed are

less likely to develop type II diabetes, some forms of breast and ovarian cancer, and metabolic syndrome in their future. Breastfeeding in the postpartum period also decreases the rate of postpartum hemorrhage.

Delivering hospitals should have practices in place to promote breastfeeding in the hospital. A crucial component of this is skin-to-skin care (SSC). SSC is recommended for all stable mothers and newborns, regardless of method of delivery or feeding plan, immediately after birth and through (at least) the first hour of life. SSC has been shown to improve breastfeeding rates at hospital discharge and 6 months of life. SSC also improves cardiopulmonary stability, blood glucose scores and helps the newborn thermoregulate.

Recently, concerns have been raised about the safety of SSC in the immediate newborn period. These concerns are often related to a condition called sudden unexpected postnatal collapse (SUPC). SUPC occurs when a previously well appearing newborn unexpectedly stops breathing, most often in the first few hours of life. This can lead to cardiorespiratory failure, neurologic disability and death. Some cases of SUPC have been linked to unsupervised SSC or breastfeeding in the first hours after birth - particularly in the sleepy or distracted mom without good support. Newborn falls are also a concern raised when considering adopting universal SSC after delivery in the hospital.

SSC is a key step to establishing good breastfeeding practices in the newborn period, but we need to make sure that this practice is occurring safely in our maternity centers. The AAP recently released a clinical report that details steps hospitals can take to make SSC effective and safe. Recommendations include:

- All hospitals should promote early SSC in the delivery room, as long as mother is awake

and able to respond to the infant and the dyad is medically stable. This SSC should continue for at least 1 hour after birth. SSC may be done in the operating room following routine deliveries without complications. If not initiated in the OR, SSC should be started in the recovery room.

- The newborn should be carefully placed in the following position: face seen, head in a "sniffing" position and turned to the side, nose and mouth uncovered, shoulders and chest to mother's chest and legs flexed. Baby's back should be covered with blankets.
- The mother and baby should be monitored continuously by staff in the delivery room and regularly on the postpartum unit while skin-to-skin. All medical staff must be trained in close monitoring of newborns during SSC. Frequent and repetitive assessments of the newborn's position, breathing, activity, color and tone should occur by trained staff during SSC. This must be documented in the medical record.
- If baby required aggressive resuscitation (i.e. positive pressure ventilation), SSC must be postponed until after the infant has been monitored and is deemed stable by medical providers. Newborns with additional risk (i.e. 5 min APGAR < 7 or other medical complications) must also be assessed carefully to ensure stability before initiation of SSC.

With a clear protocol and training for nursing staff, SSC is a safe and important component of routine maternity care. It is a vital step to helping our mothers and babies attach and bond after delivery. When done in a supervised manner, SSC is not a safety risk - but rather a key intervention to support a great breastfeeding relationship. Championing this "golden hour" after delivery has significant implications in combatting Indiana's infant mortality rate and improving health outcomes for all Hoosier moms and babies.

Feldman-Winter, L. et. al. "Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns." Pediatrics 2016; 138(3): e1-e10.

2017 INAAP Member Survey



INAAP is currently conducting a survey of its members to find out what is most important to its members, and how INAAP can most effectively serve pediatricians and children throughout the state. The results of the survey will be shared at INAAP's annual luncheon on May 18th at the NCAA Hall of Champions. The survey will remain open through April 30th, 2017.

The survey is 20 questions, and should take less than five minutes to complete. Your input will help INAAP leadership set strategy for the organization over the next several years, and your participation will be greatly appreciated.

Please don't hesitate to reach out to Chris Weintraut at cw@inaap.org if you have any questions about the survey, and thank you in advance for your time.

[2017 INAAP Membership Survey](#)



CALL FOR FEEDBACK: Issues with Medication Coverage through Medicaid (Formulary Issues)

On Thursday, March 23rd, INAAP leadership met with representatives of Indiana Medicaid to discuss concerns over changes to Medicaid formularies. Many members expressed concerns over changes to which medicines are covered under the new formularies, as well as concerns of increased administrative hassle. Thanks to your feedback, we were able to present the pharmacy division of Indiana Medicaid with numerous specific examples of how the changes have

had a negative impact on real-world practice in Indiana.

However, our job is not done. We need to continue to collect feedback from all of you about specific

issues you are having with the formulary changes that went into effect on January 1, 2017. If you are having issues, or if there are other barrier-to-care concerns affecting you or your practice, please reach out to Chris Weintraut at cw@inaap.org with a description of the issue.

Updates on the issues presented to Indiana Medicaid will be available at our annual luncheon on May 18th at the NCAA Hall of Champions.



Read IN at the Indianapolis Central Library Raises over \$3,000 for Reach Out and Read Indiana

The second annual Read IN was held on April 1, 2017 at the Indianapolis Central Library. Money raised by the event will benefit Reach Out and Read sites in Marion County, and will provide hundreds of books for use in the program.

Special thanks to Dr. Katie Swec (pictured to the left with her two daughters) and Dr. Sarah Stelzner for their efforts in coordinating the event.

Upcoming Meeting Wednesday, April 19th

RSVP to Chris Weintraut at cw@inaap.org

The best way to get involved as an INAAP member is to attend one of our monthly in-person meetings. Meetings are held on the third Wednesday of every month at 6:00 pm. Meetings take place at the Joseph Maley Foundation, 7128 Lakeview Parkway West Drive, Indianapolis, IN, 46268.



Meetings during odd-numbered months focus on business and updates for the organization, and meetings during even-numbered months focus on the work being done by our committees. Meetings are a perfect way to get to know fellow INAAP members and get involved in an area that interests you.

[Full Upcoming Meeting Schedule](#)

Register Now - 2017 Riley Pediatric Conference and INAAP Annual Luncheon

INAAP will once again be hosting its Annual Luncheon as part of the Riley Pediatric Conference. The dates for next year's conference are May 17-18, 2017. The INAAP Luncheon will take place on the second day of the conference, Thursday, May 18th.

When you sign up, be sure to indicate you want to attend the INAAP Luncheon. Register now to join us and hear from our annual award winners, as well as get caught up on exciting INAAP news and updates.



Additional information and registration is now open through the links below. We hope you will join us in May!

[Conference Information](#) [Registration](#)

Training of Medical Extenders



Letter

Many INAAP members have expressed frustration and concern with the amount of requests they receive to train medical extenders such as nurse practitioners, physician's assistants, dietitians, and others.

Though some of the frustration stems from the volume of requests received, there is also real concern over the apparent lack of oversight and uniformity for the training. To help members who share these concerns, INAAP has developed a letter you can use if you are forced to

turn away a potential trainee or want to express your concerns about the process. You can now simply sign the letter, and ask the potential trainee to take the letter back to the institution requiring their training.

[Training of Extenders Letter](#)



Call for Nominations - INAAP Regional Representative (Central Region)

INAAP is currently seeking nominations for the position of Regional Representative for Indiana's Central Region. Regional Representatives sit on INAAP's Board of Directors, and are crucial to helping our organization ensure it serves members in all areas of the state. There are two Regional Representatives for each region of Indiana (North, Central, and South) who serve two year terms on the Board of Directors.

Regional Representatives take part in a monthly teleconference to discuss issues from their district, and the time commitment for the position is approximately 1-2 hours per month. If you think you're the ideal candidate, or if you'd like to nominate someone who is, please reach out to Chris Weintraut at cw@inaap.org. Please also reach out if you'd like to learn more about the position.



A Message from AAP District V Chair, Dr. Richard Tuck

As each of you know and now experience everyday, the needs and issues of children are threatened in many ways. Your AAP is aggressively and forcefully responding to these challenges on a real time basis with timely media releases and by building coalitions. Our AAP CEO, Karen Remley, has embedded her mantra to respond to these issues: Be First, Be Right, Be Credible!

The AAP has developed a rapid response communication team coordinated and championed by Mark DeMonte, JD. Our current AAP President, Fernando Stein, MD, FAAP, has led our rapid responses, along with Karen Remley, MD, FAAP. These responses are firmly evidence based and evidence informed, and supported by AAP policy. In

addition, AAP member expertise is identified and utilized whenever possible. This enables us to stand up and speak for children with credible authority.

Specific recent examples of our AAP response to challenges on a real time basis:

After several anti-immigration focused orders were issued in late January, the Academy swiftly took action by issuing a press statement consistent with our mission. Dr. Stein firmly stated: " We urge President Trump and his Administration to ensure that children and families who are fleeing violence and adversity can continue to seek refuge in our country".

A policy statement was released on 3/13/17: "Detention of Immigrant Children" . This powerful statement clearly defined the issue of detention of immigrant families and children. It also makes

specific recommendations that pediatricians can take, as we have the opportunity, to advocate for systems and policies that mitigate trauma and protect the health and well-being of vulnerable immigrant children.

Opposition to immunizations continues to be an area of challenge. The AAP has and will continue to rapidly and forcefully respond when the antivaxers and misinformed provide uninformed views. In February, the AAP joined with 350 medical, professional, and advocacy organizations drafting a letter to President Trump expressing "unequivocal support" for the safety of vaccines. The 28 page letter cited more than 40 studies on vaccine safety and effectiveness. The letter states "Vaccines have been part of the fabric of our society for decades and are one of the most significant medical innovations of our time... Put simply: Vaccines are safe. Vaccines are effective. Vaccines save lives."

A new opportunity for you to stay abreast with current issues is "AAP Daily Briefing". This is an exclusive daily news briefing available on the internet. This benefit is available only to AAP members.

Think about what you can do and say at every opportunity as we advance the agenda for children, founded in our Mission and Vision statements. We are firmly committed to the role and mission of the AAP in order to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

As you continue your advocacy whenever and wherever you can, look to your AAP to continue to BE FIRST, BE RIGHT, BE CREDIBLE !

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.



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Complete a Quick Survey & Win a Weekend Cabin Stay in Brown County

Healthcare Providers: OutCare Health and the Indiana University School of Medicine are looking to provide and expand information and resources concerning LGBTQ healthcare on a website. To clarify Indiana healthcare providers' current needs, OutCare has created a short 5-10 minute questionnaire. **Participants get to enter a raffle for a weekend cabin stay in Brown County, Indiana!** Prepare to get cozy and get away from the hustle and bustle of the city! This modern cabin is nestled on 1 acre and surrounded by acres of beautiful forest with old-growth Sycamores. If you have any questions, please contact Dustin Nowaskie at dnowaski@iupui.edu.

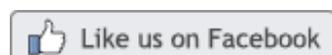
[Questionnaire](#)



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:



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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