



**INAAP**

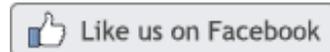
INDIANA CHAPTER  
AMERICAN ACADEMY OF PEDIATRICS

## INAAP Monthly News & Updates

June 2018

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### Letter from the President

"Not avoiding hot button political issues, I see!"

I received this text from an old friend about 15 minutes after our INAAP response to the separation of families at the US border was published throughout Indiana media outlets. I quickly responded without hesitation: "Not a political issue for me!"

It's really not. In fact, one of the great benefits of being a member and leader of this organization is that I never feel pressured to parse political agendas. Our focus is putting children first. It's our north star, and our compass is consistent and true. Whether the issue is child separation, gun legislation, or changing insurance laws, the Indiana American Academy of Pediatrics will never waiver to look at the issue from eyes of children needing our advocacy. Their voice is ours.



Putting children first. During discussions with friends, legislators, or the media, I find this the best way to simplify and redirect perspective of such "hot button political" issues. I encourage you all to do the same! Our accomplishments and advocacy for children would not be possible without your leadership, energy, and passion.

A special thank you to Dr. Sarah Stelzner for her leadership on this issue. You can read INAAP's statement below, which was published in the Fort Wayne Journal Gazette last week. A reformatted version of the letter was also sent to Indiana's members of Congress.

Though President Trump has now signed an executive order halting the separation of children from their parents at the border, our advocacy on this issue cannot stop. Family detention is not the solution to address the forced separation of children and parents at the U.S. southern border, and we must work with our members on Congress to find a solution that protects the health and well-being of all children.

[INAAP Statement on Child Separation](#)

# ATTENTION

## Important Update: Newborn Screen Changes Take Effect July 1, 2018

Effective July 1st, the Indiana State Department of Health (ISDH) is implementing the changes to the newborn heelstick screening process, as described in HB 1017 and HB 1287 during the 2018 state legislative session. INAAP reached out to the ISDH, IU metabolic experts, as well as our own perinatal committee to help clarify the rule and prepare Indiana pediatricians and newborn providers for the change.

### What is changing?

*From ISDH:*

The Indiana State Department of Health is making changes to the newborn screen (newborn heelstick), effective July 1st. Two new diseases will be added, and the timing of collection will be reduced to 24 hours of age.

What new diseases are being added?

From Dr. Brett Graham, M.D., Ph.D. Associate Professor and Associate Director of Clinical Genetics:

This year, the Indiana state legislature, through passage of HB 1017, approved the addition of two genetic conditions, severe combined immunodeficiency (SCID) and spinal muscular atrophy (SMA), to the Newborn Screen. The official start date for screening for SCID and SMA has not yet been released by the state. These two disorders are not classical metabolic disorders, rather an inherited immunodeficiency and a congenital neuromuscular disorder, respectively (and both will be detected using DNA-based technology). However, because there are available treatments that are most beneficial when started in the first few months of life and because of advocacy from various stakeholders, these two disorders were added to the Indiana NBS mandate by the state legislature.

In the absence of effective treatment, SCID is usually fatal within the first 2 years of life. Treatment by hematopoietic cell transplantation can minimize the devastating effects of SCID, but needs to be done early in life—mortality rates are high if treatment is delayed beyond the first 3-4 months of life. Identification of infants with SCID soon after birth through public health newborn screening (NBS) allows for pre-symptomatic diagnosis and optimal timing of treatment of these infants. Since May 2010, SCID has been part of the US Department of Health and Human Services Recommended Uniform Screening Panel (RUSP) (<https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html>).

### How are collection requirements changing?

*From ISDH:*

As of July 1st, the newborn screen can be collected on infants at 24 hours old. The screen should be done on all infants no later than 48 hours after birth.

### Is there a protein intake requirement before a child can have the newborn screen done?

*From ISDH:*

Infants should have started enteral feedings before the newborn screen is performed. However the law no longer mandates a time interval after starting feeds before a screen can be validated.

### Why are these changes happening?

*From Dr. Graham:*

The change in timing of the collection of newborn screens from a 48 hour minimum to a 24 hour minimum took several factors into account and became effective last year (2017). First, it is more reflective of the timing of newborn screening nation-wide as many states accept samples from neonates after 24 hours of life. Assuming the child has fed reasonably well during this first 24 hours, no sensitivity is being sacrificed. Additionally, with many OBs and families being discharged from the hospital sooner after delivery, this prevents a trip back to the hospital or the PCP's office for the family to perform the screen at 48 hours. While not significantly altering turnaround times, drawing the screen up to 24 hours earlier does, in some cases, allow for sooner results.

## **Does this mean that babies can now be discharged home at 24 hours old?**

*From Dr. Pat Clements, MD, FAAP - Newborn Hospitalist and INAAP Perinatal/Infant Mortality Chair:*

Not necessarily. Previously in Indiana, the newborn screen at 48 hours often served as the final check-off before an infant was discharged home from the hospital. However, the change to validation at 24 hours does not mean a child is necessarily ready for discharge at that time. Monitoring for effective establishment of breastfeeding, signs of sepsis, weight loss, hyperbilirubinemia, as well the availability of close outpatient follow-up all play a role in determining when an infant should be discharged.

## **How soon should newborns be seen by a provider after being discharged from the hospital?**

*From Dr. Clements:*

Infants discharged prior to 48 hours old should be examined by a healthcare provider within 48 hours of discharge. If this cannot be arranged, then delaying discharge may be appropriate. All newborns should be seen within 2-3 days of discharge from the hospital, per AAP recommendations.

## **What resources can help determine an infant's readiness for discharge?**

*From Dr. Clements:*

- **Jaundice**
  - In addition to the AAP bilirubin nomogram, [www.bilitool.org](http://www.bilitool.org) and the "BiliCalc" app for smartphones can guide appropriate bilirubin follow-up.
- **Weight loss**
  - The newborn weight loss tool (NEWT) considers infant age, mode of delivery, and feeding method in a nomogram. [www.newbornweight.org](http://www.newbornweight.org)
- **Sepsis risk**
  - The CDC guidelines on GBS are included in the smartphone app "Prevent GBS." The early-onset sepsis calculator also assesses infant risk in the context of maternal factors. <https://neonatalsepsiscalculator.kaiserpermanente.org>

Finally, below is a link to a simplified document explaining the changes that are going into effect. We encourage you to post this document in your newborn unit or office for the benefit of your entire staff.

July 1, 2018 Newborn Screening Changes Document

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**Special Free CME  
Opportunity:  
INAAP-Sponsored Registration  
for the 2018 Indiana Health**

## Advocacy Coalition Conference

INAAP is a proud sponsor of the 2018 Indiana Health Advocacy Conference, and we want you to attend on our dime! As a perk of your membership, don't miss the chance to attend this wonderful conference free of charge! INAAP is able to sponsor 10 members to attend the conference, and spaces will be given on a first come, first served basis.



The 2018 Indiana Health Advocacy Coalition Conference, Celebrating the Contributions of Medical Legal Partnership to Comprehensive Patient Care, will be held Thursday, July 26th 2018, at the Ivy Tech Culinary & Conference Center, 2820 N. Meridian Street, Indianapolis, IN 46208.

The focus of this first annual gathering will be to celebrate the many successes of Indiana's existing Medical Legal Partnerships, share best practices in identifying and addressing the health-harming civil legal needs of diverse patient populations, and inspire new collaborations and innovative approaches to enhancing patient-centered health care in Indiana. Attendees will be able to claim CME credit, and both breakfast and lunch will be served.

You can find the preliminary agenda [HERE](#).

If you are interested in attending, please contact [Chris Weintraut](#).



Dr. Jody Madeira

### Talking to Patients about Guns: Help Us Learn More

In partnership with Dr. Jody Madeira, a professor of law at Indiana University - Bloomington's Maurer School of Law, INAAP encourages you to participate in an important research project related to how physicians discuss firearms and firearm safety with patients, and how these issues affect treatment relationships.

Gun safety continues to be a top priority for our chapter, and this information will help us better understand how pediatricians can most effectively help keep their patients

safe.

Taking part in the study will include a short (15 minutes) interview by Dr. Madeira. For more information about the study and how to participate, click the link below.

[Study Information](#)

### July's INAAP Member Meeting: Early Childhood Development RSVP Today!

help me



July's in-person meeting will focus on early childhood development, and will include two speakers who will discuss different aspects of the topic.

**Dr. Katie Swec** will present information on the Help Me Grow program, which aims to help states, communities, and practices leverage existing resources to ensure communities identify vulnerable children, link families to community-based services, and empower families to support their children's healthy development.

**Dr. Paula Gustafson** will then present information on a child development program recently implemented at her own practice, and how others can replicate the model.

Finally, there will be time reserved at the end of the presentation for questions and discussions.

The meeting will be held at the Joseph Maley Foundation, 7128 Lakeview Pkwy W Dr, Indianapolis, IN 46268 on Wednesday, July 18th at 6:00 pm. Dinner is provided, and the meeting is free to INAAP members. Use the link below to RSVP today!

July 2018  
Member Meeting

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## Volunteer at the Indiana State Fair and Help Spread Tobacco Cessation Resources

INAAP is a proud partner of Tobacco Free Indiana, and TFI is happy to announce that they will once again have a booth at Little Red Door's Cancer Survivors Day at the Indiana State Fair on Sunday, August 12 from 9:00 a.m. to 9:00 p.m.



TFI is volunteers for three hour shifts, with shifts from 9a-12p, 12p-3p, 3p-6p, 6p-9p. We need three volunteers per shift. Volunteers will get free entry to the Fair. Water, snacks (and fun!) will also be provided. You will be responsible for your own parking, usually \$5.

If you would like to volunteer, please email [Chris Weintraut](mailto:Chris.Weintraut@tobaccofreeindiana.org) with your preferred (& second choice) shift. Shifts will be given away on a first come, first served basis. If you would like to bring 1-2 other people with you to cover an entire 3-hour shift, that is also possible.

TFI will plan activities and giveaways for the booth, you just need to come and help spread the word.

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## Power Couple: Drs. Tony and Sarah GiaQuinta Speak as part of the Alliance for a Healthier Indiana

INAAP is a proud member of the Alliance for a Healthier Indiana, which aims to address four major health concerns in Indiana: 1) tobacco use, 2) opioid abuse, 3) obesity and 4) infant mortality. To help garner support from around the state, the Alliance is taking their message on the road in 2018 and hosting town-hall meeting in 17 different cities. The Alliance recently stopped in Fort Wayne, where community leaders in business, health, and government were able to discuss the health challenges in their city.



As part of the meeting, INAAP members Drs. Tony and Sarah GiaQuinta spoke about the difficulties in managing a child's health in the face of serious social barriers, and how a stronger public health infrastructure in our state is needed to help provide optimal care. Tony is a general pediatrician and current INAAP President, and Sarah is the Director of the Children's Health Collaborative of Allen County.

INAAP will be providing speakers at other stops throughout the year as we build more momentum in our state for an investment in public health. You can find more information about



## Reminder: Behavioral Health Study

You are invited to participate in a research study conducted by researchers at the IU School of Medicine to help determine how best to provide expert behavioral health consultation services to clinicians and families in primary care settings through a Child Psychiatry Access Program (CPAP) in Indiana.

This study involves a brief, voluntary online survey about your reactions to potential CPAP features and structure.

For additional information about the study, contact the researcher Zachary W. Adams, Ph.D., HSPP at [zwadams@iu.edu](mailto:zwadams@iu.edu).

If you would, please consider taking a few minutes to help us understand mental health services in our state.

ACCESS THE SURVEY: <https://is.gd/IndianaCPAP>



## Stay Up to Date with Changes Related to Medicaid Payment and Procedures

As many of you know, there have been numerous changes since January 1, 2017 to how medicaid and managed care is administered in Indiana. INAAP continues to work with state officials to remedy issues that have been identified as a result of those changes, and we want to make sure that all INAAP members know how to keep themselves up to date on news or updates that may be issued by the state.

You can access official notices of new and revised policies, program changes, and information about special initiatives by visiting Indiana FSSA's website. The link is provided below, and all members are encourage to regularly check the website to keep up-to-date with the most recent changes being implemented.

Indiana FSSA  
Bulletins

## 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](mailto:cw@inaap.org). He will send you an invitation and get you set up!



## 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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