March 2016

Champion E-Correspondence

This is an e-mail communication related to the American Academy of Pediatrics (AAP) “Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis.” It is designed to provide AAP Medical Home Chapter Champions with resources, as well as current clinical and other information. The Champion E-Correspondence is sent on a monthly basis. Feel free to share the Champion E-Correspondence with colleagues. Distribution information appears at the end of this newsletter.

Project Updates

Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis (MHCCPAAA)
Greetings from Elk Grove Village, Illinois! In 2016, we are looking forward to continuing to offer educational webinars sponsored by the MHCCPAAA. Coming up next month, we are pleased that David Stukus, MD, FAAP, FACAAI, FAAAAI, will be highlighting some of the best 2015 articles on asthma and allergy, and leading a discussion on how the information in these articles could impact asthma and allergy care within the medical home. Register here.

Medical Home Highlight

Columbia University Medical Center: Promising Practice in Pediatric Medical Home Implementation for Children and Youth with Asthma
Columbia University Medical Center in New York, New York, is an innovative and promising practice in pediatric medical home implementation. The project utilizes a multidisciplinary team-based approach to provide coordinated, comprehensive care for children with special health care needs, particularly those with asthma. Visit the National Center for Medical Home Implementation (NCMHI) Web site to learn practical pediatric medical home implementation strategies utilized by Columbia University to transform four academic practice locations into pediatric medical homes.

Upcoming Events

- Webinar: Engaging Patient and Family Advisors in Creating Patient-Centered Medical Home Transformation, March 10, 10am PT/11am MT/12pm CT/1pm ET
- Webinar: The Diagnosis of Food Allergies, and the Role of Oral Food, March 16, 10am PT/11am MT/12pm CT/1pm ET
- Patient Centered Medical Home & Patient Centered Specialty Practices (Getting On Board—Learn It), March 16, 7am PT/8am MT/9am CT/10am ET
- Webinar: Health Plan Strategies for Managing Asthma and Reducing Exposure to Environmental Triggers, March 17, 10am PT/11am MT/12pm CT/1pm ET
- Webinar: Alternative Payment Models in a Rural Setting, March 17, 10am PT/11am MT/12pm CT/1pm ET
- Webinar: Fundamentals of National CLAS Standards, March 17, 12pm PT/1pm MT/2pm CT/3pm ET
- 17th Annual Summit on Improving Patient Care in the Office Practice and Community, March 20-22, Orlando, FL
- Patient Centered Medical Home & Patient Centered Specialty Practices (Getting On Board—Earn It), March 17, 7am PT/8am MT/9am CT/10am ET
- Patient Centered Medical Home & Patient Centered Specialty Practices (Getting On Board—Keep It), March 18, 12pm PT/1pm MT/2pm CT/3pm ET
- Webinar: Coding for Pediatric Preventive Services, March 30 at 10am PT/11am MT/12pm CT/1pm ET
- Webinar: Using the Community Guide for Community Health Improvement, March 30, 10am PT/11am MT/12pm CT/1pm ET
- Webinar: Groundbreaking Asthma and Allergy Articles from 2015: Implications for Care and Practice, March 31 at 9am PT/10am MT/11am CT/12pm ET
Increasing Medication Possession at Discharge for Patients With Asthma: The Meds-in-Hand Project

In a recent article published in Pediatrics (February 2016), researchers found the proportion of patients discharged with medication, following an admission due to asthma, improved with the implementation of a quality improvement project focusing on changing the discharge process. Changes to the discharge process culminated in the development of a discharge medication delivery service. Additionally, outpatient pharmacist delivery of discharge medications to patient rooms achieved the project aim of 75% of patients discharged with meds-in-hand. In a subset of patients for whom all insurance claims were available, those discharged with meds-in-hand had lower odds of all-cause re-presentation to the emergency department within 30 days of discharge, compared with patients discharged with usual care.

Mobile Telephone Text Messaging for Medication Adherence in Chronic Disease

A meta-analysis published in JAMA Internal Medicine (February 2016) reporting data from 16 randomized clinical trials found that telephone text reminders from providers were associated with increased rates of medication adherence among patients with chronic conditions, including asthma and allergic rhinitis. Researchers noted that while the meta-analysis identified a positive effect of text messaging on medication adherence in the short term, it is not known for sure if this influence will translate into longer-term effects on adherence behavior or on clinical outcomes. Future research is needed to find out more regarding the long-term impact.

Polymorphisms Affecting Vitamin D–Binding Protein Modify the Relationship Between Serum Vitamin D [25(OH)D₃] and Food Allergy

In a recent February 2016 Journal of Allergy and Clinical Immunology article, researchers reported on a study that sought to investigate whether polymorphisms that lower the vitamin D–binding protein could compensate for adverse effects of low serum vitamin D on food allergy risk. They found that children born to women who ate foods that were rich in vitamin D during their pregnancy had a 20% lower risk of hay fever, but taking vitamin D supplements didn’t reduce the risk. The findings were based on more than 1,200 mothers and their children.

Respiratory Virus Transmission Dynamics Determine Timing of Asthma Exacerbation Peaks: Evidence from a Population-Level Model

Researchers found that children's asthma symptoms tend to worsen when school starts in the fall and reopens after long holidays such as spring break because of the spread of cold viruses and being exposed to children with colds. The February 2016 findings in the Proceedings of the National Academy of Sciences were based on an analysis of 66,000 asthma-related hospitalizations of children in Texas over seven years.

*Subscription log in or purchase may be required to view full article
More Influenza Illness Suggests Need for More Rapid Antiviral Treatment
Children clinically presumed to have influenza should be considered for early antiviral treatment, when indicated, independent of laboratory confirmation or receipt of influenza vaccine. This crucial approach can help minimize morbidity and mortality, particularly in young children, and those who are hospitalized or who have underlying co-morbidities. Antiviral treatment should be started as soon as possible after influenza illness onset and should not be delayed while waiting for a confirmatory test result because early therapy provides the best outcomes. See the CDC Health Advisory for more information.

National Symposium on Children with Complex Health Care Needs
This past December, the Lucile Packard Foundation for Children’s Health hosted a gathering of the nation's leading experts in complex health care for children at the National Academies of Sciences in Washington, D.C. Session topics included national health policy for this population, care coordination, self-management, team care, and financing for complex care. Presentation slides, along with a recorded web cast of the event are now available.

Keep Your Practice Engine Running Smoothly with a Quality Improvement (QI) Tune-up
Just like complicated machinery and the human body, a quality improvement (QI) program needs to be managed carefully and tuned-up on a regular basis. Too often, organizations think of building QI capacity as a one-time event; they provide training, launch projects, and check the "completed" box. But a QI program, like any other health department initiative, will only excel if it adjusts to changing circumstances and continually improves. Learn more about the QI tune-up service that the Public Health Foundation (PHF) has developed in response to this ongoing challenge.

5 Tips for Testing to Optimize your Next PDSA Cycle
The Plan-Do-Study-Act (PDSA) cycle is a fundamental tool in the quality improvement tool belt. PDSA cycles are used to test, implement and spread change ideas in a systematic way. Here are five field-tested tips to optimize your next PDSA cycle.

How to Implement Care Coordination in Your Practice
Need help identifying, adapting and implementing tools to support care coordination capacity building and measurement? The National Center for Care Coordination Technical Assistance (NCCCTA) provides technical assistance (TA) on the Pediatric Care Coordination Curriculum, Care Coordination Measurement Tool and the Pediatric Integrated Care Survey. The NCCCTA can also answer individual questions about making care coordination work in your practice. Visit here for more information and links to the above tools. Join the NCCCTA Community of Learners listserv.

Pediatric Medical Home Infographics Now Available
A series of three infographics on pediatric medical home and practice transformation is now available from the American Academy of Pediatrics (AAP). Targeted towards pediatric health care professionals, each can stand alone or be offered in combination to form a series. Collectively, the infographics raise awareness of how children are unique; rapid changes in pediatric practice taking place at the patient and family, practice, and community levels; and actions pediatricians and other child health professionals can take to advocate for children while responding to changes in practice.
Technical Assistance Available for States on Home and Community-Based Services
The Centers for Medicare and Medicaid Services (CMS) is offering free technical assistance and training to any state agency that is developing or improving home and community-based services (HCBS) under Sections 1915(c) waivers or Sections 1915(i), 1915(j), or 1915(k) State Plan Amendments. Click here to view more details.

Strategies to Enhance Care for Hispanic Children and Youth with Special Health Care Needs
Created by the NCMHI based on lessons learned from a community-based medical home project in Rhode Island, this fact sheet provides clinicians with strategies on how to enhance care for Hispanic children, youth and their families.

Rhode Island: Advancing the Medical Home Model in Pediatrics
The Rhode Island Pediatric Practice Enhancement Project places family/peer resource specialists in pediatric practice to enhance care coordination, family-centered care, and cultural competency for families and children. Learn about the project’s components, payment model, and outcomes by viewing the Rhode Island State Profile created by the National Center for Medical Home Implementation in partnership with the National Academy for State Health Policy.

Weiss Pediatric Care: Promising Practices in Pediatric Medical Home Implementation
Weiss Pediatric Care in Sarasota, Florida, is an innovative and promising practice in pediatric medical home implementation. Visit the National Center for Medical Home Implementation Web site to learn practical pediatric medical home implementation strategies utilized by Weiss Pediatric Care to provide care for families and children.

The Well Visit Planner Media Toolkit NOW IN SPANISH
The Well Visit Planner is an online tool created by the Child and Adolescent Health Measurement Initiative (CAHMI) to help families prepare for their children's upcoming well-child visits to the health care provider. This free tool is available in English and Spanish, and takes 10-15 minutes to fill out before each visit; and can be printed and taken to a visit to help parents and their child's doctor discuss their child. It helps families be better partners in their child's health care, and helps health care providers better serve the needs of the child and the family.

Recorded Webinar: Do Medical Homes Work?
The Patient-Centered Primary Care Collaborative February National Briefing Webinar, "Do Medical Homes Work?" slides and a recording is now available online.

Air Matters: New Toolkit Promotes Health Tribal Home Environments
The Tribal Healthy Homes Network has released the Air Matters Toolkit, which includes 11 different low cost instruments and cue cards that promote preventive home maintenance. This toolkit aims to assist families in tribal communities with improving indoor air quality in their homes.
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**Policy and Advocacy**

**State Policies on Food Allergies in Schools**
Food Allergy Research and Education (FARE) cites CDC data showing that food allergies among children increased approximately 50% between 1997 and 2011. The AAP supports policies that allow students diagnosed with food allergies, and deemed capable by parents and physicians to do so, to self-carry epinephrine in schools. Because 25% of anaphylactic attacks occur in children who were previously undiagnosed and occur while they are attending school, the AAP also recommends that schools consider stocking unsigned prescriptions for epinephrine for general use and training unlicensed assistive personnel (UAPs) to identify anaphylaxis and administer epinephrine in absence of a school nurse.

**State Laws Addressing Epi-Pens in Schools**
A resource from The Network for Public Health Law outlines state policies on student self-carry of epinephrine, individual written treatment plans, and the administration of epinephrine by school personnel in cases of undiagnosed anaphylaxis. For more information from the AAP on food allergies in schools, visit HealthyChildren.org. Working on state legislation to protect children with food allergies? Contact stgov@aap.org.

**Airplane Kids in Transit Safety (KiTS) Act**
The AAP Department of Federal Affairs is currently working to advocate for the revision of regulations governing emergency medical kits (EMKs) on airplanes so that they will be more appropriate for children and include epinephrine auto-injectors. The Airplane KiTS Act would require the Federal Aviation Administration (FAA) to undertake a rulemaking process to ensure that the EMKs carried onboard commercial airplanes contain appropriate medications and devices for treating children. EMKs are not currently required to have devices such as pediatric bag-mask ventilation, pediatric CPR masks, or epinephrine auto-injectors that can be used to prevent potentially fatal conditions. The Academy issued a press statement following a recent amendment and the introduction of the Senate bill, and will continue to work with both the House and Senate to ensure that children have access to appropriate medication and devices when traveling by plane.

**Ways to Engage**

**Payer Advocacy**
The AAP has increased its advocacy efforts regarding inequities in both the public and private sectors. The focus on Medicaid issues will continue, with an added focus to address pediatric issues in the private payer sector. More information on tools and resources are now available on the AAP payer advocacy webpage.

**EPA Clean Power Plan Implementation**
The AAP Publication StateView highlights (page 14) the EPA work to reduce carbon pollution and urges states to set a path to reduce carbon emissions via the EPA Clean Power Plan. AAP Chapters are uniquely positioned to educate legislators and regulators about the unique environmental health needs of children and the importance of reducing power plant carbon emissions.

**Telehealth Resource Center Grant Program**
Telehealth Resource Centers (TRCs) assist health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations. This Funding Opportunity Announcement (FOA) will fund two different types of TRCs. This FOA will support twelve TRCs that focus on State-wide and regional telehealth activities and are referred to as Regional TRCs (RTRCs). This FOA will also fund two National TRCs (NTRCs) that focus on telehealth policy or technology activities with a national scope. This funding cycle will support up to twelve RTRCs, with one per region as shown below. RTRCs will serve as focal points for advancing the effective use of telehealth technologies in their respective communities and States. Application deadline is March 4, 2016.

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The Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis is a program of the American Academy of Pediatrics Division of Children with Special Needs, which is made possible by funding from Allergy and Asthma Network (AAN).
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**Food Allergy Grant Funding Opportunities**

NIH [Consortium for Food Allergy Research: Clinical Research Units (UM1) Grant](#)

NIH [Consortium for Food Allergy Research: Leadership Center (UM2) Grant](#)

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**In the News...**

- Asthma May Raise Risk of Abdominal Aneurysm
- Long-term Smog Exposure May Boost Heart, Lung Disease Deaths
- AlerSense Develops World’s First Smart Airborne Allergy and Asthma Early Warning System
- Study Explores New Approaches to Prevent Fall Asthma Exacerbations in Pediatric Patients
- Vitamin D Supplements Have No Effect on Frequency and Severity of Colds in Asthma Patients
- University of Arizona-Tucson Researchers Find Genetic Mutations Associated With Respiratory Disease
- Asthma in Childhood May Increase Risk of Shingles
- Cold Viruses at School Largely to Blame for Asthma Hospitalizations
- Babies Exposed to Air Pollution in Womb at Increased Risk of Developing Asthma
- Prenatal Acetaminophen Exposure Increases Asthma Risk in Children
- Kids With Asthma, Allergies May Face Heart Risks
- Living With Stress For Too Long May Be Giving Kids Asthma
- Half a Million Children with Asthma May Not Actually Have Condition
- NY Gets More Than $1 Billion for Student Asthma Management

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**Chapter Champions Call to Action**

May is [National Asthma](#) and [Allergy Awareness](#) Month! Consider working with your chapter leadership to create awareness through a local educational event, an allergy/asthma screening event, an article in your chapter newsletter or website, a blog, etc. Use the links above for ideas and toolkits to take action! Please share your activities with us!

Important dates of notes include:

- **May 3** – World Asthma Day 2016! World Asthma Day is a yearly occasion that takes place on the first Tuesday of May. In addition to the World Asthma Day in May, this year’s [Food Allergy Awareness Week](#) to educate the public about food allergies is **May 8 -14, 2016**.

  As always, we regularly update the [program website](#) with resources that might be useful to champions. Be sure to check out our website!

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*The AAP Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis staff provides this e-mail update to the Academy’s Medical Home Chapter Champions, other interested AAP members, and staff. Unless explicitly stated, information included in this newsletter does not imply AAP endorsement. For additional information on medical home, visit the AAP Medical Home Web site and the National Center for Medical Home Implementation Web site. All comments and inquiries can be sent to Nkem Chineme at nchineme@aap.org or 800/433-9016, ext. 4342. If you would like to unsubscribe to the Champions E-Correspondence, contact Nkem Chineme.*