



Champion E-Correspondence

August 2016

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.

MEDICAL HOME

**CHAPTER
CHAMPIONS**

**PROGRAM ON
ASTHMA
ALLERGY
AND
ANAPHYLAXIS**

Project Updates

Greetings from Elk Grove Village, Illinois! Please take part in the next educational webinar from the MHCCPAAA and help us spread the word!

Adolescence typically marks the beginning of more complex cognitive processes, including abstract thinking about possibilities. Teenagers may not appreciate the long-term consequences of nonadherence to daily asthma therapy or the need to carry self-injectable epinephrine at all times. Practitioners can help anticipate some of these challenges and begin discussion before the transition to independent living occurs. Join us for a free webinar on **Thursday, September 1 from 1pm – 2pm ET** titled ***Preparing Adolescents with Asthma and Allergies for Transitions to Independent Living***. This one-hour webinar is designed to educate practitioners on issues pertaining to adolescent transitions from the medical home, with practical tips to start using immediately, and a particular emphasis on successfully transitioning adolescents with asthma and allergies to independent living. [Register](#) for this important webinar today!

Medical Home Highlight

Now Updated! State Pediatric Medicaid and CHIP Medical Homes Initiatives: At-a-Glance Table

The National Center for Medical Home Implementation, in partnership with the National Academy for State Health Policy, recently updated its "[State at-a-glance](#)" table. The table provides an overview of publicly funded state programs that support the implementation and spread of the pediatric medical home model of care, particularly for children with special health care needs including asthma and allergy. The table includes information on Health Home State Plan Amendments, and states that have active Medicaid payment for pediatric medical home programs.

Upcoming Events

- ◆ [PREP® EM](#), August 6-10, Chicago, IL
- ◆ Webinar: [Assessing for Social Determinants in Clinical Practice: Approaches and Tools](#), August 10, 9am PT/10am MT/11am CT/12pm ET
- ◆ [Pediatric Pulmonary Medicine Board Review Course](#), August 19-22, Phoenix, Arizona
- ◆ Webinar: [Using Learning Communities to Support Innovation Adoption: Lessons from the AHRQ Health Care Innovations Exchange](#), August 25, 10:30am PT/11:30am MT/12:30pm CT/1:30pm ET
- ◆ Webinar: [Preparing Adolescents with Asthma and Allergies for Transitions to Independent Living](#), September 1, 10am PT/11am MT/12pm CT/1pm ET
- ◆ [Practical Pediatrics Course](#), September 2-4, New York, NY
- ◆ [PREP® The Course](#), September 10-14, Philadelphia, PA
- ◆ [CME Course: Care of the Hospitalized Child](#), September 28-30, San Francisco, CA
- ◆ [AAP National Conference and Exhibition](#), October 22-25, San Francisco, CA
- ◆ [Advanced Pediatric Life Support](#), October 22, San Francisco, CA
- ◆ [Practical Pediatrics Course](#), November 4 – 6, Naples, FL



Champion E-Correspondence

August 2016

Upcoming Events (continued)

- ◆ [DB: PREP – An Intensive Review and Update of Developmental and Behavioral Pediatrics](#), November 30-December 4, Anaheim, CA
- ◆ [Practical Pediatrics Course](#), December 9 – 11, Chicago, IL

Reports

Thumb-Sucking, Nail-Biting, and Atopic Sensitization, Asthma and Hay Fever

A [study](#) in *Pediatrics* (July 2016) found that 38% percent of children who sucked their thumbs or bit their nails and 31% of those who did both had sensitivity to allergens such as grasses, dog dander, and dust mites at age 13, compared with 49% of those who didn't have either habit. The findings, based on data involving 1,037 youths born from 1972 to 1973 in New Zealand and followed for more than three decades, also showed that those who sucked their thumbs or bit their nails continued to have lower allergic sensitization at age 32, but had no lower risk of developing hay fever or asthma.

E-Cigarettes, Cigarettes, and the Prevalence of Adolescent Tobacco Use

Researchers examined the prevalence rates of smoking from Southern California adolescents over two decades in a recent [study](#) published in *Pediatrics* (July 2016). Cohorts were enrolled from entire classrooms in schools in selected communities and followed prospectively through completion of secondary school. Analyses used data from grades 11 and 12 of each cohort. Among 12th-grade students, the combined adjusted prevalence of current cigarette or e-cigarette use in 2014 was 13.7%. This was substantially greater than the 9.0% adjusted prevalence of current cigarette use in 2004, before e-cigarettes were available ($P = .003$) and only slightly less than the 14.7% adjusted prevalence of smoking in 2001 ($P = .54$). Similar patterns were observed for prevalence rates in 11th grade, for rates of ever use, and among both male and female adolescents and both Hispanic and Non-Hispanic White adolescents. Smoking prevalence among Southern California adolescents has declined over 2 decades, but the high prevalence of combined e-cigarette or cigarette use in 2014, compared with historical Southern California smoking prevalence, suggests that e-cigarettes are not merely substituting for cigarettes and indicates that e-cigarette use is occurring in adolescents who would not otherwise have used tobacco products.

Potential Solutions to Electronic Cigarette Use among Adolescents

In a companion piece to the aforementioned Barrington-Trimis et al. article in *Pediatrics* (July 2016), manuscript authors [highlight solutions](#) to the increase in adolescent e-cigarette use. Interventions discussed include school-based, policy-based, and clinical care-based recommendations and practical messaging to implement within school, community, and clinic settings.

Practice Patterns in Medicaid and Non-Medicaid Asthma Admissions

Study authors sought to determine if practice patterns differ between Medicaid and non-Medicaid patients. A matched cohort design [published](#) in *Pediatrics* (July 2016), studied 17,739 matched pairs of children (Medicaid to non-Medicaid) admitted for asthma in the same hospital between April 1, 2011 and March 31, 2014 in 40 Children's Hospital Association hospitals contributing data to the Pediatric Hospital Information System database. Patients were matched on age, sex, asthma severity, and other patient characteristics. Medicaid patient median cost was \$4263 versus \$4160 for non-Medicaid patients ($P < .001$). Additionally, the median cost difference (Medicaid minus non-Medicaid) between individual pairs was only \$84, and the mean cost difference was only \$49. For closely matched patients within the same hospital, Medicaid status did not importantly influence costs, Length of Stay, or ICU use.



Champion E-Correspondence

August 2016

Reports (continued)

Mismatching Among Guidelines, Providers, and Parents on Controller Medication Use in Children with Asthma

A recent cross-sectional [study](#) in *The Journal of Allergy and Clinical Immunology** (May 2016) included 740 pairs of providers and parents of children ages 4-11 years. Each of the children had a diagnosis of asthma and were prescribed at least one controller medication. Children with severe asthma or other health issues were excluded. Results showed 72% of parents knew what type of controller medication their child was prescribed, and 49% knew both the type and how often to administer it. Among children prescribed inhaled corticosteroids, there was a mismatch in the understanding of the dose in 27% of prescriptions for daily, year-round use; 54% of prescriptions for daily use when asthma is active; and 66% of prescriptions for relief only, according to the study. Researchers suggested providers talk with parents about the importance of the medicine and whether they think it is working to identify families who are not using the proper dose.

*Subscription log in or purchase may be required to view full article

Resources

"Little Laura" Video on Medication Dosing

In an episode of [The Healthy Children Show](#), Little Laura shares her top five safety tips for dosing and giving liquid medication. Parents are reminded to always use the dosing device that comes with their child's medicine, never teaspoons or tablespoons, especially not spoons taken from a kitchen drawer. This is a great reminder for any patient taking liquid medication, including allergy and asthma medication!

Language Access in Primary Care

Created in partnership with the National Center for Cultural Competence, this article [provides examples of language access services and strategies](#) to enhance language access services in pediatric primary care practices, including those caring for children with asthma, allergies, and other special health care needs.

Tennessee: Advancing the Medical Home Model in Pediatrics

In December 2014 Tennessee was awarded a two-year, \$75 million State Innovation Model (SIM) testing grant to transform the state's healthcare system. The SIM grant supports a patient-centered medical home program built off a quality improvement initiative facilitated in partnership with the Tennessee Chapter of the AAP. For more information, view the [Tennessee State Profile](#).

National Immunization Awareness Month #WhyIVax

August is National Immunization Awareness Month (NIAM), which is one of the most active public health campaigns for the AAP. This year, the AAP is asking members to go on the record on vaccines and explain #WhyIVax on social media, and share resources from [HealthyChildren.org](#), [YouTube videos](#) by **Wendy Sue Swanson, MD, MBE** on vaccines, and [AAP Voices](#) blogs about the [power of vaccines](#) by authors that include **Ari Brown, MD**. This year, AAP will be posting infographics on the history of vaccines on Twitter and Pinterest that promote a timeline displaying the long and impressive history of vaccines.

Preparing Your Office for Hurricanes

This hurricane season, locate and review your office insurance policies to ensure you have the correct coverage. Pay special attention to exclusions, limits, and deductibles. After a disaster, offices and clinics may become sites for health care if area hospitals are unable to provide services. Consider how to prepare for a surge of pediatric patients. For more information and strategies, see the [Preparedness Checklist for Pediatric Practices](#).



Champion E-Correspondence

August 2016

Resources (continued)

Pediatric Coding Webinars Still Available for 2016

[Archived coding webinars](#) available for 2016 – valuable information to help you code it right the first time and minimize claim denials and payment delays. Cost: \$134.95 per webinar. Topics Include:

- Mastering Modifiers
- Coding for Pediatric Preventive Services
- *ICD-10-CM*: The Road So Far
- Understanding Evaluation and Management Coding in Pediatrics

AAP Private Payer Advocacy

Several AAP chapters have developed [pediatric councils](#) as forums to discuss pediatric issues with payers. Pediatric councils have the potential to facilitate better working relationships between pediatricians and health insurance plans and to improve quality of care for children. AAP members are encouraged to work with their chapter pediatric council on private payer issues. Find out [more](#).



Request for Proposals: Medically Complex Children

Lucile Packard Foundation for Children’s Health - [Request for Proposals](#) that describe goals and processes to improve the system of care for children with complex health conditions. Due: **Sept 15**.

Successful ACOs Use Care Coordinators, Medical Homes

A [study](#) of a Medicare Shared Savings Program accountable care organization (ACO) receiving shared savings for two successive years linked that ACO's success to patient-centered care, increased care coordination, and the use of big data. Data show only 24% of ACOs received shared savings for their first year of participation.

Get Help Preparing for New ICD-10-CM Coding Changes

Beginning Oct. 1, there will be 1,943 new ICD-10-CM codes, 422 revised codes and 305 “invalid” codes, which will have additional digits to further classify them. An article in the July issue of [AAP News](#) has details about these changes and how they may affect pediatric practices.

2016 KIDS COUNT Databook

[The Annie E. Casey Foundation](#) released its [2016 KIDS COUNT Databook](#), an annual report looking at state level data on child health, education, and well-being. Overall, the 2016 report finds that despite mounting economic inequality, more children are finishing high school and are healthier than ever. State and topic specific data are easily searchable through the [KIDS COUNT Data Center](#). This customizable resource is an excellent tool to lend support to a wide variety of initiatives.



Teens May Find Transition to Adult Coverage Challenging

Young adults may find it challenging to transition from children's Medicaid or their parents' health plan to adult coverage via the federal health insurance exchange system or expanded Medicaid programs, experts said. Issues include confusing documentation requirements, inadequate Medicaid notifications, and convincing young adults that they need coverage, but the group [Young Invincibles](#) is working to raise awareness that marketplace coverage is very affordable and includes preventive care that health plans provide at no charge.



Resources (continued)

West Haven Child Development Center, West Haven, Connecticut

This early intervention and development program fosters strong partnerships between educators, health professionals, and social workers, thereby coordinating care across multiple systems to form a medical home neighborhood. The [program](#) has successfully provided comprehensive, coordinated care to children and families for over 35 years.

Implementation Insights:

- Form a **multidisciplinary, cross-system health care team** consisting of individuals who care for families and children.
- Create a **shared plan of care** between educators, clinicians, and social workers.
- Utilize **volunteers** from universities and other community organizations.

“Spirit and Place” Festival in Indianapolis – Focus on “Home”

The annual *Spirit and Place* Festival in Indianapolis is an extensive civic celebration that engages more than 19,000 people in central Indiana in dozens of programs presented by more than 100 organizations. During this year’s event from November 4 – 13, all aspects of “home” will be celebrated. Together with the Indiana Chapter of the AAP, Mary McAteer, MD was invited to write a blog to educate families about an aspect of home they might not be familiar with - the Medical Home. In her [blog post](#), Dr McAteer writes about the medical home and what it means to children and families.

Behavioral Health Intervention With Adolescents

Substance use and mental health are major concerns among youth. Pediatricians have an important role in preventing, identifying, and treating substance use and mental health concerns. The AAP, thanks in part to the Friends of Children Fund, is offering free access to online simulations which provide participants with effective brief intervention techniques. Use of the simulations is free to AAP members and can be accessed [here](#).

Listserv Helps Health Professionals Encourage Smoking Cessation

The AAP Julius B. Richmond Center of Excellence and American Lung Association are launching a new [listserv](#) for health professionals who are interested in increasing tobacco cessation through health systems change. The listserv will facilitate a discussion and share resources related to systems change strategies, implementation, and impact on tobacco cessation.

AAP Announces New Initiative to Confront Violence in Children’s Lives

In the wake of recent violence in St. Paul, Baton Rouge, and Dallas, the AAP is announcing a new initiative to confront the dual epidemics of violence and intolerance in children's lives, and how pediatricians can protect children, adolescents, and young adults. The full press statement is can be found online [here](#). More information regarding this important initiative will be shared by the AAP in coming weeks.



Champion E-Correspondence

August 2016

Resources (continued)

Join the AAP Mentorship Program

Mentorship is one of the most important tools for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. The AAP recognizes that mentorship is critical in helping to nurture and grow future leaders and that a mentorship program is a key opportunity to engage new and existing members. The AAP Mentorship Program seeks to establish mentoring relationships between trainees/early career physicians and practicing AAP member physicians. [Click here](#) for more information and to join the program. *Please note: Mentors are asked to commit at least one full year. However, the program offers opportunities for short-term “flash” mentoring. Mentors/mentees will be asked to set regular phone meetings to discuss mentee goals, objectives, and progress. Mentors/mentees should also answer all communications in a timely manner.*

Focus on Asthma in Mississippi



Mississippi uses the Behavioral Risk Factor Surveillance System (BRFSS) to address asthma. Asthma is a serious public health issue in Mississippi, where it affects state residents disproportionately. Health-care access, poverty, and even the geography of the Mississippi Delta region are all considerations in addressing the state’s public health needs.

In order for state officials to implement specific intervention programs that help residents keep the disease under control, they need to know prevalence rates of asthma by gender, race, socioeconomic status (education & income), and county level. These data are provided through BRFSS and the Asthma Call-Back Survey (ACBS). Obtaining a good response rate for ACBS is challenging because of small sample size. For more information about the Asthma Call-back survey, please visit the BRFSS [website](#).

Asthma interventions in Mississippi include the following programs:

FLARE: Provides asthma education and device demonstration based on the National Asthma Education and Prevention Program Guidelines for the Diagnosis and Management of Asthma (NAEPP EPR-3). Trained hospitals educate all patients and caregivers at discharge from an asthma-related hospitalization/emergency department visit.

School-based Asthma Management Program: A resource that helps schools in the state’s Delta and southwestern regions identify students with asthma, provide education to staff and students, and have written policies on file for each student with asthma.

Results of Participating in the Asthma Call-Back Survey

- Asthma findings are disseminated to the public through surveillance reports and fact sheets posted on the Mississippi State Department of Health [website](#).
- The American Lung Association and the Mississippi State Department of Health also distribute reports and fact sheets to the state asthma coalitions and to other partners and stakeholders.
- The state health department presents BRFSS-related results at Asthma Educator Institutes around the state.

Legislators and other decision- and policy makers drew upon asthma information as they enacted a comprehensive asthma law that was passed in 2010 and revised during the 2014 legislative session (SB2218 Mississippi Asthma and Anaphylaxis Child Safety Act). Asthma-related sections of the act gave students permission to carry and administer their asthma medication while at school; required school nurses, teachers, and other staff to attend asthma training; and required schools to adopt an integrated pest management policy.



Champion E-Correspondence

August 2016

Policy and Advocacy

Subcommittee Holds Hearing on ACE Kids Act

In recent weeks the House Energy and Commerce Subcommittee on Health held a hearing on the bipartisan *Advancing Care for Exceptional Kids (ACE Kids) Act of 2015*. The ACE Kids Act seeks to improve access to care for children with complex medical conditions who receive services in the Medicaid program through care coordination and the creation of health homes. The AAP [endorsed](#) the bill following its introduction. A recording of the hearing and witness testimony can be found [here](#).

Federal Aviation Administration Reauthorization

Both the House and Senate voted to reauthorize the Federal Aviation Administration (FAA) through September 2017. The legislation now heads to the White House for the president's signature. Unfortunately, the short-term extension of FAA does not include an AAP-championed requirement to review and update the contents of emergency medical kits (EMKs) on airplanes to ensure their appropriateness for children (including auto-injectable epinephrine). Positive language was included, however, in the Senate's Transportation Appropriations report that strongly encourages the FAA to examine current EMK regulations. The AAP will continue to work with Senate appropriators to express support for a provision in an end-of-the-year omnibus bill to require the FAA to begin the process of reviewing the current contents of EMKs.

Ways to Engage

#VoteKids: Join AAP's Get Out the Vote Campaign

Children can't vote, but we can. The AAP recently launched its Get Out the Vote campaign, #VoteKids, with the goal of making children a meaningful part of the election conversation and encouraging all who advocate for children to vote with their needs in mind. The campaign offers a [portal](#) of tools and resources to help raise awareness about why it's important to #VoteKids, including a social media toolkit and a social media banner you can add to your profile pictures. Leading up to the election, the AAP will continue to share new campaign updates and resources on its #VoteKids [website](#).



In the News...

- ◆ [‘Bathe Daily’ Advice for Children with Eczema](#)
- ◆ [E-Cigs May Damage Cells in Mouth](#)
- ◆ [Researchers Test New Drug with Potential to Reverse or Slow Progression of Asthma](#)
- ◆ [Does Living Near a Fracking Site Make Asthma Worse?](#)
- ◆ [Study Shows Siblings of Food Allergic Children Do Not Experience Food Allergy Symptoms](#)
- ◆ [Food Additive tBHQ May Be Linked to Increase in Food Allergies](#)
- ◆ [USC Finds More Teen Vaping Could Reverse Progress in Tobacco Reduction](#)
- ◆ [Scientists Uncover Structure of Cold Virus Linked to Severe Asthma, Respiratory Infections in Children](#)
- ◆ [Study Finds Significant Differences Among Pediatric Hospitals in Managing Inpatients with Asthma](#)
- ◆ [Primary Care-Based Program Can Help Improve Assessment and Treatment of Asthma in Children](#)
- ◆ [Researchers Identify Candidate Genes Controlling Phenolic Compound Accumulation in Broccoli](#)
- ◆ [Allergies and the Hygiene Hypothesis](#)
- ◆ [Asthma: Pediatric Hospitals’ Costs, Treatment Practices Vary Widely](#)



Champion E-Correspondence

August 2016

Chapter Champions Call to Action



We Need You! One of the main important ways the impact of the Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis is assessed is through hearing from chapter champions about their activities and accomplishments in the areas of: Advocacy, Education, Chapter Involvement, and/or Medical Home. We are all ears and want to hear from you about the things you are working on as a champion. [Email](#) AAP staff today!



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

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.