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! September is here and kids are back in school after the summer break. Unfortunately, many hospitals report higher emergency department visits in September due to asthma. An article in the September 2007 issue of the *Journal of Allergy and Clinical Immunology* attempts to provide helpful theories as to what causes this increase. As families have their back-to-school wellness checks, this is a good time to educate children and their families on asthma and allergy care and management. With good preparation and education, they can be better prepared for asthma and allergy issues in September, and year-round.

**Upcoming Events**

- **AAP MHCCPAAA Chapter Champions Educational and Networking Conference,** October 9-10, Rosemont, IL. Participants will be eligible to receive a maximum of 10.00 AMA PRA Category 1 Credits™ towards the AMA Physician’s Recognition Award. We are looking forward to seeing you all!!
- **Twitter Chat (#AsthmaChat): Preparing Your Child to Go Back to School with Asthma,** September 9, 10am PT/11am MT/12pm CT/1pm ET
- **10th Annual Alaska Asthma & Allergy Conference,** September 11-12, Girdwood, AK
- **US Anaphylaxis Summit – 2015,** September 18, San Ramon, CA; October 2, Dallas, TX; October 16, Boston, MA
- **Adverse Childhood Experiences Southeastern Summit 2015: Building Resilient, Interdisciplinary Workforces, Communities & Families,** September 24-26, Asheville, NC
- **2015 Association of State and Territorial Health Officials Annual Meeting,** September 29-October 1, Salt Lake City, UT
- **Be Aware: Latex Allergy Anaphylaxis Is Still Here,** October 6 at 4pm PT/5pm MT/6pm CT/7pm ET
- **The Why Behind Latex Allergy and Cross-Reactive Food,** October 7 at 4pm PT/5pm MT/6pm CT/7pm ET
- **Blazing New Trails: Innovations in State Health Policy,** October 19-21, Dallas, TX
- **AAP National Conference and Exhibition,** October 24-27, Washington, DC
- **2015 APHA Annual Meeting & Exposition,** October 31-November 4, Chicago, IL
- **FARE Teen Summit,** November 13-15, Washington, DC
- **The Future is Now, AMCHP 2016,** January 23-26, Washington, DC
Champion E-Correspondence
August 2015

AAP 2015 National Conference & Exhibition Events of Note

- **Diagnosis and Management of Food Allergy: What’s New?** October 24, 7:30-8:15am ET
- **Thingamajigs and Whatnots: Choosing the Right Device for the Allergic Patient**, October 24, 8:30-10am ET
- **Recent Advances in Allergy, Asthma & Immunology for Pediatricians**, October 24, 1-4pm ET
- **Telementoring as a Strategy to Reach Children Globally**, October 24, 2-3:30pm ET
- **Section on Allergy & Immunology Program: Day 2**, October 25, 8am-12pm ET
- **Successfully Engaging Families in Quality Improvement to Enhance Medical Home Implementation**, October 25, 8:30-10am ET
- **Airways Disease from Infancy to Adolescence**, October 25, 1-4pm ET
- **Spirometry Workshop: When and How to Use and How to Interpret**, October 25, 4-5:30pm ET
- **Anaphylaxis: Recognition and Management**, October 26, 7:30-8:15am ET
- **Multilingual Children: Beyond Myths and Towards Best Practices**, October 26, 4-5:30pm ET
- **Current Approach to Preventing Allergy by Maternal and Infant Diet**, October 27, 12:45-1:30pm ET
- **Dealing with Common Allergy Conundrums in the Pediatrician’s Office**, October 27, 4-5:30pm ET

Reports

**Infants at Risk of Food Allergy Might Benefit from Early Introduction of Peanut**
In a recent statement of endorsement in AAP News (September 2015), the Academy and nine other medical professional organizations have endorsed the document, *Consensus Communication on Early Peanut Introduction and the Prevention of Peanut Allergy in High-Risk Infants*. It was first posted online on June 19 by the *Journal of Allergy and Clinical Immunology*, and provides guidance regarding early peanut introduction based on the results of the Learning Early About Peanut (LEAP) study.

**Addressing Barriers to Emergency Anaphylaxis Care: From Emergency Medical Services to Emergency Department to Outpatient Follow-Up**
This article published in *Annals of Allergy, Asthma and Immunology* (August 2015) highlights recommendations from a panel discussion among allergists and emergency physicians. The panel of experts examined barriers to emergency care for anaphylaxis, and discussed ways to encourage appropriate prompt treatment, including the use of epinephrine for all severe allergic reactions. The panel also agreed that epinephrine should be given to patients at risk of an anaphylactic reaction based on a previous severe reaction or those who have had a known or suspected exposure to their allergic trigger with or without the development of symptoms.

**Time to Epinephrine and Survival After Pediatric In-Hospital Cardiac Arrest**
This study, published in the *Journal of the American Medical Association* (August 2015) aimed to determine whether time to first epinephrine dose is associated with outcomes in pediatric in-hospital cardiac arrest. The authors found that among children with in-hospital cardiac arrest with an initial non-shockable rhythm who received epinephrine, delay in administration of epinephrine was associated with decreased chance of survival to hospital discharge, return of spontaneous circulation, 24-hour survival, and survival to hospital discharge with a favorable neurological outcome.
**Avoiding Peanuts May Not Be Necessary For Some Allergy-Prone Infants**
This article published in AAP News (September 2015), targets parents and highlights a recommendation that feeding babies peanut products early actually may prevent peanut allergy, and a recent endorsement of the recommendation by the AAP. The AAP also states that there is no convincing evidence that delaying solid foods beyond 4-6 months of age, including allergens such as fish, egg and foods with peanut protein, prevents allergies.

**The Role of Pediatricians in School Food Allergy Management**
Published in Pediatric Annals (August 2013), this review article focuses on a pediatrician's role in school food allergy management. It highlights basic things that all pediatricians can be doing to assist in food allergy management in a school setting. With the prevalence of food allergies on the rise, and with more children without a prior diagnosis of food allergies needing epinephrine in school, it is important for pediatricians to education parents and teachers on managing food allergies in schools.

**Mapping the Early Attendance Gap**
A recent report tracking absenteeism and authored by two national nonprofits, Attendance Works and Healthy Schools Campaign, found that asthma is a major reason for young learners’ absences from school, especially in the youngest grades. Both groups have tracked absenteeism in schools since 2007 through the Chronic Early Absence Project. Although poor health disproportionately impacts low-income children of color, children across all racial groups have asthma, but the real issue is an ability of the students to have asthma that is well-managed. To manage asthma, it is important for a child to have regular access to medical care as well as a school that is well set up to have an asthma management plan. Racial and economic disparity negatively impact children with asthma as these children need homes without common asthma triggers such as rodent infestations or mold, which are known to make their sickness worse. According to the report, many of these chronically ill children, who miss many days of class, fly under the radar of school administrators because attention is focused on finding and punishing those who miss school without an excuse.

**Resources**

**Medical Home Chapter Champions Resource Packet**
Section 2: Asthma, Allergy and Anaphylaxis, of the Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis Resource Packet is available! For helpful information on the asthma, allergy and anaphylaxis, including state-specific asthma information and guides, please visit the program webpage.

**Improving Care Coordination Services in Pediatric Primary Care: Lessons from the Massachusetts CHIPRA Experience**
Now available from National Institute for Children's Health Quality, this paper describes key lessons learned around care coordination from the Massachusetts CHIPRA Medical Home Learning Collaborative. It outlines a framework for improving care coordination services in pediatric primary care.

**Expanding Access to Health Care Services and Work-Based Experiences for Youth with Chronic Health Conditions and Disabilities**
In celebration of the American Disabilities Act (ADA), the Department of Labor Office of Disability Employment Policy and the Maternal and Child Health Bureau (MCHB) released a Transition QuickGuide, which aims to help youth and young adults in planning and managing their health care and career needs.
**Fourteen States Get "Honor Roll" Status in New Health Report**

The Asthma and Allergy Foundation of America (AAFA) recently released their 2015 report, the State Honor Roll™ of Asthma and Allergy Policies for Schools. Fourteen states made-the-grade this year based on their policies, with four new states added to the Honor Roll list since last year’s report. Check out the report to see if your state made the grade and learn what you can do to help keep kids in your state’s school safe.

**Protect Children’s Health with EPA School App**

The U.S. Environmental Protection Agency (EPA) recently launched a new mobile app to assist schools with conducting indoor air quality assessments (IAQ). The School IAQ Assessment app provides direct guidance from EPA’s Indoor Air Quality Tools for Schools Action Kit to help protect the health of children and staff. As children return to school, special efforts should be made to raise awareness about their unique vulnerabilities. Unhealthy school environments can affect children’s health, attendance, concentration and performance, as well as lead to expensive, time-consuming cleanup activities. EPA developed the app to help schools more efficiently carry out their IAQ management programs. A study of the costs and benefits of green schools estimated a fifteen percent reduction in absenteeism and a five percent increase in test scores.

**Peanut Allergies: What You Should Know About the Latest Research**

Healthy Children has put together a resource for parents with children with food allergies, to help them better understand the latest research findings on peanut allergies.

**Video Shows The Value Of Medical Home**

A video promoting the value and benefit of medical home to patients, families, and health care professionals is now available. This brief video features interviews with a parent partner and health care professionals across Florida who participated in the Florida Pediatric Medical Home Demonstration Project.

**Webinar Recording: Stinging Insect Allergy & Anaphylaxis**

**Webinar Recording: Yellow Zone Practice Parameters for Management of Acute Loss of Asthma Control**

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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).”
Federal Airline Allergy Legislation Introduced
Congress has introduced legislation to improve safety accommodations for airline passengers with allergies. The *Airline Access to Emergency Epinephrine Act (S.1972)* would require airlines to carry epinephrine auto-injectors for use in emergencies and to train crew members to recognize the signs of a severe allergic reaction.

CHIP and the Affordable Care Act: Positive Changes and Questions for the Future
Created in 1997, the Children's Health Insurance Program (CHIP) was designed to finance health care for children caught in a coverage gap – those whose families earned too much to qualify for Medicaid, but too little to afford commercial health insurance. At the time of passage, Medicaid eligibility levels for children ranged from 100-133 percent of the federal poverty level (FPL) nationally, and the uninsured rate for children under the age of 19 was 14 percent. Enactment of CHIP, coupled with changes in Medicaid, raised eligibility levels for children over time to a median of 235 percent FPL. This article describes CHIP and its relationship to the Affordable Care Act.

Ways to Engage

Call for applications: Innovative and Promising Practices in Pediatric Medical Home Implementation
Is your practice a pediatric medical home? Showcase it through the National Center for Medical Home Implementation (NCMHI) by completing an application for innovative and promising practices in pediatric medical home implementation. All pediatric medical home stakeholders may apply. Applications will be reviewed by an expert panel and selected innovative and promising practices will be published on the NCMHI website. Complete an electronic submission or email medical_home@aap.org for more information.

Funding Opportunity: Asthma and Allergic Diseases Cooperative Research Centers
The purpose of this announcement is to invite applications from single institutions or consortia of institutions to participate in the Asthma and Allergic Diseases Cooperative Research Centers (AADCRC) program. The program will support centers that integrate clinical and basic research to conduct studies on mechanisms underlying the onset and progression of diseases of interest, including asthma, rhinitis (allergic and non-allergic), chronic rhinosinusitis, atopic dermatitis, food allergy, and drug allergy. The overarching goal of the program is to improve understanding of the pathogenesis of these conditions and to provide a rational foundation for new, effective treatments and prevention strategies. To learn more, click here. Applications are due October 2.

Web-Based Quality Improvement Training on Transitioning Youth to Adult Health Care
This course includes a wealth of resources that can be used to improve the care of transitioning patients – including national clinical guidelines, videos, skills building tools for youth, and QI tools. It teaches learners how to use medical home strategies to improve care of transitioning youth, especially those with special health care needs. The first phase of the curriculum includes 11 CME-approved educational modules. The training has been approved by the AAP for 15 hours of CME PRA Category 1 Credits™ and 20 Part 4 Maintenance of Certification Points via the American Board of Pediatrics. This includes the time to take the training modules online, review the extensive resource library materials, consider how to best use resources in practice, and plan and implement practice-based QI activities utilizing the Plan, Do, Study, Act Model for Improvement.

Survey: Providing Patient-Centered Care in Rural Areas!
This brief survey is intended for healthcare professionals serving rural areas (to be completed at the individual, not agency level). A research team from the University of Kansas School of Social Welfare is conducting a study to better understand the various aspects of patient-centered care to the provision of health care in rural areas. Follow this link to get more information about this survey opportunity. Contact Cheryl Holmes at KU at holmes70@ku.edu or 785-864-6493 with any questions.
Ways to Engage (continued)

AAP Task Force on Pediatric Practice Change
As the AAP continues to support its members and advocate for the health and well-being of children, Academy leadership and its new Task Force on Pediatric Practice Change are proactively exploring steps the organization can take to lead practice transformation for pediatrics and enable members to do the same. The AAP wants to collect examples of innovative practice activities occurring among its membership. The information collected can provide a means to inspire and spread best practices for implementation by others. Please complete the survey by September 30th to share your innovation.

Help to Test an AAP Online Allergy and Anaphylaxis Course
The AAP Section on Allergy & Immunology and Council on School Health are developing an interactive, online allergy & anaphylaxis course for general pediatricians and other primary care clinicians. They are interested in learning if the course they have created will work for the target audience. This testing will not include content review but rather testing of the organization of the course. An instructional designer will walk the volunteer tester through several mock-ups of what eventually will become modules in the overall course, and ask specific questions regarding the design, functionality, and navigation. The overall goal is to evaluate whether the modules will be successful before they input any specific content. The AAP team is looking for 4-5 volunteers who would be willing to virtually meet with the instructional designer for about 1 hour. You will need internet access and a webcam for the meeting. If interested, please email Florence Rivera at frivera@aap.org for more details. A $50 Amazon gift card will be offered to the chosen volunteers. This project is supported by an unrestricted educational grant from Sanofi.

In the News...
♦ Doctors Seek Cause Behind Dramatic Increase In ER Trips For Kids With Food Allergies
♦ Eating Oily Fish May Help Kids Avoid Nasal Allergies
♦ Telehealth Slowly Gains in State Medicaid Policies
♦ Peanut Allergy: Can We Do a Better Job of Preventing It?
♦ Back to School With Asthma
♦ Prenatal C-Reactive Protein Levels Indicative Of Early-Onset Asthma
♦ Epinephrine Recommended, Even If Anaphylaxis Unconfirmed
♦ Scientists Reveal How Non-Allergenic Pollen Mediators Can Increase Allergic Reactions
♦ Discovery Provides New Insights Into How Asthma May Be Caused
♦ Peanut Allergy: The Paradigm-Changing Research
♦ Save A Child With Asthma With A Disposable Paper Cup

Chapter Champions Call to Action

Family to Family Health Information Centers (F2F HICs) are federally funded through the US Department of Health and Human Services’ Health Resources and Services Administration (HRSA). Each state is required to have a F2F HIC to support children with special health care needs (CSHCN). The centers are staffed by family members who have firsthand experience regarding healthcare, and they offer family and provider training around patient- and family-centered care, cultural competence, and health literacy. Let your patients know about the F2F HIC center in your community as a resource.

As always, be sure to check out the program website for helpful resources!