Model Strategies:
Incorporating Pediatricians into State-level Decision-making

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**GEORGIA**

1. Develop web-based communication systems at the regional and state level that involve all stakeholders (public health, providers, hospitals, schools, and parents)
   - Respected state AAP chapter to be considered the vehicle, other suggestions: Poison Control Center, Public Health Department
   - Value in local/regional communication specific to the area (ex. ga.gline)
   - Provides pediatricians a trusted and central source

2. Develop collaborations on the local level between schools and private entities to facilitate mass vaccination or medication distribution campaigns
   - Encourage pediatricians to open up dialogue and or serve on pre-hospital organization committees, public health and school boards in their community
   - In Georgia pre-hospital providers actively involved in medication and vaccine distribution through collaborations with public health, presently written into scope of practice in Georgia

3. Promote two-way flow of information from large organizing bodies (public health, department of education, AAP, hospital associations) to members and vice versa
   - Determining the means for that communication is a challenge
   - Assess presence of pediatric expertise or representation in each of these organizations

4. Identify a "pediatric champion" at each adult hospital/emergency department who can participate in two-way communication and prepare their facility for treating pediatric overflow
   - Back-up should be provided by knowledgeable physician/nurse at major children’s hospital

Top Challenges

- Multiple organizations working in parallel
- Lack of engagement of pediatricians in their local regions as well as state level initiatives
- Information flow inconsistent and not always timely
Formation of a Pediatric-Public Health Working Group in Illinois

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Illinois Pediatric Bioterrorism Workgroup

• Subgroup of Illinois Terrorism Task Force
• Mission: To identify best practices and develop resources to assure the special needs of children are addressed during a disaster or terrorist event
• Composed of public health officials and emergency medical personnel (hospital/prehospital focus)
  – No representation from primary care providers

Materials Developed (examples)

• Use of Strategic National Stockpile (SNE) Ventilators in the Pediatric Patient training materials
• Neonatal Intensive Care Unit (NICU) Evacuation Guidelines
• Ciprofloxacin and Doxycycline instructional brochures/video

Limitations of Work Group

• Disaster and terrorism focus
  – Non-emergency public health issues not addressed
• Hospital/Prehospital focus
  – Primary care pediatric providers not involved in guideline development
Challenges identified in 2009 H1N1 pandemic

- Pediatric patients disproportionately affected by H1N1
  - Outpatient and inpatient settings affected
- Communication systems between pediatric providers and public health officials and hospitals not well established
- Vaccine distribution was not equitable
  - Between communities and providers
- Developing systems and plans during an emergency very challenging

Recommendations

- Establish communication systems in non-emergency situations
  - VFC system served as a foundation during 2009 H1N1 experience
- Obtain pediatric providers’ (including primary care) input in vaccine/medication distribution plans while plans are being developed

Proposed Solution

- Pediatric-Public Health Committee
  - Composed of pediatric providers (including primary care), pediatric stakeholders, and state/local public health officials
  - Meet regularly to discuss public health issues related to children
  - Participate in preparedness plan development
  - Establish system for disseminating information to pediatric primary care practices and their patients
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Missouri

Pediatric Advisory Committee
- Funded by grant
- Advisory body to Missouri DHSS
- Pediatricians and subspecialists
- Geographically and demographically diverse

Limitations
- Existence dependent on grant
- Subspecialty representation was limited
- Hospitals not represented
- Frequency of meetings

Improvements for this Model
- Specialties - ID, PEM, Intensivists, primary care pediatricians, FP, public health, and possibly OB/GYN
- Hospitals and other health care agencies must be involved
- Meetings can occur via telephone, web, or in person

Pediatric Emergency Preparedness Coordinator
- Dedicated to making this work
- Requires significant funding
- Grant versus allocation
- If this position does not exist, how/who can make the PAC a reality?

Improvements for this Model
- Funding must be assured on at least a minimal level
- Support (buy-in) from DHSS is essential
- Increase committee visibility
  - Government
  - Practitioners
    - Web
    - Email
    - Other
Florida Team Report

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Pediatrician’s Involvement

• State AAP Chapters and regional, County and local Pediatric Societies work with their counterparts in the public sector
• Develop closer relationships with State and County Health Departments
• Participate in planning, organization and implementation of disaster/pandemic preparedness

Pediatricians’ Involvement

• Establish Pediatric Preparedness Council
• Engage Florida Association of Children’s Hospitals
• Engage Association of School Superintendents
• Participate in County Emergency Response System Planning
• Sign up for Medical Reserve Corps

School Related (Based/Located) Immunization Program (SRIP)

• Establish an organized link with local pediatricians, their County Health Department Directors, School Superintendents of the County (?DOE,DOH)
• Have a practicing pediatrician on the School Health Advisory Committee.

Universal Immunization Registry (FloridaSHOTS)

• Encourage all pediatric providers to participate
• Make IT issues easier for all providers
• Provide resources for practices to enroll in FloridaSHOTS
• Require “non-traditional” vaccinators to participate in FloridaSHOTS

Immunization Distribution Plan

• Pediatrician from all sectors to participate in vaccine distribution and administration planning
• Consider “Sovereign Immunity” for school districts for immunization administration
• Use the immunization distribution points to address other disaster preparedness situations (antivirals, response to bioterrorism etc)