



# Louisiana Chapter American Academy of Pediatrics PROGRESS NOTES

*Winter 2010*

*To be advocates for children in Louisiana*

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**In This Issue:**

|   |           |   |          |
|---|-----------|---|----------|
| <b>Message from the LA AAP President</b>  | Page 2    | <b>Coordinated Care Networks &amp; Community CARE</b>     | Page 2-4 |
| <b>2010 Report Card on Physical Activity and Health for Children and Youth</b>              | Page 5    | <b>2009 NIS Data Shows Immunization Rates Remain High</b> | Page 5   |
| <b>PROS Febrile Infant Study</b>  | Page 6    | <b>Pediatric Potpourri XIX</b>                            | Page 7-8 |
| <b>Results of 2010 Children's Special Health Services Needs Assessment Physician Survey</b> | Page 9-10 | <b>Lagniappe</b>  | Page 11  |



**Mark Your Calendar:**  
The Chapter office will be closed  
**December 24, 2010 – January 1, 2011 for the  
Christmas and New Years holidays**



**Remember to check out the  
LA AAP website to find out  
what is going on at the state  
level- [www.laaap.org](http://www.laaap.org)**

**If you have something you would  
like to submit for inclusion in the  
next newsletter, please submit the  
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**[ashley.politz@laaap.org](mailto:ashley.politz@laaap.org)**

## FROM THE PRESIDENT



Stewart Gordon, MD, FAAP

Dear LA AAP Members,

As many of you are aware, much of the past three months has been dedicated to improving the current Louisiana Medicaid health care system. Your executive committee has been in numerous meetings with DHH, legislators and other providers in an effort to improve the current CommunityCARE program and prevent Medicaid rate cuts. You will find an update regarding the proposed Care Coordination Networks in this newsletter and a link to the LA AAP Position Paper regarding CCN's (which we oppose in their current format). While we have achieved some success from our work, we are far from satisfied with our current system and its financing. Your input has been most valuable, so please keep it coming. We continue to stress the importance of the business of your practices and the obvious need for them to be solvent in order to increase and improve access to care for all patients.

In order to work with other provider groups that share our interests, the LA AAP recently joined the Coalition to Protect Louisiana's Healthcare. Other members of the coalition include: Louisiana Academy of Family Physicians, Louisiana Alliance, Louisiana Hospital Association, Louisiana State Medical Society, MedicineLouisiana, and Metropolitan Hospital Council of New Orleans. We believe working with the other members of the coalition will strengthen our case going forward. Thus far, this collaboration has been quite fruitful.

During the first quarter of 2011, we will be hosting regional face-to-face CME events for you as we provide information on health information technology (HIT), specifically pertaining to the practice of pediatrics. Many of you are aware of the incentive payments available to practices that accept Medicaid and integrate or improve the HIT/EMR in their practices. Other payers in Louisiana are beginning to offer HIT incentives to their panel of providers as well. Much of this information will be shared with you in the coming months as a benefit of your state chapter membership. We also plan to bring information to you about quality measurement and care coordination in your practice.

Until then, thank you for your ongoing support and continuing to provide care to our State's children. Have a safe and blessed holiday season!

Sincerely,

Stewart T. Gordon, MD, FAAP  
President, LA AAP

### Coordinated Care Networks & Community CARE Where Have We Been and Where Are We Now?

#### **Where Have We Been?**

Below is an outline of the events that have taken place over the last few months with regards to Coordinated Care Networks and the Community CARE Program.

September 28, 2010 - LA AAP received notification that DHH plans to publish an emergency rule establishing the formation of Coordinated Care Networks (CCNs) in the October 20, 2010, edition of the *Louisiana Register*.

October 19, 2010 - In preparation for a Senate Health and Welfare Committee Oversight hearing set for October 21, 2010, LA AAP issued a Call to Action to its members which encouraged chapter members to contact the Senate Health  
(cont.)

and Welfare Committee members and urge them to reject DHH's emergency rule establishing CCNs. LA AAP published its position paper opposing the proposed CCNs. You can view the [Call to Action](#) and the [Position Paper](#) by clicking on the name or in the Legislative Alerts & Action Center on the LA AAP homepage ([www.laaap.org](http://www.laaap.org)).

October 20, 2010 - DHH rescinded the emergency rule establishing CCNs. Senate Health and Welfare Committee oversight hearing cancelled.

October 22, 2010 - DHH Secretary Bruce Greenstein held a press conference to announce mid-year budget cuts. In addition to cuts to providers and pharmacy, the Secretary announced plans to eliminate the CommunityCARE program effective December 1, 2010. You can read the full press release here:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/524>

October 28, 2010 - Dr. Stewart Gordon, LA AAP President and Dr. Keith Perrin, LA AAP Immediate Past President testify in front of the Senate Finance committee about LA AAP's concerns about CCNs and suggests using the North Carolina model as an example of a better way to manage Medicaid. You can view the committee hearing in its entirety by going here: <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/524> and clicking on the date. Dr. Gordon and Dr. Perrin's testimony is about 85% in. You can search by dragging the scroll bar at the bottom of the screen. To learn more about the North Carolina model, visit their website at: <http://www.communitycarenc.com/>

November 2, 2010 - LA AAP asked its members to email Secretary Greenstein to express their concerns about the elimination of the Community CARE program.

November 4, 2010 - The Senate Finance Committee met to allow DHH to complete its presentation on CCNs. Again, Dr. Gordon and Dr. Perrin testified. To view the hearing click here:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/524> then click on the date. Their testimony is just over an hour and a half in.

November 5, 2010 - LA AAP Chapter leadership, LA AAP members and legislators met with Secretary Greenstein and DHH staff to discuss the negative impact eliminating the Community CARE program will have on the care provided to children in the state.

November 8, 2010 - LA AAP Chapter leadership met with Secretary Greenstein and DHH Undersecretary Jerry Phillips to continue discussions. Chapter leadership began reaching out to colleagues to gather information about practices and solicit ideas and solutions to present to DHH.

November 9, 2010 - DHH announced it would be holding a forum in each region of the state to discuss ways to improve the Medicaid delivery system.

November 15, 2010 - LA AAP joins the Coalition to Protect Louisiana's Healthcare. Press release sent to media outlets, members and posted on the LA AAP website. Click here to view the press release:

<http://laaap.org/pdf/Press%20release-11-15-10%20LAAAP.pdf>

November 17, 2010– Email Action Alert sent to LA AAP members informing them that the House Health and Welfare Committee is scheduled to meet on Friday, November 19<sup>th</sup> at 9:00 am to discuss DHH's Coordinated Care Networks. Chapter members were asked to contact the House Health and Welfare Committee members to express concerns about the models proposed and encourage true provider input.

November 17, 2010 - DHH holds its first forum to discuss improving the delivery of Medicaid services. Several providers and provider groups were represented including LA AAP and the Coalition to Protect Louisiana's Healthcare.

(cont.)

November 18, 2010 - DHH hosted an conference call with stakeholders to layout its proposal for a new Community CARE Program that will serve as a bridge from the current program to whatever is developed in the future.

November 18, 2010 - The Baton Rouge Pediatric Society hosted a Fall Summit with Secretary Greenstein as one of the speakers. There was an open dialogue and Secretary Greenstein outlined the tenants of the new Community CARE program DHH would be announcing the next day.

November 19, 2010– The House Health and Welfare Committee met. Secretary Greenstein announced to the committee DHH’s new program to replace Community CARE. DHH also gave a presentation on Coordinated Care Networks. Dr. Stewart Gordon and Dr. John Vanchiere, LA AAP Member-at-Large testified LA AAP’s opposition the currently structure being proposed for the Coordinated Care Networks and again stressed the importance of having provider input and not allowing the Medicaid program and children’s health to be run by private insurance companies. You can view their testimony here: [http://house.louisiana.gov/H\\_Video/2010/Nov2010.htm](http://house.louisiana.gov/H_Video/2010/Nov2010.htm). Their testimony is just over two hours in.

November 19, 2010 - DHH officially announced the next version of Community CARE– New Enhanced Primary Care Case Management Program (ePCCM Program). You can read the full press release here: <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1353>. A summary of the proposal follows the timeline.

November 22, 2010 - DHH held its first quality committee meeting to discuss the specifics requirements and pay for performance measures to be included in the new ePCCM Program. Several of the Chapter’s elected leaders participated as did many other providers and stakeholders.

#### ***Where Are We Now?***

The next Quality Committee meeting with DHH to discuss the measures for the ePCCM Program is set for Thursday, December 2, 2010. LA AAP has reviewed all of the items being proposed by DHH and has submitted several follow up questions. Once those questions are answered, LA AAP will finalize a proposal with concrete measures that can be easily measured in the current system and attached value to each. You will be kept informed as things develop.

#### ***The New Enhanced Primary Care Case Management Program***

The new Enhanced PCCM will begin Jan. 1, 2011. Here is a summary of the plan:

- Medicaid children under the age of 21 will remain linked to their current CommunityCARE physician
- Children receiving SSI will be included in the program (they are left out of the current program)
- Physicians will receive a \$1.50 PMPM (instead of the current \$3) for each Medicaid child and \$3 PMPM for each SSI child
- Physicians will have an opportunity to earn up to an additional \$3 PMPM for reaching certain quality measures
- The \$1.50 PMPM will be paid on a monthly basis and the additional pay-for-performance funds will be paid out quarterly.

The quality measures physicians will be judged on in order to receive additional funds are still being developed. LA AAP is one of the partners identified by DHH to work on developing the measures and standards.

The revised PMPM will not apply to adults. The adult CommunityCARE will not exist after December 1, 2010. Additionally, current CommunityCARE physicians were not included in the other cuts announced in November.

#### ***Additional Helpful Resources:***

[www.makingmedicaidbetter.com](http://www.makingmedicaidbetter.com) - this website is regularly updated by DHH and contains information related to CCNs, the regional forums being held, and presentations that have been given by Secretary Greenstein and the Department. You can also subscribe to the Making Medicaid Better Newsletter.

<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/4> - this website contains all of the official press releases from Secretary Greenstein.

## 2010 Report Card on Physical Activity & Health for Children and Youth

The 2010 report card was released during a press conference on September 27, 2010. The report, in its third year of production, assesses the level of physical and sedentary behaviors in Louisiana children and youth, the level of facilitators and barriers of physical activity behavior, and their related health outcomes.

The development of the 2010 report card was guided by two committees. The Advisory Committee, composed of stakeholders from across Louisiana, guided the selection of indicators and gave input on the start-up and development of the Report Card. The data and content of the Report Card was gathered by a Research Committee, composed of scientists and researchers from Louisiana, who were also responsible for the grade assignments.

Louisiana's overall grade for 2010 was a "D." A new measure— aerobic fitness— was added to the report card this year. The short version and full report card can be download at [www.louisianareportcard.com](http://www.louisianareportcard.com). The short version has chart with the grade assigned to each measure for all three years. The full report contains recommendations for parents, teachers and school administrators, policy makers, physicians and healthcare providers, and researchers. Below are the recommendations made to physicians and healthcare providers:

- Become familiar with, and keep information on hand, with respect to the 2008 Physical Activity Recommendations for Americans.
- Include physical activity on the vital signs chart in doctor's offices. This should be especially monitored for any patient aged 6 years and over regarding their physical activity habits at every visit.
- Monitor children's BMI on pediatric body mass index growth charts and provide educational materials on physical activity and eating behaviors to parents.
- Encourage parents to participate in physical activity with their children. Set physical activity goals, such as family biking on weekends or walking after dinner.
- Encourage the development of a monitoring system to report height and weight for children and youth as a data source or surveillance system for weight status among children and youth in Louisiana that can be used alongside or with the Louisiana Immunization Network for Kids Statewide (LINKS) web application.

## 2009 NIS Data Shows Immunization Rates Remain High

Childhood immunization rates remain high, according to the results of the 2009 National Immunization Survey (NIS) from the Centers for Disease Control and Prevention (CDC) which were released in mid-September. The 2009 NIS includes information from more than 17,000 households and examined vaccination of children born between January 2006 and July 2008. The report shows that coverage for most routine vaccines for children aged 19-35 months is at or over 90 percent, with less than one percent of children not receiving any vaccines. However, although most parents are choosing to immunize their children, there were measles outbreaks in 2008. Cases occurred primarily in children whose parents did not have them vaccinated. For the period studied, vaccine coverage remained stable at or near 90 percent or higher for poliovirus, measles, mumps and rubella, hepatitis B and varicella. Vaccination rates for hepatitis A and the birth dose of hepatitis B increased significantly.

For more information about the NIS, go to <http://www.cdc.gov/media/pressrel/2010/r100916.htm>.

You can view specific data from the CDC through the survey, including data by age group, by going to this website:

<http://www.cdc.gov/nchs/nis.htm>



## PROS Febrile Infant Study

### Office-based Treatment and Outcomes for Febrile Infants with Clinically Diagnosed Bronchiolitis.

As part of the Febrile Infant Study, investigators described (1) the frequency of sepsis evaluation and empiric antibiotic treatment, (2) clinical predictors of management, and (3) serious bacterial illness frequency for febrile infants seen in office settings with clinically diagnosed bronchiolitis.

Of the 3,066 infants seen during a national pediatric study, practitioners made an initial clinical diagnosis of bronchiolitis (before obtaining any test results) for 218 (7%), of which none had serious bacterial illness. Of these 218 patients, 182 (83.5%) had respiratory distress, chest-related findings or a cough, compared with 337 (12%) of 2,848 patients in the group without bronchiolitis.

Practitioners were less likely to perform a complete sepsis evaluation, urine testing, and cerebrospinal fluid culture and to administer parenteral antibiotic treatment for infants with bronchiolitis compared to those without. However, they were significantly more likely to be hospitalized (50% vs 34%) and received more follow-up visits (mean: 1.9 vs 1.7 visits).

Significant predictors of complete sepsis evaluation in infants with clinically diagnosed bronchiolitis included younger age, higher maximal temperature, and respiratory syncytial virus testing, while predictors of parenteral antibiotic use included initial ill appearance, age of <30 days, higher maximal temperature, and general signs of infant distress.

The findings suggest that serious bacterial illness in young febrile infants with clinically diagnosed bronchiolitis is uncommon in office settings. Limited testing for bacterial infections seems to be an appropriate management strategy.

These were among the findings from the AAP's practice-based research network - Pediatric Research in Office Settings (PROS) and its late 1990s study of febrile infants. This is the first nationwide study of febrile infants treated in community-based pediatric practices in the United States. Overall, 573 practitioners participated in data collection, distributed throughout 219 practices and 44 states, the District of Columbia, and Puerto Rico. Infants were eligible for inclusion in the study if they 1) were no older than 3 months; 2) had axillary, rectal or tympanic temperatures of 38 degrees C in the office or in the previous 24 hours at home; and 3) were initially examined by a PROS practitioner. Data were collected on 3,066 such infants between February 1995 and April 1998.

The following article based on study results recently appeared in *Pediatrics*:

**Luginbuhl LM, Newman TB, Pantell RH, Finch SA, Wasserman RC. Office-based Treatment and Outcomes for Febrile Infants with Clinically Diagnosed Bronchiolitis. *Pediatrics* 2008; 122(5): 947-954.**

Manuscript writing continues.

### CONGRATULATIONS...

To **Dr. Alina Olteanu, MD, PhD, FAAP**, who was recognized at AAP's National Conference and Exhibition 2010 held in San Francisco in October with a *Local Heroes Award* given by the Council on Community Pediatrics. This award "Recognizes pediatricians who are leaders through community action and advocacy for children in their local communities."

Dr. Olteanu serves as Medical Director of Children's Health Fund's New Orleans Children's Health Project and head of the section of Community Pediatrics and Global Health in the Tulane School of Medicine.

## Pediatric Potpourri XIX

The 2010 Potpourri held on September 10th - 12th in Lafayette, La was a successful event. Nearly 100 professionals gathered for continuing education, networking and to support the local chapter.

Dr. Michael Judice and the Education Committee members planned another outstanding event with content and speakers that were interest and leaders in their respective fields of expertise. The Chapter is very fortunate to have such a dedicated team working each year to make the conference a success.

The conference is jointly sponsored by the Woman's Foundation in Lafayette. A special thanks to Taryn Daigle, Mary Landry and Dianna Leger . The Chapter appreciates all of their effort to make this annual event a success.

A thank you is also extended those who sponsored and exhibited at the 2010 conference:

During the annual meeting, the Chapter recognized outstanding efforts on behalf of the children in our state.

|                             |  |
|-----------------------------|--|
| Alcon Laboratories, Inc     | Astellas Pharmaceuticals                                       |
| AT&T                        | Blue Cross Blue Shield of Louisiana                            |
| Jansseen/ McNeil Pediatrics | J. Hugh Knight Instrument Company/Innovative Medical Solutions |
| LAMMICO                     | MedImmune Inc.   |
| MERCK                       | Novartis Vaccines  |
| Pfizer                      | PharmaDerm   |
| Sanofi Pasteur              | Taro Pharmaceuticals   |
| Vantage Health Plan         | The GIFT/ LA Lactation Consultant Association                  |

Dr. Stewart Gordon acknowledge Drs. Thira Choojitarom and Dr. Jay Collinsworth who were given Special Achievement Awards during the District VII AAP Chapter meeting.

Dr. Stewart Gordon presented the 2010 Chapter Service Award to the Young Physicians Group. Dr. Rachel Dawkins accepted the award on behalf of the group.

The 2010 Bettina C. Hillman Award was awarded to Dr. Jody Gates for her dedication and service to special needs children in the state. Although Dr. Gates was not able to be present for the award, Dr. Keith Perrin read a few of Dr. Gates' accomplishments to the audience.

Dr. John Vanchiere introduce Mrs. Sandra Adams. Mrs. Adams, former Executive Director of LA AAP, presented an award in her name to Dr. Joseph Bocchini for his continued efforts to improve the health of children in Louisiana.

Dr. Jay Collinsworth presented the Charles M. Vanchiere Award to Dr. Jimmy Guidry recognizing his efforts to improve the health of children in Louisiana by increasing their access to needed healthcare.



### Special Achievement Awards



Dr. Thira Choojitarom



Dr. Jay Collinworth



### Chapter Service Award



Dr. Rachel Dawkins accepts the 2010 Chapter Service Award on behalf of the Young Physicians Group.

### Sandra C. Adams Award



Dr. Joe Bocchini accepts the 2010 Sandra C. Adams Award



Dr. John Vanchiere and Mrs. Sandra Adams



### Charles "Buzzy" Vanchiere Award

Dr. Jimmy Guidry accepts the 2010 Vanchiere Award with his family & friends' support



## Results of the 2010 Children's Special Health Services Needs Assessment Physician Survey

### *How well does your practice implement AAP Medical Home Criteria?*

*Submitted by Dr. Susan Berry, MD, FAAP*

Many of you may remember participating in the 2010 Children's Special Health Services (CSHS) Needs Assessment Physician Survey, which was sent to all pediatricians and family practitioners on the LAFP and AAP contact lists, or 1,432 physicians. Of these, 226 responded to the survey for a response rate of 17.4%. Of these, 112 reported to provide primary care services at least three days per week, and were therefore eligible to complete the entire survey. Of these, 32.1% were family practitioners and 67% were pediatricians.

The concept of Medical Home was first created by the AAP to meet the needs of Children with Special Health Care Needs (CSHCN). The purpose of the survey was to determine the capacity of Louisiana physicians in meeting medical home criteria as defined by the AAP in their 2008 policy statement, with special focus on provision of care coordination and transition services. These focus areas were selected because care coordination is key in meeting the needs of CSHCN, and according to National CSHCN Survey data, provision of transition services is a relative area of weakness in Louisiana compared to other states. The full survey with results can be viewed at <http://www.dhh.louisiana.gov/offices/?ID=256>.

A few key results are noted below.

Care coordination: As expected, most physicians report to keep HIPAA compliant records, communicate relevant clinical information for sub-specialty consults, and discuss consult results with families. However, only 49% claim to coordinate with children's schools to address special health care needs, and fewer than 40% provide a written plan of care. With respect to record keeping, 36.6% report to use electronic prescriptions, 70% track patient referrals, specialists, labs, tests, and hospitalizations/ER visits, and only 44.6% provide copies of medical records for patients and other providers at no cost. Only 28% claimed to be compliant with all record-keeping criteria.

Transition to adulthood: Interestingly, 72% of family practitioners and 11% of pediatricians said that transition services were not applicable for their practice because they continue to see Youth with Special Health Care Needs (YSHCN) through adulthood. However, much more is involved in helping YSHCN through transition to adulthood than providing primary care. While 79% of all physicians answering the survey said they find an adult provider for their YSHCN as part of their transition services, only 36% discuss health/dental insurance options, and 65% say they provide developmentally appropriate counseling directly to YSHCN. In discussing independent living skills, 61% discuss the parent's role in managing health care, 45% discuss educational/ vocational choices, 25% discuss community based resources (waivers, trusts, assistance with independent living, etc.), and 27% addressed all of these areas.

#### Medical Home:

##### Accessibility:

- 78% of physicians claim to have practices accessible by public transportation
- 89% claim to take most types of insurance including Medicaid
- 79% are accessible to speak with patients by phone when needed

##### Continuous:

- 50% have a system in place to alert them when a patient is hospitalized in order to schedule a follow-up visit and review hospital data
- 92% usually or always discuss subspecialty referral recommendations with families

##### Comprehensive:

- 86% use developmental screening tools at 9, 18, and 24-30 months, and when there are concerns. Pediatricians prefer the Ages and Stages Questionnaire (ASQ) or Prescreening Developmental Questionnaire (PDQ-II); family practitioners prefer the Child Development Chart (CDC). The Denver II and the Parents' Evaluation of Developmental Status (PEDS) were also popular tools.
- 62% use behavioral checklists

(cont.)

**Most physicians refer for:**

- Occupational therapy, physical therapy, or speech therapy (85%)
- WIC (81%)
- Durable medical equipment (77%)
  - Early Steps (74%)
    - ◊ Medicaid or LaCHIP (70%)
    - ◊ Headstart (68%)

**However fewer refer for:**

- IEP (52%)
- 504 Accommodations (50%)
- Assistive transportation (38%)
- Title V Programs (37%)
- SSI Disability (31%)
- Respite care (28%)
- Louisiana Rehabilitation Services (23%)
- Nearly 30% of physicians report difficulty finding subspecialists, with the following being most difficult to access:
  - ◊ Psychiatry (75%)
  - ◊ Developmental/Behavioral Pediatrician (67%)
  - ◊ Neurology (63%)
  - ◊ Orthopedic (53%)

**Family Centered:**

- 65% of physicians schedule extra time for office visits when indicated for CSHCN
- 40% of pediatricians and 8% of family practitioners discuss family support groups with families, such as Families Helping Families

**Culturally competent:**

- Only 30% of physicians provide interpreters/translators in their practices. Note: Federal legislation mandates that physicians provide interpreters for patients with hearing loss. Signers can be hired from Deaf Action in most areas of the state.
- Most physicians consider educational level, cultural background and beliefs, SES status, religion, gender roles, ethnicity, and language in communicating health information

Questions may be biased because physicians who are committed to medical home concepts or already have NCQA certification may be more likely to complete the survey. In general, results of this survey and other data reviewed in the Needs Assessment indicate that physicians have a comprehensive approach to the medical aspects of a child's care, with limited referral to or coordination with educational, public health, and/or community resources. Coordinating with these resources is vital in helping CSHCN reach their potential as independent adults.

CSHS has many initiatives to improve care coordination in primary care practices. CSHS offers technical assistance with care coordination for practices willing to commit at least 50% of a staff person's time to care coordination activities. Limited funds are available for practices to help support this activity; priority is given to teaching practices and to large practices that are seeking NCQA certification or seeking to improve their NCQA certification level.

For questions about the CSHS care coordination program, or to receive a laminated quick referral resource list for your area, please contact Arleen Williams at [Arleen.williams@la.gov](mailto:Arleen.williams@la.gov) and specify your practice parish. The resource list provides contact information and eligibility criteria for the most commonly needed resources for families of CSHCN in your area. The entire 2010 CSHS Needs Assessment, including a comprehensive review of existing data, the Physician Survey, the Family Survey, and the Agency Survey, can also be viewed at <http://www.dhh.louisiana.gov/offices/?ID=256>

## Lagniappe

### **MEDICAID AND FLU VACCINATION RATES**

A study in the November 2010 edition of the journal *Pediatrics* examines the association between Medicaid reimbursement and child influenza vaccination rates. The study authors analyzed three consecutive National Immunization Surveys (NISs) to assess influenza vaccination rates among children 6 to 23 months of age during the 2005-2006, 2006-2007 and 2007-2008 flu seasons. Children were categorized into three income levels (poor, near-poor or nonpoor). Analyses of all three flu seasons found positive significant associations between state-level Medicaid reimbursement and influenza vaccination rates among poor children. A \$10 increase in the Medicaid reimbursement rate was associated with 6, 9.2 and 6.4 percentage point increases in vaccination rates among poor children in the 2006, 2007 and 2008 NIS analyses.

To review the study online, go to <http://pediatrics.aappublications.org/cgi/content/abstract/126/5/e998>.

### **STUDY: ADVERSE EVENTS FROM COUGH AND COLD MEDICATIONS**

A study which appeared online in the journal "Pediatrics" on November 22nd examines the number of adverse events from cough and cold medications following the October 2007 voluntary market withdrawal of these medications for use in infants. Emergency department (ED) visits for over-the-counter, infant cough and cold medications (CCMs) among children 12 years of age and younger were identified from a sample of 63 EDs for the 14 months before and after announcement of the withdrawal. ED visits for CCM-related adverse events in children less than two years of age were substantially reduced following the withdrawal of these products (less than one-half of those in the prewithdrawal period). During both time periods, two-third of estimated ED visits involved children finding and ingesting medications. To review the study online, go to [http://pediatrics.aappublications.org/cgi/content/abstract/peds.2010-1839v1?ijkey=d302ef58c5ace3b9272e7c28d0213ead5db6a038&keytype=tf\\_ipsecsha](http://pediatrics.aappublications.org/cgi/content/abstract/peds.2010-1839v1?ijkey=d302ef58c5ace3b9272e7c28d0213ead5db6a038&keytype=tf_ipsecsha).

### **NATIONAL HANDWASHING AWARENESS WEEK**

December 5-11 is National Handwashing Awareness Week 2010. Sponsored by the Henry the Hand Foundation, the week promotes the importance of handwashing for prevention of illness (particularly flu), epidemics or pandemics. The week educates on the four principles of hand awareness, which include: wash your hands when they are dirty and before eating; do not cough into your hands; do not sneeze into your hands; and do not put your fingers in your eyes, nose or mouth. For more information and resources, including a "Champion Handwashers" contest and a hand washing awareness poster contest, go to <http://www.henrythehand.com/pages/content/hwaw.html>.

### **INFLUENZA RESOURCES FROM AAP**

The American Academy of Pediatrics (AAP) has gathered resources about this season's influenza (flu) vaccine on the home pages of both of their public Web sites. Go to <http://www.healthychildren.org/English/News/pages/Flu-Vaccine-Information.aspx> for general flu information and links to information about vaccine safety, including vaccine ingredients such as the preservative thimerosal. For links to the AAP's flu vaccination recommendations, flu recommendations for health care workers and quick facts on influenza disease and the flu vaccine, go to <http://www.aap.org/immunization/illnesses/flu/influenza.html>. The AAP also has information available for its member physicians for use in addressing any misinformation that patients may have about the flu vaccine.