

American Academy of Pediatrics

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AAP Child Passenger Safety Provisions

Motor vehicle crashes are the leading killer of children older than 1 year of age, yet state legislative efforts to improve child passenger safety standards have remained largely stalled in recent years. Missing from many state child passenger laws are requirements for safety seats to be rear facing seats until 2 years of age and booster seats used until at least 8 years of age or the seat belt fits correctly usually 4'9". The role of pediatricians becomes more crucial in our state, talking to all parents about keeping children of all ages safe in cars. Many of the Safe Kids in Idaho get calls every day asking what does "Idaho Law" require not what is the best or safest for kids.

AAP recommends 5 child passenger safety provisions:

1. Infants and toddlers should ride facing the rear of the vehicle until they are at least 2 years old.
2. Younger children should ride in car safety seats with a harness until at least 4 years, with guidance education to parents and caregivers about the benefits of riding in a seat with a 5 point harness up to the highest weight or height allowed by the manufacturer.
3. School aged children should ride in belt positioning booster seats until at least age 8 or until the seat belt fits correctly.
4. Children should ride in the rear seat until 13 years of age.
5. All passengers in the car should be properly restrained especially the parents.

We are making great progress on infants and young children being restrained but work remains for advocates of child safety and injury prevention to educate parents and caregivers about doing the best for children. Visit IdahoAAP.org for more information and AAP.org for resources and tools to help educate parents.



Idaho Chapter

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Medical Home Portal:

A Free Resource for Health Care Providers, Patients and their Families

The Medical Home Portal is a reliable and useful tool for medical professionals and families of children with special health care needs (CSHCN). As partners in the Medical Home model, professionals can utilize the portal to better care for their patients and families can utilize the portal to better advocate for their children. The long term goal is to improve outcomes for CSHCN by enhancing the availability and quality of healthcare related services and coordination of care.

By utilizing the Medical Home Portal, providers will have the ability to:

- Access information related to 40+ less common or rare pediatric disorders and 35+ newborn disorders, including management guidelines for these disorders
- Provide patients and their families with a high quality free online resource
- Search for and refer to numerous other health care professionals (therapists, dentists, care coordinators, educators, subspecialists, etc.)
- Research local services and resources to help improve care for patients
- Incorporate family-centered medical home and care coordination concepts into their practices
- Improve coordination with a care manager to link families and resources

Families of CSHCN who utilize the Medical Home Portal will have the ability to:

- Access accurate, up-to-date information written by medical professionals
- Research local health and human services and resources to help support and improve comprehensive care for their children
- Learn about their child's diagnosis and understand clinical language that will improve their ability to communicate with health care professionals
- Search for and contact numerous other health care professionals (therapists, dentists, care coordinators, educators, subspecialists, etc.)
- Learn how to write Letters of Medical Necessity and navigate the financial and legal aspects of healthcare
- Read relevant and applicable stories of other parents with CSHCN
- Find tools and suggestions for coordinating care, advocating for their child, working with schools to help improve care, financing healthcare, planning for the future, and finding time to care for themselves

To visit the Portal, go to: www.medicalhomeportal.org. In order to access Idaho specific information, use the drop-down menu in the top left corner and select Idaho. For more information, contact Erin Salisbury by email at salisbue@dhw.idaho.gov or by phone at 208-364-1861.

Transitioning to Adult Health Care: Practice Tools & New Website

The Center for Health Care Transition Improvement - Got Transition recently released The Six Core Elements of Health Care Transition (2.0), which define components of transition support and are based on the clinical report, "Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home", developed by the AAP (led by the Council on Children with Disabilities), the American Academy of Family Physicians, and the American College of Physicians.

Three transition tool packages are available for: 1) practices serving youth who will transition out of pediatric care into adult care; 2) practices serving youth who will remain with the same provider but need to transition to adult-focused care; and 3) practices accepting new young adults into adult care. Each package includes sample tools that are customizable and available for download.

Adolescent Depression Screening Learning Collaborative

The Children's Healthcare Improvement Collaboration (CHIC) recently sponsored the Adolescent Depression Screening Learning Collaborative. The specific aim of this project was to increase early detection and initiation of treatment for depression in patients 12 through 17 years of age. Planning began early in 2013, with an official kickoff in Boise on September 26th. Sixty providers from 18 different practice sites participated in monthly chart audits from that November until April of 2014.

The learning collaborative focused on four core measures:

1. % screened for depression with a validated tool
2. % with documentation of screening results
3. % screened for substance use/abuse
4. % with a positive depression screen that had an appropriate followup plan documented

Results revealed an increase of screening from 2% of audited charts at baseline to an average of 51% over the six-month study. Screening for substance use/abuse also improved significantly from 18% to an average of 58%. Of all patients screened, 23% were positive (had evidence of depression), and, of these, 88% had documented followup plans.

The collaborative will wrap up later this year, as providers and practices complete end-of-project surveys and sustainability plans. For more information on this and other CHIC activities, please visit IHAWCC.org, the official website for our improvement partnership, the Idaho Health and Wellness Collaborative for Children.

Dear Provider,

The Children's Healthcare Improvement Collaboration and Idaho Health and Wellness Collaborative for Children is conducting a brief survey to assess the effectiveness of our past and present learning collaboratives and to gather input regarding future topics based on the expertise of providers, such as yourself. From this survey, we hope to further develop our learning collaborative process and decide on the future topic. For those who have not participated in a learning collaborative or those who want to be reminded of past topics, [click here](#) to see examples. If the link is not working, copy and paste the following URL into your web browser. <http://www.ihawcc.org/#learningcollaborative>



To access the survey, please [click here](#). If this link does not work, copy and paste the following URL into your web browser. <http://www.keysurvey.com/votingmodule/s180/f/686404/15f1/>

Your feedback will help determine the topic of the next learning collaborative, expected to be announced this year and kicked off in early 2015.

Please complete the survey by September 8, 2014. We thank you for your time and thoughtful answers. Please stay tuned for the survey results and news about the upcoming learning collaborative.

Warmly,
Your friends at CHIC and IHAWCC