American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Wisconsin Chapter

Winter 2018

Newsletter

2nd Annual Pediatric Advocacy Day
Firearm Safety and Children
February 28, 2019

REGISTER NOW!

You're focused daily on ensuring that care for your patients is as effective as possible and that Wisconsin's kids are as healthy as possible. WIAAP's Pediatric Advocacy Day broadens the reach of your expertise beyond your practice and puts it into action to advocate for safer, healthier children in our state.

Join us in Madison to:

- **Learn effective advocacy strategies**
- **Hear from legislative champions about issues that affect children**
- **Interact directly with policymakers**
- **Share your experiences caring for children**

WIAAP PEDIATRIC ADVOCACY DAY - A VISIT TO THE CAPITOL -

This year's focus is firearm safety – in response to our many members wanting to contribute their perspective with policymakers. As a physician, your messages count at the Capitol. Put that power to work with us in February!

We'll make it as easy as possible - we will schedule meetings with legislators on your behalf, provide breakfast and lunch, and give you talking points and issue briefs to help you prepare for conversations with legislators. This event is open to all, and there is no charge for residents and medical students. The WIAAP member rate is $30, non-member rate is $45.

Registration is open now at: https://bit.ly/2Gee33j.

Upcoming Events & Announcements

Visit the Education & Programs section of our website, wiaap.org, for all details about upcoming events and to register online.

Thursday, February 28, 2019
- 2nd Annual Pediatric Advocacy Day
  Madison, WI

Thursday, October 3, 2019
- Building Brains, Forging Futures: The Role of Primary Care in the First 1,000 Days
  Oconomowoc, WI

Our Vision

Wisconsin children have optimal health and well-being and are valued by society. We practice the highest quality health care and experience professional satisfaction and personal well-being.

Organization Purpose

- Assure optimal health and well-being for all of Wisconsin's children and their families
- Provide support and education to our members, enabling them to continue to be the most effective providers of health care to children.

Join us @WIAAP

Message from the President

Mala Mathur, MD, MPH, FAAP

2018 Year in Review

It has been an incredible year of hard work for pediatricians everywhere. In addition to clinical care responsibilities, many Wisconsin pediatricians have been at the forefront of advocacy on the national and state levels. We have opposed policies to separate immigrant families, supported policies that protect children against gun violence and addressed the issue of public charge, which could negatively impact thousands of children in our practices. We are proud of our successes this year, including the reauthorization of the State Child Health Insurance Program (CHIP) and the Maternal, Infant, Early Childhood Home Visiting Program (MIECHV) to help assure low income children have access to health care and needed services.

Our first WIAAP Advocacy Day was held this past year and we look forward to our second WIAAP Advocacy Day on February 28, 2019. Registration is now open at https://bit.ly/2Gee33j.

We also have been busy providing educational programs to serve our members. Building on the successes of the Wisconsin/Illinois HPV quality improvement project this past summer, we have received a grant that will fund expansion of the effort across six states (Iowa, Illinois, Kansas, Missouri, Nebraska and Wisconsin). Watch for more information in your mailboxes, online and via email.

In October we held the "Quality Improvement in Pediatrics" event and highlighted the good work of pediatricians from around the state who shared their quality improvement efforts in newborn opioid management, depression screening and statewide emergency medical services for children, as well as information on the YoungStar childcare quality rating system. Catch more details on pages 8 and 9, and thanks to all who participated in this great networking event.

Please consider reaching out to learn about more ways to get involved in the work of the WIAAP. There are opportunities to serve as a content expert for the chapter, join committees as we expand our infrastructure, and we will elect a secretary/treasurer and new board member this spring. We welcome the input of all pediatricians from around our state.

Thanks for all that you do every day to care for and advocate for children. See you at WIAAP Advocacy Day on Feb 28th!

Mala Mathur, MD, MPH, FAAP has been active in the WIAAP serving two terms as a board member. She currently practices general pediatrics at UW health and has interests in advocacy and public health, early childhood, quality improvement and community engagement in improving the lives of children and youth in our state.

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SHARE YOUR NEWS

PHONE
262-751-7003

MAIL
WIAAP
PO Box 243
Oconomowoc, WI 53066

ONLINE
Share your news or ideas at wiaap.org/contact or email klabracke@wiaap.org

NEW MEMBERS

Welcome to the Wisconsin Chapter

Jolyne Check Ostrowski, APNP (Mosinee)
Ellen Connor, MD, FAAP (Oregon)
Justin Dey, MD (Milwaukee)
Howard Dhonau, MD, FAAP (Fond du Lac)
Jennifer Glamann, MD, FAAP (Oconomowoc)
Lindsey Kent (Mequon)
Joseph Klawitter, MD, FAAP (Cary, IL)
Veronica Korthais, MD (Milwaukee)
Christen McAlpine-Tesfai, MD, FAAP (Milwaukee)
Jane McSweeny, APNP (Milwaukee)
Angela O'Connor, MD, FAAP (Waunakee)
James Omohundro, MD, FAAP (Madison)
Pushpa Pallagatti, MD, FAAP (Brookfield)
Paige Pearcy (Madison)
Kelsey Ryan, MD (Wauwatosa)
Danielle Scholze, MD, FAAP (DeForest)
Melissa Villegas, MD, FAAP (Madison)
Katherine Waller (Madison)

Raj Naik, MD, FAAP is a WIAAP board member and has served as a leader in the Department of Pediatrics at Gundersen Health and as a Clinical Adjunct Assistant Professor at the University of Wisconsin-Madison since 1999.

Member News

The Centers for Disease Control and Prevention, American Cancer Society, and Association of American Cancer Institutes have recognized **Rajiv Naik, MD, FAAP** with Wisconsin's 2018 HPV Vaccine Is Cancer Prevention Champion Award. He is the Section Head of OnalaskaPediatrics, a Physician Lead for Patient Education and Childhood Immunizations and sits on the Preventive Care Committee at Gundersen Health. This program identifies clinicians, clinics, practices, groups and health systems that are going above and beyond to foster HPV vaccinationin their communities. This year, the award program is honoring champions from 32 states.

For more information on Dr. Naik's recognition, as well as other national efforts, visit the CDC website at https://bit.ly/2CqarqW.

WIAAP Leadership

PRESIDENT
Mala Mathur, MD, MPH, FAAP
UW Health, Madison

VICE PRESIDENT
Dipesh Navsaria,
MD, MSLIS, MPH, FAAP
UW Health, Madison

SECRETARY/TREASURER
Sarah Campbell, MD, FAAP
Ascension, Appleton

IMMEDIATE PAST PRESIDENT
Jeffrey Britton, MD, FAAP
Aurora Children's Health,
Sheboygan

Executive Director
Kia LaBracke
Oconomowoc

BOARD OF DIRECTORS
Paula Cody, MD, MPH, FAAP
UW Health, Madison

Margaret Hennessy, MD, FAAP
Ascension, Racine

Jennifer Kleven, MD, MPH, FAAP
Gundersen Health System,
La Crosse

Barbara Kolp-Jurss,
MD, MBA, FAAP
Lake Country Pediatrics,
Delafield

Raj Naik, MD, FAAP
Gundersen Health System,
La Crosse

Lynn K. Sheets, MD, FAAP
Children's Hospital of Wisconsin,
Milwaukee

Veronica Gunn, MD, MPH, FAAP is CEO of Genesis Health Consulting. She was vice president of population health at Children's Hospital of Wisconsin and chief medical officer for the Tennessee Department of Health.

Veronica Gunn, MD, MPH, FAAP

Governor-elect Tony Evers has named **Veronica Gunn, MD, MPH, FAAP**, to serve as one of five co-chairs of his transition team. In that role she will help recruit and appoint members of Evers' administration and develop priorities for his agenda.

She has more than twenty years' experience in clinical practice, research, health care administration and policy roles at the state and national levels, and uses systems-based approaches to sustainably improve health. She co-founded one of the first pediatric health innovation programs in the nation, supporting the development and implementation of novel models of care delivery and providing consultation to other health systems on pediatric health management.

"As a pediatrician and public health advocate, I am thrilled that Governor-elect Evers is committed to improving the health of Wisconsinites and believes that what's best for our kids is what's best for our state. It is an honor to be able to assist Governor-elect Evers with recruiting and appointing members of his administration and developing priorities for his first-term agenda, as one of his transition Co-Chairs."

WIAAP President Mala Mathur, MD, MPH, FAAP is Clinical Associate Professor of Pediatrics at the UW-Madison School of Medicine and Public Health. She is a practicing pediatrician and leads quality improvement initiatives within the Division of General Pediatric and Adolescent Medicine at UWSMPH and leads statewide quality improvement initiatives through WIAPP.

Mala Mathur, MD, MPH, FAAP

WIAAP President **Mala Mathur, MD, MPH, FAAP** has been named the assistant policy chair for the executive committee of the AAP Council on Community Pediatrics (COCP). The mission of the Council on Community Pediatrics is to promote health equity and address the social determinants of health by supporting community pediatricians in evidence-based clinical care, advocacy, education, and collaboration with families and communities.

COCP

Council on Community Pediatrics
American Academy of Pediatrics

The selection committee cited Dr. Mathur's commitment to child advocacy, quality improvement experience, media presence and outstanding community service. She will serve a term of two years, working chiefly on identifying, researching and drafting COCP policy statements, as well as promoting the COCP agenda and recommending strategies to make the statements actionable.

2018 Chapter Award Nominations

PEDIATRICIAN OF THE YEAR - COMMUNITY SERVICE AWARD - LEGISLATOR OF THE YEAR AWARD
NEW! RISING STAR AWARD - PAN OF BROWNIES AWARD

For more information on criteria and to submit a nomination, visit, https://bit.ly/2Cs6Usr by March 1, 2019.

WIAAP Priority: Advocacy

#ThisIsOurLaneWI Press Conference

On December 14th, the Wisconsin Anti-Violence Effort (WAVE) and family physician advocate Dr. Melissa Stiles held a press conference at the Capitol in Madison. On hand providing testimony were WIAAP leaders Dr. Mala Mathur and Dr. Dipesh Navsaria, who spoke to the issue of how firearm safety is critical to the health and well-being of children and families. Addressing the group was trauma and acute care surgeon and firearm owner Dr. Amy Liepert, who called for a public health approach to the issue. State Representatives Chris Taylor and Sheila Stubbs were also on hand.

Firearm Safety and Children will be the focus of our February 28, 2019 Pediatric Advocacy Day in Madison. Register now at: https://bit.ly/2Gee33j. We hope you'll join us!

April 7-9, 2019 - Washington, DC

AAP Legislative Conference

American Academy of Pediatrics Legislative CONFERENCE

Registration for the 2019 AAP Legislative Conference is officially open! The conference will take place April 7 - 9 in Washington, DC.

Each year, the conference brings together pediatricians and pediatric trainees from across the country who share a passion for child health advocacy. Participants attend skills-building workshops, hear from guest speakers, learn about policy priorities impacting children and pediatricians and go to Capitol Hill to urge Congress to support strong child health policies.

For the fourth year, the conference will feature a Pediatric Subspecialty Advocacy Track with specific legislative and skills building workshops uniquely focused on the interests and needs of pediatric medical subspecialists and surgical specialists.

For more information and to register, please visit aap.org/legcon. We hope to see you in April!

WIAAP Board of Directors Election 2019

There are two open positions for the WIAAP Board of Directors on the 2019 ballot.

SECRETARY/TREASURER
2019-2021 (two year term)

The Secretary/Treasurer oversees the records of the board, including financial records and narratives and annual budgeting process. This position has an automatic progression to Vice President, President and Immediate Past President, with two year terms for each position.

BOARD MEMBER AT LARGE
2019-2022 (three year term, renewable once)

The Secretary/Treasurer oversees the records of the board, including financial records and narratives and annual budgeting process. This position has an automatic progression to Vice President, President and Immediate Past President, with two year terms for each position.

To nominate yourself or a colleague, send your CV, a statement of <250 words outlining your interest and a headshot of 300dpi resolution to Kia LaBracke at KLaBracke@wiaap.org no later than March 1, 2019.

Did You Know?

Practice Updates: Asthma Coding Tips

Winter is here, which means cough and colds and asthma, along with RSV, bronchiolitis, and influenza. Here are some coding tips to improve your bottom line as well as provide great care. Information from Coding for Pediatrics 2018 from AAP.

A) 99213 - a 7yo with mild persistent asthma presents for a routine visit to review asthma plan before winter. Asthma Action Plan updated, inhaled steroid and albuterol prescriptions refilled, and school medication form completed. Asthma Control Test shows good control. Inhaler technique reviewed. Spirometry is performed for baseline.

B) 99214 - a 10yo with moderate asthma presents with acute asthma exacerbation. Past history shows that he has been admitted twice, and has allergic rhinitis. Social history indicates that parents are smokers, and multiple contacts have been sick with cough. 10-point ROS and detailed exam. New prescription for prednisone. Considered possible diagnoses including influenza, asthma exacerbation or pneumonia. Close follow up scheduled, and reviewed reasons to be seen sooner. Rapid testing for influenza A and B is negative

C) 99215 - a 5yo with asthma presents with respiratory distress, only able to say single short words, with significant retractions. He is roomed immediately and physician is called to the room. He receives 2 neb treatments, a dose of IM dexamethasone, continuous pulse oximetry. He is observed in clinic for 45 minutes while arranging admission.

But what else might be included in these visits?

99058	Services provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to E&M and other services (for severe asthmatic, requiring immediate physician care, with appropriate documentation and diagnosis codes indicating the severe condition)
96160	Administration of patient-focused health risk assessment for Asthma Control Test.
94640	Nebulizer treatment
J7613	Albuterol for inhalation, unit dose, per 1mg (*commonly billed as 3 units, for the 2.5mg unit dose)
96372	Administration of therapeutic injection
J1100	Dexamethasone sodium, per 1mg (*commonly billed as 4-10 units, depending on dose; can only be billed if given via injection, not orally)
94760	Pulse oximetry (*not always paid separately, often bundled with E&M code)
94664	Demonstration and/or evaluation of patient utilization of metered dose inhaler
94010	Spirometry alone
94060	Spirometry including pre- and post-bronchodilator responsiveness, cannot be billed with 94010.
87804	Influenza testing by immunoassay
87807	RSV testing by immunoassay

And how do we get paid for all of this? Modifiers!

-25	Significant, separately identifiable E&M service - added to the 99213/4/5 visit when any additional procedures, including vaccines, are performed at the same visit
-26	Professional component only - when the spirometry is done at the hospital, or other situation where the equipment is owned by a separate entity, and physician is reporting only the interpretation and reporting. (Hospital would report with modifier -TC - Technical component)
-59	Distinct procedural service - used to indicate that the rapid test for influenza tests for both A and B
-76	Repeat procedure or service - used when multiple nebulizer treatments are required, with documentation to support
-QW	Indicates that labs performed in the office are CLIA waived

So final coding would be:

A) 99213-25, 96160, 94664, 94060 (or 94010, depending on test used)

B) 99214-25, 87804-59 QW 2 units (some may require this to be billed as 87804 on one line, 87804-59 on a second line)

C) 99215-25, 99058, 94640, 94640-76, J7613 3 units, 96372 2 units (if given as 2 separate 1mL injections), J1100 8 units, 94760

ABOUT THE AUTHOR

Betsy Peterson, MD, FAAP, is the founder of Community Pediatrics, SC, Beaver Dam and Waupun, WI, and is WIAAP's representative on the AAP Section on Administration and Practice Management. Dr. Peterson served on the WIAAP Board of Directors from 2012 - 2018 and is the editor for practice updates for this publication. You may contact her at felixwesley1998@gmail.com.

Opinion

Immigrants Shouldn't Be Penalized for Using Social Safety Nets

An important aspect of a just and civil society is a willingness to help others who are in need.

On a more practical and utilitarian level, offering assistance may prevent more significant issues down the road. For example, proper nutrition and access to medical care can reduce the risk of school failure, chronic illness and disability, or hospitalization, all of which have significant associated societal costs.

Most public benefit programs provide only supplemental, limited assistance, but keep families from abject poverty and ameliorate deep struggle to maintain basic living standards. This makes the recent proposal announced by the Trump Administration remarkably puzzling and disquieting: the legal, appropriate use of certain benefit programs could be taken into consideration when those same individuals apply for visa renewals or permanent residency in the U.S. This has nothing to do with current or future need, and everything to do with deterring immigrants from remaining in the U.S.

While this concept of "public charge" is not new, it has traditionally been defined as involving the use of cash assistance programs such as Temporary Assistance for Needy Families, Supplemental Security Income, or long-term institutionalization. Generally, this has not affected most immigrant families, and has not resulted in the loss of other necessary supports around nutrition, medical care or housing.

This new policy would, without precedent, vastly expand the types of programs considered to include Medicaid, SNAP, housing assistance and possibly CHIP. This policy, from the Department of Homeland Security, would deny entry; reportedly a parallel Department of Justice rule would allow for actual deportations to take place on this basis.

This places parents in an awful dilemma: accept assistance for immediate family needs (food or medical care) or refrain, for fear of affecting their application for a visa or a green card. In some cases, immigrant parents with U.S. citizen children may not use services they are entitled to, even if it may not count against them — fear may be stronger than fact. What about children with special health care needs that can be best met in the U.S. — will they lose health insurance coverage as a result?

Most of the immigrants affected by this are law-abiding taxpayers and have paid into the system, but they are now being deterred from accessing the benefit they are entitled to. Do not confuse these tax-paying immigrants with undocumented immigrants, who are already not eligible for the above programs.

Even though this announcement was recent, fear of it being enacted has already resulted in significant drops in WIC usage and more. Pediatricians like us will be seeing the effects downstream, as children do not receive important nutrition supports that have been well-proven to benefit their health. Or, perhaps, we may not see them at all in clinics, due to forgoing health insurance coverage — and instead only when they are ill enough to require hospitalization.

Creating this dilemma is reprehensible, because it has nothing to do with ability or need. What kind of precedent does this set? What other arbitrary criteria could be added later? Who will be targeted next? All Americans who pay taxes into our social support system should be able to access programs that they qualify for and need, without risk of penalty.

With all this in mind, this draft proposal is just that — a draft. It is not too late to speak out. Once officially issued, the public will have opportunity to voice their concerns. As pediatricians, we plan to share what we've already witnessed and how we expect children's health will be impacted. Please join us — it is important that as many voices as possible speak up in support of these children and families. Vital services for health and well-being versus keeping a family together in this country — no parent should have to make that choice.

ABOUT THE AUTHORS

Dr. Mala Mathur, Dr. Dipesh Navsaria and Dr. Sarah Campbell are officers of the Wisconsin Chapter of the American Academy of Pediatrics.
First published in the *USA Today* Network on October 14, 2018. Link to the article: https://bit.ly/2AULFgH.

QUALITY IMPROVEMENT IN PEDIATRICS

WISCONSIN CHAPTER
AMERICAN ACADEMY OF PEDIATRICS

Education and Networking

Quality Improvement in Pediatrics Event

WIAAP members and child health advocate partners gathered in Oconomowoc in October to explore quality improvement activities around the state. We heard from the American Board of Pediatrics (ABP) on current and upcoming MOC changes, and from the Wisconsin Collaborative for Healthcare Quality (WCHQ) to discuss emerging, publicly reported pediatric quality measures.

Afternoon "Hot Topic" table groups explored QI efforts in depression screening, early care and education, emergency medicine and neonatal abstinence syndrome. We thank partners from the Children's Health Alliance of Wisconsin, Children's Hospital of Wisconsin, the Department of Children and Families and Gundersen Health for their thoughtful presentations and dialogue with attendees.

"Excellently done!"
"Great connecting with fellow members."
"Love the collaboration."

AAP Making MOC Better

- **Collaborative learning**
  - Multiple practices/sites work together (e.g., CQN, VIPN)
  - ***AAP Chapter meetings***
- **PediaLink QI**
  - Web-based tool for small groups
  - Projects proposed/led by volunteer pediatricians

THE AMERICAN BOARD *of* PEDIATRICS

Save the date!

Building Bridges, Forging Futures:
The Role of Primary Care in the First 1,000 Days

Thursday, October 3, 2019
Oconomowoc, WI

WIAAP Priority: Mental Health

Another Place for Medicaid Attention: Young Children's Social Emotional Development

Early childhood mental health is not as widely understood and does not look the same as mental health challenges for older children or adults. But there's good news: effective, evidence-informed, and promising interventions that support infant and toddlers' mental health are available. That's where Medicaid can help.

Our latest paper, Using Medicaid to Ensure the Healthy Social and Emotional Development of Infants and Toddlers, underscores the critical role for Medicaid—which insures nearly half of all infants and young children—in preventing, diagnosing and treating infant and early childhood mental health disorders. It suggests ways states can ensure the youngest children and their families receive the support they need to ensure strong mental health. It builds on our earlier report on opportunities for young children in Medicaid, and looks more specifically at social-emotional development.

Young children's social and emotional development, also called infant and early childhood mental health (IECMH), lays the foundation for lifelong success. Because infants and young children's brains are rapidly developing, mental health challenges look different. For example, excessive crying, developmental delays, failure to seek comfort from caregivers, or lack of curiosity could be warning signs that a young child's healthy emotional development could be at risk. Left untreated, these early signals can escalate into more serious mental health disorders (e.g. Depressive Disorder of Early Childhood, Anxiety Disorders, Post-traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, etc.) that can upend lifelong health, as well as educational and economic success.

How we talk about this is important. Advocates and other stakeholders should be mindful of their audience when selecting terms and crafting messages around social-emotional development. ZERO TO THREE's research suggests that while mental health experts and providers may prefer infant early childhood mental health (IECMH), parents, pediatricians, and the general public may be more comfortable with terms like social and emotional development. We use "IECMH" most often to specifically call attention to screening, diagnosis, and treatment services that may be supported in Medicaid. "Social and emotional health" or "emotional development" refer more broadly to promotion and prevention activities.

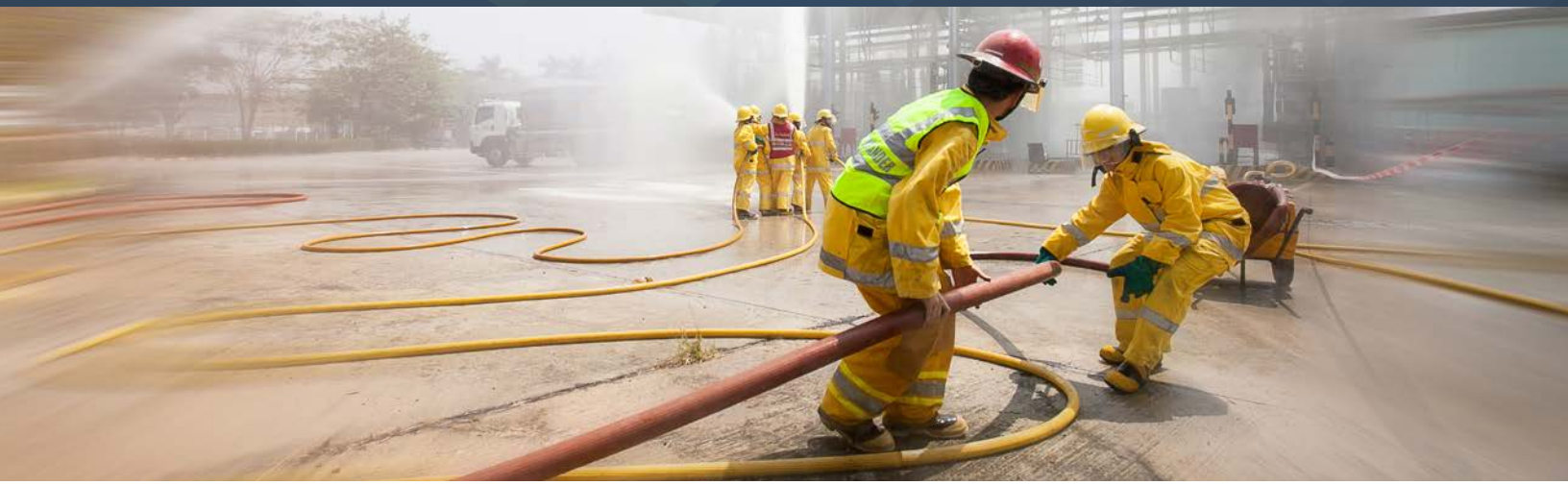
What can Medicaid do? As usual, there's not one clear answer and it's entirely state specific. But we offer some starting places for states, which include:

1. **Improving preventive screenings based on expert-recommended schedules and guidelines.**
2. **Adopting diagnostic criteria and guidelines specific to young children's mental health (the DC:0-5TM).**
3. **Update or clarify payment policies and processes for needed IECMH services.**
4. **Consider new settings or provider types appropriate for IECMH services.**
5. **Include IECMH in broader Medicaid improvements and reforms.**

Medicaid alone can't solve broader system challenges, such as stigma or the need for more qualified mental health providers, but it can be a leader for improvements across payers and systems. That's because Medicaid's benefit for children, EPSDT, holds incredible potential to strengthen access to IECMH servi¬¬ces. The opportunity to reach young children as early as possible —including dedicated attention on the relationships with their parents and caregivers—can prevent conditions from escalating and requiring more complex, expensive interventions. Exploring opportunities in Medicaid is not easy. And, Medicaid can't do this alone. But it's essential to helping children reach their full potential.

(Where to start? We created a tip sheet for advocates to get conversations started and consider possible angles.)

We're incredibly grateful for our partnership with ZERO TO THREE and their Think Babies campaign, which made this work possible. Learn more at www.thinkbabies.org.



Chapter Champion - Maureen Luetje, DO, FAAP

Disaster Planning for Pediatrics

Over the past 50 years, US disaster relief guidelines have been developed and amended... and amended again. But children were seldom mentioned, let alone included as a separate entity within these guidelines. In 1993, the AAP formed a work group on disasters to develop resources for pediatricians treating the psychosocial needs of children. 13 years later a disaster preparedness team was formed to help the AAP build its role in reunification, rescue and recovery for disasters . Today, disaster preparedness has grown into one of the pillars of the integrated priorities of the AAP.

Since becoming a priority, we as pediatricians have become more astute in recognizing the pediatric complexities within a disaster. Nevertheless, most disasters come without warning, still leaving us unprepared to deal with the consequences of it. Wisconsin has seen its fair share of blizzards, tornadoes and influenza epidemics and each one of those is labeled or not labeled as a disaster by how prepared our pediatricians are to handle the influx of injury and illness, the diffusion of knowledge prior to and during that event and what resources we have at that time. Any one of these elements can intensify or relieve the burden that a disaster has on our healthcare system.

Mother Nature and infectious disease used to be our main stressors for disasters, but those are no longer the only type of disasters we are up against. In the first 6 months of 2018, there were 23 school shootings, resulting in 35 mortalities, numerous morbidities and the emotional and mental impact is yet to be fully recognized. The battle against school violence, as well as the mental health of adolescents and young adults has been a brewing disaster for years and we are still without a perfect plan for how to best deal with this. Furthermore, there is the growing threat of chemical or biological terrorism. Many of us feel we have basic skills, at most, in recognizing, responding and treating children affected by these events.

The goal of disaster prevention is to prepare for all types of disasters, to create awareness among the people of Wisconsin and to reduce the direct and indirect burdens a disaster can have on children. My hope for disaster preparedness in Wisconsin is to form a better network by sharing our resources, brainstorming together and coming together in times of need to best serve the children of Wisconsin. This newsletter will continue providing spotlights on the role of medical care for various disaster related topics and aim to keep the pediatricians of Wisconsin informed and prepared for the unexpected.

ABOUT THE AUTHOR

Maureen Luetje, DO, FAAP, is a pediatric emergency medicine physician at Children's Hospital of Wisconsin Milwaukee. She completed her residency in pediatrics at Henry Ford Hospital and her pediatric emergency medicine fellowship at Children's Hospital of Michigan, both located in Detroit.

Registration Opening Soon!

New Quality Improvement Program MOC Part IV Credits

The Illinois and Wisconsin Chapters of the American Academy of Pediatrics have been awarded a grant to coordinate a MOC Part IV project that will expand programming for quality improvement credits to six states:

- Illinois
- Iowa
- Kansas
- Missouri
- Nebraska
- Wisconsin

The project was selected in part because of the success of a similar project piloted in Illinois and Wisconsin in 2018.

The six state learning collaborative will reach the majority of chapters in AAP's District VI. Chair Dennis Cooley, MD, FAAP, said, "This is a wonderful example of two chapters in a district working together to develop a great program that will benefit children. The extension of the program to other chapters in the district is very exciting."

Over 115 primary care providers participated in the pilot; 98% of participants indicated the course led them to identify tangible opportunities to improve HPV vaccination rates.

2018 Pilot Project Successes:

- 25% increase in documentation of dose 1
- 10% increase in documentation of dose 2
- TdAP rose 12%
- MCV4/MEnACQY rose by 5%

News From Our Partners

www.chawisconsin.org

Two Children's Health Alliance of Wisconsin (CHAW) programs have been awarded grants in the areas of oral health and emergency medicine.

The Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin will fund an initiative to integrate dental hygienists into primary medical teams. Drs. Earnestine Willis and Constance Gundacker of MCW will serve as primary investigators. Target populations include children 0-5 years and pregnant women. WIAAP serves as one of four organizational partners; there are eight clinical system partners across the state.

The project will focus on using quality improvement methods to ensure success in the implementation phase, with a goal of integrating dental hygienists in at least 15 clinics by the end of the grant cycle.

The Wisconsin Emergency Medical Services for Children (EMSC) program has been awarded a supplemental grant to improve pediatric pre-hospital care. Wisconsin EMSC is one of nine states selected for funding. Awardees will participate in a multi-state learning collaborative led by the EMSC Innovation and Improvement Center to demonstrate effective, replicable strategies to increase the number of local emergency medical services (EMS) agencies with a Pediatric Emergency Care Coordinator (PECC), a designated individual responsible for pediatric emergency care coordination.

Wisconsin EMSC's goal is to recruit and establish PECCs in 70 additional Wisconsin EMS agencies by March 2019.

WIAAP Priority: Early Childhood

EC Advisory Council

The Governor's Early Childhood Advisory Council (ECAC) has submitted two key policy recommendations, or "Smart Investments," to the Wisconsin legislature.

The first recommendation is to expand evidence-based Home Visitation programming, to grow current programs and to expand to new communities. This calls for a $2.3million investment over the 2019-2021 budget. Wisconsin is a leader in innovative programming in this area.

Secondly, to strengthen the market pool of quality early educators, the Council lays out the plan for an early education workforce tax credit.

The ECAC will see two new co-chairs in 2019; Eloise Anderson, Secretary of the Department of Children and Families, retires for what she hopes "is the last time," and Tony Evers will step down from his role at the Department of Public Education to become Wisconsin's next Governor.

WIAAP Priority: Mental Health

Trauma-Informed Care

WIAAP co-chairs the Trauma-Informed Care workgroup under the Office of Children's Mental Health. In November, they led a workshop titled "Working with Children, Adults, and Families in the Home: Safety as a Foundation of Trauma-Informed Care." The hub of the event was in Madison, with remote locations in Eau Claire, Milwaukee, Oshkosh, Rhinelander and Waukesha.

The session focused on the need for in-home service providers to be mindful of the physical and emotional safety of themselves and their clients. Speakers from child welfare and home visitation were followed by a diverse panel of people with "living experience," parents and others involved directly within systems of care in home mental and behavioral health care.

Member Benefit

WIAAP Career Center

Part of the National Healthcare Career Network, our online Career Center gives applicants access to professional development and coaching, resume writing, reference checking and a career learning center.

There's more than just job seeking on our site. If your practice or health system is in the market for new providers, the WIAAP Career Center offers the same state of the art services you get with commercial job boards, and more:

20% off your Featured Employer Profile

Use code **JAN2019** Offer expires **January 31, 2019**

- **Create and edit job postings easily**
- **Use our application or send users to your site**
- **Review applications online or via email**
- **Manage corporate logo/employer branding**
- **Search resume database**
- **Create resume search alerts**
- **View or print reports and statistics**
- **Your jobs are pushed out to relevant job seekers**
- **Sharing options are available on jobs**
- **Google for Jobs integration**

Employers: You can distinguish yourself and promote your organization's brand and job postings by creating a Featured Employer Profile. Your logo then appears on the job seeker's home page, the job search pages and on each of your job postings, all linking directly to your profile.

Five for Families

Five for Families is a statewide public awareness campaign developed as a universal prevention strategy by the Wisconsin Child Abuse and Neglect Prevention Board. The primary goal of the campaign is to increase knowledge of the Protective Factors Framework. While there are many different types of protective factors that keep families strong, the Center for the Study of Social Policy conducted an extensive review of research and expertise in the social and behavioral health sciences to identify characteristics to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.

While the target audiences for the Protective Factors Framework are family support professionals and policy makers, Five for Families translates this framework into everyday language for parents, caregivers, friends, neighbors and community members to message the 5 essential strengths that keep every family strong. Five for Families language was developed in partnership with parents, caregivers and family support professionals. Within the campaign the Protective Factors are called the 5 Strengths. Each strength corresponds to a Protective Factor.

5 Strengths	Protective Factors
Helping Kids Understand Feelings	Social and Emotional Competence of Children
Parenting as Children Grow	Knowledge of Parenting and Child Development
Connecting with Others	Social Connections
Building Inner Strength	Parental Resilience
Knowing How to Find Help	Concrete Supports in Times of Need

The central feature of the Five for Families campaign is a website, **FiveforFamilies.org**, where viewers will find a variety of resources to increase their understanding of the protective factors.

A variety of print and video materials were developed to inspire parents to visit the Five for Families website to learn more about the 5 Strengths. Once on the website, users find information on why strength matters and on each of the 5 Strengths, video testimonials from Wisconsin parents and grandparents, exercises that guide understanding and offer new ideas for building family strength, and a place for users to share what makes your family strong.

Five for Families can provide additional resources to families who are asking their health professional about child development or social and emotional competence. Outreach materials for parents include posters and rack cards. A toolkit with message guidance and how to access materials is available on the Prevention Board's website. For more information about Five for Families contact Becky Mather, Education Coordinator for the Wisconsin Child Abuse and Neglect Prevention Board at rebecca.mather@wisconsin.gov.

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