Champion E-Correspondence

September 2016

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 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

Greetings from Elk Grove Village, Illinois! September is here and kids are back in school after the summer break. 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, including the importance of an annual flu vaccine. With good preparation and education, they can be better prepared for asthma and allergy issues in September, and year-round.

Medical Home Highlight

Building Your Medical Home: An Introduction to Pediatric Primary Care Transformation

Created by the National Center for Medical Home Implementation, this online resource guide provides direction, resources, and tools to pediatric medical home clinicians and practices seeking to advance their implementation of the medical home model. The guide includes specific resources to help coordinate and co-manage care between primary care clinicians and pediatric specialists, including those caring for children with asthma, allergies, and anaphylaxis. Visit www.pediatricmedhome.org for more information.

Upcoming Events

- **PREP ® The Course**, September 10-14, Philadelphia, PA
- Webinar: “Webside” vs. Bedside Manner: Telehealth for Asthma and Allergies, September 14, 1pm PT/2pm MT/3pm CT/4pm ET
- Webinar: Pediatric Coding Updates for 2017, September 15, 10am PT/11am MT/12pm CT/1pm ET
- Live Panel (Live-streamed on aap.org): Speaking Up for Children: A Conversation About Child Health in the Next Administration, September 19, 11am PT/12pm MT/1pm CT/2pm ET
- Webinar: Addressing Environmentally Triggered Asthma in Tribal Communities, September 20, 10:30am PT/11:30am MT/12:30pm CT/1:30pm ET
- Webinar: What Have We Learned About the Microbiomes of Indoor Environments? September 22, 8am PT/9am MT/10am CT/11am ET
- **Allergy & Asthma Network’s USAnaphylaxis Summit**, September 23, St. Louis, MO
- **CME Course: Care of the Hospitalized Child**, September 28-30, San Francisco, CA
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Upcoming Events (continued)

- Allergy & Asthma Network’s USAnaphylaxis Summit, September 30, Orlando, FL
- Allergy & Asthma Network’s USAnaphylaxis Summit, October 7, Las Vegas, NV
- AAP National Conference and Exhibition, October 22-25, San Francisco, CA (Advance registration rates for the National Conference and Exhibition end September 9. Register now to receive 20% off your registration fees.)
- Advanced Pediatric Life Support, October 22, San Francisco, CA
- Pediatric Complex Care Association and Annual Conference, October 26-28, Richmond, VA
- Practical Pediatrics Course, November 4-6, Naples, FL
- DB: PREP – An Intensive Review and Update of Developmental and Behavioral Pediatrics, November 30-December 4, Anaheim, CA
- Practical Pediatrics Course, December 9-11, Chicago, IL

Reports

Safety of Adding Salmeterol to Fluticasone Propionate in Children with Asthma
Researchers examined more than 6,200 youths with asthma ages four to eleven and found that twenty-seven of those who received a combination of long-acting beta agonist salmeterol and steroid fluticasone were hospitalized after a serious asthma-related event, compared with twenty-one of those who only had fluticasone. The findings (September 2016) in The New England Journal of Medicine* also showed that both groups had no deaths or hospitalizations that required breathing tube insertion. Study authors report that salmeterol in a fixed-dose combination with fluticasone was associated with the risk of a serious asthma-related event that was similar to the risk with fluticasone alone. See accompanying editorial.

Innate Immunity and Asthma Risk in Amish and Hutterite Farm Children
The Amish and Hutterites are U.S. agricultural populations whose lifestyles are remarkably similar in many respects but whose farming practices, in particular, are distinct; the former follow traditional farming practices whereas the latter use industrialized farming practices. The populations also show striking disparities in the prevalence of asthma, and little is known about the immune responses underlying these disparities. A study (August 2016) in The New England Journal of Medicine* found that Amish children who live on single-family farms in Indiana had a four- to sixfold lower risk of developing asthma than Hutterite youths on industrialized communal farms in South Dakota. The findings, based on data involving 60 Amish and Hutterite children, also showed that the Amish had higher neutrophil and lower eosinophil levels in their blood than the Hutterites. Study results indicate that the Amish environment provides protection against asthma by engaging and shaping the innate immune response. See accompanying editorial.

Reasons for Trying E-cigarettes and Risk of Continued Use
A recent study published in Pediatrics (September 2016), determined several factors for first trying e-cigarettes and risk of continued use among middle and high school students based on race, gender, age, and reasons. The most common reasons for trying e-cigarettes cited by the subjects of the study included curiosity about e-cigarettes, good flavors, and friends’ use. Youth who reported trying e-cigarettes because of low cost were using e-cigarettes on more days six months later. Youth who said they tried e-cigarettes to quit smoking were over 14 times more likely to continue e-cigarettes than those who did not report this reason. The study also concluded that younger students and current cigarette smokers were more likely to continue using e-cigarettes over time, and suggests that campaigns to prevent continued use be targeted at younger students.

*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).
Reports (continued)

**Novel Baseline Predictors of Allergic Side Effects During Peanut Oral Immunotherapy**

Oral immunotherapy to counter peanut allergies in children may be more effective if done at a young age, even as early as 9 months, according to a study (September 2016) in the *Journal of Allergy and Clinical Immunology*. Study authors conducted a retrospective analysis pooling three pediatric peanut oral immunotherapy trials. Eighty percent of subjects experienced likely-related adverse events (AE) during oral immunotherapy (OIT). Of these AEs, over 90% occurred while at home. Approximately 42% of subjects experienced systemic reactions, and 49% experienced gastrointestinal symptoms. Twenty percent of subjects dropped out, with half (10% of overall group) due to persistent gastrointestinal symptoms. Baseline allergic rhinitis (AR), asthma, and peanut skin prick test (SPT) were significant predictors of higher overall AE rates. SPT predicted increased gastrointestinal AEs, and AR predicted increased systemic reactions. Over the course of OIT, 61% of subjects received treatment for likely-related AEs, 59% with antihistamines and 12% with epinephrine. Peanut OIT is associated with frequent AEs, with rates declining over time, and most graded mild. However, systemic reactions and intolerable gastrointestinal AEs do occur and are significantly associated with AR and peanut SPT, respectively.

**Acetaminophen versus Ibuprofen in Young Children with Mild Persistent Asthma**

In a multicenter, prospective, randomized, double-blind, parallel-group researchers examined 300 children with mild persistent asthma ages 1 to 5 and found that those who took acetaminophen had similar asthma exacerbation rates leading to treatment with systemic glucocorticoids as those who took ibuprofen. However, the findings in *The New England Journal of Medicine* may not apply to youths of other age groups or those with more severe asthma, researchers said. See accompanying editorial.

*Subscription log in or purchase may be required to view full article

**Resources**

**How to Uncover Cause of Refractory Asthma**

Pediatricians with asthma patients who are unresponsive to traditional therapies should consider alternative diagnoses, evaluate medication adherence, evaluate and teach correct inhaler technique, and conduct environmental trigger assessments, writes Heather Hock, MD, FAAP, a member of the AAP Section on Pediatric Pulmonology and Sleep Medicine Executive Committee. Escalation of care per asthma care guidelines may be warranted upon confirmation of accurate diagnosis, technique and adherence, Hoch writes.

**EpiPen Savings for Patients**

There is an EpiPen savings card (for eligible users) on the EpiPen website. Per the website description, the savings card can be used to reduce the amount of patient out-of-pocket expense up to a maximum of $100 per EpiPen 2-Pak® carton, up to a maximum of three (3) 2-Pak® cartons per prescription. No other purchase is necessary. This offer can be used an unlimited number of times until 12/31/2016. Valid prescription with Prescriber ID# required.

**September is National Preparedness Month**

September is National Preparedness Month and this year’s theme is “Don't Wait. Communicate. Make Your Emergency Plan Today.” Clinicians have key roles to play in preparing and treating families in disasters and emergencies, particularly for children with asthma and allergies. The AAP offers tools for pediatricians who wish to become better prepared and to support the families they care for. See the AAP Children and Disasters Web page for important resources and strategies.
Providing a Circle of Support for Children with Asthma
Improving health and school-related outcomes for children with asthma requires integrated care coordination among families, clinicians, and school nurses. To facilitate this, the American Academy of Allergy, Asthma, and Immunology is launching the School-based Asthma Management Program (SAMPRO), which standardizes recommendations for school-based asthma management, and provides helpful resources for the care of children with asthma in schools including an asthma action plan. Read the SAMPRO paper in the September issue of The Journal of Allergy and Clinical Immunology.

Get Help Preparing for New ICD-10-CM Coding Changes
Beginning October 1, there will be 1,943 new ICD-10-CM codes, 422 revised codes, and 305 “invalid” codes, which will have additional digits to further classify them. A recent article in the July issue of AAP News has details about these changes and how they may affect pediatric practices.

AAP Coding Hotline Offers Reviews by Certified Coders
The AAP offers a member benefit where members or their staff can submit coding and payment issues for review by certified coders. AAP staff works to assist not only with correct coding, but help with payer denials where they can. The AAP encourages all members to utilize this free resource, as this is the only official source for answers for your coding questions from the AAP. The coding hotline also is the hub for all payer issues as well. Contact the hotline at aapcodinghotline@aap.org.

AAP Toolkit for Immigrant Child Health
The AAP Immigrant Child Health Toolkit has been reformatted and updated with new information on clinical care and mental health concerns. The free toolkit is available as web-based content, or a downloadable pdf. Contact cocp@aap.org with questions, or to join the AAP Immigrant Health Special Interest Group.

Transitioning Youth from Pediatric to Adult-Centered Care MOC Part IV Module
This web-based, self-directed quality improvement module will evaluate adequacy of participant documentation of patients’ transition from pediatric to adult-centered care within the 6 Core Element framework developed by Got Transition: Center for Health Care Transition Improvement. The module is ideal for general and subspecialty physicians who actively evaluate pediatric patients with chronic diseases on a frequent enough basis to report data on 30 patient visits over a one-year period. Participants who successfully meet completion criteria are eligible to receive 25 Maintenance of Certification (MOC) Part IV credits and 20 Continuing Medical Education credits towards maintaining American Board of Pediatrics MOC. To register and for more information, contact Kim Rose at krose@naspghan.org. Through March 31, 2017, this module is FREE if you mention Got Transition.org, University of California San Diego/Rady Children’s Hospital.

Vaccines: One of Pediatricians’ “Super Powers to Protect Kids”
In an AAP Voices blog, Ari Brown, MD, FAAP talks about rewarding and memorable moments she’s experienced in her twenty years of private practice pediatrics. She says her white coat is her super power that helps her make a positive difference in her patients’ lives, especially when ensuring they are vaccinated.
Interested in Contributing to AAP Voices Blog?
The AAP welcomes fellows’ insights and experiences with the many issues surround asthma, allergy, and anaphylaxis. Below are some guidelines that were created to help authors craft engaging and enlightening columns for the blog’s readers, which include fellow pediatricians as well as the general public.

**Topic, Length and Tone**
AAP Voices topics can include current events, child health issues, topics drawn from AAP policy statements, reports and initiatives, or other topics related to the health and wellbeing of infants, children, adolescents or young adults. Column length ideally should range from roughly 400 to 850 words.

The column should read like a conversation with a colleague, tell a story, inform and inspire, include personal perspectives and anecdotes, and are on topics that matter to you. It’s this personal and authentic connection that will draw readers into the discussion. A strong narrative thread will help engage readers, and so when possible, the column should give a glimpse into real-life examples of situations pediatricians encounter that illustrate broader, often complex health issues. The inclusion of any type of call to action is also a great way to engage readers. AAP Public Affairs staff are available to assist authors in shaping a first-person narrative and persuasive tone. To view previous AAP Voices columns, visit the blog site.

**Author Biography**
Authors should include their full title, including academic degrees and institutional affiliation, along with a portrait-style photo to accompany the column. We are also happy to link to your practice, institution, social media platform or website of your choice as part of your bio. Please include correct web addresses for this purpose.

**Editing Process**
Once submitted to Public Affairs staff, editors will edit the column for tone, style, and search engine optimization (SEO). This will include embedding other relevant AAP.org and HealthyChildren.org links. Significant revisions will be shared with the author for approval.

**Republishing Policy**
Upon publication on AAP.org, each article becomes the property of the AAP. Contact AAP Public Affairs staff to obtain permission for any republication. Authors and their clinical or academic institutions are encouraged to broaden the article’s reach with links to AAP.org via social media and other communication channels.

**National Center for Care Coordination Technical Assistance (NCCCTA)**
The mission of the NCCCTA is to support the promotion, implementation, and evaluation of care coordination activities and measures in child health across the US. The following technical assistance (TA) and support is available to individuals interested in implementing care coordination. Contact NCCCTA for technical assistance and support.

- 1 hour of introductory TA regarding the *Pediatric Care Coordination Curriculum*, *Care Coordination Measurement Tool*, and the *Pediatric Integrated Care Survey*.
- 2 additional hours of TA implementation and evaluation of the aforementioned tools.

New NCCCTA Resource: A graphical summary of a recent NCCCTA environmental scan that looked at U.S. care coordination activities -- for a more detailed report, contact Hannah Rosenberg.
Resources (continued)

**AAP Revises Call to Action for the Payer Community: Improving Mental Health Services in Primary Care**

The Private Payer Advocacy Advisory Committee (PPAAC) worked with the Mental Health Leadership Work Group (MHLWG) to revise its business case for improving mental health services in primary care. As payers look to design benefit plans within the scope of the Affordable Care Act and the Mental Health Parity and Addiction Equity Act, this document is a timely resource to advocate for benefits coverage and payment for mental health services in the primary care setting.

The business case recommends steps payers can take toward increasing access to mental healthcare for children and adolescents through improved support of mental health services in the primary care and specialty settings and improving coordination of services between primary care and mental health care systems. Adoption of these strategies by payers and health plans will enhance the value of member benefits coverage and increase access to necessary and effective mental health services.

AAP chapters, pediatric councils, and members are encouraged to access and use the business case in discussions with payers. To review the revised business case click on the following link: [https://www.aap.org/en-s/Documents/payeradvocacy_business_case.pdf](https://www.aap.org/en-s/Documents/payeradvocacy_business_case.pdf).

For additional information on behavioral and mental health integration see the AAP News article, [Payment reform offers opportunity to integrate mental health into pediatric care](https://www.aap.org/en-s/Documents/payeradvocacy_business_case.pdf).

**Pediatric Council Forum at the National Conference and Exhibition**

If you are attending the 2016 AAP National Conference and Exhibition in San Francisco, be sure to plan on attending the Pediatric Council Forum.

- **When:** Saturday, October 22, 2016
- **Time:** 2 – 4 pm
- **Where:** Room 250 at the Moscone South Center

Meet with members of PPAAC and other chapter pediatric councils to discuss private payer advocacy issues and strategies. For updates on pediatric council activities, see the AAP News articles:

- [PPAAC: Advocacy by pediatric councils leads to improved payments](https://www.aap.org/en-s/Documents/payeradvocacy_business_case.pdf)
- [PPAAC: Chapter pediatric councils work with payers on medical home programs](https://www.aap.org/en-s/Documents/payeradvocacy_business_case.pdf)

**Administering Medication at School: Tips for Parents**

Most children will, at some point in their school career, require some form of medication during the school day. Maybe the child has asthma, allergies, or another chronic health condition? Whatever the circumstances, it is important for parents to keep these tips from [healthychildren.org](https://www.aap.org/en-s/Documents/payeradvocacy_business_case.pdf) in mind if medications are ever needed during school hours.

**Patient Resource, Myth or Fact? What’s True About Asthma?**

How much do your patients and families know about asthma? Maybe not as much as you think. Families can learn the difference between asthma myths and facts, and find out how to create an asthma action plan for children in this resource for patients and families from Blue Cross/Blue Shield. Includes an English and Spanish asthma triggers in the home checklist.
**Policy and Advocacy**

**AAP Urges Action on EpiPen Costs, Suggests Options**

The Academy is calling for urgent action to reduce the cost burden of epinephrine auto-injectors for children with food allergies.

Prices for one such device, Mylan's EpiPen, have skyrocketed in recent years, costing some families $500 or more for a two-pack.

"Urgent solutions are needed," said AAP President Benard P. Dreyer, M.D., FAAP. "Now is the time for all interested stakeholders -- families, doctors, manufacturers, distributors, payers and government agencies like the Food and Drug Administration -- to act quickly to alleviate the financial hardships faced by families.

"Every child's safety is of equal importance, and no parent should have to worry about how to pay for access to life-saving allergy medication for their child," said Dr. Dreyer.

The Academy recommends children with serious food allergies always keep two epinephrine auto-injectors with them and that they have a supply both at home and school. In 2013, it led efforts to pass legislation encouraging states to require that schools have a supply of epinephrine.

AAP leaders at the Annual Leadership Forum (ALF) this year deemed addressing the cost of epinephrine* auto-injectors one of their top 10 resolutions and also approved a resolution* asking the Food and Drug Administration why expiration dates for such devices are only about a year. They renewed both of those calls Friday.

The author of both resolutions, Michael J. Welch, M.D., FAAP, FAAAAI, past chair of the AAP Section on Allergy and Immunology, agreed and said pediatricians need to take action.

"The pediatrician has to be the advocate for these patients who are affected by this and there are some things they can do," he said.

Dr. Welch suggested that pediatricians look for local pharmacies that offer the generic of Adrenaclick, a product that is similar to EpiPens and sometimes cheaper. They also should direct patients to EpiPen manufacturer Mylan's patient assistance program, and to savings cards for EpiPen and generic Adrenaclick.

In addition, patients may need to look into different health insurance plans with better pharmacy benefits and consider appealing when coverage is denied, Dr. Welch said. Physicians and patients alike also can lend their signature to an online petition protesting the costs.

"The high cost of these devices imposes a significant financial burden on families and places an obstacle in these patients' access to lifesaving medical care where they live, learn and play," said Dr. Dreyer. "The AAP will continue to work with Congress and press the Food and Drug Administration to find a way to make the product affordable to the families who need this medicine."

*MyAAP login and password required
September 19: Speaking Up for Children: A Conversation About Child Health in the Next Administration

Message from AAP CEO Karen Remley, MD, MBA, MPH, FAAP
This November, our nation will elect a new president, who will have the opportunity to shape and enact policies that will influence children’s lives now and for years to come. The stakes could not be higher. There are many threats to children’s health right now, from Zika to poverty to gun violence to natural disasters, but there are also many opportunities to ensure that children have what they need to thrive.

For the first time in eight years, all of us who advocate for children can help influence the transition to a new presidential administration. I am thrilled to share that next month, I will be joining a small group of child health thought leaders in Washington, DC to talk about children and the role the next administration can play in prioritizing them.

At the event, AAP will be officially unveiling a transition plan to guide the president and federal government on how to address children’s needs: Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future.

What: An interactive panel discussion hosted by the AAP and moderated by ABC News Chief Health and Medical Editor Richard Besser, MD, FAAP, Speaking Up for Children: A Conversation About Child Health in the Next Administration. Panelist information below.

When: Monday, Sept 19, 2:00 – 3:30 pm ET

Where: Live-streamed on aap.org

Thank you for all you do for children. Between now and the election, please also remember to register to vote and join our #VoteKids efforts on social media and on our #VoteKids website. I look forward to working with you to speak up for children to our nation’s future leaders.

Sincerely,

Karen Remley, MD, MBA, MPH, FAAP
Executive Director/CEO; American Academy of Pediatrics; @DrRemleyAAP
In the News...

- E-Cigarette Emit Toxic Vapors: Study
- Eczema’s Effects More Than Skin Deep
- Is Non-Celiac Gluten Sensitivity Real?
- NIH Awards Montefiore Physician $4.5M to Advance Kids’ Asthma Care with EHR
- Amish Lifestyle Brings Unexpected Benefit: Less Asthma
- FDA Banning E-Cigarette Sales to Minors
- Oral Immunotherapy is Safe, Effective Treatment for Peanut-Allergic Preschoolers, Study Suggests
- New Drug Could Help Decrease Symptoms of Asthma
- ACAAI Offers Tips to Help Prevent Kids From Suffering Through Allergy and Asthma Attacks
- Child’s Home Address May Help Identify Children and Families at Risk of Asthma
- ATS Releases Guidelines to Help Pediatricians Evaluate Infants With Recurrent, Persistent Wheeze
- Epidemiology of Allergies
- Allergies and the Hygiene Hypothesis
- Kids with Mild Asthma Can Take Acetaminophen
- Smoking Bans in Affordable Housing Benefit All: Study
- Peanut Allergy Treatment: The Earlier in Childhood, the Better
- EpiPen Price Hike Has Parents of Kids With Allergies Scrambling Ahead of School Year
- Congress Presses Pharmaceutical Company to Explain Surge in Cost of EpiPen
- Adult Onset Asthma Might Raise Heart Risks
- Cheap Face Masks Little Help Against Air Pollutants
- Doctors Divided on Safety, Use of Electronic Cigarettes
- Early Virus Raises Asthma Risk in Certain Kids
- Asthma Predisposition High Among Children with Food Allergies
- Mylan to Offer Generic EpiPen
- Combo Drug for Childhood Asthma Appears Safe in Study
- Teens Using E-Cig Devices Not Just for Nicotine
- Children’s Allergy Risk Linked to Antibiotic Exposure, Study Says
- Breastfeeding May Reduce Asthma Symptoms for At-Risk Infants
- Clinical Tool May Reduce Unnecessary Antibiotic Use in Kids With Respiratory Tract Infection and Cough
AAP Health and Safety Tips: How to Handle Allergies
The AAP offers tips on recognizing and treating allergies. Feel free to excerpt the tips or use them in their entirety for any print or broadcast story, with acknowledgment of source: Allergies and Asthma: What Every Parent Needs to Know, by the American Academy of Pediatrics.

As always, we regularly update the program website with resources that might be useful to champions. Be sure to check out our website!