



AAP—HAWAII CHAPTER NEWSLETTER

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SYSTEM OF ADMINISTRATION OF MEDICATIONS IN PUBLIC SCHOOLS

Ruth Ota, MPH, RN is Chief, Public Health Nursing Branch of the Hawaii Department of Health. Recently, Ruth shared with us some of the concerns with the current system of providing medications to students during the school day. There are 255 public schools statewide and 254 health aide positions. However, because of the state's economy, a hiring freeze left many of these jobs vacant. This means that at some schools, administrators must deal with handling of medications. Currently, 110 Public Health Nurses supervise the health aides. More funding cuts are on the horizon which means that there will be one PHN responsible for 4-5 schools. The PHN's have many duties in addition to their supervision of school health aides.

Some children miss 30 to 60 minutes a day or 2 to 5 hours per week of learning time. Health aides are administering medications—they are not RN's or LPN's and have only limited health training. There are a high number of medications stored in the health rooms, particularly PRN meds. Some of which haven't been used by the student in two years.

What does this look like on campus? At one particular school, during one lunch period, there were 85 students in line waiting for medications or to be seen because they felt ill or were injured. One child vomited which required the immediate attention of the single health aide.

Effective July 1, 2003 the Hawaii Revised Statutes will be enforced. They are:

- HRS 328-16 Drugs limiting to dispensing on prescription—details what medication label must contain, and specific instructions of the drug use. i.e. copy of medication record must be on file with prescription record; container for “school use” must be appropriately labeled
- HRS 321-242 allows administration of oral, topical, emergency pre-measured med ordered by physician, authorized by parent; approved by DOH;

necessary for health of student and attendance at school.

Ruth stressed that if a student does need a non-prescription medication given at school to enable them to stay in school, PHNB needs an explanation from you as to why the medication is necessary.

What can you do? The next time a parent asks you to fill out the form to give medications at school, take a minute to consider if there is a medical necessity for the request.

The Public Health Nursing Branch of DOH assumed the responsibility of the School Health Program in 1997. The HAAP-PHNB-DOE Advisory Committee was created in 1998.

The goals of this committee are to:

- Enhance continuity of care between home, school and the child's medical home
- Develop policies for best practices in school health
- Improve health status of students in public schools

Some of the work groups formed within this committee deal with:

- Asthma/Pulmonary Disorders
- Diabetes
- Neurology
- EMS
- Hematology/Oncology
- Information Flow
- Medications

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HAAP Immunization Committee Update

Your committee members (Drs. Christine Hara, Wallace Matthews, Cynthia Nakasato, Kenn Saruwatari, and Vince Yamashiroya) have continued to keep on eye on immunizations issues as it affects the providers of our state.

We have been meeting about every 3 months w/Carl Omori & Stephen Lung of HMSA. In part, based on those discussions:

- HMSA has increased reimbursement (MAC = Maximum Allowable Charge) for vaccines from 85% of average wholesale price (AWP) to 90% of AWP. Details are in the February 2003 HMSA's Provider Update.
- HMSA forwards to the committee the vaccine AWP information for review.
- HMSA has initiated a mechanism for providers to receive Additional Payment for Vaccines when purchase price exceeds the current MAC (also noted in HMSA February 2003 Update).

Drs. Melinda Ashton & Galen Chock are members of DOH's Immunization Workgroup that has been charged with looking at provider barriers to immunization. The group has been working on a provider survey to be sent out prior to this summer.

We still have limited quantities of "Immunization Techniques" a VHS tape supported by Aventis Pasteur that is an excellent training tape for physicians & office staff on administering vaccines. If members are interested in receiving a copy while supplies last please let us know.

Are there vaccine issues affecting your practice? Contact Galen Chock, MD at gychock@aloha.net or 521-6030

HAWAII ACCEPTS THE CHALLENGE!

The Great Hawaii Breastfeeding Challenge is scheduled to take place on October 4, 2003 at the State Capitol Rotunda. The challenge will bring together as many breastfeeding women and their babies as possible. The nursing mothers will breastfeed their babies simultaneously on each of the Hawaiian Islands. The event is aimed at raising awareness of the numerous benefits of breastfeeding for both mother and infant, and will provide a day of fun and education for the entire community.

Similar events have been held in Australia, Canada and other states, with California holding a Guinness book world record of 1130 moms all breastfeeding simultaneously. Hawaii has approximately 17,000 births per year and the hope is to encourage at least 10% or 1,700 breastfeeding moms and babies to participate. Guest speakers, photos, door prizes, certificates, calendars and t-shirts are all planned as part of this event.

For more information, please contact Christina Simmons or Pratisha Budhiraja at WIC 586-8175.

Have you laughed today?

When you're working with kids all day long, you never know what funny thing will happen next. The American Academy of Pediatrics is asking its 57,000 members to submit their own humorous pediatric stories for a collection of amusing anecdotes to be published in the fall of 2004.

The book, which will be published in conjunction with the upcoming 75th anniversary celebration of the Academy in 2005, is being compiled by Mohsen Ziai, MD, honorary FAAP. Dr. Ziai is a former chair of the pediatrics departments at Inova Fairfax Hospital, Falls Church, VA, and Rochester (NY) General Hospital. He has enjoyed countless amusing moments in his 50 years of caring for children.

Please take a moment to recount your own memorable anecdotes—maybe your staff have some to share too. Send your anecdotes, along with contact information to: Mohsen Ziai, MD, 1025 Windswept Drive, Great Falls, VA 22066.

Kapi`olani Child At-Risk Evaluation Program

On any given day in the United States, there are 500,000 children in foster care, an increase of 65% over the past 10 years. According to the Hawai'i Department of Human Services 2001 report, there were 2,092 confirmed cases of child abuse and neglect. These victims undoubtedly need a safe shelter which is likely to be a temporary foster home. Children entering foster care have higher rates of serious emotional and behavioral problems, chronic physical disabilities, and poor academic achievement compared to their peers.

The Kapi`olani Child At-Risk Evaluation (CARE) program was developed in an effort to partner with pediatricians to best meet the needs of this special population. With support from the Consuelo Foundation and the Robert Wood Johnson Foundation, the CARE program opened its doors in October of 2002. The mission of the CARE program is to provide comprehensive, coordinated, and compassionate forensic health services to children who are victims and suspected victims of abuse and neglect. Pre-placement physical examinations, comprehensive health evaluations, and forensic consultations are among the services being offered by the CARE program.

The pre-placement physical examination is required by law and must take place within 24 hours of placement into foster care. According to the American Academy of Pediatrics, the purpose of the examination is to identify acute medical concerns and to document any signs of abuse and neglect. Pediatricians and a nurse practitioner in the CARE program are providing pre-placement exams for those children who lack a primary care provider or who are unable to schedule a visit with his/her primary care provider. Following the pre-placement physical examination, children are referred for a follow up comprehensive health evaluation. Every attempt is made to identify the primary care provider to discuss the need for a comprehensive health evaluation. If a primary care provider is not identified, the child is scheduled for a comprehensive health evaluation at the CARE clinic.

Unfortunately, many children in foster care lack regular pediatric care from a medical home. In these cases, it is difficult to insure that a comprehensive health evaluation for all children new to foster care takes place within the first 45 days of placement as required by law. This evaluation should include a medical, developmental, behavioral, and mental health assessment. According to the American Academy of Pediatrics, a comprehensive health evaluation should be performed by a pediatrician and the medical, social, and family history should be made available at the time of the visit. Circumstances that led to placement, the child's transition to the new living situation, the child's development and school progress, and the agency's plans for permanency should also be evaluated during the visit. The physical exam focuses on any acute or chronic medical problems that may require additional evaluation or referrals. When a comprehensive health evaluation is scheduled, the child's previous medical history is compiled by obtaining health and immunization records. These are reviewed by a pediatrician and are made available during the comprehensive health evaluation. A consultation report is generated and then sent to the child's medical home as well as Child Welfare Services. We hope to help pediatricians in the community by conducting a thorough comprehensive health evaluation and by discussing all findings and recommendations with the child's primary care provider to insure proper follow-up. We will also utilize this visit to identify a potential medical home for those children who lack a primary care provider.

A unique aspect of the CARE program is our ability to provide screening for mental health services during the comprehensive health evaluation. Social workers from the Kapi`olani Child Protection Center (KCPC) conduct structured interviews with both patients and foster parents and administer Child Behavior Checklists/Youth Self-Reports to identify any academic, social, or psychological difficulties the child may be experiencing. Pediatricians also conduct the Bayley Infant Developmental Screen for infants and children less than 2 years of age as well as the Denver II Developmental Screen. With this information, we are able to facilitate referrals to mental health services through KCPC, early intervention services, and community-based agencies.

Diagnostic forensic consultations are also provided for children with suspected physical abuse injuries and neglect. We welcome physician referrals as well as referrals from the Department of Human Services. These evaluations include a thorough medical history, complete physical exam, and documentation of injuries with photography. An opinion is rendered as to the most likely etiology of injury and recommendations are made for further tests if indicated.

Through the services provided at the CARE program, we hope to assist community pediatricians in providing the most effective and appropriate health care services for their patients in the foster care system. We are presently located at 1314 South King Street, Suite 415. If you have any questions or suggestions regarding the program, please call Dr. Victoria Schneider, Program Director, at 592-3255.

Hawaii Chapter Forms a Planning Committee

Some of your fellow members met recently to identify topics and venues for future Chapter meetings. If you'd like to assist with this new committee, please contact members:

John Nagamine, MD—askdrjohn@hawaii.rr.com; 235-9696

Vince Yamashiroya, MD—yamashirv002@hawaii.rr.com; 596-2030

Mae Kyono, MD—mkyono@hawaii.edu; 983-8387

Your topic and venue suggestions are welcomed too!

**IMMUNIZATION UPDATE 2003 -
COMING SOON TO A LOCATION NEAR YOU**

Mark your calendars now for Dr. Raul Rudoy's
Immunization Update:

August 1, 7:00am	Maui Memorial Medical Center
August 2, 7:30am	Hilo Medical Center
August 6, 12:30pm	Waianae Coast Comprehensive Health Center
August 12, 1:00pm	Wahiawa General Hospital
August 18, 12:30pm	KMC @ Pali Momi
August 19, 12:30pm	Castle Medical Center
August 21, 12:30pm	North Hawaii Community Hospital
Sept. 22, 12:30pm	Wilcox Memorial Hospital
TBA	KMCWC

Chapter Meetings—2003

May 16-18	Timely Topics in Pediatrics, Kauai
June	No Meeting
July 17	Meet the new Residents, Hale Koa Hotel
August	No Meeting
September 25	at Kapiolani Medical Center
October 16	details to be advised
November 6	Current Concepts in the Care of Children, Hale Koa Hotel

CATCH GRANTS

Community Access To Child Health (CATCH) planning grant applications will be available in May. Last year, we had problems submitting the applications online, but the CATCH staff reassures me that it should work this year. The CATCH planning grant deadline online will be 7/11/2003, with the facilitator's signature required by 7/25/2003. Please contact Mae Kyono or Wade Kyono, your chapter co-facilitators, if you are planning to submit an application or if you would like some help. Our emails are: mkyono@hawaii.edu or kyono@hawaii.edu, or call us at 983-8387.

Rx for Life: Read! Read! Read!

June 19-20, 2003 educators, librarians, service providers, parents and caregivers will crowd the Hawaii Convention Center for the 2003 Read To Me Conference, *Rx for Life: Read! Read! Read!*

Reach Out and Read founder, Dr. Perri Klass is featured along with Carol Hampton Rasco, Reading is Fundamental President and CEO. Authors and Illustrators Allen Say and David Shannon are also on the agenda.

For updated conference information, check the Read To Me website at www.readtomeintl.org or call (808) 955-7600.

Interested, but don't have time to attend the conference?

Dr. Klass will come to you!

Monday Noon Conference, June 16, 2003
Kapiolani Medical Center for Women & Children
Auditorium



Looking for some help?

Nadine Tenn Salle, MD is available for locum tenens. Contact her at: 534-1416

Do you have a 2002 PDR or an extra 2003 PDR?

The Public Health Nurses are in desperate need of PDR's and would welcome your donation. Please bring them to the physician's lounge at KMCWC.

Keith Matsumoto, MD will deliver them to the PHNs. Mahalo!

AAP Elections—Don't Forget to Vote!

The AAP National Nominating Committee has named Carol D. Berkowitz, MD, FAAP and Francis E. Rushton, Jr., MD, FAAP as candidates for AAP Vice President. The winner of this year's race will be announced after the spring election and will take office immediately following the National Conference and Exhibition in November 2003. Check out their bios at www.aap.org/moc. Each candidate was asked: *How would you address Pediatrician and Pediatric Sub-Specialist concerns regarding reimbursement?* Their responses follow:

Carol D. Berkowitz, MD, FAAP

While there are many issues of concern to the pediatric community, the disparity in the rate of reimbursement for pediatricians, generalists as well as medical and surgical subspecialists, is a major one. FOPE II specifically identified poor rate of reimbursement to pediatric specialists as one factor negatively impacting recruitment to pediatric specialty fellowships. The discrepancy in reimbursement rates to pediatricians is particularly paradoxical since training time to achieve board certification in pediatric disciplines equals or exceeds that of our adult colleagues.

What drives the disparity? Is it that healthcare for children is reimbursed in a manner similar to medication dosing – on a per kilo basis, less reimbursement for smaller children? I think there are a number of contributing factors. First, children as a “political” entity are disenfranchised. While there are groups, including the American Academy of Pediatrics, who lobby on behalf of children, we have sometimes been remiss in not lobbying for ourselves. Inadequate physician reimbursement negatively impacts on pediatric healthcare access. Secondly, reimbursement by Medicaid, private insurers, and managed care is based on RBRVS fee schedule originally developed for Medicare, not for pediatric care. Lastly, we may have inadvertently contributed to the problem through our willingness to compromise and accept unfair rates to insure our own viability. While the issues are complex, a physician shouldn't need an MBA to insure a successful practice.

Much has already been done, spearheaded by the AAP, locally and nationally. The Task Force on Reimbursement and the RBRVS Project Advisory Committee have defined strategies including pediatric-specific CPTs as a means to rectify inequalities. Aligning with other organizations, like the AMA and other specialty societies, such as occurred with a recent letter to Aetna, provides additional power to our cause. Chapters have also fought. District IX was recently successful in repealing a bill that would have rolled MediCal reimbursement back to 1985 rates! Sometimes the threat of a lawsuit is the only means by which legislators take notice. We can learn from states and chapters where battles have been waged and won – and lost, acknowledging state differences and applying winning solutions to advance our goals.

Francis E. Rushton, Jr. MD, FAAP

No issue gets more to the core of our obligation to children than the problem of paying for health care. Any efforts to promote universal health insurance coverage by necessity must include attention to provider payments. Appropriate reimbursement assures children access to health care by promoting an adequate supply of qualified pediatric generalists and sub-specialists. The Academy and its Task Force on Reimbursement must continue to be at the center of the effort to ensure appropriate funding for pediatricians from both private and public payers.

Barbara Starfield's new book, *Primary Care*, provides ample evidence to support the cost effectiveness of pediatric practice. My own article, *Medicaid and Primary Care*, documents that adequate reimbursement for pediatricians leads to equal access for children's health care and ultimate savings for Medicaid programs. These arguments make an impression on the public and on payers. We have used them in my own state and have been rewarded with Medicaid primary care capitation rates that are better than most private insurance programs.

Pediatric generalists can only provide quality care with the cooperation of qualified sub-specialists. Pediatric sub-specialists who provide comprehensive services to their patients not only improve life span and quality of life, but also reduce costly morbidity, some of which can last a lifetime. Unfortunately, it's often the economic argument that seems to make sense to policy makers, both in my own state and elsewhere.

Reimbursement drives access. Other children's advocacy groups are following our lead. Legislators are often more willing to listen to broad-based children's groups explaining the importance of reimbursement levels than only to providers. Working with coalition partners is difficult; it requires give and take and a willingness to fight for our common interests. But, coalitions are effective.

The current economic downturn makes this fight that much more important and difficult. Both at the federal and state level, we in the Academy need to continue to speak out to make sure that children's health coverage and reimbursement stays on a par with that of adults. That is only fair. Using the economic arguments, working together with our partners, we can be successful.

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AAP GOING HI TECH!

For the first time, voting Fellows of the Academy will be able to vote on-line for President-elect and district office vacancies. The on-line ballot will be available beginning May 1st. Make sure AAP has your email address so you can be included.

AAP OPENS CUSTOMER SERVICE CENTER

The Customer Service Center (CSC) has been established and is on its way to a fully integrated “one-stop” service center. The Academy has transferred functions that were previously performed in separate areas to the CSC and we continue in our commitment to provide a seamless transition with no disruption to our members and other customers. We have blended your phone, fax, e-mail and regular mail inquiries into the service center to provide a consistent level of service and are handling about 650 contacts (phone, e-mail, fax and mail) per day. We handle most business functions, such as ordering Academy publications, subscribing to one of the AAP journals, changing an address, paying dues, and basic online assistance for our web sites (e.g., for meeting registrations, PediaLink.org, online journals, or paying dues online). In addition, there are fewer transfers necessary to handle requests and there has been less need to leave a message and wait for a callback.

We have a direct toll free number to reach the Customer Service Center, **866/THE-AAP1 (866/843-2271)** and we look forward to continuing to enhance our service and the channels used to contact us. Hours are 7:00a.m. to 5:30p.m. Central Time, Monday – Friday.

The Academy truly welcomes your input to ensure the Customer Service Center provides the premier service and benefits AAP members and customers deserve. For questions or to offer your comments on the AAP Customer Service Center, call Chris Jenkins, (800) 433-9016, ext. 7150, or e-mail to cjenkins@aap.org.