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Letter From the President

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2-1-1 Helps Address Social Determinants of Health

More than 22% of Michigan's 2.2 million children live in poverty, according to the 2016 Kids Count Data Profile. At 492,000 children, that means it is highly likely that both general and subspecialist pediatricians statewide encounter children in need on a daily basis. Stephen Berman, MD, FAAP, former AAP president, noted in the December 2016 issue of *Pediatrics* that a population's health is determined only 10% to 20% by health care. Social determinants of health and health behaviors contribute more significantly to the health of an individual than the health care that we provide. How often have you encountered a patient with, say, an ear infection and you do a great job of treating that ear infection, but what the family is really struggling with is the fact that the parents just lost their jobs and now don't have the money for rent, food, or utilities, and the ear infection is only compounding these other significant family stressors?

These are areas that we, within our practices, typically don't know a ton about. Do you know what housing resources are available in your community? Do you know where the local food pantries are? Wouldn't it be great if, instead of trying to treat health issues, we could work more effectively on keeping our patients healthy? Or if the question that we need to answer weren't "what do patients need to get healthy?" but rather, "what do patients need to BE healthy?"

There is a resource available to all of us in Michigan that can help to address these social determinants of health – the 2-1-1 system. I became aware of this resource primarily through my involvement with our local CHAP (Children's Healthcare Access Program), which seeks to improve the medical home for practices serving Medicaid children.

2-1-1 is the number to dial if you need information about or referrals to local resources dealing with housing, utilities, food, and more. 2-1-1 exists nationwide, and has evolved in Michigan since 2000. Google "Michigan 211" and you'll be amazed by what

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MICHIGAN PEDIATRIC UPDATE

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From the Desk of the Executive Director

Denise Sloan—denise.sloan@miaap.org



Welcome to 2017. We welcome a new legislature in Lansing, a new Congress in Washington D.C., and a new presidential administration.

I trust this will be an advocacy filled year. As you probably noted, we have already reached out to you asking for you to contact your member of Congress, seeking not merely a repeal, but a replacement for the Affordable Care Act (ACA).

Part of the ACA was an expansion of Medicaid in states. Michigan's expansion, the Healthy Michigan Plan, has been a true success story. Because of the expansion, more than 600,000 adults in Michigan who did not have insurance prior to the ACA now do. In addition, 96% of children in Michigan are insured.

The MIAAP's press conference this January on the ACA and children was well attended and we received substantial coverage. Thanks to Doctors Sharon Swindell and David Dickens on a job well done. Visit MIAAP.org to see the press release.

Our call for support to re-establish the Reach Out and Read program in Flint was a success. Thanks to all who donated to the effort. Getting books into the hands of Flint children is a priority for 2017.

Mark your calendar for the annual conference. It will take place October 12th to 14th at the Sheraton in Novi. We will again offer MOC II, as well as our general sessions.

We continue our Screen for 3 training program in early 2017 and will conduct another foster care learning collaborative in a rural county. We are partnering with the state on an epilepsy project. We hope to re-establish our work on childhood obesity.

I look forward to engaging with you throughout 2017.

National Poison Prevention Week

March 19-25, 2017

Poisoning is the #1 cause of injury-related death in the U.S. The third week in March each year is designated as National Poison Prevention Week, a week dedicated to raising awareness about the burden of poisoning in the U.S. and highlighting specific ways to prevent it. Be prepared for poisoning emergencies by programming the Poison Help line in your phone today, 1-800-222-1222!

#NPPW17 #preventpoison



is available. I was pleasantly surprised when I tried to find some food pantries for a family and could get a list of places with their hours and the type of food available, in the appropriate zip code.

Since 2015, the Michigan Association of United Ways (MAUW) has been supporting the two older CHAPs (Kent and Wayne) and has fostered the initiation of CHAPs in six other counties/regions (Ingham, Saginaw, Genesee, Kalamazoo, Macomb, and Northwest region, the latter covering four counties near Charlevoix and Petoskey), through a \$5 Million grant from the Michigan Health Endowment Fund. To cover the rest of the state, MAUW, which is intimately tied to Michigan 2-1-1 because the state's headquarters is co-located there, has been working to provide additional resources to all counties via a Virtual CHAP. When a client calls 2-1-1, they now get screened to find out if they have children under 18 in the household, and if these children have health insurance. If they have children, are Medicaid-eligible, or don't have insurance, the client is referred to a Virtual CHAP staff member who delves further into the healthcare needs of the child and assists the family in identifying needed healthcare resources (including connection to a medical home, and navigating Medicaid health plans). The Upper Peninsula has an enhanced Virtual CHAP, and the Virtual CHAP staffer can sign the consumer up for Medicaid or help with other services in-person.

In the next couple of months, you may receive communication that a Virtual CHAP staff member would like to come to your office to explain their services in greater detail. I strongly encourage you to open your doors to them. And don't be afraid to let them know what additional needs you see. Pick his or her brain how he or she may be able to assist. This program is evolving and active input is helping to shape it. You'll have an opportunity to make a real difference in how the program looks in the end while the staffer is providing you with information about social support services that are available in your community. It can make a tremendous difference in the lives of our patients.

www.mi211.org



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Letter From the Developmental Behavioral Health Committee Chair

Lia Gaggino, MD, FAAP - gagginol@bronsonhg.org



Happy 2017 to you all! As we move into a new year with many changes coming, it reminds me that if we always put the interest of children first, no matter our politics, we stay true to our mission as pediatricians. I am reminded and comforted by Dr. Michael Klein's comments that pediatricians are special people, with

our hearts and minds in the right place, doing important work for all the right reasons. With that said, we march on doing what we do best - caring for kids.

On the heels of a developmental training in Flint, I heard loud and clear from our colleagues that behavioral health is one of our biggest challenges. The problems children face are daunting, the solutions are complex, the resources are limited, psychiatric support is scarce and time, as always, is non-existent given all the demands (Don't get me started on EMR and documentation!). None of us trained as psychiatrists or psychologists, and yet we find ourselves in this role daily. Families see us as trusted, caring healers who are their beacon of hope.

Many of us do not have easy access to child psychiatrists and find ourselves assessing and treating mental health conditions and patching together community resources as best we can, and do so with trepidation. Although I cannot bring psychiatrists to your community, I can offer some ideas to help, and I welcome your feedback.

Utilize the Michigan Child Collaborative Care Program (MC3) resources

-The University of Michigan Department of Child and Adolescent Psychiatry has created a curbside consult phone access and telepsychiatry program that is available in 40 counties across the state. While you may not be in a region served by MC3, you can still access the educational resources and FAQs. MC3 expansion depends on state funding, so your advocacy is critical. Visit their site: mc3.depressioncenter.org

Throw a party and call it "Community Partners." Honestly, this really works!

-Send out invitations to: your Intermediate School District Special Education Director, school psychologists and behavior specialists from community schools, your

Community Mental Health representative, your MDHHS Health Liaison Officer (HLO), area therapists and all the pediatricians and family practice providers you can gather.

**Ask your new community partners, to bring information about their organizations. They will be astounded and pleased that physicians want to talk to them about the work they do.*

**Create an agenda that might include:
Education: what is an IEP and 504 plan? How do schools manage behavior problems? (Remember they have these kids for 6-8 hours a day every day!)
Community Mental Health: what services do they provide? Who is eligible? Any crisis services? What about Autism? Psychiatry?
MDHHS: What is an HLO? How can they help with foster kids?
Therapists: Who does what? Play therapy? Eating Disorders? Infant Mental Health? Parent training? Teens?*

**If this goes well you might find interest in meeting to discuss specific topics suggested above.*

-Have fun with your new friends. Creating a community safety net is the way to go and we are all in this together. It really comes down to creating relationships.

-Always bring chocolate! (Seriously, this is important!)

For those of you who are interested in Autism Spectrum Disorders, we are hosting a half-day course in Kalamazoo on March 4, 2017, as part of the Kalamazoo WRAPS 5th Annual System of Care Conference. Topics will include ASD assessment and diagnosis, psychotropic medication, transitioning children with ASD to adulthood, and an update on the Autism Benefit and Waiver programs. This course is sponsored by Kalamazoo Community Mental Health and Substance Abuse Services and 4.0 CME is approved by WMU Homer Stryker M.D. School of Medicine. Please see the flyer on page 5 for details. The conference is FREE but you need to register for the Saturday program: conta.cc/2jk0769.

Best,
Lia



5th Annual System of Care Conference
"Everyone is a Superhero within Our System of Care"

March 2nd - 4th, 2017

Western Michigan University's Fetzer Center

This three day conference will bring together some of our area's most experienced service providers, parents and youth with the goal of involving everyone in this initiative.

Saturday's Focus: Autism Spectrum Disorder Identification, Assessment, Management and Transitions from Childhood to Adulthood

Saturday March 4th Schedule:

Registration 8:00-8:30

Conference 8:30 -1:00

The Conference is **FREE** this year and **Registration will be LIMITED**

*On line registration is open at the following link and an additional follow up confirmation notification will be required to complete the registration process:

<http://events.constantcontact.com/register/event?llr=67fdxmlab&oeidk=a07edn3dln4098b1e05>.

*A fee of \$50.00 will be charged for those who are unable to attend and haven't provided notice of cancellation by February 22nd, 2017.

For more information please contact us at 269-553-7120 or email mhoutrow@kazooocmh.org

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Western Michigan University Homer Stryker M.D. School of Medicine and KCMHSAS. Western Michigan University Homer Stryker M.D. School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Western Michigan University Homer Stryker M.D. School of Medicine designates this live activity for a maximum of 4.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

District V Update: Advocacy, More Important Than Ever!

Richard H. Tuck, MD, FAAP - rtuck@aap.net



The election is over, and we have a president who has not made children and families a priority in his agenda to date. For us as pediatricians and advocates for children, we must make our voices heard, representing the needs of children.

Our AAP mission is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the AAP will support the professional needs of its members.

Advocacy now means advancing the “Blueprint for Children”, which I described in the last newsletter article, prioritizing the needs of children and their families by presenting legislative and government department agendas. As we work to keep these issues and concerns before President Donald Trump and Congress, we will need to maintain a special vigilance on the achievements made supporting access to care through the Affordable Care Act (ACA). Although there appears to be some commitment to continuing access to care for children’s issues, it will require vigilance at both the national and state levels to assure access to care is maintained or further improved. This would become an even greater issue if Medicaid becomes a block grant program for states, allowing states more flexibility or restrictions in delivering services to children and families.

Initiatives the AAP will be monitoring include child welfare reform legislation and child nutrition reauthorization and appropriations.

Advocacy also means championing social determinants of health, including poverty, food insecurity, racial and ethnic disparities, as well as LGBTQ issues. This has been wonderfully demonstrated by our own District V champion, Mona Hanna-Atisha, MD, MPH, FAAP, who has passionately addressed the multiple issues involved with the lead contamination of Flint’s water supply. She has focused her efforts on mitigating the toxic stress associated with poverty, and now the additive effect of lead toxicity. Our AAP president, Bernard P. Dreyer, MD,

FAAP, has also added his voice - addressing poverty, disparities, violence, and intolerance. We, as pediatricians, need to advocate for funding and programs to mitigate racism and intolerance, while seeking health care equity.

An additional area of advocacy is meeting the needs of medically complex special needs children. These children consume the majority of financial resources, while representing the minority of patients. Care for these children requires coordination through their medical home including team-based care, care planning, and care coordination.

You can each play a role in advancing awareness of these issues, supporting our AAP mission of advancing optimal health and well-being for all children. Remember the opportunity to use Twitter to speak out and promote meaningful action for children’s issues. You can also help with advocacy by signing up to become an AAP Key Contact by emailing kids1st@aap.org. The Washington AAP department makes advocacy easy to do by providing letter templates, direct links to your legislators, and email contacts. You will be directly involved and feel gratified by this reach out for children.

Interested in Advertising in the

Michigan Pediatric Update?

Contact MIAAP at 517-484-3013 or
email Laura at laura.wagoner@miaap.org

The Michigan Chapter of the American Academy of Pediatrics (MIAAP) is a diverse group of over 1,300 pediatricians. We are general pediatricians, sub-specialists, and academicians. Our members are active in promoting the health and well-being of the children in the state of Michigan.

The mission of the Michigan Chapter of the American Academy of Pediatrics (MIAAP) is to identify, develop and manage opportunities to improve the health and welfare of children and the practice of pediatric medicine. We are affiliated with the American Academy of Pediatrics.

Sensory Processing Disorder Update

Carolyn Auffenberg, MD - cauffenb@umich.edu

The MIAAP is working more closely with the Michigan Council of Child and Adolescent Psychiatry (MCCAP) to bolster support of and to meet behavioral health needs of children across the state. Here is a guest column from Carolyn Auffenberg, MD, fellow at University of Michigan. -Dr. Lia Gaggino



Carolyn Auffenberg, MD
Child and Adolescent Psychiatry Fellow,
University of Michigan, Ann Arbor

Sensory Processing Disorder or "SPD" is a diagnostic classification utilized in the occupational therapy literature that refers to individuals who report or exhibit unusual or exaggerated sensitivities to stimuli. SPD has been the focus of controversy, as the evidence base of both diagnostic and treatment algorithms has been limited. The American Academy of Pediatrics issued a policy statement in 2012 recommending against the diagnosis of SPD, citing the paucity of available evidence, and instead encouraging practitioners to evaluate a child presenting with sensory sensitivities for other diagnoses. This policy is set to expire in 2017, unless reaffirmed, revised, or retired at or before that time.¹

In the last several years, the body of literature regarding SPD has advanced. Studies have suggested that there may be importance in recognizing the presence of sensory symptoms in children. This is related both to the increased understanding of SPD's co-occurrence with psychiatric disorders, and that the presence of sensory symptoms alone can lead to significant distress both for the individual and the family.

We now know that sensory symptoms can lead to a number of downstream effects including decreased social participation, fewer adaptive responses, impaired self-esteem, decreased acquisition of daily life skills, and delayed fine-, gross-, and sensory-motor skill development. This may be because of the child's inability to fully participate in play because of sensitivities, which can significantly impact a child's social and motor development.² Families also bear the burden of the child's symptoms. A study by Carter, et al surveyed 340 families of children with DSM-IV diagnoses or sensory over-responsivity symptoms. These families reported an

increased level of impairment because of these diagnoses, but families of children with both a DSM-IV diagnosis and sensory over-responsivity reported nearly double the impairment of either alone. This suggests that sensory over-responsivity has an additive and phenomenologically distinct impact on family functioning – one that cannot be accounted for simply by a DSM diagnosis.³ This relationship continues to be elucidated in more recent studies, where sensory symptoms are noted to account for 45% of the variance in family stress and impairment variables in families of children diagnosed with Autism Spectrum Disorder.

One of the largest areas of growth in the literature on SPD has highlighted the increased prevalence of comorbid sensory processing symptoms in children with concurrent psychiatric disorders. These include studies examining the prevalence of and impact on children with Autism Spectrum Disorder (69-95% with sensory symptoms), Fetal Alcohol Syndrome (90% with sensory symptoms), Williams Syndrome (90%), Anorexia Nervosa (25-46%), ADHD (48-69%), Oppositional Defiant Disorder (77%), and Anxiety Disorders (56-78%). And, as prior studies estimated, this comorbidity often conferred an increased functional impairment in these children and their caregivers.^{4,5,6,7,8}

As first-line providers of mental health care for children and adolescents, and as the expiration of the AAP's 2012 policy approaches, it is important for pediatricians to be aware of the growing evidence regarding the diagnosis of sensory processing disorder, the individual and familial impairment associated with these symptoms, and, in particular, to be mindful of the field's increased understanding of the most common psychiatric comorbidities associated with these symptoms in order to best triage interventions and potential referrals to more specialized care.

SEE "SPD UPDATE," PAGE 12



Attention:
Pediatric Residents
Pediatric Residency Program Directors

Save the Date!

Where Do Legislators Get Information About Child Health?
How Can I Find the Time to Advocate Effectively for Children?
How Can I Find Others Who Share My View?
What Can I Expect from a Meeting With a State Legislator?

If you always wanted to be a child advocate but weren't sure how, this
may be your chance!

Join Us in **Lansing** for Michigan's Pediatric Resident

Legislative Advocacy Day

Develop Fact Sheets and Position Papers on Issues Related to Child Health
Learn Common Pitfalls and Pearls in Child Advocacy
Talk One-on-one with State Legislators
Participate in pre-conference **training workshops**

Thursday, May 25, 2017

The State Capitol

Sponsored by MSU/Sparrow Pediatric Residency and the MIAAP

For more information contact:

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Michigan Department of Health and Human Services Policy Changes

Proposed Policy Changes

1649-Pharmacy: Early Refills for Prescription Drugs — This bulletin announces the MDHHS policy on early refills for prescription drugs in certain situations. Early refill overrides may be granted once per drug per 12 months for any of the following circumstances:

- To replace medication that has been lost, stolen or destroyed
- For the purposes of vacation or travel

The early refill will not exceed a 34-day supply.

Comments are due to Rita Subhedar

(SubhedarR1@michigan.gov) by February 27, 2017.

1701-Clinic: Clinic Billing Format Change to Institutional — Effective for services performed on or after April 1, 2017, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal Health Centers (THC) must use the ASC X12N 837 5010 institutional format when submitting electronic claims and the National Uniform Billing Code (NUBC) claim form for paper claims. Claims submitted after this date using the professional claim format (CMS-1500 and/or 837P) will be denied. Comments are due to Brad Barron (barronb@michigan.gov) by February 27, 2017.

1626-Billing: Billing for Free or Reduced Price Care— This bulletin provides clarification on billing guidelines related to services that a provider renders for free or for a reduced fee to the general public or a similar portion of the population. Previous Centers for Medicare and Medicaid Services (CMS) guidance prohibited providers from billing a state Medicaid agency for services that may be provided for free to the community. CMS has revised its guidance regarding billing for “free care.” To maintain consistency with this new guidance, covered services rendered to a beneficiary that the provider offers for free or for a reduced fee to the general public may only bill Medicaid up to their customary charge as long as all other Medicaid requirements are met. Comments are due to Margo Sharp (sharpm1@michigan.gov) by February 16, 2017.

1644: Enhanced 340B Reporting Requirements— This bulletin outlines new reporting requirements for drugs purchased through the 340B program. To further

automate the process for MDHHS to identify claims that must be excluded from the Medicaid drug rebate process, providers are responsible for accurate reporting of drugs purchased through the 340B program for claims submitted on or after April 1, 2017. Comments are due to Rita Subhedar (SubhedarR1@michigan.gov) by February 15, 2017.

1648-Medicaid: Coverage Parameters for Preventive Care Services— This policy establishes Medicaid coverage parameters for preventive care services assigned a grade A or B by the United States Preventive Services Task Force (USPSTF) and all adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration for individuals 21 years of age and older. Beneficiary cost-sharing liability will be removed for physician office visits related to preventive medicine evaluation and management (E/M) visits. Comments are due to Lisa DiLernia (dilernial@michigan.gov) by February 8, 2017.

Each proposed policy change may be read in full at <http://bit.ly/29WxmLd>.

Approved Policy Changes

MSA 16-47: Family Planning Services for Maternity Outpatient Medical Services (MOMS) Program Enrollees - This bulletin establishes coverage of family planning services for MOMS benefit plan beneficiaries effective for dates of service on and after February 3, 2017. The availability of family planning services assists women in reducing the number of unintended pregnancies and decreases the incidence of closely spaced pregnancies. This results in healthier pregnancies, better birth outcomes and improved infant health. During their 60-day postpartum period of eligibility, MOMS benefit plan beneficiaries will be eligible to receive family planning services with no cost-sharing liability.

Each approved policy change may be read in full at <http://bit.ly/29WQ7Cu>.

Tobacco 21 Comes to Michigan

Joshua Meyerson MD, MPH, FAAP - J.Meyerson@nwhealth.org - 231-547-7679



Tobacco use remains the leading cause of preventable disease and premature death in Michigan and across the U.S. We know that tobacco use almost always starts in adolescence. Research shows that 95% of adult smokers began smoking before age 21, and 4 out of 5 will become daily smokers before reaching their 21st birthday. Every year, more than 10,000 Michigan kids become new, regular daily smokers, and about 1 in 3 will die prematurely due to tobacco use. It is clear that tobacco use is a pediatric disease and the best treatment is prevention.

In 2011, the tobacco industry spent over \$276 million to market their products in Michigan, and much of this marketing targets children. The younger people are when exposed to cigarette advertising, the more likely they are to smoke. The younger youth are when they start using tobacco, the more likely they will become addicted, and the harder it will be to quit. E-cigarette use is being heavily promoted by the tobacco industry as a “safe alternative,” directed at youth, with clear evidence that it is leading to an increase in use of these products in those who otherwise would not become daily tobacco users.

We need new tools to reduce tobacco use among our youth. Raising the minimum sales age of all tobacco products to 21 years is a common sense, evidence-based method that works to protect our children from the health effects caused by tobacco use. A 2015 report from the Institute of Medicine concluded that raising the minimum age of legal access to tobacco products to 21 years of age will reduce tobacco use among young people. If the age were raised today nationwide, there would be approximately 249,000 fewer premature deaths and 45,000 fewer deaths from lung cancer. Other important impacts cited included a 12% decline in premature births and 16% drop in SIDS cases.

Raising the legal age has broad support: A recent study by the CDC showed that 3 out of 4 U.S. adults, including 7 out of 10 current smokers, favor making 21 the minimum age of sale for tobacco products. Tobacco 21 can improve health and save lives, is popular, and is cost neutral.

The tobacco companies think Tobacco 21 is effective as well. A 1986 Philip Morris report concluded, “Raising the legal minimum age for cigarette purchase to 21 could gut our key young adult market....” And an R.J. Reynolds report in 1982 stated, “If a man has never smoked by age 18, the odds are three to one that he never will.”

More than 200 cities and counties nationwide, including New York, Chicago, and Cleveland, have enacted legislation raising the sales age to 21 years. Hawaii became the first to raise the age statewide, with California recently becoming the second. This past summer, Ann Arbor became the first city in Michigan to do so, with the law having taken effect in January 2017. Hopefully this will lead other cities and counties in Michigan to consider similar legislation. Of note is that the Ann Arbor ordinance increases the sales age of all tobacco products, including e-cigarettes, to 21 years, and removes penalties for the purchase, use, or possession (also called PUP) of tobacco, instead putting the penalty on the retailer.

What can you do? If there is discussion going on locally or across the state, your voice (or email or letter to the editor) needs to be heard. There is an active stakeholder group that was formed a few years ago to coordinate efforts statewide. We have been advocating and gaining support from local agencies, health departments, medical groups, and state legislators. We have resolutions of support from many groups across the state, both small and large. Pediatricians are among the most trusted groups of individuals, and what we say does make a difference. Advocating for Tobacco 21 can help continue the momentum. Tobacco 21 is a proven method to reduce the toll of tobacco on our youth and it's time for Michigan to join in.

If you would like more information or want to help in this initiative, contact me. More resources can be found at www.tobaccofreekids.org or tobacco21.org.



School Attendance and the Role of Health Providers

Elliot Attisha, DO, FAAP - eattish1@hfhs.org



It sounds simple. Education occurs when children are at school and arrive ready to learn. The reality for many children is that regular school attendance can be challenging, and often is related to health and wellness issues.

As part of my work with Henry Ford's School-Based & Community Health Program, I spend a portion of my time seeing patients directly inside Detroit schools. This allows me to see firsthand the different issues, health included, that contribute to missed school days. In metro Detroit and nationally, absenteeism is a major barrier to education. As healthcare providers, we can be part of the solution for many families.

For example, in 2015, two-thirds of Detroit students were considered chronically absent. Chronic absence is defined as missing 10% of class time, excused and unexcused days combined, which equates to missing school just two days a month.

Some leading causes of absences related to health and wellness are:

- *Asthma
- *Mental health and substance use disorders
- *Food insufficiency
- *Oral health issues
- *Vision issues.

So many of these absences are preventable. I urge you to help build awareness about the need to reduce absences and to serve as an advocate for children and families, ensuring each child is provided with the healthy learning environment they need to succeed. Keep in mind the same issues that are preventing kids from going to school may also be causing significant quality of life issues.

Here are a few ways health providers can help kids stay in school:

- *Talk to parents and students about the value of good attendance during back-to-school check-ups.
- Ask about the number of days a student misses

school as a routine part of medical examinations.

*Provide firm guidance on when a child should stay home sick and how to avoid absences due to minor illness or anxiety.

*When families inappropriately request medical notes to justify absenteeism, use it as an opportunity to educate them about the importance of regular attendance.

*Reach out to schools in your area to ensure they have action plans on file for children with chronic health issues (asthma, seizures, etc.), allowing parents to feel safe sending their children to school.

*Assist families in documenting the patient's medical needs or disability for an Individualized Education Program (IEP) or 504 Plan, and in establishing services for optimal learning opportunities.

*And finally, use your knowledge of families and community health conditions to identify and develop solutions when health-related barriers are causing significant absences.

For additional ideas, I highly recommend Attendance Works (www.attendanceworks.org). Also, feel free to contact me at eattish1@hfhs.org.

Dr. Attisha, serves as Associate Medical Director of Henry Ford Health System's School-Based & Community Health Program. He is involved both on a local and national level to help curb chronic absenteeism, through the Detroit Attendance Steering Committee, a grass roots organization formed in 2014, and also through the American Academy of Pediatrics Council on School Health.

**Want to contribute an article?
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The next printed newsletter will be
distributed in May.**



Pediatricians Making a Difference in Oral Health

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Tooth decay remains the most common chronic disease among children, two to three times more common than asthma and obesity (www.endcavities.org/at-stake). Since 2014, the Michigan Caries Prevention Program (MCP) has been working to change the landscape of children's oral health in Michigan. Several organizations, including a panel of MIAAP members, are working to improve care coordination and delivery of oral health care across medical and dental settings. In Michigan, pediatricians who perform oral health screens and apply fluoride varnish can bill Medicaid for these services. The MIAAP encourages its members to include oral health services in well-child visits and to take advantage of Medicaid payment.

Pediatricians are ideally positioned to play a critical role in safeguarding their patients from childhood dental disease as children often will see their pediatrician more than 10 times before their first dental visit. The American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule supports well-child visits as a prime opportunity for early preventive oral health services (i.e., fluoride varnish applications, dental home referrals, and oral health screenings). MCP offers comprehensive in-person and remote training, technical assistance, and Smiles for Life certification to primary care clinicians (i.e., pediatricians, family medicine physicians, nurse practitioners, and physician assistants) and clinical staff, aligned with AAP recommendations.

In order to better facilitate communication and care coordination between primary care clinicians and dentists, MCP has developed a first-of-its-kind statewide children's oral health registry that also serves as a dental referral management tool, called the Michigan's Dental RegistrySM (MiDRSM). This platform helps to increase the communication and transparency between medical and dental communities, ensuring that all clinicians have the resources they need to provide optimum care management for their patients, and helps to close the loop on referrals made across these healthcare settings.

MiDRSM is accessible through both MILogin and

Allscripts Professional, and will soon be integrated with additional Electronic Health Records. MiDRSM is also classified as a CMS Meaningful Use Specialized Registry, enabling eligible providers who submit data to achieve Meaningful Use. Already, more than 1,500 physicians and dentists have attested to use the system. You may register to use MiDRSM by visiting www.miteeth.org/MiDR.html.

Through this innovative care model, MCP is closing the gap in access to oral healthcare by promoting preventive care to the children who need it most. This National Children's Dental Health Month, I'd encourage pediatricians to join the movement now. Be part of the solution in helping to fight the most common chronic disease among children! If you'd like to learn more, email info@miteeth.org or visit MITeeth.org.

Finally, the MIAAP is looking for a practicing member to stand as its Oral Health Champion. If you are interested, please contact Denise Sloan at denise.sloan@miaap.org.

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