

**De-AAP 2009 Annual Report Summary  
For ALF**

<b>GOAL A:</b> Create a Pediatric/Primary Care Council with the goal of addressing: education, coverage and benefits.
<b>MEASURABLE OBJECTIVES (up to 3):</b>
1) Implement Council within six months and nominate a chairperson.
2) Increase knowledge of administrative costs using Bright Futures as a guideline.
3) Discuss members' concerns with payers.
<b>ACTIVITIES:</b>
1) Dr. Pillsbury suggested calling it a Primary Care Council because the Medical Home model is being adopted nationally. The Executive Committee recommended members to represent our Chapter on the Council.
2) We hosted a seminar where Dr. Pillsbury educated members on true costs associated with vaccines such as product storage and administration. She discussed what the AAP has done already as well as what discussions are going on.
3) Dr. Pillsbury contacted the medical director at BC/BS of Delaware.
<b>OUTCOMES/RESULTS:</b>
1) Dr. Julia Pillsbury was elected as chair of the Council and she accepted a two-year term.
2) The Council has held several meetings and Dr. Pillsbury is coordinating a meeting with the medical director of BC/BS
3) December 09- BC/BS of DE announced (to all Delaware physicians) that they are going to reimburse for 96110 (\$12.41) @ 9, 18 and 30 months well child visits.

<b>GOAL B:</b> Establish Mental Health Task Force to meet for one year and submit a report to the Governor with recommendations.
<b>MEASURABLE OBJECTIVES (up to 3):</b>
1) Invite a diverse group of public and private organizations throughout the state to collaborate on the Task Force.
2) Determine what mental health services are available in the state for children.
3) Provide recommendations to improve quality of mental health services.
<b>ACTIVITIES:</b>
1) Representatives on the Task Force were from Christiana Care Health System, Delaware Chapter-American Academy of Pediatrics, Nemours Health and Prevention Services, Division of Child Mental Health, Department of Education, Child Development Watch, Division of Public Health, Latin American Community Center.
2) In July 2008, the De-AAP Mental Health Task Force convened for monthly meetings until September 2009. On September 9, 2009, the DE-AAP collaborated with the Division of Child Mental Health to

offer a CME titled, “Delaware’s Unique Public-Private Partnership for Children’s Behavioral Health.” The attendees rated this seminar as excellent!

3) The final report titled, “Speak Up for Children -2009” was submitted to Governor Markell, Lt. Governor Denn, mental health providers and stakeholders from the Task Force. The Executive Summary is below.

**OUTCOMES/RESULTS:**

**SPEAK UP FOR CHILDREN - 2009**  
**Report of the Mental Health Committee**  
**Delaware Chapter-American Academy of Pediatrics**

**Executive Summary**

A nation is perceived by the care that they provide for their children. In Delaware, we have been making progress and we are striving for an enriched collaboration between agencies, disciplines and legislators.

Families, schools and communities face challenges today that were unforeseen in the past. Such powerful factors have created increased demands on the child mental health system already overwhelmed by the pressures of limited access and cost containment.

Upon review of our report from 1994, we recognize that some of the emergency recommendations are still unmet. Therefore, the Delaware Chapter of the American Academy of Pediatrics urgently recommends the following to be implemented statewide:

1. Expand our mental health workforce. The Delaware Healthcare Commission and federal government found that parts of each county in Delaware had a shortage of mental healthcare professionals. This shortage impacts ability to provide timely service.
2. Enhance access to community-based child and family mental health treatment that bridges families, medical and school personnel (e.g. co-location of services within medical provider offices, childcare sites, schools and recruit additional mental health providers).
3. Improve continuity of care so that changes in insurance coverage do not disrupt ongoing mental health treatment. Provide reasonable reimbursement rates to keep behavior health providers motivated to stay on insurance panels.
4. Utilization of a “navigator” to be with each child from entry to success!
5. Increase use of evidence-based treatment.
6. Provide ongoing training for child care providers, school personnel, medical providers and families to identify mental health issues and make informed referrals.
7. Create an integrated developmentally appropriate approach in the evaluation of children and their families.
8. Promote the AAP’s *Medical Home* system of coordinated family centered care.
9. Improve maternal depression screenings and intervention.
10. Launch a web-based single point of information and services.
11. Encourage public awareness and support of child mental issues.

We applaud the efforts of the Delaware Division of Child Mental Health Services on the strides they have been making in recent years, thanks, in part, to the grant awarded to them from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). This grant has allowed them to create access to evidence based trauma-specific treatment and to begin mental health treatment for children and their families.

We look forward to working with the State of Delaware to implement the recommendations by the DE-AAP and Task Force members.

Nidia de Yanez, MD, Chair, De-AAP Mental Health Task Force

<p><b>GOAL C:</b> Offer diversified and timely educational opportunities for our members throughout the state.</p>
<p><b>MEASURABLE OBJECTIVES (up to 3):</b></p>
<p>1) Increase educational opportunities with a focus on members' needs.</p>
<p>2) Enhance collaboration with private and public agencies to promote the chapter and increase visibility in the community.</p>
<p>3) Strengthen financial well-being of chapter.</p>
<p><b>ACTIVITIES:</b></p> <ul style="list-style-type: none"> <li>• Tobacco Control Seminars were held in April in New Castle &amp; Sussex Counties.</li> <li>• Suicide Prevention Seminar was held in Dover in May.</li> <li>• Practical Tips on Current AAP Recommendations -CME Day was held in June.</li> <li>• Coordinated CME with Child Mental Health, titled "Delaware's Unique Public-Private Partnership for Children's Behavioral Healthcare and the Role of the Division of Child Mental Health Services" in September.</li> <li>• Hosted "When Pigs Fly" H1N1 Teleconference in November</li> </ul>
<p><b>OUTCOMES/RESULTS:</b></p>
<p>1) The chapter was awarded a grant from the Delaware American Lung Association and held two tobacco seminars discussing Environmental Tobacco Smoke and Children: What it does to them and what you can do about it -<i>Aaron Chidekel, MD, FAAP</i> and Tobacco Prevention and Cessation: What works, what doesn't - <i>Benjamin Alouf, MD, FAAP</i>. The attendees rated these as excellent!</p>
<p>2) Karen Swartz, MD from Johns Hopkins presented on Adolescent Depression: Assessment and Treatment. The evaluations were excellent! One attendee commented: "I see a great need for mental health care givers in this area. Parents are on waiting lists and are Terrified for their children"</p>
<p>3) "Practical Tips on Current AAP Recommendations" CME Day –June. This was our chapter's first CME using AAP Recommendations and attendees rated it excellent. Topics included: Infant Oral Health Care and Early Childhood Caries, Implementing the AAP 2006 Policy Statement on Early Detection: Rationale and Challenges, And Making it Work while saving Time and Money, A Map for Helping Children Grow up Healthy: National Recommendations to Prevent, Identify and Manage Childhood Obesity, Motivational Interviewing: A tool to engage parents for life style changes and Practical Application of Motivational Interviewing, Case Presentations – Management of Obesity in Primary Care, Breastfeeding and the Use of Human Milk. Delaware Pediatric Council</p>
<p>4) The chapter has enhanced its relationship with the Division of Child Mental Health by working together on several initiatives. The September seminar also proved to be excellent and was offered specifically for healthcare providers.</p>
<p>5) Delaware's Division of Public Health was enthused when we proposed a statewide teleconference on H1N1 inviting pediatricians, family physicians, as well as obstetricians. This was an opportunity for <b>Karyl T. Rattay, MD, MS, FAAP, FACPM</b>, Director, Delaware Division of Public Health speak to her colleagues regarding the H1N1 and distribution and administration. <b>Margaret Fisher, MD, FAAP</b>, Infectious Disease Specialist; Chair, Department of Pediatrics, The Children's Hospital at Monmouth Medical Center and AAP NJ Chapter Vice President Elect discussed the background of the virus, diagnosis and treatment. And <b>Julia Pillsbury, DO, FACOP, FAAP</b>, Chair, De-AAP Committee on Practice Administration and Management to discuss coding.</p>

<b>GOAL D:</b> Create a chapter website
<b>MEASURABLE OBJECTIVES (up to 3):</b>
1) Enhance communication to our members and community.
2) Establish a forum to obtain handouts during a teleconference.
3) Implement a Delaware-specific site for members and families to garner information on healthcare services for children provided in our state.
<b>ACTIVITIES:</b>
1) Our Treasurer investigated a few possible people to help with the website and did some preliminary setting up.
2) The executive director mentioned our goal to the Academy of Medicine's executive director and he offered his services. Deaap.org was created.
3) The website was helpful in advertising the H1N1 teleconference and posting handouts
<b>OUTCOMES/RESULTS:</b>
1) Increased visibility to our members and community.
2) Venue to post pertinent information and handouts in a timely fashion.
3) We are contracting to expand services and connect statewide links.

<b>GOAL E:</b> Establish a statewide initiative to expand the work of the Assuring Better Child Health and Development (ABCD) Project in Delaware which addresses the developmental needs of young children within pediatric practices. The goal of the project is "to ensure that all children have comprehensive screening consistent with the policies of the American Academy of Pediatrics" <i>Delaware's Young Children: Early Success or Future Failure, A Call to Action</i> De-AAP was awarded a one year grant from Delaware's Blue Cross/Blue Shield to implement the Developmental Comprehensive Screening Project.
<b>MEASURABLE OBJECTIVES (up to 3):</b>
1. Engage the parent in the developmental screening process and provide educational and early intervention service resources.
2. Enhance the primary care provider's ability to complete regular, consistent and time-efficient developmental screenings within select well-child visits using a validated developmental screening tool.
3. Establish and report on essential statewide data for developmental screening for children, birth to age 5 to promote early identification and enhanced intervention services in the community.
<b>ACTIVITIES:</b>
1. Create a Parent Resource Center (PRC) at each site to contain resources for children birth to age 5.
2. Nurse educators were hired and trained all healthcare providers and staff.
3. Pre and Post data are being collected.
<b>OUTCOMES/RESULTS:</b>
1) Parents are eager to work with the pediatric office by completing the PEDS Response Form
2) Physicians are using the PEDS tool and identifying children with developmental delays.
3) Data is being gathered and we will have a final report in the Spring 2010.