A NEW MODEL FOR PEDIATRIC COMMUNITY CARE

Community Practice and School Collaboration

Dr. Dan Levy
Robin Cogan
ACCREDITATION

- **Physician Accreditation Statement**: 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 New Jersey Academy of Family Physicians. The New Jersey Academy of Family Physicians is accredited by the ACCME to provide continuing medical education for physicians. The New Jersey Academy of Family Physicians designates this live activity for a maximum of 1.00 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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- This activity provides a maximum of 1.0 contact hours. Successful completion of the course is defined as in-person attendance for 95% of the didactic learning session and a complete course evaluation.
The presenters have no past or present financial interest or involvement with any of the products/companies that will be mentioned in this presentation.
THE FATHER OF COMMUNITY PEDIATRICS
THE NEW MORBIDITIES

- Increased attention to: **PREVENTION**
- **EARLY DETECTION**
- **MANAGEMENT**
OUR DAILY CHALLENGES

- OBESITY
- BEHAVIOR PROBLEMS
- ASTHMA
- LEARNING DISABILITIES & ADHD
- ABSENTEEISM
- ACEs
- SUBSTANCE USE DISORDER
- MEDIA
- “THE SYSTEM”
MORE PRESSURE FOR PEDIATRIC CLINICIANS

- The new, "Barriers to Care":
  - EDUCATION
  - COMPENSATION
  - TIME
WHAT ARE THE TRENDS?

...AND WHERE WE ARE SUCCEEDING...
Immigrant Children as Share of All Children, 1920–2050

Note: “Immigrant children” defined as children under age eighteen who are either foreign-born or U.S.-born to immigrant parents;
Gray shaded region (2020-2050) refers to population projections.
Figure 2. Percent of US Children (under 18) Living Below the Poverty Level by Race/Ethnicity, 1980-2017

Poverty Level in 2017: $24,858 (family of 4 with 2 children)

*Source: US Census Bureau, Current Population Survey. Estimates for 2013 and beyond are not directly comparable to previous years due to a redesign of the income questions.
Status Dropout* Rates among US Youths (ages 16-24) by Race and Hispanic Origin**1975-2014

*The status dropout rate measures the percentage of young adults aged 16 to 24 who were not enrolled in school and had not received a high school diploma or obtained a GED. This measure excludes people in the military and those who are incarcerated, but includes immigrants who never attended US schools.

**Due to changes in the race categories, estimates from 2003 are not strictly comparable to estimates from 2002 and before. After 2001, the black race category includes Hispanics.

% of US Children (ages 0-17) Who Received a Well-Child Visit in the Previous 12 Months by Age, 2000-2016

Source: AAP Division of Health Services Research analysis of CDC/NCHS, National Health Interview Survey data
% of US Children (1-17) Who Received a Dental Visit in the Past Year by Race/Ethnicity, 2000-2016

Source: AAP Health Services Research analysis of CDC/NCHS, National Health Interview Survey data
WHERE ARE TRENDS CONCERNING?

- Increase in Disability
- Obesity
- Mental Health
- Neonatal Abstinence Syndrome
- Injuries*
% of US Children (ages 5-17) with a Disability Due to Chronic Health Conditions by Gender, 1999-2015: Parent Report

Source: CDC/NCHS, National Health Interview Survey (http://www.childstats.gov/americaschildren/tables/health5.asp)
**Trends in Obesity Prevalence among US Children & Adults 1999-2016**

Source: CDC/NCHS, National Health and Nutrition Examination Survey
(https://www.cdc.gov/nchs/data/databriefs/db288.pdf)
Number of US Children (ages 0-17) Receiving Care for Mental Disorders* by Type of Service, 1997-2014

*Mental disorder is defined broadly - it includes: adjustment disorders; anxiety disorders; attention-deficit/conduct/disruptive behavior disorders; cognitive disorders; developmental disorders; impulse control disorders; mood disorders; personality disorders; psychotic disorders; alcohol/substance-related disorders; suicide and intentional self-inflicted injury; and other miscellaneous mental health disorders.

Source: Agency for Healthcare Research and Quality (AHRQ), Medical Expenditure Panel Survey (MEPS) Household Component Data (https://meps.ahrq.gov/mepsweb/data_stats/quick_tables.jsp)
% of US Children (ages 3-17) with ADHD (parent report) by Gender, 1997-2014

Source: CDC/NCHS, National Health Interview Survey (http://www.childtrends.org/?indicators=adhd)
Leading Causes of Death Among US Children and Young Adults

Ages 10-14, 2015

- Unintentional Injury: 25%
- Suicide: 14%
- Congenital Anomalies: 14%
- Chronic Low. Respiratory Disease: 5%
- Influenza & Pneumonia: 5%
- Others: 4%
- Others: 3%
- Others: 1%

Injury: 44%

GUN VIOLENCE

SCHOOL AND CLINICIAN PARTNERSHIPS
WHAT IS THE NEW MODEL?

- IMPROVED COMMUNICATION
- EDUCATION
- ENHANCING BASIC SERVICES
- RESOURCES
- FACILITATION
School nursing, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential. *Adopted by the NASN Board of Directors February 2017.*
FRAMEWORK FOR 21ST CENTURY SCHOOL NURSE PRACTICE

Standards of Practice

- Community/Public Health
- Care Coordination
- Family and School Community
- Leadership
- Quality Improvement

BETTER HEALTH. BETTER LEARNING.™

National Association of School Nurses
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Rev. 10/6/16
I'd be pretty comfortable saying that the average #tweetiatrician isn't very familiar with @schoolnurses scope of practice. I know that I'm not. Two way educational opportunities would definitely be helpful.

#schoolhealthchat

8:53 PM - 28 Feb 2019
UNDERSTANDING ROLES AND COLLABORATIVE MODEL

- Practices and schools coordinate release forms
- Share policies
- Have a point person in the office with a direct number for the nurse to contact.
- Invite the Pediatrician to IEP meeting
- Create collaborative professional learning opportunities
Q: Does the HIPAA Privacy Rule allow a health care provider to disclose protected health information (PHI) about a student to a school nurse or physician?
A: Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student’s parent.
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT - FERPA

• Prevents the disclosure of **personally identifiable information** (PII) in a student’s education record without the consent of a parent or eligible student (aged 18 or older).

• Grants parents and eligible students the right to review the student's education records maintained by the school and request correction of records they believe to be inaccurate or misleading.
ENHANCING COMMUNICATION

How can school nurses and pediatricians communicate more effectively?

• Bi-directional communication
• Text messaging
• Sharing school forms electronically
• Include the school nurse’s name on return to school forms
ENHANCING SERVICES AND RESOURCES

- Talk to the local AAP chapter. Is there a school health committee? Volunteer to join!
- Care coordination must be tailored to include all those who interact with children in the school & larger community.
- District forms should include a paragraph on every clinic form a parent/guardian signs (health plan, med. authorization) that gives consent for the school nurse to call the doctor regarding concerns or for clarification.
Pediatricians should establish a working relationship with school nurses who care for their patients with chronic conditions to ensure individual patients' health plans are executed effectively within school. - AAP
BUILDING COMMUNITY TIES

- Pediatricians on school boards
- School nurses and pediatricians collaborating on joint projects
- Face to face meetings – roundtables with school nurses to build connections
- Back to school meeting to kick off the school year with shared understanding of roles & responsibilities.
GETTING PAID: TIME IS OUR PRODUCT

- Use conference codes
- Review school communication in person: 99214/15
TAKE AWAY PEARLS

- There is a clear need for more robust communication.
- This is an invitation to connect, collaborate and create meaningful linkages for improved student health outcomes.
- School nurses and Pediatricians can be powerful partners