

Children's Special Health Services Report
March 12, 2010

Children's Special Health Services: CSHS has developed a model of care coordination for pediatric medical practices that has been successful in New Orleans and which we have used successfully now with several other pediatric practices in Bogalusa, New Orleans and Kenner. We are developing contracts to expand the model to up to 5 new practices in 2011. The model involves systematically identifying families of children with special healthcare needs in the practice and having a care coordinator in the practice meet with each family to determine their needs and possible community and public health resources that can be of use to them. The practice (physicians and front desk) is taught to make simple referrals such as to Early Steps, OCDD, special education, mental health services, and CSHS subspecialty clinics through quarterly staff meetings with the care coordinator and by making the referral information readily available and easy to use within the practice. Instructions and forms are wall-mounted for ease of use. Families with more complex needs continue to meet with the care coordinator until their needs have been met or can be addressed by the rest of the practice. We are targeting pediatric and family medicine teaching practices so that residents will be familiar with the resources and think of care coordination as their responsibility when they set up their own practices. This is one of many resident activities that we use to make pediatricians more sensitive to the needs of families, since most pediatricians who are trained in Louisiana stay in Louisiana, especially from LSU. After key teaching practices have been targeted, we will target large private pediatric practices. So far our experience has been that practices continue to make the appropriate referrals even after our funding is withdrawn. The model does seem to transform practices to better meet the needs of families. We were pleased to be invited to present the model for program directors from other states at the Association for Maternal and Child Health Programs national meeting in Washington DC on March 8. The workshop was very well received.

The next few months will be crunch time for CSHS as we analyze our survey results for our 2011 Five Year Needs Assessment for the Title V Block Grant, determine our new state priorities, and prepare our 2011 Title V MCH Block Grant, all due July 15. The block grant is the major source of funding for the CSHS program and many MCH programs as well. I hope to be able to share some of the key results of our surveys with the council at the July meeting.

Staff shortages: Budget cuts have delayed the hiring of some critical positions in CSHS including our budget/ contracts person, birth defects surveillance system program manager, and a statistical technician for hearing, speech and vision. These periods of time without critical people create significant delays in our ability to move forward as a program.

The audiology clinics in CSHS are slowly fading out because we have not received permission to fill when audiologists leave the program. Over the years we have gone from an audiologist in each region to two audiologists for the entire state. Many children now have Medicaid and can find audiology services in the private sector, however there are still areas in the state where children cannot get hearing aids except through our clinics. Our audiologists in regions 9 and 4 are travelling to regions 3,5, and 7 where there are limited audiologists who provide hearing aids in practice to help meet this need. The other important role they play is to help ensure that children identified with hearing loss at birth through our Newborn Hearing Screening Program receive the follow-up evaluations and intervention that they need.

New Grant! Our Louisiana Birth Defects Monitoring Network has received a new nearly \$1 million grant over the next 5 years from CDC to expand the coverage of the surveillance system from 80% of births to 100% of births in Louisiana. The surveillance system is a very important tool to prevent birth defects and to help families with a child born with a potentially disabling medical condition to locate the resources they need. When the registry is statewide, covering all births, we will be able to use it to identify the most common birth defects in Louisiana by region and target appropriate prevention activities to those areas of the state. We will also be able to identify families who have a child born with certain medical conditions and provide them with resource information so that they can find medical and early intervention services that they need right from the beginning. Finally, we should be able to tell when there is a higher than expected rate of births of infants with medical conditions that are identified by the registry so that we can explore potential causes in the region, such as environmental pollutants or habits of pregnant women. This is the way that the association between folic acid deficiency and spina bifida was made. Prevention campaigns have lead to a 26% decrease in the incidence of spina bifida since this cause was identified.