

Child Health and Disability Prevention Program Summer 2015 Newsletter

Foodborne Illness Peaks in Summer

The summer season offers many opportunities for outdoor fun with family and friends. Many people cook outside at picnics, barbecues, and on camping trips. But these warm weather events also present opportunities for foodborne bacteria to thrive. As food heats up in summer temperatures, bacteria multiply rapidly. To protect individuals from getting foodborne illnesses, proper handling of the food is vital. Following are the most common and simple ways to prevent foodborne illnesses:

- A) Clean: Wash Hands and Surfaces Often** Unwashed hands are a prime cause of foodborne illness. When eating away from home, find a source of potable (safe drinking) water. If none is available, bring water for preparation and cleaning. Another option is to pack clean, wet disposable washcloths or moist towelettes and paper towels for cleaning hands and surface.
- B) Separate: Don't Cross Contaminate** Cross-contamination during preparation, grilling, and serving food is a prime cause of foodborne illness. When packing the cooler chest for an outing, wrap raw meats securely; avoid raw meat juices from coming in contact with ready-to-eat food.
- C) Cook: Cook to Proper Temperatures** Take a thermometer along when cooking outside to ensure that meats are cooked thoroughly to appropriate temperatures. Cook meat, and poultry completely at the picnic site. Partial cooking of food ahead of time allows bacteria to survive and multiply to the point that subsequent cooking cannot destroy them.
- D) Chill: Refrigerate Promptly** Cold refrigerated perishable food like luncheon meats, cooked meats, chicken, and potato or pasta salads should be kept in an insulated cooler packed with several inches of ice, ice packs, or containers of frozen water.

For complete article visit <http://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets>

Great Patient Resource: Quit4Baby

The Spring 2015 newsletter highlighted a great service for expecting mothers called Text4Baby. A second program, Quit4Baby, follows the same premise as Text4Baby, however, this service specifically targets tobacco cessation messaging for expectant mothers. The program helps them set a quit date, provides distractions to get through cravings, and tracks their progress to show how their health, and their baby's health, is improving as they quit and stay smoke free. CHDP providers are invited to inform expectant mothers of this service. **To learn more, please visit Quit4Baby.org.**



Be Safe in Hot Weather!!

The CDPH warns that "California can experience very high temperatures in the summertime. Extremely hot weather can cause illness in people and pets. Take steps to protect yourself, your family and your community from the dangers of extreme heat".¹ San Joaquin County Public Health Services (SJCPHS) recommends the following steps to avoid heat stress:

- Drink a glass of fluid every 15 to 20 minutes and at least one gallon each day.
- Wear light-colored, loose-fitting clothing.
- When indoors without air conditioning, open windows if outdoor air quality permits and use fans.
- Take frequent cool showers or baths.
- If you feel dizzy, weak, or overheated, go to a cool place. Sit or lie down, drink water, and wash your face with cool water. If you don't feel better soon, get medical help quickly.
- Work during cooler hours of the day when possible, or distribute the workload evenly throughout the day.

For more information on heat-related illnesses and treatment, please visit http://www.sjcphs.org/Disease/Heat_Emergencies.aspx.

¹California Department of Public Health (CDPH). Extreme Heat. <http://www.bepreparedcalifornia.ca.gov/beinformed/naturaldisasters/extremeheat/Pages/ExtremeHeat.aspx>. Published 2015. Accessed May 1, 2015.



“There are no medications to treat or vaccines to prevent WNV infection.

Fortunately, most people infected with WNV will have no symptoms.”

-The Centers for Disease Control and Prevention (CDC)

West Nile Virus: How to “Fight the Bite”

West Nile Virus (WNV) is not new to California, as it was first identified in the state in 2003.² However, according to the California Department of Public Health (CDPH), 2014 was a record-breaking year for WNV activity, with 801 confirmed cases. This makes 2014 the second-highest year for WNV cases since the 880 diagnosed cases in 2005.

For many, the discussion of WNV in the time of a drought may seem counterintuitive, as mosquitoes need water to breed and develop. However, the drought reduces the amount of areas with running water and many of those areas turn into pools of standing water, a perfect breeding ground for mosquitoes. Relatedly, birds must go in search of water, and thus mosquitoes and birds, carriers of WNV, come together more frequently than before.

Unfortunately, there is no way to accurately predict the level of WNV activity that will occur this year. Thankfully, the risk of serious illness is low, and most — less than one percent — develop a serious neurologic illness, such as meningitis or encephalitis. CDPH recommends following the “D’s” below to protect against mosquito bites and WNV:

1. **DEET**- Apply insect repellent containing DEET, picardin, oil of lemon eucalyptus, or IR3535 according to label instructions. **DEET can be used safely on infants and children 2 months of age and older.**
2. **DAWN AND DUSK**- Mosquitoes bite in the early morning and evening so it is important to wear protective clothing and repellent outside during these times. Make sure that doors and windows have tight-fitting screens to keep mosquitoes out. Repair or replace screens with tears or holes.
3. **DRAIN**- Eliminate all sources of standing water on a property, including in flower pots, old car tires, and buckets. If a swimming pool is not being properly maintained, contact local mosquito and vector control agency.

The [West Nile Virus website](#) includes the latest information on West Nile Virus activity in the state. Individuals are encouraged to report all dead birds through the website. Dead birds can be reported by calling toll-free 1-877- WNV-BIRD (968 2473).

To view the entire CDPH News Release, please visit: <http://www.cdph.ca.gov/Pages/NR15-027.aspx>.

²California Department of Public Health (CDPH). *California Sets Record for West Nile Virus Activity*. <http://www.cdph.ca.gov/Pages/NR15-027.aspx>. Published April 2015. Accessed May 1, 2015.

Provider Survey Update

In Spring 2015 Newsletter, CHDP provider offices were invited to complete a short survey to provide feedback on their interests and preferences for future newsletters. We received 17 completed surveys so far. We urge the rest of the providers to take a few moments to complete the attached survey which will help us improve the newsletter in order to tailor it to your needs and provide the most relevant, useful information for you and your staff.

Completed surveys can be faxed to 468-2185. Thank you!

Improving the Quality of Care: Antipsychotic Use in Children and Adolescents

The CHDP Gateway to Health Coverage bulletin distributed by the Department of Health Care Services (DHCS) Medi-Cal division, released new information on the use of antipsychotic drugs in children and adolescents in April 2015. The report was summarized in a listing of the following key points:

- Prescribing of antipsychotic medications to children and adolescents is increasing, despite a lack of safety data and a high risk of neurologic, psychiatric, and metabolic adverse effects.
- Antipsychotic medications should be prescribed for a specific clinical indication only when the scientific evidence supports the likelihood that benefits will exceed harms. For children and adolescents, use of antipsychotic medication for United States Food and Drug Administration (FDA)-approved indications generally implies more certainty that benefits will exceed risks, compared to off-label use. Prescribing beyond FDA-approved indications must be approached cautiously.
- No antipsychotics are FDA-approved for patients under three years of age. Only two older, first-generation antipsychotics are FDA-approved for patients under five years of age. FDA-approved indications for children under 10 years of age are very limited, especially among newer, second-generation antipsychotics.
- As of October 1, 2014, any use of antipsychotics for Medi-Cal beneficiaries 0 – 17 years of age requires an approved *Treatment Authorization Request* (TAR).
- Concurrent use of more than one antipsychotic medication is not recommended. Among all children and adolescents in the Medi-Cal fee-for-service population with at least 90 consecutive days of antipsychotic medication treatment, almost 6 percent were taking two or more antipsychotic medications concurrently for at least 90 consecutive days.
- Serious adverse effects are common with antipsychotic medication use, particularly weight gain, dyslipidemia, diabetes, and cardiovascular disease. While both baseline and periodic metabolic monitoring is recommended, only 37 percent of children and adolescents in the Medi-Cal fee-for-service population had appropriate metabolic testing during a one-year time period.
- Psychosocial care, which includes behavioral interventions, psychological therapies, and skills training, among others, remains the recommended first-line treatment option for children and adolescents for nonpsychotic conditions such as attention deficit disorder and disruptive behaviors. Antipsychotic medications, when prescribed, should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.

“The safest use of antipsychotic medications in children and adolescents requires close, in-person clinical monitoring by prescribers for both clinical response and adverse neurologic, psychiatric, and metabolic effects.”

-Medi-Cal Drug Use Review (DUR) Program



To view the entire release, including clinical recommendations, please visit the April 2015 CHDP Gateway to Health Coverage at <http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/chdp201504.asp>

Reminder: For Expecting Mothers

All expectant mothers should be encouraged to be vaccinated with whooping cough vaccine between 27 and 36 weeks gestation of each pregnancy. Whooping cough remains a threat in California, with over 1600 cases reported to CDPH in 2015 thus far. By getting vaccinated in their third trimester, pregnant women are transmitting antibodies to their babies that will help protect them until they are old enough to receive their own whooping cough vaccine. **For more information and resources, please contact the San Joaquin Immunization Branch at (209) 468-3481.**

Announcements

Medi-Cal Provider Seminars

Throughout the year, the DHCS and the Fiscal Intermediary for Medi-Cal, Xerox State Healthcare, LLC, conduct Medi-Cal training seminars. These seminars target both novice and experienced providers and billing staff. Providers are encouraged to bookmark the [Provider Training](#) page and refer to it often for current seminar information. Providers may also schedule a custom billing workshop by calling 1-800-541-5555.

New Website for Lead Program!

San Joaquin County's Childhood Lead Poisoning Prevention Program is excited to announce the launch of their new website which has gone live and is located at the web address <http://clppp.sjcphs.org>. The site features a section specifically for providers. It also covers Consumer Safety, Prevention, Workplace Safety, and includes a section on Frequently Asked Questions. For more information, please contact Gale Heinrich at gheinrich@sjcphs.org or call 209-468-2593.

CA-MMIS Health Enterprise System Release 2: CHDP Provider Update

The DHCS partnership with the provider community ensures accessible and affordable quality health care services for Californians. To further this effort, development and implementation of a replacement California Medicaid Management Information System (CA-MMIS) is underway. The replacement system, referred to as CA-MMIS Health Enterprise (HE), will transition legacy CA-MMIS business operations gradually to the new CA-MMIS HE, providing additional capabilities and finally supporting all CA-MMIS business operations.

CA-MMIS HE Release 2, planned for this summer, will allow providers who participate in the CHDP program to access an improved method for beneficiary enrollment via the web-based Health Enterprise Portal. Changes include: **(1)** CHDP providers will access HE Portal to register for a User ID and password; **(2)** CHDP providers will access HE Portal for improved CHDP beneficiary enrollment.

CA-MMIS HE Release 2.3, planned for this fall, will begin processing CHDP claims. Changes included in this release are: **(1)** CHDP Electronic Data Interchange (EDI) providers will be required to use Health Insurance Portability and Accountability Act (HIPAA) Operating Rules connectivity; **(2)** The proprietary electronic claim format (CMC PM 160) will be replaced by the national standard HIPAA-compliant ASC X12N/005010X222 (837P) transaction; **(3)** CHDP EDI providers will be required to perform a test claim submission in the new 837P file format; **(4)** The CHDP claim form (PM 160) will be replaced with the National Standard *CMS-1500* claim form (version 02/12); **(5)** The CHDP two-digit local billing codes will be discontinued and replaced with national codes; **(6)** The CHDP *Remittance Advice* will be replaced with the national HIPAA-compliant Adjustment Reason Codes (ARC), Adjustment Group Codes (AGC), and Health Care Remarks Codes (HCRC).

Through the coming weeks and months, providers are encouraged to watch for CA-MMIS HE updates and news on the Medi-Cal website <https://www.medi-cal.ca.gov/>.

Vaccine Information Sheet Update

The Centers for Disease Control and Prevention (CDC) recently updated the following **Vaccine Information Statements (VISs)**.

- ◆ **New: HPV** 4/15/15
- ◆ **Updated: Hib** 4/2/15, **Tdap** 2/24/15, **Td** 2/24/15, **Rotavirus** 4/15/15

Please make sure your office is distributing the most recent versions of these and other VISs. For the complete list of current VISs, visit the [CDC's Web page](#).

CHDP Newsletter Team

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|---|--|
| Children's Medical Services Medical Director | Vacant |
| Children's Medical Services Administrator | Marianne Hernandez, PHN, MSN, CNS |
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Provider Newsletter Survey

How often do you read the CHDP Newsletter? *(Circle one)*

Always/Almost Always Most of the time About half of the time Some of the time Rarely/Never

In your office, who reads the CHDP Newsletter? *(Circle all that apply)*

Physicians Nurse Practitioners Physician Assistants Medical Assistants
 Registered Nurses Licensed Vocational Nurses Clerical Staff
 Other (please specify) _____

How much do you agree with the following statements? *(Mark one box per row)*

| | Strongly Agree | Somewhat Agree | Neither Agree Nor Disagree | Somewhat Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| I find the CHDP Newsletter useful in my work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The CHDP Newsletter is helpful in staying up-to-date on information from the California Department of Health Care Services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The CHDP Newsletter is helpful in staying up-to-date on resources and events in San Joaquin County. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The CHDP Newsletter is helpful in staying up-to-date on current child health topics. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often would you like to receive the CHDP Newsletter? *(Circle one)*

More than four times a year Four times a year Three times a year
 Twice a year Once a year Less than once a year

What would be your preferred method for receiving the CHDP Newsletter? *(Circle one)*

Mail Fax Email – with a PDF attachment Email – with the newsletter in the body of the email
 Other (please specify) _____

What topics would you like to see addressed in the CHDP Newsletter?

Any other comments or suggestions for improving the newsletter:

Contact Person _____

Phone Number _____

Email Address _____

Preferred Method of Contact _____

Note: All contact information will be separated from the survey information before the survey results are recorded and analyzed.
 Feel free to be completely honest in your responses.