

Child Health & Disability Prevention



SAN FRANCISCO CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM NEWSLETTER

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IMMUNIZATION Q/A: TDAP & TD STOCKING REQUIREMENTS

Q: Why do CHDP sites have to stock both Td and Tdap? A few clinics have asked CHDP about the need to stock both Tdap and Td vaccinations.

A: While it is acceptable to use Tdap instead of Td if the clinic is out of stock, routine substitution of Td with Tdap is not current standard of care, and is not recommended by the Advisory Committee on Immunization Practices (ACIP), the CDC, or the American Academy of Pediatrics (AAP). For this reason, CHDP requires our providers to stock both Tdap and Td.

Per CDC, ACIP, and AAP, only 1 dose of Tdap is needed for anyone who is not pregnant. Children 7 years and older who aren't fully immunized with DTaP should receive 1 dose of Tdap (preferably the first) in the catch-up series and Td for additional doses.

Q: Per AAP (2014), "Why are repeated doses of Tdap not recommended routinely for the general population other than pregnant women?"

A: Per AAP (2014), "Data do not support a substantial impact of a broader recommendation on pertussis control, and lack of data and licensure are cause for pause."

Q: From Immunization Action Coalition (ACIP) (2018): "We would like to avoid stocking both Tdap and Td vaccines. Is CDC likely to recommend that Tdap completely replace Td in the immunization schedule in the near future?"

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Referenced websites:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5292353/>

<http://www.aappublications.org/content/35/2/4.1>

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/td.html>

http://www.immunize.org/askexperts/experts_per.asp#tdap

A: Currently, ACIP recommends giving only 1 dose of Tdap to adolescents and adults who have not previously received the vaccine, with the exception of pregnant women, who should be vaccinated during each pregnancy. ACIP is unlikely to recommend routine Tdap revaccination for groups other than pregnant women. Therefore, medical settings will need to continue to stock Td vaccine in order to administer it to patients who need to complete the full primary 3-dose tetanus and diphtheria series and also to administer 10-year booster doses of Td throughout the lifetime of those who have completed the primary series.

Please contact CHDP Medical Director, Dr. Jeanne Lee at jeanne.lee@sfdph.org with further questions.

2018 CHDP AUDIOMETRIC TRAINING RE-CAP

Thank you to all of the participants who joined us for the CHDP Audiometric Screening Training held in April. The training was a great success! We reached our maximum capacity of 29 registrants, representing 17 CHDP providers throughout San Francisco. We want to offer a big thank you as well to the Kai Ming Head Start and Wu Yee Children's Services for hosting the skill sessions, and to all of the children who participated in the screenings.

Tips from the 2018 Training

For screening children 3-6 years of age:

- Use the "Play Audiometry" method – "Let's play a game", "When you hear the beep, put the block in the basket"
- Practice/ Condition with younger patients with the headphones on the table and the volume dialed up
- Be energetic and confident when explaining the game and during the screening
- Move quickly as younger children have short attention spans

For screening children 6 years of age and older:

- Use raising of the hand method – "Raise your hand when you hear a beep"

For all ages:

- If the patient doesn't respond to a beep, increase the volume from 20dB to 50dB to get their attention and recondition if necessary. Then retest that frequency at 20dB. If they still don't respond, move on

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- Passing criteria for a patient who is 4 - 10 years old, responds to ALL FREQUENCIES (4000, 2000, 1000 and 500 Hz) at 20 dB in both ears
- Passing criteria for a patient who is 11 years +, responds to ALL FREQUENCIES (8000, 6000, 4000, 2000, 1000 and 500 Hz) at 20 dB in both ears

Recheck and Referral Criteria:

- If the patient does not respond to all frequencies at 20 dB in both ears, is uncooperative, or there is a questionable result, schedule a recheck in 2-6 weeks.
- Refer to a specialist if the patient does not pass the 2nd hearing screen.

Audiometer Settings:

- Keep audiometer buttons out of the patient’s view
- Use pulse tone
- Always press tone for “1 Mississippi”
- Avoid visual clues – be mindful of your body language when presenting the tone
- Avoid patterning – change the timing of the tone presentation so the patient cannot predict when they should hear a beep
- Screen in a quiet room free of distractions

A Message from Hayley Kriss, Certified Audiometrist, SFDPH

About 6 per 1000 children will develop permanent hearing loss before school age. Failure to identify hearing loss at 3 – 6 years of age can result in lifelong developmental deficits, therefore early detection and intervention is essential. Screeners have the most important roles – screening is the first step in identifying hearing loss. It is important to be familiar with your audiometer, confident in giving directions and accurate in your technique.

THE RUSH FOR BACK TO SCHOOL APPOINTMENTS

Reminder to providers: When fielding calls to schedule clients for school entry exams, sports physicals, or Immunization visits, please screen these families by asking when their child’s last well child exam was conducted. If they are due, schedule the child for a FULL PHYSICAL EXAM. School entry exams, immunization visits and sport physicals should not replace well child exams.



Hayley Kriss, Certified Audiometrist

Do not use topical medicines rubbed on the gums for teething.



Read more here:

<https://www.fda.gov/Drugs/DrugSafety/ucm608265.htm>

FDA Teething Video:

<https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm385817.htm#video>

FDA Parent Advice:

<https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm385817.htm>

AAP recommendations for Teething Pain alternatives:

<https://www.healthychildren.org/English/ages-stages/baby/teething-tooth-care/pages/Teething-4-to-7-Months.aspx>



For more information:

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Ed. Edited by Joseph F. Hagan, Jr, MD, FAAP, Judith S. Shaw,

FDA ALERT: INFANTS AND TODDLERS SHOULD NOT USE BENZOCAINE

The US Food and Drug Administration (FDA) is warning consumers to immediately stop using benzocaine-containing over-the-counter drug products, including those used to treat teething pain, in infants and children under 2 years of age as they can pose a "serious risk."

Health care professionals are advised to warn patients of the possibility of *methemoglobinemia* and advise them of the signs and symptoms when recommending or prescribing local anesthetic products. Some patients are at greater risk for complications related to *methemoglobinemia*. This includes those with breathing problems such as asthma, bronchitis, or emphysema; heart disease, and the elderly. Health care professionals using local anesthetics during medical procedures should take steps to minimize the risk for *methemoglobinemia*.

FLUORIDE VARNISH UTILIZATION BY MEDICAL PROVIDERS

In 2006, Medi-Cal began reimbursements for the application of Fluoride Varnish in a well-child visit. Currently, fee-for-service providers can bill CPT 99188 for \$18 per application. Medical providers are now placing fluoride varnish to prevent decay:

- Low income young children are often at higher risk for dental decay.
- Research shows high efficacy fluoride varnish with 2 or more applications reducing decay by 37%.
- Young children are seen earlier and more frequently by medical providers than by a dentist.



Recommendations: For the prevention of early childhood caries for high-risk children, applications of fluoride varnish should begin with the first tooth. The United States Preventive Services Task Force recommends that primary health care professionals apply fluoride varnish to the primary teeth of all infants and children from the time of primary tooth eruption through age 5 years (Grade B). They also found that the "optimum frequency of fluoride varnishing is not known." However, no published evidence indicates that professionally applied fluoride varnish is a risk factor for enamel fluorosis, even among children aged <6 years. This is because fluorosis is only caused by prolonged daily or "chronic" exposure to high levels fluoride, such as ingesting higher than optimal levels of fluoridated toothpaste daily.

CHDP providers should offer the Medi-Cal benefit of fluoride varnish, up to 3 times a year, to children (ages 0 to 6) who are seen in their office, and document the application in the child's medical record.

4TH ANNUAL SAN FRANCISCO CHILDREN'S ORAL HEALTH LEADERSHIP FORUM

35% of SFUSD children have had tooth decay by the time they enter kindergarten (2017). Children of color and low-income children have a higher rate compared to their Caucasian and more affluent peers. Tooth decay not only affects a child's ability to attend and to focus in school, but also increases the risk for a lifetime of dental and subsequent systemic health problems.

On April 3rd, SF leadership met for an afternoon to review last year's citywide efforts to prevent dental caries in children. Our Children Our Families, SFDPH, UCSF, and SFUSD co-hosted the forum, with over 80 attendees participating from all areas of citywide leadership, including: community, education, childcare, health plan, university, public health, and dental/medical arenas.

Recommendations included prioritizing ways to improve primary care medicine's integration of oral health - incorporating oral health care for children more prominently and systematically into well-child pediatric visits. Three suggested recommendations:

1. Encourage FQHCs and other medical systems, to engage in implementing fluoride varnish best practices recommendations
2. Institute FQHC policy change for provider visits and requirements to support this
3. Institute Infrastructure support (more staff, nurses, medical assistants (MA), better ratio of MA's to doctors)

If you have recommendations of ways to improve the integration of oral health care into primary care medical visits, please share with the CavityFree SF team by email to margaret.fisher@sfdph.org.

SUMMER 2018 CHDP DENTAL DIRECTORY UPDATED

CA State law requires CHDP Providers to refer all children to a dentist beginning at age one, at least annually. Dental referrals should be made more often if a dental problem is noted or suspected. Children should see a dentist beginning at the eruption of first tooth or by age one and every 6 months after. Children with Special Health Care Needs often require more frequent dental visits to protect their oral health.



•English: https://www.sfdph.org/dph/files/dentalSvcdocs/CHDPDentalDir_062012_Eng.pdf

•Chinese: https://www.sfdph.org/dph/files/dentalSvcdocs/CHDPDentalDir_062012_Chi.pdf

•Spanish: https://www.sfdph.org/dph/files/dentalSvcdocs/CHDPDentalDir_062012_Span.pdf

2018 INCOME ELIGIBILITY GUIDELINES

Effective January 1, 2018, through December 31, 2018, providers are to use the following income guidelines when determining recipient eligibility for pre-enrollment in Medi-Cal through Child Health and Disability Prevention (CHDP) Gateway program. Providers should disregard all previous CHDP income eligibility guideline charts.

Income Eligibility Guidelines

266 Percent of the 2018 Federal Poverty Guidelines

Effective January 1, 2018, through December 31, 2018

(For determinations of CHDP Gateway aid codes 8W and 8X only)

Number of Persons in the Household	Monthly Income	Annual Income
1	\$2,692	\$32,293
2	\$3,649	\$43,784
3	\$4,607	\$55,275
4	\$5,564	\$66,766
5	\$6,522	\$78,258
6	\$7,480	\$89,749
7	\$8,437	\$101,240
8	\$9,395	\$112,731
9	\$10,352	\$124,222
10	\$11,310	\$135,714
For households of more than 10 persons, for each additional person, add:	\$958	\$11,492

WELCOME NEW CHDP STAFF

Ay-Lih We is a new CHDP Health Worker who is bilingual in English and Chinese (Mandarin and Cantonese). Ay-Lih has worked at the SF Department of Public Health (DPH) Interpreting Services Department providing in-person, phone, and video interpretation for providers and limited-English speaking patients at DPH inpatient and outpatient clinics. As an Office Dispatcher, she was responsible for assigning work to interpreter staff, monitoring a complex call routing system, and has served as a mentor/trainer to interpreter new hires and student interns. She hopes to learn and gain professional growth while collaborating with team members to promote CHDP's mission and goals.

Mayra Amador is the newly hired Health Educator trainee for CavityFree SF and will be developing oral health education materials, support in dental trainings and updating the Dental Directory. She has worked as a research assistant at the Palo Alto Medical Foundation Research Institute where she led the recruiting and data collection efforts for a diabetes prevention lifestyle intervention adapted for Spanish-speaking Latino patients. Mayra completed her B.S. in Public Health Science from Santa Clara University and then completed the Stanford Health 4 All Fellows professional certificate program. She has

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Ay-Lih We, Health Worker



Mayra Amador, Health Educator trainee

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a passion for community health promotion and is excited to work towards decreasing health disparities as part of the CHDP team!

RETIRED CHDP HEALTH WORKER

Julianne Lee, recently retired CHDP health worker, has worked for the Department of Public Health for over 30 years and for CHDP for over 5 years. With great sadness we say good bye to our wonderful bilingual health worker Julianne Lee as she ventures into retirement. We will miss her compassion, patience, and willingness to help our patients. She had been a great asset to the CHDP team and we will miss her friendship.



Julianne Lee, retired Health Worker

CHDP PROVIDER INFORMATION NOTICES

<http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx>

No new Provider Information Notices since PIN # 17-03 6-27-17.

All CHDP providers are required to comply with the most recent AAP Bright Futures Guidelines and the AAP Bright Futures Recommendations for Preventive Pediatric Health Care (periodicity table). In addition, CHDP providers are also required to comply with any additional state regulatory requirements for risk assessments and testing as outlined in the CHDP HAG.

Medi-Cal NewsFlash <http://www.medi-cal.ca.gov/> No relevant CHDP related NewsFlash released since our Spring issue.

CHDP Bulletin highlights – for details, please use the following link. <http://www.medi-cal.ca.gov/>, click on Provider Bulletins, scroll to bottom. Click on CHDP Gateway to Health Coverage under Specialty Programs

Bulletin # 161 – March 2018 No relevant news pertaining to CHDP in this bulletin.

Bulletin # 162 – April 2018

1. Termination of Local Code for Lead Screening, Counseling with Blood Draw. Effective for dates of service on or after May 1, 2018, HCPCS local code Z0334 (lead screening, counseling with blood draw) is terminated to comply with HIPAA rules and regulations.

Bulletin # 163 – May 2018

1. 2018 Update to CHDP Gateway Income Eligibility Guidelines – please refer to table on page 6 in this newsletter.

2. A New Way to Subscribe – Contact Medi-Cal Subscription Service Representatives Providers can now contact MCSS representatives directly at MCSSCalifornia@conduent.com to subscribe and for assistance with managing subscriptions. This is just another way to subscribe in addition to either online or email subscription.

San Francisco CHDP Staff

CHDP Deputy Director

Kimberlee Pitters
415-575-5764
kimberlee.pitters@sfdgov.org

Medical Director

C. Jeanne Lee, MD, MPH
415-575-5712
jeanne.lee@sfdph.org

Nurse Manager

Dorothy Quan, RN, PHN, MPA
415-575-5712
dorothy.quan@sfdph.org

Billing Inquiry & PM160 ordering

Tina Panziera
415-575-5712
tina.panziera@sfdph.org

Provider Relations Nurses

Kathy Shumaker, RN, PHN, MSN
415-575-5736
kathy.shumaker@sfdph.org

Margaret A Suda, RN, PHN, MSN
415-575-5705
margaret.suda@sfdph.org

Vacant Provider Relations Nurse
position

Nutritionist

Teresa Chan, RD, MPH
415-575-5731
teresa.chan@sfdph.org

Dental Hygienist

Margaret Fisher, RDHAP, BS
415-575-5719
margaret.fisher@sfdph.org

Oral Health Program Coordinator

Prasanthi Patel, MPH
415-575-5706
prasanthi.patel@sfdph.org

Child Health & Disability Prevention Program

C H D P

San Francisco Department of Public Health
30 Van Ness Avenue, Suite 210
San Francisco, CA 94102
Phone: 415-575-5712
Fax: 415-558-5905
Toll-Free Line: 1-800-300-9950