



Wyoming Chapter

INCORPORATED IN WYOMING

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Special Member Update

WHAT'S IN THIS SPECIAL EDITION?

- Membership Meeting Summary
- July 20 - CFD Event
- Dr. Gilmartin's TIC 101 Video
- July 12 - Saratoga Event
- WY-AAP TIC Webpage
- TIC Updates
- AAP Resources

WY-AAP Membership Meeting

ICYMI - The WY-AAP held a statewide membership meeting on June 25, 2024.

Click on the image below to view the full WY-AAP meeting summary.

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STATEWIDE MEMBERSHIP MEETING
June 25, 2024 - 12:00 PM

Leadership

- Mike Sanderson, MD**
President
- Danae Stampfli, MD**
Vice President
- Louisa Mook, MD**
Secretary/Treasurer
- Kelly Follett, MD**
Trustee-At-Large
- Andrew Rose, MD**
Past President

WY MEDICAID MEDICAL DIR. UPDATE
State Medicaid Medical Director, Paul Johnson, MD, MPH, provided updates to the membership about upcoming changes at Medicaid. Dr. Johnson was excited to announce that WY Medicaid will be reimbursing pediatricians for **one pediatric prenatal visit per pregnancy**. Physicians should **bill code G9001** (coordinated care, initial) with **diagnosis code Z76.81** (expectant parent rebirth pediatrician visit). WY Medicaid will reimburse \$95.60 for each of these visits. The other news that Dr. Johnson shared is that WY Medicaid will reimburse pediatricians for **postpartum depression screening (code 96161 - administration of health risk assessment for benefit of patient)**.

If anyone has questions, please don't hesitate to contact State Medicaid Medical Director Paul Johnson, MD at paul.johnson@wyo.gov

ADVOCACY UPDATE
Sheila Bush updated members on legislative activity and advocacy efforts in the state. She reported that the Joint Labor, Health and Social Services Committee had already convened two of the three scheduled hearings for 2024. They will meet again on August 29-30 in Cheyenne to wrap up committee discussion on the following topics:

Maternal Health
The JLHSS cmte has prioritized Wyoming's maternal health deserts for the 2024 Interim. Committee leaders are looking to the Governor's Healthcare task force and its OB/Primary Care subgroup for guidance and legislative recommendations. Conversations around workforce, training, and other health care professionals across the medical provider team are underway. The next meeting of the OB/Primary Care subgroup is scheduled for July 1, 2024, at 10:30 am. If anyone is interested in being a part of the workgroup, please contact Sheila Bush at sheila@wyomed.org

Insurance Credentialing
The Wyoming Hospital Association and the state medical society along with its affiliated specialty societies are working to reform the practice of provider credentialing with insurance carriers in Wyoming. A small legislative working group

Wyoming Academy of Pediatrics 1

TRAUMA-INFORMED CARE LECTURE SERIES

Trauma-Informed Care & Care Process Model

Trauma-Informed Care & Care Process Model

with Bird Gilmartin, MD

Saturday, July 20, 2024 at the Cheyenne Country Club

**live education event for WY-AAP members

Agenda

- 8:30 - Arrival at Cheyenne Country Club
- 9 am - WY-AAP business meeting

10 am - Break
10:30 am - TIC lecture
11:30 am - Break
11:45 am - Lunch
12:30 pm - Walk over to rodeo
1 pm - CFD Rodeo



This event is FREE for all WY-AAP members to attend.
Breakfast and CFD rodeo ticket is included.

***Pending accreditation*

Please register to attend by
Thursday, July 11th.

[Register Here](#)



Cheyenne Country Club



CFD Rodeo

****If you would like to purchase additional rodeo tickets for family members or colleagues, the group seating is located in the East Stands - EU 302 - Row S 11-20, Row R 11-20. [Purchase Here](#)**

Trauma-Informed Care: Applications in Pediatric Primary Care

Learning Objectives

1. Learn what trauma is and trauma's relevance for a primary care provider
2. Discuss the physiology of acute and chronic stress
3. Explore a trauma informed care approach for pediatric patients
4. Build a differential diagnosis for traumatic stress symptoms
5. Understand the importance of screening for traumatic stress in primary care
6. Recommend treatment approaches for youth with trauma exposures and symptoms.

Dr. Gilmartin recorded a TIC video for those who cannot attend our live event in July (*and those who can*).

This video lecture is "TIC 101", and the in-person event will build upon the information in this video and dive deeper into trauma-informed care and the care process model.

****Please note, this video is not published publicly and cannot be accessed via the WMS YouTube Channel - it can only be viewed directly through an access link.**



Trauma-Informed Care

Trauma-Informed Care
with Jennifer Morgan Smith, LMFT, MBA
UHS Clinical Consultant for Trauma-Informed Care

Friday, July 12, 2024 - Saratoga Hot Springs Resort

This TIC lecture is a live education event that will be held in conjunction with the WMS BoT meeting and WLM Alumni Retreat. A video of the lecture will be recorded for those who are not attending the live lecture and the video will be shared with WY-AAP members online.

***Pending accreditation (live and enduring)*



WY-AAP TIC Webpage

The WY-AAP has added a page to the Resource section on the WY-AAP website to include TIC resources for pediatric providers.

If there is something you would like to see that's not currently listed, please email info@wyomed.org.

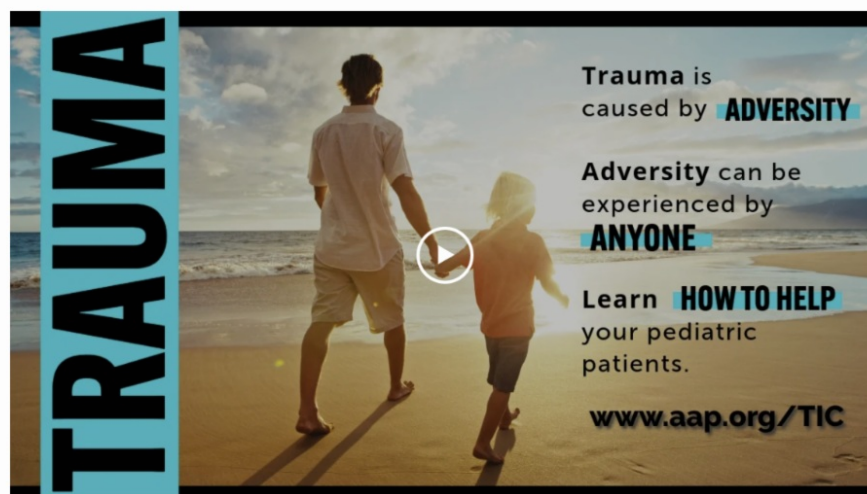
Wyoming Chapter

Home Resources Member News About

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Trauma-Informed Care for Pediatricians



Trauma-Informed Care

What is Trauma-informed Care?
Trauma-informed care (TIC) is defined by the [National Child Traumatic Stress Network](#) as medical care in which all parties involved assess, recognize and respond to the effects of traumatic stress on children, caregivers and healthcare providers.



Visit Website

TIC UPDATES

Wyoming Medicaid will reimburse the Care Process Model (CPM) traumatic stress screener.

- Effective Fall 2023.
- \$29/screener

The Office of the Governor is hosting a training with Dr. Brian Thorne on Trauma-Focused Cognitive Behavioral Therapy in July.

- Details to come!

TIC RESOURCES

This booklet has been hand-picked and recommended by WY-AAP's TIC Ambassador, Dr. Gilmartin as an excellent resource on Trauma-Informed Care and the Care Process Model.



DIAGNOSIS AND MANAGEMENT OF

Traumatic Stress in Pediatric Patients

This care process model (CPM) provides best-practice recommendations for the prevention of childhood trauma as well as the identification and management of pediatric traumatic stress in primary care and children's advocacy center settings. This CPM was developed through a collaboration of the Department of Pediatrics at the University of Utah and the Center for Safe and Healthy Families at Intermountain Healthcare's Primary Children's Hospital. This work was funded through federal grant monies allocated by the National Child Traumatic Stress Initiative (NCTSI), which is part of the Substance Abuse and Mental Health Services Administration (SAMHSA).

► Why Focus ON PEDIATRIC TRAUMATIC STRESS

Childhood traumatic stress is the intense fear and stress response occurring when children are exposed to potentially traumatic experiences that overwhelm their ability to cope with what they have experienced. Traumatic stress needs to be addressed for the following reasons:

- **High prevalence.** Up to 80% of children experience at least one significant traumatic experience in childhood.^{TUR} Minority children, including those who are members of federally recognized tribes, are disproportionately impacted by trauma and continue to have high rates of contact with the healthcare system.^{HUS, CRD}
- **Poor mental health outcomes.** After exposure to traumatic experiences, some children and adolescents develop adverse traumatic stress responses, including acute stress disorder (ASD) or posttraumatic stress disorder (PTSD). They are also at risk for suicidal and homicidal intent, mental health comorbidities (e.g., depression, anxiety, attention deficit hyperactivity disorder [ADHD]), substance use (including opioid dependency), and other risky behaviors that affect their ability to function and put them at risk for long-term problems.
- **Poor health outcomes and lower life expectancy.** The Adverse Childhood Experiences (ACE) studies link child maltreatment to early death and other poor health outcomes in childhood and adulthood including obesity, cardiovascular disease, and diabetes.^{FEL}
- **High cost.** When children with traumatic stress are not identified or appropriately referred to evidence-based treatment, they can experience exacerbated symptoms and poorer outcomes resulting in elevated costs.^{BRA, COH1, ROB} The Centers for Disease Control and Prevention (CDC) reported in 2008 that the lifetime economic burden of cases of child maltreatment in one year in the U.S. is \$124 billion.^{FAN, NOR}
- **Often under-diagnosed and misdiagnosed.** Lack of awareness or screening, symptom similarity to other mental health conditions, and / or the difficulty providers face with discussing and intervening in trauma situations contribute to the underdiagnosis or misdiagnosis of traumatic stress. Misdiagnosis can also lead to inappropriate psychotropic treatment. There are currently no medications approved by the FDA for trauma-specific symptoms in children.^{KEE}
- **Early identification and integrated care using evidence-based treatments can increase positive outcomes.** Several trauma-specific therapy models have demonstrated effectiveness in the remediation of traumatic stress symptoms in children and adolescents.^{GHO, GRE, DOR, COH1} Resiliency studies indicate that children with parental support and access to services can recover from traumatic experiences.^{DUB, LAY, FLO} Several treatment studies have shown significant symptom remediation.^{GHO, GRE, DOR, COH2}

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► WHAT'S INSIDE?

BACKGROUND / AT-A-GLANCE	2-4
ROAD MAPS OF CARE	5-7
PRIMARY CARE SETTINGS	
0-5 YEARS OF AGE	8
6-18 YEARS OF AGE	9
CHILD ADVOCACY SETTINGS	
6-18 YEARS OF AGE	17
BRIEF INTERVENTIONS AND HELPFUL RESPONSES	23
SPECIALIZED TRAUMA ASSESSMENT AND TREATMENT	25
SPECIAL POPULATIONS	26
RESOURCES	27-28
CHILD TRAUMA CARE: EXAMPLE VIGNETTES	29-32
FORMS	33-39
REFERENCES	40-41

GOALS

- ↑ Patients screened for traumatic stress
- ↑ Number of referrals to specialty clinics for those identified with severe traumatic stress
- ↑ Number of patients that are identified with moderate or severe trauma symptoms that get evidence-based trauma therapy

 Indicates an Intermountain measure



[Access Here](#)

Wyoming Medical Society | 122 E 17th St | Cheyenne, WY 82001 US

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