



# CARE FOR KIDS



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## Taskforce Focuses on Education to Prevent ATV Collisions

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Did you know that each year more Iowa children die on All-Terrain Vehicles (ATVs) than on bikes? Since their introduction in the mid-1970s, ATVs have been a consistent and growing source of deaths and injuries in Iowa and across the nation. In fact, one in three ATV crashes involve children and adolescents under the age of 16. The Consumer Product Safety Commission estimates that in the U.S. alone, ATV-related crashes annually account for over 500 deaths, 1.1 million emergency visits, and \$3 billion.

Since 2002, records show that more than 200 ATV crashes occur each year in Iowa. Most of these result in injuries serious enough to require emergency



treatment in Iowa's trauma centers. The most common type of injury and cause of death are head injuries.

What makes these machines so incredibly dangerous? Two of the characteristics that increase the risk of losing control on an ATV are their high center of gravity and underinflated tires. Other risk factors include drugs and alcohol among ATV users 16 to 25 years of age, the increas-

ing size and speed of vehicles, and carrying passengers on single-person ATVs. Males are more than twice as likely as females to be involved in crashes. More than half of all ATV-related crashes on roadways involved collisions with other vehicles, whereas off-road crashes more often involved non-collision events, such as rollovers. A growing source of concern to healthcare providers is crashes in which riders become pinned by their ATV. This concern increases as newer machines can weigh up to 800 pounds or more, and can travel at highway speeds. If help is not immediately available, crashes in these situations often are deadly.

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## 10 Safety Tips for ATV Riders (STARs)

- 1 Always wear your helmet** – There are currently no helmet laws in Iowa and helmet use overall is relatively low, as it is in many states. It has been estimated that helmets could reduce ATV-related deaths by over 40% and nonfatal head injuries by over 60%.
- 2 One person at a time** – Traditional ATVs are built to be ridden by one person, as they are a “rider-active” machine. This means that the driver must be able to freely move his or her weight around on the machine to maintain stability, something that cannot be done when multiple people are on the machine. This holds true for adults giving younger children rides.
- 3 Ride on the right size machine** – ATV engine size dictates the physical size of the machine, as well as the speed with which it moves.
- 4 Always wear protective gear** – Protective gear should include a helmet, long sleeved shirt, long pants, closed toed shoes, gloves, and eye protection.
- 5 Never ride on the road** – ATV tires are made to grip dirt, which leads to difficulty controlling the machine on a paved road. In addition, ATVs’ low profile makes it difficult for car and truck drivers to see, increasing the chance of a crash. ATVs typically move at high speeds while on the road, thereby increasing the severity of injury if a crash or rollover occurs.
- 6 Take an ATV safety course** – The Department of Natural Resources offers hands-on training courses. Please visit our website at [www.uihealthcare.org/keepingkidssafe](http://www.uihealthcare.org/keepingkidssafe) and click on the DNR link for more information or to find a nearby course.
- 7 Tell someone where you are going** – It is that important that someone knows where you are going and when to expect you home. In rural Iowa, cell phone service can be irregular, and if a crash occurs it may be difficult to call for help. It is important that your family knows where to look for you if you don’t arrive at the appointed time.
- 8 Respect private property** – Private property is just that: private. There could be unknown dangers in that location. Stay safe and stay away.
- 9 Never use drugs or alcohol** – Driving a vehicle while under the influence of drugs or alcohol is illegal. Because an ATV can travel at the same rate of speed as other vehicles, it makes sense that the same rules apply. Drugs and alcohol slow reaction times, impairing your ability to be rider active and increasing the likelihood of crashes.
- 10 Always obey the rules** – For your copy of Iowa’s ATV Rules and Regulations visit [www.iowadnr.gov/Recreation/AllTerrainVehiclesATV](http://www.iowadnr.gov/Recreation/AllTerrainVehiclesATV).

Rider’s age	Engine size
6 years of age or younger	Should NOT drive or ride on an ATV
6 – 12 years of age	70cc or less
12 – 15 years of age	90cc or less
16 years of age or older	90cc or greater

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# Measuring the Care of Children in Iowa Medicaid and hawk-i:

## CHIPRA Measures in Iowa

by Jason Kessler, MD, FAAP – Medical Director, Iowa Medicaid Enterprise

The Centers for Medicare and Medicaid Services (CMS) have designated a set of 24 health care measures to be the core set of children’s health care quality measures under the Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009. The act directs states to gather data to assess and improve the quality of the medical care and the health outcomes of children. It is optional for states to report on these measures this

year, but the Iowa Medicaid Enterprise (IME) has elected to report on as many as possible for both children enrolled in Medicaid and children in the Children’s Health Insurance Program (CHIP). Healthy and Well Kids in Iowa, or hawk-I, is Iowa’s CHIP program.

A 2007 study in the *New England Journal of Medicine* noted that children receive care that is recommended for them only about half of the time. By

gathering data from measures that address current recommendations, the state of Iowa can compare how frequently children are getting care that is recommended for them. This information can be compared across states and over time, with the hope that it will be used to improve care by focusing educational efforts, health programming, and even payment for services to most needed areas.

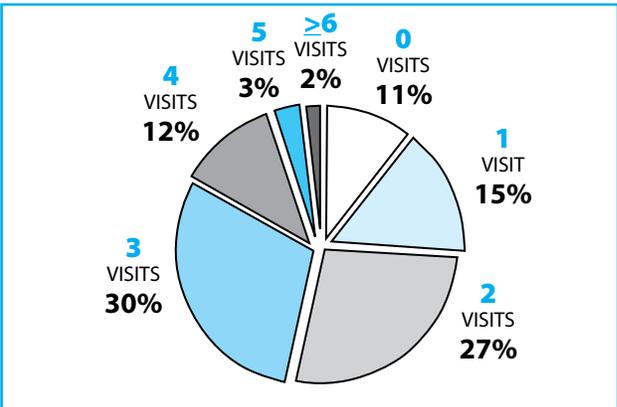
**Table 1 – Selected CHIPRA measures, results for Iowa, 2010 data**

Measure Title	Medicaid	hawk-i	Comments
Percentage of live births weighing less than 2,500 grams	7.16%		Data is from the Iowa Department of Public Health (IDPH) and is for the entire state, not just Medicaid or hawk-i.
Cesarean rate for nulliparous singleton vertex	26.9%		Also IDPH data for entire state.
Weight assessment and counseling for nutrition and physical activity for children and adolescents: Body mass index assessment for children/adolescents	0.3%		Based on Iowa Medicaid Enterprise (IME) claims data.
Well-child visits in the third, fourth, fifth, and sixth years of life	62.4%		This measures the percentage of children in this age range who had at least one well-visit during the year
Adolescent well-care visits	31.4%		This measures the total percentage of adolescents ages 12 to 21 who had at least one well-care visit during the year.
Total eligibles who receive preventative dental services	37.8%		Based on IME claims data
Appropriate testing for children with pharyngitis	46.3%	61.2%	2008 data for a commercial population was 74.7%
Total eligibles who received dental treatment services	17.6%		Based on IME claims data
Annual number of asthma patients with >1 asthma-related emergency room visit	24.5%	15.8%	Based on IME claims data

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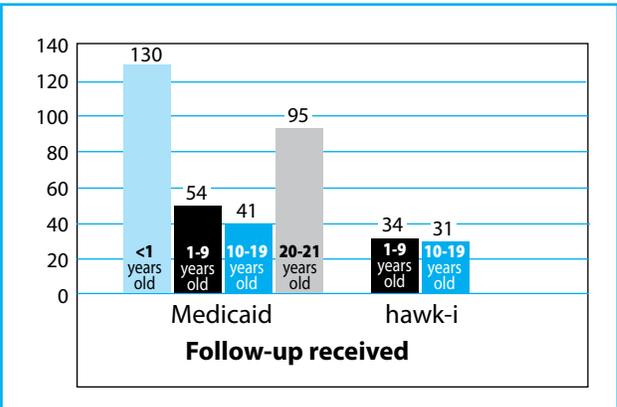
**Figure 1.**  
**Number of Well-Child Visits**  
**in the First 15 Months of Life.**

This chart represents Medicaid data. Bright Futures periodicity schedule recommends seven visits in the first 15 months of life (excluding prenatal, newborn and the 15 month visits).



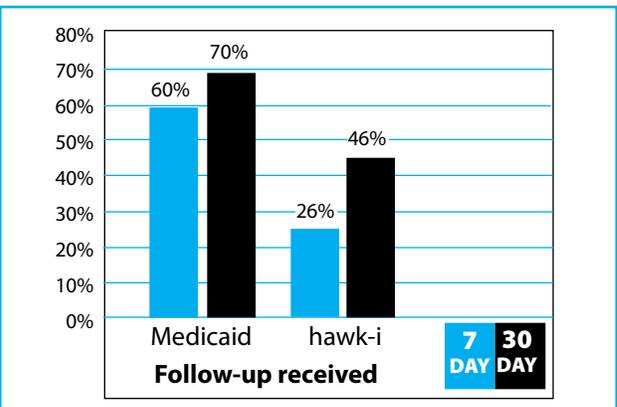
**Figure 2.**  
**Ambulatory Care:**  
**Emergency Department Visits**

Reflects visits per 1000 member months, 2010 data. Note that hawk-i covers only ages 0 to 18, but the measures report through age 21, so there is no report for the 20-21 age group in the hawk-i data.



**Figure 3.**  
**Follow-Up After Hospitalization**  
**for Mental Illness, 2010 data**

Mental health services for Medicaid members are administered through the Iowa Plan, a managed care plan through Magellan Health Services. hawk-i benefits for both mental and physical health are administered by one of two managed care plans within that program.



There is some deliberate overlap between the CHIPRA Reauthorization Act (CHIPRA) measures and the measures used in the Medicare and Medicaid Electronic Health Record Incentive Program, the Meaningful Use of Health Information Technology measures.

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# ATV SAFETY

Driving All Terrain Vehicles can be an enjoyable way to spend time with family and friends. They can even be helpful in doing work around a yard or farm. But an ATV can quickly turn dangerous. Did you know that ATV crashes result in 150,000 emergency room visits each year? One third of the victims are under 16 years old.

Knowing ATV safety tips and having the right equipment can ensure your ATV adventure doesn't turn into a trip to the hospital, or worse. The information below will help you ride the trail to safety.

## Every ATV driver should wear the correct safety gear, including:

- Helmet
- Long-sleeved shirt
- Goggles
- Gloves
- Long pants
- Boots

## A helmet is the most important piece of safety gear for an ATV driver—not just any helmet, but the right helmet.

- The helmet is not a bicycle helmet, skateboarding helmet, or rollerblading helmet.
- The helmet must be able to take a blow from a sharp object, absorb energy on impact, stay in place, and let you see to both sides.
- A helmet should fit fairly snugly and not wobble around when you move your head. The chinstrap should fasten securely.
- The helmet's label should indicate it has been safety approved by the Department of Transportation (DOT), the American National Standards Institute (ANSI), or the Snell Memorial Foundation (Snell).

## Ride an ATV that's the right size for you:

Anyone under 16 should not ride an adult-size ATV

Rider's age	Engine size
Younger than 6 yrs	Should NOT drive or ride on an ATV
6 – 12 yrs	70cc or less
12 – 15 yrs	90cc or less
16 yrs +	90cc or greater

## Ride your ATV in a safe way:

- Do not go too fast, pop wheelies, or do tricks with an ATV
- Never take anyone for a ride. Riding double is dangerous because the driver is unable to properly shift his or her weight. The ATV can roll over on the rider and driver, or they could be thrown from the machine on rough terrain.
- Don't ride ATVs on paved roads—because of their construction and tires, they are difficult to control on pavement. If you must ride on a road to reach a work site on a farm, ride slowly and carefully. Your ATV is lower than a car or truck, making it hard for drivers to see you.
- Take an ATV safety course. You can find information about them at the Iowa Department of Natural Resources web site: <http://www.iowadnr.gov/Recreation/AllTerrainVehiclesATV/ATVEducation.aspx>.

(courtesy of *Safety Tips for ATV riders* from *Keeping Kids Safe*:  
<http://www.uichildrens.org/keepingkidssafe/>)



# Medicaid QUALITY MEASURES

The Centers of Medicare and Medicaid Services (CMS) selected 24 clinical quality measures to assess the quality of medical care for children. These Children's Health Insurance Reauthorization Act (CHIPRA) quality measures can give providers a good idea of how health care in Iowa performs. Providers can compare the measures with their own practices to help in their own quality improvement, which can improve patient outcomes, help with quality improvement for purposes of Maintenance of Certification (MOC), and ultimately, demonstrate performance standards that can lead to improved reimbursement under Pay-for-performance (P4P) and shared-savings models.

- Prenatal and postpartum care: Timeliness of prenatal care
- Frequency of ongoing prenatal care
- Percentage of live births weighing less than 2,500 grams
- Cesarean rate for nulliparous singleton vertex
- Childhood immunization status
- Immunizations for adolescents
- Weight assessment and counseling for nutrition and physical activity for children and adolescents: Body Mass Index assessment for children/adolescents
- Developmental screening in the first three years of life
- Chlamydia screening
- Well-child visits in the first 15 months of life
- Well-child visits in the third, fourth, fifth, and sixth years of life
- Adolescent well-care visits
- Total eligibles who receive preventative dental services
- Children and adolescents' access to primary care practitioners
- Appropriate testing for children with pharyngitis
- Otitis media with effusion (OME): Avoidance of inappropriate use of systemic antimicrobials
- Total eligibles who received dental treatment services
- Ambulatory care: Emergency department visits
- Pediatric central-line-associated bloodstream infections
- Annual number of asthma patients with >1 asthma-related emergency room visits
- Follow-up care for children prescribed ADHD medication
- Annual pediatric hemoglobin (HbA1c) testing and control
- Follow-up after hospitalization for mental illness
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 4.0H, child version

**Taskforce focuses on education to prevent ATV collisions** *(continued from page 2)*

Although this data paints a picture of a very dangerous machine and the American Academy of Pediatrics states that no one under the age of 16 should operate an ATV, the vehicles can be very useful in the farming community and riding can be a fun recreational sport. With this knowledge and a passion for safety, The University of Iowa Children's Hospital partnered with Safe Kids Johnson County, U.S. Army Corps of Engineers, Iowa Department of Natural Resources, Iowa Emergency Medical Services for Children, and the Univer-

sity of Iowa Injury Prevention Research Center to develop an ATV Safety Taskforce. Its mission is to increase education to reduce the number of ATV crashes and severity of injury in children and adolescents. Through generous funding from the Kohl's Cares Program, the taskforce developed an educational curriculum for middle school students aimed at educating them about safe riding habits. As of January 2012, this group has presented ATV safety education programs to over 2500 students at 15 schools.

Would you like to help prevent ATV injuries and deaths? If so please visit our website at [www.uihealthcare.org/keepingkidssafe](http://www.uihealthcare.org/keepingkidssafe) for more information, or contact the University of Iowa Children's Hospital ATV taskforce by email at [atvsafety@uiowa.edu](mailto:atvsafety@uiowa.edu), or by phone at (319) 384-6999.

**Measuring the Care of Children in Iowa Medicaid and hawk-i: CHIPRA Measures in Iowa** *(continued from page 4)*

Iowa will gather data from claims for the CHIPRA measures for the first time for calendar year 2010 (CY2010) for Medicaid and Federal Fiscal Year 2010 (FFY2010) for hawk-i. A separate set of data exists for children enrolled in hawk-i. These initial sets of data will serve as a baseline for future assessments. Iowa is not able to report on all 24 of the CHIPRA measures for CY2010, but as our experience and data sources improve, such as the addition of the Iowa Health Information Network (I-HIN), our ability to collect and report this data will improve, as well.

Based on these results, action plans will be formed for areas

the state wishes to target for future quality improvement. The two dental measures, for both preventive and treatment services have been tracked in Iowa for years. They will be the subjects of two such action plans. Another action plan for Iowa will be developed around a measure for weight assessment, counseling, and body mass index (BMI). The data from these measures present an interesting snapshot of the care children receive in Iowa. About 240,000 Iowa children are covered by Iowa Medicaid and about 30,000 are covered by hawk-i. The two programs cover about 40 percent of Iowa's children. For most of the measures, this data estab-

lishes a baseline for Iowa. Data from other states' are not yet available for comparison. Iowa will continue to gather data and report annually to CMS. The measures can then be compared across time and the trends monitored. The action plans formed, based on the measures data can be assessed for success resulting from the changes as they are put into place. Some practices may even have the capacity to generate their own data and assess their own performance in comparison with the state as a whole and create individual action plans at a local level. All of this will lead to improvement in care for Iowa's children.



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