



The Alabama Pediatrician

Summer 2009

From the President



A.Z. Holloway, MD, FAAP
Chapter President

The past two years have been very fruitful for our chapter. Thanks to the hard work of our board, Executive Director and other Chapter members and staff, we have continued to be a voice for Alabama children and the state's pediatricians.

While we have had successes, there remains a lot of work to be done. The Alabama Chapter still needs members to get involved.

Currently, we as pediatricians, and I'm sure all Alabamians, are watching as numerous healthcare bills are floated in Congress. All of us are concerned about the effects these bills will have on us as pediatricians, consumers of healthcare, as well as taxpayers. Our health care system may be in for a major overhaul. It is up to us as providers, consumers and advocates to be at the table with the other stakeholders to help shape the system of care for Alabama.

As the Chapter looks to the future, we are committed to developing more value for our members through CME, quality improvement opportunities, coding and practice management information and assistance, and third-party advocacy while continuing to be a strong voice for children.

I would like to thank you for allowing me this opportunity to serve as your president for the past two years. It has truly been an honor. The incoming president, president-elect and board are very energized and poised to represent you and the children of Alabama well.

See you in Birmingham!

Annual Meeting & Fall Pediatric Update jam-packed with information

Meeting includes pre-conference coding workshop, Open Forum on Autism and the 6th Annual Child & Adolescent Psychiatric Institute



The 2009 Annual Meeting & Fall Pediatric Update, set for September 18-20, 2009 at The Wynfrey Hotel in Birmingham, will offer a string of pediatric educational sessions sure to appeal to the state's entire pediatric community. Like the last two years, this year's meeting will include a pre-conference Coding Workshop on Friday morning. Later that afternoon, the Chapter is also hosting a free three-hour Open Forum on autism from 2 p.m. to 5 p.m. in conjunction with its early childhood state partners, including the Alabama Department of Mental Health, the Alabama Department of Public Health, Alabama's Early

Intervention System and the Alabama Department of Education, among others.

Program Chair Cathy Wood, MD, FAAP and her committee have lined up a top-notch schedule of speakers on topics such as pediatric fracture care; sports injury prevention; heart murmurs in children; congenital heart disease; pulmonary update; adolescent health and the law; and quality improvement, among others. The Saturday afternoon track will serve as the *6th Annual Child & Adolescent Psychiatric Institute*, co-sponsored by the Alabama Departments of Mental Health, the Alabama Department of Public Health and Alabama Family Ties, with talks on mental health triage and treatment; talking to parents about substance use disorders in adolescents; and new strategies for early identification and intervention of adolescent substance abuse. (A complete list of Annual Meeting speakers and topics can be found on page 3.)

2009 Coding Workshop

For the third consecutive year, this year's Annual Meeting will feature the Practice Management Association-sponsored half-day pre-conference coding workshop, *Pediatric Coding 2009: Updates and Challenges*, on Friday, September 18 from 8 a.m. - 5 p.m. Back by popular demand, Richard Tuck, MD, FAAP, a member of the AAP Committee on Coding and Nomenclature and Section on Administration & Practice Management, will feature a coding "Day in the Life of a Pediatrician," that has been deemed a "do not miss" session! He will be joined by Lynn Brown, coding specialist with Children's Hospital of Alabama and Chair of

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Alabama Chapter – AAP**Mission:**

The mission of the Alabama Chapter of the American Academy of Pediatrics is to obtain optimal health and well-being for all children in Alabama, and to provide educational and practice support for its membership so the highest quality of medical care can be achieved.

Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

Children must have strong advocates for they have no voice of their own.

Pediatricians are essential to achieving optimal child health.

The work of pediatricians, and the profession of pediatrics, must endure and grow ever stronger.

Vision:

Children in Alabama are happy and healthy; Alabama pediatricians are professionally fulfilled and financially secure.

Chapter and practices ready for asthma QI project start

By James C. Wiley, MD, FAAP

Chapter President-Elect and Physician Project Leader

As you know, the Alabama Chapter-AAP was selected as one of four pilot states by the American Academy of Pediatrics (AAP) to participate in an asthma Chapter Quality Network (CQN) quality improvement collaborative.

This is an exciting time for our Chapter! For the first time we are not just *learning* better medicine, we are really getting down to *delivering* better medicine—improving the quality of care for asthma patients. Pediatricians already do a good job with asthma, but to deliver great care and really improve the numbers on ED visits and admissions, we have to deliver excellent care more often. Working with the AAP and the quality improvement experts at Cincinnati Children’s Medical Center, we know what we have to do to make those numbers move in the right direction and we are committed to those changes at the Chapter level. Pediatricians will find this very exciting and gain Maintenance of Certification Part 4 certification through the process.

At time of writing, 10 pediatric practices in Alabama have already committed to tackle improving quality for patients with asthma by joining the CQN collaborative. These practices are partnering with the Chapter and the national AAP in a cutting-edge effort to improve quality.

Quality improvement data suggest that this jump in quality is readily achievable with present-day technology and doesn’t involve working harder, but tweaking our systems so that we work smarter. In short, through this collaborative, patient outcomes will improve and participating pediatricians will be much more likely to avoid the 3 a.m. call from the ER about a kid in status asthmaticus.

If you are interested in joining the collaborative, please contact Linda Champion at 334-324-9307 or lchampionaap@knology.net as soon as possible so that we can provide you with more detailed information and further determine if this is a good fit for your practice.

**Reach out to your Congressmen on health care reform**

The health care reform debate heated to a crescendo on July 31 on Capitol Hill, as the House Energy and Commerce Committee passed HR 3200, *The America’s Affordable Health Choice Act* by a vote of 31-28. The Chapter continues to support the AAP’s call for improved benefits to children, regardless of the system with which we end up in the long run.

Information – some accurate and some not – continues to flood the airwaves and the rumor mills as Americans attempt to understand the legislation before Congress, sift through the details, form their own opinions and make them known to their lawmakers during this most crucial time for our nation.

While some of the elements of HR 3200 are good for children and for primary care providers, a key concern cited by the AAP is how much states can afford to contribute to an expansion. The National Governors Association expressed serious concerns over how much states would be expected to contribute to cover the addition of millions of individuals to Medicaid, particularly during this time of strapped state budgets.

It is critical that all pediatricians in Alabama educate themselves on these issues and make their voices heard, regardless of where they sit politically. Now is the time – during the August recess – to meet with your Congressmen in their districts and offer your insight as practicing pediatricians.

To learn more, visit the Chapter web site for the weekly updates from the AAP, talking points and contact information for our Congressional delegation. The time to act is NOW!

Novel H1N1 Update – Testing, Treatment, Vaccination and Exclusion

Novel H1N1 is widely prevalent in Alabama. Over the last four weeks, the ADPH laboratory confirmed 652 cases of influenza, all of which were novel H1N1.

Patients with flu-like symptoms most likely have H1N1 disease, and clinicians are justified in making this diagnosis based solely on presentation. Rapid influenza diagnostic tests positive for A or A/B are highly predictive of novel H1N1. H1N1 is less likely if the rapid test is positive for B. Negative rapid tests do not rule out H1N1. Several commercial laboratories offer H1N1 PCR testing, but routine confirmatory testing is not necessary and treatment decisions should not be delayed pending off-site test results. Because of the widespread prevalence of the disease and finite capacity of the ADPH laboratory, the department must restrict testing to hospitalized patients, pregnant women, and a fixed number of patients seen weekly by a statewide network of designated practices. This approach will allow the department to confirm the diagnosis in severely ill persons and pregnant women and identify circulating influenza subtypes.

Although there have been a few case reports of resistance to oseltamivir, H1N1 is sensitive to both it and zanamivir. H1N1 is resistant to adamantane and rimantadine. For maximum benefit, antiviral treatment should be begun as close to the onset of illness as possible. Many people with mild symptoms and no underlying risk factors for severe illness recover from H1N1 illness without taking antivirals.

An H1N1-specific vaccine is undergoing safety and efficacy studies. The vaccine will be licensed by the FDA and likely available for use sometime between mid-October and November. For planning purposes, we assume people will need two doses. Based on the epidemiologic patterns so far, the Advisory Committee on Immunization Practices identified the following groups to whom vaccine should first be made available: pregnant women, people who live with or care for children younger than six months of age, health care and emergency services personnel, people between the ages of six months

through 24 years of age, and people from ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

Between 40 and 160 million doses might be distributed in an initial offering nationwide, which would result in Alabama receiving between 600,000 and 2.4 million doses. Vaccinating so many individuals will obviously represent a huge logistical challenge. I believe younger children should preferentially be immunized at the physician's office, but the department is partnering with school officials to plan for school-based clinics to vaccinate older children.

H1N1 vaccine will be provided by the federal government free of charge. Discussions about reimbursement for administering vaccine are still underway. At this point it appears that third-party payers will likely cover an administration fee for those with insurance. The department is establishing a web-based ordering system for practices to order 100-dose allotments of the various formulations that will be available.

CDC's guidance for excluding ill persons depends on their setting. Persons with influenza-like illness should remain at home until at least 24 hours after they are free of fever (100° F), or signs of a fever, without the use of fever-reducing medications. This is often 3-5 days. This recommendation applies to schools, businesses, mass gatherings, camps, and other community settings where the majority of people are not at increased risk for influenza complications. Because viral excretion can persist after cessation of fever, convalescent healthcare workers should be excluded for seven days from symptom onset or until the resolution of symptoms, whichever is longer.

Suggested Web Sites

<http://www.adph.org/H1N1Flu/index.asp?id=3571>
<http://www.cdc.gov/h1n1flu/guidance/>
<http://www.who.int/csr/disease/swineflu/en/index.html>

Alabama Chapter-AAP 2009 Annual Meeting & Fall Pediatric Update

September 18 – 20, 2009

Andrew Gregory, MD, FAAP, FACS, Assistant Professor, Orthopaedics and Rehabilitation, Assistant Professor, Pediatrics, Vanderbilt University Medical Center, Nashville, TN
 • Pediatric Fracture Care for the Pediatrician
 • Pediatric Sports Injury Prevention: EBM

A.Z. Holloway, MD, FAAP, President, Alabama Chapter-American Academy of Pediatrics
 • The Pediatric Alphabet Soup of Healthcare Reform

Chris Makris, MD, MPH, Professor, Department of Pediatrics, University of Alabama at Birmingham, Children's Hospital of Alabama, Birmingham, AL
 • Pulmonary Update

Keith Mandel, MD, FAAP, Vice President of Medical Affairs, Physician-Hospital Organization Assistant Professor, Division of Health Policy and Clinical Effectiveness Cincinnati Children's Hospital Medical Center, Cincinnati, OH
Stephen Pleatman, MD, FAAP, Pediatrician, Suburban Pediatric Associates, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
 • Improving Asthma Care: The Cincinnati Journey

Thomas Martinko, MD, FAAP, FSAM, Associate Professor of Pediatrics, Division of General Pediatrics and Adolescent Medicine, University of South Alabama, College of Medicine
 • Adolescent Ethics and the Law

strength \strenth\ n

1: the quality of being strong: ability to do or endure

2: toughness, solidity 3: power to resist attack

4: intensity 5: force as measured by numbers

we need you to help give them strength!

The Vaccines for Children Program is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are on Medicaid, are uninsured, are underinsured, or are American Indian or Alaskan Native.



Alabama Department of Public Health
1.800.469.4599 | www.adph.org/immunization

New Chapter Executive Board takes office October 1

The 2009 Chapter elections results were tallied in July, with all nominees voted in as follows: Grant Allen, MD, FAAP, of Florence, was elected as Vice President/President-Elect (2009-2011); Michael Ramsey, MD, FAAP, of Dothan, was elected as Secretary/Treasurer (2009-2011); and Area Representatives elected were: Pippa Abston, MD, FAAP, of Huntsville and Elizabeth Cockrum, MD, FAAP, of Tuscaloosa. Kevin Ellis, MD, FAAP, of Huntsville was elected to serve a three-year term as Nominating Committee member.

In the election, Chapter members also voted in favor of a revision to the Chapter Bylaws that will add three new appointed positions to the board, effective October 1: CME Chair, UAB Pediatric Residency Program Representative, and USA Pediatric Residency Program Representative.

The new Executive Board and Nominating Committee will take office on Oct. 1, 2009:

President – J. Wiley, MD, FAAP

Vice President/President-Elect – Grant Allen, MD, FAAP

Secretary/Treasurer – Michael Ramsey, MD, FAAP

Immediate Past President – A.Z. Holloway, MD, FAAP

Area 1 Representative – Pippa Abston, MD, FAAP - Huntsville

Area 2 Representative – Elizabeth Cockrum, MD, FAAP - Tuscaloosa

Area 3 Representative – Joseph Jolly, MD, FAAP - Birmingham

Area 4 Representative – Wes Stubblefield, MD, FAAP - Auburn

Area 5 Representative – Mendy Blakeney, MD, FAAP - Montgomery

Area 6 Representative – Jennifer Cole, MD, FAAP – Mobile

CME Chair – Cathy Wood, MD, FAAP

UAB Pediatric Residency Program Representative – Michele Nichols, MD, FAAP

USA Pediatric Residency Program Representative – LaDonna Crews, MD, FAAP

Nominating Committee Members -

Bill Whitaker, MD, FAAP, Chair

Pippa Abston, MD, FAAP

Kevin Ellis, MD, FAAP

“I am thrilled with the make-up of the Executive Board during my upcoming first year as president,” said J. Wiley, MD, FAAP, incoming president. “I’ve had the pleasure of knowing or working with each of these individuals throughout my career. I don’t see how we can be better positioned for success than we are now.”

Pediatric Coding Corner

By Lynn Brown

I know when coders start talking, non-coders in the group feel like they have gone to another country where they don’t comprehend the language. Understanding coding is not easy, but it can be simplified in the same way that you, as a pediatrician, will simplify the medical information you share with a parent. I heard an explanation at a conference recently that seemed so logical: Write down your thought process. It’s that simple.

For example, a patient came in today for what reason (Chief Complaint, or CC). You decided to ask what questions (ROS) to help you understand the explanation from the parent (HPI) of

why his/her child was here. The exam was performed based on the Chief Complaint, HPI and ROS. Any further testing and plan of care (Medical Decision-Making) was decided based on your CC, HPI, ROS and Exam (medical necessity). To convert the documentation to insurance payor language, you documented all symptoms and diagnoses and included this in the charging process (charge ticket or EMR). All of this information, when documented, is showing your thought process. When your thought process is documented, more times than not that documentation will support the level of care you believe you provided.



Grant Allen, MD, FAAP



Michael Ramsey, MD, FAAP



Pippa Abston, MD, FAAP



Elizabeth Cockrum, MD, FAAP



Kevin Ellis, MD, FAAP

School Health Committee begins “building bridges” with Healthy People 2010 grant

By Linda Reeves, MD, FAAP, and Daniel Preud'homme, MD, FAAP

The Alabama Chapter-AAP School Health Committee is exploring effective ways to work with Alabama's school nurses, the Alabama Department of Education and other stakeholders to improve the health and continuity of healthcare for Alabama's school-aged children. Work began on this project, entitled “Building Bridges Between Pediatricians and School Nurses,” approximately one year ago after the Chapter was awarded a Healthy People 2010 school health grant by the American Academy of Pediatrics.

An earlier survey of Chapter members who participated in the 2006 Peds-to-Schools project revealed that many pediatricians have a strong desire to assist the schools, but do not know how best to proceed. To learn more, a Statewide School Health Stakeholder Committee was convened in July 2008, bringing together pediatricians, school nurses, public health representatives, school superintendents, principals, and others. In short, our meetings were surprising, frank and productive.

We learned that Alabama's school nurses operate within highly organized, well-defined systems for carrying out their duties and for obtaining continuing education. At the first meeting, we decided to survey every lead nurse in the Alabama school system to determine what hindered her in doing her job. We found that the majority of barriers centered on the theme of communication between the nurses, the families and the pediatricians. At the second meeting, a plan was formulated to host focus groups in three representative communities in Alabama to further clarify these issues and determine their validity.

Facilitated this past spring by Beverly Mulvihill, PhD, of the UAB School of Public Health, the focus groups brought together school nurses, principals, teachers, counselors, PTA members, and allied health workers from each area. Specific questions were asked about barriers to delivering health services to the students. Again, the issue of communication with the primary care provider emerged. In fact, the issues and language were almost identical in the three areas of the state. Most seriously, some school nurses perceived that lack of communication can even be a contributing cause of school failure in cases of chronic absenteeism. For a summary of the focus group highlights, visit the Chapter web site at www.alchapaap.org.

Several strategies of response are being considered, including pilot programs to test better methods of communication and ways to keep the pediatricians informed of the roles of school nurses.

You will hear more about this, but here are some points to begin to consider: All of our school-aged patients, at one time or another, interface with the school nurse, either for an acute care issue or in the context of chronic care. The school nurse has to become an important and integrated part of the health care team. The school nurses deal with the same issues, the same families, and the same joys and frustrations that we do, but are constrained by the socioeconomic limitations of the school district in which they function.

Our goal, however, is common: the health and success of Alabama's children. Together, we can “build bridges” to help children. The School Health Committee continues to work diligently in this direction.

Chapter teams with BCBS for medical home pilot

By Michael J. Ramsey, MD, FAAP

Chapter Secretary/Treasurer

At our Spring Meeting, AAP President David Tayloe, MD, FAAP, spoke to us about the medical home concept of delivering quality, comprehensive care to our patients. This model of care has captured the attention of the nation as one of the ways that our healthcare system can evolve to meet the ever-increasing challenges of providing integrated and coordinated medical services for an ever-demanding public.

The Alabama Chapter-AAP has been working diligently to increase awareness of the medical home in our state. In February 2009, the Pediatric Council, which meets with representatives from Alabama Medicaid, Blue Cross Blue Shield of Alabama (BCBS), and ALL Kids, presented

an informative lecture on the unique features of the pediatric medical home and the implementation challenges it brings to both payors and providers.

Building on that success, A.Z. Holloway, MD, FAAP, J. Wiley, MD, FAAP, and I were invited to represent the Chapter at a meeting with BCBS regarding a medical home pilot program for Alabama. Other parties represented were physicians and directors of the Alabama Chapter, American College of Physicians, and the Alabama Academy of Family Physicians. This group of advisors began working with BCBS to develop a working model of the medical home for patients in our state. Through several hours of meetings, conference calls, and emails, the pilot is beginning to take shape.

At this point, several pediatric practices

have agreed and been selected to participate by working to transform their practice through certification as a medical home by the National Committee for Quality Assurance. The Chapter leadership anticipates supporting these practices through education and access to the vast resources of the national AAP. For example, the AAP has released an online toolkit for practitioners wishing to transform their practices into medical homes - www.pediatricmedhome.org/ (see article on page 12). I encourage you to peruse this site and begin to consider what you want your practice to look like in the years ahead.

Rest assured that the Alabama Chapter-AAP continues to provide leadership during this time of rapid change in the healthcare system.

CHAPTER BRIEFS

Young pediatricians to be tapped to speak to pre-med and medical students

The Chapter Young Pediatricians Committee is pleased to announce that it has received a small stipend grant to carry out a mini-project targeting pre-med and medical schools across the state to promote the pediatrics specialty and the benefits of being a pediatrician. The project will involve the creation of a “canned” PowerPoint presentation, talking points, and handouts for young pediatricians in the Chapter to use to make contact with their local pre-med programs, as well as medical student groups in their areas.

For more information on this initiative, contact the Chapter office at 334-954-2543.

Learn how to protect pediatric patients from secondhand smoke

The American Medical Association (AMA) is offering free podcasts for physicians interested in protecting children from the health risks associated with secondhand smoke. Funded by a cooperative agreement with the Environmental Protection Agency, the five 5-minute podcasts are designed to assist physicians in discussing secondhand smoke risks with parents. Topics include health risks, motivational interviewing, reimbursement, barriers and the physician’s role.

Visit <http://www.ama-assn.org/go/tobacco> to download one or all five of the podcasts. You will need to register to access the podcast and evaluation survey.

Chandra’s practice named Small Business of the Month

Phenix City Children’s, the practice of Ritu Chandra, MD, FAAP, was recently named the Small Business of the Month by the Small Business Focus Committee of the Phenix City-Russell County Chamber of Commerce. Only two years old, the practice doubled its size in its first year alone. To accommodate this growth, Dr. Chandra has just added a pediatrician, is setting up a satellite office in Fort Mitchell, and has plans to build a new state-of-the-art building and offer extended hours. Congratulations, Dr. Chandra!

Resident Rounds

By Jessica Kirk, MD, Immediate Past Pediatric Chief Resident, University of South Alabama

It is a time of transition in the residency world. July 1 has come and gone, and with it, senior residents have graduated on to fellowships or primary care, and interns have started their new rotations. Also, I am no longer a resident... which means I should probably stop writing “Resident Rounds!” I have had an amazing time serving the American Academy of Pediatrics in my roles as Program Delegate for USA as well as the Resident District Coordinator for District X, and I will certainly miss the unique energy of the Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT). Luckily, I have the great fortune of having a Chapter that has not only provided countless opportunities to me as a resident, but who will continue to support me in my new role as a “Young Physician.”

With my departure come some new faces. The new Program Delegate for USA is Ricardo Arbizu, MD, a second-year resident, and the Program Delegate from UAB is Courtney Gutman, MD. Please use these delegates as your link to the residents. You can also check out our resident-written District X newsletter on the AAP website. Thank you again for all of your support and inclusion of residents!

Board increases CME requirement

The Alabama Board of Medical Examiners (BME) has announced its recent vote to raise the number of *AMA PRA Category I Credits™* physicians are required to earn per calendar year for licensure from 12 to 25, effective in 2010. With this new rule, physicians will also no longer be allowed to carry over credits from one year to the next.

According to the BME, the reason for the increase was to put Alabama more in line with other states as well as requirements of certain specialty societies.

The good news is that the two Alabama Chapter-AAP annual conferences alone offer approximately 24 – 26 credits per year, which can essentially satisfy pediatricians’ requirements to retain licensure in Alabama.

How To Contact Your Chapter Leaders

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Reach Out and Read- Alabama Partnership Council 2009

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From the Coordinator

Reach Out and Read cited in the Partnership for America's Economic Success June 2009 report

In a June 2009 Issue Brief and corresponding report published by the Partnership for America's Economic Success (www.partnershipforsuccess.org), Reach Out and Read was cited as one of 10 parenting programs that could have a potential economic impact. The Partnership for America's Economic Success is a coalition of economists, policy experts and advocates mobilizing business leaders to improve tomorrow's economy through smart policy investments in young children today.

The full report, "Developmental and Economic Effects of Parenting Programs for Expectant Parents and Parents of Preschool-age Children," cites:

Reach Out and Read is a low intensity program designed to teach parents the importance of reading to their children and to instill reading as a daily parent-child activity. The program is aimed at low-income parents and operates through pediatric offices. When parents come for child well-being visits, they are provided with an age-appropriate book and pamphlets on the importance of reading and ways to increase the number of days they read to their children, such as making reading part of their bedtime routines. Goals of the program also include increasing toddlers' receptive (words they recognize) and expressive (words they say) vocabularies.

It is exciting to know that the Chapter is involved in one of the 10 effective parenting programs cited. Please share this report with those in your community that could help support our efforts to expand the program across the state.

To see a PDF copy of the report, visit the ROR-AL web site at www.roralabama.org (under "Making Headlines").

Greg Powell leads ROR-AL's Partnership Council



Greg Powell, president and CEO of Fi Plan Partners (www.fiplanpartners.com), a wealth management organization that advises organizations, families and individuals who wish to enhance and preserve their wealth, has agreed to chair Reach Out and Read-Alabama's first Partnership Council.

A husband and father of three girls, Greg enjoys serving several of Alabama's charities and non-profit organizations, both as part of the mission at Fi-Plan Partners and on his own. Greg recently was awarded Samford University's Brock School of Business Alumnus of the Year award.

"It is an honor for me to be the leader of the Partnership Council – a group of truly brilliant, committed individuals who believe in the power of reading. As a 'bookaholic,' I am enthusiastic to be part of an organization that inspires young minds to read and educates parents on how to interact with their children by using a book to encourage."

Amy Gary, owner of Picturebook and president of Watermark in Birmingham, has agreed to serve as co-chair. Marsha Raulerson, MD, FAAP, a past president of the Alabama Chapter-AAP, continues to serve as the program's medical director.

The Partnership Council will work and make recommendations to the Chapter's Executive Board regarding the administration and expansion of ROR-AL. For a copy of the strategic plan completed by the Council, visit www.roralabama.org.



Practice Management Association update

By Lynn Brown, CPC, PMA Chair

The Alabama Chapter-AAP Practice Management Association (PMA) listserv has recently increased to over 100 participants, which is excellent. Physician and manager participation has been a great way to communicate issues and get feedback from others.

In September, the PMA is sponsoring another half-day coding workshop as a pre-conference at the AL-AAP Annual Meeting. National coding expert Richard Tuck, MD, FAAP, will present "A Day in the Life of a Busy Pediatrician" from a coding perspective; this is going to be a great, must-hear presentation! As in years' past, I will again provide coding updates in Alabama. Every practice is encouraged to send physicians, managers, billing staff and anyone involved in the coding process to the workshop, which is scheduled for Friday, September 18 from 8 a.m. – 12 noon.

The Annual Meeting of the PMA will take place from 12:15 p.m. – 3 p.m. immediately following the coding workshop, with lunch provided. In addition to PMA business and 2009-2010 elections, there will be open discussion on collection processes, pre-appointment verification of eligibility/benefits, flu vaccine administration, and the pending Red Flag rules requirement.

The PMA Executive Committee continues to encourage new members to join this group of pediatric managers as a way to reach out and share the special issues that we all face in caring for the children of Alabama. Practice managers interested in joining the PMA can download a membership application from www.alchapaap.org (under Programs/Projects) or contact our Membership Committee Chair, Kathy Gray at ped3@tyleretal.com or me at lynn.brown@chs.org.

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—Dr. Catherine L. Wood

Partners in Pediatrics, Montgomery, Alabama

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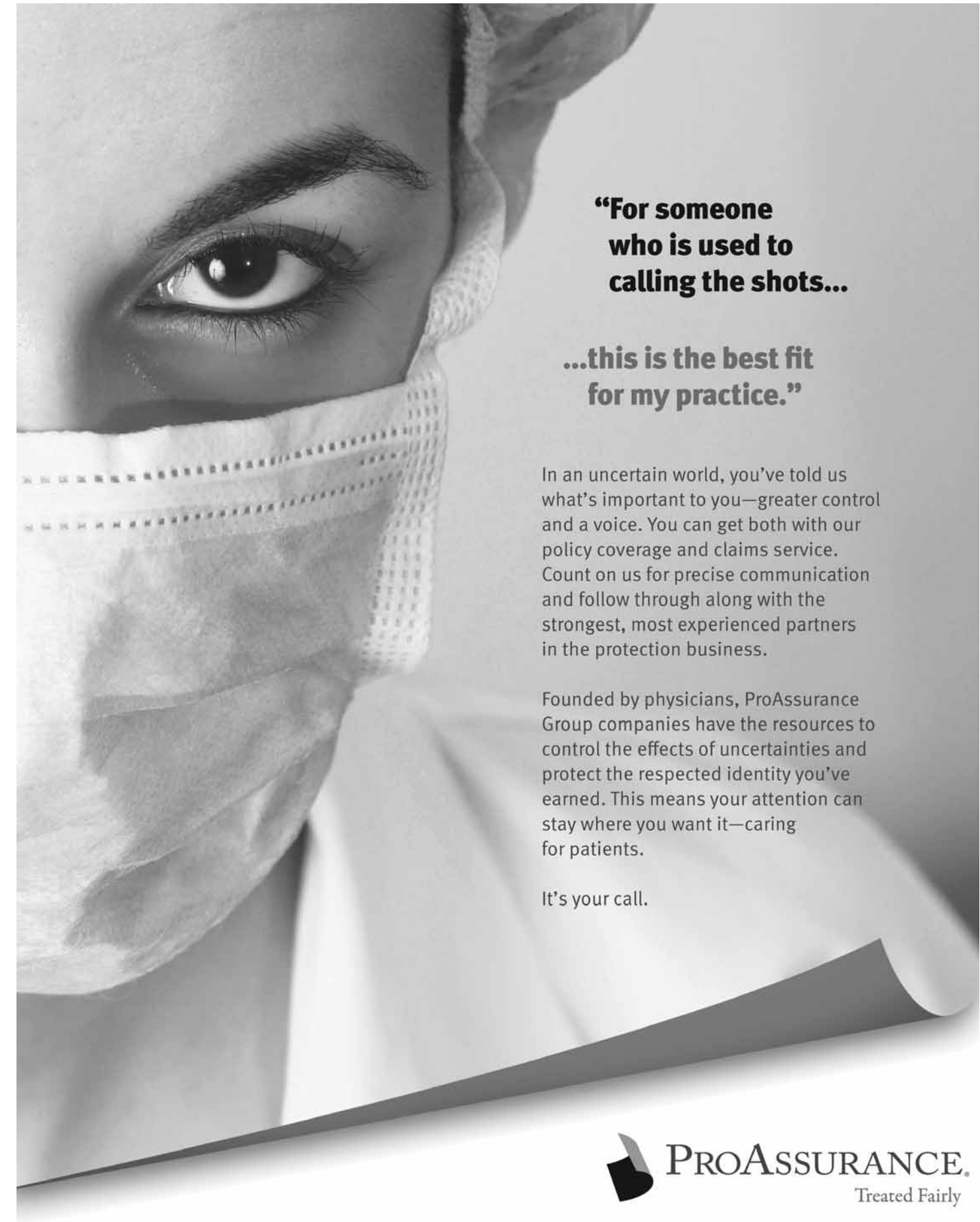
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08





**“For someone
who is used to
calling the shots...**

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Welcome to this new regular feature of *The Alabama Pediatrician*! In each issue, we will share a local practice/clinic success story, told by a Chapter member, to stimulate ideas and instill similar vision in other areas of the state. In this inaugural offering, Vera Egorshin, MD, FAAP, tells us what one public pediatric clinic has done to bridge communications with mental health providers in order to access much-needed services for their patients.



A new partnership increases mental health services for Birmingham children

By Vera Egorshin, MD, FAAP

It is no secret that accessing mental health services for pediatric patients in the state of Alabama is at times nearly impossible. Out of this healthcare crisis and the frustration of pediatricians at the Jefferson County Department of Health, a new partnership was created between the Jefferson County Department of Health (JCDH) and Jefferson-Blount-Sinclair County Mental Health Authority (JBS). After more than a year of strategic planning and discussion between JCDH Medical Director Stephen Mallard, MD, FAAP, and Tim Dollard, MS, LPCS, Director of Children's Services at JBS, the JBS Public

Health Initiative was born. Funded primarily by JCDH, the Alabama Department of Mental Health, Medicaid's Targeted Case Management, and ALL Kids, the program serves pediatric patients from any of the seven Child Health Clinics within the JCDH.

The beauty of this partnership is that both entities are equally committed to providing comprehensive and compassionate mental health to the most vulnerable members of our community. The process has been streamlined and is very efficient. Once the patient is seen in the pediatric clinic, a referral and clinic notes are faxed to JBS's master's level therapist. Within two weeks, the family is contacted and an intake appointment is made. Once the therapist determines the patient's and family's needs, the case is assigned to one of two part-time child and adolescent psychiatrists in the clinic, Don Paoletti, MD, and Gonzalo Gurmendi, MD. The patient is usually seen by the psychiatrist within four to six weeks – turnaround time unheard of in most areas.

Some patients are more involved and have more interdisciplinary issues and are therefore assigned to a case manager. The JBS staff is very dedicated, providing comprehensive care that not only focuses on the child, but also on the family and all other facets of the child's environment. Without such a thorough and multi-disciplinary approach, success would be limited and no child would thrive.

Since May 2008, 307 referrals have been made from the seven clinics, with 171 intakes completed. In two clinic days a week, the psychiatrists see a monthly average of 34 children between the ages of five and 17. Of these, 63 percent are male and 78 percent are African American. The payor mix is 78 percent Medicaid and 10 percent Blue Cross Blue Shield. These children come from unstable homes: 70 percent have mental illness in the family, 59 percent have family substance abuse and 52 percent have family criminal activity. In 63 percent of cases, the mother is the custodial parent, with only 13 percent of the children living in a two-parent home. Of the identified cases, 13 qualified for further case management and received aid in accessing services in the community and school, as well as home and school interventions and assessment of basic needs. The program continues to grow and there are plans to add a second case manager and possibly increase the clinical time of both psychiatrists.

In closing, I would like to say that having this partnership has made an incredible difference in the lives of many of our families, and I know that all of the pediatricians at JCDH echo my feelings. Iris Fancher, MD, FAAP, from the Bessemer Health Center said it best: "This partnership has been the most complete and closely monitored program. The stamina, compassion, patience and compelling dignity that have been shown to the patients I have referred is unequalled."

Event Calendar

September 18
Chapter Open Forum on Autism
Issues; Coding Workshop
The Wynfrey Hotel,
Birmingham, AL

September 18 - 20
2009 Annual Meeting & Fall
Pediatric Update
The Wynfrey Hotel,
Birmingham, AL

October 17 - 20
AAP National Conference &
Exhibition
Washington, DC

2010

April 15 - 18
2010 Spring Meeting &
Pediatric Update
Hilton Sandestin Beach,
Destin, FL

Editor's Note: This partnership was spurred by discussions at the networking roundtables at the Chapter's previous Navigating the Mental Health Maze CME dinners and the Child and Adolescent Psychiatric Institute, co-sponsored by the Alabama Department of Mental Health. This local group of providers took it upon themselves to carve out a "co-location" system of care that works for them. Similar technical assistance can be provided in your area if local pediatricians are interested in collaborating with the community mental health center. For more information, contact the Chapter office at 334-954-2543 or llee@aap.net to be put in touch with someone within the state mental health system.

2008 Annual Meeting continued from page 3

Michael McConnell, MD,
Associate Professor, Department of Pediatrics, Division of Cardiology, Emory University School of Medicine, Associate Professor, Department of Pediatrics, Division of Cardiology, Emory University School of Medicine, Decatur, GA

- Heart Murmurs in Children: A Multimedia Review
- Adults with Congenital Heart Disease: What Your Patients Have To Look Forward To

Robert H. Moon, MD,
Medical Director, Office of Health Policy, Alabama Medicaid Agency

- Medicaid's PAM Initiative: Encourage Safe, Appropriate Use of Anti-Psychotics

Donald Paoletti, MD, Child, Adolescent and Adult Psychiatry, Psychiatry Associates, PC, Birmingham, AL

- Tools for Mental Health Triage: Prepare Ye
- Mental Health Treatment Considerations, Or, Clean Up On Aisle 6

Marianne Pugatch, LICSW,
Director, Group Therapy, Adolescent Substance Abuse Program, Children's Hospital Boston, Boston, MA

- Talking to Parents about Adolescents and Substance Use Disorders: Effective Parenting Approaches For Use in Primary Care

Patricia Schram, MD,
Developmental and Behavioral Pediatrics, Adolescent Substance Abuse Program, Children's Hospital Boston, Boston, MA

- Adolescent Substance Abuse: New Strategies for Early Identification and Intervention by Primary Care Providers

NEWS FROM THE AAP

Building Your Medical Home Toolkit

Brought to you by the AAP, Maternal & Child Health Bureau, and the National Center for Medical Home Implementation, the *Building Your Medical Home* Toolkit is a new (and free!) resource that supports the primary care pediatrician's improvement of a pediatric medical home. It also prepares a pediatric office to apply for and potentially meet the National Committee for Quality Assurance (NCQA) Physician Practice Connections Patient-Centered Medical Home (PPC-PCMH) Recognition program requirements. This toolkit can help a practice assess and improve its medical home capacity with resources and downloadable tools organized into six building blocks/sections that provide guidance for implementation:

- **Care Partnership Support** addresses family access and communication
- **Clinical Care Organization** addresses standards for practice organization and use of clinical information
- **Care Delivery Management** addresses the promotion of clinical care that is consistent with scientific evidence, as well as patient and family preference
- **Resources and Linkages** addresses successfully linking patient and families with community resources to help meet their needs
- **Practice Performance Measurement** addresses the organization and promotion of safe and high quality care
- **Payment and Finance** addresses the need to match quality care and NCQA recognition with payment and value

The toolkit's Care Delivery Management section promotes clinical care that is consistent with patient and family preference and scientific evidence. This section provides information on how to assess needs and develop clinical care consistent with patient and family preferences and available scientific evidence.

Learn more by accessing the toolkit today!
www.pediatricmedhome.org.

For more information, visit www.medicalhomeinfo.org or contact Angela Tobin at atobin@aap.org.

Join the Quality Improvement Innovation Network (QuIIN)

The mission of QuIIN, the AAP's quality improvement network of practicing pediatricians and their staff, is to improve care and outcomes for children and families by testing practical tools, measures and strategies for use in everyday practice, the child's medical home. Since its inception in 2005, the QuIIN practitioners have worked to improve care by representing pediatricians in the development of clinical practice guidelines, identifying tools to support implementation of evidenced-based medicine, and testing and improving tools before dissemination. Recent examples include care improvement around asthma, child abuse and neglect prevention, newborn care and otitis media.

In Alabama, Marsha Raulerson, MD, FAAP of Brewton, and Heather Taylor, MD, FAAP, of Tuscaloosa have participated in the network.

"The great thing about QuIIN is the material they send; we have received hundreds of dollars of very helpful materials on child abuse from the AAP to use in our office," said Dr. Raulerson. "QuIIN provides you with a lot of outside support to allow you to do things that you otherwise wouldn't be able to do."

You can join this group of more than 100 AAP member pediatricians! Email quiin@aap.org for more information or visit quiin.aap.org to learn more about membership, benefits of joining and project involvement.

"2009 Annual Meeting" continued from page 1

the PMA, who will provide Alabama-specific guidance. The workshop is open to both practice managers and physicians.

Open Forum on Identifying and Managing Autism in Children in Alabama

The *Open Forum on Identifying and Managing Autism in Children in Alabama*, set for Friday, September 18 from 2 p.m. to 5 p.m., will serve up plenty of dialogue between pediatricians and autism providers across the state. Hosted and moderated by the UAB pediatric residents, the session will provide updates on best practices in screening and evaluation, management and evidence-based practices, the work of the state Autism Interagency Council, and a panel discussion on how pediatricians can best navigate the systems of care that exist in Alabama. For the complete open forum agenda, topics and speakers, visit the Chapter web site at www.alchapaap.org.

As usual, there will be plenty of time for networking with your fellow colleagues from around the state – including a Friday night reception in the exhibits, and a Saturday evening reception that will precede the Annual Awards dinner, sponsored by Children's Hospital.

Registration brochures were mailed in June. To register, simply use the form you received, go to the Chapter web site, www.alchapaap.org and download the form, or register online using PayPal.

Hotel rooms are available at a group rate of \$146.00. To reserve, go online to www.wynfrey.com and be sure to enter group code: 1B11E5. Or call 1-800-WYNFREY or 205-987-1600 and reference the group code. **Make your reservation now! After August 28, 2009, the group rate cannot be guaranteed.** For more information, contact the Chapter office at 334-954-2543 or llee@aap.net.

Coding Workshop

Lynn Brown, CPC, Director, Physician Coding and Reimbursement, Children's Health System, Birmingham, Alabama

Richard H. Tuck, MD, FAAP, Medical Director, Quality Care Partners; Private Practitioner; and AAP District V Vice Chairperson, Zanesville, OH

• Pediatric Coding 2009: Updates and Challenges ("Codes and Payors, 2009 Alabama Pediatric Update" & "Coding: A Day in the Life of a Busy Pediatrician")

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NEWS FROM PUBLIC HEALTH

ALL Kids expands income eligibility

Effective October 1, 2009, income eligibility levels for the ALL Kids Children's Health Insurance Program are going up from 200 to 300 percent of the Federal Poverty Level, thanks to recent advocacy and subsequent state legislation signed into law. Due to this increase, it is estimated that there are about 14,000 children in Alabama who might then be eligible for ALL Kids.

Applications received **on or after August 1, 2009** will be processed using these new income levels.

ALL Kids and the Alabama Chapter-AAP have enjoyed a successful partnership that has existed from the inception of ALL Kids. "ALL Kids recognizes and appreciates all you have done to help us identify uninsured children and connect the families with the joint application" said Cathy Caldwell, director of the ALL Kids program.

As a reminder, ALL Kids is administered by the Alabama Department of Public Health and provides low-cost, comprehensive healthcare coverage for eligible children from birth through age 18. Families can visit the ALL Kids website: www.adph.org/allkids to apply online or print an application.

On the web site, you can also find your ALL Kids Regional Coordinator, who can keep your practice supplied with updated materials and provide support in outreach activities and staff training.

Please continue to help ALL Kids identify and enroll uninsured children. For more information, call ALL Kids toll-free at 1-888-373-KIDS (5437).

WIC Food Packages: Time for a Change

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) announces that food packages are changing to better meet the nutritional needs of participants. The new food packages align with the 2005 Dietary

Guidelines for Americans and the AAP's infant feeding practice guidelines, promote and support breastfeeding, and provide WIC participants with a greater variety of food.

The changes released by the USDA in the Interim Food Package Rule will be implemented by the Alabama WIC Program on September 28, 2009. Major changes to the WIC food packages include: 1) the addition of new foods, fresh fruits and vegetables, whole grain breads, and infant foods; 2) reduced quantities of juice for children and women and elimination of infant juice; 3) reduced quantities of milk and cheese for children and women; 4) reduced quantities of infant formula for partially breastfed infants and infants six months of age and older.

How do the new food packages provide greater consistency with the Dietary Guidelines for Americans?

The package will provide fruits and vegetables and whole grains for the first time. Reductions are made to the amounts of milk and juice to be more consistent with recommendations in the Dietary Guidelines for Americans and WIC's role as a supplemental nutrition program.

How do the new food packages provide greater consistency with infant feeding practice guidelines?

Introduction of complementary foods is delayed from four months to six months of age and formula amounts are modified

based on the infant's age. Infant foods are added and juice eliminated in the package for older infants in order to promote healthy dietary patterns.

How do the new food packages promote breastfeeding? The food packages for breastfeeding infant-mother pairs provide stronger incentives for continued breastfeeding, including providing less formula to partially breastfed infants and additional quantities and types of food for breastfeeding mothers.

How will the changes affect the physician? The WIC Program requires a prescription for special formula as medically indicated for infants and children. The new Interim Rule also requires a prescription to allow food both for infants six months of age and older and for children who receive special formula. The Alabama WIC formula prescription form is changing to meet the new regulations.

How will physicians receive more information about the changes? All pediatricians and family physicians, along with nurse practitioners and hospital nurseries, will receive written information and new Alabama WIC prescription forms prior to the implementation date. Refer to www.fns.usda.gov/wic for the complete provisions and new food requirements. To learn more about the state's implementation of the new packages, call 334-206-5673 and ask to speak to a WIC nutritionist.



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