

The Alabama Pediatrician

Spring 2010

From the President

Greetings from Chicago's O'Hare Airport—where I am waiting for my delayed return flight from the ALF. “What’s an ALF?” one of my former Dothan partners



James C. Wiley, MD, FAAP
Chapter President

asked me last year. It's not an alien or even an eighties' sitcom puppet. It's the American Academy of Pediatrics' (AAP)

Annual Leadership Forum.

This meeting facilitates communication between pediatric grassroots leaders, the experts in various disciplines, and the AAP Board of Directors. Crucial to the process is consideration of resolutions brought forth on the floor of the ALF. Resolutions cover a range of issues that affect the lives of children and the practice of pediatrics.

This year Alabama's own, Dr. Regina Benjamin, Surgeon General of the United States, addressed the ALF. She urged us to follow the path of servant leadership and to remain committed to the causes of health equity, care for the underserved and mentoring those who are coming behind us. She ended by reminding us to take care of ourselves so that we would have the vitality to continue our work for others.

Now on the way home from my third ALF, tired and inspired, I think of the work that is going on in our own Chapter. I am encouraged by the servant leaders who give freely of their time, experience and talent to help make the lives of Alabama's children more healthy and happy. ED docs turn their frustration with injuries into education and advocacy. Leaders are standing up to build quality improvement and advocacy for the medical home into our Chapter's infrastructure. We continue to provide first-class CME opportunities and are on the cutting edge of oral health and developmental screening as well as beginning initiatives to combat obesity and teenage drinking. We continue to make the case for prevention, immunization and pediatric participation in the mental health of children.

Our agenda is ambitious. We need more of you to become involved. Find your passion—and plug into the organization that is committed to the kids of this state and the doctors, generalists and specialists alike who take care of them.

2010 SPRING MEETING & PEDIATRIC UPDATE: Last call!

April 15 – 18, 2010
Hilton Sandestin Beach

The Chapter Executive Office and CME Committee are looking forward to our 2010 Spring Meeting and hope to see you there! Registration is closing soon, so get yours in as soon as possible (early bird deadline is April 2)! Register online at www.alchapaap.org or use the paper registration brochure sent to you earlier this year. Fax registrations with completed credit card information are accepted at 334-269-5200.

To be held April 15 – 18 at the Hilton Sandestin Beach, this year's meeting will include sessions on: A “D”-Lightful Solution for Good Health (role of Vitamin D in preventing disease in children); Viral Pathogens and STDs: A Focus on Neonatal HSV and CMV Infections; Novel Influenza A: H1N1 – Current Thoughts; Food Allergy in Children: The Detection and Management of a Growing Epidemic; Update from the Alabama Newborn Screening Advisory Committee; The Medical Aspects and Consequences of Scoliosis; Splinting and Basic Office Fracture Care (Workshop); Hypertension in Children and Adolescents: What's Up Besides the Blood Pressure?; Urinary Tract Infections in Children: What We Know, What We Think We Know, What We Really Don't Know; Improving the Economic and Health Value of Pediatric Care; Connected Kids: Safe, Strong and Secure; Management of Common Office Dermatologic Problems; Treatment of Molluscum and Warts (Workshop) and more! See the faculty list online at www.alchapaap.org.

We'll also have a best practices sharing breakfast on Saturday morning, a “Not-So-Amazing-Race” ice-breaker throughout the conference, and a before-dinner social, the *Not-So-Amazing Race “Finish Line” Mixer*, for all meeting registrants on Saturday evening.

Make plans to attend now—we'll see you at the beach!



Legislative Day provides important connections to legislators, child advocacy partners

Pediatricians, including private practice, academicians/subspecialists and residents, joined hands at the Alabama State House for the Chapter's 7th Annual Pediatric Legislative Day on March 2, promoting the Chapter's legislative agenda for protection of Medicaid funding, a strengthened graduated driver license bill and protected funding for pre-k education and other birth to five initiatives.

This year, the Chapter was fortunate to be able to partner with the Alabama Pre-K Coalition in providing more than 200 gourmet lunches to legislators and their staffs in the State House, thanks to a grant to the coalition and funding from Children Hospital.

continued on page 3

Chapter Office and Staff

Alabama Chapter – AAP

- Linda P. Lee, APR
Executive Director
- Linda M. Champion
Project Coordinator
- Jill H. Powell
Executive Assistant

19 S. Jackson St.
Montgomery, AL 36104
(334) 954-2543
Toll-Free: (866) 293-4783
Fax: (334) 269-5200
llee@aap.net
www.alchapaap.org

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.

Congress passes healthcare reform package

The week of March 22, the U.S. Congress passed a healthcare reform measure including the Senate bill and a House reconciliation package, moving the American Academy of Pediatrics' priorities for healthcare--coverage for all children, age-appropriate benefits in a medical home, and appropriate workforce improvements and payment rates to allow real access to covered services--closer to reality than ever before.

Each of these goals is addressed in the package that was signed into law two days later:

- The measure will include pediatric primary care and subspecialty workforce improvements, and for the first time ever, a federal commitment to improve Medicaid payment to a floor of 100 percent of Medicare payment for evaluation and management codes for physicians with a pediatric designation starting in 2013.
- All Bright Futures services will be covered for children with private and public insurance as an immediate benefit with no co-payment. In addition, the essential benefits package in health insurance exchange plans will include rehabilitative, habilitative, mental and behavioral health services, vision and oral health, and other pediatric services for children. The legislation also includes a new commitment in Medicaid to expand the medical home in communities and practices.
- The measure will preserve the Children's Health Insurance Program with funding until the end of fiscal year 2016 and includes renewed federal funding to states through 2019. Thirty-one million children, parents and individuals are projected to gain insurance coverage if this measure becomes law, decreasing uninsurance by more than half.

At time of writing, President Barack Obama must still sign the bill into law. Opponents of the legislation in Alabama are concerned about the future impacts on the state budget in funding the state share for Medicaid. Others are concerned about the rise in insurance premiums.

For the most up-to-date information, visit the AAP Member Only Center at www.aap.org/moc.

CQN pediatric practices seeing improvements in asthma care

By Linda M. Champion, Project Coordinator

Since September 2009, the Alabama Chapter-AAP has coordinated the participation of 12 pediatric practices in Alabama in the 18-month Chapter Quality Network asthma quality improvement learning collaborative, a four-state pilot project administered by the American Academy of Pediatrics and led by Cincinnati Children's Hospital Medical Center's quality improvement consultant.

Throughout the project, the practice teams have participated in peer-to-peer learning sessions (the next of which is April 15, 2010 just prior to the Spring Meeting in Sandestin), an email group and monthly action calls through which they are reviewing data, sharing best practices and learning from one another.



Partners in Pediatrics core team Robert Troy, Cheryl Outland, MD, FAAP and Rebecca Wilson, RN, discuss asthma patient education materials.

“Legislative Day provides important connections” continued from page 1

A legislative message from each sponsoring organization was included with the lunches, which further promoted our agenda for children.

Most importantly, the day provided a chance for pediatricians to learn about the legislative process and have face time with their legislators.

“I had a good meeting with my senator, who said I was the first individual pediatrician who has come to his office to talk about the issue [lay midwifery bill],” said Pippa Abston, MD, FAAP, of Huntsville. “He was impressed by our advocacy on this because we do not stand to benefit personally.”

Get involved in advocacy yourself!

The Chapter Executive Board encourages you to let your voice be heard on three key issues:

- 1) Although cuts to Medicaid physicians are currently off the table, the Chapter must remain vigilant on this issue, especially given other potential cuts that could negatively impact children. Get to know your legislator and talk to him/her about the impacts Medicaid cuts would have on child-serving providers.
- 2) Senate Bill 46, which strengthens Alabama’s graduated driver license law, has made it through committee in the Senate and is waiting to be placed on the Special Order Calendar. Talking points for this bill are on the Chapter web site at <http://www.contentedits.com/img.asp?id=22088>. Contact your Senator (main Alabama Senate number is 334-242-7800) or visit www.legislature.state.al.us to find his/her contact information.
- 3) Senate Bill 414 would legalize the practice of lay midwifery. As in years past, the Chapter opposes this bill; Senators need to hear from pediatricians about why it would have negative impacts. For talking points, visit the Chapter web site at www.alchapaap.org (Advocacy/Legislation→Current Issues/Priorities).

Dr. Abston and the other Area Representatives on the Executive Board are developing a list of pediatricians willing to serve as Chapter liaisons or “key contacts” for each targeted legislator on our list. If you are interested in becoming a “key contact,” email llee@aap.net.



Pediatricians participate in workgroup to enhance Patient 1st program

As part of Alabama’s medical home technical assistance grant from the National Academy for State Health Policy, the Alabama Medicaid Agency is working to enhance its Patient 1st program with the help of a group of pediatricians and other primary care physicians.

Since 1997, Alabama has operated Patient 1st, a traditional primary care case management system, which was revamped in 2004 with key changes including structure of the case management fee, stricter contract monitoring, and implementation of provider tools to assist with patient management. The fundamental principle of the program is to provide a “medical home” through assignment of the patient to a primary care provider, who manages referrals to other services.

Through the technical assistance provided by NASHP, the state has the opportunity to assess the program to identify missing key elements, explore payment alternatives and begin the process of recognizing Alabama’s medical homes.

Using the Joint Principles of the Patient-Centered Medical Home (adopted by the American Academy of Pediatrics and the other primary care societies in 2007) as the basis for program design, the project is relying on the input of a workgroup of Patient 1st advisory panel members, including Chapter members DeeAnne Jackson, MD, FAAP, A.Z. Holloway, MD, FAAP, Shaun Packard, MD, FAAP, and Marsha Raulerson, MD, FAAP, to help shape the enhancements. The group will pay particular attention to making the program more in line with the medical home recognition efforts underway by other payors in order to streamline physicians’ involvement in these activities. ALL Kids is also exploring the medical home model as part of this project.

The workgroup will meet on a monthly basis throughout 2010. To get involved or for more information, email llee@aap.net.

Event Calendar

2010

April 9 - 10
MASA's 2010 Annual Session
Huntsville Embassy Suites,
Huntsville, AL

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

May 8
2010 UAB Neonatology
Conference
University of Alabama at
Birmingham

September 23 - 25
2010 Annual Meeting & Fall
Pediatric Update
The Wynfrey Hotel
Birmingham, AL

October 2 - 5
AAP National Conference &
Exhibition, San Francisco, CA

Chapter participates in state Health Information Exchange initiative

The Alabama Chapter-AAP is at the table in the planning stages of one of the largest electronic health record initiatives ever created in Alabama. Alabama healthcare organizations, providers and payors are collaborating on building a Health Information Exchange infrastructure, thanks to a \$10.5 million dollar federal grant that will flow through the Alabama Medicaid Agency over the next several years. This Health Information Exchange will provide a framework for doctors, hospitals, community health centers and other providers in Alabama to electronically exchange information on patients so that efficiencies and quality improvement can be realized. In addition, the initiative will help providers meet EMR "meaningful use" requirements (still not finalized by the Centers for Medicare and Medicaid Services) in order to maximize provider incentive payments in 2011 and beyond.

Chapter Executive Director Linda Lee represents the Chapter as a member of the Health Information Exchange Commission that is directing the effort. She is also a chair of one of six workgroups, which has representation from other Chapter members as well.

But we need your help! Physicians and physician offices are still requested to serve on workgroups to help craft this framework so that the final product is easy to use, efficient, and meaningful for physician practices. Five of the six workgroups need more physicians/practice managers:

Business and Technical Operations - is determining the strategies and what information needs to be shared

Technology - will "build" the technical systems needed

Legal/Policy - will assure that privacy, confidentiality and other legal issues are addressed

Finance - will look at how this HIE will be financed, now and in the future

Governance - will address which organization(s) will govern the HIE in the long-term

If interested, please contact Linda Lee at llee@aap.net or 334-954-2543.

Get to know MAG Mutual!



Medical Professional Liability Insurance

Financial Services • Practice and Personal Insurance • Practice Management

Stronger
than ever

Physician Ownership and Leadership • Financial Stability

There's never been a better time than now to get to know MAG Mutual!
Call us toll-free at 1-888-642-3076 or visit us at www.magmutual.com.

Insurance coverages provided by MAG Mutual Insurance Company or available through MAG Mutual Insurance Agency, LLC and/or MAG Mutual Financial Services, LLC.



MAG MUTUAL®
Because your patients come first.

INSURANCE • FINANCIAL SERVICES
OFFICE SOLUTIONS • PRACTICE MANAGEMENT

Chapter leaders promote medical home concept

In 2009, the Alabama Chapter-AAP became involved in several initiatives to promote adoption of the medical home model among payors, providers, and employers. At the heart of these efforts is the Blue Cross Blue Shield (BCBS) medical home pilot, involving four pediatric practices--Huntsville Pediatric Associates, Anniston Pediatrics, Auburn Pediatric Associates and Dothan Pediatric Clinic--who have begun the process of becoming certified as "medical homes" by the National Committee for Quality Assurance in order for BCBS to pilot new payment structures that support optimal primary care.

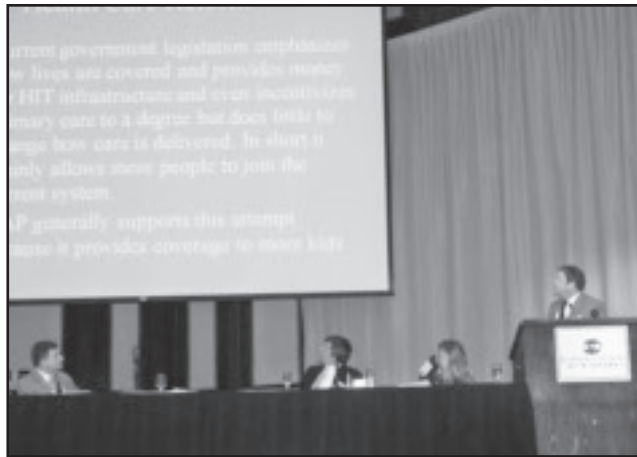
This initiative has led to continued collaboration with the other primary care specialty societies, the Alabama Academy of Family Physicians (AAFP) and the Alabama Chapter, American College of Physicians, (ACP) in promoting the concept further to employers and providers.

After the November dinner lecture featuring patient-centered medical home guru Paul Grundy, MD, Chapter leaders are now working with the AAFP and the ACP to begin discussions with employers via local Chamber and Rotary Club meetings as well as develop talking points for our member physicians. Look for more information in the coming months on this effort.

Already, in January, Chapter President James C. Wiley, MD, FAAP, served on a panel of medical home speakers at the Business Council of Alabama's (BCA) healthcare reform summit to extol the benefits of the model to employers.

"The employers at the meeting seemed to 'get' that healthcare reform needs to promote investments to strengthen primary care so that quality will be improved, their employees and their families will be healthier, and emergency department visits and inpatient hospitalizations will be reduced, saving costs," Dr. Wiley said.

The Chapter also became a member of the BCA and submitted an article on the medical home, which appeared in the BCA's *Alabama Today*.



Chapter President J. Wiley, MD, FAAP, extols benefits of medical home model at BCA meeting.

"CQN pediatric practices" continued from page 2

Most importantly, the practices are making system-based changes that improve asthma care in children within a medical home. In just three months of data collection, the 12 practices have consistently met "optimal care" goals and have reached five of the 13 data collection point goals:

- use of a validated instrument to determine current level of asthma control
- patients in which reasons for lack of asthma control is identified when asthma control is 'not well controlled' or 'poorly controlled'
- stepwise approach is used to identify treatment and treat or maintain therapy based on asthma control
- use of flu shot for patients over the age of six months
- follow-up appointment to monitor asthma

To see the progressive data from the practices, visit the Chapter web site at www.alchapaap.org (under programs and projects → Asthma QI Project).

"When the collaborative ends in October 2010, the Chapter would like to sustain and continue the quality improvement initiatives begun with this project and expand to other disease states," Dr. Wiley said.

How To Contact Your Chapter Leaders

President
James C. "J." Wiley, MD, FAAP
Ph. (251) 378-8635
docjwiley@comcast.net

Vice-President/President-Elect
Grant Allen, MD, FAAP
Ph. (256) 764-9522
allen_grant@hotmail.com

Secretary-Treasurer
Michael J. Ramsey, MD, FAAP
Ph. (334) 793-1881
mj_ramsey@msn.com

Immediate Past President
A.Z. Holloway, MD, FAAP
Ph. (334) 288-0009
aholloway687@charter.net

Area 1 Rep. (Huntsville)
Pippa Abston, MD, FAAP
Ph. (256) 551-4579
pabston@aol.com

Area 2 Rep. (Tuscaloosa)
Elizabeth Cockrum, MD, FAAP
Ph. (205) 348-1240
ecockrum@cchs.ua.edu

Area 3 Rep. (Birmingham)
Joseph Jolly, MD, FAAP
Ph. (205) 663-9550
jollydoc@aol.com

Area 4 Rep. (Auburn)
Wes Stubblefield, MD, FAAP
Ph. (334) 821-4766
awstubblefield@bellsouth.net

Area 5 Rep. (Montgomery)
Mendy Blakeney, MD, FAAP
Ph. (334) 272-1799
mendyb334@msn.com

Area 6 Rep. (Mobile)
Jennifer Cole, MD, FAAP
Ph. (251) 648-2660
jennifergcole@gmail.com

CME Chair
Cathy Wood, MD, FAAP
Ph. (334) 272-1799
cdocwood@aol.com

UAB Pediatric Residency
Program Rep.
Michelle Nichols, MD, FAAP
Ph. (205) 934-2116
mnichols@peds.uab.edu

USA Pediatric Residency
Program Rep.
LaDonna Crews, MD, FAAP
Ph. (251) 434-3917
lmcrews1@aol.com

Pediatric Coding Corner

By Lynn Abernathy Brown, CPC

In Alabama, pediatricians have often been faced with a dilemma when billing for Mental Disorders diagnoses, 290-319. Complaints from parents sometimes center on a child's behavior problems, academic issues, and his or her emotional state as the child progresses from childhood to adolescence. Most of the payors have carved out Mental Disorder diagnoses and only allow them to be billed to behavioral health payors. The pediatrician often is not a provider credentialed with the behavioral and mental health payor, so treating and getting paid by the payor for these patients becomes problematic.

There is a new section in the Symptoms, Signs and Ill-defined Conditions section of ICD-9, 799.21 – 799.29, Signs and symptoms involving emotional state. Though it may not solve all of the diagnosis problems, several pediatricians have stated that this section is very helpful for many issues they encounter.

799.21 – Nervousness, Nervous

799.22 – Irritability, Irritable

799.23 – Impulsiveness, Impulsive

799.24 – Emotional lability [a condition of excessive emotional reactions and frequent mood changes]

799.25 – Demoralization and apathy, Apathetic

799.29 – Other signs and symptoms involving emotional state

As always, documentation is the key to all diagnosis coding, but hopefully with this new section of codes, there will be more numeric ways to describe your documentation.

Pediatric Council update

As you know, the Chapter began meeting on a quarterly basis with third-party payors via the Pediatric Council in 2008, allowing meaningful discussion between pediatricians and payors in order to improve coverage for children in Alabama.

Each quarter, the Pediatric Council provides an educational session on American Academy of Pediatrics' recommendations. Thus far, the sessions have covered Bright Futures, well-child periodicity schedule, flu vaccine recommendations, vaccine administration, medical home, mental health/ADHD, developmental screening, obesity, telephone care, and an update on our asthma quality improvement project.

As a result of these efforts, Medicaid clarified that the interperiodic EPSDT screenings could satisfy the AAP's new recommendation for the 30-month visit based on medical necessity. Additionally, ALL Kids is considering obesity coverage, and the Blue Cross Blue Shield of Alabama (BCBS) Benefits Committee is currently considering the addition of an annual visit after six years of age and developmental screening coverage as part of its basic plan.

Blue Cross reports on fee schedule delay

At the Pediatric Council meeting in March, BCBS provided this update regarding the delay of its new fee schedule:

In November, BCBS announced a delay of the implementation of their new fee schedule and payment methodology originally planned for December 2009.

"Blue Cross remains committed to the principles previously communicated and has taken time since then to listen to feedback from the provider community and their customers," said Kerry Horton, of Provider Networks.

Since December, BCBS has engaged a third party to assist in a thorough analysis of its payment methodology approach. The end result of this engagement will be a comprehensive and long-term "Reimbursement Roadmap," which is expected to address the fee schedule as well as quality and utilization of medical services.

By July 1, BCBS will formally announce its new payment methodology and fee schedules. The following elements will still be included: implementation of NCCI; site of service pricing; and a revised PMD fee schedule (both increase and decreases at the individual code level).

BCBS is also planning to incorporate a value-based reimbursement approach that includes opportunity for incentives based on quality, access, productivity, efficiency, costs, etc., and design of value-based reimbursement pilots to realize early "wins."

Practice Management Association update

By Linda Waldrop, PMA Chair

The Alabama Chapter-AAP Practice Management Association (PMA) is moving forward with increases in membership (growing from 62 to 67 members since the first of the year), quarterly meetings (next will be held in April), plans for educational sessions, including an upcoming teleconference on Medicaid's QTool, and the addition of new members to its third-party, membership and conference committees.

Because practices now have to view patient medical data, previously viewed through Infosolutions, on Medicaid's QTool, a training/demonstration of this product is high on the priority list, and plans are currently underway.

The PMA will be also be switching the focus at our Annual Meeting in September from the Coding Workshop to an Immunization Financing Congress, thanks to receipt of a \$10,000 grant to the Chapter from the American Academy of Pediatrics.

To be held in conjunction with the Chapter Pediatric Council, the Congress will bring together representatives from public health, the payor community, pediatric practices and others to work on state- and practice-based solutions to save money on vaccines and increase our coverage rates. Coding, purchasing and supply issues will be of particular interest to practice managers. Stay tuned for more information coming soon!



You take care of your patients.
We take care of you.

Every day, in countless little ways, you make sure that your patients enjoy the best possible health. Is your malpractice insurer doing the same for you?

At Coastal Insurance, we begin by ensuring a personal, one-to-one relationship. We suggest ways to help your practice. And, if a patient files a claim, we make you part of our defense team, allowing you to have a voice in how conflicts are fought or resolved.

Is your practice ready for the right brand of care? Call us today at 800-821-9605. Because if your malpractice insurer isn't looking out for you, then who is?



More than insurance. *A relationship.*

Coastalins.org



**We know kids.
We know imaging.
We specialize in Pediatric Imaging.**

Our Fluoroscopy services include:

- Esophagrams
- Upper GI series
- Upper GI/ Small bowel series
- VCUGs

Specializing in CT, MRI, Ultrasound, Diagnostic X-ray, Fluoroscopy and Sedation Services • Exams performed by Registered Technologists • Pediatric Board Certified Radiologist on site



- Open 7:00am-5:00pm
- Located at Children's South (off I-459)
- Imaging Front Desk phone number (205) 824-4882
- Number to call to schedule exams (205) 558-2378



**CHILDREN'S
HEALTH SYSTEM®**

From the Coordinator

Reach Out and Read-Alabama practices and clinics distribute more than 125,000 books to 81,000 children in 2009

February *Pediatrics* Article Reinforces Importance of Book-Sharing

There are now 60 practices and clinics in 27 counties in Alabama participating in Reach Out and Read (ROR). Last year those sites distributed almost 127,000 new books to just over 81,000 children at well-child visits. With those new books came 127,000 messages on the importance of reading as an effective parenting practice in the promotion of optimal early childhood development.

Findings of a study published in the February 2010 *Pediatrics* revealed the following: "Of the families who seemed to be non-readers or limited book readers, 21 percent had children at risk for developmental problems, compared with 12 percent of the families who were book-readers.

When data were analyzed, families for whom book-reading was uncommon were almost twice as likely to have a child with delays. By six months of age, children whose parents read aloud frequently out-performed children whose parents read rarely; this pattern continued through 24 months of age." (Glascoe, FP, Leew, S. Parenting Behaviors, Perceptions, and Psychosocial Risk: Impacts on Young Children's Development. *Pediatrics* 2010;125;313-319)

This study underscores the impact that each of our pediatric healthcare providers and their staffs have on a child's development when they give a book to the child and reinforce the book-sharing message to parents and caregivers.

In addition to anticipatory guidance messages about early literacy, providing the book at the well-child visit has been shown to increase the likelihood that parents and caregivers will read to their children.

In a state where one in four children live in poverty, this model is monumental in influencing the development of these children.

We are grateful to Chapter members who have donated their resources and time to ROR-Alabama. A list of those that deserve our gratitude is now available on our web page at www.alchapaap.org/content.asp?id=315271.

With the continued help of funders, we hope to implement this program to other pediatric practices and clinics across Alabama. Help us reach a goal of impacting 100,000 children with 150,000 books distributed in 2010!

ROR-Alabama participates in Hill Day 2010

Salina Taylor, ROR-Alabama Development Coordinator, and I participated in Reach Out and Read's annual Hill Day in Washington D.C. in February. During visits with each lawmaker, we shared information about ROR practices/clinics in their districts and encouraged them to visit at least one ROR site during the upcoming summer recess. In addition, we encouraged Congressmen to support FY 11 appropriations to support current ROR programs and expand to serve additional at-risk children and families.



Salina Taylor, ROR Development Coordinator (left), and Polly McClure, Statewide Coordinator (right) visit with Congressman Parker Griffith.



REMINDER:

2010 Chapter elections nominations sought

As a reminder, the 2010 Chapter Elections, to be held in May, will include the following positions up for election: Area 3 Representative (Jefferson/Shelby counties), Area 6 Representative (Southwest Alabama) and nominating committee member.

Please email Nominating Committee Chair Bill Whitaker at bill.whitaker@chs.org if you are interested in putting your name in the hat for any of these positions.

Medical autism clinic serves medical needs of children with ASD

Chapter member Myriam Peralta-Carcelan, MD, FAAP, is the coordinator of a new Medical Autism Clinic at Children's Hospital, which addresses the medical problems of children diagnosed with autism spectrum disorders (ASD). The clinic features a team of specialists in genetics, nutrition, occupational therapy, speech therapy, rehabilitation, sleep disorders, and audiology for the evaluation of some of the medical problems seen in children with ASD.

For more information, go to www.chs.org/MAC or call the clinic directly at 205-939-5275 for information or to schedule an appointment.

**Many thanks to
our advertisers
for their support:**

Children's Hospital

Coastal Insurance

Fair Advantage

Mag Mutual

MedFusion Rx

ProAssurance

Vaccines for Children



Advocacy Institute participants
Marsha Raulerson, MD, FAAP,
Pippa Abston, MD, FAAP, Grant
Allen, MD, FAAP, and Linda
Champion, Chapter Project
Coordinator, represented
Alabama well.

Pediatric Advocacy—my experience

By Pippa Abston, MD, PhD, FAAP

I just got back from attending the AAP Advocacy Institute—a wonderful, idea-packed meeting! I'd like to share some of these ideas with you and give examples from my own experience in advocating for children.

In the session “Working With Decision-Makers,” we learned how to make an effective advocacy contact. First, have a plan: a “Direct Ask” (brief and to the point), with a **personal anecdote** and data to back it up – remember, stories pack more punch than numbers! During the actual meeting with a decision-maker, make your “ask” up front, but remember to have a dialogue too. After the meeting, send an immediate thank-you (email is fine) and follow up with answers to specific questions. Then keep building your relationship with this decision-maker over time. We also discussed specific scenarios—communicating with decision-makers who already agree with us, those who are on the fence, and those who are strongly opposed to our point of view—and learned strategies for each of these. I will be happy to email any of you handouts from this session.

In my personal experience, advocacy works better when you are part of a team. For example, at the local level, I learned a few years ago that homeless people were not able to access the Community Free Clinic easily. I worked with a local homeless shelter, members of the faith community, the county medical society, the Mental Health Center, and a group of community leaders to

establish a special homeless clinic at the Free Clinic—with transportation provided by church vans from shelters and tent sites, and mental health/HIV screeners on site. I would not have been able to get anywhere with this on my own! And I got to meet some wonderful people whom I can call on for future projects (or who can call on me).

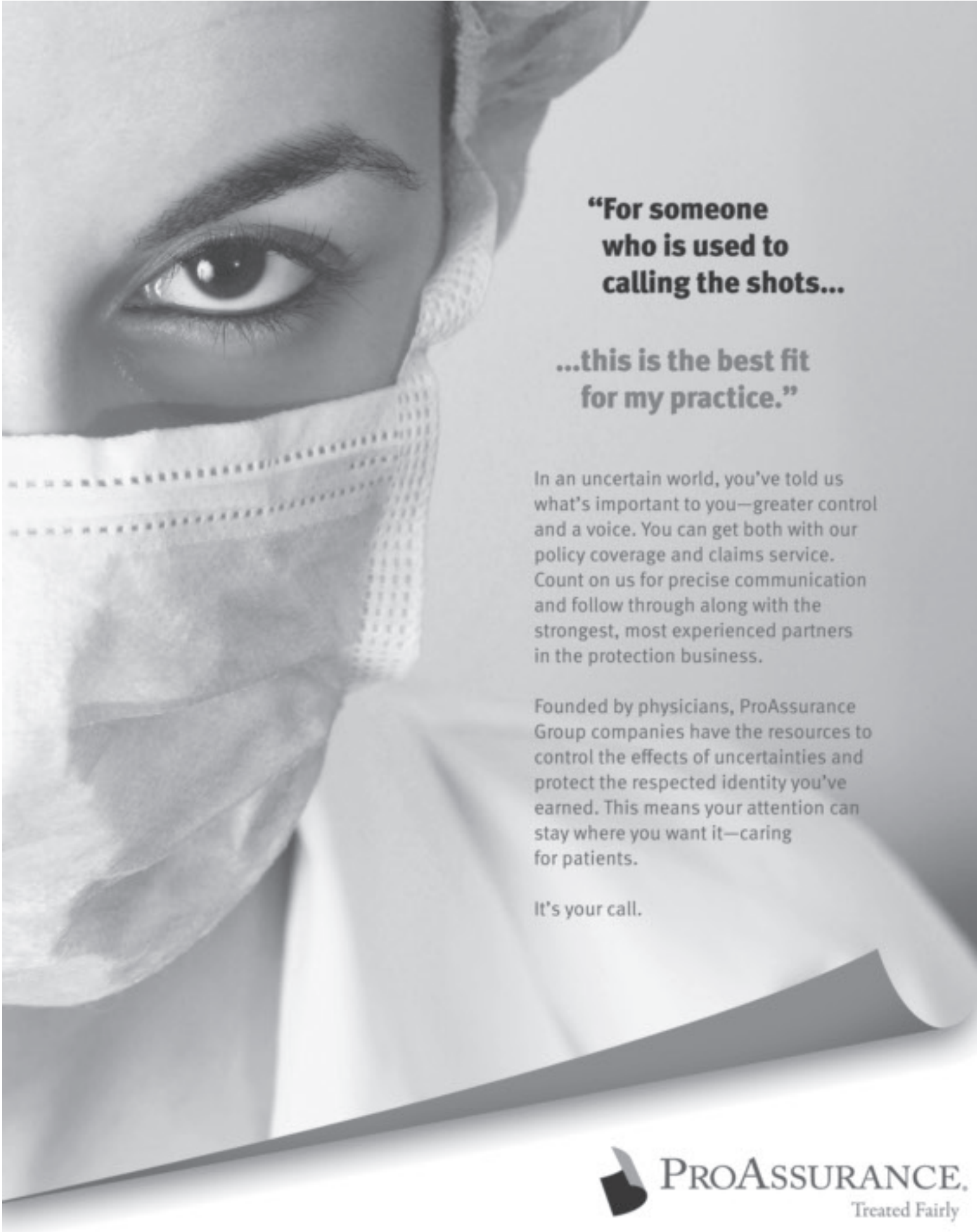
I've also learned the flip side, which is that advocacy needs to be personal. Recently I sat down with one of our state legislators, who was amazed to learn that pediatricians were against the proposed lay midwife bill. Despite all of the information the Chapter office had sent him over the years, he didn't “get it” until we had a face-to-face meeting! And what impressed him the most was that we did not stand to benefit financially.

I came home from the Advocacy Institute determined to keep four levels of work going—local, state, federal, and organizational. On the local level, I want to work with my employer to get rid of the “cigarette smoke gauntlet” at the entry to our building. On the state level, I am continuing as Area 1 representative to coordinate key contacts for our Chapter priorities (if you haven't called your Alabama legislators to push the graduated teen driver bill, do it today!). At the federal level, I remain active in promoting healthcare reform. And at the organizational level, I am working as an individual pediatrician to put my two cents in regarding AAP decisions/policies as they arise. None of us can complain that the AAP isn't standing up for our principles if we don't say what those principles are.

Remember that if you want to advocate on an issue where your position differs from the Chapter or Academy, that's fine—just be sure to make it clear you are representing only yourself and not the organization.

We need your voice! Go to both our Chapter website (www.alchapaap.org) and the national AAP site (www.aap.org), where you will find a wealth of advocacy materials. Feel free to email me at pabston@aol.com any time.





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

**...this is the best fit
for my practice.”**

In an uncertain world, you've told us what's important to you—greater control and a voice. You can get both with our policy coverage and claims service. Count on us for precise communication and follow through along with the strongest, most experienced partners in the protection business.

Founded by physicians, ProAssurance Group companies have the resources to control the effects of uncertainties and protect the respected identity you've earned. This means your attention can stay where you want it—caring for patients.

It's your call.

 **PROASSURANCE.**
Treated Fairly

C H A P T E R B R I E F S

Chapter leadership meets with U.S. Surgeon General

At the 2010 AAP Annual Leadership Forum (ALF), held March 12-14 in Schaumburg, IL, Chapter President James Wiley, MD, FAAP, and Chapter Vice President Grant Allen, MD, FAAP, had a unique 45 minutes of face-to-face time with new U.S. Surgeon General Regina Benjamin, MD, a family physician from Bayou LaBatre, AL.

“Dr. Benjamin was very gracious during our discussion, which covered the process of healthcare reform, possible expansions to the National Health Service Corps, the responsibilities of her job, and the First Lady’s initiative for childhood obesity in partnership with the AAP and the Surgeon General’s office,” the doctors explained.

UAB opens new women’s center

In late February 2010, University of Alabama at Birmingham opened its new Women & Infants Center, one of the first facilities in the southeast to offer families the opportunity to continuously stay with their newborns in a private Regional Neonatal Intensive Care Unit (RNICU) or “step-down” Continuing Care Nursery (CCN) room. The new Center features the largest all single-room special care nursery facility (56-patient RNICU and 52-patient CCN) in the United States. The Center will connect on three levels to The Benjamin Russell Children’s Hospital of Alabama’s new facility, slated to open in late 2012. UAB neonatologists can be reached 24 hours a day, 365 days a year, for physician-to-physician consultation through UAB’s MIST line at 1-800-822-6478 or 205-934-6478.



Grant Allen, MD, FAAP, (left) and James Wiley, MD, FAAP, (right) with Regina Benjamin, MD, after her keynote address to the 300-member ALF delegation.

MedfusionRx
Specialized Pharmacy Services

MedfusionRx is a leading provider
Specialized Pharmacy Services
for all your Synagis needs.

- We provide prompt turnaround on referrals, prior authorizations, refills, and insurance verifications.
- We have a highly trained Synagis team with years of experience.
- We are located in Alabama to give you that “southern hospitality.”
- Customer service is our top priority! We have a dedicated fax machine for your convenience.

205-995-8388 • Toll Free Fax 1-866-617-7364

Jeff Vernon, RPh
Kay Guess, PharmD

Christi Ledbetter, CPhT, BBA
Melody Tucker

**Together, we can
protect Alabama
babies from RSV!**

*Please note: We also specialize in hemophilia
and growth hormone therapy.*

Attention Healthcare Providers



NEW IMMUNIZATION REQUIREMENT FOR 6TH GRADE ENTRY

Beginning with the 2010-2011 school year, a dose of Tdap vaccine will be required for Alabama students ages 11 or 12 years entering 6th grade. This requirement will escalate by one successive grade each year for the following 6 years to include sixth through twelfth grades, beginning fall of 2016. You can help minimize the rush by encouraging vaccination well before the school requirement takes effect.

For more information, go to www.adph.org/immunization

NEWS FROM MEDICAID

Cost-saving measures implemented

As was announced in a recent provider alert, on March 1, the Alabama Medicaid Agency implemented the following cost-saving measures in order to maintain a basic package of services while preserving the health care safety net for our most vulnerable citizens:

- All claims that do not require attachments or an Administrative Review override by Medicaid must be submitted electronically.
- Providers must check eligibility electronically.
- Medicaid will no longer print and distribute paper Remittance Advices (RA's) to providers.
- Medicaid will no longer accept paper adjustment request forms.
- Medicaid will discontinue printing and mailing the following reports:
 - EPSDT Periodic Rescreening Report
 - Patient 1st Referral Report
 - Monthly PMP Enrollment Roster for Patient 1st

A full explanation of how to access/submit information electronically can be found on the 1/26/10 provider alert at http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx.

The Role of the Medical Home in Newborn Hearing Screening

By Heather M. Taylor, MD, FAAP, Chair, Alabama Newborn Screening Advisory Committee, Alabama AAP Early Hearing Detection and Intervention Chapter Champion, and general pediatrician, University Medical Center, Tuscaloosa, AL

This column is the first in a series on newborn screening.

Hearing loss is the most common congenital condition in the United States, affecting 1 to 3 in every 1,000 newborns. Sixty to 180 babies in Alabama will be born with a hearing loss this year. Prior to universal newborn hearing screening, the average age at which hearing loss was diagnosed in the U.S. was two years. Studies have shown that children with hearing loss who do not receive intervention by six months of age will have significant speech and language delay that can have a long-term impact on their social, educational, and economic success. For these reasons, newborn hearing screening is a very important initiative; but the program's success depends on the medical home to ensure that infants identified in the nursery get appropriate and timely follow-up to prevent the loss of critical language learning time.

By law, every newborn should have a hearing screening performed prior to discharge. Infants can be screened using one of two methods, otoacoustic emissions (OAE) or auditory brainstem response (ABR). OAE measures the internally generated sound a normal cochlea makes in response to external stimulation by placing a small probe with a microphone in the infant's ear. ABR measures the neural responses generated in response to sound stimuli. ABR is recorded using surface electrodes placed on the infant's head and earphones placed in the ears. Normal external and middle ear function is important for both tests because responses may be reduced or delayed if attenuated by fluid in the middle ear or an ear canal abnormality. Both tests can be used to accurately identify newborns with hearing loss; however, ABR is more sensitive than OAE to disorders such as auditory neuropathy. Because of the increased incidence of this rare condition in the NICU population, the Joint Commission on Infant Hearing (JCIH) recommends that infants staying in the NICU > five days be screened using ABR.

Approximately 5% of newborns will fail their hearing screening. 2007 JCIH guidelines state that these infants should have outpatient rescreening performed by one month of age. Infants who fail an ABR test should be rescreened with an ABR since those with auditory neuropathy will pass an OAE test. Infants who fail the rescreening should be referred for diagnostic pediatric audiologic evaluation before three months. By six months, intervention such as hearing aid fitting and referral to early intervention services should already be initiated. Delays in infants getting this intervention due to excessive or inappropriate rescreening or delayed referral to audiology can make the difference in the ability of an infant with hearing loss to develop speech and language skills close to their hearing peers.

Our role as the medical home provider is to ensure that these guidelines are met and appropriate referrals made. The AAP has developed an algorithm for primary care providers that can be found at http://www.medicalhomeinfo.org/screening/EHDI/Algorithm1_March2010.pdf. Each state also has an Early Hearing Detection and Intervention Program to coordinate newborn hearing screening and to provide support to medical home providers caring for these infants. I encourage pediatricians with any questions regarding newborn hearing screening and follow-up to contact our EHDI coordinator, Amy Strickland, at 334-206-2944 or amy.strickland@adph.state.al.us.

Get involved in PROS!

PROS (Pediatric Research in Office Settings) continues to get funding for interesting projects. A recently funded study will adapt an evidence-based program called Checkpoints, geared at better parental monitoring of teen driving. Improving anticipatory guidance on teen driving safety is a key recommendation of the AAP policy statement. Another study, BMI2, identifies children from two to nine years in the 84-97th percentile of BMIs and uses brief motivational interviewing to decrease BMI over a two-year period. Other studies include smoking cessation and secondary sexual characteristics in boys.

If you are interested in becoming a PROS research practice, email PROS at pros@aap.org or your state PROS coordinator, D.J. Anagnos, MD, FAAP, at daria.anagnos@chsys.org.



NEWS FROM PUBLIC HEALTH

Fetal and Infant Mortality Review Program expands to review post-neonatal deaths

More than 1,100 fetal and infant deaths occur in a year in Alabama. As an important first step to address this troubling statistic, the Alabama Department of Public Health implemented the Fetal and Infant Mortality Review (FIMR) Program statewide in January 2009, reviewing all neonatal deaths in this first year of reviews. In 2010, the program is expanding to review post-neonatal deaths and selected fetal deaths, which will involve more interaction with pediatric offices as needed.

A national program established in 1990 through collaboration of the federal Maternal and Child Health Bureau and the American College of Obstetricians and Gynecologists, the goal of FIMR is to identify significant social, economic, cultural, safety, health and systems factors that contribute to mortality and to design and implement community-based action plans based on information obtained from the reviews. Currently, there are 15 statewide programs, as well as 220 community programs across the nation.

After a fetal or infant death, the FIMR Program receives notification through fetal death reports, birth and death certificates from the Center for Health. The Perinatal Program Regional Directors collect data about the death and services the woman and her family received from a variety of sources, including physician and hospital records, WIC and other social services. After a maternal interview, the case summary is presented to the multi-disciplinary Case Review Team (CRT), representing a broad range of professional organizations and public and private agencies that provide services and resources for women, infants and families. The Regional Perinatal Advisory Councils serve as the CRTs, which present findings and recommendations to the Community Action Teams (CAT), comprised of community members who are in a position to direct change at that level. The CAT reviews the CRT recommendations, prioritizes identified issues, and then designs and implements interventions to improve service systems and resources. CATs are currently active in Calhoun, Madison, Mobile and Tuscaloosa counties and are being created in Baldwin, Jefferson and Montgomery counties.

Confidentiality is essential to FIMR at every step in the process. All abstracted medical and related records are stored in locked files and all identifiers (patient's name, hospital or clinic sites) are deleted from abstracted records. Each case summary is anonymous and all CRT members sign a pledge of confidentiality that prohibits them from discussing cases outside of the team meetings, which are closed to the public.

Data from 2009 will be released late this summer in the FIMR annual report.

NEWS FROM MEDICAID

Medicaid, state budget cuts still looming

After Alabama Medicaid pulled provider associations together in late December to announce 10 percent across-the-board provider cuts, Chapter leaders gathered data and made the case for the negative impacts that would be sustained by pediatricians and the children they serve.

Commissioner Carol Steckel later made the decision to take the physician cuts off the table.

More recently, the Chapter advocated for children who would be negatively affected by cuts to dental providers, who have made tremendous strides in improving access in the last 15 years.

Currently, the dental community is working with Medicaid on other solutions. Medicaid has also announced a cut in psychologists' reimbursement.

These proposals do not include drastic measures that will have to be taken if Congress does not pass a six-month extension of the federal stimulus program's enhanced federal matching rate (FMAP) to sustain cash-strapped Medicaid programs. The FMAP represents the share of state Medicaid benefits paid by the federal government. In Alabama, the rate is approximately 68 percent federal / 32 percent state.

However, the enhanced rate of 78:22 provided an additional \$850 million during the 27-month stimulus period. A six-month FMAP extension would provide \$163 million for 2011 and prevent substantial program cuts, such as non-institutional hospice care, adult home health visits, breast and cervical cancer coverage, and adult renal dialysis.

"If the extension is not passed, many states will not be able to balance their budgets and also be in compliance with federal rules and regulations," said Steckel.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Alabama Chapter
19 S. Jackson St.
Montgomery, AL 36104

Presorted Std
U.S. Postage
PAID
Montgomery, AL
Permit # 456



FairAdvantage Consortium

**Providing Physicians With an Option
For Vaccine And Supply Purchasing**

FAIR ADVANTAGE CONSORTIUM

1963 Memorial Pkwy., Ste. 5
Huntsville, AL 35801
256-265-2464
Fax 256-265-2467
fairadvantageconsortium.com

FairAdvantage Consortium is a purchasing organization developed by practicing physicians with the goal of obtaining the best possible vaccine and supply pricing for our members. In addition to saving money on your vaccine purchases, you will also receive an annual rebate on specific vaccine purchases.

FAC is easy to join. Contact us via our website, fairadvantageconsortium.com and we will send details on becoming a member, an agreement for your review and signature, and any applicable rebate information.