



The Alabama Pediatrician

Third Quarter 2015

From the President

I can't believe it's already over.



Michael J. Ramsey, MD, FAAP
Chapter President

This being my final column as president of the Alabama Chapter-American Academy of Pediatrics, I must say how much I appreciate your confidence in my leading this wonderful organization. During the past two years, I have been able to meet so many wonderful

people who have so much to contribute to the betterment of children. If you could see the things I have seen, you would have such a hope and confidence that we can and we are making a difference for the future of pediatrics in Alabama. There are people in our state and federal government who understand the value of children, and they are working both in the spotlight and behind the scenes to protect our fragile child health infrastructure. There are individual pediatricians who are doing mighty things in their practices, not only in the exam room, but also in the public arena; doctors are becoming more involved in their communities and building relationships that can further our causes when the moment is right. There are parents who are willing to step up and speak out not only for their own child, but also for all children.

I have many people ask me if I am looking forward to my time being over. Admittedly, there will be a great deal of relief from feeling such an overwhelming sense of responsibility for all of us and our well-being. However, this position broadened my outlook on my career every day, and I will be working hard to continue my personal advocacy, probably more narrowly focused on education and poverty. I know that

continued on page 6

LAST CALL:

The Annual Meeting is upon us!

Our 2015 Annual Meeting and Fall Pediatric Update at the Hyatt Regency Birmingham-The Wynfrey Hotel in Birmingham is upon us! This year's conference, set for September 25-27, 2015, offers a strong line-up of faculty, who will address topics on oral health, HPV, meningococcal vaccine, multi-disciplinary approaches to aerodigestive problems, among others.

In addition, on Friday afternoon, a separate practice management workshop, co-sponsored by the Chapter's Practice Management Association, will feature sessions on Meaningful Use Part 2, Front Desk and Business Office Working Together, RCOs, Medical Update, and more! The workshop will be followed by a two-hour Loss Prevention seminar, **Global Practice Strategies: Recalculating the Risk**, sponsored and presented by ProAssurance Indemnity.

NEW! On Sunday, there will also be a separate breakfast session (apart from our regular CME program) hosted by Blue Cross Blue Shield, who will provide an overview of its new primary care program, **"Circle of Care" Primary Care Select Program**.

And, this year, we will feature a special 20-point Maintenance of Certification Part II group activity, **ADHD Diagnosis and Management Self-Assessment**, facilitated by J. Wiley, MD, FAAP, on Sunday. Attendees will come away with both CME and 20 points of MOC Part II.

Get all of the details and register now at www.alaap.org!

2015 ANNUAL
MEETING & FALL
PEDIATRIC
UPDATE

Legislative Update

At time of this writing, we are two days into the second Special Session of the Alabama Legislature. The Chapter leadership, members, other child advocates and many others in Alabama, for that matter, have been extremely frustrated at the Legislature's inability to arrive at consensus on revenue measures in the Regular and first Special Session in order to fix the crisis of the General Fund Budget and the shortfall in revenue to fund adequately the programs that operate state government.

Throughout the summer, Chapters members have continued to work to educate their respective legislators on the impact of not fully funding Medicaid.

The Chapter Executive Director has served on the Healthy General Fund Coalition with many other organizational partners, adopting the messaging, Stand Tall Alabama, to reach legislators and the public on the importance of funding our health and human service programs provided by our state agencies.

continued on page 2

Chapter Office and Staff**Alabama Chapter – AAP**

- Linda P. Lee, APR
Executive Director
- Linda M. Champion, MPA
Project Coordinator
- Jill H. Powell
Meeting and Membership
Coordinator

19 S. Jackson St.
Montgomery, AL 36104
(334) 954-2543
Toll-free (866) 293-4783
Fax: (334) 269-5200
llee@alaap.org
www.alaap.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 even stronger.

Vision:

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

Legislative Update continued from page 1

Twenty-two pediatric practices across the state co-signed an open letter, which was distributed to legislators on September 8, and many practices also participated in a pervasive Stand Tall Alabama postcard-writing campaign that canvassed lawmakers across the state.

As of September 10, the Governor's proposed revenue bills are moving through committee in the House; if passed, these measures would fully fund Medicaid at its current level for 2016. Fingers crossed!



An example of a social media message from the Stand Tall Campaign

Strengthened Graduated Driver License Law Passes in Special Session

Hanes, Livingston named Legislative Heroes

Despite frustration over the fact that no budget was passed to fix the ailing General Fund in the first 2015 Special Session of the Alabama Legislature, the Alabama Chapter-AAP leadership and other members of the Alabama Safe Teen Driving Coalition were delighted that our previously introduced Graduated Driver License (GDL) law passed both houses and was signed by the governor on August 10!

The new law, Act 2015 – 516 HB 20, strengthens the law that sets minimum standards for new drivers in Alabama by requiring 50 hours of behind-the-wheel driving practice before a teen driver can receive a driver license. The hours must be certified by a parent, legal guardian, a grandparent with the consent of the parent or legal guardian, or a licensed or certified driving instructor. The GDL law was originally enacted in 2002 and amended in 2010. Prior to the recent revision, the law required only 30 hours of practice driving.

“Alabama ranks among those states with the highest number of teen driving deaths and we are making every effort to lower that number. The amended GDL is a key part of that effort,” said Kathy Monroe, MD, chair of the Chapter’s Injury Prevention Committee. “Increasing the number of hours of supervised driving has shown to lower death rates. In fact, of the 30 states with a 50-hour

Healthy Active Living QI Collaborative outcomes: take a look

By Cason Benton, MD, FAAP, Medical Director, Alabama Child Health Improvement Alliance

In August, our Healthy Active Living QI collaborative came to a close. The initiative focused on prevention and treatment strategies to combat the cost of obesity. Nationwide, we know that obese preschoolers and children are five times as likely to be obese adults. In Alabama, childhood obesity has tripled in 30 years. The percentage of children ages 10 to 17 who are obese is 36%; Alabama will spend 5.5 billion dollars on health care attributable to obesity annually by 2018. As daunting as these statistics are, we agree with the Institute of Medicine Report that obesity is complex but conquerable. As health care professionals, we have an important role to play in the solutions for change.

Our project aim was to spend a year to implement the 2007 Expert Committee Recommendations. So how did we do it?

- We began by putting together a team of expert faculty.
- First we educated ourselves about what was in the expert recommendations for obesity and for hypertension. We learned about co-morbidities – when and how to evaluate and what to do with our results. For example, we educated ourselves about lipid profiles and how to treat .
- We reviewed the fundamentals of taking a blood pressure with the correct size cuff and accurately measuring children of all shapes, and we identified apps and tools to help us classify weight and blood pressure. Where we could, we integrated these steps into the EHR.
- We also developed our motivational interviewing skills so our patients would have a higher likelihood of engaging in change behavior.
- Using tools such as the confidence ruler and the Change Talk app and even conducting role play at our practice meetings, we improved how we communicate with the families.
- We encouraged our patients to have fun with their nutrition and activity.
- We used decision supports to consolidate this knowledge and renewed skills into an actionable format.
- We applied quality improvement tools -- especially the “plan-do-study-act” approach from the Model for Improvement – to develop an efficient workflow based on a team approach.
- Each month, we reviewed our data to be certain that our changes actually led to an improvement.
 - Our data helped us to be sure we were calculating the BMI and delivering counseling for physical activity and nutrition, and that we were classifying the BMI and blood pressure
 - For overweight or obese patients, our data measured how well we assessed patient and parent readiness to change and how well we guided them toward self-management skills.
- We ensured that our changes became a part of our practice culture by writing out protocols so everyone new coming into our practices would know how we prevent and treat obesity.
- We presented coding tools and ICD-10 crosswalks to help practices code accurately for their work.
- But we changed more than how we practice medicine in our office. We practiced what we taught... with fun Jazzercise at our face-to-face workshops.
- We put together community resources for our families to locate farmer’s markets and fun locations to engage in physical activity.
- We spread our belief in Healthy Active Living by giving a consistent message to all who visit our clinics.
 - Dr. LaDonna Crews and several other HAL doctors shared their successes with colleagues at the Spring Chapter meeting.
 - Dr. Daniel Preud’Homme created a Lunch and Learn that he has rolled out to 18 practices

“This is the second collaborative we’ve participated in at our practice and we found it not only a good learning experience to fine-tune what we do as physicians and explore different and effective ways of delivering care to our patients, but also an affirmation that what we do is important and valuable in that process. This was a well-run, well organized and FUN experience. Kudos to the staff!”
 – Yolanda Patterson, MD,
 Charles Henderson Child Health Center

“Being a part of the Healthy Active Living quality improvement project has helped our physicians have a more consistent approach to discussing healthy habits with our patients. We have learned a more effective and efficient way of communicating these issues, while also engaging our patients in the goal-setting process through motivational interviewing.”
 – Katie Gunter, MD,
 Huntsville Pediatrics

Notifiable Disease Rules

FOR VACCINE-PREVENTABLE DISEASES (VPDs)

HIGHLIGHTS

- Physicians cannot delegate laboratories to report for them, but must report separately
- Laboratories are required to report electronically to EPI
- Expanded minimum data elements required
- Report “presumptive” within 4-hour (Polio) and 24-hour diseases (Diphtheria, Hib, Hepatitis A, Measles, Meningococcal Disease, Pertussis, Polio-nonparalytic, and Rubella)
- Report Standard Notification diseases (Hepatitis B, Mumps, Strep pneu invasive disease, Tetanus, Varicella) within 5 days
- Report ALTs with all acute hepatitis A & B reports

ALABAMA
PUBLIC
HEALTH

IMM

IMMUNIZATION DIVISION

imprint



ALABAMA
Vaccines *for* Children
PROGRAM

To learn more about VPDs, go to
adph.org/immunization or call 1-800-469-4599.

To schedule a 1-hour Notifiable Disease CEU Training,
go to adph.org/epi or call 1-800-338-8374.

Healthy Active Living QI Collaborative outcomes: take a look continued from page 3

with a waiting list behind that and has been accepted for two presentations at the National Conference & Exhibition.

- Dr. Candice Dye and her resident colleagues created a monthly Spotlight that raised the level of care delivered by UAB's 77 pediatric residents.
- USA Midtown's nursing staff were inspired to start their own QI on vital signs.
- Dr. Norma Mobley is working with a local elementary school to help them improve their nutrition and physical activity.

What was our outcome?

Over the course of this collaborative, the reach of this project touched more than 5,500 children (61 percent of which were Medicaid-eligible). Some of the measures tracked include: wrap-up of BMI, Nutrition and Physical Activity, BMI Classification, Blood Pressure Percentile and Self-Management Goal. The graphic illustration below indicates the decrease in the number of children who left the office without a message regarding weight.

Patients with BMI \geq 85% not assessed for readiness to change



This collaborative would not have been possible without dedicated physicians who “loaned” their time and talent: our content experts at the University of Alabama at Birmingham, Stephenie Wallace, MD, FAAP, and Bonnie Spear, PhD (who was also one of the authors of the recommendations), who started working on the planning with us in 2012; Daniel Preud’homme, MD, FAAP, at the University of South Alabama, who filled the roles of both QI Coach and content expert; our data team at USA’s Center for Strategic Health Innovation, which developed and managed our database through their RMEDE system; and last but not least, financial support from Children’s of Alabama, UAB, BCBS Caring Foundation, ALL Kids, Medicaid, ADPH, and Title V, which made the collaborative possible.

How to Contact Your Chapter Leaders

President
Michael Ramsey, MD, FAAP
Ph: (334) 793-1881
mj_ramsey@msn.com

Vice President/President-elect
Cathy Wood, MD, FAAP
Ph: (334) 272-1799
cdocwood@aol.com

Secretary/Treasurer
Wes Stubblefield, MD, FAAP
Ph: (256) 764-9522
stubblefield.wes@gmail.com

Immediate Past President
Grant Allen, MD, FAAP
Ph: (256) 764-9522
allen_grant@hotmail.com

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

Area 2 Rep. (Tuscaloosa)
Bruce Pettitt, MD, FAAP
Ph: (205) 752-7337
bpetitt@westalabamapeds.com

Area 3 Rep. (Birmingham)
Kenneth Elmer, MD, FAAP
Ph: (205) 206-8480
kelmer@swclinic.org

Area 4 Rep. (Anniston)
Naresh Purohit, MD, FAAP
Ph: (256) 721-9799
narpur@aol.com

Area 5 Rep. (Troy)
Elizabeth Dawson, MD, FAAP
Ph: (334) 566-7600
nelso71@hotmail.com

Area 6 Rep. (Fairhope)
Katrina Skinner, MD, FAAP
Ph: (251) 928-5568
katski@bellsouth.net

CME Chair
David Gremse, MD, FAAP
Ph: (251) 434-3919
dgremse@health.southalabama.edu

UAB Pediatric Residency Program Rep.
Cason Benton, MD, FAAP
Ph: (205) 638-9585
cbenton@peds.uab.edu

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

From the President continued

Cathy Wood is well-equipped to continue to lead this prestigious organization, and the board that is in place is among the best that we have ever put together. Linda Lee and the staff are so talented and capable; I don't believe there is anything they can't do. I am very excited about what comes next both for you and for me.

Thank you for the honor of being your president. I wish all of you only the best, for that is what you truly deserve.

Event Calendar

September 25 – 27, 2015
2015 Annual Meeting &
Fall Pediatric Update
Hyatt Regency Birmingham-
The Wynfrey Hotel
Birmingham, AL

October 24 – 27, 2015
AAP National Conference
& Exhibition
Washington, DC

April 28 – May 1, 2016
2016 Spring Meeting
& Pediatric Update
Grand Hotel Marriott Resort
Point Clear, AL

Practice Management Association update: Workshop offers stellar line-up of speakers

By Byron Clark, PMA Chair

Have you seen the line-up of speakers and topics for this year's PMA Practice Management Workshop, set for Friday, September 25 at The Hyatt Regency Birmingham-The Wynfrey Hotel? Do you have questions you would like to ask about any of the topics? If so, now is the time to submit your questions while they are fresh in your mind—don't wait until the workshop. Pre-submit your questions and they will be first in line to be presented to the speakers to address in detail during the Q&A session.

Here are the topics:

Front Desk and Business Office: Working Together for You and Your Patients

Tammie Lunceford, CPC, Healthcare Consultant, Warren Averett

Meaningful Use Stages 2 & 3

Ashley Gay, EHR Implementation Specialist, Alabama Regional Extension Center

Medicaid Update: Billing, Health Information Exchange & More

Cyndi Crockett, Provider Relations Representative Supervisor, HP Enterprise Services
Paul Brannan, PMO, State Health IT Coordinator, Alabama Medicaid Agency, Director of One Health Record®

Panel Discussion: Medicaid RCOs Inside & Out

Anna Velasco, Executive Director of Medicaid and Regulatory Affairs, VIVA Health, Inc.
Stacy Taylor, PMP, President, My Care Alabama
Robin Rawls, Director, Communications, Alabama Medicaid Agency
Jeri Jackson, Director, Managed Care Division, Alabama Medicaid Agency

Documentation: Telling the Whole Story

Lynn Brown, CPC, Director, PPS Physician Coding and Education, Children's of Alabama

Send your questions to bclark@stv.org or call me at (205) 933-2646, ext. 131.

Strengthened Graduated Driver License Law Passes in Special Session continued from page 2

minimum, 22 have fewer teen driving deaths than Alabama.”

Chapter leadership offers kudos to Chapter lobbyist Graham Champion, as well as the entire Alabama Safe Teen Driving Coalition who worked hard on this for several years! The Chapter also applauds the two bill sponsors, Tommy Hanes and Steve Livingston, who are being recognized at the Annual Meeting as our 2015 Legislative Heroes!

Members of the Safe Teen Driving Coalition include AAA, Alabama Chapter-American Academy of Pediatrics, Alabama Department of Economic and Community Affairs, Alabama Department of Public Health, Alabama Department of Public Safety, Alabama Department of Transportation, Children's First Foundation, Children's of Alabama, Mountain Brook Schools, Jefferson State Community College/ADECA, Injury Free Coalition for Kids, University of Alabama at Birmingham, University of South Alabama Pediatrics, and VOICES for Alabama's Children.

NEWS FROM PUBLIC HEALTH

VFC changes ahead

By Karen M. Landers, MD, FAAP, Assistant State Health Officer & Medical Consultant for TB Control and Immunization, Alabama Department of Public Health

The VFC (Vaccines for Children) program continues to be an important way to ensure that children in Alabama whose families lack the ability to pay can receive immunizations. As the Alabama Department of Public Health works to improve our services to VFC providers, we anticipate some changes in 2017. These changes will improve quality and enhance vaccine management.

Beginning in 2017, all VFC providers will need to enter patient immunization data in the Alabama Department of Public Health's ImmPRINT (Immunization Provider Registry with Internet Technology) electronic data system. In addition, providers will begin ordering vaccine online through the VTrckS (Vaccine Tracking System.)

During the remainder of 2015 and all of 2016, we will share information with our VFC providers to ensure that everyone has adequate information and training as we move toward these goals. We value our strong relationship within the pediatric community and look forward to working with you during this transition.

Twenty-seven Alabama hospitals join Alabama Breastfeeding Initiative

The Association of State and Territorial Health Officials has awarded a two-year grant to the Alabama Department of Public Health to increase practices supportive of breastfeeding in birthing facilities. As a result, 27 of the 48 Alabama hospitals that deliver babies have signed an agreement to participate in the Alabama Breastfeeding Initiative. This initiative will have an impact on 65 percent of all births in Alabama and will address improving breastfeeding rates by assisting hospitals to align policies and practices with the "Ten Steps to Successful Breastfeeding."

From 2002-2011, the percentage of Alabama mothers who initiated breastfeeding increased six out of the 10 years. In 2014, 67.3 percent of Alabama mothers reported initiating breastfeeding. However, Alabama still falls behind the national rate of 79.2 percent and well below the Healthy People 2020 objective of 81.9 percent.

Northeast Alabama Regional Medical Center and East Alabama Medical Center, the state's two certified Baby-Friendly USA facilities, along with Baptist Health South and UAB, recipients of the Best Fed Beginnings grants from the National Institute for Children's Health Quality, have agreed to be "mentor" facilities for the other hospitals during the initiative. At this time, 22 delivering hospitals in Alabama have made commitments to pursue Baby-Friendly USA status.

Through the grant, the State Perinatal Program, in collaboration with the Alabama Hospital Association and the Alabama Breastfeeding Committee, is partnering with delivering hospitals to provide breastfeeding education and resources. In June 2015, 30 nurses and educators attended 40 hours of training and completed a nationally recognized certification exam to become Certified Lactation Counselors. The initiative has worked to build and collect monthly breastfeeding data.

"It is our responsibility to provide education and support to mothers, infants and their families to enable them to have the best possible start in life," said Amy Stratton, BSN, RN, State Perinatal Director.

Year Two will focus on supporting providers in efforts to improve breastfeeding practices and education in clinical settings.

For more information about the Alabama Breastfeeding Initiative, visit www.adph.org/perinatal.

Chapter, ACHIA participate in two HPV QI initiatives

This summer, Alabama was part of the launch of the "National Immunization Project with the APA" (NIPA), funded by a grant from the Centers for Disease Control and Prevention (CDC) to improve human papillomavirus (HPV) vaccination rates in adolescents. The Alabama Child Health Improvement Alliance, ACHIA, and the Alabama Chapter-AAP coordinated with the National Improvement Partnership Network (NIPN) to recruit seven practices for this nine-month quality improvement (QI) project, which targets HPV immunization rates in primary care settings. The practices represent diverse practice settings and include: USA Midtown Pediatrics, Pediatrics Plus, Greenvale Pediatrics- Hoover, Pell City Pediatrics, USA Adolescent Medicine, Physicians to Children, and Adolescent Health Center at UAB.

In addition, the Chapter is currently responding to another grant opportunity, through the AAP, to conduct a second HPV QI collaborative, which will begin in early 2016. This second iteration will be conducted by ACHIA in partnership with the Alabama Department of Public Health Immunization Division.

Stay tuned for more details coming soon!

ACHIA
Alabama Child Health Improvement Alliance

Reach Out and Read All About It!

Children and families across Alabama became reading superheroes this summer!

By Salina Taylor, Reach Out and Read-Alabama Development & Communications Coordinator

Reach Out and Read-Alabama's sixth annual summer campaign that promotes families reading

together was a great success with 15 program sites sharing the book, I AM SUPERKID, which was chosen to be used in conjunction with the Rx for Summer Reading campaign at local libraries. Thanks to Alabama Public Television's project funded by the Corporation of Public Broadcasting, American Graduate, the Birmingham Public Library teamed up with Reach Out and Read-Alabama once again to provide Reach Out and Read-Alabama practices and clinics across the state with prescription pads and posters to promote summer reading.

Using the book as inspiration, families were encouraged to read together and become reading super heroes. Pediatric healthcare providers across the state distributed copies of the book and shared the importance of reading together daily as well as becoming involved in the summer reading program at their local library.



Sites participated in a variety of ways, from hosting a farmer's market in their practice to dressing up like superheroes!

Research supports "Books Build Better Brains"

By Marsha D. Raulerson, MEd. MD FAAP, Medical Director, Reach Out and Read-Alabama

The August issue of *Pediatrics* includes a fascinating research article using MRI to demonstrate the neurobiological effects of reading to young children. The study was done on a group of three- to five-year-olds as they listened to an age-appropriate story being read. Children who were routinely read to at home, controlling for income level, had a significant increase in activation of brain areas supporting mental imagery and narrative comprehension. They were already wired differently from children without consistent reading at home.



Last year, the American Academy of Pediatrics adopted a policy statement encouraging pediatricians to introduce literacy starting with the newborn visits. Significant research already shows that children who are talked to, sung to, and read to during those most important first three years are way ahead when they start school and have a lifetime of increased vocabulary.

Recent research also shows that adverse childhood experiences or toxic stress during those same three critical years changes the brain's structure and function. The more adverse experiences a child has, the more likely he is to have high levels of stress hormones and an impaired immune system leading to adult diseases.

We are just beginning to understand how some children develop resilience in spite of life's adverse experiences while others don't. What can we do as pediatricians? Model supportive behaviors for our parents--take a book into the exam room and immediately engage the child: "Clifford wants to play with you—he is playing peek-a boo!"



Help Me Grow, Project LAUNCH, ACHIA and Reach Out and Read: a perfect partnership

In May, 11 pediatric practices and a total of 71 participants joined the Chapter's/Alabama Child Health Improvement Alliance's (ACHIA) fourth developmental screening quality improvement (QI) collaborative, thanks to funding through our Help Me Grow partnership and Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grant.

Focused on the greater Tuscaloosa area (per the grant requirements), Project LAUNCH is a collaboration with the Alabama Partnership for Children and the Alabama Department of Mental Health that implements the principles of Help Me Grow, a system that connects at-risk children with the services they need. Key to the project is expanding Reach Out and Read in these areas, as well as conducting a QI collaborative through ACHIA.

Prior to Project LAUNCH, only one practice in the county was participating in Reach Out and Read, serving only 700 of the 12,000 children under the age of five. In the past couple of months, Arkeisha Thomas, Project LAUNCH Specialist and Help Me Grow Coordinator, teamed up with Polly McClure, ROR Statewide Coordinator, to introduce two practices, Crimson Pediatrics and Bama Pediatrics, to both programs.

"It makes so much sense to partner to show practices and clinics the benefits of these important tools for their families and the children that they serve," Arkeisha said. "Both Help Me Grow and Reach Out and Read-Alabama are effective in maximizing the developmental growth of children and preparing them to be successful in school and life."

This project is also important for ACHIA, which has used the initiative to launch the ACHIA QI Team Space, an online QI MOC platform, which, in one virtual location, provides web-based learning, data collection, data analysis and data reporting to help pediatricians track practice performance improvement progress. The work continues to be supported by monthly calls attended by all participants, who are using the ASQ-Social Emotional in addition to the ASQ-3 and MCHAT-R/F.

Coding

O By Lynn Abernathy Brown, CPC

r Keep it Simple

As we begin the transition to ICD-10 in the coming weeks, I realize how much emphasis has been given to being specific with documentation and choosing diagnosis codes. Most of the providers have already begun to introduce more specificity into their medical record and their diagnosis coding, which helps increase the burden of illness. Many codes in ICD-9 will have the same or similar code description in ICD-10, so whether the provider is using an electronic method to search for a code or using a charge ticket to choose from a list of codes, there should be a code available to match the medical record documentation.

For the provider who wishes to keep this process as simple as possible, there will be a code in ICD-10 for them also. For example, if the provider only wants to document Asthma as the diagnosis and not be any more specific, then there will be a code for Asthma, unspecified type in ICD-10 available to choose.

CMS newsletter *MLN Matters* offers this statement: *If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a*

*definitive diagnosis. When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is **acceptable to report the appropriate unspecified code** (for example, a diagnosis of pneumonia has been determined but the specific type has not been determined)... Source: Department of Health and Human Services, Centers for Medicare & Medicaid Services, MLN Matters Number: SE1518.*

Clinical Concepts in Pediatrics (<http://tinyurl.com/p72kzub>) is a tool created by CMS which may be helpful.

Knowing that there is a grace period for one year as long as the code submitted is a valid code and in the same code family (first three characters), I think that very few primary care providers will have any issues as they learn the new coding system.

DISCLAIMER: Children's of Alabama does not accept responsibility or liability for any adverse outcome from the advice of Lynn A Brown, CPC, for any reason, including inaccuracy, opinion and analysis that might prove erroneous, or the misunderstanding or misapplication of extremely complex topics. Any statement made by Lynn A Brown, CPC, does not imply payment guarantee by any payor discussed.

NEWS FROM THE AAP

Mentorship Opportunity: Please Sign-Up!

By Nola Ernest, MD, FAAP, District X Section on Early Career Physicians Representative

I am delighted, as a pediatrician in our Chapter, to soon begin my term as representative for the Section on Early Career Physicians for District X (Alabama, Florida, Georgia, Puerto Rico).

And I'm even more excited to begin at a time when the AAP Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) and the Section on Early Career Physicians (SOECP) has implemented a new and exciting program – The AAP Mentorship Program.

Mentorship is an important tool for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. As pediatricians, we recognize that mentorship is critical in helping nurture future leaders and a key opportunity to engage existing members and leaders. The AAP Mentorship Program is simple in that it establishes mentoring relationships between trainees/early career physicians and practicing AAP member physicians, and promotes career and leadership development.

Mentors will have opportunities to further develop leadership skills and learn about emerging trends from the next generation of their peers. Mentees will gain a trusted advisor and learn methods to enhance career advancement. And all parties will form professional relationships and share advocacy, professional, and research interests.

Becoming involved is very easy. The only requirement to participate is to be a national AAP member in good standing. Participants need only sign-up and complete an online mentor/mentee profile form (you can sign up to be both a mentor and mentee if you so choose). The profile form collects information on education/training, subspecialty interests, practice/professional/clinical interests, chapter affiliation and the amount of time the participant is willing to commit. Mentors/mentee pairs will have the ability to meet traditionally in person if they choose a local match or use one of several online tools to meet virtually.

The program is set-up for both “traditional” long-term relationships, as well as short-term “flash” mentoring. The flash mentoring component allows for mentees to contact mentors for quick questions, set up one to two meetings, as well as participate in online topical and Q&A forums. So the time commitment and expectations can be tailored to fit each mentor/mentee pairs' needs.

Visit www.aapmentorship.chronus.com and sign up to be a mentor and/or mentee today! AAP login and password required.



BELK & ASSOCIATES
PLACING YOU FIRST

Family Medicine • Internal Medicine
Pediatrics • Urgent Care
Emergency Medicine • General Medicine
Occupational Medicine • Hospitalist

Competitive remuneration, mileage, lodging
and malpractice insurance provided

LOCUM TENENS AND PERMANENT JOBS FOR PHYSICIANS

Karen M. Belk, President
KBelk@BelkStaffing.com
www.BelkStaffing.com • 1.888.892.4DR5
Send CV to Fax 256.389.9000

MEDICAID NEWS

Medicaid Regional Care Organizations: What You Need to Know Now

As Alabama Medicaid providers well know, there has been a flurry of activity since January as the probationary Regional Care Organizations (RCOs) have been determining their network adequacy, “Health Homes” have expanded across the state, and providers have begun meeting across the state with some of the individual RCOs.

Here is what we know at this point, based on conversations with our own members, RCO medical directors and the Alabama Medicaid staff:

1. Probationary RCOs are just that: probationary. They still have to jump through some serious hoops before they will be permanent and functional:
 - They must demonstrate the adequacy of their network to deliver services
 - They must demonstrate their financial solvency: do they have the financial backing to assume the “risk” if they do not meet financial goals?
 - They must participate in a “Readiness Review” that is set forth in the law that created the RCOs

So the final list of RCOs is still unknown.

2. The RCO boards of directors have been meeting at the local level – more frequently and diligently in some areas than others. There is a wide variation on how much communication has flowed from these organizations to its own board members (comprised of pediatricians as well as family physicians, hospital representatives, community representatives and others). There is also wide variation as to how much communication has occurred down to the individual providers who signed “letters of intent” earlier this year. In addition, some RCOs have begun holding Medical Management Meetings with providers. The Chapter encourages members to participate in these important meetings as much as they can in order to help shape the care at the local level. However, upon hearing about the in-person attendance requirements, in August, the Chapter Pediatric Council met with Alabama Medicaid medical directors to ask if the attendance requirements could be relaxed; within the past two weeks, Medicaid provided an update on the requirements to the probationary RCOs. Providers should reach out to their RCOs to get this from them (please let the Chapter office know if you have trouble getting this update from them).
3. At the heart of the RCOs are two underlying philosophies: care coordination and quality of care. Care coordinators will work within each RCO to assure that patients are getting to their appointments, that services are not duplicated, etc. Regarding quality, pediatricians had great representation on the RCO Quality Assurance Committee, which, over the past two years, has come up with the 42 measures

against which the RCOs themselves will be measured. The local RCOs will soon be setting up Provider Standards Committees, through which local providers will be looking at how the RCOs will work with providers to create provider-based measures. It is extremely important to have your voice heard at the local level – please sign up to get involved on these committees. Contact Linda Lee at llee@alaap.org if you are interested.

4. The RCOs have to follow the rules as set forth in the law. They must contract with any willing provider who agrees to the terms set forth in the contracts. The Chapter hopes to soon get more guidance on what to look out for in these contracts so that we can share that with our members. Through our member survey in July, we were made aware that a couple of RCOs were telling providers that they could only contract exclusively with them. Subsequently, Medicaid sent a communication to all of the probationary RCOs that this is strictly prohibited.
5. If all goes well with the budget for 2016, planning for the RCOs will proceed, provided the Agency gets approval from the Centers for Medicare and Medicaid Services of its 1115 waiver request, which will provide infrastructure funding. RCOs would then be operational beginning October 2016.
6. Since the beginning of the year, the Chapter has conducted two webinars and Alabama Medicaid has conducted monthly educational webinars on what is going on with the RCOs.

The Chapter webinar recordings are available at www.alaap.org and the Medicaid webinar recordings are available at <http://tinyurl.com/oqofjvj>

7. Alabama Medicaid has an extensive Frequently Asked Questions page – check it out here: <http://tinyurl.com/nlbpge3>. You can also email RCOPortal@medicaid.alabama.gov and get your questions answered. In addition, the Chapter will conduct a panel discussion during the Practice Management Workshop on Friday, September 25 at lunch, which will include Medicaid staff as well as representatives from two of the RCO organizations.

Stay tuned for more information as we know it!

ICD 10 Implementation on October 1, 2015

On October 1, 2015, Alabama Medicaid will comply with federal law and replace ICD-9 code sets used to report diagnosis and inpatient procedures with ICD-10 code sets. All providers, with the exception of dental and pharmacy providers, are affected by this change.

Claims with dates of service prior to October 1, 2015, must continue to use ICD-9 codes.

Under ICD-10, diagnosis codes will



CHAPTER BRIEFS

Martin honored as Physician of the Year by local Foundation

Angela Martin, MD, FAAP, of Anniston, has been named the 2015 Physician of the Year by the Oliver Robinson Foundation.

Each year, the Foundation honors achievers from throughout Alabama for their work in their communities and at the state level. At its recent 2015 Alabama Black Achievers Awards Gala in Birmingham, more than 400 people were in attendance to honor the 2015 recipients, including Dr. Martin.

Congratulations, Dr. Martin!

State Health Officer Don Williamson retiring, moving to new role at Hospital Association

In early August, Governor Robert Bentley announced the retirement of State Health Officer Don Williamson, MD, who will be leaving in November and transitioning to a new role as chief executive of the Alabama Hospital Association.

“Dr. Williamson has been such a champion for sound public health policy, child health and insurance coverage for children,” said Michael J. Ramsey, MD, FAAP, Chapter President. “He will

be sorely missed by the state pediatric community and leaves a huge hole at both Public Health and Alabama Medicaid.”

Three years ago, Dr. Williamson stepped up and took on what was essentially a second job as Chair of the Medicaid Transition Task Force, which began the Agency’s transformation to Regional Care Organizations.

At this time, it is unknown who will permanently fill both of his roles. The Chapter looks forward to building new relationships at both agencies.

“We congratulate Dr. Williamson on his retirement, and I look forward to working with him in his new role with the Alabama Hospital Association,” said Linda Lee, APR, Chapter Executive Director.

The Chapter will honor Dr. Williamson at its 2016 Spring Meeting for his many years of partnership with the pediatric community.



Don Williamson



Chapter Executive Director Linda Lee and Past President A.Z. Holloway, MD, FAAP, join VOICES for Alabama’s Children at an August news conference with Montgomery Mayor Todd Strange in order to kick off a campaign for healthy food access. Dr. Holloway pointed to the importance of access to healthy food in the fight against obesity.

Today's Lesson: Healthy Students are Better Students

Healthy Eating + Physical Activity = Improved Academic Performance



Students who eat breakfast have better attention and memory.



Only

38%

of all teens eat breakfast every day.

Good job!

Needs improvement



After just **20** minutes of physical activity, brain activity improves.



Only **25%** of high school students are active for the recommended 60 minutes each day.

What is the right answer?

Schools: Kids spend **2000** hours every year in school, which makes that the smart place to encourage kids to eat right and get moving.

Wellness Programs: Programs like Fuel Up to Play 60 empower students to take actions like starting breakfast programs and walking clubs. Community leaders, businesspeople and health professionals can also assist schools in providing opportunities.



Extra credit:

- Read *The Wellness Impact: Enhancing Academic Success Through Healthy School Environments* at NationalDairyCouncil.org
- Learn more about how *Fuel Up To Play 60* is helping schools to take action at FuelUpToPlay60.com

Many thanks to our advertisers

ADPH Immunization

Belk & Associates

Children's of Alabama

Pediatric Nephrology of Alabama

Southeast United Dairy Industry Association

Blue Cross and Blue Shield of Alabama launches "Circle of Care" Primary Care Select Program

By now, if you are a Blue Cross and Blue Shield of Alabama provider, you should have received an invitation packet and information on the payor's new initiative, "Circle of Care" Primary Care Select Program, designed to enhance support and collaboration between Blue Cross, primary care physicians, and members. The letter detailed two important announcements:

- Primary Care Select Program Value-Based Incentives, effective December 1, 2015 – these will replace the current value-based payment incentives. New qualification thresholds, eligibility requirements and performance criteria are now available to view at AlabamaBlue.com/providers (Choose "Select Programs" under Provider Resources). PCP Select providers will have the opportunity to earn up to 30 percent above the new "PCP Select" fee schedule.
- New Primary Care Select Fee Schedule, effective December 1, 2015 – Those who qualify for the Primary Care Select Program and meet the participation criteria will be eligible for the new PCP Select fee schedule and recognized as a PCP Select provider.

"Blue Cross and Blue Shield of Alabama is making an investment in the future of primary care. Quality primary care means better health outcomes, less emergency care, and reduced health disparities," said Doug McIntyre Vice President, Healthcare Networks. "Primary

continued on page 15



Interventional Radiology

Interventional Radiology has become an integral part of comprehensive patient care, providing less invasive techniques for the diagnosis and treatment of a range of health problems. At Children's of Alabama, physicians and physician assistants provide patient follow-up through clinic visits or phone calls. All attendings perform IR peds procedures, and all procedures (except for after-hours cases) can be performed at Children's.

This rapidly evolving field includes the management of tumors and provides therapeutic treatment options in:

- Biliary Diseases
- Urologic Diseases
- Deep Vein Thrombosis
- Liver Tumors
- Other Benign and Malignant Tumors (cancer)
- Painful Bone Metastasis
- End-Stage Renal Disease requiring Hemodialysis or Peritoneal Dialysis
- Arteriovenous Malformations
- Swallowing Disorders (Gastrostomy and Gastrojejunostomy)
- Abscesses and other collections
- Varicoceles
- Pelvic Congestion Syndrome and other related diseases
- Peripheral Artery Disease

Interventional Radiology offers a full spectrum of procedures, often performed on an outpatient basis.



OUR TEAM (L-R): Top Row: April Crunk, PA; Lindsey Chapman, RN CPN; Tina Pritchett, RT(R), Amanda Washburn, RT(R)(MR), Doyle Wingate, PA
Bottom Row: Nathan Ertel, MD; Edgar Underwood, MD; Rachel Oser, MD; Souheil Saddekni, MD, FSIR, FAHA; Joseph Eason, MD
Not shown: Ahmed Kamel, MD, PhD (pictured with patient below); Adam Bevis, PA-C, MHS

Interventional Radiology

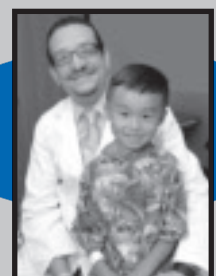
For appointments or consults, call: 205.638.GO IR (205.638.4647)
Physician Office Number at UAB: 205.975.4850
Fax for sending referral info: 205.638.3747



Children's
of Alabama®

1600 7th Avenue South
4th Floor Benjamin Russell Building
Birmingham, AL 35233

ChildrensAL.org/ir



Blue Cross and Blue Shield of Alabama launches “Circle of Care” Primary Care Select Program continued from page 14

care physicians are working in an increasingly complex healthcare system, resulting in less time for patient care. The aging physician workforce and lack of doctors in primary care training also leaves fewer and fewer people with access to primary care. Our goal is to change this dynamic in the state.”

The program also offers a host of other new benefits, including incentives, resources and support, currently under development:

National Committee for Quality Assurance (NCQA) – 20% Full Survey Discount (Patient-Centered Medical Home Recognition Program)

Preferred Malpractice Status – Medical malpractice insurance discount through ProAssurance

After-hours payment – New or additional reimbursement for a practice’s alternative hours (CPT codes 99050 and 99051).

Care Management Integration – Partnership between primary care providers, Blue Cross Health Advocates and caregivers/family members to identify and implement solutions for improved care.

Designated Behavioral Health Team – Exclusive access to a behavioral health network and support plus a dedicated referral hotline, preferred referrals and transition follow-up.

Designated Pharmacy Management Team – Access to pharmacy consultants, as well as a PCP Select pharmacy hotline.

Medical School Scholarships for Primary Care Students

Exclusive Consultative Services/Training – Including medical office compliance review, review electronic medical records and practice management capabilities, general coding guidelines, STAR Rating Improvement, Onsite Clinical Consultations/Training with Specialists (certified coders, registered nurses, diabetes educators, etc.), Regional Primary Care Meetings

Enhanced Provider Communications and Reporting:

- **Patient Health Snapshot Report** – This helpful tool provides valuable information about patients, including gaps in care, chronic diagnoses, and drug adherence issues, and other reports to provide actionable patient data.
- **New Provider Website & Improved Provider Communications** – Streamlined, easy-to-navigate website that features one-click access to eligibility and benefits, BCBS ID card images and secure message center and electronic letters

Designated Customer Service and Claims Support Teams for PCP Select providers

Visit AlabamaBlue.com/providers, and choose “Select Programs” under Provider Resources to access additional information on these benefits as details are finalized through the end of 2015 and throughout 2016.

Editor’s Note as of September 16: The Chapter leadership is in discussions with Blue Cross regarding the impacts of the new fee schedule.

Medicaid News continued

be more detailed. Valid ICD-10 diagnosis codes will contain 3 to 7 characters and must be taken out to the full number of characters required for the code. The claim will deny if this level of information is not provided.

Surgical procedure codes will be substantially different with ICD-10. Surgical procedure codes under ICD-10 use 7 alphanumeric digits instead of the 3 or 4 numeric digits under ICD-9.

In response to requests from the provider community, CMS released additional guidance in July that allows flexibility in Medicare claims auditing and quality reporting process as the medical community gains experience using the new ICD-10 code set. While the guidance speaks specifically to Medicare, it is the intent of Alabama Medicaid Agency to follow a similar policy. To that end, program integrity auditors and contractors will not disallow physician or other practitioner claims as long as the provider used a valid ICD-10 code from the right family of codes.

A “family of codes” is the same as the ICD-10 three-character category. Codes within a category are clinically related and provide differences in capturing specific information on the type of condition. However, the code may require more than three characters to be valid.

Other guidance for providers related to the implementation of ICD-10 is available on the Agency’s website at www.medicaid.alabama.gov > Providers > ICD-10.



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

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



PEDIATRIC NEPHROLOGY of Alabama



Best Doctors®

Mark Benfield, MD

OFFICES in Birmingham, Huntsville and Montgomery

- Over 20 years of experience in caring for children and young adults with kidney disease
- Renal ultrasound and lab in office
- Caring for children birth-25 years of age
- Accept all insurance including Medicaid and Medicare

Special Interests of Pediatric Nephrology of Alabama:

Primary Pediatric Nephrology

- Hematuria
- Proteinuria
- Urinary Tract Infections and Reflux
- Enuresis
- Electrolyte Problems
- Kidney Stones

Glomerular Diseases

- Nephrotic Syndrome
- Glomerulonephritis

Hypertension

SLE

Chronic Loss of Kidney Function

Transplantation

Congenital Anomalies of the Kidneys and Urinary Tract

Metabolic Syndrome