As pediatricians, we know the “dog days” of summer are professionally welcome--preschool physical/camp physical/sports physical season is over, school has started, and for about two to three weeks, there is calm. Our offices move at a predictable pace, employees can breathe, and we revel in it. Not so much can be said for the legislative/political advocacy season; it has been a long, hot struggle and continues to drag out. At times, it appears that this frustration will be never-ending, and the system is on life support. Logic and reason do not prevail. Now at the end of August and into early September, there is still a funding crisis for Medicaid in our state. From an advocacy standpoint, we are exhausted, and it is time for a break.

During the District Meeting I attended recently, one of the topics was concerning physician wellness. Many of the recommended strategies for promoting our own wellness are creating habits within our daily schedule, and I think most of us practice those habits fairly successfully--breaks for meditation and prayer, complete awareness of the moment and its blessing, and gratitude for people and events in our lives. As an exercise in habit-building to promote the attitude of gratitude, the speaker recommended good, old-fashioned thank-you notes.

My first thank-you notes are to our Chapter members who have stepped up and spoken out during the last few months. The social media campaign for “I Am Medicaid,” the press continued on page 11
Medicaid funding battle continues

As Alabama Chapter-AAP members are well aware, the last two months have been tumultuous for all pediatricians and other primary healthcare providers in Alabama who care for children on Medicaid.

In early July, due to the underfunded Alabama Medicaid budget, the Governor Robert Bentley and Commissioner Stephanie Azar announced a deep cut to primary care doctors – elimination of the primary care payment bump – which went into effect August 1.

That week, the Alabama Chapter-AAP led a group effort to conduct a series of five news conferences across the state to show the devastating effects of the cuts. Our partners, VOICES for Alabama’s Children, the Alabama Academy of Family Physicians, the Medical Association, Alabama Children First, among others, were with us every step of the way.

The Governor took notice, and visited Dothan Pediatric Clinic on August 12, conducting news conferences of his own to promote a Special Session that began on August 15.

Since then, the Legislature has gone back and forth on the issues of a state lottery (which would provide some sustainable funding) and distribution of monies from the BP oil settlement, which could provide much-needed money to fill the ever-present $85 million hole left in the Fiscal Year 2017 Medicaid budget.

At time of writing, the lottery has been deemed “dead” and the BP oil bill is up for further debate starting September 6.

Everyone involved is frustrated, upset and tired.

The real heroes

But through it all, we have seen true caring among the pediatricians across the state who are out there fighting for what is right. We have lost count of the letters to the editor, interviews with television stations and newspapers, and the social media posts by those pediatricians who have really embraced this technology as a means of turning the advocacy dial.

The real heroes during this fight are the ADVOCATES – you, the pediatricians – who, despite these cuts, are keeping up the fight, and for that, the Chapter Executive Committee and staff offer their heartfelt thanks to all of you.
Medicaid funding battle continued from page 2

The Real Heroes
Tracy Tindle, MD, FAAP (Birmingham), Michael Ramsey, MD, FAAP (Dothan), Wes Stubblefield, MD, FAAP (North Alabama), Norma Mobley, MD, FAAP (Mobile), and Eric Tyler, MD, FAAP (Opelika), were the heroes of the August Medicaid Funding news conferences. They each took the time out of their busy days to tell their story on what the August 1 cuts mean to their practice.

For more details and links to the media stories, see the link under “News” on the Chapter website home page at www.alaap.org.
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 pneum invasive disease, Tetanus, Varicella) within 5 days

- Report ALTs with all acute hepatitis A & B reports

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.
“Q-Sort” Sets priority path for improving care

Twenty-nine providers, family members and representatives from professional associations, hospitals, funders, payors and public health, as well as others dedicated to Alabama’s children achieving optimal health, gathered July 27 at the Jefferson County Department of Health’s Western Clinic for the “Alabama Q-Sort.” Participants were charged with answering the challenging question, “Which quality measures should primary care practices prioritize in the next five years to improve health outcomes for children and youth?”

Using 51 child health measures culled from multiple sources such as Bright Futures, state payors, and national standards for Children & Youth with Special Health Care Needs, leaders from the University Of Alabama School Of Public Health (UAB SOPH) guided participants through the difficult task of “sorting” or prioritizing those measures from highest to least important.

The purpose of the exercise was to focus plans for practice improvement at the intersection of greatest interest and opportunity. The UAB SOPH will present the Q-Sort results to the Alabama Child Health Improvement Alliance’s (ACHIA) Steering Committee in October, including how the state is currently performing on the prioritized measures as well as a review of the effectiveness of interventions at the primary care level.

From there, ACHIA will use the results to create Continuous Quality Improvement (CQI) collaboratives for Chapter members that deliver evidence-based content from Alabama experts, support practice improvement with quality improvement tips and coaching, and link practices to community resources to help children achieve optimal health.

To learn more, visit www.achia.org.

**ACHIA**
Alabama Child Health Improvement Alliance

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**HPV Collaborative increasing rates across 13 practices**

**HPV Practice Pearls**

Thirteen practices from around the state reduced their patients’ cancer risk by increasing the number of HPV vaccines delivered by 13 years of age. Practices participating in “Prevent HPV Cancers Today!: an ACHIA CQI Collaborative” worked over the spring and summer to improve HPV vaccine initiation and completion rates for 11- and 12-year-olds by at least 10 percent.

The “Prevent HPV Cancers Today!” practices exceeded their 10 percent goal. Vaccine initiation increased from 62 percent to 79 percent, with similar uptake among boys and girls. The administration of doses 2 and 3 to complete the HPV series increased from a baseline of 78 to 94 percent!

**Strong Provider Recommendation**

Lessons learned included the effectiveness of all staff delivering a strong recommendation. At its most basic level, a strong message includes making the vaccine routine with statements such as “Ada is due for three vaccines today: Tdap, HPV and MCV.” Equally important is providing staff education so they are as informed and invested as the providers in decreasing cancer risks. One practice had a contest to see who developed the “best” provider message. Others found that the Centers for Disease Control & Prevention’s free posters, screen-savers and embedded website messages reinforced the practices’ commitment to reducing HPV-related cancer. (http://www.cdc.gov/vaccines/who/teens/products/index.html)

**No Missed Opportunities**

Practices used multiple approaches to reduce “missed opportunities.” Some contacted and made visits for patients who had not yet started or completed their series. Most established methods to reliably identify every patient eligible to receive vaccines.

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**continued on page 15**
Reach Out and Read All About It!
By Salina Taylor, Development and Communications Coordinator

Ten for Ten Campaign supports “Ten Years of Stories”
Executive Board challenges each member to contribute

In the last 10 years, our pediatric healthcare providers in Alabama have prescribed more than 1.6 million brand-new books to the state’s youngest and most underserved children. That equates to more than 3,000 books each week that find their way into the homes of the neediest children and families throughout the state through the Reach Out and Read-Alabama program.

According to VOICES for Alabama’s Children’s 2015 Alabama Kids Count Data Book, 34 percent of the state’s children under the age of five live in single-parent families and almost 27 percent live in poverty.

“Prescribing a book during each check-up gives us the opportunity to connect with parents and create a partnership in the lifelong journey of learning for their child. What’s even better is that new studies are documenting the effectiveness of the unexpectedly complex interactions that occur when you put a small child on your lap and open a picture book,” said Cathy Wood, MD, FAAP, Chapter president and a Montgomery pediatrician.

Programs like Reach Out and Read-Alabama are vital in providing hope to these struggling families through the stories of brand-new books prescribed by their medical provider. Currently, 60 of Alabama’s pediatric practices and clinics serve as program sites in 30 counties, which serve 40 percent of the state’s children under the age of five.

While books are purchased at a significant discount, funding for the program continues to be a challenge. The last five years has seen funding cuts at the national and state level. Being the only physician office-based early childhood literacy program with instruction to the parent proves to be a great value at $10/child/year.

“To celebrate the 10th anniversary of the program and to provide needed funds to support and expand this vital program, the Chapter Executive Board has challenged each member to donate ‘Ten for Ten,’ Dr. Wood said. “That’s $100.00 to support 10 children for a year.”

With Dr. Wood’s challenge, the Chapter’s goal is $10,000 for the campaign, enough to prescribe a year’s worth of books for 1,000 children.

“Help us get to the halfway mark ($5,000) of our goal by the end of our Annual Meeting on October 2! You can make your donations on the Chapter website at www.roralabama.org or by mail using the enclosed envelope.

“These books are more than the stories inside; they are the key to unlocking the potential in every child in Alabama,” Dr. Wood added.

Recent study identifies predictors for poor school readiness in children without developmental delay
Help Me Grow-Alabama Partnership Provides Bridge to Services

Thanks to new funding in 2015-2016, families in every county in Alabama can dial 2-1-1, speak with a HMG care coordinator who can answer questions, connect them to services, follow up to ensure a connection is made and enroll them in developmental surveillance. HMG Care Coordinators are partnering with Reach Out and Read-Alabama and have begun reaching out to practices in each of the nine regions to visit and share how HMG services can benefit their practice.

In the July 2016 issue of Pediatrics, Nelson, et al. identified the predictors of poor school readiness in children without developmental delay at the age of two, one of which was little or no books in the home. Their study examined the large population...
New Diagnosis Codes for Newborns

By Lynn Abernathy Brown, CPC

When ICD-10-CM was introduced last October, newborn codes for Observation and evaluation for suspected condition not found no longer existed. Starting October 1, 2016, pediatricians will again have codes more appropriate for newborn care.

For a healthy newborn seen a few days after hospital discharge to verify adequate weight gain and rule out jaundice, Z05.42 Observation and evaluation of newborn for suspected metabolic condition ruled out can now be used. The full list of newborn codes added are:

- Z05.0 - cardiac condition ruled out
- Z05.1 - infectious condition ruled out
- Z05.2 - neurological condition ruled out
- Z05.3 - respiratory condition ruled out
- Z05.41 - genetic condition ruled out
- Z05.42 - metabolic condition ruled out

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 payer discussed.
Reach Out and Read continued from page 6

of young children who are likely ineligible for Early Intervention but who are nevertheless at high risk for poor cognitive and behavioral outcomes at kindergarten entry. This group accounts for up to one quarter of all two-year-old children who, under current practice guidelines, often do not receive any targeted supports unless more serious consequences occur.

The expansion of Help Me Grow care coordinators can be a helpful resource for these children and their families. With the knowledge of local, available resources that may not be known to the practice or clinic, care coordinators can provide assistance on a much timelier basis. This team approach helps families become educated, responsible and self-reliant. Please visit the Chapter website at www.alap.org to find out more information about Help Me Grow and the contact information for your local care coordinator.

Prescription for Summer Reading events celebrate “Ten Years of Stories”

According to the Campaign for Grade Level Reading, one of the three solutions to help parents promote their children’s readiness for school is summer reading. As their children’s first teacher, brain builder, tech navigator, advocate and coach, parents set the stage for success in the early years and early grades. Parents can best ready children for school, establish good school attendance habits and prevent summer learning loss.

Reach Out and Read-Alabama’s summer reading events throughout the state provide a fun opportunity with activities to keep parents engaged in reading daily to their children during the summer months. Participating program sites included Charles Henderson Child Health Center in Troy; Dothan Pediatric Clinic; Enterprise Pediatric Clinic; Eufaula Pediatric Clinic; Ozark Pediatric Clinic; Pediatric Adolescent Medicine in Selma; UAB Huntsville Family Medicine Residency; UAB Primary Care Clinic; Mobile County Health Department; Infants’ and Children’s Clinic in Florence; and Gulf Shores Pediatrics. Also participating and kicking off their Reach Out and Read-Alabama programs were Cahaba Valley Medical Care in Centreville and West Alabama Pediatrics in Tuscaloosa.

Marsha Raulerson, MD, FAAP, of Lower Alabama Pediatrics in Brewton, held her event in conjunction with her 20-year-anniversary as a Reach Out and Read-Alabama program site. She began her program in December 1996 as the third pediatric practice in the nation to implement the nationwide program. During the last 20 years, Dr. Raulerson has prescribed more than 50,000 brand new books to the children in her practice. She is now distributing books to the third generation of children that relies on her practice for medical care and literacy advice. As part of the celebration, the mayor’s office of Brewton presented Dr. Raulerson with a proclamation honoring her service to the community in the area of early childhood literacy while Representative Alan Baker, House District 66, read to the children present at the event.
Children’s One Stop now provides “advice only” option for direct contact with specialists

By Mitch Cohen, MD, FAAP, Chair, Department of Pediatrics, and Pete Glaeser, MD, FAAP, Vice Chair, Clinical Affairs, University of Alabama at Birmingham

The Department of Pediatrics and Children’s of Alabama has added a brand-new feature to the Children’s One Stop/Placement Center (formerly known as Patient Placement). This new service provides you with direct contact to a Department of Pediatrics specialist for advice — even when the patient in question is not being seen for an emergency or being considered for admission to Children’s.

Of course, Children’s One Stop is still available to assist you with ALL aspects of emergency or inpatient referral — from patient placement/admissions to consults, transports and transfers.

The new service is easy to use:
1. The referring physician calls Children’s One Stop at (205) 638-7200 or (844) 232-5070
2. The coordinator who answers the phone obtains information about the patient and a direct call-back number for the referring physician
3. The coordinator initiates a three-way call with the Children’s specialist.

This service is available to assist you in deciding whether to refer a patient, in crafting an evaluation and management plan before a new (non-emergent) patient is seen for consultation, and in reviewing your evaluation and management of an atypical patient where “running it by” a specialist would be helpful. We welcome your partnership as we work together to improve the health of the children of Alabama.

USA Pediatrics: Introducing Autism Regional Centers

By David Gremse, MD, FAAP, Chair, Department of Pediatrics, University of South Alabama

Numerous studies have reported that the prevalence of autism has increased dramatically in the past decades and is now estimated to occur in about 1 in 68 children. Given the reported increasing prevalence and associated impact on children and families, continual monitoring of autism remains an urgent public health priority. Further understanding of the groups at highest risk for being diagnosed with autism and the factors associated with current autism symptoms, severity, and health care impact could lead to more effective interventions.

During the 2016 legislative session, funding was included in the Education Trust Fund Budget to establish Regional Autism Centers at the University of South Alabama (USA), the University of Alabama at Birmingham, and Auburn University. Ultimately, the goal is to fund Regional Autism Centers in every region of the state, expanding to Tuscaloosa and Huntsville.

In 2009, USA developed the USA Autism Interest Group that is one of the most interdisciplinary collaboratives on campus, including five colleges within the university, namely speech therapy (College of Allied Health), psychology (College of Arts & Sciences), special education (College of Education), along with the College of Medicine and the College of Nursing.

The clinical services provided include direct patient and client services through university and community health practice sites and the public school system, combined with educational services of single and interprofessional training programs at the undergraduate
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Online system and Help Me Grow transforming developmental screening & referrals

By Bruce Petitt, MD, FAAP, West Alabama Pediatrics, Tuscaloosa

Fellow colleagues, I have some good and bad news…

Like many of you, West Alabama Pediatrics participated in the Chapter’s Alabama Early Screening Improvement Training Project back in 2012. From this research, Ages and Stages Questionnaires (ASQ) became a staple tool that we continued to use at our 9- and 18-month check-ups. The bad news is that we identified a few issues from using the ASQ. It took some effort to identify the correct screening age of the child at the time of his/her appointment. It also took considerable time for the parents to complete the screening on paper, for the nurse to score it and then for the doctors to review it during the patient’s visit. Follow-up on Early Intervention referrals also had some confusion and limiting steps with correspondence. Despite the inconvenience of the above process, I still strongly felt that the screening impacted the early identification of growth and development concerns and continued to use it in my practice.

Now for the good news. My office recently piloted the ASQ Enterprise through Help Me Grow Alabama. ASQ Enterprise provides a parent- and user-friendly online system for the Ages and Stages Questionnaires. This system provides the convenience of using an iPad, which eliminates illegible written responses from the parents. It also automatically chooses the correct screening age and scores the questionnaire and provides powerful functionality that transforms ASQ findings into child screening reports.

Adding this new online version has significantly benefited my practice by utilizing a great screening tool in a technologically advanced method. It has improved the time-limiting steps that the paper version created and I have also seen the benefits of partnering with Help Me Grow Alabama for our referrals and with follow-up correspondence. I would strongly encourage all of you to give ASQ Enterprise a try.

Best Practices in Alabama Pediatrics

conferences throughout the state designed to increase awareness in very specific circumstances, the hosted event for the Governor at Dothan Pediatrics, the interviews/availability to the media and the direct contact with legislators all played key roles in promoting our efforts to educate and influence the public and our legislature. The end result remains to be seen, but we have increased awareness and at some point should reap the benefit. So thank you to everyone for a great job and a persistent attitude. We press on and remain at the table in pursuit of equity.

Another habit of wellness is awareness of the blessings in our daily living. For me, those are specifically for family and health, of course – most of us would put those high on the list, but also high on my list is the fact that within my professional life, I am living the dream. While the business side of practice is fraught with frustration and the extended family of some of my patients make me crazy, the actual hands-on, hearts in contact with beautiful potential is a timeless treasure. What a blessing!
Introducing the new Alabama Chapter-AAP website at alaap.org

On July 1, the Alabama Chapter-AAP launched its brand-new, resource-rich website at www.alaap.org! The Chapter’s new website is pleasing to the eye, and offers a range of helpful resources for Alabama pediatricians, the latest news and Twitter feed; a new “shopping experience” for meeting registration, complete with a Shopping Cart feature; so you can add sessions easily; a page devoted to residents/members in training; and easier navigation overall.

Other highlights include embedded videos for a richer experience, links to important resources at the national AAP, the Alabama Child Health Improvement Alliance, and other evidence-based sources; a complete tour of archived Chapter webinars; and Enduring Materials CME modules on oral health risk assessment/fluoride varnish and breastfeeding.

Rather than read about it, take a tour! Scan the QR code and get started.

On-Demand CME

The Chapter is delighted to offer a series of on-demand enduring modules to earn CME credit from the convenience of your own home or office. This following two modules were created in 2016 in response to Chapter initiatives to educate Alabama pediatricians further in these public health areas.

Oral Health Risk Assessment

Faculty: Richard Simpson, DMD; Grant Allen, MD, FAAP

With a strategic goal of increasing the number of pediatricians who are screening for oral health risk assessment and fluoride varnish application, the Alabama Chapter-AAP is pleased to offer its first Oral Health Risk Assessment Training as an on-demand CME approved learning module. This module is supported by the Alabama Medicaid Agency and Alabama Children’s Health Insurance Program (AHCIP).

Visit the oral health risk assessment module page for full details and CME information.

www.alaap.org
U.S. News & World Report names Children’s of Alabama among top pediatric hospitals

*U.S. News & World Report* has once again ranked Children’s of Alabama among the best children’s hospitals in the nation. Eight of Children’s pediatric specialty services—cardiology/heart surgery, diabetes/endocrinology, gastroenterology/GI surgery, neonatology, nephrology, neurology/neurosurgery, pulmonology and urology—were ranked among the top 50 in the U.S. in the 2016-17 Best Children’s Hospital rankings. It is Children’s seventh consecutive year to be ranked. Children’s is the only pediatric facility in the state of Alabama to have been ranked and one of just 36 hospitals with eight or more specialties on the list of more than 180 hospitals that were surveyed. Congratulations to all UAB Department of Pediatrics and Children’s staff for your commitment to improve the health of the children of Alabama.

Dr. Kimberlin selected to receive the RMHC 2016 Medical Award of Excellence

The Ronald McDonald House Charities (RMHC) Board of Trustees has selected David Kimberlin, MD, FAAP, Professor of Pediatric Infectious Disease at the University of Alabama at Birmingham, to receive the RMHC 2016 Medical Award of Excellence. In 1986, RMHC created this award to honor a child healthcare advocate who made great contributions to improving the quality of life for children. Today, the award continues to honor a true pioneer in the medical community and acknowledges his extraordinary track record of accomplishment and service to medicine and children. The award carries with it a gift of $100,000 that will be contributed to the children’s charity of the awardee’s choice. Congratulations to Dr. Kimberlin!

Dr. Whitley named chair of the Recombinant DNA Advisory Committee

The Recombinant DNA Advisory Committee is a federal advisory committee that provides recommendations to the National Institutes of Health Director related to basic and clinical research involving recombinant or synthetic nucleic acid molecules. Richard Whitley, MD, FAAP, Professor of Pediatric Infectious Disease at the University of Alabama at Birmingham, was recently named Chair and will be reporting directly to Francis S. Collins, MD, PhD, NIH Director. Kudos, Dr. Whitley, on such a prestigious appointment!

Tipple selected as District Representative for mid-career neonatology group

Trent Tipple, MD, FAAP, Professor of Neonatology at the University of Alabama at Birmingham, has been selected by the American Academy of Pediatrics Section on Neonatal Perinatal Medicine (SONPM) as a SONPM District X Representative for the Mid-Career Neonatology group (MIDCaN). The Section on Perinatal Pediatrics is the home organization for specialists in neonatal-perinatal medicine and also welcomes affiliate members working in related disciplines. Congratulations, Dr. Tipple!

collaboration with multiple local, regional, state, and national organizations that support ongoing research on the etiology of autism and best practices to provide direct services and educate future providers who will participate in the care of individuals with autism. Many families of patients with autism have identified management services for their children. However, there are disparities in access to care for children with autism. Establishment of Regional Autism Centers in Alabama can serve as gateways to connect children with autism to diagnostic and treatment resources so that all children who have need of autism diagnostic and treatment services will have access to them.
New clinical report and policy statement aimed at equipping pediatricians to overcome vaccine hesitancy among parents

Pediatricians are encountering more parents who refuse to have their children vaccinated, mainly because they don’t see the point of vaccines, a U.S. survey found.

In the survey, conducted in 2013, about 87 percent of pediatricians said they had encountered vaccine refusals, an increase from the 75 percent who reported refusals during the last survey from 2006. The most common reason, provided by three out of every four parents: Vaccines are unnecessary because the diseases they prevent have been wiped out in the United States.

“Because these diseases are gone, people no longer fear them, even though many of them are only a plane ride away,” said Kathryn Edwards, MD, FAAP, co-author of a new American Academy of Pediatrics report based on the survey. “They don’t seem to realize that these diseases do exist in other places, and could come here.”

The results are part of a new clinical report and a policy statement the AAP issued in late August to help equip members for these conversations with parents, and provide the public-policy support to increase immunization rates.

The clinical report, “Countering Vaccine Hesitancy,” outlines strategies and approaches to use with parents to help them make the decision to vaccinate their child.

“We know that one-on-one contact with an informed, caring and concerned pediatrician is the No. 1 influence on parents’ decision to vaccinate,” said Karen Remley, MD, FAAP, Executive Director of the AAP. “We want to make sure you have the tools you need to guide these conversations.”

Dr. Remley encouraged members to join the free PediaLink training module on vaccine hesitancy, which provides strategies to promote vaccine confidence in vaccine-hesitant parents in a time-efficient but effective manner, including case studies on infant vaccinations and MMR vaccination.

The policy statement, “Medical Versus Nonmedical Immunization Exemptions for Child Care and School Attendance,” urges states to eliminate all non-medical exemptions to vaccine requirements for child care and school attendance. High immunization rates are critical to protecting children from dangerous, preventable diseases.

For all of these resources, visit http://tinyurl.com/ztuoh4.
WIC announces infant formula changes

On August 15, the Alabama Women, Infants, and Children (WIC) Program announced a change in WIC contract infant formula issuance.

For healthy infants prescribed a standard milk-based or soy-based formula, the WIC Program will be issuing Mead Johnson Nutrition formulas for infants zero through eleven months of age.

Effective Oct. 1, 2016, the following products will be issued and will not require a physician's prescription:
- Enfamil® Infant- 12.5 oz powder and 13 oz concentrate
- Enfamil® Prosobee®- 12.9 oz powder and 13 oz concentrate
- Enfamil® Gentlease®- 12.4 oz powder
- Enfamil AR™- 12.9 oz powder

These formulas are available in ready-to-feed forms but must meet Alabama WIC criteria for approval prior to issuance.

In order to be in compliance with WIC federal regulations, effective October 1, 2016, WIC will be working with health care providers to transition infants and children receiving prescription formulas to Mead Johnson Nutrition products.

A prescription will still be required if the participant needs a standard milk or soy-based contract infant formula mixed for higher caloric content or if combined with a formula enhancer.

A copy of the updated infant prescription form may be found online at www.adph.org/wic

Your assistance is greatly appreciated as the program transitions to Mead Johnson formulas. If you have any questions or concerns, please call Karen Landers, MD, FAAP, at 256-383-1231.

Alabama Zika virus update

As of August 15, the Alabama Department of Public Health (ADPH) reports there have been a total of 25 travel-related positive tests for the Zika virus in state residents from 16 counties, including Calhoun, Cullman, Etowah, Houston, Jefferson, Lawrence, Lee, Limestone, Madison, Mobile, Montgomery, Morgan, Shelby, St. Clair, Talladega and Tuscaloosa.

State Health Officer Dr. Tom Miller said, “We have been working with a variety of partners, including the Centers for Disease Control and Prevention (CDC) and the medical community, to identify individuals who need to be tested for the Zika virus and with those who have tested positive. Additional precautions are needed for pregnant women and women of childbearing age. Public health environmentalists have been helping communities reduce mosquito breeding grounds around their homes and communities.”

Dr. Bernard Eichold, Mobile County health officer, said, “People should exercise caution and follow Alabama Department of Public Health recommendations regarding Zika.”

For more information about the Zika virus and emergency preparedness, visit www.adph.org/mosquito.

HPV Collaborative continued from page 5

for the vaccine with a morning staff “huddle” or pre-visit chart review. Others delivered the HPV vaccine at acute care visits or started the vaccine series before 11 years of age. Most practices established reliable reminder systems to bring patients back for remaining doses. Practices also plan to deliver the HPV vaccine along with the flu shot.

Sustaining the Gains

To ensure HPV vaccine delivery is sustained, practices will keep monitoring their HPV vaccination rates using a couple of approaches. Many are working with ACHIA’s collaborative partner at the Alabama Department of Public Health Immunization Registry to be certain that their adolescent vaccine data are current. Other practices will continue to track data quarterly over the next couple of years in the ACHIA database as they continue to use their QI tools to reliably deliver continuous quality care to their patients.

Participating Practices
- Alabama Family Practice
- Charles Henderson Child Health Center
- Children’s of Alabama Primary Care Clinic
- Dothan Pediatric Clinic
- Enterprise Medical Clinic
- Fairhope Pediatrics
- Greenvale Pediatrics-Hoover
- Huntsville Pediatric Associates
- USA Midtown Pediatrics
- USA Children’s Medical Center
- Mobile Pediatric Clinic
- Purohit Pediatric Clinic-Anniston
- West Alabama Pediatrics

To learn more about decreasing HPV cancer risk, visit www.achia.org or the resources at http://www.alaap.org/qi-collaboratives/.
Mark Benfield, MD

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