From the President
Join me in “building better brains through books” this holiday season

As highlighted in the “Reach Out and Read All About It” section of this newsletter, the Academy is encouraging practices and clinics to participate in Reach Out and Read as part of the strategic priority, Early Childhood and Brain Development. We’re proud that the Chapter has had a Reach Out and Read statewide coalition since 2006. During the past six years, the program has experienced tremendous growth with 68 practices and clinics now participating, distributing more than 128,000 books annually. That makes our program the largest family engagement and early childhood literacy program in the state!

We need your help to “build better brains through books” with a prescription for books! Due to recent cuts to federal funding, the Chapter is no longer receiving monetary support from Reach Out and Read National to support the administrative costs of the program. In addition, Reach Out and Read-Alabama works with each of its 68 sites to supply the funds necessary to sustain them and expand the program to other pediatric practices and clinics across the state. This year, as you consider your charitable contribution, I’m challenging each member to donate $50.00 to sponsor one child through Reach Out and Read. Your board has established a goal of $35,000 for this End-of-Year Campaign. If we reach our goal, 700 children and their families across Alabama will receive the full benefits (10 books) of the program.

The benefits of Reach Out and Read have been well-documented. Since 1991, this model has been studied by academic investigators in a variety of academic papers, demonstrating its effectiveness in improving early childhood literacy and brain development. We encourage you to participate in this wonderful program and make a difference in the lives of children in our state.

Pediatricians and their staffs from across the state came together for yet another successful Annual Meeting and Fall Pediatric Update at The Wynfrey Hotel in Birmingham in late September, which featured a Chapter business meeting on Saturday, a Friday morning practice management workshop, sponsored by the AL-AAP Practice Management Association, and a Friday afternoon coding workshop.

Pediatric residents from the University of Alabama at Birmingham once again played an active role by introducing speakers and hosting an advocacy exhibit. One of the major highlights of the clinical educational sessions was a frenotomy workshop, presented by Diana Mayer, MD, FAAP, who taught participants how to perform this billable procedure.

“After attending the workshop, I did my first frenulectomy at my office today; the procedure went well, mom immediately breastfed the baby and felt that the baby was feeding so much better,” said Ritu Chandra, MD, FAAP, of Phenix City in a comment on the Chapter’s Facebook page one week after the meeting. “My two partners watched in awe and they are now going to start doing the procedure. My AAP Chapter helped me learn a new procedure I had never learned in residency and neither had any of my partners. Thanks go to the Chapter…”

The meeting also featured the annual Children’s of Alabama/UAB/Chapter Awards Dinner, at which Children’s CEO Mike Warren highlighted the hospital’s new expansion as well as statewide pediatric successes such as the September 18 referendum.

continued on page 3

continued on page 5
Chapter leadership thankful for September 18 advocacy efforts; Medicaid funding reform continues

As was discussed at the Annual Meeting and through the Chapter’s e-news, the outcome of the September 18 Constitutional Amendment referendum — a two-to-one YES vote — is the result of the advocacy of many people in our state, including organizations with which we partner: the Alabama Hospital Association, the Medical Association of the State of Alabama and the Children First Foundation, to name a few. We truly thank them for their stellar efforts to get out the vote. Our own members went above and beyond in getting the word out — through editorials, media interviews and using “AAP Charlie” as a way to pictorially represent the “get out the vote for children” message. Please “like” and visit our Chapter Facebook page (www.facebook.com/AlabamaChapter.AAP) to see all of the media hits, as well as your colleagues’ “AAP Charlie” photos.

Medicaid reform imminent

Don Williamson, MD, who is leading the Medicaid transition, said that the YES vote was much-needed and will buy time as the state explores ways to sustain the program for the long term. One happy change is that the Agency reversed provider payment cuts effective October 1. Now, state leaders are taking action to reform Alabama Medicaid like never before, focused on three areas: financing, delivery and payment, in order to address rising costs in the program, increases over time in the number of recipients, and impacts of the Affordable Care Act.

Two bodies are largely responsible for this reform effort: the Joint Legislative Committee on Medicaid Policy, chaired by Representative Greg Wren, and the new Alabama Medicaid Advisory Commission, created by Governor Robert Bentley with the goal of reforming Medicaid by improving financial stability and patient care. The Chapter has had representation at numerous meetings of these bodies since the summer; Michael Ramsey, MD, FAAP, Chapter Vice President/President-Elect, was appointed a member of the Governor’s commission, which held its first meeting on November 1.

“We are committed to increasing efficiency, eliminating fraud and maintaining patient care,” Governor Bentley said. “We believe we can deliver higher-quality care while also controlling costs. The Alabama Medicaid Advisory Commission will help us accomplish this.”

Chaired by Dr. Williamson, the commission will evaluate the Alabama Medicaid Agency’s financial structure and identify “ways to increase efficiency while also helping ensure the long-term sustainability of the agency,” according to a release from the Governor’s office.

As part of this process, Chapter Executive Board members have also lent their experience...
settings, providing a growing body of peer-reviewed research on the program’s impacts. Key findings show that among those served by Reach Out and Read:

- Parents are up to four times more likely to read aloud to their children.
- Children show significant developmental gains in language and a six-month developmental edge over their peers in the preschool years.
- Children score higher on vocabulary tests and school readiness assessments.

In my own practice, I cannot begin to tell you the impact it has made; there are many stories of how we have reached parents who otherwise would not have gotten in the habit of reading aloud to their children.

With 27.4 percent of Alabama's children living in poverty and 34 percent living in single-parent households (2012 Alabama Kids Count Data), a simple donation of $50 can have a tremendous impact in ensuring that these children have a chance to succeed in school and life with the benefits of Reach Out and Read.

You can make your online donation at a special site created for our campaign (http://bitly.com/Udljxy) or look for the special donation envelope in the second annual Reach Out and Read Annual Report, which will arrive in your mailbox by Dec. 1. Emails and Facebook posts will also be used as gentle reminders throughout our campaign. Please forward these to your family and friends — the campaign is not limited to our members!

Thanks to your support, more of Alabama’s children will go to sleep each night with the opportunity to hear stories such as Goodnight Moon, Curious George and Clifford the Big, Red Dog at bedtime. And we will be able to build better brains with a prescription to succeed in school. And that will be a Merry Christmas for all of us!
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“Annual Meeting” continued from page 1

After this keynote address, Chapter President Grant Allen, MD, FAAP, recognized several individuals for their outstanding work, including:

- Pippa Abston, MD, FAAP, of Huntsville, in recognition of her advocacy for children in the 2012 Alabama Legislature Regular Session;
- Don Williamson, MD, State Health Officer, in recognition of his “above-and-beyond” efforts to salvage the Alabama Medicaid program in the 2012 budget crisis; and
- Hector Gutierrez, MD, and LaCrecia Britton, RN, MSN, CPNP-AC/PC, of the UAB Pediatric Pulmonary Division, in recognition of their stellar efforts to improve care for Alabama children by engaging pediatricians on quality improvement processes.

The special evening ended with Children’s awarding of its Master Pediatrician and Wallace Clyde awards (see sidebar story).

Glasgow named Master Pediatrician, Tyler honored with Wallace Clyde award

Recognizing outstanding accomplishments and dedication to the practice of general pediatrics, the Children’s of Alabama Master Pediatrician has been awarded since 1991. Many long-time Chapter members have earned this distinction, and this year, Chapter member David Glasgow, MD, FAAP, of Birmingham, has joined his colleagues on the list.

After serving a three-year tour with the U.S. Navy and completing pediatric residency at Children’s Hospital and UAB in 1974, Dr. Glasgow began practice in his native Birmingham at Greenvale Pediatrics. Board-certified in pediatrics and a Fellow of the American Academy of Pediatrics, he has been active in a number of professional and community organizations, including service as president of the Jefferson County Pediatric Society, president of the medical/dental staff at Children’s, and chairman of the Department of Pediatrics at Brookwood Medical Center. He has been active in the Alabama Chapter-AAP, including service on the Nominating Committee.

The Wallace Alexander Clyde, M.D. Distinguished Service Award was established in 1984 by the UAB Department of Pediatrics and Children’s as a means of recognizing outstanding physicians who have devoted a lifetime of service to children and their families. This year, Eric Tyler, MD, FAAP, who has practiced pediatrics in Alexander City for more than 27 years, received the 2012 Wallace Clyde Award. A progressive leader in improving pediatric care in Alabama, Dr. Tyler has been an active member of the Chapter, the American Academy of Pediatrics, the American College of Ethical Physicians, and the American College of Hospital Physicians. He is also a member of the American College of Physician Executives, and has completed the course work to sit for the Certified Physician Executive examination.

Most recently, Dr. Tyler has served as Nominating Committee Chair for the Chapter, and has served on the Executive Board in the past.

Both Drs. Glasgow and Tyler have exhibited a keen interest in improving the care of children in Alabama and are most deserving of these highest of pediatric honors in Alabama. Congratulations!

One interesting tidbit: Dr. Tyler’s award photo with his family (featured at right) has the distinction as the most “liked” and “viral” post on the Chapter Facebook page, with 246 likes by parents across Alex City! Double congratulations!
What is the Vaccines for Children Program?

The Vaccines for Children (VFC) program provides vaccines to eligible children without vaccine cost to the provider. All routine childhood vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are available through this program. The program saves parents and providers out-of-pocket expenses for vaccine purchases.

What are the benefits of the VFC program?

You can provide necessary vaccines to uninsured children and others who cannot get recommended vaccinations without financial assistance—and, you will not incur any additional costs. You can also...

- Reduce referrals of eligible children to the public clinics for vaccination, thus allowing them to stay in their medical homes and ensuring the continuity of care.

- Save money on your vaccine purchase because you will receive public-purchased vaccines under the program.

- Receive technical assistance to help improve your vaccination rates, such as record-keeping, vaccine handling, and vaccination opportunities.

How can I enroll as a provider in the VFC program?

Enrolling in the VFC program is easy! Call the Alabama Department of Public Health’s Immunization Program. Then...

1. Request a provider enrollment package.
2. Complete and return the enrollment form.
3. Return the Provider Profile form, as required, to ensure you receive the amount of vaccine needed for your office.

Your strength is the ability to provide.

Alabama Department of Public Health
1.866.674.4607
www.adph.org/immunization
How ICD-10-CM codes can be used now

As practices transition to medical home and diagnosis-related projects, there is an opportunity to also begin the transition to ICD-10-CM diagnosis coding without financial implications. For example, in the Alabama CQN Asthma Learning Collaborative, a practice would need to track components of severity in asthma patients. ICD-9-CM diagnosis codes are not specific enough to track all of the asthma diagnoses for this project. In ICD-10-CM, there are codes for these diagnoses and rather than make up a “dummy tracking” code in an EMR, the practice could use ICD-10 codes for tracking purposes only. By doing this, the more specific information is tracked and the practice begins to become familiar with ICD-10-CM diagnosis codes.

For a comparison of ICD-9-CM transition to ICD-10-CM, see three common asthma codes below:

<table>
<thead>
<tr>
<th>ICD-9-CM Codes/Descriptors</th>
<th>ICD-10-CM Codes/Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>493.00 Extrinsic asthma, unspecified</td>
<td>J45.20 Mild intermittent asthma, uncomplicated</td>
</tr>
<tr>
<td>493.30 Mild persistent asthma, uncomplicated</td>
<td>J45.30 Mild persistent asthma, uncomplicated</td>
</tr>
<tr>
<td>493.40 Moderate persistent asthma, uncomplicated</td>
<td>J45.40 Moderate persistent asthma, uncomplicated</td>
</tr>
<tr>
<td>493.50 Severe persistent asthma, uncomplicated</td>
<td>J45.50 Severe persistent asthma, uncomplicated</td>
</tr>
<tr>
<td>493.01 with status asthmaticus</td>
<td>J45.22 Mild intermittent asthma with status asthmaticus</td>
</tr>
<tr>
<td>493.32 Mild persistent asthma with status asthmaticus</td>
<td>J45.32 Mild persistent asthma with status asthmaticus</td>
</tr>
<tr>
<td>493.42 Moderate persistent asthma with status asthmaticus</td>
<td>J45.42 Moderate persistent asthma with status asthmaticus</td>
</tr>
<tr>
<td>493.52 Severe persistent asthma with status asthmaticus</td>
<td>J45.52 Severe persistent asthma with status asthmaticus</td>
</tr>
<tr>
<td>493.02 with (acute) exacerbation</td>
<td>J45.21 Mild intermittent asthma with (acute) exacerbation</td>
</tr>
<tr>
<td>493.31 Mild persistent asthma with (acute) exacerbation</td>
<td>J45.31 Mild persistent asthma with (acute) exacerbation</td>
</tr>
<tr>
<td>493.41 Moderate persistent asthma with (acute) exacerbation</td>
<td>J45.41 Moderate persistent asthma with (acute) exacerbation</td>
</tr>
<tr>
<td>493.51 Severe persistent asthma with (acute) exacerbation</td>
<td>J45.51 Severe persistent asthma with (acute) exacerbation</td>
</tr>
</tbody>
</table>


Using the new code set will enable practices to transition gradually by introducing the ICD-10-CM codes into the practice records. Periodically, the AAP Pediatric Coding Newsletter has an online exclusive article for different diagnosis groups called “Crosswalking ICD-9-CM to ICD-10-CM,” which not only serves as a helpful resource for the 2014 transition to ICD-10-CM, but also offers ways to utilize these codes in current projects.

Since parents procrastinate, you should still vaccinate!

An important reminder from Chapter Immunization Representative Tim Stewart, MD, FAAP: Alabama pediatricians should STILL be vaccinating for flu! The worst month for flu is classically February. We should continue vaccinating as long as flu vaccine is available.
Reach Out and Read All About It!
By Salina Taylor, Reach Out and Read-Alabama Development & Communications Coordinator

AAP highlights the “5R’s” of early literacy
Did you know? This year’s AAP Agenda for Children/Strategic Plan includes early brain and child development (EBCD) as a strategy priority. As part of this initiative, the Academy encourages early literacy and has written a brief that suggests that practices participate in Reach Out and Read. To access the brief, go to www.aap.org/ebcd and click “5 R’s of Early Literacy” under “AAP Resources.”

Practices encouraged to participate in Reach Out and Read

Reach Out and Read program sites are required to provide basic information on progress reports every six months, and data analysis for the January-June 30, 2012 reporting period has been completed. In the past six months, 68 programs reported data showing that 64,163 books were distributed by more than 300 medical providers at corresponding well-child visits. This means that over the past 12 months, Reach Out and Read practices and clinics provided 153,300 visits and 128,326 books – that’s almost 500 brand-new books and one-on-one messages to parents linking reading to healthy development each day!

For more information on how your practice or clinic can participate in Reach Out and Read, visit www.reachoutandread.org.

Thanks to our contributors
Thanks to our generous donors, we are building better brains in Alabama’s children through the gift of reading. (January - November 2012)
PRACTICE is the key to safe teen driving:

1. 50 hours of practice with an adult in various situations.
2. Know the Alabama Graduated Driver License Law
3. Sign a Parent-Teen Agreement

Download your “Safe Teen Driving Tool Kit” from our website, www.alaap.org. To request an extra “Safe Teen Driving” jump drive, call our office at 334.954.2543.

A message from The Alabama Safe Teen Driving Coalition
Carlo honored as 2012 Virginia Apgar Award recipient

At the American Academy of Pediatrics’ (AAP) National Conference and Exhibition held in October, the AAP Section on Perinatal Pediatrics presented its renowned Virginia Apgar Award to the Chapter’s own Wally Carlo, MD, FAAP, Director of Neonatology and Edwin M. Dixon Professor of Pediatrics at the University of Alabama at Birmingham.

The award is the highest award given by the Section, given annually to an individual from any field of medicine and any country whose career has had a continuing influence on the well-being of newborn infants.

Dr. Carlo was recognized for having played a leading role in many advances in neonatal-perinatal medicine during the last three decades and in establishing the current guidelines for neonatal care in the U.S. and worldwide.

 “[Dr. Carlo is] a household name in neonatal-perinatal medicine throughout the globe ... [He] is an accomplished investigator, superb educator, talented clinician and world leader in the field...,” reported the Section on Perinatal Medicine’s Newsletter (Summer 2012 edition).

In addition to his stellar work across the country and internationally, Dr. Carlo has been a solid advocate for improving neonatal care at home in Alabama – a leader whose expertise the Chapter has drawn upon for many years in a number of situations.

As the recipient of the 2012 Apgar Award, Dr. Carlo will open the plenary session of the 2013 American Academy of Pediatrics Spring Meeting as the Butterfield Lecturer.

Congratulations on this most distinguished honor, Dr. Carlo!

Simpson awarded American College of Dentists Fellowship

Richard Simpson, DMD, a Chapter member, Chapter liaison to the Alabama Academy of Pediatric Dentistry, and a pediatric dentist in Tuscaloosa, was awarded Fellowship in the American College of Dentists on October 18 during its Annual Meeting and Convocation in San Francisco, Calif.

Dr. Simpson is the current President of the Alabama Academy of Pediatric Dentistry, a member of numerous state committees on oral health, and serves actively as an advocate for children’s health issues in general. A Diplomate of the American Board of Pediatric Dentistry, Dr. Simpson will graduate this December from the Leadership Institute of the American Academy of Pediatric Dentistry through the Kellogg School of Management.

The American College of Dentists is the oldest national honorary organization for dentists with a mission to advance excellence, ethics, professionalism, and leadership in dentistry. Fellowship in the College is by invitation and based on demonstrated leadership and contributions to the dental profession and society. Approximately 3.5% of dentists are Fellows of the American College of Dentists.

Chapter planning for obesity quality improvement collaborative in 2013

After successfully testing the “quality improvement waters” with asthma in the Chapter Quality Network project for several years, as well as developmental screening in the last year, the Alabama Chapter-AAP will break new “QI” ground to address obesity beginning in 2013. A eight-person committee of Chapter members has formed as an advisory group to look at data measures to improve practice processes for the management of obesity in primary care practice.

Cason Benton, MD, FAAP, Stephenie Wallace, MD, FAAP, and Bonnie Spear, PhD, faculty with the University of Alabama at Birmingham Department of Pediatrics, have agreed to assist as quality improvement and content advisors to the project, which is current in the design phase. Cathy Wood, MD, FAAP, will serve as Physician Leader, and Linda Champion, MPA, will serve in her continued role as project manager.

Chandra awarded CATCH grant for medical home project

Congratulations to Ritu Chandra, MD, FAAP, who has been awarded a 2013 Community Access to Child Health
and expertise to out-of-state consultants who have been contracted by the Alabama Hospital Association to assess the best options for our state. The findings of this analysis will likely feed into the decision-making process of the Commission. The commission will be asked to recommend plans for reforming Medicaid to the Governor prior to the Legislature’s 2013 Regular Session, which begins in February.

“It is crucial for our voice to be heard in this process, and we’re very glad to have a seat at this table, working closely with other provider groups to make the best decisions for the patients and providers of Alabama,” said Dr. Ramsey. “In particular, we are lending our thoughts on what is best for the care of children, which we cannot underscore enough. They are not little adults and their care must be treated as special as they are.”

Through this process, the consultants are exploring models from other states to radically change how the program is funded, institute more quality benchmarks, etc. Models under consideration include Accountable Care Organizations, Care Coordination Organizations, among others.


Chapter secures provider meeting

RE: January payment increase

Complicating the Medicaid funding equation further, certainly a bit of good news is the Affordable Care Act’s (ACA’s) provision that will raise Medicaid payment to Medicare rates for primary care providers who qualify beginning January 1 (the difference fully funded by the federal government for two years).

In an effort to assure that the payment increase for primary care providers takes effect in January, the Chapter formally requested a meeting with the Medical Directors at Medicaid. Chapter Executive Director Linda Lee attended the meeting in early November, at which Medicaid reported that they are working on the required State Plan Amendment, relying on consultants to determine the average Medicare rates to match, and have established their process for determination of physicians who will get the increase.

The first step of this process will be checking providers for board certification. If the Agency determines that a provider is not board-certified by the applicable board, then Medicaid will review that physician’s claims data to attest that at least 60 percent of all of the Medicaid services for which he or she bills are for E&M and vaccine administration codes specified for the payment increase. If a physician is still ineligible based on the “60 percent rule,” then Medicaid will send him/her a letter and ask for self-attestation.

Once average Medicare rates are determined, Medicaid will set up a new reimbursement rate for the applicable codes, which will be paid per claim. One question for which we are seeking clarification is the rule regarding physician extenders. The Chapter will relay more information on this as it is known.

For more information on this provision of the ACA, see the AAP’s one-page fact sheet, located on the Federal Affairs web page.

and fax prefixes to “638” in late June, many offices in the Birmingham metro area have been told they must dial a “1” before dialing 638-______, as if the call is now long distance. If your office is experiencing this or any other problem when dialing the new “638” exchange, the issue is most likely with the carrier. Some smaller companies are slower than others when “updating their tables” (internal database) and may not have added 638 as a valid prefix.

Please ask them to “update their tables” with the 638 prefix. This should solve the problem. Please email Laura with “Physician Link” (issues hotline) at laura.martin@childrensal.org if you are still having problems.
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NEWS FROM THE AAP

CATCH grant proposals sought!

The American Academy of Pediatrics is pleased to announce that CATCH (Community Access To Child Health) is now accepting applications for its Implementation, Cycle 2 Planning and Cycle 2 Resident Funds programs, which support community-based child health initiatives. Grants of up to $12,000 are awarded to pediatricians who will work collaboratively with local community partners to ensure that all children have medical homes and access to needed health care services. Priority is given to projects that serve a population known to be underserved or with demonstrated health disparities. All projects must be sustainable. A pediatrician must lead the project and be significantly involved in the grant proposal development and project activities.

Grants of up to $3,000 are awarded to residents to plan and/or implement community-based initiatives that increase access to medical homes or health care services not otherwise available. Projects must include planning activities or demonstrate completed planning activities. A pediatric resident must develop the proposal, lead the project and be significantly involved in project activities. To ensure project completion, residents who are in their 1st or 2nd year of residency on the application submission due date are eligible to apply; 3rd-year residents may apply as co-applicants, or as primary applicants if they will be chief resident in their 4th year.

For specific grants available this cycle, an online application, and more information in general, visit www.aap.org/catch/funding.htm, e-mail catch@aap.org or call (847) 434-4916.

Join more than 1,200 pediatricians who, through their CATCH projects, have learned that local child health problems can be solved locally, often using local resources. One pediatrician can make a difference!

Teen driving toolkit launched at Annual Meeting

By Marie Crew, RNC-NIC and Kathy Monroe, MD, FAAP

With a flurry of media hits across the state, the Alabama Chapter-AAP Teen Driving Pediatrician Toolkit was launched at the Annual Meeting in September, with more than 100 kits distributed to attendees.

As part of the Chapter’s safe teen driving campaign, in conjunction with the Alabama Safe Teen Driving Coalition made up of numerous partnering organizations, the toolkit’s launch was highlighted with a satellite news conference on Thursday, September 27, at which member Carden Johnston, MD, FAAP, announced the toolkits as a way to help member pediatricians better engage parents and teens about Alabama’s graduated driver license law and safe driving in general. The toolkits are on a jump drive for easy reproducing, and include a driving hours log and teen-parent agreement.

Since then, the toolkits has been rolled out at regional Grand Rounds presentations in Montgomery, Mobile and Muscle Shoals, along with an educational session, “Teen Driving—What Works.” A final session will be held in Birmingham in December. At the sessions, pediatrician attendees are provided with the jump drives and hard copies of all material.

Meanwhile, information on teen driving safety has made its way into homes across the state, thanks to the success of the news conference and keen interest from the media.

If you have not yet received a toolkit, one will be mailed to you after the final regional session. For now, visit the Chapter’s website at www.alaap.org to download the kit components, which are also available on the Children’s of Alabama website at www.childrensal.org.

This collaborative Chapter project is made possible through an American Academy of Pediatrics’ grant from the Allstate Foundation.

Chapter addresses concerns with new ALL Kids formulary

If you are an ALL Kids provider, you know that a new formulary was put in place on October 1 as a cost-saving measure by the program to meet this year’s budget constraints without resorting to provider cuts, which had previously been on the table.

To address numerous pediatric concerns about coverage of asthma medications in the new formulary, Generics Plus, Chapter leaders requested and participated in a call with several members, the clinical pharmacist at Blue Cross Blue Shield and numerous ALL Kids staff in mid-October.

After listening to concerns, the staff agreed to add at least one metered dose inhaled corticosteroid, Qvar, to the formulary as an alternative to Asmanex. This addition was effective in late October and represented a change across all plans that use the Generics Plus Formulary.

Meanwhile, discussions continue on several other specifics of the formulary. If you have any questions regarding the formulary, you can contact your BCBS provider representative. BCBS representatives explained that a prior authorization exception process is in place to overcome extenuating circumstances that cite the need for a non-covered drug.

If you have a more global concern, you can contact the Chapter office at llee@alaap.org or 334-954-2543.
2013 represents new opportunity for practices interested in CQN asthma project

By Wes Stubblefield, MD, FAAP, CQN3 Physician Leader

Do you want to improve your patients’ asthma outcomes? Are you seeing more children with asthma than you once had? Do you want support in implementing the NHLBI/NAEPP guidelines in your practice? Is asthma causing issues with time management in your busy practice? And finally, are you interested in bringing quality improvement to your practice and receiving American Board of Pediatrics, MOC Part 4 credit (40 points awarded in 2014)?

The Chapter will be undertaking a third quality improvement collaborative for asthma (CQN3). Working with the AAP, the UAB Department of Pediatrics, Children’s of Alabama, and ADPH Social Workers, the Chapter will be offering 40 points of Part 4 MOC (for award in the year 2014) upon completion of this 12-month QI collaborative starting March 2013 and ending in April 2014. The first learning session (a seven- to eight-hour training) is scheduled for Saturday, March 2, 2013 in Birmingham.

Why join a learning collaborative?

Experience with improvement work has demonstrated that physicians are more likely to make and sustain changes when they are supported by their practices and their colleagues. Practices participating in this project will be working with a team from their office and will be sharing what they have learned with the other participating practices in our Chapter via conference calls and electronic communication.

What are the benefits and opportunities for practices?

Participation in this collaborative provides many benefits to involved teams:

- Demonstrate improvement in asthma care at the practice level
- Access evidence, protocols, tools and resources using QI techniques
- Access monthly data report showing progress on key quality indicators
- Earn Part 4 MOC credit
- Access the Alabama Chapter-AAP Asthma Registry to manage patients and evaluate specific outcomes uniting important clinical information from several sources into a single location
- Network with other pediatricians engaged in QI
- Access national and UAB QI expertise and coaching
- Earn continuing medical education credits.

What is expected of participating practices?

Your practice team will participate in a series of pre-work webinars to prepare you for the collaborative and four learning sessions (two face-to-face one-day trainings in Birmingham and two webinars) followed by action periods where you will have the opportunity to try out changes in your practice setting. During the action periods, practices will measure progress toward improvement goals. Expert faculty will coach practice teams to assist you in applying key change ideas into your offices/clinics. Participating practices will work with a multi-disciplinary “core team” of clinical and administrative staff from their office to improve care for children with asthma. Practices will use the Alabama Asthma Registry to create a database for analysis and support for the treatment of patients.

If you are interested in participating, contact Linda Champion, MPA, Project Manager, at lchampion@alaap.org or 334-324-9307.
Quality improvement does not have to be difficult

By Naresh Purohit, MD, FAAP, Purohit Pediatric Clinic

As a pediatrician who has completed the Reach Out and Read Quality Improvement project, I urge you to consider it for yourself! This project was appealing to our practice because Reach Out and Read was already in place at both of our clinics and the project offered 25 points toward the 40 required for Maintenance of Certification Part 4. Also, improving and maintaining the Reach Out and Read model is important to the children and families that we serve, with more than 60 percent receiving their health care via Medicaid. I served as project leader with two of the other providers in the clinics participating in the project. All providers in both clinics prescribe books to more than 3,000 children annually at well-child visits starting at six months and encourage families to share books together.

The six-month project includes an initial kick-off month and five months of data collection, which required internal tracking of well-child visits, book inventory and a three-question parent survey. We added an ORDER button to our EMR for our lab personnel to administer the parent survey once the provider had completed the visit. As a result of the project, our MA’s now select the appropriate book and place it in the bin outside the exam room for the provider to take into the room (as opposed to having the provider select the book from our inventory prior to the exam).

Active participation in monthly QI Committee conference calls in months 3 and 6 is required of MOC-qualifying providers. Each month, the QI Committee tracks change impact, monitors progress, and collects data, including the total number of well-child visits, number of books distributed from inventory, and the three-question survey from the first 50 families. At the end of the project, each participant must complete the QI project evaluation and the appropriate board attestation form to be submitted to the American Board of Pediatrics.

With a simple change to our EMR and using our lab personnel to administer the parent survey, we found that the project was very simple and resulted in changes that increased our efficiency in prescribing books to our patients.

NEWS FROM MEDICAID

Plan First provides full cessation benefits

Alabama women enrolled in Plan First who want to quit smoking are now eligible for a full course of tobacco cessation treatment, thanks to a special Medicaid waiver. Alabama is the first state to provide this program, which addresses one of the most prevalent causes of infant mortality and improves the overall health of mothers and babies.

The Medicaid waiver covers all costs for approved tobacco cessation medications for Plan First participants. In addition, patients can be referred to the Alabama Tobacco Quitline for counseling in conjunction with the medication to help them stop smoking.

The Plan First program provides family planning services to uninsured women who would not qualify for Medicaid unless pregnant. To qualify, an applicant must be between the ages of 19 to 55 and have family income that is at or below 133 percent of the Federal Poverty Level.

Healthcare providers must use a Plan First referral form to have the Alabama Tobacco Quitline contact their patients for cessation counseling. The form and the prior authorization request form can be found at http://adph.org/planfirst/Default.asp?id=5936. The web page includes resources describing the program and how to help Plan First patients quit tobacco use.

Also, providers can visit www.medicaid.alabama.gov for more information. The Medicaid waiver will end in December 2013.

For more information, contact Nancy Headley at 334-242-5684.
Mark Benfield, MD
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