From the President
Chapter works hard for members and kids

The Chapter year started in October with plans to follow up on successes we have had with the development of our Pediatric Council (Dr. Holloway) and Quality Improvement initiatives (Drs. Wiley and Stubblefield), which we have managed to do very successfully. We received our first stand-alone MOC credit for Part 4 for our developmental screening project and began Phase 2 of the CQN asthma project (Phase 3 is in the planning stages). We continue to use our Pediatric Council to have great dialogue and understanding with the major insurers in Alabama. We have begun planning to develop a business model for serving the underserved areas of our state.

However, during the 2012 Regular Session of the Alabama Legislature, our Medicaid program suffered several setbacks. Our Legislative Day was a near disaster of acrimonious discourse with the House and Senate leadership, but it propelled us to new heights in advocacy. That very week, Medicaid advocacy went into high gear, led by our chapter, and partnering with other organizations, including the Academy of Family Physicians, the Heart Association, the Cancer Society, the Hospital Association, the Medical Association and the Nursing Home Association, we prompted practices to have patients sign petitions for an increase in the tobacco tax to support Medicaid. Practices set up advocacy stations in their offices so parents could fax and call the Governor and their legislators. We had dozens of media hits with pediatricians speaking to their local paper editorial review boards.

Spring Meeting brings highest attendance in five years

The Chapter’s 2012 Spring Meeting & Pediatric Update, held May 3-6, 2012, proved to be a huge success, with the highest attendance of the past five years of Spring Meetings.

Attendees enjoyed a strong sense of camaraderie at networking events, such as the opening reception, the mixer on Saturday night, as well as a “Best Practices Sharing Session” on Saturday morning.

Session ends with mixed news for pediatrics

After a tumultuous several months, the Regular Session of the Alabama Legislature ended on Wednesday, May 16. This year’s session was the busiest and most challenging the Chapter has seen in years, with engagement at every level: staff, Executive Board, members and our contract lobbyist. Here are the highlights:

• Medicaid funding for Fiscal Year 2013: After weeks of ups and downs, a range of possible proposals, and countless meetings between the Chapter and partners, legislators and State Health Officer Don Williamson, MD (currently overseeing the Medicaid budget), the session ended with mixed news on the Medicaid funding front. The Agency was funded by the Legislature at $603,125,607 (Dr. Williamson’s “bare bones” request) for the Fiscal Year beginning on October 1, 2012, which includes an absolute appropriation of the $603 million, however the entire General Fund Budget is conditioned on a Constitutional Amendment (CA) to move money from an Education “rainy day fund” to the General Fund. This Amendment will be decided by Alabama voters on September 18 in a special election. The Chapter will be partnering with collaborating organizations to promote a “yes” vote for this CA. The good news is that the combined Medical Association/Chapter lobbying team was able to insert language in the budget, which passed both houses and awaits the Governor’s signature, that protects Patient 1st providers from payment cuts beginning October 1 for the 2013 fiscal year. The team worked continuously behind the scenes to ensure that this provision did not get removed. Unfortunately, the session ended with no increases in the cigarette tax or other sustainable revenue source, which was fought for tire-
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Alabama Chapter – AAP

Mission:
The mission of the Alabama
Chapter of the American Academy
of Pediatrics is to obtain optimal
health and well-being for all chil-
dren 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 advoca-
tes for they have no voice of
their own.
Pediatricians are essential to
achieving optimal child health.
The work of pediatricians, and the
profession of pediatrics, must
endure and grow ever stronger.

Vision:
Children in Alabama are happy
and healthy; Alabama pediatrici-
cians are professionally fulfilled
and financially secure.

Annual Meeting to feature lectures on celiac disease, pulse ox,
breastfeeding, oral health case studies and more

Make sure your calendars are marked for September 28-30, 2012 for the 2012 Annual Meeting and
Fall Pediatric Update at The Wynfrey Hotel in Birmingham, which will offer a wide range of topics for
Alabama pediatricians and other pediatric healthcare providers.

by pediatric gastroenterologist David Gremse, MD, FAAP, who has recently returned to Alabama to
chair the Department of Pediatrics at USA Children’s and Women’s Hospital, as well as sessions on
expanding private pediatric practice to underserved areas, frenotomy and ankyloglossia, pulse oximetry
screening, implementing the “Baby Friendly” process in local hospitals, and more!

In addition, the weekend will feature a “Diagnosis Documentation and Coding for Pediatrics”
Workshop on Friday afternoon, co-sponsored by the Chapter’s Practice Management Association, as
well as non-CME practice management sessions on Friday morning.

Look for registration details coming soon!

“From the President” continued from page 1

news channels, blogging and getting links out on Facebook.

While the tobacco tax did not pass, Medicaid survived this budget crisis, and our legislature is more
aware than ever of the importance of Medicaid to the economy of the state as well as the health of
our health system. This crisis elevated our advocacy efforts and has spurred us to work toward a
Chapter advocacy policy of building a sustainable future for Medicaid. With a sustainable future, we
will be able to build the business case for serving the underserved.

To continue this work, we need you – our members – to remain involved, aware, and advocate.
One area of advocacy I would like each of you to tackle is to let your non-member colleagues know
what the Chapter has done for them. Your Chapter prevented a 40 percent pay cut to providers start-
ing Oct. 1, 2012 (that alone is worth the dues). Your Chapter advocated with Blue Cross Blue Shield
for increased vaccine administration codes, improved coverage of pediatric services and helped build
the Value-Based Payment program (certainly worth the dues). Your Chapter is doing great work, but
our staff are paid by our dues. Our staff worked tirelessly on this Spring’s advocacy efforts for
Medicaid as well as a number of other issues, all while planning our Spring Meeting (fantastic speak-
ers and 20 percent increased attendance). We represent pediatric issues for Alabama, and as such, all
pediatricians. Speak to your non-member colleagues about the benefits of joining – being part of the
organization that spends every waking moment working for a better future for Alabama’s children and
the people who care for them.
Chapter lands grant to spread developmental screening in five counties

The Chapter has been awarded a three-year grant from the Community Foundation of Greater Birmingham to spread developmental screening and connect at-risk young children with needed services in five central Alabama counties, through Help Me Grow Alabama as well as the Chapter’s current efforts to train pediatricians on standardized developmental screening using a quality improvement learning collaborative model.

Described in the last issue of The Alabama Pediatrician as well as by founder Paul Dworkin at the Spring Meeting in May, the Help Me Grow (HMG) program in Alabama is an affiliate of the national network that uses a statewide call center to help child healthcare providers, families, and community resource providers connect children to the services they need. The grant will further expand HMG’s small-scale implementation in Blount, Jefferson, Shelby, St. Clair and Walker counties, train pediatricians on developmental screening, AND improve early literacy in these practices through the Reach Out and Read-Alabama.

Training and recruitment of practices is expected to begin this summer. Many thanks go to Polly McClure, ROR-AL Statewide Coordinator, for her efforts to secure this grant. Stay tuned for more details!

Developmental screening project gets approval for MOC credit

The Alabama Early Screening Improvement Project, kicked off last fall with five Tuscaloosa practices as part of the Chapter’s Healthy People 2020 grant project, has received approval from the American Board of Pediatrics for 25 points of Performance in Practice (Part 4) Maintenance of Certification credit.

Approved for the period of May 1, 2012, to May 31, 2014, the credit will be granted to pediatricians in the Tuscaloosa project who are collecting data and meeting project requirements after May 1, 2012. In addition, the AESI project can be expanded to other areas once the Chapter conducts more learning sessions in the near future. The first “stop” will be the five counties in the “Help Me Grow” starter area (Blount, Jefferson, Shelby, St. Clair and Walker).

“This is a milestone achievement for the Chapter,” said Linda Lee, APR, Chapter Executive Director. “We have now jumped through this major hoop of having a project approved for MOC Part 4 QI credit, which is an incredible step in terms of our move toward creating a child health improvement partnership. This would not have been possible without the tenacity of Linda Champion, Chapter Project Coordinator, in her efforts in completing the lengthy and grueling application process — kudos to her!”

Look for more information on this soon.

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One of the highlights was the participation of three medical students from UAB and USA, who were able to attend thanks to scholarships provided by practices from across the state.

National and state speakers provided excellent presentations on such issues as sports medicine, mental health, generational differences, developmental screening, advocacy, teen driving safety, and others. Chapter members were able to hear from Don Williamson, MD, State Health Officer, about the current Medicaid and ALL Kids funding situation and ask questions.

One of the highlights of the conference was a surprise award presentation on Sunday morning during the Chapter President’s update, during which President Grant Allen, MD, FAAP, announced the 2012 Carden Johnston Leadership Award: A.Z. Holloway, MD, FAAP, past president of the Chapter and a long-time pediatrician in Montgomery (see below).

Make plans now to attend next year’s Spring Meeting, set for May 2 – 5, 2013, at the Sandestin Golf & Beach Resort (Baytowne Conference Center)!

Holloway honored with Carden Johnston Leadership Award

A.Z. Holloway, MD, FAAP, has been honored with the 2012 Carden Johnston Leadership Award for his 10-plus years of leadership on the Executive Board, Chapter Pediatric Council, as well as his leadership in child health initiatives in his community and state over the past 30 years.

Chapter President Grant Allen, MD, FAAP, surprised him with the award during his President’s Update at the Spring Meeting on May 6.

In private practice in Montgomery since 1982, Dr. Holloway has been heavily involved in both his local community and the state pediatric community in a number of ways, including service on the Regional and State Perinatal Advisory Committee, the Sickle Cell Advisory Council, the Lowndes County Home Health Advisory Council, the State Task Force for Preventive Health, the Success by Six Health Committee, the Lead Poisoning Advisory Committee, and as co-medical director of the Child Health Project, among others. He has represented the Chapter on numerous state task forces, including the Alabama Department of Education’s Nutrition Task Force to explore ways to improve nutrition in schools and one of Children’s Rehabilitation Services’ Healthy 2010 workgroups for children with special needs. He founded the Chapter’s Pediatric Council in 2008, and has served as chair ever since. He served as Chapter President from 2007 to 2009.

The Carden Johnston Leadership Award is presented to a member of the Chapter in recognition of a career in pediatrics that encompasses not only high ethical and professional standards in patient care, but includes extraordinary stewardship and service to the organized profession of pediatrics as a whole in Alabama and at the District and national levels of the American Academy of Pediatrics (AAP). Created in 2011, the award is named in honor of Carden Johnston, MD, FAAP, of Birmingham, who has served the Chapter and the AAP in a multitude of capacities, including national president, for more than 30 years.

Congratulations, Dr. Holloway!
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Chapter members’ “save healthcare for children” message resonates across state

In early April, the Chapter embarked on an all-out grassroots effort to spread the message about protecting Medicaid for the sake of health care for all children in Alabama, sending out a special toolkit for members to send letters to their legislators, the Governor, and engage the patients in their practice to do the same. Members were also given sample letters to the editor to adapt and send out.

“The results of this effort were truly amazing,” said Grant Allen, MD, FAAP, Chapter President. “Never before have we seen such an outpouring of advocacy efforts; I believe that no matter what the outcome, this effort gave our members the experience and the confidence to reach out to both their legislators and the media on important child health issues.”

The Chapter office electronically clipped dozens of articles, letters to the editor and editorials written by or citing pediatricians in both print and broadcast media, and posted them to the Chapter Facebook page as well as a special “Save Medicaid for Alabama Children” page created for the crisis. Articles and news clips came in from Birmingham, Huntsville, Dothan, Anniston, Brewton, Florence, Mobile, Auburn, among others.

Many members engaged their parents and others in their communities in signing letters and calling the Governor. Two terrific examples included Dothan Pediatrics, which set up an

“Legislative update” continued from page 1

lessly by the Chapter along with 17 other healthcare organizations. We will continue to advocate for this with our partners if a special session is called later in the year.

• **ALL Kids funding for 2013**: ALL Kids’ “ask” of $40 million to fund healthcare for its current and expected enrollees for Fiscal Year 2013 was answered with a $32 million appropriation. As a result, the Public Health Department is looking at moving administration of the program to Medicaid, which will effectively reduce payment to providers.

• **Medicaid cuts in Fiscal Year 2012**: The Chapter and other partners have also been at the table with the Medicaid Agency for the last month, working on possible ways to avoid cuts to pediatricians and other physicians between now and September 30 as a result of the Governor’s called proration in March. Unfortunately none of the ideas have enough time for implementation between now and the end of the fiscal year, and the Medicaid Agency was forced to send an alert announcing a 10 percent cut to physicians’ payments effective June 1 as well as cuts to other optional services and adult brand name prescriptions. The Chapter will continue to work with Dr. Williamson on any possible avenues for reinstating the current rates, although the outlook is grim.

• **Silver lining in 2013**: On May 9, the U.S. Centers for Medicare and Medicaid Services (CMS) released a proposed rule as part of the implementation of the Affordable Care Act that uses federal funds to increase Medicaid payment rates to 100 percent of Medicare rates for primary care physicians in 2013 and 2014 (beginning January 1, 2013). The rule includes pediatric specialists and subspecialists as qualifying for the increase in payment, a move that was directly advocated for by the American Academy of Pediatrics during the last several months. “We are very happy about the inclusion of pediatric subspecialists in this rule, which will encourage their participation in Medicaid and thereby protect access for kids,” said Grant Allen, MD, FAAP, Chapter President.

• **Other legislative verdicts**: The Chapter leadership is also pleased with the outcome of several other pieces of legislation, including the enactment of a bill that prohibits text messaging while driving; successful passage of a substitute bill that increases private coverage requirements for therapy services for autism; failed passage of a bill that contradicted AAP clinical guidelines for palivizumab; and failed passage of a lay midwifery bill, among others. In addition, through the work of our Chapter lobbyist, the Alabama Department of Public Health, the American Heart Association, the Medical Association, the Hospital Association, and the Chapter were recognized through an Alabama House of Representatives resolution for their joint efforts in the past year on implementing a standard protocol for newborn screening for critical congenital heart disease. The resolution was read on the House floor on April 3, the day of Pediatric Legislative Day, and given to the Chapter.

“Although the cuts are not what we had hoped, the Executive Board believes that a lot of cohesive teamwork and advocacy on the part of the Chapter members, leadership, staff and lobbying team minimized what could have been a much worse outcome,” said Grant Allen, MD, FAAP, Chapter President. “We are committed to doing all we can to protect our membership from further harm, and working this summer at the table with Dr. Williamson to explore more permanent funding streams for Medicaid.”

At the end of the Regular Session, the Legislature passed House Joint Resolution 363, sponsored by Rep. Greg Wren of Montgomery, which creates a Permanent Joint Legislative Committee on Medicaid Policy composed of both Alabama House and Senate members. The committee is tasked with developing “recommendations to the Governor and the Legislature regarding the state’s long-term and short-term Medicaid challenges.” The Chapter is securing a seat at the advisory table of this joint committee.
Reach Out and Read All About It!

Business leaders learn about Reach Out and Read through Operation We Mean Business

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

As an extension of the Alabama Business Leaders’ Summit on Early Childhood Investment, business and community leaders have come together this Spring at four different Reach Out and Read sites — Charles Henderson Child Health Center, Pediatric Associates (Valley), Pediatric Adolescent Associates, Inc., and Dothan Pediatric Clinic. Each program focused on the link between early childhood literacy and workforce development. During the luncheon, the business leaders heard the latest research from Nobel Prize-winning University of Chicago Economics Professor James Heckman regarding ways to gain a more productive and valuable workforce that pays dividends to America for generations to come. You can view Dr. Heckman’s findings at www.heckmanequation.org.

In addition to linking family literacy to workforce development, the Reach Out and Read medical coordinator in each practice shared stories of how prescribing books at well-child visits can impact the preparation of a child to enter school in their community. “I do think it’s the best way for us to contribute to the long-term education of our children. This is another aspect of health, the growth and stimulation of the brain, which is just as important as making sure they get their immunizations and stay healthy. We prescribe reading, and we prescribe books,” stressed Dr. Michelle Freeman of Dothan Pediatrics.

“Operation We Mean Business is now the model for developing partnerships with business and community leaders in the communities that we serve through our 70-plus Reach Out and Read-Alabama programs,” said Polly McChure, statewide coordinator for the program. “Research shows that when families are engaged in the learning process of their children from birth, those children are more successful in school and become more productive citizens. Our vision is that parents and caregivers in Alabama will understand the importance of reading daily to the development of their child and that the communities in which they live support their efforts to be successful in life.”

At-risk Latino children in Reach Out and Read have strong kindergarten literacy skills

Study connects participation in school readiness initiative with good home literacy environments

A new study shows that at-risk Latino children who participate in Reach Out and Read from six month of age have average or above-average literacy skills by the end of kindergarten, and good home literacy environments.

The study, entitled “Kindergarten Readiness and Performance of Latino Children Participating in Reach Out and Read,” is detailed in the Journal of Community Medicine & Health Education.

The results of the study are hopeful for the future of students involved — and to all students who enter school ready to learn. When students start school unprepared, they are highly likely to never catch up and face eventual school failure. In fact, 88 percent of first-graders who are below

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Children’s of Alabama completes expansion and opens Benjamin Russell Hospital for Children in August

Children’s of Alabama has completed a 750,000-square-foot expansion of its hospital, opening soon as the new Benjamin Russell Hospital for Children, named in honor of legendary entrepreneur Benjamin Russell (1876-1941) and to recognize the $25 million gift by his grandson, Ben Russell and Ben’s wife Luanne, both longtime hospital supporters. This new 12-story, $400 million expansion opens to patients on August 4.

The largest healthcare construction project in state history, the Benjamin Russell Hospital for Children is located at 1601 5th Avenue South, two blocks north of the existing hospital and is licensed for 332 beds plus 48 bassinets. All rooms are private, allowing for “family-centered care” where two parents can spend the night comfortably with their child. As part of the new hospital, the Children’s Emergency Department is moving to the corner of 5th Avenue South and 16th Street on August 4. The newly dedicated McWane Building (existing hospital) will still house 100 inpatient beds, including the psychiatric unit. All outpatient clinics will remain in their current locations – in either the McWane Building or Children’s Park Place.

The expansion makes Children’s of Alabama the third largest pediatric medical facility in the nation behind Cincinnati Children’s and Children’s of Pittsburgh. The Benjamin Russell Hospital for Children is expected to be the first and largest LEED-certified (Leadership in Energy and Environmental Design) hospital in the state.

Physicians and their staffs statewide are invited to Children’s on Saturday, June 23 for a free Pediatric Pulmonary Update (10 a.m. – 2 p.m.), which will include a morning welcome by Children’s CEO and President Mike Warren, as well as presentations on asthma and sleep medicine by Hector Gutierrez, MD, and David Lozano, MD, FAAP, pulmonologists at Children’s. As part of the event, participants will be given an exclusive tour of the new hospital. Continuing education credits are available, but seating is limited. To make a reservation, contact Tiffany Kaczorowski at (205) 939-6916 or tiffany.kaczorowski@childrensal.org.

New state critical congenital heart disease guidelines released

By DeeAnne Jackson, MD, FAAP, Chapter representative, Alabama Newborn Screening Advisory Committee

The new ADPH Hospital Guideline for Implementing Pulse Oximetry Screening for Critical Congenital Heart Disease was distributed to Alabama’s birth hospitals in March. The screening algorithm on page 16 contained a misprint so that the definition of a passed screen was not printed. A corrected version of the algorithm has been sent to birth hospitals and can be found at: http://www.adph.org/newbornscreening/assets/FHS_NBS_CCHDGuidelines_031212.pdf

At this time, 37 birth hospitals have implemented screening using the state algorithm. Of the 14 remaining birth hospitals, seven have plans to implement the screening but are waiting on equipment.

Currently only failed screens are reported to the state using the Failed Screen Report Form on page 18 of the Hospital Guideline. Critical congenital heart disease (CCHD) screening is expected to be added to the State Newborn Screening Rules and Regulations and thus will become a “mandatory” part of the state newborn screening program in early 2013. At that time, a procedure for reporting all results of CCHD screening to the Alabama Newborn Screening Program will be implemented.

continued on page 10
Holloway appointed to national Private Payor committee

A.Z. Holloway, MD, FAAP, a past president of the Alabama Chapter-AAP, has been appointed as a member of the American Academy of Pediatrics’ (AAP) Private Payor Advocacy Advisory Committee (PPAAC) for a six-year term.

As a sub-committee, the PPAAC works in tandem with the Committee On Child Health Finance (COCHF) to improve payment from private payors for the Academy’s member pediatricians. PPAAC is charged with examining the effects of payment and health plan coverage policies, advising the AAP and its leadership on strategies to improve pediatricians’ economic and organizational position in the private marketplace, and examining issues and developing policy relevant to private sector payment.

For the past four years, Dr. Holloway has served as chair of the Chapter’s Pediatric Council and has worked for many years on the Chapter’s child health financing committee on payor issues.

Congratulations, Dr. Holloway!

Stewart named CDC Childhood Immunization Champion for Alabama

Timothy Stewart, MD, FAAP, of Huntsville Pediatric Associates and the Alabama Chapter-AAP’s Immunization Representative, has been recognized by the Centers for Disease Control and Prevention (CDC) as Alabama’s CDC Childhood Immunization Champion for 2012.

The CDC Childhood Immunization Champion Award is a new annual award given jointly by CDC and the CDC Foundation to recognize individuals who are doing an exemplary job or going above and beyond to promote or foster childhood immunizations in their communities and thereby making a significant contribution toward improving public health.

Each year, up to one CDC Childhood Immunization Champion is selected from each of the 50 states after nominations are submitted by the state Immunization Program Managers. The CDC reviews and confirms states’ recommendations, and this year, announced the inaugural awards during National Infant Immunization Week, April 21-28, 2012.

Dr. Stewart has served as the Chapter’s Immunization Representative for several years, and is continuously seeking new ways to increase area immunization rates – both through immunization strategies within his practice and through advocacy and education among his peers. In this capacity, he has advocated for following the recommended schedule for infants and adolescents and encouraging physicians throughout Alabama to increase adolescent coverage rates by simultaneously vaccinating with Tdap, meningococcal, and HPV vaccines. He has also advised physicians in private practice on immunization recommendations through Chapter-sponsored webinars. Additionally, Dr. Stewart served on a panel at the Chapter Immunization Financing Congress in 2010.

For these reasons, Dr. Stewart was nominated by the Alabama Department of Public Health and selected as a CDC Childhood Immunization Champion.

Congratulations, Dr. Stewart!

Gremse appointed chair of the USA Department of Pediatrics

David Gremse, MD, FAAP, was recently appointed professor and chair of pediatrics at the University of South Alabama College of Medicine. Dr. Gremse is the first USA College of Medicine alumnus to be appointed chair of an academic department at the medical school.

“We are excited to have Dr. Gremse return to his alma mater to lead our pediatrics department. He brings with him leadership experience in other academic institutions along with a true understanding of our institution and the positive impact we have in our region,” said Dr. Samuel J. Strada, dean of the USA College of Medicine.

Prior to his appointment to USA, Dr. Gremse served as professor and chair of...
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pediatrics at the University of Nevada School of Medicine in Las Vegas since 2004.

Dr. Gremse earned a bachelor of chemical engineering degree from the Georgia Institute of Technology and his medical degree from the USA College of Medicine in 1983. He completed his internship and residency in pediatrics at USA Medical Center and his fellowship in pediatric gastroenterology and nutrition at Children’s Hospital Medical Center in Cincinnati. In addition, he was a research fellow in the division of pediatric gastroenterology and nutrition at Cincinnati Children’s Hospital Research Foundation.

Dr. Gremse returned to USA in 1990 to serve as assistant professor and director of the division of pediatric gastroenterology and nutrition. He was the first board-certified pediatric gastroenterologist in Mobile. From 1993 to 2003, Dr. Gremse served as chief of gastroenterology at USA Children’s and Women’s Hospital. He was appointed vice chair of pediatrics and adolescent medicine at the USA College of Medicine in 1998. From 1999 to 2003, he served as professor of pediatrics and associate professor of pharmacology at USA. In 2002, he served as interim chair of the department of pediatrics and adolescent medicine until he became chair of pediatrics at the University of Nevada School of Medicine in 2004.

Dr. Gremse has received numerous academic and teaching awards and clinical honors; in addition, he is currently a member of the American Academy of Pediatrics Section on Gastroenterology and Nutrition Executive Committee, and was president of the Nevada Chapter-AAP. He also served on the Executive Board of the Alabama Chapter-AAP during his Alabama years. In addition, he is a member of the American Board of Pediatrics Maintenance of Certification Examination Committee and the Pediatric Gastroenterology Sub-board. Dr. Gremse recently completed a term as secretary-treasurer of the North American Society of Pediatric Gastroenterology, Hepatology, and Nutrition.

Teen driving project update
By Marie Crew, RNC-NIC
The Alabama Chapter-AAP teen driving safety grant project, funded by the American Academy of Pediatrics through a grant from the ALLState Foundation and announced earlier this year, is off to a great start! At the Chapter Spring meeting, we gathered more than 50 participants to hear from Dr. Kathy Monroe and Dr. Bill King about what works when it comes to educating teens on safe driving. Then the participants helped us make decisions about what will be provided in a Pediatrician’s “Toolkit” that will be distributed this fall.

Additionally, the Legislative Committee will be making contact with key legislators between now and the next legislative session regarding revising current teen driving laws to improve the safety of our teens.

We have also already had some good media exposure. CBS Channel 42 in Birmingham interviewed several key individuals – including a parent of a teen – for a special that aired May 23. The ALLState Foundation and the grant were given credit for this project.

We look forward to presenting and distributing the toolkit at the 2012 Annual Meeting & Fall Pediatric Update this September in Birmingham. In addition, Drs. Monroe and King will be providing educational programs at Grand Rounds in Birmingham, Mobile and Florence later in the fall, distributing more toolkits at these venues.

Alabama receives smoke-free air challenge award

Alabama has been recognized by Americans for Nonsmokers’ Rights (ANR) with a first-place Smoke-free Indoor Air Challenge Award, which recognizes states that achieve the greatest number of strong local smoke-free laws each year – either by passing new ordinances or strengthening existing laws. This year’s winners are based on the analysis of all new laws enacted during 2011 that meet the ANR Foundation’s criteria for 100 percent smoke-free bars, restaurants, and non-hospitality workplaces. Alabama tied with California by having enacted the greatest number of strong, new smoke-free laws in 2011. This is a landmark achievement for public health in the state, thanks to the hard work of many advocates and partner organizations.
Common Questions about Lactose Sensitivity

What is lactose sensitivity?
People who are lactose sensitive have a hard time digesting the sugar (called lactose) that is naturally found in milk and experience discomfort after consuming dairy foods.

How do I know if I’m lactose sensitive?
Stomach aches, bloating or gassiness can have many different causes. Your doctor can help you find out if you are lactose sensitive if your digestive discomfort is caused by something else.

I used to drink milk all the time when I was a child. Why am I more sensitive to dairy now?
Your body makes an enzyme called lactase to help digest the lactose in milk. As an adult, your body may be making less of this enzyme than when you were younger. This may make it more difficult to tolerate dairy.

If I am lactose sensitive, do I avoid all dairy foods?
Lactose sensitivity is a very individual condition. Most people can continue to enjoy low-fat and fat-free dairy foods by drinking low-lactose or lactose-free milk, having small amounts of milk with meals or including natural cheeses or yogurt in their diet.

Is lactose sensitivity the same thing as a milk allergy?
No, being lactose sensitive is not the same as having a milk allergy. A milk allergy is caused by a reaction to the protein in milk. This is different from lactose intolerance, which occurs when your body has a hard time digesting the natural sugar (or carbohydrate) in milk. While people with milk allergies must avoid dairy, avoidance is not necessary for those who are lactose sensitivity.

Can I get the nutrients I need without dairy foods?
Nutrition experts advise that you still try to eat dairy foods to best meet your nutrient recommendations. The dairy food group (milk, cheese and yogurt) provides key nutrients such as calcium, potassium and vitamin D. It’s difficult to get enough of these nutrients without dairy foods in your diet.

Can children be lactose sensitive?
Lactose sensitivity is less common in young children. If you think your child is lactose sensitive, talk to your family doctor, pediatrician or a dietitian.

FAST FACTS ABOUT LACTOSE-FREE MILK AND MILK PRODUCTS

Lactose-free milk is real milk, just without the lactose, and is a solution to help you get all the great nutrients found in regular milk.

HOW THEY’RE MADE: Lactose-free dairy products are the same as regular dairy products except the lactose (milk sugar) is already broken down or removed for you.

GREAT TASTING: People like the taste of lactose-free milk more than some of the available non-dairy alternatives, according to a study in the Journal of Sensory Studies.

AVAILABLE OPTIONS: A wide variety of lactose-free dairy products – including reduced-fat, low-fat, fat-free and chocolate milk, ice cream and cottage cheese – are available.
Planning care for children with asthma in your medical home: addressing common concerns of primary care providers

By Wes Stubblefield, MD, FAAP, Medical Home/Asthma Chapter Champion

Caring for children and youth with asthma in a primary care, non-specialty setting requires creation of office protocols to permit scheduled and planned asthma visits. In contrast with the acute care setting, chronic care management visits permit non-emergent assessment of the child’s condition and family/child asthma education.

Common concern: Not enough time

Solutions:

• Restructure visits: get out of an acute care cycle and cluster asthma visits

Chronic care management visits are a great way to incorporate the six Guidelines Implementation Panel (GIP) priority messages from the National Heart, Lung, and Blood Institute (NHLBI) guidelines for optimal asthma care. In a non-acute visit, asthma control and allergen/irritant exposures can be assessed, asthma severity and medications adjusted, spirometry obtained (if indicated) and the child’s asthma plan and school medication authorization forms can be completed. For providers who see many patients with asthma, grouping such visits into a single clinic day can streamline care flow and enhance staff familiarity with needed forms and procedures. These visits can be scheduled in longer time slots and coded for time spent in care. By asking your patient to schedule their asthma management visit with you before they leave, they are more likely to return, and you can better predict your workflow.

• Know who needs care:

When a child is actively suffering with an asthma exacerbation, both you and the family are alerted to the need for planned asthma care. As the child

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is in the process of care for symptoms, you can enter the child into your asthma registry and schedule a visit soon — underscoring the importance of follow-up. Identifying your population of children with asthma through asthma registry development can begin by conducting a retrospective review of one’s office management system, by diagnosis. Using codes for wheezing (786.07) or asthma (493.XX) to identify children with asthma also helps identify those needing an influenza vaccine. Provider recall also identifies children with asthma; pediatrics can often remember which children were admitted to the intensive care unit or transported from the office by ambulance! Insurers often provide practices with Emergency Department claims, offering yet another way to identify which of your children with asthma most need chronic care management. If your office works primarily with one hospital or emergency room system, you could also request such a report from their information technology or medical records department.

**Common concern: There are not enough asthma patients to see for planned care.**

**Solutions:**
- **Immediate:** use claims data, enlist colleagues to identify their patients with asthma who are difficult to control
- **Long term:** use a reminder system, registry or electronic health record (EHR)
- **Use asthma as a template for other chronic conditions:**

Whether you care for a few or many children with asthma, developing a process for chronic care management in your office is strategic. The Asthma Prevalence report of the Center for Disease Control (CDC) May 6, 2011, *Morbidity and Mortality Weekly Report* (MMWR) showed a steady increase in asthma, with childhood prevalence data between 9.6 and 17 percent. Pediatricians are managing many chronic conditions, and asthma care can be an excellent pilot project for improvement, such as the Alabama Chapter-AAP’s CQN asthma project. Finding a champion in your practice who sees many children with asthma can provide the needed leadership and energy to make incremental improvements in your asthma care. Whether you use paper or electronic records, there is a visible benefit to the clinician and the family when a cross-covering physician can find the medications and a plan for use in the chart. If using paper records, consider an asthma section in the chart for these patients.

**Common concern: It’s too hard to make changes in my practice.**

**Solutions:**
- **Start small and use quality improvement (QI) tools**
- **Support teamwork in your medical home for chronic care management visits:**

As your practice begins to address improvements in asthma care processes, don’t try to change the entire system at once. A practice might begin to improve asthma care with just one metric; having an asthma plan in every chart for each child with asthma might be an initial goal. Using “Plan-Do-Study-Act” cycles, you and your colleagues can find out what works, what obstructs, and make the tiny changes in your system that encourage asthma care plan completion. As you test a new way of addressing a problem area, study and measure it to see if it works, then refine it and try again. When plans for a chronic care visit have been defined, a trained staff member can handle many parts of the care. Before the physician enters the exam room, your staff can give the family/child the Asthma Control Test for your review, reconcile and document current medications and compliance, and then see if the child has had his/her influenza immunization. For practices with patient portals in place, such information can be obtained online before the family arrives for their visit! This is also a great time to review metered-dose inhaler (MDI) and spacer use. It is also possible to distribute spacers at the point of care and get reimbursed for this equipment. If spirometry is indicated, staff may perform the study while collecting other vital signs in advance for your review. Educational materials for the family and forms for B-agonist administration at school can be assembled pre-visit to permit the maximum amount of time to evaluate and refine the child’s asthma care plan.

- **Locate your asthma allies:**

Much work has been done to create tools, educational modules and templates for great asthma care — your medical home does not have to re-invent them! One of your staff can do an internet search to begin a customized asthma database for your families, in addition to compiling names and contact information for pulmonologists and allergists to whom you refer. Other resources to include are local smoking cessation programs, local stores that carry dust-mite covers, equipment for environmental controls, and asthma education web sites.

Just as we ask our families to think ahead to assure medications are filled and given, allergens avoided and a flu shot administered, we clinicians must be well-prepared to care for children with asthma in our offices. Planned chronic care management visits impact ED utilization and hospitalization and improve care for our children and youth with asthma.

In conjunction with the national AAP, the Chapter’s CQN project is in its second phase, allowing collaboration between several pediatric practices for the purposes of quality improvement with the outcome of improved asthma care. Through this project, we are excited to be able to offer several innovative resources. We are currently in the development of a chronic disease registry geared toward asthma that could be used for future QI projects. Additionally, we have been able to provide training on spirometry to several practices and develop a new, more comprehensive, asthma medication delivery form for school nurses. For more information on these resources, contact the Chapter office at lchampion@alaap.org.
Attention Providers!

GET READY

NEW IMMUNIZATION REQUIREMENT FOR 6TH GRADE ENTRY

Beginning with the 2010-2011 school year, a dose of Tdap vaccine will be required for Alabama students age 11 years or older, entering 6th grade. This requirement will increase by one successive grade each year for the following 6 years to include sixth through twelfth grades, beginning fall of 2016.
Practice Management Association update

By Robert Troy, PMA Chair

The AL-AAP held another successful meeting in Destin last month. Those of you who attended can go back to your practice refreshed – from what you learned at the meeting and from being at the beach – and ready to work again.

It seems that all we talk about are cuts and not the kind that need suturing. Medicaid cuts, Medicare cuts and more do not make it any easier to operate a practice – all the more reason to be involved in the exchange of ideas, get a tip on how to better code a visit and operate your practice as a lean mean healthy machine. The Practice Management Association (PMA) is always ready to provide that kind of help. We share all kinds of information, from coding to HIPAA to a fresh idea on office procedures to help things run efficiently.

The summer doldrums are fast approaching and Fall will be here before we know it! The PMA will sponsor the Friday session of the 2012 Annual Meeting in Birmingham on Sept. 28. Be sure to sign up for the latest on ICD-10, coding and practice management from several speakers who will be educational, motivational and entertaining.

The PMA membership is growing because of meetings like this and knowing others share your concerns in operating a successful pediatric practice. We hope your practice manager already belongs or will join soon! If you want to know more about the PMA follow this link: (http://www.alap.org/showandtell.asp?id=96564).

I look forward to another great AL-AAP meeting in Birmingham! See you there!

“Reach Out and Read” continued from page 7

grade level in reading will continue to read below grade level in fourth grade. (Juel, 1988)

Key findings of the new study include:

• Despite the risks of poverty, low maternal education, and English as a second language, the study demonstrated that, in terms of book ownership and regular parent-child shared book reading, the home literacy environment of these Latino children was good.

• Every child in the study group had two or more risk factors for poor performance in kindergarten, 77 percent had three or more, and all had parents whose primary language was not English. Yet, at the end of kindergarten, teachers of these children identified 60 percent as intermediate and proficient in reading and rated the literacy skills of 77 percent of the children exposed to Reach Out and Read as average, above average, or far above average when compared to all students of the same grade.

• 59 percent of mothers in the study reported that their child had been read to the day before, identical to rates reported for high-income families in national surveys. The U.S. average for daily reading is 48 percent with 59 percent of children in high-income families read to daily compared with 36 percent of low-income children.

• In terms of print awareness, during the interview in the summer prior to kindergarten, 76 percent of these high-risk children were able to identify a favorite book by name.

“Education of young children in Alabama would take a giant leap forward if all our children and their families were introduced to books and reading in their pediatricians’ offices,” said Marsha D. Raulerson, MD, FAAP, medical director of Reach Out and Read-Alabama. “What are we waiting for?”
Vaccinations for Back-to-School Year 2012-2013
You can help minimize the back-to-school rush by encouraging vaccination well before the new school year begins. All students 11 years of age and older entering the sixth grade in Alabama schools during the 2012-2013 school year are required to have a tetanus-diphtheria-acellular pertussis (Tdap) vaccine to help provide protection against pertussis. All students entering the seventh and eighth grade during the 2012-2013 school year who did not receive the Tdap vaccination during the 2010-2011 and 2011-2012 school years are required to have the vaccination. The Tdap school requirement will go up by one higher grade each school year for the following four years to include sixth through twelfth grades (fall of 2016). All students mentioned above are required to have an up-to-date certificate of immunization.

Vaccines recommended for the 2012-2013 school year include:

• A booster dose of Meningococcal vaccine for adolescents
• If vaccinated at age 11 through 12, should receive a booster dose at age 16 years
• If vaccinated at age 13 through 15, should receive a booster dose at age 16 through 18
• Three-dose series of HPV vaccine for both sexes
• Quadrivalent HPV vaccine for males and females
• Bivalent HPV vaccine for females
• Routine annual influenza vaccination is recommended for all people aged ≥ six months.

For more information, please contact the Immunization Division of the Alabama Department of Public Health at (800) 469-4599 or visit www.adph.org-immunization.
Gov. Robert Bentley has appointed Stephanie Azar as Acting Commissioner of the Alabama Medicaid Agency effective May 1, 2012.

In this role, Azar coordinates closely with the Governor’s Office and State Health Officer Donald Williamson, MD, who continues to lead the transition at Medicaid. While serving as Acting Commissioner, she will continue in her position of General Counsel with the Agency, a role in which she has served since March 2010.

A native of Dutton, Ala., Azar received her bachelor’s degree in English and a minor in Political Science from the University of Alabama in 1992, and in 1995 graduated from the University of Alabama School of Law. She joined Alabama Medicaid in 1999.

Dr. Williamson has agreed to indefinitely continue his role of leading the transition to a permanent Commissioner and overseeing Medicaid’s budget process/future funding mechanisms, while continuing in his position as State Health Officer with the Alabama Department of Public Health.

10 percent cut to providers, cough and cold covered drug list reduced as part of proration

On May 18, Alabama Medicaid sent out an alert to all providers regarding reductions to the program in order to meet the Governor’s proration order called in March. The cuts, effective June 1, include a 10 percent decrease in payment to physicians, which the Chapter fought hard to stop (see legislative wrap-up article) and a reduction in cough/cold covered drugs for all recipients. Legend generic cough/cold drugs will no longer be covered (legend brand drugs were non-covered prior to June 1). Certain over-the-counter drugs will remain covered. For lists of covered drugs, go to www.medicaid.alabama.gov and click Programs, then Pharmacy Services and find the two lists, “Cough and Cold Medication – Drug Label Name” and “Cough and Cold Medication – Generic Name.”
Mark Benfield, MD

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

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