From the President
Preaching to the choir

Thank you! If you are reading this column, you are already a member of the Alabama Chapter. Thank you for your membership and support. Your dues help us advocate for the children of Alabama and support the profession of pediatrics in this state. Our mission is defined by those two enduring principles and thanks to your support, we continue to make progress on many fronts.

The recent legislative session, for example, could have been a disaster for children. Bills were introduced to expand the scope of practice of other professionals, potentially eroding the quality of healthcare and the medical home. The lay midwifery bill was reintroduced. And in the last half of the session, a bill was introduced to criminalize our anticipatory care of asking about guns in the home. That bill passed in Florida, but with the help of the AAP and the state Medical Association, we stood firm and stopped it and those other threats to children—THIS TIME. All of those bills will likely resurface next year.

In addition, we weathered the state budget crisis, holding on to almost all benefits for Medicaid and ALL Kids. This was possible because of years of advocacy and the relationships created with leaders who now solidly ‘get’ that reducing Medicaid payment to doctors will seriously impact access to care for Alabama’s most vulnerable citizens, the children of the working poor.

In the last two years, miraculous progress has been made in fostering our relationship with Alabama’s business leaders. We have partnered with the Business Council of Alabama on educating business leaders on the value of the medical home, immunizations and Bright Futures. At the same time, we collaborated with them on two statewide summits on investment in early childhood and several regional summits across the state.

Annual Meeting to feature Coding Workshop, visiting professor lecture, pediatric surgery showcase

Registration is now open for the Chapter’s 2011 Annual Meeting and Fall Pediatric Update, set for September 23-25, 2011 at The Wynfrey Hotel in Birmingham. This year’s conference is slated to offer several special educational offerings.

The Chapter is working with Brad Boyd, MD, FAAP, coordinator of Grand Rounds at Children’s Hospital, to bring a visiting professor to the state to discuss medical home and asthma as part of the American Academy of Pediatrics’ Medical Home/Asthma Chapter Champions program. On Saturday morning, Jennifer Lail, MD, FAAP, of Chapel Hill Pediatrics in Chapel Hill, NC, will address practical roles for the medical home through application of optimal asthma care for children. She will also speak at Grand Rounds at Children’s two days before our conference.

CME Chair Cathy Wood, MD, FAAP, has also developed a pediatric surgery showcase, featuring two surgical subspecialists from UAB, who will provide mini-lectures on Sunday morning that attendees will be able to tap for important take-aways.

Other topics at the meeting include: Congenital Torticollis and Plagiocephaly; Benefits of Physical Therapy; Hypotonia: A Symptom or a Diagnosis? When to Refer for PT; The Art of the Interstitium; Radiation Exposure: What You Can’t See Can Hurt You; Childhood Obesity: Pediatricians and Community Advocacy; Child Obesity from the Front Lines: A Developmental Approach to Childhood Obesity; Screening Teens for Alcohol and Substance Abuse: A Blueprint for Your Practice; Oral Health Risk Assessment Training; Advocacy 101: How to Make an Impact is as Easy as 1-2-3; and the Alabama Child Death Review System.

The Saturday evening dinner, sponsored by Children’s Hospital, will feature the presentation of the annual Master Pediatrician and Wallace Clyde awards, along with...
Chapter secures grant to support mental health needs in tornado-ravaged areas

Acute traumatic events such as Alabama’s devastating tornadoes of April 2011 can have immediate and long-term effects on the well-being and mental health of children. To assist, the Alabama Chapter-AAP has partnered with the Alabama Department of Mental Health, along with the Alabama Department of Public Health (ADPH), to secure a $36,000 Friends of Children Fund grant from the American Academy of Pediatrics to conduct a four-month back-to-school project this fall to support pediatricians, mental health and school professionals, and ultimately, parents and children with mental health needs in Alabama communities affected by the tornadoes.

“Back to School & the 3 Rs: Recognition, Recovery, and Resiliency,” will provide a webinar in the next month (more details coming soon!) to all pediatricians and mental health professionals in Alabama on the effects of trauma and stress on children relative to natural disasters. Local teams made up of a pediatrician (or family physician where there are no pediatricians), mental health professional and school representative will, in turn, impart this guidance to parents as part of the project. The provider education will address health and post-traumatic mental health issues and how they can manifest at home and in school.

“This program is important for many communities, such as Tuscaloosa, Hacketburg and Phil Campbell, which were devastated, as it provides a resource for parents or families who are still struggling emotionally with the effects of tornadoes on their lives and their community,” said Karen Landers, MD, FAAP, Chapter Disaster Chair and Area Health Officer at ADPH. “Even after the immediate response by helpful agencies and individuals, many families and children can struggle to regain a sense of control in their lives and the daily challenges of life can become seemingly greater than before the traumatic event.

“Especially as the school year begins, communities in the 41 affected counties need an opportunity for parents and families to learn about these effects and how they can employ strategies to regain the emotional control in themselves and their children that will promote their recovery and resiliency,” agreed Madeleine Blancher, MD, FAAP, Chapter Mental Health Chair.

The project will provide $3,000 mini-grants to community teams in the tornado-stricken areas made up of pediatricians, mental health professionals and schools through a Request for Applications process. These program site teams will agree to conduct a back-to-school weekly educational/support group for parents/caregivers to help their children through proven strategies that can be used at home and in school to deal with emotional and/or behavioral problems. The mini-grants will help offset expenses and provide stipends for the pediatrician and mental health professional.

Stay tuned for the application, which will be sent from the Chapter office via email in the next week!

Annual Meeting to feature Coding Workshop, visiting professor lecture, pediatric surgery showcase” continued from page 1

a keynote presentation on the AAP’s Agenda for Children from AAP President Marion Burton, MD, FAAP. Representative John Knight will also be on hand to accept his Child Health Advocate Award (see story on opposite page).

Coding Workshop set as pre-conference

The weekend will also feature a Coding Workshop on Friday afternoon, hosted by the Chapter’s Practice Management Association (PMA) and featuring Kim Huey, a certified coding specialist and ICD-10-CM trainer who has more than twenty-five years of experience in health care management, coding, compliance and reimbursement. A lunch at 12 noon will kick off the workshop with a practice management session.

The PMA also invites Chapter members to its Friday morning workshop; topics will be finalized and announced soon.

Register now using the registration form sent in early July or go online at www.alaap.org!
Chapter awarded Healthy People 2020 grant for developmental screening quality improvement project

Following a grant application process earlier this year, the Alabama-Chapter-AAP was one of four Chapters across the country to be awarded a Healthy People 2020 grant by the American Academy of Pediatrics (AAP) to conduct a starter hub project to test optimal developmental screening protocols in practices in the Tuscaloosa area through a quality improvement process.

“We are delighted to receive this grant and believe that it is the perfect marriage of two of our Chapter’s biggest priorities: spread of the use of standardized developmental screening and positioning practices to use quality improvement principles,” said James C. “J.” Wiley, MD, FAAP, Chapter President.

This project will move the “quality improvement dial” to increase appropriate developmental and behavioral screening in pediatric settings in accordance with AAP policy and Bright Futures guidelines using proven QI methods, improve provider understanding of early intervention services and care coordination, and gauge parental satisfaction with the developmental screening and referral process.

In order to meet these goals, the Chapter will conduct a learning session with Tuscaloosa area practices later this fall to train them on the QI Model of Improvement; standardized developmental screening; referral to early intervention services; parental involvement, etc. Through this process, the Chapter will work with state agencies and organizations to develop screening protocols for child care settings to provide feedback to the medical home, develop a data collection tool for pediatricians in the project to chart their progress, and provide a forum for the pediatricians to engage with care coordination services and other providers of developmental and social-emotional services within the community.

The three to five practices that are recruited for the project will attend the training and collect data throughout the life of the 12-month project. Parents will be surveyed to determine satisfaction and to seek their feedback on the process.

Tuscaloosa area practices will soon receive further information on the project. The area was chosen because of its role as one of Alabama’s three Patient Care Networks and strong support from the region’s Alabama Department of Public Health care coordinators and District Early Intervention Coordinators who will participate in the project.

Representative John Knight selected as AAP 2011 Child Health Advocate

After being nominated by the Alabama Chapter-AAP, Alabama State Representative John Knight has been selected as the sole recipient of the American Academy of Pediatrics’ 2011 Child Health Advocate Award. This prestigious award is bestowed annually on a state or local advocate or government official for outstanding contributions to children’s health and well-being.

After careful review of the nominations submitted from all over the country, the Committee on State Government Affairs selected Representative Knight for his support for protecting funding for Medicaid, increasing payments for providers, improving services offered by Medicaid, and simplifying the enrollment process for Medicaid, which have had a profound impact on the health and well-being of children and families in Alabama.

“Your tireless advocacy in support of Alabama’s vulnerable children and families is to be commended. We genuinely appreciate your dedicated, career-long work to enhance the lives of the children of Alabama,” wrote AAP President Marion Burton, MD, FAAP, in a recent letter to Representative Knight.

The Chapter will present the award to Representative Knight at the Saturday night awards dinner at the 2011 Annual Meeting & Fall Pediatric Update in late September.

The AAP established the Child Health Advocate Award in 1991 to recognize the significant accomplishments of public officials and private sector advocates who have served as a voice for children in state and local government. This award recognizes these individuals for their contributions to child health and safety and serves as a stimulus for continued action in child advocacy.
Chapter CQN2 asthma quality improvement project poised to begin

The second phase of the Chapter’s Chapter Quality Network (CQN) Asthma Quality Improvement Project is nearing full swing as practices gear up for the project’s first learning session in August.

“The Chapter is very excited to be working with the University of Alabama at Birmingham Department of Pediatrics, which is providing the QI faculty to help us lead the project,” said Wes Stubblefield, Physician Project Leader. In addition to Dr. Stubblefield and the national AAP leadership, who will again provide guidance, the Chapter Leadership Team for the project is comprised of Vinit Mahesh, MD, FAAP, Asthma Expert; Hector Gutierrez, MD, QI Faculty and Associate Professor of Pediatrics in the Pediatric Pulmonary Division at UAB; LaCrecia Britton, RN, MSN, CRNP-AC/PC, QI Faculty and CF Coordinator at Children’s Health System; and Linda Champion, MPA, CQN2 Project Manager.

Like the Chapter’s first CQN project that led 12 practices through quality improvements in 2009-2010, this phase also combines a learning collaborative experience with known clinical supports to help practices implement the new NHLBI/NAEPP asthma guidelines and improve the outcomes of children with asthma. Already, 18 pediatric practices across the state have expressed interest in participating and the Chapter is now in the process of formal practice enrollment. Selected practice teams will participate in a series of four learning sessions, followed by action periods during which they will have the opportunity to try out changes in their practice settings and measure their progress toward improvement goals. Expert faculty will coach practice teams to assist them in applying key change ideas. In this tier, a key practice change will include the use of a population registry to further measure their data.

Stay tuned for updates as the practices share their progress with fellow Chapter members along the way!

“From the President” continued from page 1

The Chapter is an enormous support for member practices. There are 70 practices participating in Reach Out and Read; without Chapter support, this program wouldn’t be possible at that level. We advocated for the ALREC program to help primary care practices face the challenge of converting to electronic records. The Practice Management Association provides collaboration, support and real-time answers for questions from coding and personnel issues (as recently as last night for me!) to regulatory issues and compliance. The Chapter has also held webinars and provided web-based resources in the last year on meaningful use incentive payments, vaccine administration, and coding.

With two state-of-the-art conferences that provide national experts as well as showcase our incredible wealth of expertise from our two state medical schools, the Alabama Chapter leads the way in providing pediatricians with high-quality CME. Meanwhile, we are about to begin Phase 2 of the CQN Asthma Project, which promises to positively impact even more patients with asthma by improving the quality of care that they receive in the medical home. This project provides pediatricians the tools they need to directly and practically improve care in any aspect of their practice AND 35 of the needed Part 4 MOC credits.

But we’ve had failures, too. The biggest failure is not communicating clearly with our members in a timely fashion about how much the Chapter is doing for children and the docs who serve them. We need reminders of how incredible our hard-working staff is and what they accomplish on our behalf. As my term as your president comes to a close and Grant Allen succeeds me, we are committed to improving that communication across several interfaces.

Rest assured that the $165 in Chapter membership dues is a great value. At 45 cents a day, it may be the greatest value in medicine. Please share that vision with a pediatric colleague who doesn’t know that yet and encourage him or her to join—you may have a non-member right there in your practice or a fellow faculty member within your department. As I said in my last column, we are not alone. Pediatritians, specialists and generalists can support each other and the children we serve best by sticking together.
The Very Hungry Caterpillar “eats” across Alabama

Reach Out and Read-Alabama’s “Very Hungry Caterpillar” campaign has, to date, commitments from at least 25 practices and clinics across the state for activities and events promoting “Reading Together, Eating Healthy and Growing Strong.” The campaign encourages a love of reading and healthy eating through the book *The Very Hungry Caterpillar.*

The first practice in the state to host an event was Southeastern Pediatric Associates in Dothan, which partnered with the Chapter’s Be Our Voice obesity initiative to host four- and five-year-olds from a local Boys and Girls Club, along with children waiting to see their pediatrician, to teach them about vegetables, fruits and healthy eating choices. Lauren McAllister, MD, FAAP, medical coordinator for the ROR program at Southeastern, read the book to the children while Michael Jackson from Aunt Katie’s Community Garden shared samples of the fresh vegetables grown in the garden.

Bessemer Health Center, Charles Henderson Child Health Center in Troy, Infants’ & Children’s Clinic in Florence, and other practices and clinics have followed suit with similar events held in July and August in other cities. Check out the events on the Reach Out and Read-Alabama Facebook page: www.facebook.com/RORAlabama.

Reach Out and Read sites that participate in the campaign receive free VHC books to distribute to their patients. Other practices and clinics can participate and receive books at deeply discounted rates for their patients during the campaign. If your office is still interested in participating, just complete a commitment form online at www.roralabama.org.

**Summer of a Million Books campaign**

The Very Hungry Caterpillar promotion is part of the coalition’s annual Summer of a Million Books campaign. Books-A-Million has bins placed in its stores throughout the state, and many stores have already reported full bins during the book drive.

To participate, visit your local Books-A-Million store, purchase a book and drop it in the bin or make a donation online at www.roralabama.org. Contributions will help prepare Alabama’s youngest children to succeed in school by providing more books for ROR sites to distribute.

**Alabama Newborn Screening Conference set for August 19**

Don’t forget to register for the one-day Alabama Newborn Screening Conference, to be held August 19, 2011 at the Marriott Conference Center at Capitol Hill in Prattville. The focus of this year’s conference is on families whose lives have been impacted by newborn screening. The Alabama Newborn Screening Program is pleased to include Rebecca Buckley, MD, FAAP, Professor of Pediatrics and Immunology at Duke University, as the conference’s keynote speaker. Dr. Buckley’s research and publications in the area of genetically determined immunodeficiency diseases are internationally recognized.


Iris Fancher, MD, FAAP, prepares a plate of fresh fruit for one of the young guests at Bessemer Health Center’s Very Hungry Caterpillar Day.

Teresa Colvin, children’s librarian at Troy Public Library, reads *The Very Hungry Caterpillar* in the waiting room of Charles Henderson Child Health Center.
Practice Management Association update

By Jeff Corbitt, PMA Chair
The Alabama Chapter-AAP

Practice Management Association (PMA) has pressed on this summer with a number of initiatives designed to keep Alabama’s pediatric practice managers educated on the latest in coding, practice management and other issues.

In conjunction with the Alabama Medicaid Agency, the PMA sponsored a webinar in June for managers as well as Chapter members on the EPSDT process. A recording of this live webinar on the Chapter web site (www.alaap.org) makes it possible for members to access it any time for future training and reference. EPSDT is an important function of the Patient 1st program and our webinar provides proper training, insures practices receive appropriate payment and patients do not lose visits due to office error.

This fall, the PMA is co-hosting the Friday afternoon coding workshop at the Chapter’s 2011 Annual Meeting and Fall Pediatric Update (September 23-25, 2011) in Birmingham. For further information see www.alaap.org.

2011 State Legislative Wrap-Up

The 2011 Regular Session of the Alabama Legislature ended with child health and pediatric interests largely protected, although it was a year that has kept Chapter leaders moving! Here is a final run-down of legislative issues that fell within Chapter priorities or had impacts on pediatrics in Alabama:

Medicaid/ALL Kids funding

A pared-down 2011-2012 General Fund budget that provides $643 million for the Alabama Medicaid Agency was signed into law by Governor Robert Bentley, following a vote and an executive amendment that put some money previously cut back into the Medicaid budget. Despite an increase of $181.1 million, or 11.4 percent, from the 2011 fiscal year, the $1.77 billion General Fund budget required many state agencies to make significant cuts to their programs. While receiving substantial funding, Medicaid Agency’s final allocation was $57 million below its earlier request for $700 million to maintain the existing program while covering a growing number of recipients and replacing federal stimulus funds. While there will be no significant reductions in services, Medicaid Commissioner R. Bob Mullins, Jr., MD. said that it will be necessary to look at how they can reduce costs without negatively impacting patient care. One change this year, effective October 1, includes a limit of four prescription brands per month for adults (this does not include children), as well as the previously announced prior authorization requirements for anti-psychotics. Dr. Mullins also announced that a threatened cut of $6 million for home health services was thankfully restored.

- ALL Kids will survive with no cuts, but enrollment numbers will be capped starting on October 1.

Protection of funding for Pre-K and Early Intervention/childhood services

When the session began, budget cuts threatened to slash other children’s services. Funding for state-funded high-quality pre-K programs, however, was sustained at the current level, and in general, children’s programs have fared as well as can be expected, particularly compared to other services. The only notable cuts were in the Child Abuse and Prevention Department; potential cuts to Child Advocacy Centers have been partially restored.

“Gun bill” that prohibits physicians from talking to patients and documenting discussions about gun safety

The dreaded “gun bill” that would criminalize doctors for medical records documentation of gun ownership and related safety discussions with patients and families died an uneventful death in the legislative session. Thanks to many members’ calls and emails, the Chapter was effective in keeping the bill at bay, working hand in hand with the American Academy of Pediatrics and the Medical Association of the State of Alabama lobbyists to develop a strategy to register all-out opposition to this bill. The Chapter will be scheduling one-on-one visits with legislators this fall to prepare for when the bill is undoubtedly re-introduced in 2012. Your leaders will be keeping a close eye on this issue, and will be closely watching the efforts of our Florida colleagues as they continue a legal battle after their bill became law in June.

Smoke-free legislation

Bills prohibiting smoking in public places were introduced in both houses, but unfortunately, neither passed due to division in the legislature on the issue. The Chapter will continue to support the efforts of the Coalition for a Tobacco-Free Alabama on this issue, to plot strategy for next year’s session as well as support municipalities efforts to create smoke-free cities and communities across Alabama.

Sports concussion law passed

A new concussion law went into effect that forbids a youth athlete from playing sports if he/she is suspected to have suffered a recent concussion. The new law requires sports and recreational groups to develop a concussion and head injury informational document for youth athletes and their parents to sign annually. In addition, coaches must now receive annual training on recognition of symptoms, and players suspected of suffering a concussion during practice or a game must be immediately removed from play and will not be allowed to return until receiving written clearance from a physician. An amendment offered by the Medical Association was adopted by the House Health Committee to clarify that the health care provider evaluating such a player must be a licensed physician. Alabama is one of approximately 20 states to have enacted a youth athlete concussion law. The Chapter will be providing members with more education on the law, including two sessions at the 2012 Spring Meeting.
“2011 State Legislative Wrap-Up” continued from page 6

Scope of practice issues
The Chapter worked this year with the Medical Association and other specialty societies to help keep several bills at bay that would expand scope of practice for mid-level or other providers, including chiropractors (SB 441), podiatrists (HB 109), physical therapists (eliminating the need for physician referral) (HB 202), and lay midwives (legalizing lay midwifery) (SB 238), none of which passed. In particular, the Chapter leadership reached out to legislators on the physical therapist bill.

Abortion-related bills
While more than a dozen abortion-related pieces of legislation were introduced during the session, only one became law. HB 18 prohibits elective abortions at and after 20 weeks unless it is necessary to prevent the death or serious risk of substantial and irreversible physical impairment of a major bodily function of the woman; makes performing an abortion in violation of this act potentially punishable by up to 10 years in prison; and allows a person performing an abortion in violation of this act to have a right of action brought against him or her by the mother or father of the unborn child on whom the abortion was performed but there would be no penalty on the woman who underwent the abortion.

Many thanks go to all of the Chapter members who were called upon and got involved in these issues by contacting their legislators. Please continue making contact on all of the above issues throughout the coming months! Visit the Chapter web site at www.alap.org for all of the talking points and the Chapter’s Step-by-Step Blueprint for Hosting Legislators in Your Office/Professional Setting.

Announcing...

The Concussion Clinic
at Children’s of Alabama

Established to provide evaluation, treatment and medical clearance for “return to play” for youth and teenage athletes in our community.

Concussion Clinic
205.934.1041
www.ChildrensAL.org/concussion

In case of medical emergency, call 911 or go directly to your local ER

Children’s of Alabama
UAB Sports Medicine
UAB Medicine
Pediatric Neurosurgery
HIE moves closer to reality
The Alabama Medicaid Agency and the Alabama Health Information Exchange Commission are moving to the next steps of implementation of a statewide health information exchange (HIE). After a rigorous vendor solicitation process, the state is awarding a contract to Thomson Reuters, which will build the technical infrastructure of the HIE, consisting of a provider directory, secure messaging, record locator service and master person indexing. These features will allow providers who care for Medicaid recipients to share clinical information via a secure network. The work will begin with Thomson Reuters in the coming weeks and will start with a kick-off meeting between Agency and vendor staffs to lay out the implementation steps leading to an estimated 2012 start date.

Governor Bentley spotlights EHR use by Selma pediatrician
Governor Robert Bentley joined Selma pediatrician Patricia Kendrick-Robinson, MD, FAAP, at her practice on July 7 to call attention to the Meaningful Use Incentive Payment program designed to help primary care physicians adopt EHR. Dr. Robinson, along with fellow Selma Chapter members Lotli Bashir, MD, FAAP, Samer Asaad, MD, FAAP, and Evelyn Evans, MD, FAAP, are among the first physicians in the state to complete the first step toward “meaningful use” and qualify for the first incentive payment.

To qualify, physicians have to adopt, implement or upgrade a certified system and register for the program, administered in Alabama by the state Medicaid Agency. To date, 234 physicians and 11 hospitals in Alabama have qualified.

CMS approves pilot-testing of Patient Care Networks
Pilot-testing of three regional Patient Care Networks begins this summer now that the Centers for Medicare & Medicaid Services (CMS) has approved a two-year renewal of Patient 1st, the Alabama Medicaid Agency’s primary care case management program. The regional care networks were part of the Agency’s waiver request to the federal government to renew the Patient 1st and maternity care programs. Area 2, which includes Lee, Chambers, Tallapoosa and Macon counties, is scheduled to begin August 1. Areas 1 (Tuscaloosa, Fayette, Pickens, Greene, Hale, and Bibb counties) and Area 3 (Madison and Limestone counties) will launch on September 1. Together, they cover approximately 80,000 Medicaid recipients.

The networks are designed to function as “medical neighborhoods” and improve the delivery of health care services to Medicaid recipients, especially those with complex medical conditions, according to Medicaid Medical Director Robert Moon, MD.

“These types of regional care networks have a track record of proven improvements in quality and cost-effectiveness,” Dr. Moon said.

The networks consist of regional non-profit organizations driven by a board of local health care providers. Half of the providers must be practicing primary care providers from that region who will help develop network policy to augment the care provided for patients and to engage providers in better integrating care across the health care continuum.”

Network participation is voluntary and open to Patient 1st physicians and clinics. Patient 1st providers who participate in the networks will be eligible for enhanced case management fees based on the physician’s or clinic’s case mix or number of patients with complicated medical needs or conditions.

While the Agency hopes the program will eventually go statewide, it is the local management of each network that holds the greatest promise. “Each network region has different dynamics and local resources. The networks can serve as a platform for developing effective, local interventions in light of local factors and relationships,” Dr. Moon added.

Commissioner Mullins asks for ideas on containing costs
At the recent Physicians’ Task Force Meeting, Medicaid Commissioner Bob Mullins, MD, asked for each Specialty Society’s ideas on both containing costs in the Medicaid program and increasing the number of providers who take Medicaid. If you have suggestions, please send them to the Chapter office at lee@alaap.org or 334-954-2543 so that we can catalog them for the Commissioner.

Newly approved professional pharmacy services save time, money
Federal approval of two new pharmacy service programs will expand professional service capabilities of community-based pharmacies enrolled in Alabama Medicaid while saving recipients—and the state—time and money.

On June 21, CMS approved the Agency’s request to add tablet-splitting and the dispensing of a 90-day supply for certain drugs, effective January 2012.

The change allows the state to pay pharmacies an additional fee to dispense a 90-day supply of medicine when certain requirements are met. Previously, recipients could receive no more than a 34-day supply, which required a monthly trip to the drug store. An additional fee also will be paid to pharmacies when tablets on an approved list are split per the physician’s instructions. Both services will require pharmacist/physician coordination, supporting the “medical neighborhood” concept in which all health care providers work collaboratively to provide optimal patient care.
“As physicians, we have so many unknowns coming our way...

One thing I am certain about is my malpractice protection.”

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

What we do control as physicians: our choice of a liability partner.

I selected ProAssurance because they stand behind my good medicine and understand my business decisions. In spite of the maelstrom of change, I am protected, respected, and heard.

I believe in fair treatment—and I get it.

To learn how we can help you lessen the uncertainties you face in medicine, scan the code with your smartphone camera.

*Requires a QR Code reader. Download any QR Code reader to your smartphone to view information.
Raulerson selected for AAP’s 2011 Senior Child Advocacy Award

Marsha Raulerson, MD, FAAP, past president of the Alabama Chapter-AAP and a longtime pediatrician in Brewton, has been selected to receive the AAP Section on Seniors’ 2011 Senior Child Advocacy Award. Dr. Raulerson was nominated by the Chapter leadership for her years of dedication to child health advocacy at the local, state and national levels.

“Your record of advocacy and service to children and families is exemplary, and we’re delighted to acknowledge your outstanding accomplishments,” wrote Lucy Crain, MD, MPH, FAAP, Section Chairperson in a congratulatory letter to Dr. Raulerson.

The Section for Senior Members has bestowed this annual award since 2001 to recognize and honor an active senior pediatrician who has demonstrated outstanding long-term accomplishments as an advocate to enhance the well-being of children. Chapters are invited to nominate members for this award.

“Dr. Raulerson has tirelessly committed herself to increasing access to healthcare for children and epitomizes the true meaning of child advocacy in community pediatrics,” said Chapter President James C. “J.” Wiley, MD, FAAP. “I can’t think of a pediatrician more deserving of this award.”

Dr. Raulerson will be honored at the Senior Section Program at the AAP’s National Conference and Exhibition (NCE), where she will receive a plaque and honorarium and will make a brief presentation about what has motivated her significant contributions to advocacy. A written version of her comments will also appear in an upcoming issue of the Section’s quarterly Bulletin.

Congratulations, Dr. Raulerson!

Young Physicians: We have a place for you!

If you are a young physician (YP), we have special activities for you! The leadership of the Alabama Chapter-AAP encourages you to get involved: CME meetings, Legislative Day, committees, advocacy, etc.—the list goes on. If you have an interest, we will find a spot for you!

The national AAP also has a section just for YPs (under age 40 years or first 5 years in practice) where we have specific content for pediatricians getting adjusted to the transition to practice, work-life balance, CME resources and networking with like-minded pediatricians through the YoungPeds Network (YPN), available through the Members Only Channel of the AAP website (www.aap.org/moc). Here you can find a social network (Facebook with only pediatricians), blogs about Maintenance of Certification, family/practice balance, etc.

The bottom line: there are several levels of activity at which you can get involved: on our state YP committee (contact me at jlkirk@aap.net), at the national level through our District X YP Section Representative Cristina Pelaez-Velez, MD, FAAP (cristypelaez@hotmail.com), or by directly linking to our national YP Section, which has an executive council and representation on numerous AAP committees and councils that ask for the YP voice.

–Jessica Kirk, MD, FAAP, YP Chair

Join the effort to prevent dental caries by becoming a 1st Look provider

Those of you who are trained and participating in the 1st Look program through Alabama Medicaid are aware of what an amazing difference this program is making for caries prevention in our high-risk patients. In the first two years of the program, 62 providers have served 1,507 unique patients.

The Chapter encourages all primary care pediatricians who have not been trained to join the effort! Pediatric dentists are available to train groups of pediatricians at the local level, a session will be held at the upcoming Annual Meeting in September, and soon we will have training and videos available online (stay tuned for more information coming soon!). Additionally, ALL Kids is adding this coverage soon. We have also had representatives or information from Henry Schein dental supply at our last two CME meetings. Our chapter’s Oral Health Advocate is Grant Allen, MD, FAAP, who also serves on the AAP Oral Health Advocate Advisory Committee as co-chair. “The state oral health advocates are working to steal shamelessly from programs that work well to increase access to preventive dental care for the most at-risk populations,” Dr. Allen said. “The North Carolina program has been running the longest and has seen 29 to 47 percent decreases in operative caries. The pediatric dental community is seeing a decrease in operative care with an increase in preventive care.”

Help us continue to make great strides in caries prevention and promoting oral health by becoming part of the 1st Look program. Contact Linda Champion, Chapter Project Coordinator, at 334-324-9307 or lchampion@alaap.org for more information.

Reach Out and Read-Alabama: an “Idea that Works”

On July 18-20, Reach Out and Read-Alabama (ROR-AL) participated by special invitation in the Ideas that Work poster session at the 2011 Office of Special Education Programs (OSEP) Project Director’s Conference in Washington D.C. One of 135 poster presenters, Polly McClure, ROR-AL Coalition Coordinator and Reach Out and Read-Alabama Statewide Coordinator Polly McClure explains the program to an OSEP conference participant.
Preparing for ICD-10 diagnosis coding transition

On October 1, 2013, providers will be required to convert from ICD-9 diagnosis codes to ICD-10. “A critical component of ICD-10 is that documentation is sufficiently detailed to enable the proper selection of an ICD-10 code. A documentation assessment can be done now and if there are weaknesses, education and training on proper documentation can be provided early. This will help now and in the future as it begins to prepare each physician for the changes in ICD-10,” according to Reed E. Pew, Chairman and CEO, American Academy of Professional Coders.

An example of enhanced documentation for Routine Health Supervision can be seen below:

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<th>Code</th>
<th>Description</th>
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<tr>
<td>Z00.121</td>
<td>ROUTINE CHILD HEALTH EXAM WITH ABNORMAL FINDINGS</td>
</tr>
<tr>
<td></td>
<td>Use additional code to identify abnormal findings</td>
</tr>
<tr>
<td>Z00.129</td>
<td>ROUTINE CHILD HEALTH EXAM WITHOUT ABNORMAL FINDINGS</td>
</tr>
</tbody>
</table>

As you can see, normal and abnormal findings will need to be added to the documentation when transitioning to ICD-10. In order to achieve the goal of enhanced documentation, the progress notes and EMR templates may need to evolve to allow the pediatrician to include routine exam with normal findings rather than routine exam or, as many write, well child.

Another common example is a diagnosis of otitis media which shows laterality. By adding right, left or bilateral to documentation, the record is now enhanced.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>382.00</td>
<td>OTITIS MEDIA, SUPPURATIVE, ACUTE W/O RUPTURE</td>
</tr>
<tr>
<td>H66.001</td>
<td>OTITIS MEDIA, SUPPURATIVE, ACUTE W/O RUPTURE, RIGHT</td>
</tr>
<tr>
<td>H66.002</td>
<td>OTITIS MEDIA, SUPPURATIVE, ACUTE W/O RUPTURE, Left</td>
</tr>
<tr>
<td>H66.003</td>
<td>OTITIS MEDIA, SUPPURATIVE, ACUTE W/O RUPTURE, BILATERAL</td>
</tr>
</tbody>
</table>

In summary, over the next 18 months, pediatricians can begin enhancing their documentation to include more specific information including laterality. Pediatricians using “unspecified” diagnosis codes are encouraged to be specific as much as possible. Training staff should not take place until late 2012 or early 2013 but assessing where the documentation weaknesses are will be the best way to begin preparing for the ICD-10 transition.

“Chapter Briefs” continued from page 1

Susan Williamson, Director, Alabama State Personnel Development Grant with the Alabama State Department of Education Special Education Services (SES), shared information about their partnership in Alabama to help parents engage in literacy and numeracy with their young children through Reach Out and Read. With the financial support of an OSEP/SES grant over the last four years, ROR-AL has grown from 22 sites to almost 70 sites, distributing more than 128,000 books to 78,000 children in 2010.

The OSEP Project Directors’ Conference is an annual conference that addresses current issues, research and implications for improving results for children with disabilities, and provides an opportunity for OSEP-funded projects, project directors, and staff to network and share information.
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Reach Out and Read expands to 100 U.S. military bases in response to Joining Forces Initiative

Reading aloud to children is a proven technique to help them cope with stress and anxiety, whether it is because of natural disaster, separation from a parent, or another difficult situation. Because of the unique pressures on military families, including separation, deployment, injury, or even the death of a parent, Reach Out and Read began delivering its model to military children nationwide in 2006.

This year, Reach Out and Read is honored to support Joining Forces, a national initiative launched by First Lady Michelle Obama and Dr. Jill Biden to support and honor America’s service members and their families. In support of this effort, Reach Out and Read will expand to 100 U.S. bases by 2013, serving more than 200,000 children of military families.

The military healthcare system provides full and systematic primary care for the children of military families. Reach Out and Read has the potential to reach all these children, without building additional infrastructure, through a system parents already know.

This initiative will enable Reach Out and Read-Alabama to establish a literacy program that provides books to children and their families at two military bases in Alabama: Lyster Army Health Clinic at Fort Rucker and the medical clinic at Maxwell Air Force Base in Montgomery.

For more information on Reach Out and Read’s work with military families, please visit www.reachoutandread.org/military.

Reach Out and Read and CVS Caremark partner on Developmental Disabilities Guide

Until recently, the school readiness experts at Reach Out and Read handled literacy-related questions from pediatricians and parents of children with disabilities on a case-by-case basis. But, thanks to a partnership with CVS Caremark and their All Kids Can program, dedicated to serving the needs of children with disabilities, that is no longer the case.

A new Developmental Disability Literacy Promotion Guide is now being piloted that provides reading tips, recommended books, and literacy milestones for children with seven different disabilities: autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), cerebral palsy (CP), hearing loss, intellectual disabilities, speech and language problems, and vision loss.

“Reading to children with disabilities can be challenging, and the last thing we want is for parents to get overwhelmed, give up, and deprive children of this vital interaction,” said Dr. Monica Ulmann, one of the guide’s creators. “As pediatricians, we have a special responsibility to provide those parents with simple tools and guidance that help make reading together a fun and beneficial experience. I’m hopeful that parents everywhere will have access to this valuable resource.”

To access this guide for use in your practice or clinic, please visit http://tinyurl.com/6cjn4hb.

—Polly

Submitting a resolution to the AAP Annual Leadership Forum (ALF): a grassroots way to make a big impact

Submitting a resolution to the American Academy of Pediatrics’ (AAP) Annual Leadership Forum (ALF) is a simple and great way for a busy pediatrician or pediatric subspecialist to make a significant impact. With a small time investment, a resolution can go a long way.

The purpose of resolutions is to provide a formal mechanism through which AAP members can give input concerning Academy policy and activities. All resolutions submitted to the ALF or to the AAP Board of Directors directly are considered by the Board, but are advisory and not binding.

Resolutions can be submitted pertaining to any aspect of pediatric advocacy, finance, practice, education, or AAP operations. Useful types of resolutions include:

• A request that the Academy develop a statement or otherwise take action on a particular issue.
• A request that the Academy inaugurate a new program or activity or reconsider a current AAP program or activity.
• A request that the AAP change its operating procedures.

The District/Chapter leadership encourages you to get involved in this meaningful way. A resolution is strongest and has the best chance of passing the ALF if it has the support and endorsement of the Chapter, District or an AAP Section or Committee. The Chapter Executive Board is willing to help you with the wording of a resolution; the Board will also consider as a body whether to formally endorse your resolution, although that is not a certainty. However, the Board’s policy instituted in 2010 is that it will ensure that your resolution has a fair hearing on the floor of

continued on page 14
Don’t Give Up When the Power Goes Out

By Timothy Stewart, MD, FAAP, Huntsville Pediatric Associates

Pediatric offices in Alabama went without power for several days during the recent tornado disasters and their vaccine inventories were, in effect, “gone with the wind.” Taking time to prepare for the next disaster is a good business practice all pediatricians and office managers should consider now, while it’s on our minds.

Designate a primary and a back-up vaccine coordinator with emergency contact information. These may be physicians, office managers, or laboratory aides. Make sure there are protocols for maintaining contact between key personnel in the event of a disaster. Consider text messaging and Twitter as an alternative to telephone contact. The key is an immediate and decisive approach to protecting the vaccines.

Have an alternative vaccine storage facility assigned before the disaster occurs. Contact the local hospital and see if arrangements can be made to store vaccine in their facility in the event of a disaster. Arrange a reciprocal agreement with another physician office to safeguard one another’s vaccine in the event that only one office is affected by a disaster.

Have appropriate packing materials to safely transport or temporarily store vaccine. A plastic Igloo-type cooler with a “Vaccines: Do Not Freeze” label attached can keep vaccines within recommended temperatures for 12 hours during transport and/or storage at room temperatures. “Conditioned” cold packs are frozen gel packs left at room temperature for one to two hours until the edges have defrosted and the packs look like they’ve been “sweating.” Cold packs that are not conditioned can freeze vaccine. Do not use dry ice. A thermometer is needed for transport and two two-inch layers of bubble wrap.

Packing instructions

The cooler can be packed by covering half of the bottom with conditioned cold packs. Cover the cold packs with bubble wrap. Place the thermometer on top of the bubble wrap above a cold pack. Layer vaccine boxes on the bubble wrap. Cover the vaccine with bubble wrap. Spread conditioned cold packs to cover half of the bubble wrap. Fill the cooler with bubble wrap. When you reach your destination, check the vaccine temperature. If it’s between 35° and 46°, put it in the refrigerator. If below 35° or above 46°, label the vaccine “Do Not Use” and contact the VFC program for VFC vaccine or your vaccine manufacturer for private stock.

Many offices consider portable electric generators for use during power outages. These machines represent a significant expense in addition to the safety risk of storing fuel. A cheaper alternative may be the purchase of “spoilage” insurance. This liability policy is usually purchased by food handlers but can be purchased to cover vaccines. The annual cost is minimal and in the long-run may be much cheaper and more reliable than generators.

Frozen vaccines (e.g., MMR and varicella vaccine) are particularly vulnerable to temperature changes and should probably be considered spoiled in prolonged power outages. Remember the safest policy with vaccines in a disaster is “When in doubt, throw it out.”

Worksheets and other resources on this topic are linked on the Chapter web site at www.alaap.org.
Attention Parents and Providers!

NEW IMMUNIZATION REQUIREMENT FOR 6TH GRADE ENTRY

Beginning with the 2010-2011 school year, a dose of Tdap vaccine will be required for Alabama students 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.
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
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