From the Chapter President

Dear Colleagues,

I would like to thank all of the pediatricians who attended and made the Winter Meeting such a success. The CME program was superb, thanks to the efforts of our CME co-chairs, Drs. Linda Anz and Jennie Breslin. My special thanks go to the exhibitors and sponsors, and in particular to Children’s Health System for the Saturday night reception and dinner.

At the Executive Board meeting, the Board discussed many issues, including a collaboration with the Alabama Association of School Nurses; a resolution supporting a statewide breastfeeding initiative that the Chapter has submitted to the Medical Association in conjunction with the Alabama Academy of Family Physicians and ACOG (see article on page 4); and a policy letter on Medicaid’s length of season for Synagis administration, which resulted in Medicaid extending its coverage until March 31.

As you can see, the Chapter is involved in many areas of improving health outcomes for children at the statewide level. We are also looking at a more concerted advocacy effort on third-party payor issues, as well as exploring ways of increasing membership benefits. To that end, I have met with the leadership at Children’s Hospital and UAB to try to encourage academic memberships.

Working together, I am confident that we can go great places.

I hope to see many of you at our Pediatric Legislative Day on March 9 and also at our Annual Meeting and Pediatric Update, set for Sept. 28 – Oct. 1, 2006. Let us all come together this year for pediatrics and children’s health in Alabama.

Winter CME Meeting a huge success

The Winter CME Meeting 2006, held January 27 – 29 in Birmingham, was a huge success, breaking attendance records with more than 130 pediatricians and other clinicians participating from Alabama and the neighboring state of Tennessee.

The educational program, spearheaded by CME Co-Chairs Linda Anz, MD, FAAP, and Jennie Breslin, MD, FAAP, was once again unparalleled in its quality of speakers and topics.

In addition, 38 vendors supported the conference, making it the Chapter’s largest Winter Meeting since its inception four years ago. Many thanks go to all of the meeting’s sponsors and exhibitors. The Chapter also expresses special appreciation to Children’s Health System for its sponsorship of the Saturday night reception and dinner, which featured a delightful keynote address by Alabama storyteller and author Kathryn Tucker Windham.

Third Annual Legislative Day will feature group visits with key legislators, “how-to” session

Chapter members are gearing up to convene at the Alabama State House for the third annual “Pediatric Legislative Day on the Hill,” set for the morning of Thursday, March 9.

“I urge Chapter members, residents and academicians from across the state to come together that day as one voice for pediatrics,” said V.H. Reddy, MD, FAAP, Chapter President. “There are so many issues facing pediatrics now, and we need to let our legislators know who we are and how important it is that they remember the children.”

That morning, attendees will meet as a caucus with Speaker of the House Seth Hammett; Representative John Knight, Chair of the House Government Finance and Appropriations Committee; and Senate President Pro Tempore Lowell Barron (tentative based on scheduling). The group will also receive education on “How to Talk with Your Legislator,” presented by Representative Jim McClendon, Alabama House District 50, and Linda Tilly, Executive Director of VOICES for Alabama’s Children. Their presentation will feature an update on the child passenger safety

continued on page 3
Reach Out and Read-Alabama becomes a reality

On January 3, the Chapter officially kicked off its agreement with Reach Out and Read National Center, beginning what should prove to be a strong relationship dedicated to improving early literacy and school readiness in pediatricians’ offices across the state.

Polly McClure, formerly of MedImmune, was hired as Reach Out and Read-Alabama’s (ROR) Statewide Coordinator, whose function is to raise funds for the coalition at a statewide level, offering pediatric sites the help they need to get started and to sustain ROR in their practice.

Marsha Raulerson, MD, FAAP serves as ROR-Alabama’s Medical Director, realizing a dream she has had for several years.

“I have been providing this program in my office for 11 years and I have no doubt that the children in my community enter school much more prepared than they would have without this program,” she said. “I am excited to see this statewide program come together for the benefit of all children in Alabama.”

Polly also explained how excited she is to begin work and be part of such an important program in our state.

“Emilie Buchwald, who was awarded the 2002 McKnight Literary Award for her beautiful anthologies and children’s books, once said, ‘Children are made readers on the laps of their parents,’” she explained. “Like her, I have a vision of all children in Alabama on the laps of parents and caregivers learning about books and enjoying reading prior to that first day of kindergarten. I am convinced that the well-baby visit in the offices of pediatricians and/or primary caregivers in this state can make that happen.

“I have had the pleasure of working with pediatricians for over eight years and know how deeply they care about the total well-being of their patients and families. I am privileged to partner with each of them to bring this program to all of those that they serve,” she added.

For more information, visit www.reachoutandread.org or contact Polly at roralabama@charter.net. Donations can be made to “Reach Out and Read-Alabama” and mailed to P.O. Box 477, Clay, AL 35048-0477.

From the Coordinator

Congratulations to Mary Blankson, MD, FAAP, and her partners at Western Health Center in Ensley for their recent award of $2,200 by Reach Out and Read National Center to initiate their program in the pediatric department.

Two other practices, Pediatric Care Group (Dr. D.J. Anagnos) and Bessemer Health Center (Dr. Iris Fancher and partners) have begun the application process.

If you or your practice needs any information or assistance with the Reach Out and Read program or application process, contact me at 205-223-0097. I am also available to assist in fundraising to sustain existing programs.

Currently, efforts are underway to seek funds from 13 community foundations across the state. In addition, Polly will be working with local Target and Wal-Mart stores to secure grants for programs in their locales.

If you have any connections to any state foundations or funding sources, please e-mail me at roralabama@charter.net.

— Polly
2006 Legislative Update

The last month and a half have been busy for legislative/advocacy efforts for pediatrics on both the state and federal levels.

STATE – During the 2006 General Session of the Alabama Legislature, the Chapter has been monitoring and responding to several bills that have been introduced. Your continued advocacy efforts are needed to support the following legislative efforts:

• HB 178 – Representative Jim McClendon of Springville introduced this teen driver cell phone bill in January which would make it a violation for teens 17 years and younger to use a cellular or wireless communications device while operating a motor vehicle. Representative McClendon enlisted the support of Chapter members, who rose to the occasion and sent numerous letters to Representative Thad McClammy, Chair of the House Public Safety Committee. Executive Director Linda Lee also testified at a public hearing before the committee, and Past President Carden Johnson, MD, FAAP, drove down to the legislature the following week to voice his support. The bill passed committee successfully, despite some opposition regarding enforceability. Chapter members are urged to continue talking to their legislators as this bill makes its way to the House floor.

• SB 38/HB 364 – The Child Passenger Safety bill, which would strengthen Alabama’s child safety restraint law by requiring height-booster seats for children under 4’9”, and rear-facing seats for infants under one year, has passed the Senate Judiciary Committee and is pending debate on the Senate floor (at time of writing). The Chapter has been working with VOICES for Alabama’s Children in support of this bill, and urgently needs pediatricians across the state to continue sending letters and making telephone calls to senators. Because the bill has passed the House for the last several years, its sponsors are urging first passage in the Senate. A fact sheet on this bill can be accessed on the Chapter web site at www.alchapaap.org/cpsfactsheet.pdf.

• At the Winter CME Meeting, David Reynolds, MD, FAAP, Past President of the Chapter, urged attendees to support Senator Vivian Figures’ Clean Indoor Air Act, SB 352, which would prohibit smoking in food service establishments across the state. The Chapter Executive Board has endorsed this bill.

• Medicaid Funding – Help from the Centers for Medicare and Medicaid Services in the form of “Katrina relief,” which would eliminate the state match burden for 11 Alabama counties, is expected to relieve the Alabama Medicaid Agency from what would have been a typical deficit to keep the program operating adequately in fiscal year 2007. Because the Katrina relief is strictly a temporary “Band-Aid” however, the fate of Medicaid’s FY 2008 budget is hugely uncertain.

FEDERAL – Many Chapter members joined thousands of pediatricians across the country in late January in urging our US Representatives to oppose the Budget Reconciliation Act, which provides for co-pay mandates and harmful Medicaid cuts, particularly in the area of EPSDT screenings. Sadly, the bill passed on February 1 by a narrow margin of two votes. The AAP has expressed its appreciation to the many members who worked hard on this bill and is now taking a series of actions to minimize the drastic effects of this legislation.

“Legislative Day” continued from page 2

bill, the new teen driver cell phone bill and other child health/safety legislation. Offering one hour of Category 1 CME, the session will also include a 2006 Legislative Snapshot, provided by Mark Jackson of the Medical Association of the State of Alabama. After the educational session, participants will divide for visits with legislators from their own districts. The morning will conclude with boxed lunches served at the Medical Association, two blocks away.

Pre-registration is necessary; To register, please complete the form that was mailed/faxed to you and fax it to the Chapter office at 334-269-5200; the form can also be downloaded at www.alchapaap.org/legislative-day06.pdf.
Breastfeeding: Gaining momentum

By Lewis Doggett, MD, FAAP, Alabama Chapter-AAP Area Representative and Chair of newly formed Chapter Breastfeeding Committee

The time seems right for making a concerted effort to advance the cause of breastfeeding. The issue of breastfeeding has gained significant momentum over the last ten years and is now high on both international and U.S. health care agendas. Numerous health organizations – the AAP, the American College of Obstetrics and Gynecologists (ACOG), the American Academy of Family Physicians (AAFP), AWHONN, ADA, World Health Organization (WHO)/UNICEF, and the U.S. Department of Health and Human Services (HHS) – list breastfeeding as one of their top priorities.

For some time, we have known intuitively that breastfeeding is beneficial. Now we have significant data that demonstrate the numerous benefits of breastfeeding to both the baby and the mother. Furthermore, we now have a set of evidence-based steps to increase breastfeeding rates.

Momentum began to build in the 1990s when Surgeon General David Satcher identified breastfeeding as a top priority, prompting the “HHS Blueprint for Action on Breastfeeding.” HHS, through its Healthy People 2000 and subsequent Healthy People 2010 initiatives, established breastfeeding objectives: a 75 percent initiation rate, a 50 percent rate at six months, and a 25 percent rate at one year of age. UNICEF/WHO established “Ten Steps to Successful Breastfeeding” in 1992. These are not just suggested “ideas,” but proven steps to successfully increase breastfeeding rates.

This is exciting! It is helpful to be able to tout the benefits of breastfeeding, but even more beneficial to be able to offer concrete, outlined, evidence-based steps to effect change.

Now the task before us is to use this information to help mothers make an educated, informed decision to breastfeed. We have some work to do. Breastfeeding rates in 1998 for Caucasians at birth, six months, and one year were 68 percent, 31 percent, and 17 percent, respectively. Rates for African-Americans were 45 percent, 19 percent, and 9 percent. In 2003, the rates were just slightly better: Caucasians at 72 percent, 38 percent, and 18 percent, and African-Americans at 51 percent, 22 percent, and 12 percent. Note the disparity between the races and how far we have to go to reach the Healthy People 2010 goals (75 percent, 50 percent, and 25 percent)! There is similar disparity between the indigent and non-indigent populations. Because of these disparities, we will have to make a concerted effort to reach the African American and indigent populations if we are to be successful.

The positive economic impact of breastfeeding is no less impressive than the health benefits. $3.6 billion is paid each year by private and government insurers to treat diseases and conditions preventable by breastfeeding. Annual costs for RSV due to not breastfeeding are $225 million. WIC spends $578 million a year for formula for families that could be breastfeeding. Families spend $1,200 - $1,500 annually for formula supplies. Nationwide, families spend $2 billion a year on breast milk substitutes.

At the Alabama Department of Public Health’s recent Breastfeeding Summit, representatives from AAP, ACOG, AAFP, AWHONN, and ADPH, as well as nutritionists, traded ideas about breastfeeding in Alabama. As a result, we drafted a resolution to be presented at this year’s annual session of the Medical Association of the State of Alabama, declaring that it will support and promote breastfeeding in Alabama and will take the necessary measures to accomplish the Healthy People 2010 goals. A statewide committee will be formed to carry out these objectives. Our Chapter is establishing its own committee to aid in accomplishing the statewide objectives. We know what works. We have to enlist the help of individuals in each community (e.g., pediatricians, OBs, FPs, lactation consultants, and OB nurses) willing to help institute the steps necessary for change.

I am confident pediatricians will step up to the plate; no specialty has a better track record for practicing preventive care than pediatrics. Look what we have done with immunizations! Breastfeeding is considered “baby’s first immunization.” The positive economic impact of breastfeeding, coupled with the numerous preventive health benefits to baby and mother, make this a very attractive cause to undertake. As with immunizations, the ripple effect will be immeasurable. The time is right, and together, I am confident we can make a difference.
What do immunization providers say about the Alabama Vaccines for Children (VFC) program?

“Excellent program”
“Every clinic needs this program”

“Easy to order vaccines and prompt”
“Wonderful”
“Quick reply to calls”

“Friendly”
“Excellent staff”
“Would recommend to anyone”

“Runs smoothly”
“Eliminates the need to refer patients to county health departments for their shots”

“Keep up the good work”

“The best resource of immunization materials”

“The most up-to-date immunization program”
“Proud to participate in the VFC program”

“Thank you”

Enrollment in the VFC program is easy!
Call 1-800-469-4599 to learn more.
www.adph.org/immunization
Annual Meeting plans underway

Mark your calendars now for the 2006 Annual Meeting and Pediatric Update, set for Sept. 28 – Oct. 1 at the Sandestin Beach Hilton. Plans for the meeting are shaping up nicely, with national speakers already secured and topics coming together. The following is the list of up-to-date speakers and topics (still subject to change): *Influenza: Anything to Worry About?* and *Day Care: Why are They Sick All the Time?* Dennis A. Clements, MD, PhD, MPH, Chief Medical Officer, Duke Children’s Hospital; *Pediatric Dental pearls for Pediatricians* and *Pediatric Oral Pathology for the Pediatrician*, Martha Ann Keels, DDS, PhD, Assistant Clinical Professor, Department of Pediatrics, Duke University School of Medicine; *Asthma Severity vs. Asthma Control and Environmental Control for Allergies: Reducing Exposure to Pollens, Molds, Pets and Dust Mites*, John M. Kelso, MD, Division of Asthma, Allergy and Immunology, Children’s Hospital, San Diego, Calif.; *Bumps, Splotches and Rashes: Exanthems-All You Need to Know and Neonatal Skin Puzzlers*, Anthony J. Mancini, MD, Associate Professor of Pediatrics and Dermatology, Northwestern University Feinberg School of Medicine.

Information on CME will be passed along soon!

More than 150 take part in “Navigating the Mental Health” series

The “Navigating the Mental Health System” CME dinner series, part of the Chapter’s Healthy People 2010 Mental Health Grant Project, was a huge success, with more than 150 pediatricians and mental health professionals participating at the sessions held in four cities across the state in November. The four regional networks are now working on continuing the dialogue prior to the second series, tentatively set for April. Look for more information on this coming soon, along with a web-based mental health services directory.

At left, Sandra Parker, MD, child and adolescent psychiatrist, engages in discussion with pediatrician Boyette Hunter, MD, FAAP, and his wife at the Mobile CME dinner.

It’s Not Just the PKU test!

*By Lane Rutledge, MD, FAAP, UAB Faculty Member*

As many of you know, we now have expanded newborn screening in Alabama. We will try to share knowledge with you about our program regularly in *The Alabama Pediatrician.* The Newborn Screening Metabolic Follow-up Team is currently screening for over a dozen inherited disorders of metabolism as well as congenital adrenal hyperplasia, hypothyroidism and hemoglobinopathies. We are adding two new tests for other IEM in the next few months. The current technology makes possible the testing for many things on your standard newborn screening card. We are not yet performing the full complement of expanded screening that is available in some states and from some private companies. We hope to do that in the future.

We often get calls from pediatricians that a baby has an abnormal PKU,” when, in fact, it is some other part of the test that is abnormal. We are calling it either Expanded Newborn Screening or just Newborn Screening, and you should too! Term and near-term infants should be tested between 24 and 48 hours of life and again at approximately two weeks. Premature infants have their own protocol: they should be tested upon admission to the NICU, and again at two to three weeks of age. An optional third screen may be requested depending on the results of the first two tests. More on testing in premature infants in later issues.

Chapter leaders attend District X meeting

*Two chapter members receive Chapter Achievement Awards*

Members of the Chapter leadership team – V.H. Reddy, MD, FAAP, President; Albert Holloway, MD, FAAP, Vice President; and Linda Lee, Executive Director – attended the AAP District X meeting in February to network with national, district and other chapter leaders and learn how to maximize our efforts in Alabama.

Our Chapter is also honored to be represented at the District level by our own Linda Anz, MD, FAAP, of Opelika, who serves as District Vice Chairperson. Next year, Dr. Anz, will move into the District Chair role, which is a national board position.

Grant Allen, MD, FAAP, of Florence, also attended from our chapter as a participant in a Young Physicians session.

At the District meeting, two Chapter members were honored with Special Achievement Awards: Michelle Medina, MD, FAAP, of Wetumpka, and Patricia Perry-Rooks, MD,
The American Academy of Pediatrics recommends shortacting methylphenidate as 1st line therapy for ADHD¹

- Methylin® Oral Solution is bioequivalent to Ritalin® tablets swallowed whole²

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- Newly diagnosed ADHD patients
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If you or your patients have any questions please call us at 877-817-ADHD.

2: Data on File, Alliant Pharmaceuticals.

Please visit www.givemethegrave.com

Methylin® Oral Solution should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase dosage on their own initiative. Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parental abuse. Careful supervision is required during drug withdrawal, since severe depression as well as the effects of chronic overactivity can be unmasked. Long-term follow-up may be required because of the patient’s basic personality disturbances. Contraindications to Methylin® Oral Solution include marked anxiety, tension, agitation, hypersensitivity to methylphenidate, glaucoma, motor tics, and a family history of Tourette’s syndrome. Methylin® Oral Solution has not been studied in children under six years of age. The safe use of Methylin® Oral Solution during pregnancy has not been established. Sudden death has been reported in association with CNS stimulant treatment at usual doses in children with structural cardiac abnormalities. Methylin® Oral Solution generally should not be used in children, adolescents or adults with known structural cardiac abnormalities.
**Methylphenidate Hydrochloride**

**CII**

Methylphenidate HCI oral solution, 5 mg/5mL
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Rx only

**DESCRIPTION**

Methylphenidate (methylphenidate HCI) is a central nervous system (CNS) stimulant. When administered in adequate dosage, methylphenidate produces a CNS stimulant effect. The specific mechanism of action in humans is not completely understood, but methylphenidate presumably increases the brain stem arousal center and cortex to produce its stimulant effect. Methylphenidate is thought to block the reuptake of neurotransmitters monoamine and dopamine at nerve terminals and increase release of these monoamines into the extracellular space. There is no evidence that the mechanism of action of methylphenidate produces any toxic effects in children. Our conclusion evidence as to how these effects relate to the condition of the central nervous system.

**Pharmacokinetics:**

**Absorption:**

Methylphenidate oral solution is readily absorbed following oral administration of Methylphenidate Oral solution. Peak plasma concentrations are achieved at about 1 to 2 hours. Methylphenidate Oral solution has been shown to be bioequivalent to Ritalin. The mean Cmax is approximately 9 mg/ml.

**Distribution:**

Methylphenidate is extensively distributed throughout the body. About 90% of the drug is bound to plasma proteins. There are no significant differences between the pharmacokinetics of methylphenidate in adults and children.

**Metabolism and Excretion:**

Methylphenidate is metabolized primarily via demethylation to alpha-hydroxy-phenylpropionic acid (APA), aminopropic acid. The metabolite has little or no pharmacologic activity.

**Half-life:**

The plasma half-life of methylphenidate has been reported to be approximately 2 to 3 hours.

**Excretion:**

Methylphenidate is excreted primarily in the urine as unmetabolized drug, metabolites, and glucuronide conjugates. Small amounts of methylphenidate and its metabolites are also excreted in the feces.

**CONTRAINDICATIONS:**

Methylphenidate should not be administered to patients with a history of glaucoma, hypertension, or cardiovascular disease. Methylphenidate should not be used in children with a history of seizures, hyperactivity, or behavioral problems. Methylphenidate should not be used in patients with a history of sensitivity to methylphenidate or in patients with a history of mental disorders such as schizophrenia. Methylphenidate should not be used in patients who have been diagnosed with Tourette's syndrome or other movement disorders. Methylphenidate should not be used in patients with a history of drug or alcohol abuse or addiction. Methylphenidate should not be used in patients with a history of psychiatric disorders such as depression, anxiety, or bipolar disorder. Methylphenidate should not be used in patients with a history of gastrointestinal bleeding or ulcers. Methylphenidate should not be used in patients with a history of heart disease, including congestive heart failure. Methylphenidate should not be used in patients with a history of pulmonary hypertension. Methylphenidate should not be used in patients with a history of asthma or other respiratory conditions. Methylphenidate should not be used in patients with a history of diabetes or hyperglycemia. Methylphenidate should not be used in patients with a history of endocrine disorders such as thyroid dysfunction or diabetes mellitus. Methylphenidate should not be used in patients with a history of epilepsy or seizures. Methylphenidate should not be used in patients with a history of kidney or liver disease.

**DRUG ABUSE AND DEPENDENCE:**

Methylphenidate should be used only for the treatment of attention deficit hyperactivity disorder and should be prescribed only by a healthcare professional who is qualified to do so. Methylphenidate should not be used to treat children with Tourette's syndrome or other movement disorders. Methylphenidate should not be used to treat children with a history of glaucoma, hypertension, or cardiovascular disease. Methylphenidate should be used with caution in patients with a history of seizures, hyperactivity, or behavioral problems. Methylphenidate should be used with caution in patients with a history of psychiatric disorders such as depression, anxiety, or bipolar disorder. Methylphenidate should be used with caution in patients with a history of gastrointestinal bleeding or ulcers. Methylphenidate should be used with caution in patients with a history of heart disease, including congestive heart failure. Methylphenidate should be used with caution in patients with a history of pulmonary hypertension. Methylphenidate should be used with caution in patients with a history of asthma or other respiratory conditions. Methylphenidate should be used with caution in patients with a history of diabetes or hyperglycemia. Methylphenidate should be used with caution in patients with a history of endocrine disorders such as thyroid dysfunction or diabetes mellitus. Methylphenidate should be used with caution in patients with a history of epilepsy or seizures. Methylphenidate should be used with caution in patients with a history of kidney or liver disease.

**DOSE AND ADMINISTRATION:**

The usual starting dose is 5mg twice daily or 5mg three times daily. Doses should be increased gradually and maintained at the lowest possible level that is effective. The maximum daily dose is 30mg for children and 60mg for adults. Methylphenidate should be administered as a single dose in the morning or divided doses in the morning and afternoon.

**SIDE EFFECTS:**

Methylphenidate may cause appetite suppression, weight loss, and sleep disturbance. Methylphenidate may cause increased heart rate, blood pressure, and temperature. Methylphenidate may cause increased anxiety, agitation, and restlessness. Methylphenidate may cause increased irritability, aggression, and impulsive behavior. Methylphenidate may cause decreased appetite, weight loss, and sleep disturbance.

**OVERDOSAGE:**

“Chapter Briefs” continued from page 6

FAAP of Birmingham, in recognition of their outstanding work with local schools in preventing and treating obesity. Congratulations to both of these pediatricians for their hard work in improving health outcomes in their communities!

Chapter members take part in unique “post-Katrina” workgroup

Chapter members Karen Landers, MD, FAAP, Carden Johnston, MD, FAAP, and Tony Fargason, MD, FAAP, and Chapter Executive Director Linda Lee experienced a unique opportunity when they joined 25 other representatives from Florida, Mississippi, Louisiana and Texas and AAP leaders on February 10 – 12 to explore the delivery of pediatric care during the Katrina disaster. The AAP is using the information uncovered as a model to develop a national strategic disaster plan for pediatrics. During the session, Chapters were challenged to institute five steps to begin setting the stage at the state level. To that end, the Alabama Chapter will create a Committee on Disaster Preparedness, which will be tasked with implementing a plan for pediatricians in our state.

The “Katrina-the first 150 days” weekend also included a moving six-hour tour of the devastated areas in New Orleans, Waveland, Miss., Bay St. Louis, Miss., and Biloxi, Miss., and community pediatricians’ first-hand accounts of their experiences in caring for children and sustaining their practices both in the midst of the disaster and during this long recovery phase.
Practice Management Association moves forward

**EMR Conference plans underway**

The Chapter pediatric practice managers organization, which began its revival in the late fall, has now become organized officially as the Alabama Chapter-AAP Practice Management Association. The steering committee held its second organizational meeting on February 8, and is moving forward with the creation of bylaws, membership information and an upcoming Electronic Medical Records Conference, tentatively set for Saturday, June 24, at the Bradley Lecture Center at Children’s Hospital.

The Steering Committee has selected an Executive Committee to oversee activities in this first year of the renewed organization, with the following leaders selected: Liz Knight of Eastern Shores Pediatrics, Chair; Lynn Brown, coding specialist for Children’s Hospital-owned practices, Vice Chair; Robin Riggs, Huntsville Pediatric Associates, Vice Chair; Phyllis Helms, Dothan Pediatrics, Vice Chair; Malcolm Howell, Health Services Foundation, Mobile, Secretary/Treasurer; and Tim Stewart, MD, FAAP, Chair of the Committee on Practice Management, and Linda Lee, Chapter Executive Director, ex-officio members.

In addition, the organization has organized three sub-committees: a third-party task force, chaired by Debbie West of Birmingham Pediatrics; a communications committee (listserv, web resources, data-sharing), chaired by Lynn Brown; and a conference committee, chaired by Robin Riggs.

Look for more details soon on membership and the upcoming EMR conference.

**Two chapter members awarded C.A.T.C.H. grants**

Congratulations go to two chapter members, Mia Amaya, MD, FAAP, of Birmingham and Gillis Payne, MD, FAAP, of Montgomery, who were both recently awarded AAP Community Access to Child Health (C.A.T.C.H.) grants of up to $10,000 each.

C.A.T.C.H. is a national program of the AAP designed to improve access to health care by supporting pediatricians and communities that are involved in community-based efforts for children.

Dr. Amaya’s grant project, entitled “Community Shaken Baby Prevention Program,” will allow her to work with pediatricians and other hospitals in the Birmingham area, demonstrating materials designed for parents on healthy ways to respond to infant crying, parent support handouts, and on Shaken Baby Syndrome. She and the department at UAB will discuss a program piloted at UAB University Hospital and Cooper Green Hospital maternity wards and then work with each hospital to choose materials best suited to their hospital vision and patient population.

Dr. Payne’s project incorporates three other practices in the Montgomery area to expand psychiatry services for their underserved patients through the use of teledicine. Patterned after Dr. Marsha Raulerson’s rural project in Brewton, “Telepsychiatry in an Underserved Metropolitan Area” will involve a partnership between the four practices (represented by Dr. Payne, D.J. Anagnos, MD, FAAP, A.Z. Holloway, MD, FAAP, and John Summers, MD, FAAP) and up to four child/adolescent psychiatrists from Birmingham, who will provide consultations via closed circuit television for their patients with mental health needs. The Montgomery Mental Health Center will serve as a key partner in the project.

“I am so excited to see these Alabama pediatricians putting grant money to work in their own communities for these worthwhile projects,” said Marsha Raulerson, MD, FAAP, C.A.T.C.H. Coordinator for the Alabama Chapter. “And I am delighted to report that three other pediatricians in the state have submitted implementation grant applications during this last grant cycle in January.”

The deadline for the next C.A.T.C.H. grant cycle is July 31, 2006. For more information on any aspect of the process, contact Dr. Raulerson at 251-867-3608 or mraulerson@magbelle.com. For information on C.A.T.C.H., go to www.aap.org/catch. One pediatrician CAN make a difference!
**Budget jeopardizes child health programs**

President Bush released his 2007 budget Feb. 6 with a proposed $13.6 billion in cuts in the Medicaid and the State Children’s Health Insurance Program over five years. The 2007 budget proposal came just days after the 2006 budget reconciliation bill passed Congress, which significantly cut Medicaid. The budget also proposes to eliminate or cut funding for many other child health programs, including Children’s Hospitals Graduate Medical Education (GME) program, Title VII health professions training grants, newborn hearing screening, Emergency Medical Services for Children (EMSC) program, and the National Children’s Study.

The president’s budget is the first step in a months-long process and is used as a blueprint for Congress to decide how to fund programs. The Academy will continue to lobby Congress aggressively to sustain and increase funding for child health programs until the process is finished in October. In this election year, there is some hope that members of Congress will choose to help children.

For federal budget updates, visit the AAP Member Center at www.aap.org/moc (click on Federal Affairs).

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**PediaLink® scholarships available for childhood hearing module**

The AAP Medical Home Surveillance and Screening Project is offering PediaLink® scholarships to pediatricians who care for children with confirmed hearing loss.

Available via the Academy’s e-learning platform, PediaLink®, the module, *Childhood Hearing: A Sound Foundation in the Medical Home*, is a web-based program that educates clinicians on the early identification and intervention of hearing loss.

Physicians can earn a maximum of 5.0 AMA PRA Category 1 credits for participation in the program – a $75 value, offered free of charge! To register, contact Jill Ackermann at 800-433-9016, ext. 7863 or screening@aap.org.

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**Community Pediatrics poster session announced**

The Council on Community Pediatrics (COCP) is pleased to announce its first-ever poster session to be held during the AAP National Conference and Exhibition, set for Oct. 7 - 10, 2006, in Atlanta, Ga.

The COCP is accepting abstracts for a poster session entitled “Pediatricians Working Collaboratively with Communities,” which will provide an exciting opportunity for pediatricians to highlight community pediatrics projects and speak directly with others involved in similar activities. The challenges presented in various contexts such as urban, rural, childcare settings and border zones will be considered. The deadline for submission is Apr. 3, 2006.

For more detailed information and a submission form, contact Regina Shafer (rshafer@aap.org), Jean Davis (jdavis@aap.org) or 800-433-9016, ext. 7085.

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**Free autism resource available**

The AAP Autism Expert Panel has recently developed a 44-page booklet on autism spectrum disorders (ASD), *Understanding Autism Spectrum Disorders*, to serve as a resource for health care professionals and parents. The booklet defines ASD, covers the clinical features, and describes the full range of interventions (both traditional and complementary/alternative) commonly used with children with ASD over their lifespan. The booklet also addresses special concerns in the teen and adult years as well as financial and legal planning. Finally, a list of recommended books and Web sites is provided.

**For a limited time, you can obtain a complimentary copy through the Medical Home Surveillance and Screening Program.**

To order your copy (limit one free copy per member), email screening@aap.org with ASD Booklet Request in the subject line and your preferred mailing address in the text.

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**Chapter dues structure to change this year**

The Chapter Executive Board has approved an increase in Chapter membership dues this year to better position the organization to meet member needs and carry out the many child health initiatives the Chapter has undertaken. Regular members will pay $150 beginning with the 2006-2007 year, representing the first dues increase in five years.

“This increase will allow Linda to hire a much-needed part-time assistant so that she can better serve our members’ interests at the state level,” said V.H. Reddy, MD, FAAP, Chapter President. “We have researched the dues structure of other similar-sized chapters in the country and we are right in line with them. Many AAP chapters will experience an increase this year as part of the increasing costs of running an organization.”
UPCOMING EVENTS

March 9, 2006
Third Annual Pediatric Legislative Day, Montgomery

April 2006
Spring Regional Mental Health CME Roundtable Series (Dates TBA)

May 4 – 7, 2006
Medical Association of the State of Alabama Annual Session: The Future of Alabama’s Health Care is in Our Hands, Destin, Fla.

May 12, 2006
Children’s Health System’s Practical Day of Pediatrics, Children’s Hospital Birmingham

June 24, 2006 (date tentative)
Practice Managers Organization EMR Conference, Bradley Lecture Center, Children’s Hospital, Birmingham

September 28 – October 1, 2006