Now at the end of another long day, sitting for a few minutes to consider my last column for our quarterly newsletter, I’m hoping to be struck by inspiration reflecting on the past year of involvement, and mostly hoping to stay awake long enough to make a few marks on the never-ending checklist. So to the point of inspiration, I will speak to gratitude for such a fulfilling profession that offers blessings every day for those of us with open eyes and hearts.

Today was a good day for this community pediatrician – a good patient mix. A sampling of the day included a newborn first visit for a first-time mom, a newborn first visit for the most incredibly balanced, “bar-setting” eighth-time mom, a few URIs saved from antibiotic use, the constipated child, the highly anxious child with abdominal pain, the med check with the rambling ADHD mom who doesn’t know that she is ADHD, the 17-year-old genius kid who convinces his mom that HPV vaccine is a good thing, and the new onset diabetic. And to fill the lunch “hour” that began with pharmaceutical contact was the prenatal consult with a first-time mom who was a patient herself “back in the day,” and I think was there to make sure her wife was okay with me. Another grandpatient added to the list! Who can be bored with a day like that?

I know that physician burnout and physician wellness are issues in all communities, and I have felt the burn myself from time to time. But honestly, the gift of community pediatrics is what sustains me.

My years of involvement in the Alabama Chapter-AAP have been incredibly fulfilling, and the benefits of that involvement have been tremendous both for me and my practice. Our Chapter is graced with many talented, inspiring folks who are passionate in their advocacy, and our executive director and staff are fantastic. The future is indeed quite bright.
Early Screening Resources now available on ACHIA website

Not had time to participate in any of the Alabama Child Health Improvement Alliance’s (ACHIA) early screening continuous quality improvement collaboratives, but still want to incorporate early screening into your practice workflow? ACHIA has available an online CME curriculum designed by Alabama experts to provide practice providers and other early screening core team members with an evidence-based foundation for their practices.

While this website was created for practices in the 2017 Early Screening CQI Collaborative, the CME modules can be of tremendous help to pediatric providers who just want to learn more about screening and how to easily infuse it into their practices. The site is designed to help practices, through use of standardized tools, increase early identification and referral of children with potential developmental, behavioral, or emotional delays. The modules include: Science of Early Screening, Medical Evaluation for Children with Developmental Delays, Documenting and Coding for Developmental, Autism, and Behavioral Screens, and the ABCs of Quality Improvement. These CME modules are available as enduring material at http://bit.ly/2wqylfP for all Alabama providers and staff through December 20, 2019.

Asthma QI returns in 2018

ACHIA’s “Breathe Alabama: An Asthma QI Collaborative” for primary care practices rolls out in January. Maintenance of Certification Part 4 will be available and the curriculum is similar to previous Chapter/AAP asthma collaboratives, which had such great outcomes (see Drs. J. Wiley and Wes Stubblefield’s article, “Improving Asthma Care by Building Statewide Quality Improvement Infrastructure.” Pediatrics. 2017;140(2):e20161612). The 2018 collaborative will differ from previous asthma collaboratives in several ways, including no travel for the practice, virtual CME/CEU, a shortened collaborative timeline and less data collection. Particularly exciting for 2018 is that several Medicaid Health Homes will incorporate the asthma home visiting model that was popularized in Boston. In this model, the home visitors reinforce the practice care plan with additional asthma education and environmental assessments.

For more information, contact Cason Benton, MD, FAAP at cbenton@peds.uab.edu or Linda Champion at lchampion@alaap.org. Further details on signing up coming soon!

Mark your calendars! QI Collaboratives for 2019 and 2020

Through the planning of its Continuous Quality Improvement Committee, ACHIA has finalized topic selections for its 2019 and 2020 QI collaboratives. Make plans now to participate in the following collaboratives: improving adolescent well-child visits in 2019 and developmental screening in 2020. More information to follow.
Announcing the revised AL-AAP oral health online CME module!

Take a 1st Look: A Healthy Smile = A Healthy Child

As you know, dental caries is a common and chronic disease process with significant consequences. With only 1.5 percent of infants having dental visits, pediatricians have a golden opportunity to prevent, intervene, and, in collaboration with dental colleagues, manage this disease. There is mounting evidence to prove that the incidence of caries can be reduced by having children 6 months to 36 months assessed by their pediatric provider and a fluoride varnish applied during routine pediatric visits. Yet, there are still well over half of our state’s pediatricians who have not undergone the oral health risk assessment training required to become a 1st Look Provider.

Through collaboration with the Alabama Department of Public Health, the Alabama Chapter-AAP is delighted to announce the renewal of CME approval of our online oral health risk assessment video training module, Take a 1st Look: A Healthy Smile = A Healthy Child, which has been revised as a 1.5-hour oral health risk assessment video training that now includes additional fluoride varnish demonstration videos. Like before, the module qualifies as the required training to become a 1st Look Provider through the Alabama Medicaid Agency and the ALL Kids program. 1st Look Providers are Medicaid/ALL Kids primary care physicians who can bill for the dental codes for oral health risk assessment and fluoride varnish application services performed in the medical home. This training is required for both the PMPs and any ancillary staff who perform these services.

The module includes the following components and information:
- Faculty bios (Richard Simpson, DMD, Grant Allen, MD, FAAP and Nola Ernest, MD, FAAP)
- Approved credit and designation statement
- Disclosures
- Educational objectives
- Bibliography
- Oral health resources for 1st Look Providers
- Enduring materials information
- Link to the video training
- Link to the post-test (75% pass rate required to become a 1st Look provider and for CME)
- Link to the evaluation (required for CME)

The training is geared for all Medicaid Patient 1st providers, ALL Kids primary care physicians and their staffs.

Strongly consider taking advantage of this important opportunity to positively affect oral health outcomes for our youngest in Alabama!

To get started, scan the QR code, or go to www.alaap.org.
Keeping the game fair...

...so you’re not fair game.

As an Alabama physician, your profession is getting hit from all angles.

You need to stay focused and on point—confident in your coverage.

Get help protecting your practice, with resources that make important decisions easier.

ProAssurance
Healthcare Liability Insurance & Risk Resource Services
ProAssurance Group is rated A+ (Superior) by A.M. Best.

Want to reduce risk? ProAssurance.com/Seminars
800.282.6242 • ProAssurance.com
Early Career Physicians: Get involved in the Alabama Chapter-AAP’s work to improve the health and well-being of Alabama’s kids!

How much time do you have?

I have a free day:
· Join us in Montgomery in March for our Pediatric Legislative Day! 2018 will be our 15th year – speak with one voice with your colleagues on this inspiring day – or come to Montgomery during the Legislative Session (January - April) on your day off on a Tuesday, Wednesday or Thursday and meet your legislator.
· Invite your legislators to your office. Check out our Blueprint for Hosting Legislators (http://bit.ly/2nLFA2w) or contact the AL-AAP legislative team to help you draft an introduction letter.

I have 5 free minutes a week:
· Watch out for our action alerts during the legislative session and contact your legislators at key decision points to support child health! Sending an action alert can take as little as one minute.
· Send the Chapter office relevant article links for Linda to post in the Alabama Pediatrician Briefing e-newsletter and/or post them on your Facebook or Twitter pages.
· Agree to become an “Admin” to post pediatric articles and wisdom on the Chapter Facebook page.

I have 30 minutes:
· Write an article on a topic within your expertise for the Chapter newsletter, The Alabama Pediatrician
· Agree to be a resource for media interviews in the area(s) of your expertise.

I can come to a meeting three or four times a year:
· Join one of our committees that address specific interests - scan the QR code to see the list.
· Find out which state committees, i.e. at Medicaid or Public Health, might meet your passion for child health – they usually meet once a quarter – and let us know which ones you might like to get involved in

I’m really passionate about a topic that I don’t see listed on the AL-AAP website (alaap.org):
Great! We welcome passionate members; and want to support your efforts. We can put you in contact with one of our members with similar interests.

– Wes Stubblefield, MD, FAAP, President-Elect, stubblefield.wes@gmail.com
– Linda Lee, APR, Executive Director, llee@alaap.org

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Reach Out and Read All About It!
By Salina Taylor, Development and Communications Coordinator

Reach Out and Read-Alabama pediatricians encouraged families to “Read Together and Build a Better World” this summer

According to the Urban Child Institute, children’s experiences in their earliest years affect how their brains work, the way they respond to stress, and their ability to form trusting relationships. As pediatricians know, during these crucial years, the brain undergoes its most dramatic growth, setting the stage for social and emotional development. Language blossoms, basic motor abilities form, thinking becomes more complex, and children begin to understand their own feelings and those of others.

Reach Out and Read-Alabama pediatric practices and clinics celebrated 11 years of stories this summer with its eighth annual summer campaign that promotes families reading together. The Alabama Department of Rehabilitation Services’ Early Intervention program, along with Help Me Grow-Alabama, joined the summer campaign as 26 Reach Out and Read-Alabama practices and clinics focused on helping parents identify early developmental milestones and access help when needed.

Pediatric healthcare providers provided copies of the book Sometimes I Feel Sunny by Gillian Shields and held events based on the book, as well as wrote “prescriptions” for children to become involved in the summer reading program, “Build a Better World,” held at their local library.

Charles Henderson Child Health Center has participated each year in the Rx for Summer Reading and this summer, had some of their board members join in the fun, including Dr. Linda Felton-Smith, current board member, former superintendent of Troy City Schools and retired Director of the Office of Learning Supports at the Alabama State Department of Education.

“We can’t wait until they start school for them to start reading,” Dr. Felton-Smith said. “It is important that parents read with their children and our goal is make sure there are books in every home.”

She shared her belief that reading is fundamental and the earlier we can get children reading, the more successful they are going to be in their learning.

For more information on the events, visit roralabama.org/summerreading.

Policy outlines importance of quality child care, pediatricians’ role
By Polly McClure, RPh, Statewide Coordinator

A new AAP policy statement from the Council on Early Childhood recommends how pediatricians and policymakers can help ensure that children receive care in high-quality settings. “Quality Early Education and Child Care from Birth to Kindergarten” was published in the August issue of Pediatrics. Research shows that investing in quality preschool education pays off in preparing children for kindergarten by building healthy living habits, strong executive functioning and emotional intelligence.

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Screening tools and choosing the correct code

By Lynn Abernathy Brown, CPC

This has been a very busy year for changes in CPT coding. One of the areas that continues to cause issues for providers is coding for standardized screening tools. The following list may help to determine which code to use with which payor:

<table>
<thead>
<tr>
<th>Code</th>
<th>Tool Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96110</td>
<td>Developmental Screening</td>
</tr>
<tr>
<td>96127</td>
<td>Emotional Behavioral Assessment</td>
</tr>
<tr>
<td>96160</td>
<td>Health Risk Assessment Patient-Focused</td>
</tr>
<tr>
<td>96161</td>
<td>Health Risk Assessment Caregiver-Focused</td>
</tr>
</tbody>
</table>

- **ASQ Ages and Stages Questionnaire**
  - ASQ-SE Ages and Stages Questionnaire - Social Emotional
  - CRAFFT form (alone, without counseling)
  - Note: Code 99408 or G0396 for form and counseling, 15 minutes

- **Vanderbilt Diagnostic Rating Scale (NICHQ)**
  - Oral Health Screening such as Caries Risk Assessment Tool
  - Edinburgh Postpartum Depression Scale

- **Denver Developmental Screening Test II**
  - PHQ 2/PHQ 9 (Patient Health Questionnaire 2 or 9) for Adolescent Depression Screening

- **M-CHAT, M-CHAT R/RF (all payors except AL Medicaid, Medicare)**
  - M-CHAT, M-CHAT R/RF (AL Medicaid/Medicare only)

Not all payors will pay all codes but billing for services provided is always the best practice. For example, some new codes may not be added to the covered services for certain payors while other payors, such as Blue Cross Blue Shield of Alabama (BCBS-AL), have CPT or HCPCS codes they allow with specific diagnosis codes under Health Care Reform contracts. This information can be located on the BCBS-AL website under Programs/Health Care Reform/Preventive Care Services. This is not a complete listing of all standardized tools used in pediatrics, but this offers a brief summary of commonly used tools.

**DISCLAIMER:** Children’s of Alabama does not accept responsibility or liability for any adverse outcome from the advice of Lynn A Brown, CPC, for any reason, including, accuracy, opinion and analysis that might prove erroneous, or the misunderstanding or misapplication of extremely complex topics. Any statement made by Lynn A Brown, CPC, does not imply payment guarantee by any payor discussed. Current Procedural Terminology (CPT) only copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association (AMA).
What is the Vaccines for Children Program?
The Alabama Vaccines for Children (VFC) is a federal entitlement program designed to save parents and providers out-of-pocket vaccine expenses for eligible children. The routine childhood vaccines available in the program are recommended by the national Advisory Committee on Immunization Practices (ACIP) with the goal of protecting eligible children age 0-18 years from a number of preventable diseases and cancers.

What are the benefits of the VFC program?
As a health care provider, you can provide all recommended vaccines to Medicaid, uninsured, American Indian/Alaskan Native, and underinsured Federally Qualified Health Center (FQHC) children – and you will not incur any vaccine costs.

VFC providers can:
- Ensure patients get vaccinated on time.
- Save money on vaccine purchases.
- Receive in-person technical assistance and quality improvements to help increase vaccination rates, as well as assistance with record-keeping, vaccine handling and missed opportunities.
- Reduce referrals of eligible children, allowing them to stay in their medical homes and ensure continuity of care.
- Charge for the office visit, but not the administration fees.

How can I enroll as a provider in the VFC program?
Enrolling in the VFC program is easy! Go online to www.adph.org/immunization, Vaccines for Children, New Provider Enrollment Packet to complete the enrollment process.

Your strength is the ability to provide.
UAB Pediatrics welcomes new faculty
By Mitch Cohen, MD, FAAP, Chair, Department of Pediatrics, University of Alabama at Birmingham School of Medicine; Physician in Chief, Children’s of Alabama

The UAB Department of Pediatrics welcomed seven new faculty in July 2017. An additional 16 new faculty will arrive in the next few months. These new faculty will enable us to better serve the children of Alabama and you as referring physicians. I am pleased to introduce them to you.

Nick CaJacob, MD, Assistant Professor, Pediatric Gastroenterology, Hepatology & Nutrition, earned his medical degree from the University of Cincinnati College of Medicine in Cincinnati, Ohio. Dr. CaJacob completed his pediatric residency and gastroenterology, hepatology, and nutrition fellowship in the UAB Department of Pediatrics. In addition, he earned a graduate certificate in healthcare quality and safety from UAB in 2016. His interests include clinical research in eosinophilic esophagitis and quality improvement with a focus on inpatient gastroenterology, hepatology and nutrition.

Courtney Campbell, MD, Instructor, General Pediatrics, earned her medical degree from Louisiana State University Health in Shreveport, La. Dr. Campbell completed her pediatric residency in the UAB Department of Pediatrics. In addition, she has served as a chief resident for our pediatric residency program this past year. Her clinical interests include community advocacy, medical education, and care of medically complex children.

Marissa Gowey, PhD, Assistant Professor, Pediatric Gastroenterology, Hepatology & Nutrition, earned her PhD in clinical psychology from the University of Florida in Gainesville, Fla. Dr. Gowey completed her APA accredited predoctoral internship in clinical psychology at Cincinnati Children’s Hospital Medical Center in Cincinnati, Ohio. In addition, she just recently completed a National Institute of Health T32 postdoctoral fellowship in obesity research at UAB in the Nutrition Obesity Research Center. Her overall clinical/research focus is on pediatric obesity and family-based healthy lifestyle intervention, including biopsychosocial models of assessment and treatment. Her specific research interests include: the development and implementation of novel behavioral interventions for pediatric and family-based health promotion to prevent and treat pediatric obesity; understanding the role of executive functioning in the development, maintenance, and treatment of obesity and dysregulated eating behaviour; and addressing pediatric healthcare disparities and underserved populations.

Gillian Noel, MD, MSCS, Assistant Professor, Pediatric Gastroenterology, Hepatology & Nutrition, earned her medical degree from the University of Colorado School of Medicine in Aurora, Col. Dr. Noel completed her pediatric residency and gastroenterology, hepatology, and nutrition fellowship at the Children’s Hospital Colorado, University of Colorado School of Medicine. In addition, Dr. Noel earned her Master of Science in Clinical Science from the University of Colorado Graduate School at the Colorado Clinical and Translational Sciences Institute. She joins us after recently completing a pediatric transplant hepatology/advanced hepatology fellowship at Children’s Healthcare of Atlanta/Emory University School of Medicine. Her clinical/research interests include pediatric liver allograft survival, health disparities and the impact of culturally responsive medical care on chronic disease management.

Robert Richter, MD, Assistant Professor, Pediatric Critical Care, earned his medical degree from the University of South Carolina School of Medicine in Columbia, SC. Dr. Richter completed his pediatric residency at Cincinnati Children’s Hospital Medical Center in Cincinnati, Ohio. Most recently, he completed a pediatric hospital medicine fellowship and a pediatric critical care fellowship at the UAB Department of Pediatrics. His clinical/research interests include respiratory support for infants post-cardiac surgery and elucidating mechanisms of and treatment for endotheliopathy in pediatric sepsis.

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USA Pediatrics: Dr. Fun’s Dance Party USA

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

There are times in our careers when we encounter a patient who reminds us of why we went into pediatrics. Such was the inspiration for Lynn Batten, MD, FAAP, Director of the USA Division of Pediatric Cardiology. Dr. Batten’s idea came from a five-year-old patient with a single ventricle on the heart transplant list at Children’s of Alabama. The patient’s mother said that her daughter needed something to make her smile. Dr. Batten pledged that along with her staff, she would film a dance video of her favorite song. The little girl and her family were so excited about the idea that they began telling everyone about it. Dr. Batten’s 14-year-old son edited the video and uploaded it onto a YouTube channel.

That initial spark inspired Dr. Batten to think of the reaction she observed from obese patients in her practice in whom the subject of dancing gets them to smile and engage with her when talking about exercise. Her next patient request was to do a video to Taylor Swift’s “Shake It Off.” To date, dance videos have been recorded that include our pediatric residents, our PICU and NICU staffs, and the Pediatric Cardiology clinic staff.

The channel is called Dr. Fun’s Dance Party USA on YouTube. Check it out!
Developmental and Mental Health Screening and Referral: Forming Partnerships

By Elizabeth Dawson, MD, FAAP, Pediatrician, Charles Henderson Child Health Center

As pediatricians, we have to make difficult choices about what to screen for in our brief well-child visits. Guidelines suggest that we screen for various mental and physical disorders, but we are not given much guidance in our training of how to effectively and efficiently get patients the screening and services that they need. It became clear to me several years ago that I was not effectively addressing the behavioral and emotional needs of my patients and families, and I wanted to change that.

Over time, we have made incremental improvements in our clinic’s screening and referral processes, initially with developmental concerns and now with behavioral ones. By participating in many of the quality improvement projects through the Alabama Chapter-AAP, most recently the Help Me Grow Alabama Developmental Screening Early Childhood Collaborative, we are better able to meet our patients’ needs. By making small measured changes with the big picture of improving our patients’ emotional well-being, we have been able to successfully make improvements. Using the QI model, you can gradually integrate these things into your practice.

For many years, I was filled with frustration and sadness as I heard yelling, then sometimes a loud pop of the parent spanking the child, and the subsequent screaming of the child in the room as a consequence of them not sitting still, exploring drawers or other age-appropriate behaviors. With some families, you can discuss developmental stages and have a brief intervention, and they are able to incorporate your advice and your intervention is effective. However, when the family brings up at every visit that they think their two-year-old has ADHD or is “bad” or you see other maladaptive parenting and counseling is not effective, this family is struggling and might benefit from assistance from mental health providers.

The child with excessive tantrums may have developmental or emotional problems, but also may have a parent who was abusing or has his or her own mental health problems. These two- and three-year-olds with “ADHD” may have parents who are unable to help them develop emotion-regulation skills. By establishing a relationship with mental health providers in your community, you may find a partner who is willing and able to work with these families.

By helping our patients and families early on, sometimes you can stop problems before they start. We have started screening parents for ACEs (Adverse Childhood Experiences) at four-month check-ups to help us identify the parents who need extra help. By finding out what happened to the parent in his or her life, you can form an alliance with the family to possibly help them. Families are overwhelmed with their stress and day-to-day life; some have the skills and support system to manage it, but for many, their stress is unmanageable and they need extra help. By incrementally adding screening over the past seven years, most recently toxic stress screening and screening for emotional problems of parents and children, our practice is able to identify families heading for trouble, as well as the ones already in trouble.

So where do you start? Many pediatricians are afraid to screen because we are concerned about the time it will take to sort through the issues and get services for our families. To make this efficient in our clinic, we slowly added screenings as we identified our resources for referral and made this knowledge available to clinicians and staff doing referrals. Once we started screening in our practice and I started making myself available to parents about concerns that may not be purely medical, I became more satisfied as a clinician. BCBS and Medicaid are now reimbursing many screenings, such as ASQ, MCHAT and Edinburgh, as well as depression screening in adolescence, which makes the screenings more feasible as well. Recently we started using pre-visit electronic screening--at home or in our lobby--to identify concerns before they become crises. It was a change in our workflow that took some effort, but the information we get is crucial to quickly identify those who need additional resources.

For referral resources, Early Intervention is available statewide for developmental concerns and we had some referral sources for autism diagnosis, but we also wanted to screen for emotional and behavioral concerns and those referral sources can be more challenging to find. We were also frustrated as a practice by not always getting information back from Early Intervention. Help Me Grow Alabama is a newer resource across the state that gives us reliable status reports on what interventions our families are receiving, as well as if they cannot reach them. Our current process is to do simultaneous referral to EI and Help Me Grow any time we have a developmental concern or concern for autism, and now we have much better follow-up on our referrals.

We have a mental health office co-located in our building, which has made referral for mental health easier for years, but until I sat down with them, I did not know all that they could and would do for our families. I met with their director and found out they were interested in many of the things our practice wanted to work on. We were then able to enhance our referrals and the services to our families and well as increase the physicians’ understanding of these resources. We asked for an embedded therapist in our clinic and they provided this for us. The mental health center handles the billing and we give the therapist space in our clinic. She now has more than 40 clients after only working in our clinic for nine months. By meeting with Mental Health, I found that they were able to help parents and children at any age; previously we thought we could not refer until the child was three. Our Children’s Mental

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Chapter and ADPH form Opioid Misuse/NAS Task Force
Per the Chapter Executive Board’s 2017 Strategic Priorities, the leadership joined forces with the Alabama Department of Public Health’s Office of Women’s Services to form an opioid misuse/NAS task force to look at improving protocols and education to reduce the incidence of maternal substance abuse and improve outcomes for newborns and young children.

The Task Force, comprised of stakeholders from across the state, met in early August and have identified three areas of focus: legal, protocols and education. Subcommittees have been formed, and the group will begin a thoughtful needs assessment as it works alongside the Governor’s new opioid council, announced in August.

For more information, contact Chapter Executive Director Linda Lee, APR, at llee@alaap.org or Cathy Wood, MD, FAAP, at cdocwood@aol.com.

AL-AAP Practice Management Association update
By Reginald Hope, PMA Chair
Fall is in the air, and that means it’s time for our 2017 Annual Meeting & Pediatric Update! Our AL-AAP Practice Management Association will once again be exhibiting, so please look for our booth! Our PMA membership continues to be strong and engaged. Our goal is to continuously provide you with relevant and up-to-date information to help you navigate the ever-changing healthcare environment.

Stubblefield, Wiley co-author Pediatrics article on CQN asthma QI collaboratives
The Alabama Chapter-AAP is honored to share and promote the publication of the August Pediatrics article, Improving Asthma Care by Building Statewide Quality Improvement Infrastructure, PEDIATRICS Volume 140, number 2, August 2017.e20161612. Wes Stubblefield, MD, FAAP, Chapter Vice President/President-Elect, and J. Wiley, MD, FAAP, Chapter Past President, both served as Physician Leaders in the Chapter’s CQN asthma quality improvement collaboratives and contributed to this article, which heralds the success of these projects in moving the “quality dial” for asthma in Alabama and several other states. Kudos, Drs. Stubblefield and Wiley!

Seven Children’s of Alabama specialties recognized among nation’s best by U.S. News & World Report

For the eighth consecutive year, Children’s of Alabama is ranked among the nation’s best children’s hospitals by U.S. News & World Report. Seven of Children’s pediatric specialty services – Cancer, Diabetes and Endocrinology, Gastroenterology/GI Surgery, Nephrology, Neurology/Neurosurgery, Orthopedics and Pulmonology – were placed among the top 50 in the United States in the magazine’s 2017-18 Best Children’s Hospital rankings. Currently, U.S. News & World Report ranks 10 specialties. The complete listing and corresponding rankings may be found at http://www.usnews.com/best-hospitals.

Cohen elected to ImproveCareNow Board of Directors
Mitchell Cohen, MD, FAAP, pediatric gastroenterologist and Chair of the UAB Department of Pediatrics, has been elected to the Board of Directors of ImproveCareNow. The purpose of ImproveCareNow is to transform the health, care and costs for all children and adolescents with Crohn’s disease and ulcerative colitis by building a sustainable collaborative chronic care network, enabling patients, families, clinicians and researchers to work together in a learning health care system to accelerate innovation, discovery and the application of new knowledge. Kudos, Dr. Cohen!

Tipple joins editorial board of Life Sciences
Trent Tipple, MD, FAAP, of University of Alabama at Birmingham Neonatology, has been asked to serve as an editorial board member of Life Sciences. In this role, he will help maintain and improve journal standards by monitoring the editorial policy of the journal in terms of scope and the level and quality of papers published. Life Sciences is an international journal publishing articles that emphasize the molecular, cellular, and functional basis of therapy. Congratulations!

Ashraf invited to co-chair Pediatric Endocrine Society Education Committee
Ambika Ashraf, MD, FAAP, of University of Alabama at Birmingham Pediatric Endocrinology, has been invited to co-chair...
AAP National Election runs through October 15

The 2017 National AAP Election for president-elect and district officers began Friday, September 15 and will conclude at noon CT on Sunday, October 15. Members are asked to choose their next president-elect: Michael A. Weiss, DO, FAAP, or Kyle Yasuda, MD, FAAP; the winner will serve as the 2019 AAP president. Our District X election also includes a contested race for District Chair, with our own past president of the Alabama Chapter, A.Z. Holloway, MD, FAAP, and Lisa Cosgrove, MD, FAAP, of the Florida Chapter, both running for that position.

Visit aap.org/vote to view the biographical information on the candidates and to cast your vote through the online ballot. Use your AAP ID and password to log in. Please contact AAP Customer Service at 1-866-THE-AAP1 (1-866-843-2271) if you experience any issues logging in to AAP.org.

Continuation of the Children’s Health Insurance Program
down to the wire

Senators strike deal to extend program for five years

On September 12, top senators on the United States Senate Finance Committee announced “that they had reached agreement on a plan to prevent the imminent exhaustion of federal funds for the Children’s Health Insurance Program,” which is set to expire at the end of September. Finance Committee Chairman Orrin G. Hatch and ranking Democrat Ron Wyden struck an agreement that would fund the program for five additional years. Their plan would include two years of continuing the federal portion at the current levels, meaning for Alabama, the program would be funded at 100 percent, with a gradual reduction of the federal portion through 2022.

The Chapter has sent talking points to members to reach out to our Senators and even Alabama state legislators to encourage full funding and this five-year plan, which would further protect General Fund monies currently allocated for Alabama Medicaid.

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the Pediatric Endocrine Society (PES) Education Committee. The PES has more than 1,300 members representing the multiple disciplines of pediatric endocrinology. The members are dedicated to research and treatment of children with endocrine disorders: reproductive, bone, thyroid, diabetes, obesity, growth, pituitary and adrenal. The Society works to promote the continuing education of its membership. The Education Committee is charged with organization and execution of educational opportunities such as developing patient and provider education materials, boards review courses, clinical updates and the Fellows Retreat for the members of the society. Kudos!

Gooch presents at Southeast Regional Genome and Genomics Conference

Congratulations to Catherine Gooch, MD, a second-year pediatrics-genetics resident at the University of Alabama at Birmingham, who presented a poster on “Medical Management for a Surviving Infant with Thanatophoric Dysplasia” at the Southeast Regional Genome and Genomics conference in Asheville, NC, in July 2017.

Ramsey receives AAP Council on Community Pediatrics Local Hero Award

On September 19, Michael J. Ramsey, MD, FAAP, of Dothan Pediatric Healthcare Network and outgoing Immediate Past President of the Chapter, was presented with the 2017 AAP Council on Community Pediatrics Local Hero Award. The award recognizes pediatricians who epitomize the “community pediatrician,” leading community action and advocacy for children in local communities, and who do several of the following: promote child health within all environments such as the community, school, and family; collaborate with community partners to address population-based child health issues and promote health equity; advocate for children who lack access to health care and other resources; and implements public health approaches to advance the health of all children in the community.

He was presented with the award at the Community Pediatrics Awards and Poster Display Event at the 2017 AAP National Conference and Exhibition in Chicago, IL. Congratulations again, Dr. Ramsey!
Best Practices continued from page 12

Health Provider is a part of a Community Mental Health Center, so they can offer services for parents’ mental health issues as well. They also have social work and do work in the schools and other settings. Not every area has as many resources, but it is helpful to discuss with your local mental health center what services they do offer. Some offices hire their own therapist as well.

How do you make this work in your office?

Step 1: Identify the screenings you want to do. It helps to have the QI collaborative group/ACHIA to work, but you can do it on your own.

Step 2: Figure out how to effectively get the information collected, scored and documented, so that this is not costing valuable time for the provider. We recently have integrated electronic screening, initially through ASQ Enterprise and then through CHADIS, which has been a wonderful tool to improve efficiency of screening and offers a lot of readily available resources.

Step 3: Identify your referral sources. Some may be widely known, but if you can reach out in the community to mental health and other local resources, it will help make it clear what services they can provide, ages that they can see, and if there is help for parents. Help Me Grow Alabama is a great resource to help track referrals, to see who is getting Early Intervention evaluations and interventions, and to see what services families are using.

Step 4: Use the QI model to slowly implement improvements, explaining and meeting with all staff involved so that they know why you are making these changes.

Step 5: Re-evaluate and adapt your processes to help your team and families succeed. By doing some background work, you will allow your clinic team to be more confident and accepting of any improvements and ultimately be more successful.

Pankaj Dangle, MD, Mch, has joined the Pediatric Urology team at Children’s of Alabama as director of the recently established robotic surgery program. Robotic surgery allows for tiny incisions and minimal effect on surrounding healthy tissue. Benefits include:
- Faster recovery time
- Less pain
- Minimal scarring
- Minimal blood loss
- Shorter hospital stay

Dr. Dangle, an assistant professor at the University of Alabama at Birmingham (UAB), joins David Joseph, MD, FAAP, FACS, and David Kitchens, MD, FAAP, to offer comprehensive diagnostic and therapeutic services for diseases of the urinary and genital tract. In addition to robotic surgery, his practice focuses on:
- Complex hypospadias
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