The Alabama Child Health Improvement Alliance (ACHIA) is a cooperative effort of important stakeholders including private organizations, several state agencies, insurers, hospitals, and several academic institutions. ACHIA’s mission is to engrain quality improvement principles in pediatric practices across the state in order to improve the health of Alabama’s children.

To date, ACHIA, along with the AL-AAP, has developed and completed 11 QI collaboratives and is recruiting for another. Most importantly, 60 practices across the state have participated in these efforts involving a total of 232 pediatricians. ACHIA has focused its efforts on a variety of important pediatric health issues such as asthma, developmental screening, HPV vaccination, obesity, and adolescent well care.

Now that we have seen what ACHIA has been able to accomplish, we need to think about the future. To support its amazing staff, we rely on in-kind support and monetary contributions from our partners. In cooperation with leaders from across the state as well as the UAB School of Public Health, ACHIA has developed a roadmap for the future. However, we need to stabilize ACHIA’s programmatic funding to ensure its future success.

Recently, Children’s of Alabama committed to additional funding but issued a challenge offer to match up to $10,000 in donations from our membership. If you believe in ACHIA and you have benefitted from its work through Medical Home certification, MOC, or other programs, scan the QR code to make your donation today!
Leading from where you are:  
Nominations for young pediatricians for quarterly features sought

By Nola Jean Ernest, MD, FAAP, Enterprise Pediatric Clinic and Chapter Early Career Physician Representative

Alabamians are well-versed in unconventional leadership. Although Rosa Parks is considered a civil rights leader, I am not sure she thought of herself as a leader the day she chose not to give up her seat. In fact, if you asked her about her leadership, she may respond with, “I just didn’t give up my seat – it wasn’t a big deal.” “Just” has become my least favorite word to hear from young colleagues. “Oh, I am JUST a pediatrician.” “I didn’t do much on that project; I was JUST part of the team.” “I am not qualified for that position; I am JUST getting started.” This language undermines the importance of the incredible work each of us is doing daily. Whether encouraging your partners in participating in a QI project, writing an op-ed for your local paper, or working with your local PTA, when you use your time, expertise, or voice to fill a need, you are being a leader.

I recently graduated from the Young Physicians Leadership Alliance at the AAP’s National Conference and Exhibition. In this last year, we discussed the importance of and practiced “graceful self-promotion.” With that in mind, I hope you never hear me say “just.” I will, now, introduce myself as the partner/owner in a large multi-specialty pediatric practice in Southeast Alabama, the Chair of the Legislative Committee for the AL-AAP, and the outgoing Early Career Physician Representative for District X, which includes Alabama, Georgia, Florida and Puerto Rico. I am proud of my accomplishments and will not undermine their importance.

However, I also recognize that I am surrounded by leaders who are doing amazing things every day. In order to encourage the young pediatrician leaders in this state to recognize their own value, I will be writing a quarterly column featuring the accomplishments of a young Alabama pediatrician. If you would like to nominate a young physician to appear in this column, please email me at nola.ernest@gmail.com.

Annual Meeting attendees enjoy practice management pearls, opioid interaction session, special awards dinner

Piediatric healthcare providers from across the state gathered for yet another successful Annual Meeting and Fall Pediatric Update at the Hyatt Regency Birmingham - The Wynfrey Hotel in late September, which featured a Friday practice management workshop, a medical liability/risk management workshop by ProAssurance, a Chapter business meeting on Saturday, the annual awards dinner in association with Children’s of Alabama and an interactive opioid simulation. “It was an absolutely great way to learn,” noted one attendee on the evaluations, referring to the opioid session, which featured individual “board games” that drove the education.

On top of all of that, this year, we partnered with the Alabama Chapter of NAPNAP, who provided a Saturday afternoon breakout session and also hosted a very successful poster session on Saturday evening before the dinner.

At the Children’s of Alabama/UAB/Chapter Awards Dinner, our 2018 Legislative Hero, Representative Pebblin Warren addresses attendees about her passion for early childhood.

continued on page 3
Warren, provided a keynote address, and Chapter President Wes Stubblefield, MD, FAAP, recognized several individuals for their outstanding work, including:

AL-AAP 2018 Legislative Hero, Alabama Representative Pebblin Warren
• In recognition of her leadership and tireless efforts in support of the safety and welfare of Alabama’s children through her sponsorship of the Alabama Child Care Safety Act;

Cathy Wood, MD, FAAP, Immediate Past President, as the 2018 recipient of the Marsha Raulerson Advocacy Award, in recognition of her:
• Advocacy to institute the Alabama Baby Box Program and promote safe sleep statewide
• Vision to create the Alabama Opioid Misuse in Women/Neonatal Abstinence Syndrome Task Force
• Advocacy to look at Medicaid payment levels for primary care pediatrics
• Beginning the Alabama Pediatric Policy Leadership group
• Philanthropy in support of the Chapter, the AAP and Reach Out and Read
• Service to the Chapter for more than eight years

David Gremse, MD, FAAP, as the 2018 recipient of the Carden Johnston Leadership Advocacy Award, in recognition of his:
• Service on the boards of the Alabama and Nevada Chapters
• Leadership on the medical staff at USA Children’s and Women’s Hospital
• Service to the Academy as a member of the Section on Gastroenterology and Nutrition’s Education and Executive committees
• Service on the American Board of Pediatrics Board of Directors and previously its subboard of Pediatric Gastroenterology Exam Committee
• Leadership in his subspecialty societies
• Championship for pediatrics and the betterment of all children

Dothan Pediatric Healthcare Network in recognition of the practice’s:
• Stellar work in expanding access to quality pediatric care to children in southeast Alabama

In addition, District X special achievement awards were presented to Nola Jean Ernest, MD, FAAP, of Enterprise Pediatric Clinic; Morissa Ladinsky, MD, FAAP, UAB General Pediatrics/Adolescent Medicine; and Dr. Wood.

The festivities concluded with Children’s awarding of its Master Pediatrician and Wallace Clyde awards (see story on page 4).
Tauro named Master Pediatrician, Smalley honored with Wallace Clyde award

Recognizing outstanding accomplishments and dedication to the practice of general pediatrics, the Children’s of Alabama Master Pediatrician has been awarded since 1991. Many long-time Chapter members have earned this distinction, and this year, Chapter member Arnold Tauro, MD, FAAP, of Pediatric Associates of Alexander City (PAAC), has joined his colleagues on the list.

Dr. Tauro acquired his medical degree from Government Medical College in Bellary, where he completed his internship. After his residency at NHL Municipal Medical College in Ahmedabad, India, he worked as a pediatrician in India and Saudi Arabia before moving to New York and completing an additional residency at the Bronx Lebanon Medical Center. Dr. Tauro joined PAAC in 2004.

The Wallace Alexander Clyde, M.D. Distinguished Service Award was established in 1984 by the UAB Department of Pediatrics and Children’s as a means of recognizing outstanding physicians who have devoted a lifetime of service to children and their families. This year, David Smalley, MD, FAAP, a long-time pediatrician at Pediatric Clinic, LLC, in Opelika, was honored with the award.

Dr. Smalley attended medical school at the University of Alabama at Birmingham (UAB) and completed his pediatric residency at Duke University School of Medicine. He was a founding member and chairman of the East Alabama Health Care Alliance, and was named the medical director of what is now the Care Network of Alabama. He joined Pediatric Clinic in 1985. Additionally, he has been an active member of the East Alabama Medical Center medical staff, serving as Chief of Staff twice, Chief of Pediatrics, Credentials Chair, and a member of the Quality of Care and Planning and Finance committees.

Congratulations, Drs. Tauro and Smalley!!
CANCER PREVENTION
THROUGH HPV VACCINATION

AN ACTION GUIDE FOR PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS

You have the power to reduce the incidence of human papillomavirus (HPV) cancers and pre-cancers among patients in your care. HPV cancer prevention starts with you.

Make it your goal for every patient you care for to be vaccinated against HPV before the age of 13. Every member of a practice plays a critical role in advocating for HPV vaccination as cancer prevention and should work together as a team.

TAKE THESE ACTIONS TO INCREASE HPV VACCINATION WITHIN YOUR PRACTICE TODAY.

Make a presumptive recommendation
Your recommendation is the #1 reason parents choose to vaccinate their children.

Answer parents’ questions
Let parents know the vaccine is safe, effective and prevents cancers.

Minimize missed opportunities
Use every opportunity to vaccinate and keep patients up-to-date. Use EHR prompts to help.

Take the team approach
Empower every member of the team to be a HPV vaccination champion. Provide in-service training. Discuss vaccination status at huddles. Practice messaging “HPV vaccination is cancer prevention.”

Evaluate and sustain success
Implement quality improvement strategies to drive up HPV vaccination rates to be on par with your Tdap and MenACWY rates.

ALABAMA PUBLIC HEALTH IMMUNIZATION DIVISION alabamapublichealth.gov/imm National HPV Vaccination Roundtable
#StayWell Adolescent Well Visit QI Collaborative ready to launch in January!

To increase adolescent well-visit rates, collaborative practices will assess and address office “adolescent friendliness” as well as strengthen confidentiality and transition to adult care approaches. From a “return on investment” viewpoint, #StayWell meets some payor incentives, aligns with Patient-Centered Medical Home (re)certification competencies, and provides 25 points MOC IV (QI) and Continuing Medical Education/CEUs. But mostly, with Nola Ernest, MD, FAAP, as the Physician Champion, this collaborative will be fun and a great way to get the office working together to deliver excellent adolescent care. The nine-month collaborative begins in January with most of the change ideas being rolled out March through August. For questions, or to enroll now, contact Linda Champion at lchampion@alaap.org or 334-324-9307.

ACHIA’s Alabama partners “wow” attendees at National NIPN Meeting

On November 12-13, the Alabama Child Health Improvement Alliance hosted the National Improvement Partnership Network Annual Meeting at the Elyton Hotel in Birmingham to share best ideas for improving outcomes with quality improvement. Children’s of Alabama CEO Mike Warren and Mitch Cohen, MD, FAAP, UAB Department of Pediatrics Chair, welcomed the attendees. David Gremse, MD, FAAP, USA Department of Pediatrics Chair, introduced the keynote speaker Cathy Caldwell, Director of ALL Kids, and participated in a panel on how Alabama’s child health improvement partners work together to close care gaps. Also on the panel were Robert Moon, MD, Alabama Medicaid; Susan Coburn, Family Voices; Melinda Davis, Children’s Rehabilitation Services; Lori Moler, Children’s of Alabama; Katrina Trammell, MD, FAAP, Gulf Coast Health Care; and Wes Stubblefield, MD, FAAP, AL-AAP Chapter President.

One participant wrote, “We are returning home inspired…the meeting was FABULOUS and we learned so much.”
Alabama Pediatric Policy leaders meet with Medicaid Commissioner Azar

In the last year, state pediatric leaders have made a concerted effort to come together with one voice on child health policy issues, particularly with regard to the Medicaid delivery system for children. The group, consisting of the Executive Committee of the Alabama Chapter-AAP, the chairs of the two Departments of Pediatrics, the administrators of Children’s of Alabama and USA Children’s & Women’s Hospital, as well as government affairs staff for these entities, meet on a regular basis and have established quarterly meetings with Alabama Medicaid Commissioner Stephanie Azar.

In early November, the group met with the Commissioner and her administrative staff to discuss the status of the Alabama Coordinated Health Networks (ACHN). The Medicaid leadership indicated that plans are moving forward, and they should be releasing the Request for Proposals for the network entities soon with a targeted start date of October 1, 2019.

The Commissioner also indicated that the budget outlook for Medicaid in 2019 is promising. For more details on the ACHNs, refer to the last issue of The Alabama Pediatrician. Stay tuned for upcoming updates on the Medicaid budget and other related advocacy efforts.

Get to know your newly elected officials in your area now!

By Nola Jean Ernest, MD, FAAP, Enterprise Pediatric Clinic and Chapter Legislative Chair

Two of the most important lessons I have learned in my advocacy journey so far are:

1) “Advocacy is a marathon, not a sprint,” and
2) It is all about relationships.

With those lessons in mind, the recent mid-term election presents a prime opportunity to begin building those relationships that will help us advance our efforts.

I encourage each of you to reach out to your newly elected or re-elected officials (state legislators or locally elected office-holders) and introduce yourself as an expert in child health. Congratulate them! Review the “Blueprint for Hosting Legislators” and also share the AL-AAP’s “Blueprint for Child Well-Being in Alabama” (both located on our website at alaap.org→tools for pediatricians→legislative advocacy). Encourage them to call you for questions on any future legislation related to child health. You can send an email, write them a letter, or, better yet, give them a phone call.

Whatever you do, make sure they hear from you, especially now when they are new and before the Regular Session of the Alabama Legislature kicks off in early March. You want them to know your name when you are calling on them later to do what is right for kids.

To find your legislators’ contact information, go to legislature.state.al.us.
Reach Out and Read All About It!

By Salina Taylor, Development and Communications Coordinator

Feed a Brain A Month and join Reach Out and Read-Alabama in its “brain food” drive! Preparing a child to start to pre-K or kindergarten can be overwhelming. By reading aloud every day, Alabama’s parents build a foundation for success in school through enhancing brain and language development. With your support, Reach Out and Read-Alabama will incorporate books into well-child visits and empower parents to take an active role in this important process in their child’s development.

According to the 2018 Voices for Alabama’s Kids Count Data Book, one in four of Alabama’s children live in poverty compared to one in five nationally. While we cannot solve poverty for these families, your donation provides opportunities for many of their children to develop a healthy brain and to enter school ready to learn. Over 300 of ROR-AL’s doctors prescribed more than 150,000 brand-new books (“brain-food”) this past year – books like Goodnight, Daniel Tiger and Brush, Pony, Brush.

With your help, we can accomplish so much more in 2019! Together, we can increase our reach to “feed” more brains in Alabama’s poorest children. Our vision is that every child in Alabama will have a brain fully fed through books and shared reading experiences and will be ready to learn.

Scan the QR code or visit https://bit.ly/2QoOayZ to make your donation today!

Become a “Benefactor for Brains”

All pediatricians agree that sharing books together builds healthy brains, part of the brain developmental process that starts when a child is born. Through Reach Out and Read-Alabama, more than 2 million brand-new books have been prescribed to children in the last 12 years with parents and caregivers given instruction about the importance of sharing those books together every day.

At the last board meeting, the Chapter leadership approved a planned giving campaign called Benefactors for Brains – a new giving option that creates an opportunity for you, your loved ones and friends to create a lasting legacy to enable Reach Out and Read-Alabama to reach many more children in the next 12 years!

There are two easy ways to become a Benefactor for Brains: a Charitable Bequest or Gift of Appreciated Securities (see details in the sidebar). Both ways can be used to honor a loved one, either living or deceased.

For more information about how you can leave a legacy of literacy for Alabama’s children and families, visit the planned giving page at http://www.roralabama.org/planned-giving/ or contact Polly McClure, RPh, statewide coordinator, at 205-223-0097 or pmcclure@roralabama.org.
Providers may be finding it difficult to search for injury codes in their EMR systems. Unless they have a code book or a search tool online, determining the most specific code for an injury can be difficult. One suggestion I hear often is using the search tool WWW.ICD10DATA.COM. It is a free coding resource for ICD-10 and HCPCS Level 2 codes.

The key word for most pediatric providers is to search by Superficial Injury and then the body location. For example, I searched Injury of Head and many different codes came up but they were not specific to the external head area. When I searched Superficial Injury of Head, I found the code set for S00-S09 and from there I could drill down by clicking ICD-10-CM Diagnosis Code S00 and “greater level of detail” to find the more specific code for Abrasion, Blister, Contusion, Foreign Body, Insect Bite, etc.

Below are the Injury code sets:
- S00-S09 – Injuries to the head
- S10-S19 – Injuries to the neck
- S20-S29 – Injuries to the thorax
- S30-S39 – Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals
- S40-S49 – Injuries to the shoulder and upper arm
- S50-S59 – Injuries to the elbow and forearm
- S60-S69 – Injuries to the wrist, hand and fingers
- S70-S79 – Injuries to the hip and thigh
- S80-S89 – Injuries to the knee and lower leg
- S90-S99 – Injuries to the ankle and foot
- T07-T07 – Injuries involving multiple body regions
- T14-T14 – Injuries of unspecified body region

One thing to also remember: if the patient is being seen as a follow-up from an urgent care or emergency room visit, possibly to have the sutures removed, then the code sets above still apply but the 7th digit will be D if the wound is healing or healed.

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 inaccuracy, 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.
Two New Services: dysautonomia/POTS and neurogastroenterology/GI motility services

By Mitch Cohen, MD, FAAP, Chair, Department of Pediatrics, University of Alabama at Birmingham School of Medicine, Physician in Chief, Children’s of Alabama

Children’s of Alabama and the UAB Department of Pediatrics is pleased to announce two new services: dysautonomia/POTS and neurogastroenterology/GI motility services. Orthostatic intolerance and the specific diagnoses of dysautonomia and postural orthostatic tachycardia syndrome (POTS) are increasingly recognized entities in pediatrics. Patients are often significantly affected with daily symptoms of dizziness, fatigue, headaches, palpitations, anxiety, and syncope as well as missed school and inability to participate in usual/previous activities.

Treatment is possible and often successful, however, many patients require a more involved plan and multiple interventions. Patient and family education is key to this plan. With our clinic, a longer time slot is available to make sure of the diagnosis and then fully explain the pathophysiology and plan, which leads to improved compliance with treatment. Camden Hebson, MD, Pediatric Cardiology, who joined us from Emory, has clinics in both Dothan and Birmingham and is invested in seeing these patients and following their progress over time.

Neurogastroenterology is the study of how the nerves between the brain and gut interact with each other to stimulate movement of the gastrointestinal (GI) tract from the mouth to the anus. Disturbances in the brain-gut axis can result in dysphagia, regurgitation or vomiting, feeding intolerance, constipation and chronic GI pain. When symptoms and signs are refractory to conventional medical management, specialized gastrointestinal motility testing allows neurogastroenterologists to look at brain-gut axis and its effects on the physiology of the gastrointestinal system.

The results of motility testing help determine the best ways to treat these problematic conditions. Treatments are integrative using medication, as well as physical and psychologic therapies to improve brain-gut interactions. The goal of treatment is to allow children to resume their desired activities and improve their quality of life. The Children’s of Alabama Gastrointestinal Motility and Functional Bowel Disorders Program offers a full menu of motility tests to define the brain-gut axis, including reflux testing (impedance-pH and Bravo testing), manometry (anorectal, colonic, antroduodenal and esophageal), and breath hydrogen testing. Neelish Tipnis, MD, Pediatric Gastroenterology, who joined us from the University of Mississippi, leads this program at Children’s of Alabama.

USA Pediatrics: Bridge Program offers compassionate care for high-risk pregnancies

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

The USA Department of Pediatrics congratulates Rene Sprague, RN, MSN, Coordinator and Miles Harmon, MD, FAAP, as the Medical Director of the new Bridge Program, which guides parents from the prenatal period through the NICU and after transition to home for infants with special healthcare needs. The Bridge Program supports expectant mothers with high-risk pregnancies associated with fetal anomalies, high risk of pregnancy loss or preterm delivery, multiple gestation, previous loss or other pregnancy complications.

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The program coordinates care of a multidisciplinary team including neonatologists, maternal-fetal medicine obstetricians, and Bridge nurses, who work closely with parents to provide anticipatory guidance throughout the pregnancy. The nurses attend prenatal visits with the expectant mother, arrange counseling, connect patients and families to community support services, and coordinate a plan for delivery and infant aftercare.

A member of the Bridge team follows the infant and supports the mother from the delivery and serves as a resource to the family throughout the NICU stay and beyond. If the high-risk pregnancy involves a terminal diagnosis, the team member provides support to the family and counsels them regarding the prognosis, quality of life, resuscitation measures and end-of-life care. The program also provides a support group to allow families to share their experiences and find strength together.

To provide as much support as possible for infants and their families of limited means, the program offers support for specialized equipment, coordination for private NICU rooms when appropriate, and educational literature including sibling support materials. For infants with a terminal condition, the Bridge Program also provides care boxes with a memory gown or blanket, handprints and other mementos, and even assistance with funeral expenses for families who cannot afford one for their infant.

I greatly appreciate the work of Rene and Dr. Harmon, along with the leadership of Fabien Eyal, MD, FAAP, as the Division Director of Neonatology, to support this program. I am gratified that the families who benefit from the Bridge Program are better supported to nurture their infants and appreciate the opportunity this program provides for training our residents and medical students in the coordination of care of children with special healthcare needs.
Editor’s Note: A “Must Read!”

A Word from the AL-AAP Practice Management Association: Consumers demand convenience from their pediatricians/healthcare providers

By Christopher Byrd, Chair, AL-AAP Practice Management Association

Consumers today live in a vastly different environment than decades past. People expect convenience, quality and transparency when choosing how to spend time and money, and at increasing numbers, they are seeking the same from today’s healthcare providers. Thanks to conveniences led by mobile devices and artificial intelligence, we expect everything to be immediately available at our fingertips and personalized to our needs. Parents are accustomed to quick scheduling, short wait times, simple price comparison tools and kid-friendly experiences when signing their children up for extracurricular activities or planning family vacations. They want a similar experience in healthcare delivery and when this doesn’t occur, they will look elsewhere for care.

Pediatricians must understand what motivates their parents and what is of value to them. Today’s consumer wants healthcare for their child at a time and place that fits their needs. These new demands pose a challenge to medical practices as they can no longer focus only on providing high-quality care, but also on the consumer experience. To thrive in today’s healthcare market, pediatricians must improve care access in the eyes of the consumer.

The consumer defines improved care access as hours of operation outside the traditional workday of 8 a.m. to 5 p.m., the ability to walk in and be seen and not have to call for an appointment, and access to the physician electronically through an online portal, etc. With all the increased competition of urgent care, retail clinics, large health systems, and increasing use of telehealth, today’s pediatricians must adapt to consumer needs to sustain into the future. It is a must that pediatricians understand where their practice stands overall in their market. To do that they must continually take the pulse of their patients and not assume they know the answer.

The Practice Management Association Executive Committee and I are very excited to serve our members and represent our Chapter this year. If you have a topic of interest that you would like for us to consider for the newsletter or webinar, please feel free to contact me at christopher.byrd@ascension.org.

Vaping, E-Cigarettes, JUULing: What your parents and teens need to know

For consumers, parents and even teens, understanding terminology and the truth about e-cigarettes can be confusing. With widespread, inaccurate information about the safety of vaping or JUULing, the intentions of e-cigarette companies and ingredients in e-cigarettes, UAB physicians have done some recent outreach to answer common questions and debunk myths that cloud the conversation about these harmful products.

Myth: E-cigarettes are a safe alternative to smoking traditional cigarettes.

Truth: E-cigarettes have inadequate regulation and should not be seen as a safe alternative.

Many people believe that smoking an e-cigarette is a safer alternative to a traditional cigarette, a myth that is readily misunderstood. Because e-cigarettes are easily concealable and do not present the outward negative stigmas associated with smoking such as scent, leftover cigarette butts, and the physical burning of the tobacco and paper, many mistake e-cigarettes as a cleaner and safer option.

According to the American Lung Association, nearly 500 brands and 7,700 flavors of e-cigarettes are on the market and none of them have been evaluated by the Food and Drug Administration (FDA).

“The really scary thing is that there are toxins and carcinogens in the e-liquids that have been found in scientific studies but aren’t advertised in ingredients because, at this point, FDA regulation of manufacturers to list product ingredients is on hold,” said Susan Walley, MD, FAAP, UAB Pediatric Hospitalist, Chapter Executive Board Member/CME Chair, and the new chair of the Section on Tobacco Control for the American Academy of Pediatrics.

Read more on the UAB website here: https://bit.ly/2Qz7k92.

Source: Savannah Koplon, UAB Public Relations

Members of the PMA Executive Committee: Maggie Garner, Stephanie Perry, Carol Aiken and Chris Byrd.
NEWS FROM PUBLIC HEALTH

Congratulations, Alabama pediatricians, on beating national numbers in childhood immunizations in 2017!

The Alabama Department of Public Health Immunization Division congratulates pediatricians and family physicians across the state for achieving higher rates for most vaccines than the national average among children aged 19-35 months, according to the 2017 National Immunization Survey. For the data, please visit https://stacks.cdc.gov/view/cdc/59415.

November announcement: infant mortality rate in Alabama is lowest ever in 2017

In mid-November, the Alabama Department of Public Health announced that the infant mortality rate of 7.4 deaths per 1,000 live births in 2017 is the lowest in Alabama history and is an improvement over the 2016 rate of 9.1. A total of 435 infants born in Alabama died before reaching 1 year of age in 2017; 537 infants died in 2016.

While there is a long-standing disparity between birth outcomes for black and white infants, the infant mortality rate for black infants declined to an all-time low in 2017, and the infant mortality rate for white infants was the second lowest. The rate of 11.2 for black infants was an improvement over the 15.1 rate in 2016, and the rate of 5.5 for white infants was a drop over the 6.5 rate for whites in 2016.

Alabama enjoyed many positive indicators. Teen births and smoking during pregnancy are risk factors that contribute to infant mortality, and both are continuing to decline. The percentage of births to teens (7.3) and the percentage of births to mothers who smoked (9.6) are the lowest ever recorded in Alabama, with the largest decrease among teen mothers. There was also a decline in the number of infants born weighing less than 1,000 grams and infant deaths to those small infants.

While there was a significant decline in infant mortality, the percent of low-weight births and births at less than 37 weeks gestation remained the same. Statisticians look at average infant mortality rates for three-year periods. Between the years 2015 through 2017, the combined rate of 8.3 was tied with the years 2009 through 2011 as the two lowest three-year rates of infant mortality in Alabama.

“We are encouraged with the progress in improved pregnancy outcomes we are seeing, but many challenges remain such as addressing persistent racial disparities, the opioid epidemic and ensuring access to healthcare,” said State Health Officer Scott Harris, MD.

“We must continue our efforts to reduce the number of families who experience the profound sadness of infant deaths,” Gov. Kay Ivey said. “Alabama has developed an infant mortality reduction plan that includes a pilot project to reduce infant mortality by 20 percent in five years.”

Components of the pilot project being conducted in Macon, Montgomery and Russell counties include home visitation, preconception and interconception health care, screening for substance use, domestic violence and depression, safe sleep education, and breastfeeding promotion.

The top three leading causes of infant deaths in 2017 that accounted for 43.4 percent of infant deaths were as follows:

- Congenital malformations, deformations and chromosomal abnormalities
- Disorders related to short gestation and low birth weight
- Sudden infant death syndrome

These top causes of infant deaths parallel those for the U.S. as a whole in 2016.

Graphs and detailed charts are available at the Alabama Department of Public Health website at alabamapublichealth.gov/healthstats/assets/IM_17.pdf.
AAP Injury, Violence and Poison Prevention Council seeks proposals for NCE sessions

by Kathy Monroe, MD, FAAP, Chapter Injury Prevention Chair

The mission of the Council on Injury, Violence and Poison Prevention (COIVPP) is to reduce the number of injuries, whether intentional or unintentional, to infants, children, adolescents, and young adults. Injuries to children and youth can be prevented, and pediatricians play a crucial role in helping families, youth, and their communities optimize safety. The COIVPP encourages AAP members to submit proposals for injury prevention workshops and/or short sessions at the 2020 AAP NCE. Individuals may contact the COIVPP council at kmonroe@peds.uab.edu with proposals, for examples of prior successful proposals or for help in writing a proposal.

Strogov honored as Community Star by Power of Rural movement

Peter Strogov, MD, FAAP, of Fort Payne Pediatrics, has been selected as a “Community Star” for his many contributions to health care in rural communities. The annual “Community Stars” publication honors and gives a personal voice to rural people, providers, advocates and communities across the country. His story appears in the 2018 edition at PowerofRural.org, the official hub for National Rural Health Day and the Power of Rural movement. As further testament to his passion for improving healthcare for children living in rural Alabama, Dr. Strogov is also getting involved in the Chapter’s partnership with the American Cancer Society’s 2019 “Reframing Medicaid” campaign, designed to promote the value of Medicaid to both children and providers. Thank you for your advocacy, Dr. Strogov!

Walley appointed SOTC Chairperson

Congratulations to Susan Walley, MD, FAAP, Pediatric Hospitalist at UAB/Children’s of Alabama and Chapter CME Chair, for her appointment as the new Chairperson of the AAP Section on Tobacco Control! Her tenure began on November 1, 2018 and continues through October 31, 2018. Dr. Walley has a strong passion for educating and advocating for better policies to reduce the harmful effects of tobacco on children and teens. Kudos!

Rochford among AAP 2018 Trainee Tobacco Champion Honorable Mentions

Laura Rochford, MD, FAAP, second-year pediatric emergency medicine fellow at UAB, received a 2018 Trainee Tobacco Champion...
Honorable Mention for her project researching utilization of a new aversive tool to decrease smoking in parents of children. The long-range goal of her project is to decrease asthma visits in the children of these parents. The 2018 Trainee Tobacco Champion Awards and Honorable Mentions are given out by the American Academy of Pediatrics Section on Tobacco Control. Congratulations, Dr. Rochford!

Attawala assists with national advocacy project

The American Academy of Pediatrics (AAP) Trainees and Early Career Neonatologists (TECaN) launched a national advocacy campaign titled “Navigating NAS” at the AAP National Conference and Exhibition in Orlando in early November. Anisha Bhatia Attawala, MD, FAAP, second-year neonatology fellow at UAB, is the District X representative to AAP TECaN and helped develop a section of the program and created the informational video. The campaign will run for one year and aims to inspire neonatologists to learn more about neonatal abstinence syndrome (NAS) and engage in national collaborations. Congratulations, Dr. Attawala!

Ashraf appointed to American Board of Pediatrics Subboard of Pediatric Endocrinology

Ambika Ashraf, MD, FAAP, UAB Pediatric Endocrinology, has been invited to join the American Board of Pediatrics Subboard of Pediatric Endocrinology for a six-year term beginning January 1, 2019. The subboard is responsible for developing the initial certifying, MOC, MOCA-Peds and SITE examinations, ensuring each exam is comprehensive, fair, reliable and valid. Kudos, Dr. Ashraf!

AL-AAP members gather at NCE in Orlando

Alabama Chapter members from across the state had the opportunity to connect in Orlando for the AAP National Conference and Exhibition, and some were able to stop for a photo at the District breakfast: (Left to right): Nola Jean Ernest, MD, FAAP; Dan Carter, MD, FAAP; Wes Stubblefield, MD, FAAP; Katrina Skinner, MD, FAAP; Elizabeth Dawson, MD, FAAP; Susan Wälley, MD, FAAP; Linda Lee, APR, Chapter Executive Director; David Gremse, MD, FAAP; Natalie Carlisle, USA medical student; Perrin Windham, USA medical student; Lydia Sandy, USA medical student; Brandon Seay, MD, FAAP; and Michael Ramsey, MD, FAAP.
Alabama Chapter
19 S. Jackson St.
Montgomery, AL 36104

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