Spring Meeting Combined Fun and Quality Education for Pediatricians Across the State

The Chapter’s 2019 Spring Meeting & Pediatric Update, held May 2-5 at the Sandestin Golf & Beach Resort in Destin, Fla., was once again a weekend of valuable pediatric education and networking among pediatricians and other pediatric healthcare providers across the state, as well as time for family fun!

National and state speakers provided top-notch presentations on Alabama’s response to opioid misuse among pregnant women, 2018 Developmental and Behavioral Pediatrics Maintenance of Certification Self-Assessment, congenital CMV screening, pediatric oncology, neonatal cholestasis, and more, and participants really enjoyed the interactive “Pediatric Jeopardy,” which allowed residents and early career physicians to come together to both plan and “play” the “game.”

Attendees enjoyed a strong sense of camaraderie at networking events, such as the opening reception and the Saturday night dinner and reception, which was generously sponsored again this year by USA Children’s and Women’s Hospital and featured singer/guitarist Rob Thornhill. This year, the Chapter was pleased to have

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the alabama pediatrician

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Alabama Chapter – AAP

Mission:
The mission of the Alabama Chapter of the American Academy of Pediatrics is to obtain optimal health and well-being for all children in Alabama, and to provide educational and practice support for its membership so the highest quality of medical care can be achieved.

Values:
Children must be highly valued by society.
Each child must develop to his/her highest potential.
Children must have strong advocates for they have no voice of their own.
Pediatricians are essential to achieving optimal child health. The work of pediatricians, and the profession of pediatrics, must endure and grow even stronger.

Vision:
Children in Alabama are happy and healthy; Alabama pediatricians are professionally fulfilled and financially secure.

Spring Meeting Combined Fun and Quality Education  continued from page 1

the participation again of 11 medical students, whose attendance was made possible through scholarships provided by practices and individual pediatricians from across the state.

The highlight of the weekend was the time pediatricians shared with one another as they tackled the five events of the annual Grand Pediatric Pentathlon to raise monies for Reach Out and Read (see article in the “Reach Out and Read All About It!” section on page 10)! Many thanks go to Nola Ernest, MD, FAAP, of Enterprise Pediatric Clinic, for chairing the event again this year, along with co-chair Jacob Edwards, MD, FAAP.

We are thrilled to announce next year’s Spring Meeting, set for April 23-26, 2019 at The Lodge at Gulf State Park!

Annual Meeting & Fall Pediatric Update to feature ACEs, tobacco, vaccine hesitancy and big names in practice management

Make sure your calendars are marked for September 27 - 29, 2019 for the Alabama Chapter-AAP’s 2019 Annual Meeting and Fall Pediatric Update at the Hyatt Regency Birmingham-The Wynfrey Hotel in Birmingham! This year’s conference will offer a very strong line-up of faculty, who will present physical health-related topics, including headache management and ankyloglossia, as well as social determinants of health, adverse childhood experiences and tobacco use in teens, and vaccine hesitancy, a global problem, as we all know. In addition, the meeting will bring in big names in the pediatric practice management world: Chip Hart of PCC, and Suzanne Berman, MD, FAAP, who will cover the business side of pediatrics.

In addition, on Friday afternoon, a separate practice management workshop, co-sponsored by the Chapter’s Practice Management Association, will feature sessions on HIPAA data security, patient satisfaction, use of scribes, patient recall strategies and more! The workshop will be followed by a two-hour Loss Prevention seminar, “Out of Bounds: Previous Claims Under Review,” sponsored and presented by ProAssurance Indemnity.

Look for registration details in your mailboxes soon and on the Chapter web site at www.alaap.org!
Early Screening 2020: A collaborative for Alabama pediatricians to intervene early for a lifetime of benefits

By Salina Sowell, Communication Coordinator

Elizabeth Dawson, MD, FAAP (founder of the Troy Resilience Project and Medical Director of the Charles Henderson Child Health Center in Troy) reflects upon introducing screening for ACEs (Adverse Childhood Experiences) into a practice:

“In the previous issue of The Alabama Pediatrician (First Quarter 2019) I laid out how:

• Childhood adversity changes our brains, our bodies, and even our DNA;
• Toxic stress can lead to chronic disease and poor life outcomes due to impacts on the developing brain; and;
• Early intervention is key!

What could be more fundamental to the role of a pediatrician? Yet when I discuss ACEs screening with colleagues I hear, ‘How can I add one more screen to my already busy clinic visit?’ and ‘What do I do when I find something?’ And you know what? I get that. I know adding a screen takes more than the will and interest of one provider. It necessitates practice system change as well as making community connections beyond the clinic walls.

Some practices are in a place to take full advantage of the ACEs resources highlighted in the previous newsletter. But there is another path to bringing ACEs screening to your practice: participate in the ACHIA Early Screening 2020 Collaborative! Previous collaboratives helped us at Charles Henderson Child Health to systematically introduce an online screening process while learning from Alabama experts and other practices, earning CME and Part 4 MOC, and meeting our patient-centered medical home requirements.”

More on Early Screening 2020

The ACHIA Early Screening 2020 collaborative will support practices that want to introduce a new screen or refine a current process, such as moving from paper to electronic screening. Practices will focus on one or more screens for assessing:

• Development
• Autism
• Social- emotional needs
• Maternal depression.

Over the nine-month collaborative, practice teams will select a screen (or refine a screening process), integrate the screen into workflow, develop community supports and track referrals.

Learn from Alabama experts and other practices around the state while earning CME and MOC Part 4 credit! The Chapter’s 2019 Annual Meeting & Fall Pediatric Update, set for September 27-29, 2019 in Birmingham, also has opportunities to expand understanding of ACEs and how to address these in primary care.
Chapter has been hard at work on advancing immunization and the medical home model

By Brooke Haynes, MD, FAAP, Chapter Immunization Representative and Chair, Alabama Vaccine Advisory Committee

As you are all aware, the recent resurgence of measles in the United States has made all too clear the importance of vaccines. It has also reminded us of the frightening consequences of having even a small percentage of our patients under-vaccinated. Your state Chapter has been hard at work on vaccine issues both through its board and its involvement in the Alabama Vaccine Advisory Committee.

On the policy front, the Chapter board recently voted to strongly recommend two actions. First, they are asking that the Alabama Department of Public Health (ADPH) immediately proceed with updating the school vaccine requirements to reflect current ACIP recommendations. This will hopefully improve vaccination rates, emphasize the importance of the entire vaccine schedule, decrease confusion, and allow the state to stay up to date as the recommendations change. Secondly, they voted to support legislation to end non-medical exemptions in the state. This is also a nationwide priority of the American Academy of Pediatrics.

The Chapter has also been working with ADPH to improve HPV vaccination rates in the state while still protecting the role of the medical home in the health of our adolescents. The state has been trying to address our state’s poor rate through school-based vaccination and consideration of using pharmacies to help vaccinate in areas that are underserved. While deeply committed to addressing the issue, the Chapter has advocated in support of the role of the medical home and the importance of teens having a health supervision visit with their regular provider. They have worked with the adolescent medicine department at COA to develop some information on well care that will go out with the forms provided to parents by the companies running these vaccine clinics. Please remember that these clinics are the domain of local school boards and Chapter members may address questions/concerns to the local superintendents. This could be a good opportunity for pediatricians to form a closer relationship with local schools.

To proactively address access issues in underserved counties, the Chapter is committed to two new tasks. First, they are working on developing toolkits to help members become both Medicaid and VFC providers. Second, they are looking at ways to support current providers in efforts to expand their practices into nearby underserved areas. It is hoped that we can improve both vaccination rates and the overall health of teens by helping promote a medical home for all.

Lastly, please remember that the increased attention to vaccine-preventable diseases provides an opportunity to continue to improve vaccination rates. As pediatricians, we should be willing and able to work with families to address any concerns they may have about vaccines.

Please be aware of some helpful resources to help address vaccine hesitancy. The AAP has a 2016 clinical report called “Countering Vaccine Hesitancy” that includes a list of great resources, as well as free courses on Pedialink. ADPH has handouts, videos, and provider tips/talking points through the Alabama Adolescent Vaccination Task Force link on their website. CHOP’s Vaccine Education Center has lots of helpful information on vaccine safety, including answers to specific questions about various vaccine ingredients. The Immunization Action Coalition at www.immunize.org also has a tab on talking about vaccines that links to numerous helpful resources.
What can YOU do to ensure your patients get fully vaccinated?

- Strongly recommend adolescent vaccines to parents of your 9 through 18 year old patients. Parents trust your opinion more than anyone else’s when it comes to immunizations. Studies consistently show that provider recommendation is the strongest predictor of vaccination.

- Use every opportunity to vaccinate your adolescent patients. Ask about vaccination status when they come in for sick visits and sports physicals.

- Patient reminder and recall systems such as automated postcards, phone calls and text messages are effective tools for increasing office visits.

- Submit accurate vaccine data in ImmPRINT for better vaccine coverage rates, performance metrics, and HEDIS scores.

- Implement standing orders policies so that patients can receive vaccines without a physician examination or individual physician order.

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Direct parents who want more information on vaccines and vaccine-preventable diseases to visit alabamapublichealth.gov/imm, cdc.gov/vaccines/teens, or to call 800-CDC-INFO.
Alabama Legislature passes HB 41 to reduce kids’ access to e-cigarettes!

Alabama HB 41, which sets the legal age for alternative nicotine products and prohibits their marketing near places where children learn and play, passed the Senate in May and was signed by the Governor in early June! Many thanks to all of you who sent emails, tweets and made phone calls to your senators. The tobacco industry was out in full force against bill, and your advocacy made a big difference! As a reminder, the bill:

- Sets the legal sale age for alternative nicotine products and electronic nicotine delivery systems to fully align with tobacco products.
- Prohibits marketing them as tobacco cessation products, as healthier alternatives to smoking, or as available for purchase in flavor other than tobacco, mint, or menthol.
- Requires stores that sell e-cigarettes to obtain permits just like retailers who sell tobacco products.
- Prohibits marketing these products on any outdoor billboard within 1,000 feet of any public or private K-12 school or public playground.
- Ensures that specialty stores do not open within 1,000 feet of a public or private K-12 school, a licensed child-care facility or preschool, a church, a public library, a public playground, a public park or youth center or other youth-oriented activities.

Other Legislative News

The 2019 Regular Legislative Session came to a close the last week of May, with legislators meeting four days in a row to complete their work on the Education Trust Fund and General Fund budgets.

Here are a few updates:

- The Medical Marijuana bill, which the Chapter followed closely and opposed due to the lack of FDA research to support it, was substituted with legislation calling for the creation of a study commission, which will include the appointment of a pediatric neurologist.
- The ImmPRINT bill, which would require all vaccinators to review the registry and enter all vaccines outside of flu immunizations, died before passage.
- The $2.1 billion 2020 General Fund budget passed, including full funding for Medicaid, ALL Kids and $200,000 for the Healthy Food Financing Initiative.
- The Legislature gave final passage to the ETF Budget, included a significant increase for Alabama’s Early Intervention Program and a historic $26.8 million increase in funding for Alabama’s First Class Pre-K, the largest-ever increase, bringing the total level of funding for the program to $122.8 million. The increase will enable the Alabama Department of Early Childhood Education to create around 200 additional classrooms and raise the total percentage of four-year-olds enrolled in the program from 32
Alabama Legislature passes HB 41 to reduce kids’ access to e-cigarettes! continued from page 6

to nearly 40 percent. Both of these were part of the Chapter’s 2019 legislative priorities.

Lawmakers passed the Alabama Literacy Act, HB388, which will require schools to retain for another year third-grade students who are not reading at grade level. The bill by Rep. Terri Collins, R-Decatur, requires schools to provide summer reading camps to all K-3 students who struggle with reading. Starting in the 2021-2022 school year, third-grade students will have to demonstrate “sufficient reading skills” for promotion to fourth grade. There are exemptions for special-needs students and students with limited English language skills. No student can be held back more than twice because of the legislation.

Help children be counted! Chapter members to be tapped to promote 2020 Census to parents

The Alabama Chapter-AAP is part of a larger statewide push to promote complete counting of Alabamians in the 2020 Census, which takes place in March/April 2020. To that end, Executive Director Linda Lee, APR, is part of the “Alabama COUNTS!” Healthcare Committee and is working with VOICES for Alabama’s Children to increase participation among parents.

Families of young children, especially, are being targeted due to previous undercounting of children from birth to 5 years of age in the 2010 census. In addition, many rural areas, particularly in west Alabama, had among the lowest response rates in the state. Pockets of the state’s urban areas also experienced lower response rates. Why does this matter?

• Many Alabamians directly benefit from the federal programs in which funding allocations are determined in part by census data—including Medicaid! In fact, based on 2010 Census response rates, these programs provided about $1,600 per person in Alabama. Completing a census form will help ensure that our state receives its fair share of funding.

• The assistance programs tied to census data are critical to all Alabamians. They support children, education, hospitals, healthcare, rural development and community programs that are important to rural communities. If this funding is reallocated to other states due to a poor census count, then the funding for the missing services will have to be made up in some way at the local or state level. This affects everyone.

• Alabama is currently at risk of losing a Congressional representative in the 2020 Census due to projected slow growth. That means one less voice for Alabama at the federal level. We need maximum census participation to retain our current Congressional representation.

In order to promote maximum participation among Alabamians, Governor Kay Ivey and the Alabama Department of Economic and Community Affairs are conducting a broad campaign, “Alabama COUNTS!,” that will encompass both paid advertising and grassroots efforts to get the word out to all Alabamians.

The Chapter will be promoting details in the coming months on how your practice can help in your local area. For now, start getting the word out to your employees, partners and other colleagues about the importance of the census, and especially the importance of Medicaid funding to the overall picture of healthcare in Alabama. Look for more information and resources at https://census.alabama.gov/.
Autism spectrum disorder (ASD), a neurobiological condition characterized primarily by deficits-reciprocal social interaction, peer relationships, and nonverbal communication skills, as well as stereotyped, repetitive, or restricted interests or behaviors, is now estimated to affect 1 in 59 children in the United States. The increase in awareness of autism spectrum disorder in the general community, as well as a broadening definition of ASD, has led to increases in the number of children referred for diagnostic evaluation, as well as heightened urgency to ensure that needs of the ASD community are fully met. In Alabama, like many other parts of the country, the specialized workforce of developmental pediatricians, psychologists, educators, allied health professionals, and other service providers tasked to care for this population is much smaller than can meet the demand, leading to frustratingly long wait times and delays in much-needed care.

The needs of children with or at risk for ASD extend well beyond identification and referral for evaluation and services. Families of children with ASD need support, including connection to other families, sibling support, respite care, and education; it has been shown in the literature that caregivers of children with ASD experience a higher level of stress than caregivers of children with other developmental disabilities. Children with ASD frequently have sleep problems that affect the whole family’s quality of life. Health concerns such as poor nutrition due to selective eating, gastrointestinal difficulties such as constipation, increased risk for seizures, comorbid mental health difficulties, and safety issues are very common. Care coordination difficulties among caregivers across medical, educational, and community settings often create frustrating challenges for the whole care team. Transition pathways to adult care for adolescents with ASD is a woefully unmet need. As children with ASD have been shown to be less likely to receive medical home care than other children with behavioral health conditions, there is an urgent need for primary care providers (PCPs) to take on an expanded role in caring for children with ASD.

The past several years have seen an increase in projects designed to empower PCPs to provide timely care across the continuum of care, from identification and diagnosis to management. Here in Alabama, the Alabama Child Health Improvement Alliance (ACHIJA) is gearing up for a quality improvement cycle, beginning in 2020, aimed at increasing age-appropriate early developmental screening and referral for evaluations, therapies and resources. Across the nation and the world, PCP training programs and “telementoring” learning networks, such as Project ECHO Autism (Sohl, Mazurek, & Brown, 2017), have aimed to support providers in their implementation of best practice care, empowering providers to address many common needs of children with ASD and their families from within their community.

More recently, the ECHO Autism STAT program (Mazurek, Curran, Burnette, & Sohl, 2019), has successfully enlisted PCPs to administer the Screening Tool for Autism in Toddlers (STAT), a second-tier, relatively quickly administered tool that can not only identify concerns for ASD, but also provide enough evidence to make a diagnosis in the primary care setting, supported by subspecialists. ASD specialists at Vanderbilt reported on a model that embedded psychologists within the medical home to provide streamlined assessments of children, which helped reduce the average age of diagnosis to less than 3 years for children seen through the program (Patterson et al., 2018).

Several toolkits and practice guidelines have been developed in partnership with the AAP and the Autism Speaks Autism Treatment Network (ATN), making it easier to find evidence-based guidelines for a variety of topics, from how to manage challenging behaviors, toilet training, and sleep management, to transition to adulthood and other lifespan considerations (see link below). Most recently, Kong et al. proposed a systematic network of primary care autism services (“SYNAPSE”), based on similar models developed for other chronic conditions such as inflammatory bowel disease and asthma, which aims to foster enhanced coordination between primary care, specialists, education, and, most importantly, families (Kong, Liu, Chien, Batalden, & Hirsh, 2019).

Such initiatives highlight the increasing emphasis on empowering primary care to play a crucial role in increasing capacity for much-needed care for children with ASD. Alabama is certainly no exception to the need for capacity-building, and strategic planning at all levels should include advocating for systems that support building and sustaining primary care medical homes for children with ASD. The Alabama Interagency Autism Coordinating Council (AIACC), of which the AL-AAP is a member, is currently drafting a statewide strategic plan to address the needs of this growing population, and PCPs have been identified as key participants.

Several barriers to increasing the medical home capacity for care of children with ASD may exist, such as time constraints, training and staffing needs, reimbursement models, insurance barriers, and perceived burden of ASD in the primary care setting. However,
Autism and the Expanding Role of the Primary Care Provider continued from page 8

the growing numbers of children referred to and presenting for evaluation and subspecialty management, combined with the significant and costly detriment to quality of life when ASD symptoms and comorbidities are poorly addressed, highlight an imperative need for partnerships between PCPs, subspecialists, service providers, and state agencies to overcome these barriers to ensure a brighter future for these individuals and their families in Alabama.

Articles of Projects Referenced:


Toolkits and Guidelines:

Congenital CMV Update: Diagnosis and Management
For Alabama Pediatricians and Other Healthcare Providers

You’re Invited

To participate in a UAB research project assessing:
• The level of knowledge regarding congenital Cytomegalovirus (CMV)
• The effectiveness of a CMV educational program for pediatricians and other healthcare providers

Participation is ONLINE and includes:
• Pre-test  • 30-minute lecture about CMV  • Post-test

To participate, go to: https://childrensal.cloud-cme.com/CMV

SPEAKERS
Dr. Karen Fowler, Professor Department of Pediatrics Division of Infectious Diseases Rebecca Oldham, Parent Jasmine Webster, Parent

Children’s of Alabama  UAB MEDICINE
Reach Out and Read All About It!

By Salina Sowell, Development and Communications Coordinator

The Force was with us at the sixth annual Grand Pediatric Pentathlon!

The sixth annual Grand Pediatric Pentathlon held May 3 - 4 during the Spring Meeting was the most successful yet with 47 participants, which included students from UAB and USA, taking part in the event by reading, kayaking, walking/running, biking and swimming at the Sandestin Golf and Beach Resort. The highlight of the event was the Fun Run, which featured Storm Trooper, Chewbacca and Darth Vader characters.

Thanks to the donations of many businesses and individuals, participants earned chances to win great prizes, including an Apple watch, kayak, gift baskets and more! Two of the winners included students from UAB and USA, who won the Regions cruiser bike and a YETI cooler.

A special thank you goes out to our Grand Pediatric Pentathlon sponsors – Joe Piper, Inc.; Medical Association of the State of Alabama; Poarch Band of Creek Indians; ALL Kids; All About Books; My Care Alabama; Whitman Publishing, LLC; Sandestin Foundation for Kids; Troy Bank & Trust; Alabama Academy of Family Physicians; Business Council of Alabama; and Jade Consulting, LLC.

Since its inception, the Grand Pediatric Pentathlon has raised more than $73,500 for Reach Out and Read-Alabama. Read more at roralabama.org/grand-pediatric-pentathlon.

Funding for Early Math/Books Count Pilot Project Continues to Grow

Alabama Partnership of Children (APC) was recently awarded a $26,000 grant in collaboration with Reach Out and Read-Alabama, the Alabama Department of Early Childhood Education, and the office of the Governor as an effort to help bolster the Alabama Campaign for Grade-Level Reading. APC will use the funds in partnership with Reach Out and Read-Alabama to put books in the hands of children and their families in under-resourced communities. First Book, the non-profit social enterprise focused on equal access to quality education for children in need, awarded the funds as part of its OMG Books Reach Out and Read All About It!

By Salina Sowell, Development and Communications Coordinator

“*The Force was definitely with us this year! Pediatricians and their families conquered the Dark Side and raised over $17,500 to build better brains in Alabama. I was honored to serve as the Master Jedi...er...honorary chair of the Grand Pediatric Pentathlon. The future of Alabama is bright!*” said Nola Ernest, MD, PhD, FAAP, honorary chair.
Reach Out and read All About It! continued from page 10

Awards: Offering More Great Books to Spark Innovation. Alabama was among nine states in the first cycle of awards.

“In launching the Campaign for Grade Level Reading, my mission was to promote literacy among at-risk children. That also means providing access to quality books,” Governor Kay Ivey said. “I’m proud that this First Book project brings us closer to reaching that goal.”

In addition to the First Book award, ROR-Alabama was chosen by the Reach Out and Read National Development team to be included in a Hearst Foundations grant submission to support our Early Math/Books Count project in Alabama and Washington.

“We were honored to be one of the 28 education organizations to receive funding in their Spring 2019 grant cycle,” said Polly McClure, RPh, ROR-Alabama Statewide Coordinator. “The Foundations serve as a national philanthropic resource for cultural, educational, health and social service organizations and dedicate millions of dollars in grants quarterly. Their work helps to ensure that people of all backgrounds have the opportunity to build healthy, productive and inspiring lives.”

In addition to developmentally, linguistically and culturally appropriate Early Math books, these funds will help provide training to our pediatricians and other healthcare providers as they teach parents and caregivers the importance of “math talk” in brain development in their children.

Follow the adventures of Camellia Bear as she travels the state, celebrating Alabama’s birthday and promoting reading this summer.

ALABAMA 200 and Reach Out and Read-Alabama (ROR-AL) are partnering this summer in celebration of the state’s bicentennial and the 10th annual Rx for Summer Reading with the book Alabama, My Home Sweet Home by Charles Ghigna. ROR-AL program sites across the state are providing copies of the books and hosting fun Alabama-themed activities, as well as providing a “prescription” for children to become involved in the reading program at their local libraries.

The statewide Rx for Summer Reading partnership kicked off on June 5 at Partners in Pediatrics in Montgomery. Cathy Wood, MD, FAAP welcomed those in attendance, and special guest, Jeana Ross, Secretary of the Alabama Department of Early Childhood Education, read the book aloud to about 35 children in the waiting room. Young attendees colored Alabama-themed sheets and received an Rx for Summer Reading to visit their local library, as well as a copy of the book and a Camellia Bear squishy toy to take home.

“We are proud to support Reach Out and Read-Alabama in providing opportunities for families to promote children’s literacy starting at birth,” said Secretary Ross. “High quality, coordinated early literacy efforts will help us prepare all Alabama children to be successful in school.”

Camellia Bear continues her travels throughout the state at 20 other program sites. Visit roralabama.org to follow her adventures!
ImproveCareNow makes big gains in care of IBD patients

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/Children’s of Alabama (COA) Pediatric Inflammatory Bowel Disease (Crohn’s disease and Ulcerative Colitis) program is proud to be a member of the ImproveCareNow network. ImproveCareNow is an international collaborative of 109 care centers with the purpose of transforming care for all children and adolescents with inflammatory bowel disease (IBD).

Within the network, patients, families, healthcare providers, and researchers work together to accelerate innovation and discovery of new knowledge by using quality improvement (QI) methods and research. The UAB/COA team joined the network in 2014 and includes three physicians (Traci Jester MD, Jeanine Maclin, MD, and Jose Mestre, MD), a nurse practitioner, a psychologist, a research coordinator, a social worker, a dietician and a school liaison.

Since 2014, the clinic has increased the steroid-free remission rate for more than 500 patients from 78 percent to 86 percent, well above the national average of 80 percent. The sustained 12-month remission rate is 65 percent, also significantly above the national average of 55 percent. The team was honored in 2017 to be invited into the network’s elite Trailblazer group. Invitation was based on outcomes, involvement within the network and team leadership.

This success has been the result of multiple QI initiatives, including weekly pre-visit planning and population meetings, registry tracking of outcomes for individual patients and the entire patient population, tracking of drug dosages and missed visits, recruitment of patient and parent advocate partners, and specific improvements aimed at advancement of patient care. Some examples of the team’s successful improvement projects include influenza vaccination, pre-clinic lab draws, new patient handbook, educational webinars, and a patient/family newsletter. Model care protocols regarding disease monitoring and treatment are followed to improve standardization of care.

Because of its success, ImproveCareNow has inspired similar models for other chronic diseases and helped to transform care for many other pediatric diseases using QI methodology.

USA Pediatrics: X+Y Immersion Scheduling in Pediatric Residency Training

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

Many pediatricians ask about changes in residency training in order to gain a better understanding of the clinical experiences of their potential future partners whom they recruit out of residency. USA is excited to embark on a change in our residency curriculum by introducing X+Y Immersion Scheduling beginning in the 2019-2020 academic year.

The continuity clinic model has played a central role to prepare pediatric residents for clinical experiences in ambulatory pediatrics. The continuity clinics are one half-day-per-week sessions that are embedded within other rotations. The idea is to provide residents an opportunity to follow a panel of patients in clinic throughout their residency, simulating the longitudinal experiences that occur in ambulatory pediatric practice. However, in reality, it often results in a fragmented experience by requiring clinical work in multiple settings in one day, requiring residents to hand off patients in the hospital to other residents on the team to cover for them while they are in clinic.

In an X+Y scheduling model, residents work on their block rotation, such as wards, uninterrupted by clinic responsibilities for “X” weeks, followed by a “Y” week, when the resident only works in clinic with no hospital coverage responsibilities. A popular X+Y schedule is the 3+1 schedule in which the resident works on his/her block rotation of wards, NICU, PICU, elective, etc. for three weeks, followed by one week in clinic.

This schedule is currently not part of the program requirements for ACGME-accredited pediatric residencies, so USA applied for a waiver through the Association of Pediatric Program Directors so that the program will not be in violation of accreditation requirements and our residents will be approved to sit for the initial certifying examination of the American Board of Pediatrics after completion of this new curriculum.

Thanks to Roger Berkow, MD, FAAP, our residency program director, and the Pediatric Residency leadership team for introducing this new innovation into our residency training program.
Exciting PATHS project will provide mental health access for rural pediatric patients in Alabama

By Susan Griffin, Children’s of Alabama

The Alabama Department of Mental Health (ADMH) and Children’s of Alabama would like to thank the Alabama Chapter-AAP for helping us distribute our recent needs assessment survey regarding behavioral health concerns among pediatric patients. In addition, we would like to thank those pediatricians or others who took their valuable time to complete the survey.

As you are aware, ADMH has contracted with Children’s of Alabama to implement a new program known as PATHS – Pediatric Access to Telemental Health Services. PATHS will provide education to pediatricians regarding how to better diagnose and treat behavioral health conditions among pediatric patients within their practice. This education will be provided using a Project ECHO model, with our Project ECHO for behavioral health launching in late July 2019.

In addition, PATHS will provide consultation to pediatricians in rural communities who have patients for whom they feel consultation with a behavioral health professional will be helpful. PATHS is specifically focused on rural communities where access to behavioral health care is so limited.

By providing education and consultation, we hope to increase access to behavioral health care, thus making early diagnosis possible, which will result in better outcomes for the patients we all serve.

Lastly, beginning in late August, PATHS will also provide services via teledmedicine with behavioral health professionals at Children’s of Alabama for those patients in rural pediatric offices who need a higher level of behavioral health care.

If you want more information about PATHS, contact me at Susan.Griffin@childrensal.org or call (205) 638-5673. Look for more details about PATHS at your 2019 Annual Meeting & Fall Pediatric Update in September in Birmingham!

This program is funded by a grant from HRSA totaling $2.09 million, with 20 percent of funding from non-federal sources.

Early Career Spotlight: Justin Hovey, MD, FAAP!

By Nola Jean Ernest, MD, FAAP, Chapter Early Career Pediatrician Representative

“I love that every day presents new challenges and new joys. Every day I wake up, I hope that I make someone’s life better. Even if I am an insignificant part of his life that day, I always hope that my influence moves him toward a healthier, safer, and happier life even a fraction.”

This quarter, I would like to introduce you to Justin Hovey, MD, FAAP, author of the above quote. After earning his undergraduate degree from the University of Alabama, Dr. Hovey studied medicine at the University of South Alabama College of Medicine, where he stayed on after graduation to complete a dual internal medicine/pediatrics residency. Since that time, he has made it his mission to move south Alabama toward a healthier, safer, and happier life by focusing on evidence-based healthcare, working first in Hartford, then Slocomb, and eventually finding himself running the only traditional med/peds practice in Dothan.

In addition to caring for the residents of south Alabama, Dr. Hovey has also been involved in training future physicians. He served as Chief Resident of the med/peds program at the University of South Alabama from 2009 to 2010 and is currently on faculty at the Alabama College of Osteopathic Medicine.

With his elusive free time, Dr. Hovey enjoys spending it with his family, traveling internationally, writing and brewing beer.

A true Alabama treasure, Dr. Hovey is well-respected by his colleagues. “Dr. Hovey is one of the most compassionate providers I have ever known,” writes Tina Cochran, CRNP. “He connects with patients on a personal level and makes them feel like family. He is passionate about improving their overall wellness and quality of life. He not only treats the disease, but he also cares for the patient who has the disease. This is the embodiment of a great physician.”

We are honored to have Dr. Hovey in Alabama. This early career pediatrician has already done so much for our state and we look forward to seeing what the future holds for him.
healthy vitals

ProAssurance has been monitoring risk and protecting healthcare industry professionals for more than 40 years, with key specialists on duty to diagnose complex risk exposures.

Work with a team that understands the importance of delivering flexible healthcare professional liability solutions.
Five documentation tips
By Lynn Abernathy Brown, CPC

These are a few coding tips and reminders that have been discussed in past articles but are worth mentioning again:

• ICD-10 codes A00.0 - T88.9, Z00 - Z99.8 are appropriate to code as a primary diagnosis. External causes codes V00 - Y99 can only be coded as secondary codes. For example, Insect Bite W57.XXXA should not be a primary diagnosis. Insect bite is found in the ICD-10 codes starting with “S” under Superficial Injury by body location.

• Injury codes – When a patient presents following initial treatment and is in the healing or recovery stage of an injury, the ICD-10 diagnosis code 7th character would be coded using a “D”, subsequent encounter.

• Include all chronic condition diagnoses on the claim to support the burden of illness. The chronic condition must be addressed in the progress note, not simply listed in the PMH.

• If the ROS and PFSH is reviewed from a previous date, the date of that previous visit should be included in the current progress note. For example, when a newborn comes in for the first visit in the office, documenting a statement such as “reviewed hospital discharge dated 05/20/2019” will allow the ROS to be counted. This is important when supporting higher level codes such as 99204/99205 which require 10 ROS. Another example of documentation for an established patient would be to document a statement such as “ROS and PFSH reviewed [prior visit date], no changes.”

• Time – Document the time spent during the total visit and a statement such as “Spent >50% of face-to-face visit counseling regarding” (brief summary of discussion).

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.
Medicaid Providers: Complete ACHN agreements on or before July 1

Primary Care Physicians (PCPs) will not be receiving a capitated payment in October 2019. The Alabama Coordinated Health Network (ACHN) program will be implemented on October 1, 2019, and providers will need to complete ACHN agreements as soon as possible before July 1, 2019 in order to receive bonus and participation payments. The end date for the Patient 1st Program is approaching, and providers will be required to have completed agreements with both Medicaid and the ACHN:

1) Providers can visit the following link to download the PCP Enrollment Agreement with Medicaid or to obtain information about the ACHNs: https://bit.ly/2WoUdoY.

2) To obtain a copy of the PCP and DHCP agreement with the ACHN, contact the ACHN in your region. Providers can visit the following link for the ACHN contacts: https://bit.ly/2KE6hjW.

Stay up to date with Alabama Medicaid’s new text messaging service

Providers and recipients now have a new way to receive important information from the Alabama Medicaid Agency. The Text Messaging Service will provide immediate or important communication (i.e. for providers, brief messages could include approaching deadlines, new programs or agreements, Medicaid meetings and training, office closures, or other vital information that may impact your practice).

We hope you will take advantage of this service to stay up to date. Subscribing is quite simple. Text ALPROVIDERS to 888777 to receive provider notifications. Providers may get three to four text messages in a month, and can opt out at any time. Please note that recipients have a separate keyword and text messaging list to subscribe to in order to receive important recipient information from the Agency.

The Agency will continue to provide regular communication through the Provider Insider newsletter, the Medicaid website, the subscription-based electronic mailing list, and Alerts.

For additional information about the Text Messaging Service, please visit www.Medicaid.Alabama.gov or call (334) 353-9363.
The groundbreaking LEAP Study discovered that introducing peanut products to infants early can reduce the risk of developing a peanut allergy by up to 86%. Preventpeanutallergies.org
From Chapter Briefs continued from page 12

15 Alabama pediatricians receive AAP awards for caring for tornado victims

Sara Smith T, MD, FAAP, of Pediatric Clinic, LLC of Opelika and Mitch Cohen, MD, FAAP, Chair of the UAB Department of Pediatrics accept Special Achievement Awards from AAP District X Vice Chairperson Mobeen Rathore, MD, FAAP, at the 2019 Spring Meeting in May. Fifteen pediatricians from Lee County and Children’s of Alabama were honored by Dr. Rathore, who noted, “You all provided selfless, compassionate and timely responsiveness to the children and families affected by the March 2019 Lee County, Alabama tornado.” Congratulations to all!

Cohen elected chair of AAP Section on Gastroenterology, Hepatology and Nutrition

Congratulations to Mitch Cohen, MD, FAAP, Chair of the UAB Department of Pediatrics and Professor in the Division of Pediatric Gastroenterology, Hepatology and Nutrition, for being elected to serve as the Chair of the American Academy of Pediatrics (AAP) Section on Gastroenterology, Hepatology and Nutrition (SOGHN). His term will begin on November 1, 2019 and run through October 31, 2021.

AAP updates water safety recommendations, develops toolkit

The American Academy of Pediatrics is putting the spotlight on drowning prevention with some updated advice for parents regarding children’s water safety and launch of a toolkit for members. Summer is upon us and provides a perfect opportunity to educate parents in your practice about safety measures to prevent drowning. The AAP is working with parents who experienced such a loss to improve awareness among parents across the country, and has created a Drowning Prevention Toolkit, which features handouts for parents, as well as posters, social media posts and talking points. You can access it here: https://bit.ly/2Tc7T48.

Stubblefield inducted in Delta Omega honor society

Wes Stubblefield, MD, FAAP, Chapter President and pediatrician with Infants’ & Children’s Clinic in Florence, Ala., has been selected for membership in the national public health honor society, Delta Omega. Since 1924, the Upsilon Chapter of Delta Omega has inducted over 400 members (students, faculty, and alumni). This year, the society received nominations for 21 students who ranked in the upper 25 percent of the 2018 -2019 graduating class. Dr. Stubblefield, who completed a Master of Public Health in December 2018, was one of a select few students who was chosen for this honor based on his cumulative grade point average, outstanding performance in scholarship, research and leadership, and recommendations of the faculty.

He was inducted into the Upsilon Chapter on April 25, 2019. Congratulations, Dr. Stubblefield, on this prestigious honor!
DAIRY FOODS HELP NOURISH LIFE

Three daily servings of dairy foods, like milk, cheese or yogurt in those 9 years and older contribute to healthy eating styles and well-being.1

Milk has a unique nutrient package and contains nine essential nutrients important for growth and development.1,2,3,4

Healthy eating patterns that include low-fat or fat-free dairy foods are linked to reduced risk of cardiovascular disease, type 2 diabetes and lower blood pressure among adults.1 Dairy foods also are linked to better bone health, especially in children and adolescents.1

DAIRY SUPPORTS THRIVING COMMUNITIES AND A HEALTHY PLANET

Dairy foods are responsibly produced, nutrient-rich foods that help nourish people, strengthen communities and foster a sustainable future.

The dairy community contributes:
• 2% of greenhouse gases (GHGs) in the U.S. with a voluntary goal to reduce GHGs by 25% by 2020.5
• ~3 million jobs and generates $625 billion for the economy every year in the U.S.6
• to the livelihoods of up to 1 billion people worldwide.7

CHILDREN AND ADULTS FALL SHORT ON RECOMMENDED DAIRY SERVINGS AND ESSENTIAL NUTRIENTS

The 2015–2020 Dietary Guidelines for Americans (DGA) recommends three servings of low-fat or fat-free dairy foods daily for those 9 years and older, 2½ cups for those 4–8 years and 2 cups for those 2–3 years.1

By age 6, consumption of milk, cheese and yogurt falls below the DGA recommendation, and the trend continues into adulthood (average is less than two daily servings).8,9

It can be hard to meet nutrient recommendations—especially calcium, vitamin D and potassium (three nutrients of public health concern)1—without eating three daily servings of dairy foods.

EATING THREE DAILY SERVINGS OF DAIRY FOODS LIKE MILK, CHEESE OR YOGURT CAN HELP PEOPLE CLOSE KEY NUTRIENT GAPS, CONTRIBUTING TO NUTRIENT-RICH, HEALTHY EATING PATTERNS.10

BUILD HEALTHY, NUTRITIOUS EATING PATTERNS WITH THREE SERVINGS OF DAIRY EVERY DAY

These health and wellness organizations support consumption of three daily servings of low-fat or fat-free dairy foods to help build healthy eating patterns as identified by the DGA.1

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