Year of the Pediatrician

It seems that 2021 is the year of the pediatrician. Every day I see more colleagues in the news as expert contributors, on social media as factual content creators, and in the community as trusted professionals. Even here in Alabama, we have more pediatricians than ever participating in activities across the state. From our newly formed Child Death Review project to our School Nurse/Pediatrician project, you are stepping out of your offices to make an impact for your patients, your communities, and your colleagues.

In April, we enjoyed a return to our beloved Spring Meeting in Sandestin, with over 60 attendees and 24 exhibitors. If you weren’t able to make it, we’ve added an option to watch our excellent content on demand. Scan the QR code for details on how to access this content for your CME on your own time.

As an organization dedicated to its membership, we continue to seek your feedback. We’ll be sending another member survey soon soliciting your thoughts on resources for COVID vaccines and combating vaccine hesitancy.

Finally, we’re very excited to see all of your faces at our Annual Meeting in Birmingham this fall. See the article in this issue for more details. Until then, keep doing what you do best: taking care of your patients and your communities!

Spring Meeting combined quality education and much-needed respite for pediatricians across the state

The Chapter’s 2021 Spring Meeting & Pediatric Update, held April 22-25 at the Sandestin Golf & Beach Resort in Destin, Fla., was a tremendous respite for members across the state after a very long and hard year with no face-to-face networking.

“Great conference!” and “Glad to be back in person,” were comments said often during the weekend and on the evaluation.

National and state speakers provided top-notch presentations on topics including COVID-19 vaccine updates, COVID-19 impacts on pediatric patients, spinal muscular atrophy, sickle cell anemia, child death review, abnormal uterine bleeding, early screening and referral, practice management, hepatitis C, and medical liability risks for pediatricians.

Albeit with masks donned, attendees enjoyed networking events, such as the Saturday night dinner and reception, which was generously sponsored again this year.

Annual Meeting and Fall Pediatric Update

Annual Meeting & Fall Pediatric Update to feature trauma-informed care, bullying, COVID-19 vaccine and adolescent immunizations, and more!

Make sure your calendars are marked for September 24 – 26, 2021, for the Alabama Chapter-AAP’s 2021 Annual Meeting and Fall Pediatric Update at The Sheraton Birmingham, a new location for our conference!

As COVID-19 safety guidelines have become less restrictive, we are really looking forward to this
Annual Meeting and Fall Pediatric Update continued from page 1

by USA Children’s and Women’s Hospital and featured singer/guitarist Doug Back.

The highlight of the weekend was the time pediatricians shared with one another as they tackled the five events of the eighth annual Grand Pediatric Pentathlon to raise monies for Reach Out and Read! More than 22 pediatricians along with their families participated, raising $15,000 in total for the program.

We are thrilled to announce next year’s Spring Meeting, set for April 28 – May 1, 2022, at the new Lodge at Gulf State Park!

Networking in the exhibit hall was alive and well at the conference — thanks to socially distanced booths and mask-wearing by attendees.

Chapter President Katrina Skinner, MD, FAAP, thanks USA Children’s & Women’s Hospital for supporting the Saturday night dinner; David Gremse, MD, FAAP, Chair of the USA Department of Pediatrics, acknowledges USA’s continued partnership with pediatricians across the state.

Annual Meeting and Fall Pediatric Update continued from page 1

meeting, which will afford networking with colleagues and a very strong line-up of faculty. Speakers will present physical health-related topics, including bariatric surgery, adolescent immunizations, update on the Red Book 2021, and a COVID-19 vaccine update, as well as bullying, trauma-informed care and resilience, advocacy, diversity, the relationship with school nurses and more!

In addition, as part of our Friday afternoon separate practice management workshop, co-sponsored by the Chapter’s Practice Management Association, the Chapter is bringing in big names in the pediatric practice management world: Sue Kressly, of Kressly Pediatrics in Warrington, PA, and Todd Wolynn, of Kids Plus Pediatrics in Pittsburgh, PA, who will cover the business side of pediatrics, including 2021 coding guidance and how to address anti-vaxxers through social media and in the office.

The workshop will also feature sessions on the Cures Act (new patient information transparency requirements), marketing your practice, wellness and a hot topics discussion! The workshop will be followed by a two-hour Loss Prevention seminar, “Trial and Error,” sponsored and presented by ProAssurance Indemnity.

Look for registration details in your mailboxes soon and on the Chapter web site at www.alaap.org!
The Sweetest Words I Know: Sine Die

By Nola Jean Ernest, MD, PhD, Chapter Legislative Chair, and Graham Champion, Chapter Lobbyist

Sometimes, the best possible outcome is no outcome at all.

The 2021 Regular Session of the Alabama Legislature wrapped up on May 17. Through the efforts of House Leadership, spurred on by your advocacy efforts, SB10 (a bill criminalizing evidence-based medical care for transgender youth) did not come to a vote on the floor of the House of Representatives. This renders the bill “dead” for the 2021 Regular Session. Resurrection will require that the bill be introduced again in 2022 – which is not only possible but likely. There is no doubt that, in the meantime, interested legislators will be monitoring the progress of similar bills in other states as well as the outcomes of the many lawsuits that have been filed surrounding these bills. The Alabama Chapter-AAP remains committed to opposing any legislation that interferes with the doctor-patient relationship.

Another bill to which we expressed opposition was the Alabama medical marijuana law. Although the bill was passed and signed into law by Governor Ivey, advocacy efforts were not all in vain. During the legislative session, amendments were proposed and accepted to limit the forms of marijuana that would be allowed; specifically, products to be smoked or vaped, and edibles like cookies or candies, would not be allowed under the current law.

Other legislation supported by the Chapter that passed include:

- HB 97 – Requiring mental health awareness to be included in the annual training for employees of K-12 schools
- HB 273 – Raising the age from 19 to 21 to buy, possess or use nicotine products
- HB 309 - The General Fund Budget, which fully funds Medicaid, CHIP and the Maternal Mortality Review Committee; and
- SJR 82 – Affirming the sanctity of the physician/patient relationship.

Overall, gains were made for the children of Alabama and their pediatricians. The Chapter would like to thank each of you who reached out to your senators and representatives this session. Your voice matters. Together, our impact goes far beyond the walls of our individual clinics. Together, we can make a difference in the lives of Alabama’s children for generations to come.

I am “those people”

Norma D. Mobley, MD, FAAP

As a pediatrician discussing the topic of “Medicaid expansion” in Alabama, it is easy to cite factors supporting medical care for children. However, being a proponent advocating on behalf of children for years, I have personally encountered various opposing views. In recalling rivaling arguments, coupled with present-day societal awareness concerning racial disparities in medicine and access to care, I am compelled to unearth linked preconceptions.

Statements of unconscious bias are freely expressed, and often spoken by people in direct conflict of their own self-interest and heard by those raising an eyebrow while feeling uncomfortable raising their voice.

Instead of presenting the usual common key focal points, I decided to simply share a story. A personal account depicting how an individual experienced a biased system of healthcare barriers… and persevered. This story is MY story…

The weight of anxiety felt holding the envelope rapidly dissipated, replaced by overwhelming excitement after opening and reading “you have been accepted” repeatedly! As a non-traditional student applicant, I could not imagine receiving better news than being accepted to Morehouse School of Medicine. Yet to my surprise just days later that is exactly what happened. Positive pregnancy test results meant I experienced two momentous events only two weeks apart.

Having already resigned from full-time employment as an OB/GYN physician assistant, I began part-
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‘Those People’ continued from page 3

time employment with Grady Hospital, and planned to initiate prenatal care when classes began in four
weeks, allowing my student health insurance to become effective. Imagine how disheartened I became
when informed that pregnancy was not a condition covered by the healthcare plan. Four more weeks
swiftly passed with me pondering how I would manage health care costs during my pregnancy as a
medical student.

Having previous employment with a community healthcare center, I was familiar with women
receiving Medicaid and WIC for prenatal care and contacted the social worker there. She congratulated
me and provided the information I needed. I presented to the office she directed me to and began the
application process. A young woman (my peer) of European decent requested my basic demographic
information, which I freely provided. Name, address, date of birth, and so on. “Are you married or
single?” she asked. “Single” was my reply, to which she then asked, “Do you know the father of your
child?” Appalled, I responded, “Of course! Why would you ask me something like that?” Without
remorse, she simply stated, “Well, it could have been a one-night stand or something.”

Feeling belittled, embarrassed, and ashamed, I ran out of the establishment, despite knowing I lacked
the means to afford the medical care I needed. No one should have to feel humiliated to receive
medical care. Electing not to focus on the money I did not have, I directed attention toward resources
readily available to me: my knowledge and connections. Having worked as a PA in OB/GYN, I provided
excellent prenatal care under physician supervision. Therefore, I prescribed myself prenatal vitamins,
ordered my AFP at 16 weeks, and allowed OB/GYN residents to practice their ultrasonography skills.
At approximately 24-26 weeks EGA, the social worker from the clinic called to check on me and was
mortified to learn of my Medicaid office experience and additionally disappointed to know that this
resulted in me not receiving prenatal care. She explained she could process me through the clinic AND
I could receive care there also.

I initiated care, of course, though my chart was tagged “late PNC,” which is often frowned upon. My
pregnancy was further complicated by symptoms of pre-eclampsia late in the third trimester, and the
delivery complicated by shoulder dystocia. I joyfully gave birth to a healthy, full-term, eight-pound,
four-ounce baby boy (now an attorney in Atlanta, Ga.) and enjoyed a fulfilling, successful medical
education experience.

Being in private practice for more than 20 years, I remain dedicated to providing quality pediatric
care for ALL children in Mobile, especially the indigent. My initial years in solo private practice resulted
again in a period of my son and I being underinsured. I provided primary healthcare services while
being unable to afford it for myself.

The role of medical care as a health determinant remains somewhat limited. However, we do know
preventative care, early intervention, and proper management of chronic conditions play a major role
in health and influencing quality of life. Racial disparities in medicine should be understood within the
context of racial inequities in societal institutions. Systematic discrimination is not deviant behavior
of a few but is usually supported by institutional policies and unconscious bias based on negative
stereotypes. Most contemporary individual discriminatory behavior is unconscious and unintentional,
but these stereotypes have real-life consequences as evidenced by my experience, merely one in an
totally unmentioned.

I have had the privileged responsibility of serving on various regional boards and committees, hearing
phrases like “those people” used by representatives of private and public entities when referencing
recipients of Medicaid. These phrases reflect the mindset and perspective of people in positions who
influence other powerful individuals making policy decisions that impact people from whom they are
totally disconnected.

I, too, sit at the table where often no one else looks like me, serving as a visual for inclusion, but
feeling unincluded. Yes, I wince when hearing biased phrases yet rarely do my lips part to announce,
“I am ‘those people.’”
COVID-19 Vaccine Member Toolkit launched!

In an effort to support our members in providing COVID-19 vaccine to patients (and their adult family members, if desired), the Chapter has launched a member toolkit, complete with information on providing vaccine in your office, vaccine confidence/hesitancy information and tools for families and staff, examples of media coverage garnered by our members thus far, and social media posts your practice can start using right now.

With the FDA’s approval of the Pfizer vaccine for children ages 12 and up, pediatricians are diving in full force in order to protect children and get them ready for school and back to a normal lifestyle.

“If you’ve not yet taken the plunge, or are having issues in your practice, these resources are designed to offer assistance,” said Katrina Skinner, MD, FAAP, Chapter President. “We want you to be successful as we navigate this new but familiar territory of providing a new immunization type to our children.”

Dr. Skinner’s practice, along with 50 pediatric practices statewide, began providing the vaccine to adults, either in their practice and in mass clinics earlier in the year. With the approval of the Pfizer vaccine, more practices are providing the vaccine now.

A number of pediatricians have taken part in telethons in June organized by the Medical Association and the Chapter at local TV stations, designed to increase uptake among families.

“We want to dispel the many myths out there and make sure that patients understand that their pediatrician is the most trusted source of information,” Dr. Skinner said.

The toolkit includes a link to a CDC vaccine hesitancy map that shows the estimated rate of vaccine hesitancy in each county – find out what yours is and begin working to reduce that percentage!

The Chapter page also includes a sample PowerPoint presentation and recording of a presentation Dr. Skinner made to her own staff to decrease their hesitancy. We encourage you to adapt it for your own employees.

Visit the toolkit now at https://www.alaap.org/covid19-vaccine-uptake-toolkit or scan the QR code.

From Health Outcomes continued from page 3

learning collaborative will engage in peer-to-peer discussions to reliably incorporate practical approaches in identifying and contacting youth due for vaccines as well as effectively addressing vaccine hesitancy. Incorporating COVID vaccines will be an area of learning for interested practices. Enrollment opens in early fall.

To learn more, contact ACHIA at achia@peds.uab.edu.

Future ACHIA QI Topics*
2022 - Teen Vaccines
2023 - Adolescent Depression
2024 - Antibiotic Stewardship
2025 – Trauma-Informed Care
*Topics and year delivered are subject to change.

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Chapter President Katrina Skinner, MD, FAAP, was one of three pediatricians nationwide who participated in an AAP webinar with Surgeon General Dr. Vivek Murthy in early June to discuss the importance of pediatricians as the trusted source for information on the COVID-19 vaccine.

Immediately following the FDA’s approval of the Pfizer vaccine for adolescents, Phenix City pediatrician Ritu Chandra, MD, FAAP, spread the message via her local TV station, WTVM.
Ready-Set-Go
Gently Parenting

Linda Reeves, MD, FAAP, Pediatrician
and
Stephanie Edge,
Instructional Partner in Education
introduce to you

READY-SET-GO GENTLY PARENTING (RSGG)

▷ RSGG is a simple parenting and discipline system developed by a pediatrician
▷ RSGG is gentle and kind, and it WORKS
▷ It is EASY for every parent to learn and use
▷ Our free website teaches the RSGG system with stories and examples
▷ Parenting Workbooks are available to purchase for classes
▷ VISIT our website to see for yourself!

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Contact us: drlreeves@rsggp.com
Reach Out and Read All About It!

Reach Out and Read-Alabama partners with the Alabama Department of Early Childhood Education, Medicaid, and CHIP to expand program reach.

Effective June 1, Reach Out and Read-Alabama (ROR-AL) has expanded to serve more children living in Macon, Marshall, Monroe, Jefferson, and Randolph counties, thanks to funding provided by a partnership with the Alabama Department of Early Childhood Education, the Alabama Medicaid Agency, and ALL Kids, the state’s CHIP program.

Currently, Alabama has a state average of 53 percent of children not proficient in reading by the fourth grade. In the selected counties, the percentage of children not proficient in reading by the fourth grade is even higher: Macon County, 77 percent; Marshall County, 55 percent; Monroe County, 70 percent; Jefferson County, 56 percent; and Randolph County, 63 percent.

“We feel that the expansion of Reach Out and Read-Alabama will greatly benefit the children living in these areas,” said Amy Crosby, Reach Out and Read-Alabama statewide coordinator. “Not only will children be introduced to reading much earlier than they would in a traditional school environment, but they will receive their own brand-new books at each well-child visit, encouraging children to be seen by physicians on a regular basis. Our hope is that the combination of routine healthcare visits with a book and discussions about the importance of reading will result in the development of a relationship between the physician and family, creating an overwhelmingly positive effect on the children’s reading proficiency in these counties.”

The collaboration was made possible through months of conversations and connections between Marsha Raulerson, MD, FAAP, Reach Out and Read-Alabama Medical Director, ECE Secretary Barbara Cooper, and the ECE and ROR-AL staffs.

Rx for Summer Reading campaign focuses on well-child visits and reading together!

by Salina Sowell, Program and Communications Coordinator and Amy Crosby, Statewide Coordinator

Due to the national and statewide COVID-19 pandemic, many Alabama pediatric and family providers have experienced a drastic decrease in scheduled vaccination visits during the past year. Reach Out and Read-Alabama’s (ROR-AL) unique and innovative approach to encouraging children and families to attend well-child visits regularly and receive the recommended immunizations on the correct schedule has been shown to be very effective, and while books are at the heart of the program model, they do not comprise all that makes up an ROR-AL visit. This year, ROR-AL’s Rx for Summer Reading campaign will feature the book, Leo Gets a Checkup, which captures all the details of a Reach Out and Read-Alabama well-child visit, including an immunization.

In the book, Leo is taken to his doctor by his father and waits patiently for his appointment. During his check-up, he receives a physical and a shot. Leo is brave in the face of fear when receiving his immunization, helping to normalize the check-ups that include vaccinations. He leaves the visit with his own book, just like the children who will receive a copy of Leo Gets a Checkup at each program site’s event.

By normalizing the well-child visit and creating an atmosphere of fun, we are encouraging families to establish relationships with their healthcare providers that in turn will help the family make better healthcare choices, including keeping scheduled immunizations. Reach Out and Read-Alabama providers create a space where you and the families you serve foster healthy brain development and create strong bonds that last a lifetime.

Visit www.roralabama.org/rx-for-summer-reading for more information and follow us on social media for updates!
LET’S HEAR IT FROM OUR DEPARTMENTS OF PEDIATRICS!

Changes in the Pediatric Emergency Medicine Division at UIAB
By Mitch Cohen, MD, FAAP, Katharine Reynolds Ireland Chair of Pediatrics, University of Alabama at Birmingham School of Medicine, Physician in Chief, Children’s of Alabama

Greetings from the pediatric emergency department at Children’s of Alabama (COA)! Our ED volumes decreased 34 percent during the 2020 pandemic (74,513 in 2019 to 48,924 in 2020). Despite the decrease in overall volume, our trauma activations and critical care admissions remained stable, keeping us busy with high acuity, if not volume. We have all learned so much during this challenging time but are looking forward to getting back to business as usual.

I am excited to announce three new faculty members: Sarah Bingham, MD, grew up in New Jersey but assimilated to life in the South, completing fellowship at Wake Forest. Jaycelyn Holland, MD, comes to us from Vanderbilt University and is originally from Athens, Tenn. Both have interests in simulation, improving care and medical education. Jennifer McCain, MD, FAAP, completed her pediatric emergency medicine fellowship at COA and has been at Mayfair Pediatrics for several years. Many of you know Jennifer from her active role as Area Representative in the Alabama Chapter-AAP. Her interests lie in injury prevention and education. We are excited to have these amazing physicians joining our team in the Fall.

The other major change is that Peter Glaeser, MD, our leader for the past 25 years, retired June 1. He was an amazing director, role model and friend, and will be missed greatly. No one could ever fill his shoes, but I am pleased to announce that Kathy Monroe, MD, FAAP, Professor of Pediatrics at UAB and Medical Director of Pediatric Emergency Medicine (PEM) since 2010, will become the next Division Director in PEM.

Dr. Monroe graduated from Walker College, Birmingham Southern and UAB School of Medicine. She completed her internship, residency and fellowship at UAB and has been on our faculty since 1995. She is well known locally for her management in clinical operations and nationally for her leadership, mentorship, and advocacy in injury prevention. I look forward to her leading and growing the talented faculty in PEM. Kathy looks forward to working with each of you as we provide emergent care to your patients and their families.

USA Pediatrics: New treatment option for morbid obesity in adolescents at USA
By David Gremse, MD, FAAP, Chair, Department of Pediatrics, University of South Alabama

The USA Department of Pediatrics eagerly anticipates the launch of a new pediatric bariatric surgery program. Dr. Katrina Weaver, pediatric surgeon who heads the Bariatic Surgery program at USA Children’s and Women’s Hospital, and Daniel Preud’Homme, MD, FAAP, Director of the Pediatric Healthy Life Center Clinic at USA Health, have teamed up to offer a new treatment option for adolescents with morbid obesity.

As the prevalence of obesity continues to increase, we as pediatricians understand the challenges of successful management of these patients. Pediatric bariatric surgery is an option for adolescents in whom weight loss attempts were unsuccessful and have been compliant and meet medical and psychologic criteria. Adolescent candidates who qualify for consideration are severely obese (defined by the World Health Organization as a body mass index of ≥40), have attained a majority of skeletal maturity (generally ≥13 years of age for girls and ≥15 years of age for boys), or who have a BMI > 35 with co-morbidities related to obesity that may benefit from durable weight loss.

As pediatricians, we all recognize the value of maximizing the health of children and adolescents to lay a foundation for healthier life in adulthood. We congratulate Drs. Weaver and Preud’Homme for their leadership in providing the availability of this treatment in our region.
BACK TO SCHOOL TIME
Are Your Patients Protected?

Tools To Succeed

**ImmPRINT**
Immunization Patient Registry with Integrated Technology

- Print public health approved Certificates of Immunization (COI) and medical exemption.
- View Vaccine Forecaster to ensure the best medical decisions.
- Run HL7 Vaccine and Error Reports and make correction ASAP.

**ImmPRINT Vaccine Coverage Rate Report**

- Run practice reports quarterly.
- Compare your practice to other state and county providers.
- See if quality improvement (QI) strategies are working.

For more information on ImmPRINT please visit alabamapublichealth.gov/imm

QI Strategies

- Assess each patient’s vaccine status using ImmPRINT Forecaster.
- Recommend all ACIP vaccines. Your strong recommendation is proven to be strongest indictor of vaccination.
- Send out recall/reminder via mail, email, or text to increase office visits.
- Schedule the next appointment before they leave current visit.
- Educate all staff about your immunization goals for your patients.
Emotional, behavioral and mental health diagnosis codes
by Lynn Abernathy Brown, CPC

Diagnosis codes starting with “F” are considered “Disorders” and may cause payment issues for primary care providers based on payor contracts. Symptom codes starting with “R” offer options to consider when choosing a diagnosis code.

Symptoms and signs of the emotional state:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R45.0</td>
<td>Nervousness</td>
</tr>
<tr>
<td>R45.1</td>
<td>Restlessness and agitation</td>
</tr>
<tr>
<td>R45.2</td>
<td>Unhappiness</td>
</tr>
<tr>
<td>R45.3</td>
<td>Demoralization and apathy</td>
</tr>
<tr>
<td>R45.4</td>
<td>Irritability and anger</td>
</tr>
<tr>
<td>R45.5</td>
<td>Hostility</td>
</tr>
<tr>
<td>R45.6</td>
<td>Violent behavior</td>
</tr>
<tr>
<td>R45.7</td>
<td>State of emotional shock and stress, unspecified</td>
</tr>
<tr>
<td>R45.81</td>
<td>Low self-esteem</td>
</tr>
<tr>
<td>R45.82</td>
<td>Worries</td>
</tr>
<tr>
<td>R45.83</td>
<td>Excessive crying of child, adolescent</td>
</tr>
<tr>
<td>R45.84</td>
<td>Anhedonia</td>
</tr>
<tr>
<td>R45.850</td>
<td>Homicidal ideations</td>
</tr>
<tr>
<td>R45.851</td>
<td>Suicidal ideations</td>
</tr>
<tr>
<td>R45.86</td>
<td>Emotional liability</td>
</tr>
<tr>
<td>R45.87</td>
<td>Impulsiveness</td>
</tr>
<tr>
<td>R45.89</td>
<td>Other symptoms and signs involving emotional state</td>
</tr>
</tbody>
</table>

Symptoms and signs involving appearance and behavior:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R46.0</td>
<td>Very low level of personal hygiene</td>
</tr>
<tr>
<td>R46.1</td>
<td>Bizarre personal appearance</td>
</tr>
<tr>
<td>R46.2</td>
<td>Strange and inexplicable behavior</td>
</tr>
<tr>
<td>R46.3</td>
<td>Overactivity</td>
</tr>
<tr>
<td>R46.4</td>
<td>Slowness and poor responsiveness; excludes Stupor R40.1</td>
</tr>
<tr>
<td>R46.5</td>
<td>Suspiciousness and marked evasiveness</td>
</tr>
<tr>
<td>R46.6</td>
<td>Undue concern and preoccupation with stressful events</td>
</tr>
<tr>
<td>R46.7</td>
<td>Verbosity and circumstantial detail obscuring reason for contact</td>
</tr>
<tr>
<td>R46.81</td>
<td>Obsessive-compulsive behavior; excludes Obsessive-compulsive Disorder (F42.*)</td>
</tr>
<tr>
<td>R46.89</td>
<td>Other symptoms and signs involving appearance and behavior</td>
</tr>
</tbody>
</table>

Medication management

In cases where the patient has been diagnosed with mental disorders such as ADHD, anxiety or depression, they may be prescribed medication sometimes managed by the primary care provider. If the provider is monitoring the physical condition of the patient due to the medication, consider this diagnosis as a primary code: Z79.899 - Long term (current) drug therapy, other.

Payor issues

Some payor contracts may not pay primary care providers for any diagnosis code from the Disorders category (diagnosis codes starting with “F”). The contract details should indicate which mental health provider they will cover for the diagnosis codes in the Mental, Behavioral and Neurodevelopmental Disorders category. Checking benefits is essential to understanding the contract before services are rendered.

continued on page 11
Coding Corner continued from page 10

Mental, behavioral and neurodevelopmental disorders
Disorder diagnosis codes that may apply to children and adolescents:

<table>
<thead>
<tr>
<th>F41 Other Anxiety disorders</th>
<th>F95 Tic disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>• F90.0 ADHD, predominantly inattentive type</td>
<td></td>
</tr>
<tr>
<td>• F90.1 ADHD, predominantly hyperactive type</td>
<td></td>
</tr>
<tr>
<td>• F90.2 ADHD, combined type</td>
<td></td>
</tr>
<tr>
<td>• F90.8 ADHD, other type</td>
<td></td>
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<tr>
<td>• F90.9 ADHD, unspecified type (not documented as to which type)</td>
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<table>
<thead>
<tr>
<th>F90 Attention-deficit hyperactivity disorders</th>
<th>F95 Tic disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>• F90.0 ADHD, predominantly inattentive type</td>
<td></td>
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<tr>
<td>• F90.1 ADHD, predominantly hyperactive type</td>
<td></td>
</tr>
<tr>
<td>• F90.2 ADHD, combined type</td>
<td></td>
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<tr>
<td>• F90.8 ADHD, other type</td>
<td></td>
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<tr>
<td>• F90.9 ADHD, unspecified type (not documented as to which type)</td>
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</tbody>
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<thead>
<tr>
<th>F91 Conduct disorders</th>
<th>F98 Other behavioral/ emotional disorders, onset occurring in childhood and adolescence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• F91.0 Conduct disorder confined to family context</td>
<td></td>
</tr>
<tr>
<td>• F91.1 Conduct disorder, childhood-onset type</td>
<td></td>
</tr>
<tr>
<td>• F91.2 Conduct disorder, adolescent-onset type</td>
<td></td>
</tr>
<tr>
<td>• F91.3 Oppositional defiant disorder</td>
<td></td>
</tr>
<tr>
<td>• F91.8 Other conduct disorders</td>
<td></td>
</tr>
<tr>
<td>• F91.9 Conduct disorder, unspecified (not documented as to which type)</td>
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<table>
<thead>
<tr>
<th>F98 Other behavioral/ emotional disorders, onset occurring in childhood and adolescence</th>
</tr>
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<tbody>
<tr>
<td>• F98.0 Enuresis not due to a substance or known physiological condition</td>
</tr>
<tr>
<td>• F98.1 Encopresis not due to a substance or known physiological condition</td>
</tr>
<tr>
<td>• F98.21 Rumination disorder of infancy</td>
</tr>
<tr>
<td>• F98.29 Other feeding disorders of infancy and early childhood</td>
</tr>
<tr>
<td>Excludes: Feeding Difficulties R63.3</td>
</tr>
<tr>
<td>Excludes: Feeding problems of newborn P92.01-P92.9</td>
</tr>
<tr>
<td>• Pica of infancy or childhood F98.3</td>
</tr>
<tr>
<td>• F98.8 Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence: Could include Nail-biting, Nose-picking, Thumb-sucking</td>
</tr>
<tr>
<td>Excludes: Breath-holding spells R06.89</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F93 Emotional disorders with onset specific to childhood</th>
<th>To review all Mental, Behavioral and Neurodevelopmental disorders, see F01-F99</th>
</tr>
</thead>
<tbody>
<tr>
<td>• F93.0 Separation anxiety disorder of childhood</td>
<td></td>
</tr>
<tr>
<td>• F93.8 Other childhood emotional disorders</td>
<td></td>
</tr>
<tr>
<td>• F93.9 Childhood emotional disorder, unspecified</td>
<td></td>
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</tbody>
</table>

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.
Youth e-cigarette use: how you can take action

*A word from your Chapter E-Cigarette Champion*

Melody L. Petty, MD, MPH, FAAP, Alabama Chapter-AAP E-Cigarette Champion and Assistant Professor of Pediatrics, University of South Alabama/USA Children’s and Women’s Hospital

We have all been made aware of the alarming rise of e-cigarette use among our youth. E-cigarettes are known by several names, such as vapes, vape pens, mods, e-hookahs, and electronic nicotine delivery systems (ENDS). Like many of you, I have been encouraged by the collaboration and responses of various stakeholders at the national, state, and local level to protect our youth from e-cigarettes, including legislation passed to decrease e-cigarette marketing that targets our youth and to prevent youth’s access to e-cigarettes. These efforts have helped promote education to our youth and the general public about the dangers of e-cigarettes and policies that protect youth.

While the COVID-19 pandemic shifted our focus away from other health-related issues in 2020, we are now reaching an equilibrium with our new normal and there is great opportunity for us as medical providers to educate and advocate to help end the youth e-cigarette epidemic.

E-cigarettes are the most used tobacco product by youth in the United States. According to the Alabama High School Youth Risk Behavior Survey, from 2015 to 2019, there was an increase in the number of high school students reporting ever trying e-cigarette products and more high school students reporting daily use of e-cigarettes. The truth is that you have or soon will encounter an adolescent who uses e-cigarettes.

So, what can you do? As a medical provider, we are viewed by our patients as a trusted source of medical knowledge. I would strongly encourage each of you to begin routinely asking all your patients starting at the age of 11 years about e-cigarette use along with other tobacco products. To obtain accurate responses, practice confidential care by providing a one-on-one setting and assure your patients that their responses will be kept private.

If your patient reports currently using e-cigarettes, inform them about the dangers of e-cigarette use and explain why it is important to quit. Many youth are unaware that most e-cigarettes contain nicotine, which can lead to nicotine addiction. E-cigarette use can lead youth to become dependent on these products rather than focusing their energy on activities and maintaining control of what they do. It is important that our youth know that e-cigarettes are a fairly new type of product and the long-term side effects are not yet known.

Studies have shown that some of the e-cigarette flavors (e-juice) contain chemicals that can cause cancer and/or serious, irreversible lung disease. The e-cigarette aerosols that users inhale can contain ultra-fine particles and heavy metals like lead, nickel, and tin that can go deep into user’s lung.

For any tobacco users (including e-cigarettes) 13 years and older, refer them to the 1-800-QUIT-LINE. There are also websites geared to provide youth information about e-cigarettes such as: Truth Initiative, My Life My Quit, Smoke Free Teen, and Take Down Tobacco Alabama at https://sites.google.com/view/takedowntobaccoalabama/home.

We can all play an integral role in curbing e-cigarette use among youth. If you as a provider would like more information about e-cigarettes, I encourage you to visit https://e-cigarettes.surgeongeneral.gov/.

*Editor’s Note: Scan the QR code to see Dr. Petty’s message to youth.*
Patient-Centered Medical Home (PCMH) attestation

Alabama Medicaid Primary Care Physician (PCP) groups actively participating with an Alabama Coordinated Health Network (ACHN) may be eligible to receive a share of the quarterly Patient-Centered Medical Home (PCMH) bonus payment. The total PCMH bonus is 5 percent of the entire annual ACHN bonus pool of $15 million dollars. The PCMH bonus will be based on actual achievement of or progress toward achievement of PCMH certification through a nationally recognized entity such as the National Committee for Quality Assurance (NCQA), the Joint Commission, or the Compliance Team, among others.

Attestation for this certification must be received annually by the Agency no later than October 1 to ensure eligibility for the PCMH bonus for the upcoming fiscal year. It is recommended that interested PCP groups begin their PCMH certification or recertification with their chosen nationally certified entity now.


Note: The PCMH bonus is optional. PCP groups may still be eligible to receive the quality and cost-effectiveness bonus payments if they choose not to participate in the PCMH attestation process.

Resource for families in Alabama

Alabama Family Central has launched a new website, AlabamaFamilyCentral.org, which is a comprehensive, easy-to-use web and mobile destination offering parents and families, guardians, teachers and caregivers a one-stop resource to programs and services in Alabama.

The website provides helpful information about childcare, education, family services and health services. Visitors, parents and caretakers can search for Medicaid-related content that will direct them to Medicaid’s website (www.medicaid.alabama.gov) for assistance.

Governor Kay Ivey’s office introduced the website this year as a collaborative effort of several state agencies and other partners to ensure that every family in Alabama gets the support and tools needed to raise strong, healthy children.

Providers are encouraged to share this valuable resource with patients throughout Alabama. If you are aware of a resource that may be helpful to families, you may submit information to the Alabama Family Central website here: https://alabamafamilycentral.org/submit-listing/.

The Alabama Family Central website is a collaboration managed by the Alabama Partnership for Children that includes the Governor’s office, A+ Education Partnership, Alabama Medicaid, the Alabama Office of Information Technology, and the Alabama departments of Child Abuse and Neglect Prevention, Early Childhood Education, Education, Human Resources, Mental Health, Public Health and Rehabilitation Services.

Dr. Christopher Stanley named new Medical Director

Alabama Medicaid welcomed Christopher J. Stanley, MD, as the new medical director in May 2021. Dr. Stanley has more than 30 years of clinical experience in obstetrics/gynecology and urogynecology, and served as medical director of Female Pelvic Medicine for Halifax Health, a large safety-net hospital system in the Daytona Beach/Orlando area.

“I am excited to welcome Dr. Stanley to our team,” said Alabama Medicaid Commissioner Stephanie Azar. “He offers a unique perspective with his background in obstetrics and gynecology, which benefits not only our family planning and maternity programs, but the Agency as a whole.”

Dr. Stanley earned his undergraduate degree in economics from Notre Dame in 1984. After graduating from the University of South Florida Health Morsani College of Medicine in 1989, he completed his residency at Vanderbilt University. He attained his Master of Business Administration from Auburn University Harbert College of Business in 2019.

Dr. Stanley is a board-certified obstetrician-gynecologist and female pelvic medicine and reconstructive surgeon.

“One of my main goals in coming to Alabama Medicaid is to focus on improving quality and access to care for recipients,” he said. “With the Alabama Coordinated Health Network, or ACHN, the Agency has made considerable strides to focus on improving quality of care, and I look forward to exploring ways to continue making improvements.”

Please join the Agency in welcoming Dr. Stanley to Alabama Medicaid and to the state of Alabama!
Children’s of Alabama CEO Warren retires, Shufflebarger takes reigns

In April, Children’s of Alabama announced the retirement of Mike Warren, president and chief executive officer, effective June 1, 2021. Warren, who has served as CEO at Children’s since January 2008, is succeeded by Tom Shufflebarger, previous chief operating officer and senior executive vice president.

“Together, we have accomplished a great deal over these past 13 years, the crown jewel of which is the Benjamin Russell Hospital for Children. That addition transformed our campus and allowed us to move transplant surgery and cardiovascular services to Children’s – truly making us a comprehensive pediatric medical facility. Along the way we greatly expanded many services, making tremendous progress in fulfilling our mission to the children and families of Alabama. With Tom set to take the helm, Children’s is positioned to achieve even greater things,” Warren said.

Shufflebarger joined Children’s in 1992, having previously served as the budget director and director of physician recruitment and development for Brookwood Medical Center. At Children’s, he has managed the hospital’s daily operations and policy decisions and directed the operations and development of Children’s Physician Services.

“I am honored to be named the next CEO of Children’s of Alabama,” Shufflebarger said. “It is a humbling experience to be part of the strong legacy of providing care for ill and injured children from throughout the region. As the past year has taught us, Children’s of Alabama stands ready to face the challenges of modern healthcare, while remaining firmly dedicated to providing the highest standards of care for our patients and their families.”

The Chapter wishes the best to Mr. Warren, and congratulates Mr. Shufflebarger in his new position and looks forward to a continued partnership.

Simpson named 2021 President’s Diversity Champion

Congratulations to Tina Simpson, MD, FAAP, professor in the UAB Division of Adolescent Medicine, on receiving the 2021 UAB President’s Diversity Champion Award. The annual award, sponsored by the Office of the President and the Office of Diversity, Equity (ODE) and Inclusion, recognizes employees, students and organizations that have helped create a more culturally diverse, inclusive university community through their achievements.

Tina Simpson, the departmental diversity liaison for the ODE in the School of Medicine, has helped lead several diversity education initiatives, including the 2017 Maternal and Child Health Bureau-funded Diversity and Health Equity Peer Learning Collaborative, which was designed to help MCH training programs across the country more effectively address diversity and health equity. Simpson, who is a member of the Society for Adolescent Health and Medicine Diversity Committee, co-authored a 2020 position statement regarding immigrant youth in Immigration and Customs Enforcement detention centers and a manuscript calling for the use of anti-racism approaches to address health inequities.

Kudos, Dr. Simpson!

White elected as chair-elect for AAP Section on Simulation and Innovative Learning Methods

Marjorie Lee White, MD, FAAP, professor in the UAB Division of Pediatric Emergency Medicine, has been elected chair-elect for the American Academy of Pediatrics Section on Simulation and Innovative Learning Methods (SILM). She currently serves on the executive committee for the SILM. She will begin her term in November 2021 and serve for three years.

Congratulations, Dr. White!

Coyne-Beasley elected to American Pediatric Society Council

Tamera Coyne-Beasley, MD, MPH, FAAP, professor and division director in the UAB Division of Adolescent Medicine and vice chair for Community Engagement, has been elected to the American Pediatric Society (APS) Council. Dr. Coyne-Beasley will serve as council member from 2021 to 2026. Congratulations, Dr. Coyne-Beasley!

USA Health plans to expand pediatric emergency center

The State of Alabama recently committed $500,000 to the renovation and expansion of the Pediatric Emergency Center at USA Health Children’s & Women’s Hospital in Mobile. This brings the state’s investment to $1 million in the project, which will double...
the current emergency department from 9,000 square feet to nearly 19,000 square feet and expand treatment areas from 14 to more than 30. The project will also create two behavioral health rooms and a sensory room to enhance the care for patients with specialized needs.

The Pediatric Emergency Center is the only health care facility in the region offering specialized care 24 hours a day, seven days a week and staffed with pediatric emergency medicine physicians.

“This project will enable us to have state-of-the-art facilities that match the high-quality care that we uniquely provide to the children in our region,” said Owen Bailey, CEO of USA Health.

“Additionally, we have the opportunity to train future generations of care providers so that we can meet the emergent healthcare needs of children not only today, but well into the future.”

The initial estimated cost of the renovation, construction and equipment for the project is $15 million. With the most recent state appropriation, USA Health has raised more than $10 million through donations. The project will take approximately two years to complete, after receiving state approval.

Call for nominees: Carden Johnston & Marsha Raulerson awards

In 2011, the Chapter began a tradition of giving two prestigious awards, the Carden Johnston Leadership Award and the Marsha Raulerson Advocacy Award, named in honor of these two Chapter members who have given so much to pediatrics in Alabama. The Chapter Executive Board is currently calling for nominations for these awards, which will be given at the Annual Meeting in September. Please read the criteria by clicking the links below; the deadline for submission of materials has been extended to July 15 at 5 p.m. submit nominations to the Chapter office at llec@alaap.org.

HELPING YOUR PATIENTS TRANSITION TO ADULT CARE

Staging Transition for Every Patient

- A collaboration between Children’s of Alabama and the University of Alabama at Birmingham; the first formal program of its kind in Alabama and the surrounding region
- Helps adolescent patients treated at Children’s for chronic and complex childhood medical conditions transition to adult healthcare by providing:
  - Individualized transition planning beginning around age 14
  - A primary care clinic to serve as an adult medical home to facilitate referrals to specialists, ensuring timely, uninterrupted transition and access to other support services (physical therapy, social work, nutrition, emergency planning, etc.)

TO ACCESS STEP FOR YOUR PATIENTS  You may refer patients 18 years and older with a complex or chronic disease of childhood by calling the UAB Primary Care Access Center at 204.801.7474 to schedule a new patient appointment. To begin transition planning from the Children’s side, contact Betsy Hopson, program director, at 205.638.5281.