



The Alabama Pediatrician

Fourth Quarter 2023

From the President

Alabama Pediatricians Wrap Up 2023 and Kick Off 2024: A Year of Progress and Promise



Nola Jean Ernest, MD, FAAP
Chapter President

As we bid farewell to 2023, a year filled with remarkable achievements and collaborative efforts, we take a moment to reflect on our collective successes and look forward to an exciting year ahead. Together, we've made significant strides in enhancing pediatric healthcare

across the state, and there's much more to come in 2024. Here are a few of our collective "wins":

- **Successful state CME meetings:** We are delighted to celebrate the success of not just one, but two impactful CME meetings. Our Spring Update and Annual Meeting brought together pediatricians from across Alabama, fostering a spirit of learning, collaboration, professional growth, and celebration.
- **Alabama Pediatrician Podcast Launch:** Our foray into the world of podcasts has been met with enthusiasm. The Alabama Pediatrician Podcast has become a valuable resource for pediatric healthcare professionals, providing insights, interviews, and discussions on the latest trends and challenges in our field as well as updates on the work of Chapter leadership.
- **Protecting Our Youngest Passengers:** Through persistent advocacy, we achieved a significant milestone with the successful passage of legislation to prevent smoking or vaping in cars with children. This victory underscores our commitment to the well-being of Alabama's children.

Looking Ahead to 2024:

As we embark on a new year, our mission remains steadfast: to obtain optimal health and well-being

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Announcing our 2024 Spring Meeting topics and speakers; register in January!

April 18-21, 2024, The Lodge at Gulf State Park

Alabama Chapter-AAP CME Chair Haidee Custadio, MD, FAAP, has finalized the list of topics and speakers for the Chapter's 2024 Spring Meeting & Pediatric Update, which will be held April 18-21, 2024 at The Lodge at Gulf State Park. Registration will begin in January, so please keep a lookout for the registration brochure and email with all of the details!

Here is the full list of speakers and topics:

- Osmun Altun, MD, PhD, FAAP, Assistant Professor, Pediatric Gastroenterology, Nutrition and Hepatology, University of South Alabama, Mobile, AL
Collaborative Care for Patients with Inflammatory Bowel Disease
- Cason Benton, MD, FAAP, Director, Alabama Child Health Improvement Alliance; Professor, UAB Heersink Department of Pediatrics, Professor of Pediatrics, Division of Pediatrics, University of Alabama Birmingham, Birmingham, AL
Heather Austin, PhD, Pediatric Psychologist, University of Alabama at Birmingham, Birmingham, AL
A Teen Mental Health Workshop: Applying ACHIA Teen Mental Wellness Collaborative Lessons Learned to Your Practice
- Mark Baker, MD, MPH, FAAP, FACEP, Professor, University of Alabama Pediatric Emergency Medicine, Birmingham, AL
Andrew Donahue, MD, Pediatric Emergency Medicine Fellow, University of Alabama Pediatric Emergency Medicine, Birmingham, AL
Lauren Robinson, MD, FAAP, Assistant Professor, University of Alabama Pediatric Emergency Medicine, Birmingham, AL
Navigating the Storm: Alabama Pediatric Disaster Tabletop
- Madeline Joseph, MD, FAAP, FACEP, Professor of Pediatric Emergency Medicine and Associate Dean for Health Care Excellence and Organizational Enrichment, University of Florida College of Medicine- Jacksonville, Jacksonville, FL
Enriching the Patient and Family Experience in Health Care: Applying an Equity Lens



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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.

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for all children in Alabama. Here are some key initiatives that will define our focus in 2024:

- **Improving Mental Health Resources:** Recognizing the critical need for mental health support, we will intensify our efforts to enhance resources and accessibility for mental health services, ensuring that every child in Alabama receives the care he or she deserves.
- **Firearm Injury and Death Prevention:** We understand the urgency of addressing firearm-related injuries and deaths among children. In 2024, we commit to initiating collaborative efforts to make progress in firearm injury and death prevention in our state.
- **Enhanced Practice Management Education:** To empower our members, we will update our practice management education to include more leadership training for practicing pediatricians.
- **ACHIA Trauma-Informed Care and Resilience QI Collaborative:** We are excited to participate in the launch of the 2024 Alabama Child Health Improvement Alliance's Trauma-Informed Care and Resilience Quality Improvement Collaborative. This initiative reflects our dedication to advancing trauma-informed care and building resilience of Alabama children through the medical home.

As we navigate the challenges and opportunities of the coming year, let us remain united in our commitment to delivering the highest quality medical care to the children of Alabama. Together, we can make a lasting impact on the health and well-being of our most vulnerable citizens.

Thank you for all you do for Alabama kids!

Spring Meeting continued from page 1

- Jeffrey Kahn, MD, PhD, FPIDS, FIDSA, Professor of Pediatrics and Microbiology, Director, Pediatric Infectious Diseases and the Pediatric Infectious Diseases Fellowship Training Program, University of Texas Southwestern Medical Center, Dallas, TX
 - **Respiratory Syncytial Virus: New Weapons to Battle an Old Foe**
 - **2024 Update on Vaccines**
- Jennifer McCain, MD, FAAP, and Lauren Robinson, MD, FAAP, Assistant Professors, University of Alabama Pediatric Emergency Medicine, Birmingham, AL
 - **COACHES Outpatient: Ensuring Your Practice is Ready for the Next In-Office Emergency**
- Davida Schiff, MD, MSc, Assistant Professor of Pediatrics, Harvard Medical School, Massachusetts General for Children, Boston, MA
 - **Development of a Multidisciplinary Clinic Caring for Families Affected by Substance Use Disorder**
 - **Neonatal Drug Testing: When to Test, What Does the Test Really Tell You, How Do You Use the Information?**
- Julie Sweetland, PhD, Senior Advisor, FrameWorks Institute, Washington, DC
 - **Boosting Public Discourse: Evidence-Based Strategies for Reframing Child and Adolescent Vaccinations**

In addition to the quality education, we will also have time for valuable networking among colleagues and the 11th annual Grand Pediatric Pentathlon activities! Check your email and mailboxes soon for details and registration.

A primer for Alabama primary care pediatricians: Improving timely access to services for children with ASD



Justin Schwartz, MD, FAAP

By Justin Schwartz, MD, FAAP, Developmental-Behavioral Pediatrician, UAB Department of Pediatrics, and Chapter Representative to the Alabama Interagency Autism Coordinating Council

Diagnosing autism spectrum disorder (ASD) in the primary care setting can enable families to access treatments, services and supports in a timely fashion. The demand for comprehensive and/or subspecialty evaluations for ASD is sky-high, and the increasing prevalence estimates by the CDC's Autism and Developmental Disabilities Monitoring (ADDMM) program suggest this demand will not abate any time soon (the current estimate is that 1 in 36 children have a diagnosis of ASD).

Thus, diagnosing children with obvious symptomatology in primary care has never been more paramount.

Every year, the University of Alabama hosts the Alabama Autism Conference on the last Friday in February. This year, a pre-conference workshop session has been added on Thursday, February 22, when I will be presenting the workshop "Empowering Autism Identification and Diagnosis in Primary Care." This workshop is an opportunity for attendees to gain more practice with applying the Diagnostic and Statistical Manual-5th Edition (DSM-5) criteria for ASD, understand how to navigate insurance barriers and other practice considerations (documentation, etc.), and learn more about effectively connecting families to services post-diagnosis. I invite all interested healthcare providers to attend. More information about continuing education and registration can be found at www.training.ua.edu/autism.

Given the importance of early identification, what can pediatric primary care providers do to make a diagnosis?

Step 1. Assess your own confidence in the diagnosis.

Pediatric providers observe child development regularly. In the case of a child with decreased eye contact, limited engagement with others, reduced, non-functional, and/or atypical vocalizations, lack of nonverbal communication strategies, stereotyped or repetitive behaviors, atypical use of toys or objects, and/or unusually aversive sensory reactions, ask yourself these questions: Could this be vision or hearing impairment? At minimum, hearing should be assessed formally by an audiologist. This is particularly important if there are significant communication delays. If needed, vision assessments should be conducted by an ophthalmologic or optometric provider familiar with pediatric assessment of visual functioning.

1. Could this be global developmental delay? History of significant motor delays may make an ASD diagnosis trickier, but in the context of normal motor development or strong pre-academic skill acquisition, the above behaviors may stand out as more atypical than developmental delay would predict. This might suggest a primary deficit in social reciprocal interaction skills.
2. For children ages 16-30 months, does the score on the Modified Checklist for Autism in Toddlers-Revised/Follow-up (MCHAT-R/F) indicate a high risk (i.e., a score of 8 or more failed items)? And does this match your clinical impression (remember, many children with non-ASD neurodevelopmental differences may also score highly on the MCHAT-R/F)?

If hearing, vision, developmental delay, and other factors are ruled out, and your clinical pre-test probability for ASD is exceedingly high to the point that additional testing would certainly confirm the diagnosis, then:

Step 2. Complete the Autism Diagnostic Tool for Healthcare Providers.

This is a DSM-5-based checklist of symptoms that can be found on the Alabama Department

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Improving timely access to services for children with ASD from page 3

of Mental Health's (ADMH) Autism Services website (<https://mh.alabama.gov/autism-services>). This incorporates both historical and observed behavior and serves as documentation of an official clinical diagnosis of ASD, not a provisional diagnosis. A copy should be provided to the family as well as kept on file in the child's medical record.

Step 3. Document your findings and diagnosis adequately in the clinic note and/or in a separate letter of diagnosis/medical necessity.

This documentation should include:

1. A complete neurologic examination as part of the physical examination (this is important not only clinically, but also because Blue Cross Blue Shield requires this component for approval of therapies)
2. Statement that behaviors observed represent primary deficits in social reciprocal interaction that cannot be explained by other factors (e.g., vision/hearing deficits, developmental delay, etc.).
3. Recommendations for medically necessary services/therapies, including speech therapy, occupational therapy, applied behavioral analysis (ABA)-based therapy, etc.

Step 4. Refer for services.

For any child under age 36 months: if not connected to Early Intervention (which should always be done at the point of concern for developmental delay, NOT diagnosis), then this referral should be made. For children 3 years or older, encourage the family to contact their local school district and share your documentation to request evaluation for eligibility for special education services through an Individualized Education Program (IEP). Also refer for outpatient speech therapy and occupational therapy services as indicated (again, this can be done at the point of concern, not diagnosis). ABA therapy referrals can only be completed after a diagnosis is made, but it is indicated for a child who may require either intensive or targeted behavioral support for skill-building or reduction of maladaptive behaviors.

For Alabama Medicaid beneficiaries, it is not required to refer for additional psychological or subspecialty evaluation before approval of services such as ABA therapy. The Autism Diagnostic Tool, Letter of Medical Necessity, and Referral/Prescription for therapies (indicating F84.0 and the Level of Support) should suffice. Some ABA therapy providers, especially ones that operate across state lines, may request additional psychological assessments, but this is not because Alabama Medicaid needs them to be completed. The ABA providers are able to submit the prior authorization for treatment to Medicaid with the information you provide.

Additionally, Medicaid beneficiaries can be referred to the Autism Services program through ADMH. This program provides care coordination and home-/community-based behavior support, therapy, therapeutic mentoring, peer support, and family psychoeducational support for children ages 0-20 with an ASD diagnosis. The Autism Diagnostic Tool (DSM-5 checklist) and comprehensive medical history/most recent well visit are the minimum required documentation requested from the primary care provider for enrollment in this program.

For Blue Cross Blue Shield of Alabama-covered patients, you can still refer for services using the Autism Diagnostic Tool and supporting clinic documentation. However, for ABA therapy specifically (NOT speech therapy, occupational therapy, or other services), BCBS-AL (more specifically, Lucet, which manages BCBS-AL's behavioral health benefits) will require additional "baseline" assessment components prior to approval of coverage, many of which can only be done as part of a comprehensive assessment. These components are (as stated in the Lucet ABA Policy):

1. Developmental and cognitive evaluation
2. Autism-specific assessment that identifies the severity of the condition
3. Adaptive behavior assessment completed within 6 months of start date of treatment
4. Neurological evaluation as part of a comprehensive physical examination
5. Information required by state law (author's comment: this does not have any practical implications for providers at this time)

If the school system has done an evaluation for special education eligibility and included these components, you can incorporate these scores/findings into your own clinical documentation if this information supports your diagnostic impressions. Otherwise, you can refer to a subspecialty clinic for a more comprehensive assessment and document that you have done so, but stress that receipt of medically necessary services should not be contingent on the results of these assessments. Technically, Lucet specifies that this baseline data must have been completed no more than five years prior to, OR scheduled within 90 days of, the ABA provider's pre-treatment assessment. With wait times often exceeding 90 days, it is encouraged to communicate in your referral to the subspecialty evaluation clinic the need for a more timely assessment so the clinic may be aware of the nature of the request for an evaluation within 90 days.

Improving timely access to services for children with ASD from page 4

Step 5. Support the family.

Organizations like the Regional Autism Networks, Autism Support of Alabama, Help Me Grow Alabama, and the Alabama Coordinated Health Networks are invaluable supports for families. It is prudent to arrange more frequent follow up to ensure the family is connecting to services effectively and that other issues (e.g., constipation, sleep problems, etc.) are addressed.

Just as families might be overwhelmed with the information overload that often follows an ASD diagnosis for their child, you may also feel overwhelmed with the information presented in this article. I once again extend an invitation for all interested primary care practitioners to attend the pre-conference workshop on February 22, 2024 at the University of Alabama, where we will provide practical and hands-on opportunities to become more comfortable with ASD identification and diagnosis in primary care.

I hope that this primer can be helpful for you as we all work in our collective mission to improve timely access to services for children with ASD.

Dawson honored with national 2023 Ray E. Helfer, MD, Award

In November, Elizabeth Dawson, MD, FAAP, of Troy and Secretary/Treasurer of the Alabama Chapter-AAP (AL-AAP), was honored with the Ray E. Helfer, MD, Award, presented each year by the Children's Trust Fund (CTF) Alliance and the American Academy of Pediatrics to highlight the contributions of a pediatrician in local and national efforts to prevent child abuse and neglect.

Dr. Helfer, a pediatrician, educator and pioneer in the prevention of child abuse, conceived the idea that "children's trust funds" should be created in each state to ensure that our nation's children grow up nurtured, safe and free from harm. Every year, state children's trust and prevention funds provide more than \$300 million in direct funding, technical assistance and other supports to statewide and community-based child abuse prevention strategies.

Dr. Dawson was honored with the award for her leadership in trauma-informed pediatrics in Alabama and dedication to improving child resilience. In 2019, she founded the Troy Resilience Project (TRP), a non-profit organization that serves families, engages community members and motivates leaders to support the continuous process of building a resilient community. In that same year, she partnered with CTF Alabama Executive Director Sallye Longshore to co-facilitate a screening of the film *Resilience* and an ACEs panel discussion at the Chapter's Annual Meeting. Their relationship led to growing partnerships between CTF Alabama, AL-AAP, Children's of Alabama, and pediatric practices across Alabama, with Dr. Dawson serving as physician lead for the Alabama Chapter-AAP's domestic violence and child resilience initiatives last year. TRP's services reach nearly 1,000 people annually and include trauma-informed mental health coordination in local schools, parent training, workforce development and community education.

Currently, Dr. Dawson is the content expert for the 2024 Alabama Child Health Improvement Alliance's Trauma-Informed Care and Resiliency QI collaborative (TICR). The goal of TICR is to build capacity for trauma-informed, strengths-based pediatrics. This project lays the groundwork for resilience-building throughout Alabama as CTF and AL-AAP continue to partner for prevention.

Born and raised in Montgomery, Dr. Dawson earned her medical degree from the University of Alabama School of Medicine and completed her residency at Loyola, Chicago in 2008. She then joined Charles Henderson Child Health Center in Troy, where she served as medical director from 2017-2022. Dr. Dawson joined Dothan Pediatric Health Care Network in 2023 and practices primary care pediatrics at Troy Pediatric Clinic & Collegiate Health. She currently serves as Secretary/Treasurer and QI chair of AL-AAP. Prior to her role as Secretary/Treasurer, she served as Area 5 Representative on the Executive Board for two terms.

Her husband Caleb, children Josephine (14) and David (12), and parents Dan and Penelope's commitment to family and advocacy make Dr. Dawson's work joyful and possible.

Dr. Dawson joins Chapter members Marsha Raulerson, MD, FAAP, and Bob Beshear, MD, FAAP, on the esteemed list of Ray E. Helfer Award recipients. Congratulations, Dr. Dawson!

Many thanks to our advertisers

Alabama Public Health
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Dr. Dawson accepts her award from Teresa Rafael, Executive Director of the Children's Trust Fund Alliance.

Early Relational Health

ACHIA is happy to announce the launch of its new QI collaborative in December 2023. *Healthy Beginnings 2024: An ACHIA Trauma Informed Care and Resiliency QI Collaborative* will focus on measurably improving strengths-based messaging and enhancing screening and follow-up for perinatal depression, social determinants of health, and social-emotional wellness during early childhood well child visits. Led by Dr. Elizabeth Dawson, nine participating practices will learn how to transition from “summing the suffering” to “building the buffering” by promoting resiliency and positive childhood experiences.

Early Relational Health Resources Available Statewide

Practices passionate about early relational health that were unable to join the collaborative can learn much about this rapidly evolving area by exploring the AAPs Early Relational Health website. The ACHIA website (www.ACHIA.org) has links to two AAP Pedialink courses: “Infant and Early Childhood Mental Health: Relational Foundations for Lifelong Health” and “Trauma Informed Care and Resilience Promotion.”

As for a community resource, the PATHS program is now available statewide! PATHS provides behavioral health case consultation, educational programs in the treatment of a variety of childhood behavioral health disorders, care coordination, referrals to behavioral health resources, and behavioral health services via telemedicine between patients and behavioral health professionals at Children’s of Alabama. They have recently been expanding their services to support Early Relational Health. Contact Susan Griffin (susan.griffin@childrensal.org) for more information.



Event Calendar

January 17, 2024
AL-AAP Practice Management
WEbinar: “Employee Retention and
Engagement”

April 18-21, 2024
2024 Spring Meeting &
Pediatric Update
The Lodge at Gulf State Park
Gulf Shores, AL

September 13-15, 2024
2024 Annual Meeting &
Fall Pediatric Update
Ross Bridge Resort
Birmingham, AL

The Alabama Pediatrician Podcast: 21 episodes and 500 downloads thus far!

The Alabama Pediatrician Podcast is going strong with 21 episodes published and more than 500 downloads! The podcast launched in April 2023 and features in-state guests who share their pediatric expertise and inform us about child health efforts happening in our state.

Check out all of the episodes here--<https://www.buzzsprout.com/2176486/episodes>--and click the episode to read the synopsis for more details. Since the last issue of the newsletter, five additional podcasts have been recorded:

- Enterovirus Update and Viral Testing with Dr. Benjamin Estrada
- Orthopedic Issues Related to Obesity
- Maternal Thyroid Disease and Its Effects on Newborns
- How Obesity Affects Orthopedic Health
- Updates in Neonatal Syphilis with Dr. Claudette Poole

Hosts John McLendon, MD, FAAP, and Kym Middleton, MD, FAAP, have three more topics in the works in December--NCE review, early relational health, and ACHIA’s trauma-informed care/resilience collaborative.

“We’re going to take a little break to start ‘Season 2’ and already have a few lined up for the new year,” Dr. Middleton reported.

Look for The Alabama Pediatrician Podcast on your favorite podcast directory, including Spotify, iTunes, Amazon and others. Or, go to the Chapter’s podcast hosting platform here: <https://alabamapediatrician.buzzsprout.com>.

Let the hosts know of ideas for future episodes, or if you would like to join as a guest, by completing this short form: <https://www.alaap.org/submit-your-podcast-topic-ideas>.



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The COVID-19 Vaccine is currently available to anyone 6 months of age and older.

The vaccine is safe and effective. Don't wait, get vaccinated today to help stop the spread and keep our community safe.



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LET'S HEAR IT FROM OUR DEPARTMENTS OF PEDIATRICS!

Update on syphilis in Alabama



Charlotte V. Hobbs, MD

By Charlotte V. Hobbs, MD, Professor of Pediatrics, and Claudette Poole, MD, FAAP, Assistant Professor of Pediatrics, Division of Infectious Disease, UAB Department of Pediatrics



Claudette Poole, MD, FAAP

Syphilis, a bacterial infection spread through sexual contact, if untreated results in chronic infection evolving through stages (primary, secondary, and tertiary) and ultimately to central nervous system sequelae and death. Congenital syphilis occurs through transmission from infected mother to unborn child during pregnancy or at delivery.¹ Untreated congenital syphilis results in significant morbidity, including skeletal deformities, blindness, deafness, seizures, and developmental delays.¹

Early-stage untreated syphilis in pregnancy results in up to 40% pregnancy loss through miscarriage, still birth or early infant death.¹ Congenital syphilis is a preventable disease: penicillin treatment of mothers infected with syphilis has 98% efficacy.² However, despite evidence-based prevention, syphilis and congenital syphilis, are resurging public health problems in the United States, with the number of cases now at a 20-year high.³

The Southeast accounts for a disproportionate number of syphilis cases compared with the rest of the US, with rates in women having increased overall by 147% since 2016,⁴ resulting in a parallel increased rate of congenital syphilis. A 2018 Centers for Disease Control and Prevention (CDC) report cites 52.5% (685/1,306) of congenital syphilis cases were reported from the South. Rural and racial minority communities bear a disproportionate burden of disease largely due to barriers accessing antenatal care.⁴ In states with the highest rates of congenital syphilis cases, the CDC identified missed opportunities for mothers to receive prenatal care with adequate screening and treatment as the predominant contributing factor.^{5,6}

All pregnant women should have routine screening for syphilis at the first antenatal visit (ideally first trimester), at the start of the third trimester and again at time of delivery. All infants born to a woman with either treated or untreated syphilis should have RPRs obtained shortly after birth. Further work-up and treatment for congenital syphilis will be guided by the infant RPR result, maternal RPR and treatment history. Physicians caring for children need to repeat RPRs on infants at follow-up visits to ensure that they become negative by six months of age.

Referral to infectious disease specialists for follow-up is only

recommended for infants with neuro-syphilis or for evaluation when RPR's are increasing or have not become negative by six months of age. The AAP recommends that all sexually active teenagers should be screened for syphilis with a RPR at least annually, or every three to six months in teens considered at higher risk.⁷ Positive tests are to be reported to the public health department and treated according to symptoms.

Penicillin remains the treatment of choice for most infections and is the only choice for pregnant women and for babies with congenital syphilis. By providers partnering with the health department and a concerted effort within the entire healthcare community, congenital syphilis should be relegated to the textbooks.

For more guidance on how to manage an infant born to a woman with syphilis, visit the Alabama Department of Public Health here for its on-demand webinar (2023): <https://www.alabamapublichealth.gov/alphtn/featured/2023-syphilis-hiv-pregnancy.html>

For patient referrals to Pediatric Infectious Diseases at Children's of Alabama, please call 205-934-2441. To discuss a case please call 205-638-9100 and ask to speak to the pediatric infectious disease physician on call.

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USA Pediatrics: USA Health welcomes Dr. Gul Dadlani as new Chair of Pediatrics



David Gremse, MD, FAAP

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

Gul H. Dadlani, MD, FAAP, currently Chief of Pediatric Cardiology at Nemours Children's Hospital in Orlando, has been named as the next Professor and Chair of Pediatrics at the Frederick P. Whiddon College of Medicine. Since 2015, Dadlani has also served as the Vice Chair of the Cardiac Center at Nemours Children's Hospital in Orlando and prior to taking that position, he served as the Chief of Pediatric Cardiology at Johns Hopkins All Children's Hospital in St. Petersburg, Fla. Dr. Dadlani will officially join USA Health in January 2024.



Gul H. Dadlani, MD, FAAP

Dr. Dadlani earned his undergraduate and medical degrees from the University of Buffalo,

where he remained for his pediatric residency. He received his fellowship training in pediatric cardiology at the University of Rochester/Golisano Children's Hospital in Rochester, NY. Dr. Dadlani has held other leadership and advocacy positions in pediatric cardiology, having served on the Pediatric Cardiac Technical Advisory Panel for the Agency for Health Care

Administration for the state of Florida and as a board member and president of the American Heart Association in Orlando. In addition to his leadership positions throughout his career, Dr. Dadlani has won numerous teaching awards in pediatrics and has been recognized for mentoring pediatric residents into careers in general and subspecialty pediatrics.

Please join me and the members of the faculty at USA Health Department of Pediatrics in welcoming Dr. Dadlani as a member of the Alabama Chapter and as the next Chair of Pediatrics at the Frederick P. Whiddon College of Medicine.

I have considered it a privilege to serve as Chair of the Department of Pediatrics at the University of South Alabama College of Medicine since 2012. It has been one of the most fulfilling positions that I have held in my career. However, I have reached a point in my career where I believe that the Department of Pediatrics and the USA Whiddon College of Medicine would be better served by naming a new Chair. Thus, I am resigning as Chair of Pediatrics at the University of South Alabama College of Medicine effective December 31, 2023.

I intend to remain a member of the USA Frederick P. Whiddon College of Medicine faculty as Professor with tenure in the Department of Pediatrics, continuing clinical practice in Pediatric Gastroenterology and working with the faculty, students and residents as a faculty member.

Reach Out and Read All About It!

What happens if you give a child a book?

Join us in our end-of-year campaign to reach more of Alabama's families

As a Reach Out and Read-Alabama supporter, you will make it possible for Alabama's children to:

- increase their understanding of the importance of reading. Parents and caregivers who know that reading aloud daily is essential for their children are more likely to encourage them to do so.
- have high-quality, new books at home. Many of our families have told us that Reach Out and Read-Alabama books are often the only children's books in their homes.
- gain foundational literacy skills needed

for school success.

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With your gift of \$250 or more, you will receive a Reach Out and Read-Alabama bag.

Help us continue to provide books and healthy family interactions to Alabama's families by reaching our goal of \$25,000 by December 31. Scan the QR code to make your donation today!

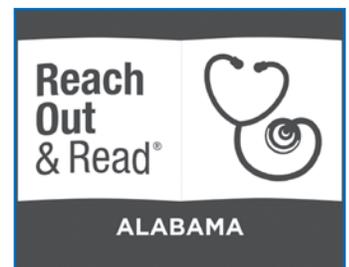
Reach Out and Read introduces a new repository of resources to integrate early literacy strategies into

pediatric primary care

Recently added to the Reach Out and

Read national website, the Early Literacy Research Library (ELRL) is a repository of research and resources developed to support clinicians, investigators, policy makers, and other advocates involved in the integration of early literacy strategies into pediatric primary care to facilitate early relational health and early childhood development.

Research articles included in the ELRL include a variety of study design and



Reach Out and Read continued from page 9

publication types related to the following core topics:

- Reach Out & Read (ROR)
- Early literacy
- Early relational health
- Shared reading
- Pediatric primary care

The ELRL was developed and supported by ROR and gathers research relevant to the ROR evidence-based model. However, the ELRL also includes research around broader themes of early literacy, early relational health, and shared reading. The ELRL is thus intended to benefit both those directly affiliated with ROR and those who work in early literacy.

Babies, books, and bonding

In 2020, Reach Out and Read enhanced its provider training to promote reading in infancy and its critical importance to early relational health. Research increasingly shows that having a strong, loving bond with an adult can heal some of the harm created by adverse childhood experiences (ACEs)—experiences that include the negative impacts of poverty and racism, abuse, a divorce, or an illness in the family. The buffering effect of these loving relationships can create more resilient families and improve the health outcomes and well-being of children who face systemic barriers to their ability to thrive. By making Reach Out and Read a part of their practice, providers have a built-in strategy for working with families to strengthen that essential relationship.

The Burke Foundation's recent newsletter featuring Reach Out and Read national CEO, Marty Martinez, focused on the importance of reading with children, sharing various kinds of tools for caregivers: strategies on bonding with babies, how to incorporate daily reading, lists of fun and diverse books, and more. Read more here: <https://newsletter.burkefoundation.org/2023/10/06/babies-books-and-bonding/>

CTF grant provides site support staff for Baldwin, Mobile and Tuscaloosa counties

Thanks to a grant awarded by the Children's Trust Fund of Alabama for the 2023-2024 year, two site support staff have joined the Reach Out and Read-Alabama team!

Ashley Newsome is the Parent Network Coordinator for The Gulf Coast Family Center and has worked with children and families on the Gulf Coast since graduating from the University of Southern Mississippi in 2004. She is married with two children, Emerson and Emma Claire, and a rescue dog named Luna. In her free time, she enjoys crafting, reading and traveling with her family.

Abby Gardner is a senior at the University of Alabama, majoring in psychology and minoring in creative media and women's studies. When not in school, she works as a barista at a local

coffee shop. She has lived in Tuscaloosa on and off for 11 years and is excited to get more involved with the community.

They will be handling book-ordering, technical assistance and general support for the sites in Baldwin, Mobile and Tuscaloosa counties.

Reach Out and Read national podcast launches 4th season

Looking for your next listen? The Reach Out and Read national podcast just launched Season 4! Host Dipesh Navsaria talks to authors, illustrators, parents, medical providers, researchers, and more about early childhood health, early literacy, and why parent-child relationships are key to raising happy, healthy kids. With nearly 90 episodes, you'll find a topic – or 20 – that makes you want to grab the headphones. Learn more at <https://reachoutandread.org/podcast/>.



Early Career Spotlight: Dr. Megan Willis has passion for prevention medicine and early childhood literacy

By Brooke Haynes, MD, FAAP, Chapter Area 4 Representative

This quarter's early career spotlight is Megan Willis, MD, FAAP, a partner at Pediatric Clinic, LLC in Opelika. A native of Louisiana, Dr. Willis got her Bachelor of Science degree at Louisiana State University followed by her Doctorate of Medicine at the Louisiana State University Health Science Center. A lifetime of loving all things Auburn brought her to the state of Alabama in 2014 for residency at Children's of Alabama in Birmingham.

Dr. Willis started her career in Opelika in 2017. She has a passion for preventative care and has worked to improve office practices for obesity prevention, vision screening to detect vision abnormalities earlier, and the prevention of dental caries. Also passionate about early childhood literacy and promoting the harms of screen time, Dr. Willis has helped coordinate the office's Reach Out and Read summer event in recent years. This year's event brought local celebrities including Aubie, the Auburn University cheerleaders, and some basketball players to hand out books and promote the benefits of reading.

Dr. Willis has also been active at East Alabama Medical Center in improving inpatient care of newborns and pediatric patients as a member of the quality review committee. She has worked on standardized protocols for asthma, bronchiolitis, and hyperbilirubinemia, to name a few.

In her free time, Dr. Willis enjoys all things Auburn, including tailgating at all home football games (War Eagle!). She can also be found at baseball games and equestrian events, as well as performances at the new Gogue Performing Arts Center.

Her colleagues enjoy the good-natured way she is always gently pushing them to be constantly improving both office and inpatient practices. They have also come to depend on her inside knowledge of community events on the Plains!



Megan Willis, MD, FAAP

Amazing happens here.

When people with extraordinary talent and passion are given the technology, the facilities, and the support, they achieve great things. The discoveries and innovations happening today will help shape the future of treatments and lead to cures. And it benefits not only the patients and families who come to Children's of Alabama, but people across the country and around the world for years to come.



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New from the AAP: Youth Tobacco Cessation Resource for Clinicians

The American Academy of Pediatrics (AAP) is excited to announce a new clinical decision resource: Youth Tobacco Cessation Progressive Web App (PWA). The PWA is intended to assist physicians and other clinicians in supporting youth tobacco cessation by delivering the Ask-Counsel-Treat model in a tool designed for use within a clinical encounter. Designed for multi-system use, the PWA can be used on a computer, tablet, or as an offline mobile app. The PWA leads clinicians through the main A-C-T steps of:

- **ASK:** Screen for tobacco use with all youth, during every clinical encounter.
- **COUNSEL:** Advise all youth who use tobacco to quit and have them set a quit date within two weeks.
- **TREAT:** Link youth to behavioral treatment extenders and prescribe pharmacologic support when indicated.

The PWA also provides links to product description, AAP policy and clinical report, behavioral support options and detailed information on pharmacologic support. Visit aap.org/HelpKidsQuit to view and use the PWA.

A.C.T. Ask Counsel Treat

Help youth quit smoking and vaping successfully with our new tobacco cessation tools

Go to aap.org/HelpKidsQuit

American Academy of Pediatrics

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Funding for this resource was provided by a contract with the Centers for Disease Control and Prevention (CDC; Contract #75D30120P08307). The content provided in this document is not necessarily endorsed by CDC or the US Department of Health and Human Services.

Practice Management Association Update: Hiring slowly to build compassionate pediatric teams

By Lisa Luter, PMA Chair and Assistant Office Manager, Fairhope Pediatrics

In the world of pediatric healthcare, selecting the right team members takes on profound significance. Even in times of being short-staffed, the benefit of hiring slowly far outweighs rushing the process. Pediatric care demands competency, compassion, and a commitment to provide the best care possible to patients and their families. Finding the right person to align with the core values of the practice and share in the company mission is imperative.

As many offices have experienced, it has been more difficult than ever to find the right people for the right seats. Many of us have found that we have had to wear multiple hats to cover positions as we search for the right candidate. Though this can be challenging, allowing time to identify the right individual is vital to the success of the team.

By embracing a slower hiring pace, practices can ensure that they are building a team committed to providing excellence. This commitment, in turn, diminishes turnover, fostering a work family united by a shared passion for caring for patients as if they were their own children.

Did you know?

As a member benefit, the Alabama Chapter-AAP has a practice management listserv for practice management staff and pediatricians alike to communicate with one another, get answers to questions and learn from colleagues.

Simply email Linda Lee at llee@alaap.org to be added.

NEWS FROM PUBLIC HEALTH

ALL Kids expands option to provide “from-conception-to-end-of-pregnancy” coverage

Federal regulations allow state Children’s Health Insurance Programs (CHIP) an option to provide health insurance coverage to pregnant individuals from conception to end of pregnancy. Electing to add this optional coverage group (previously referred to as coverage for the “unborn”) through Alabama’s CHIP, ALL Kids, has been a topic of discussion for several years.

In July 2019, these discussions led to an approved amendment to Alabama’s Child Health Plan to allow ALL Kids to begin providing “unborn” coverage in three pilot counties: Macon, Montgomery, and Russell.

This coverage option was adopted by the State to support improved pregnancy and birth outcomes. To further support this effort, in May 2023, ALL Kids was approved to expand coverage to 33 additional counties in Alabama, extending its reach to a greater proportion of in-need populations.

Referred to as ALL Babies, this new benefit provides no-cost or low-cost comprehensive coverage to pregnant individuals residing in eligible counties with family incomes of up to, and including, 312 percent of the Federal Poverty Level (FPL). At the time of application for ALL Babies coverage, an applicant may not be otherwise eligible for Medicaid or have other credible coverage.

Once enrolled, ALL Babies coverage extends through at least 60 days after birth or end of pregnancy. During the coverage period, the enrolled applicant has access to full health insurance coverage and, like standard ALL Kids coverage, benefits and claims are administered through Blue Cross and Blue Shield of Alabama.

As ALL Kids expands this important option to more counties in the state, the program’s outreach workers are engaging with medical providers and community partners to raise awareness and provide education about ALL Babies enrollment and services. To see a map of eligible counties and find out more about ALL Babies, visit www.alabamapublichealth.gov/allbabies.

ALL Babies
1.888.373.5437
alabamapublichealth.gov

Experiencing the AAP's recent National Conference & Exhibition was an enriching experience for me in my pediatrics journey. Part of that experience was getting to share it with long-time friends from residency. One of those colleagues, Michelle Kelly, MD, FAAP, from our neighbor, the Georgia Chapter-AAP, eloquently wrote about her experience and gave me permission to share it here. Her account highlights the shared reflections, camaraderie and also the resilience that we pediatricians have, in the face of what can be trying and even scary times in our world.

— Norma Mobley, MD, FAAP, Chapter Vice President/President-Elect



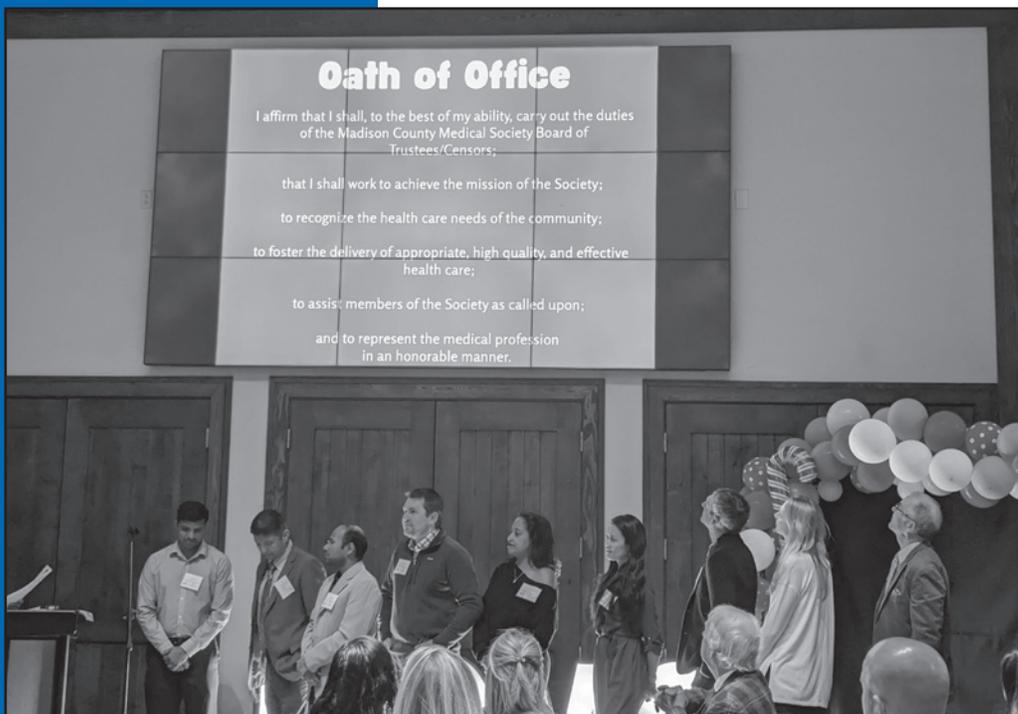
A personal perspective from the NCE

By Michelle Kelly, MD, FAAP

Our fearless core crew of six pediatric resident alumni from Emory University gathered in Washington, DC, for the AAP National Conference & Exhibition in October. It was a long-awaited reunion after our booked Philadelphia convention was scrapped and converted to a virtual experience. Some of us shared that conference remotely in Hilton Head, though our spirits were low as we trudged through the fourth wave of the pandemic. But we cried and laughed, walked along the beach, and sang along to Keith Urban's home studio concert. The venue and the recent election of one of our core members to VP of the Alabama Chapter AAP ignited our drive to reaffiliate once again at NCE.

We are an educated female demographic, although our differences reflect the beauty of America: an African American single mother who raised a medical malpractice lawyer, a gay leader practicing in an underserved area, three Christians, and one Jewish woman. One of our six is the lead hospitalist at our training institution's children's hospital, while the rest of us are primary care providers. Our shared history of learning and training together unites us to this day, so much so

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Kym Middleton, MD, FAAP, is inducted into the Madison County Board of Trustees. Congratulations, Dr. Middleton!

A Personal Perspective from the NCE continued from page 14

that we wore Emory Y2K Class shirts throughout the conference! Our combined careers to date have produced 138 years of pediatric care from the Northeast to the Deep South.

The AAP threw down an amazing and varied intellectual landscape at the convention center, with topics ranging from nicotine and tobacco prevention to skin of color to mental health and, of course, all the bread and butter updates of pediatric medicine. One could suture or write poetry, depending on the workshop! We whispered and giggled during lectures, just like in the old days, gathered for meals, and reconnected with our broader Emory community and our majority-member GA AAP chapter. Welcoming and kindness abounded in our pediatric circles. Our mutual affiliations with the national AAP, our local chapters, and our training institution continue to foster strong bonds, connected communities, and continued learning. We recognized and were grateful for the joy and ease that bubbled up after the desert of the pandemic.

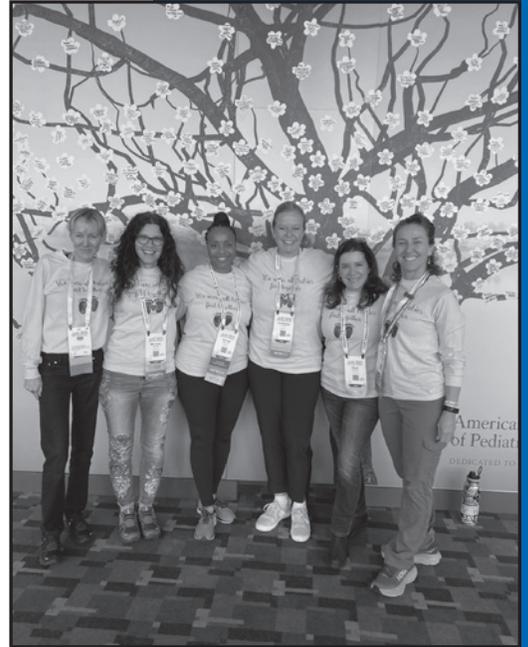
There was dancing in the ballroom, massages in the wellness corner, and even a quiet room. We partook in almost all that was offered and yet even had time to step away to explore Washington. A walk down the street serendipitously led us to Ford's Theatre. Then, upon venturing onto the National Mall, we were reminded of the ongoing conflicts in our larger world. Protests, marches, raised flags, and shouts entered our visual and auditory space. We were reminded that we are not immune to these struggles, even as we intend the greater good of children at a national conference. This brief experience was a foreshadowing of what was to come at dinner that evening.

One of our resourceful crew members arranged a large group Saturday night dinner at a restaurant less than a half mile walk from our hotel. The meal was exquisite, and the fellowship was gratifying. We were taking pictures of our sumptuous food and sharing personal updates on family, career and travel. The mood was light until it wasn't. A shooting brought the restaurant staff running and shouting our way. We dropped under the tables, blanketed by staff on one edge of our table. Some astute docs drew chairs in to protect us.

Some of us didn't know the shooting was outside and a driveby, details that would slowly emerge. We clung to one another; some shed tears, and some called 911. The heart rate acceleration, tunnel vision, and auditory exclusion were instantly observable. The not-knowing and what-ifs percolated through our communal mind, sometimes erupting onto our lips. We made eye contact and reassured the doubtful, not one of us knowing the outcome. After a surreal and indeterminate amount of time, we rose from under the table. Yellow police tape marked off the front entrance, soaked wooden floors under our feet due to spilled water, and bewildered faces flooded our consciousness. Slowly, we reconnected with reality and voiced gratitude for our safety. Time, patience, and Uber drivers to the side door of the restaurant would transport us to what we perceived as more secure surroundings.

This stressful occurrence shook some of our psyches. Others stated that the event was not traumatic because we didn't hear the gunshot. Trauma can be communal, but it is largely individual. We did agree that none of us is exempt from the gun violence on our streets. Unfortunately, many of our patients have survived far worse and even life-altering experiences.

The mental transition back to the conference looked different for all of us. Almost all of us slept; some went to church, others rested. This distraction could have defined our time away from our families and offices, but it didn't. Our affiliation with one another and our supporting institutions helped us walk through the fear and uncertainty. As Dr. Fauci remarked to his devoted AAP audience during his plenary award session, "I always knew you had my back, but I always had yours as well." We went on to listen, learn, and laugh again, ever more thankful for our continued chance to live.



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We're looking for NPs in family medicine and for physicians in the primary care fields of:

- family medicine
- general pediatrics
- internal medicine
- internal medicine/pediatrics

ARMSA is administered by the Alabama Office of Primary Care and Rural Health and is supported by the Office for Family Health Education & Research, UAB Marnix E. Heersink School of Medicine

For details visit <https://aohw.org/2022-armsa>
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