



# The Alabama Pediatrician

First Quarter 2020

## From the President

Legislative session, Spring Meeting, Census, & Coronavirus: a busy start to 2020!



Wes Stubblefield, MD, FAAP  
Chapter President

Because of the novel coronavirus, we are furiously working to stay on top of changes. As everyone knows, our information changes daily and so will our plans. As of now, this is where we are:

The 2020 Alabama legislative session is underway, although

in the setting of a pandemic. Regardless, we are committed to ensuring adequate state funding for Medicaid and ALL Kids, protecting and increasing immunizations for children, and protecting the medical home. Visit our website to look at our legislative and educational priorities for this year and be prepared to call or write if bills detrimental to the health of children are introduced!

As you may be aware, the 2020 Spring Meeting at the Gulf State Park has been cancelled. Please keep your calendars open, as we are discussing the feasibility of providing our CME program virtually. This might involve educational sessions as well as a virtual Pediatric Pentathlon!! We need ideas that will keep us all from mental fatigue and we promise to keep you up to date.

Finally, we all need to be aware of the 2020 Census, especially the need to count all children in the home. The Governor has committed to ensuring that we have an accurate count in Alabama. The census determines so much, including funding for our schools and our representation in Congress. Use the toolkit mentioned on this page and talk to your patients about this increasingly important event.

Stay safe, well, and keep in touch!

## COVID-19 update - See page 4

### Take advantage of Chapter Census 2020 toolkit and get the word out to your patients' families

The message is "count ALL kids – wherever they are on April 1"

Following our distribution of the "Whose Child is Missing?" posters regarding the 2020 Census and the importance of families counting all of their children, the Chapter has launched a toolkit with handouts and other resources for pediatricians to get the word out to Alabama families. The Executive Board is asking all members to use the toolkit to take action between now and June as much as is possible during the COVID-19 crisis.



Families of young children, especially, are being targeted as part of a statewide push, Alabama COUNTS!, due to previous undercounting of children from birth to 5 years of age in the 2010 census. In addition, many rural areas, particularly in west Alabama, had among the lowest response rates in the state.

Parents need to hear from trusted providers about the importance of participating in the Census and counting all of their children. One important point to note is that whoever the child is living with on April 1, 2020 (whether it is their permanent guardian or not) is the person who should count them in their census form.

We encourage your practice to think outside the box in order to promote this to families—you can host a promotional event for it, use your practice's social media, or conduct interviews with the media about the importance. The sky's the limit!

The toolkit is your one-stop shop for tools to use in your practice - access it at <https://www.alaap.org/alabama-counts-toolkit> or scan the QR code.



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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.

## Legislative Day brings together more than 22 pediatricians, child health advocates

More than 22 pediatricians and child health advocates from across the state came together for the Alabama Chapter-AAP's 17th annual Pediatric Legislative Day held on March 5. The day started with breakfast and pediatricians were joined by House Health Committee Chair Paul Lee and other legislators prior to the House going into session. Following breakfast, there were addresses by key leaders of the Alabama Legislature and a state agency head discussion on budgets and advocacy issues, as well as tips from "seasoned advocate pediatricians," which was a big hit. Members ended the morning with individual visits to legislators.

### State Legislative Update

The Alabama Legislative session is well underway! He is where we stand on some of our chapter legislative priorities: (At time of writing, it is uncertain when the legislature will go back in session due to COVID-19.)

*Improving child health through adequate Medicaid and CHIP funding and Medicaid expansion.*

Gratefully, the budgets for Medicaid and CHIP appear to be adequately funded for the upcoming year. We continue to encourage legislators to expand Medicaid, especially as the current COVID-19 pandemic is resulting in an increased demand for healthcare access as well as changes in the economy. Unfortunately, there is not much progress on expanding Medicaid at this time.

*Increased vaccination rates among Alabama youth.* As you may have seen in the recent email Action Alert, HB 103 mandates that vaccinators input immunizations into ImmPRINT at the point of care. While the Chapter strongly supports this bill to protect public health by providing a complete immunization registry, the opposition to this bill has been very vocal. So, contact your legislators in both houses to let them know that you support this bill.



House Health Committee Chair Paul Lee and other legislators joined pediatricians for breakfast prior to the House going into session that morning.

## Legislative Day brings together more than 22 pediatricians, child health advocates continued from page 2

*Protection of the Medical Home and the practice of medicine.* Of concern, there have been companion bills offered in both the House and Senate (HB 303 and SB 219) that make it a felony to treat youth with gender dysphoria with puberty suppression medications, “cross-sex” hormones, and a list of surgical interventions. In addition, the bills prohibit school personnel (including teachers, nurses, and counselors) from withholding from parents a disclosure of gender dysphoria. The chapter is very concerned about these bills as they seek to criminalize the current practice of medicine and interfere with the doctor-patient relationship. Furthermore, requiring school personnel to disclose sexual health information to parents may prevent youth from seeking appropriate mental health care. Many pediatricians from across the state have written op-eds, spoken at public hearings, proposed amendments, and written their legislators. However, misinformation about sex and gender, including appropriate treatment of gender dysphoria, abounds. Please consider reaching out to your representatives in both houses expressing your opposition to these bills in their current form.

*Medical marijuana.* Again in 2020, a bill has been proposed (SB 165) to legalize medical cannabis for certain conditions. The legislation was crafted by an 18-member Medical Cannabis Study Commission attended by two pediatric neurologists. The Chapter remains concerned that the final legislation would harm children by increasing their access to marijuana and we oppose the legalization of marijuana outside of the normal FDA-approval process.

On a positive note, multiple bills have taken aim at limiting second-hand tobacco smoke exposure. HB 46 prohibits smoking tobacco in vehicles with a minor present and HB 104 extends the restrictions in the Alabama Clear Indoor Act to vaping.

### Future Directions and Educational Priorities

The Chapter continues in our educational efforts around preventing arrests of mothers who are undergoing physician-monitored medically assisted therapy for their opioid addiction. In addition, there are always opportunities for future legislation to help make Alabama a great place to grow and thrive. Ideas for future directions include strengthening Alabama’s child passenger restraint law to meet national AAP guidelines, encouraging later school start times, and setting a minimum age for the purchase of energy drinks. In addition, as Alabama has one of the top five rates of firearm-related deaths, future research-backed legislative efforts to reduce firearm-related deaths would be welcome and supported.

Interested in legislative advocacy and helping us achieve these goals? Check out the Alabama Chapter’s website for a list of our priorities, talking-points, as well as other tips and how-tos: <https://www.alaap.org/legislative-advocacy-tools>.



Chapter President Wes Stubblefield, MD, FAAP, presents our third 2019 Legislative Hero award to Representative Shane Stringer for helping to lead the effort to pass legislation last year that prohibits alternative nicotine product retailers and manufacturers from advertising or selling products near schools and other places where children learn and play.



Katrina Skinner, MD, FAAP, Chapter Vice President, and her practice manager Rosalyn Rowley (right) visit with their representative in the Alabama House of Representatives, Joe Faust.

## COVID-19 Update for Chapter members

**Your Chapter leaders have been in conversations with ADPH officials, along with the AAP and our payors, to give you the latest information possible regarding the Coronavirus (COVID-19). We will keep you apprised of news as we receive it. A few quick points/news links, at time of writing:**

1. Governor Kay Ivey just declared a state of emergency and the Alabama State Department of Education has made the decision to close schools from Thursday, March 19 through Friday, April 3 (12 school days) in order to mitigate spread of the disease. The DOE will re-evaluate at that time. In addition, President Donald Trump declared a national emergency, allowing significant new federal resources to flow to states as well as additional flexibilities in Medicare, Medicaid and CHIP
2. Please see this updated protocols document from Barton Schmitt, MD, FAAP, of Children's Hospital Colorado, which has been vetted by a number of leaders in infectious disease at the national level. It includes very good guidance on triage, testing, etc. <https://bit.ly/39PZkpK>
3. CDC updates guidance on use of personal protective equipment (PPE), March 11: <https://bit.ly/2TYW6tq>
4. The American Academy of Pediatrics has just developed a new COVID-19 page on aap.org for clinicians, where you can find the latest clinical guidance, recommendations from CDC, information for parents and other resources. This page will be updated daily as new information is available: <https://bit.ly/2TNG8mJ>
5. Visit the ADPH Coronavirus *Resources for Healthcare Providers* page, which includes many important links here, **and includes new electronic forms for patient information and demographics to be submitted:** <https://bit.ly/2TM3z00>
6. Alabama Department of Public Health news conferences can be found here: <https://bit.ly/33cpv7D>
7. The Chapter has been in conversations with the payors around telehealth options, coding for coronavirus testing, and other possible special circumstances, and here is what we know right now:  
  
Blue Cross Blue Shield announced on March 13 that it will cover the COVID-19 testing at 100% with no copay, no deductible for their fully insured members.  
  
Blue Cross and Medicaid will expand telehealth services effective March 16, 2020 to April 16, 2020, which allows clinicians to provide medically necessary services that can be appropriately delivered via telephone/secure video consultation. After the 30 days, the policies will be re-evaluated for a continuance as needed. Get the full story here: <https://www.alaap.org/covid-19-guidance-for-al-aap-members>.
- Alabama Medicaid announced on March 13 that the Agency is working to add new procedure codes U0001 and U0002, (nCoV, COVID-19) to allow providers and laboratories to bill and track the test for SARS-CoV-2. The Medicaid claims processing system will be able to accept these codes on April 1, 2020, for dates of service on or after February 4, 2020. The staff encourages you to stay abreast by visiting the Medicaid website to view recent ALERTS for providers and other information related to COVID-19. <https://bit.ly/2QbDIBN> and to also opt in to Medicaid's texting service to receive immediate text messages regarding COVID-19. <https://bit.ly/2WbgJoF>
8. Visit the CDC's Information for Healthcare Professionals page: <https://bit.ly/3aOiWKW>
9. Healthy Children.org has a lot of good information for parents: <https://bit.ly/38MXKDN>
10. How to use ICD-10-CM, new lab testing codes for COVID-19 <https://bit.ly/2vwdehW>

## Medicaid News

### Chapter Pediatric Council success: Medicaid to cover telemedicine origination fee starting April 1

Your Chapter leaders met with the Medicaid leadership in late February and learned that the Agency will begin covering the telemedicine origination fee (in the primary care office on the patient side of a telemedicine visit) beginning April 1, 2020. This is a huge step in removing barriers to telemedicine for patients in the context of the medical home!

What does this mean? Primary care providers will be paid for preparing the patient (having staff set them up in a room in front of an iPad or other computer, etc.) for a video telemedicine consultation with a specialist.

The Chapter Pediatric Council, which meets three times a year with payors, has been advocating for this for the last two years. Refer to the Medicaid ALERT sent on March 13.

### Alabama Medicaid issues summaries of existing and new services provided for children with ASD and SED

At the Chapter's March 5 Pediatric Council meeting, Alabama Medicaid Agency representatives shared information sheets for pediatricians on three sets of services for children with Autism Spectrum Disorder and Serious Emotional Disturbance (SED). Below is a summary of this information; the information sheets will soon be available on the Chapter website.

#### ABA Therapy

Since October 2018, direct services can be provided by a qualified behavior analyst, psychologist, psychiatrist, or services under their supervision for children and adolescents with autism spectrum disorder (ASD) who need ABA therapy. These services are provided by individual professionals enrolled as Medicaid providers, including board-certified behavior analysts (BCBA), psychologists, and psychiatrists.

If a pediatrician observes a child or youth with a lack of expressive language, inability to request items or actions, limited eye contact with others, and inability to engage in age-appropriate self-help skills such as tooth-brushing or dressing, the child or adolescent may receive a referral by the pediatrician for an autism diagnosis and therapy.

If the pediatrician observes physical aggression, property destruction, elopement, self-stimulatory behavior, self-injurious behavior, and vocal stereotypy, the child or adolescent may be referred for an autism diagnosis and ABA therapy.

The pediatrician can work with family to get a diagnosis and provide an EPSDT referral.

ABA therapy involves exposure to different settings that teach adaptive behavior in an individual or group setting.

For a list of ABA providers, visit [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) and select

the Provider Directory Tab. Medicaid requires an EPSDT referral for any problem identified in a well-child checkup or interperiodic office visit for a child or youth under the age of 21 for further diagnosis or treatment.

For more information, visit [https://medicaid.alabama.gov/content/4.0\\_Programs/4.2\\_Medical\\_Services/4.2.3\\_EPSDT.aspx](https://medicaid.alabama.gov/content/4.0_Programs/4.2_Medical_Services/4.2.3_EPSDT.aspx).

#### Autism Spectrum Disorder

Medicaid works with the Alabama Department of Mental Health (ADMH) to administer certain services for children and adolescents with autism spectrum disorder (ASD). Upon identifying a concern, the pediatrician can recommend the parent and/or caregiver for these services. ADMH will complete an assessment with the family to determine the most appropriate pathway and level of care. Once the assessment is done and the child or adolescent has a diagnosis of ASD, an ADMH care coordinator will complete a treatment plan and referral to an ADMH subcontractor for clinically appropriate health services.

ASD services through ADMH include:

- *Intensive Care Coordination:* Identification, coordination, and monitoring of an array of supports through needs assessment, case planning, service arrangement, social support, re-assessment, and follow-up/monitoring by a single case manager
- *Therapeutic Mentoring:* Support, coaching, and training for an individual in age-appropriate behaviors, interpersonal communication, problem-solving, conflict resolution, and relating appropriately to peers and adults
- *Behavioral Support:* Development and monitoring of a behavior support plan designed to diminish, extinguish, or improve specific behaviors. The behavior therapist coordinates and trains others to implement the plan as well as provide crisis management
- *In-Home Therapy:* Treatment of the individual's behavioral and mental health needs, to include effective support to enhance the family's ability to improve the individual's functioning in the home and community
- *Psychoeducational Services:* Training to help individuals and families understand the nature of the diagnosis and effective strategies to maintain meaningful engagement in the community
- *Peer Support:* Promotion of socialization, self-advocacy, development of natural supports, and maintenance of community living skills. Peer specialists encourage participation in service planning, engaging supports, improving self-management, decision making, and navigating child-serving agencies.

For the above services, direct your parents to contact ADMH at 1-800-499-1816 or via email at [autism.dmh@mh.alabama.gov](mailto:autism.dmh@mh.alabama.gov). For more information, visit <https://mh.alabama.gov/autism-services/>.

## Open letter to Alabama Chapter-AAP members regarding HPV immunizations

The Alabama Chapter-AAP joins the Alabama Department of Public Health and many other health organizations in our state to improve awareness among our networks about the importance of the human papillomavirus (HPV) vaccine in the fight against HPV cancers.

As pediatricians, there is nothing more important than safeguarding the health of our patients. Currently, HPV-related cancers and low HPV vaccination rates are a growing concern among many Alabama immunization providers.

To offset HPV cancer incidence rates, our Alabama Adolescent Vaccine Task Force organization member partners have collaborated to identify strategies aimed at improving HPV rates by engaging and influencing effective communication recommendations among providers and parents.

To optimize our efforts, we are requesting all vaccine providers to increase HPV vaccination rates now. Vaccination rates for adolescents need and can be 80 percent when providers make a strong recommendation. Your participation will help to increase HPV vaccination and decrease HPV-related cancers throughout the state.

Recent studies show that HPV-related cancers are at a crisis level in Alabama.

### Alabama HPV related cancer rates:

- Alabama ranks 3rd in the nation for cervical cancer incidence rate.
- Alabama ranks 1st in the nation for cervical cancer mortality.
- Alabama ranks 5th in the nation for oral cancer incidence rate.
- Alabama ranks 7th in the nation for oral cancer mortality.

Even more alarming are the low HPV vaccination rates reported statewide.

### Alabama HPV vaccination rates and problems:

- Averages 19.05 percent HPV up-to-date for adolescents aged 11-15 years of age.
- Twenty counties are without a pediatrician (Bibb, Cherokee, Choctaw, Clarke, Clay, Cleburne, Conecuh, Crenshaw, Fayette, Geneva, Greene, Hale, Henry, Lamar, Lowndes, Monroe, Perry, Pickens, Wilcox, and Winston counties).
- Not enough Vaccines For Children (VFC) Program providers to service all eligible adolescents.

### Current HPV Recommendations:

- ACIP recommends two doses of HPV vaccine for both boys and girls as early as age 9 to 14 years. ACIP recommendations are the standard of care.
- To complete the child on time, please consider administering the first dose of HPV vaccine between 9-10 years of age. When they come back for Tdap vaccine for school, administer all three adolescent

vaccines and the child will be up-to-date by 11- 12.

The best HPV vaccine recommendation should be presumptive, treat all three vaccines equal, and focus on cancer prevention: “Now that Johnny is 11 years of age, he is due for vaccines against meningitis, HPV cancers and whooping cough. We will give those at the end of today’s visit.”

In order to effectively reach parents or guardians for HPV uptake, numerous CDC recommended resources are available.

### Resources for Clinicians:

- Talking to Parents about HPV Vaccine <https://www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.pdf>
- New #How I Recommend Videos: Tips for HPV provider recommendations <https://www.cdc.gov/vaccines/howirecommend/index.html>
- Recommending HPV Vaccine Successfully <https://www.medscape.com/viewarticle/810030?src=parcdctmmscped&faf=1>
- HPV Vaccine CDC CE courses <https://www.cdc.gov/vaccines/ed/hpv/index.html>
- Top 10 Tips for HPV Vaccination Success <https://www.cdc.gov/hpv/downloads/Top-10-improving-practice.pdf>
- Vaccination in Rural Communities <https://www.cdc.gov/ruralhealth/vaccines/>

### Continuing Education for Providers and Staff:

- CDC, You Are the Key to HPV-Cancer Prevention-2018 CME, expires 4/11/2020, <https://www.cdc.gov/vaccines/ed/hpv/you-are-key-2018.html>
- Postgraduate Institute for Medicine and the National AHEC Organization, Human Papillomavirus Vaccine (HPV) Safety CME, expires 2/25/2020, <https://www.cmeuniversity.com/course/disclaimer/117724>
- Indiana Immunization Coalition, Someone You Love, The HPV Epidemic, CME, CNE, and PharmCE, <https://www.hpvepidemic.com/cme>
- ADPH, You Are the Key to HPV Cancer Prevention CEU - Offered by ADPH Staff
  - Course offers 1 contact credit hour
  - To schedule, please complete request online, <https://www.adph.org/Extranet/Forms/Form.asp?ss=s&formID=7585> or call 1-800-469-4599

## HPV Peer-to-Peer Mentoring Project: A look at Purohit Pediatric Clinic-Roanoke

By Billie Snell, MD, FAAP

As one of the Alabama Chapter-AAP's peer mentors in our HPV Peer-to-Peer project, I wanted to share the experience I have had recently in working with some of the practices that I'm assigned to.

I have been working with four practices on this project, which aims to change practice processes to improve uptake of the HPV vaccination. After meeting with them initially in the fall, we are now in the process of conducting follow-up phone calls. One such call was held on February 19 with the staff of Purohit Pediatric Clinic's Roanoke office.

On the call, I reinforced the goal of completing two vaccines for HPV by age 13 and decreasing missed opportunities. Since we did not have their updated three-month data for the project, I emphasized giving as many HPV vaccines as they can.



They were very enthusiastic and reported that since starting the announcement approach and strong recommendations, they have had much less objections and refusals. They could only think of one or two who had refused and had in fact given three vaccines earlier that day before the call. They reported that the assistants bring up the vaccine and discuss it prior to the nurse practitioner getting in the room, which helps to seal the deal. They use the terminology of HPV

cancer vaccine and avoid the brand name Gardasil.

They also are following up with people who do not show up for their second vaccine and check vaccine records at all sick visits and give the vaccine if not contraindicated.

I am gratified to know that our project is working and pediatric practices around the state are making gains in the area of HPV uptake among parents. We can all do this and look to Purohit for inspiration!

*Editor's Note: Dr. Snell is one of 10 pediatricians currently serving as a peer mentor for a total of 50 pediatric practices who are improving their rates of HPV immunization this year through the Chapter's HPV Peer-to-Peer Mentoring Project.*

### DID YOU KNOW? VAX 2 STOP CANCER

is a new non-profit organization working to reduce cancer risk in the state of Alabama through preventive care and education. Envisioned by Barbara Schuler, MPH, who also serves as the Chapter's contracted HPV Peer-to-Peer QI coordinator, the organization's mission is to eliminate HPV-related cancers in Alabama through education and advocacy, thereby reducing the high social, emotional, economic and medical costs associated with this disease.

"Our state will serve as a model to the rest of the nation, bringing our cancer rates from the top 10 to the lower tier," Barbara said.

For more information and to start educating your staff and families, visit the website at <https://www.vax2stopcancer.org/>.

### Medicaid News continued from page 5

#### Serious Emotional Disturbance (SED)

Medicaid also works with ADMH to administer services for children and adolescents with serious emotional disturbance (SED) via Community Mental Health Centers (CMHC). If a pediatrician identifies a child or adolescent who demonstrates behavioral or mental health concerns, the pediatrician can recommend services of a CMHC to the parent, legal guardian or an adolescent aged 14 years or older. The parent, legal guardian, or adolescent can be linked to the CMHC to initiate mental health services. The CMHC will work with the family to determine the most appropriate mental health treatment services. Once an assessment is done and the child or adolescent meets SED criteria, the CMHC will determine a treatment plan and level of care for health services that are clinically appropriate.

Some new SED services include:

- Intensive Care Coordination
- Therapeutic Mentoring
- In-Home Therapy

- Peer Support – Youth
- Peer Support – Family

Additional SED services may include: medical assessment and treatment; diagnostic testing; crisis intervention; individual, family and group counseling; medication administration and/or monitoring; child and adolescent mental illness day treatment; treatment plan review; mental health care coordination; in-home intervention; mental health and substance use disorders update; behavioral health placement assessment; and basic living skills.

For more information, visit <https://mh.alabama.gov/children-and-adolescent-services/> and select the "Serious Emotional Disturbance" tab. For Medicaid mental health services information, go to [https://medicaid.alabama.gov/content/4.0\\_Programs/4.2\\_Medical\\_Services/4.2.6\\_Mental\\_Health.aspx](https://medicaid.alabama.gov/content/4.0_Programs/4.2_Medical_Services/4.2.6_Mental_Health.aspx).

To access the after-hours phone numbers, visit <https://mh.alabama.gov/crisis.emergency-numbers-for-mental-illness/>.

## 11th annual Rx for Summer Reading is going to be “magic”

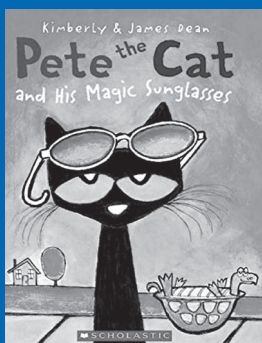
We could all use some “magic” on a bad day. This summer, Reach Out and Read-Alabama program sites will share some of that magic along with *Pete the Cat and His Magic Sunglasses* as we celebrate the 11th annual Rx for Summer Reading campaign!

Partnering with Alabama’s Early Intervention System, 25 program sites will prescribe the book during their event, giving the opportunity to connect with parents and create a partnership in the lifelong journey of learning and the development of their child.

Starting at birth, reading with children puts them on a path to success.

What happens during the first few years sets the stage for the rest of a child’s life. Spending time together while reading aloud helps to create strong parent-child bonds and promotes healthy brain development. Children who are read to more often have improved language and listening skills, experience stronger emotional connections to their loved ones, and gain a lifelong love of reading.

“The birds are singing. The sky is bright. The sun is shining. We’re feeling alright!” Reach Out and Read-Alabama program sites will receive more information soon about how they can participate in this magical summer event.



## Alabama pediatricians improve adolescent care, to share lessons from ACHIA’s #StayWell Collaborative at Spring Meeting

Ninety-six pediatricians at 27 practice sites collaborated in 2019 to increase teen preventive care rates and to raise visit quality by enhancing confidentiality approaches through the Alabama Child Health Improvement Alliance’s (ACHIA) #StayWell collaborative. Participating providers will share how they overcame barriers to meet these goals in a future educational opportunity for chapter members.

The American Academy of Pediatrics (AAP) policy Unique Needs of the Adolescent (2019) notes that “unmet health needs during adolescence and in the transition to adulthood predict not only poor health outcomes as adults, but also lower quality of life in adulthood.” In Alabama, fewer than half of teens with Medicaid (47 percent) and about one-third of teens covered by All Kids (35 percent) have preventive care visits.

### ***Adolescents are not ‘little adults,’ nor are they ‘big toddlers’: barriers to teen preventive visits***

The AAP policy statement Achieving Quality Health Services for Adolescents states: “Confidentiality, both in determining whether youth receive what they need and whether there are opportunities for private one-on-one time during health care visits, is a major factor that determines the extent to which adolescents receive appropriate care.

Supporting the transition from a parent/guardian-directed visit of infancy and toddlerhood to a developmentally appropriate, adolescent-centered, family-involved approach is challenging but foundational to quality teen care.”

As part of quality improvement work, #StayWell practices identified and addressed additional barriers, such as:

- misconception that a sports physical is equivalent to a preventive visit;
- belief that preventive care only involves vaccines (as well as vaccines being administered outside the medical home);
- establishing a teen-friendly office;
- complex laws around consent and confidentiality;
- electronic record/portal access and billing practices; and,
- a paucity of examples of successful approaches from other practices.

### ***#StayWell Outcomes: Sharing Lessons Learned***

Prior to #StayWell, only one participating site had a confidentiality policy in place; a year later, all 27 practices do. Practices also increased preventive visits for adolescents in the office by 10 percent.

To help colleagues elevate their own teen friendly practice, #StayWell providers will share lessons learned and clinic examples at the Chapter’s Spring Meeting in April, including:

- Increasing visit rates: incentives/reminder/recalls/working with schools
- Teen-friendly messaging: projecting a welcoming atmosphere
- Establishing the groundwork for a quality visit: developing a consent and confidentiality policy and approach that is actionable by staff, families and providers and reflective of clinic culture.

Examples and tips will be posted on ACHIA’s website (<https://achia.org/resources/past-projects-resources>) as “Alabama Adolescent Well Visit Collaborative 2019/AL-AAP Spring Meeting Shared Lessons.”





## LET'S HEAR IT FROM OUR DEPARTMENTS OF PEDIATRICS!

### The COACHES program brings pediatric training to community hospitals

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



Mitch Cohen, MD, FAAP

Community hospital emergency departments (EDs) usually provide the initial care for pediatric patients, with up to 90 percent of critically ill pediatric patients presenting to a community hospital. Few community hospitals have the resources or provider experience to optimally care for these children. Because of this, management error rates may be as high as 64 percent and rural physicians report a greater need for continuing medical education regarding pediatric emergency procedures. Children's of Alabama (COA) receives 36 percent of children from community hospitals, while the national average is 26 percent. It is vital that community hospitals are experienced and comfortable caring for sick children, ensuring they have appropriate, time-sensitive treatment.

In 2016, the Children's of Alabama Community Healthcare Education Simulation Program, or COACHES Program, was developed by Chrystal Rutledge, MD (Program Director), Kristen Waddell, CRNP (Program Coordinator) and Stacy Gaither, MSN, RN (Program Research Coordinator). The program's mission is to improve pediatric care in community hospitals throughout Alabama. Since the program's inception, the COACHES team has logged over 70 visits to ED and pediatric inpatient units at more than 40 community hospitals, educating over 1,000 healthcare providers. The team's reach has extended into Mississippi and Georgia.

When the COACHES Program was still just an idea, the question was asked, "How can we help community hospitals and not just criticize their management from the 'ivory tower'?" The answer is simulation, which uses technology to recreate real-life scenarios without having to wait for the actual experience. Studies show that simulation-based assessments and educational programs can improve provider skills and performance, improve patient outcomes and reduce errors. In addition, the program's face-to-face nature strengthens the relationships between COA and community health providers.

The team travels to community hospitals for day-long visits consisting of an assessment of a hospital's readiness to care for pediatric patients and simulation training on pediatric-specific illnesses. This program is free of charge and includes two separate, three-hour simulation sessions. Four real-life scenarios are conducted during each session. For each scenario, a medical management checklist consisting of best practice metrics is used to evaluate team performance. Each scenario is followed immediately by a debriefing. The debriefing focuses on positive aspects of management, improvement opportunities, team communication and barriers to patient care. A report including the results of the pediatric

readiness assessment as well as the overall performance score for both sessions is presented to each hospital. The report also details how well each hospital performed compared to other community hospitals participating in the program and COA, the performance standard. A proposed improvement plan is also included.

Though simulation is the core of the COACHES Program, communication with providers does not end with the visit. The program offers feedback about actual patients who were transferred to COA, and assists hospitals in developing policies and acquiring pediatric supplies. The goal is to better equip hospitals with the training and tools necessary to ensure quality of care for children, and that is a win-win for all parties involved, most importantly, the children of Alabama.

For more information, visit [childrensal.org/coaches](http://childrensal.org/coaches) or email [COACHES@childrensal.org](mailto:COACHES@childrensal.org).

### USA Pediatrics: Pediatric resident research presentations at the Southern Regional Meeting



David Gremse, MD, FAAP

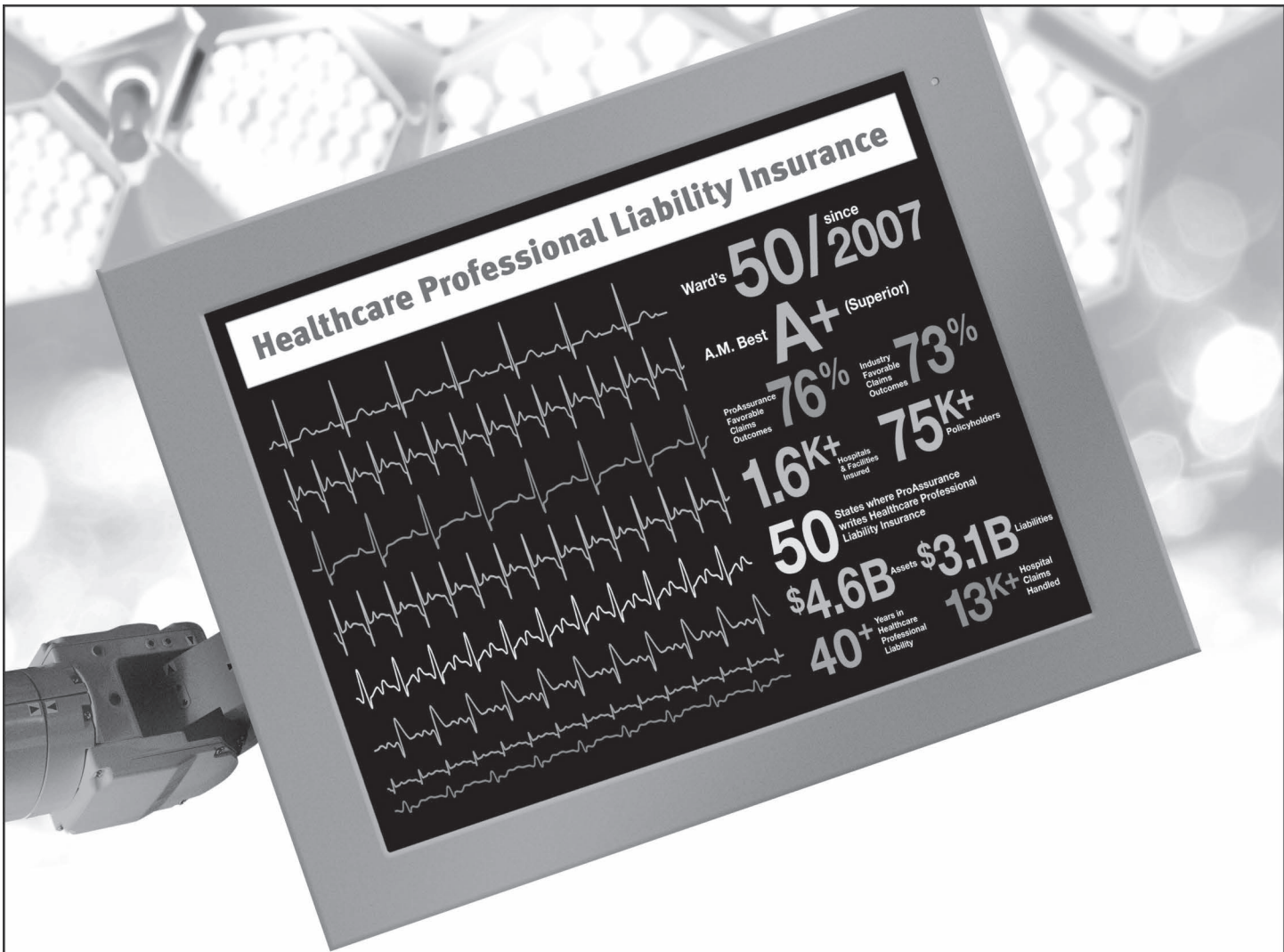
By David Gremse, MD, FAAP, Chair, Department of Pediatrics, University of South Alabama

The USA Department of Pediatrics celebrates our residents for their research presentations at the Southern Society for Pediatric Research (SSPR) as part of the Southern Regional Meetings held in New Orleans, LA in mid-February. Credit goes to Haidee Custodio, MD, FAAP, Associate Program Director for Research and Roger Berkow, MD, FAAP, Residency Program Director, for their leadership in our resident research program.

Twenty abstracts were accepted for presentation at the meeting by our residents. Congratulations to Drs. Joshua Cummock, Lauren Thai, Kaitlyn Parker, Caleb Murray, Kanya Singhapakdi, Bedour Jafar, Trevor Smith, Nicholas Geagan, Hannah Behakel, Amanda Reno, Jacob Pessia, Erin Peeden, Ashton Todd, Terrance Weeden, and Meaghan Hongo for successfully completing their projects and having their work selected for presentation at the meeting.

Topics ranged from Hunter syndrome, Anomalous Left Coronary Artery from the Pulmonary Artery (ALCAPA), renal vein thrombosis, treatment of retinopathy of prematurity, intramural duodenal hematoma, Gratification Disorder in Rett syndrome, 24-hour blood pressure monitoring, capnocytophaga endocarditis, left ventricular outflow tract obstruction, para-testicular epididymal rhabdomyosarcoma, superior vena cava drainage into the left atrium, analysis of clinical uses of multiplex PCR for CSF and GI pathogens, survey of providers' attitudes and healthcare disparities in the care of LGBTQ youth, rituximab treatment of autoimmune encephalitis, post-streptococcal posterior reversible encephalopathy syndrome, antibiotic stewardship, and cannabinoid hyperemesis syndrome.

I share the excitement for our residents and faculty who mentored them in their research for their showing at this year's SSPR meeting.



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## Coding

### O Socioeconomic issues identified using ICD-10 codes

by Lynn Abernathy Brown, CPC

I recently attended a workshop where people from various disciplines came together to share information about care coordination for Alabama children. I thought of a way that the providers could share what they know about the patient from a socioeconomic standpoint by using diagnosis codes.

In the upcoming Evaluation and Management documentation changes for 01/01/2021, one of the risk factors is “*Diagnosis or treatment significantly limited by social determinants of health.*” Including the ICD-10-CM codes, when applicable, from the category “Persons with potential health hazards related to socioeconomic and psychosocial circumstances” (Z55-Z65) may help further support the medical decision-making when choosing an E/M code.

Identifying problems with education, housing, economic circumstances, upbringing, and family circumstances can explain if a patient is non-compliant with keeping appointments, taking medications, or having emotional/behavioral issues. By adding ICD-10 codes to the assessment, providers can share a better understanding of the patient’s situation with the payor, case managers, and others involved in care coordination.

Below are some of the secondary diagnosis codes which may help explain a more detailed story:

#### Z55 – Problems related to education and literacy

Z55.3 – Underachievement in school

Z55.4 – Educational maladjustment and discord with teachers and classmates

#### Z59 – Problems related to housing and economic circumstances

Z59.0 – Homelessness

Z59.1 – Inadequate housing (lack of heating, technical defects in home preventing adequate care)

Z59.4 – Lack of adequate food and safe drinking water

Z59.5 – Extreme poverty

Z59.6 – Low income

#### Z60 – Problems related to social environment

Z60.4 – Social exclusion and rejection

#### Z62 – Problems related to upbringing

Z62.0 – Inadequate parental supervision and control

Z62.1 – Parental overprotection

Z62.21 – Child in welfare custody (foster care or care of non-parental family member)

Z62.29 – Upbringing away from parents, other

Z62.810-Z62.812 – Personal history of abuse in childhood (physical, sexual, psychological, and neglect)

Z62.820-Z62.822 – Parent-child conflict (biological, adopted, foster)

#### Z63 – Other problems related to primary support group, including family circumstances

Z63.31 – Absence of family member due to military deployment

Z63.32 – Absence of family member, other

Z63.5 – Disruption of family by separation and divorce

Z63.71 – Stress on family due to return of family member from military deployment

Z63.72 – Alcoholism and drug addiction in family

#### Z64 – Problems related to certain psychosocial circumstances

#### Z65 – Problems related to other psychosocial circumstances

Refer to ICD-10-CM for a complete list of codes from these categories.

*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.*

### AL-AAP Practice Management Association plans ahead for 2020 Practice Management workshop

By Carol Aiken, Chair, AL-AAP Practice Management Association

The AL-AAP Practice Management Association Executive Committee has been hard at work this quarter, clarifying internal job descriptions as well as developing plans for speakers and topics for the 2020 Practice Management workshop, to be held September 25 in Birmingham! The 2019 workshop evaluations have been reviewed and conference committee members are moving forward with plans. The Executive Committee is also in the process of reviewing the PMA’s bylaws.

### Event Calendar

September 25 – 27, 2020  
2020 Annual Meeting & Fall Pediatric Update  
The Sheraton Birmingham  
Birmingham, AL

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Karen M. Landers  
MD, FAAP

## Pediatricians encouraged to work with obstetrician partners to encourage late-term syphilis testing

*Karen M. Landers, MD, FAAP, pediatrician, District Medical Officer, and Medical Consultant for TB Control and Immunization, Alabama Department of Public Health*

With an increase in syphilis morbidity in Alabama, congenital syphilis is on the rise. Last year, Alabama preliminarily reported at least 16 cases of congenital syphilis with three reported preterm deaths. While many people believe that congenital syphilis occurs only in babies born to women who have no prenatal care, Alabama Department of Public Health (ADPH) data show that at least 10 women whose infants developed congenital syphilis did receive prenatal care. These pregnant women initially screened non-reactive for syphilis but acquired the infection from a partner later in pregnancy.

To combat the rise in this preventable disease, ADPH is undertaking an educational campaign to remind pregnant women to be tested, not only at their first prenatal visit, but also early in the third trimester and at delivery. ACOG Guidelines for Perinatal Care state, "In communities and populations with a high prevalence, serologic testing (for syphilis) should also be performed at 28-32 weeks of gestation and again at delivery," said Lynda Gilliam, MD, Senior OB/GYN Consultant with ADPH. "This is to augment early pregnancy testing since false-negative serologic test results may occur in early primary infection, and infection may be acquired later in pregnancy."

The Alabama STD Advisory Committee, of which I am a member, has sent correspondence to Scott Harris, MD, State Health Officer, supporting ADPH efforts to combat congenital syphilis and recommending third-trimester testing as an additional element to combat this disease.

Alabama pediatricians should continue to communicate with their local ob/gyn colleagues regarding this important infectious disease topic.

For additional reference, please visit:

<https://www.cdc.gov/std/treatment/default.htm> and <https://redbook.solutions.aap.org/redbook.aspx>

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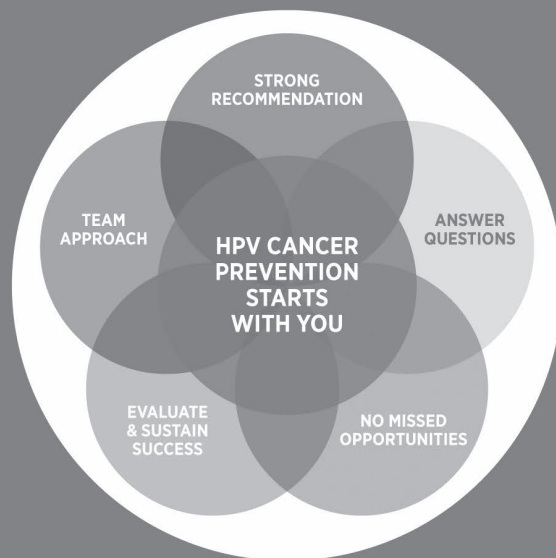
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#### Make a presumptive recommendation

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



#### Answer parents' questions

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



#### Minimize missed opportunities

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



#### Take the team approach

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



#### Evaluate and sustain success

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



[alabamapublichealth.gov/imm](http://alabamapublichealth.gov/imm)



National  
**HPV**  
Vaccination Roundtable

## CHAPTER BRIEFS

## Chapter leaders meet Congressional delegation in Washington

In February, Chapter leaders attended the Medical Association of the State of Alabama's Government Affairs meeting in Washington, DC, and were able to hear about the issues as well as meet with their Congressional delegation.



Katrina Skinner, MD, FAAP, Marsha Raulerson, MD, FAAP, Linda Lee, APR, Nola Jean Ernest, MD, FAAP, and Wes Stubblefield, MD, MPH, FAAP spend quality advocacy time with Senator Doug Jones.



Chapter Legislative Chair Nola Jean Ernest, MD, FAAP, heading to do what she does best: impart to her lawmakers why child health is so important!

## Walley elected to Jefferson County Board of Health

Susan Walley, MD, FAAP, Pediatric Hospital Medicine at UAB Department of Pediatrics, has been elected to the Jefferson County Board of Health. She will begin her five-year term in 2020. As the newest member of the board, she will serve as the board secretary. Congratulations, Dr. Walley!



Susan Walley, MD, FAAP

## Boppana and Schmit elected to Alpha Omega Alpha Honor Medical Society

Congratulations to Suresh Boppana, MD, FAAP, UAB Pediatric Infectious Diseases, and Erinn Schmit, MD, FAAP, UAB Pediatric Hospital Medicine, on being elected to the Alpha Omega Alpha (AOA) Honor Medical Society! AOA is a medical professional organization that recognizes and advocates for excellence in scholarship and the highest ideals in the profession of medicine. They were officially inducted into the AOA on March 19.



David Gremse, MD, FAAP



Erinn Schmit, MD, FAAP

## Coghill named Waldemar A. Carlo, M.D., Endowed Professor in Clinical Neonatology

Carl Coghill, MD, FAAP, UAB Neonatology and medical director of the Neonatal Intensive Care Unit (NICU) at Children's of Alabama, has been appointed the first holder of the Waldemar A. Carlo, M.D., Endowed Professorship in Clinical Neonatology. This endowed professorship recognizes the compassionate patient care and superior teaching Dr. Coghill exhibits and his leadership and dedication to improve the medical care of neonates in community hospitals in the Birmingham area. The Professorship was created and named to honor Dr. Wally Carlo for his many years of leadership as the division director of the Division of Neonatology.



Carl Coghill, MD, FAAP

Congratulations, Dr. Coghill!

## Blueprint for addressing ACEs and toxic stress in pediatric primary care

Elizabeth Dawson, MD, FAAP, is Medical Director of Charles Henderson Child Health Center in Troy, AL and founder of Troy Resilience Project and serves as Secretary/Treasurer on the AAP Alabama Board



Elizabeth Dawson, MD, FAAP

There is a lot of excitement around Adverse Childhood Experiences (ACEs) screening and intervention with its tremendous possibility for positively impacting children's lives. Though the official best practices are still being defined, for those who are ready to begin, this is a synthesis of information from the AAP, Center for Youth Wellness, and the Neurosequential Network. When you "Put on Your Trauma Lens," as Dr. Forkey taught us at the 2019 Annual Meeting meeting, the struggles and trauma that patients and families experience are seen everywhere. The great news is that there are answers and treatments for kids and families that previously seemed unreachable!

My clinic has begun the journey of becoming trauma-informed. If you dare to become trauma-informed, it will transform your work and possibly your life as it has mine!

Here is the blueprint:

1. Decide who and how you want to assess for ACES/toxic stress
2. Determine what a "positive screening" is--for us, three or more ACEs or ACEs with symptoms
3. Develop a protocol for a brief intervention when you find ACEs or trauma
  - a) Include information for families about the effects of toxic stress on the developing brain & the importance of healthy attuned relationships to overcome these factors
  - b) Consider including information on sleep, nutrition, exercise, mental health, & mindfulness
  - c) Identify referral resources & a strategy to communicate concerns to your referral sources
  - d) Refer to mental health resources that are trauma-informed whenever possible
4. Train your staff on the effects of trauma. Work on your own process for making them trauma-informed. This is not a one-hour training, but rather a lifelong learning opportunity.
5. Once all of these are in place, start small. We started screening three- to five-year-olds at check-ups and any age with ADHD and behavioral complaints.
6. Use QI methods to adapt your approach over time.

For those who want a deeper dive, I highly recommend participating in the AAP Level 1 and 2 Trauma and Resilience ECHOs to learn from the top experts in pediatric stress and trauma. After Level 1 & 2 is Level 3 – PATTeR (Pediatric Trauma Treatment and Resilience) collaborative. These trainings provide understanding of attachment and impacts of trauma, and the PATTeR collaborative has helped us develop methods to help kids and families with trauma symptoms more effectively. These trainings are free with CME and Level 3 is approved for Maintenance of Certification.

Another recommended deeper dive is learning and/or becoming certified in The Neurosequential Model of Therapeutics (NMT). NMT was developed by Dr. Bruce Perry, a child and adolescent psychiatrist and trauma expert who wrote *The Boy Who Was Raised as A Dog*. NMT examines the effects of a variety of crucial stressors and relationships throughout a child's life. NMT looks at dose and timing of trauma and protective relationships to result in developmental trauma or resilience. NMT assesses and treats trauma and demonstrates the path to resilience which can be applied in medicine, psychology and education. NMT empowers families, therapists, pediatricians, teachers and community members to help kids function through attuned caregiving, which can be added at any time in their life with incredible results.

Learning how to help kids and families and connecting with them in a more meaningful way is incredibly empowering. It has brought joy to being a pediatrician again for me. These families and children have incredible stories. I am so fortunate to get to hear them!

## How to Contact Your Chapter Leaders

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### Questions? Ready to join?

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