



The Alabama Pediatrician

Issue #2 2020

From the President

Keeping ourselves and our practices healthy



Wes Stubblefield, MD, FAAP
Chapter President

So, here we are. As a fellow pediatrician, I could not be prouder of our profession and our response to the pandemic. We have changed our office flows, dealt with decreased revenues, allayed fears, and have continued to take care of our patients using

any means necessary. I am so glad the ABP decided to give us part 4 credit for our efforts. We have all had a crash course in Quality Improvement, using small tests of change with the goal of practice viability and patient safety. Keep it up!

Your chapter continues to work for you. Like many of you, we applied for and received an SBA PPP loan to bridge our finances during this time. Through these funds, as well as our successful transition to an online CME meeting format, we feel that we have avoided taking desperate measures. As many of you know, we have a strong financial base and excellent financial stewardship. Our job is to support you and we need our employees now more than ever.

Finally, I will confess that I was positive for SARS CoV-2 and developed symptoms of COVID-19. My case likely came through community exposure, not from the office. In summary, this disease is very real, is very frightening, and we must continue to take this seriously. I have fully recovered after two weeks of symptoms and I pray that this disease leaves you and your loved ones unaffected!

REGISTER NOW:

2020 Virtual ANNUAL MEETING & Fall Pediatric Update

September 26-27, 2020 via Zoom Webinar

Saturday, 8 a.m. – 12 noon

Sunday, 1 p.m. – 5 p.m.

Get the Details & Register now: <https://bit.ly/2XfatMo>

Virtual Meetings bring quality CME to members despite COVID-19 limitations

The Chapter’s Spring Meeting, which was originally scheduled for the third week of April at the Lodge at Gulf State Park, had to be pivoted to a virtual format, which was successfully held in June with more than 115 registrants!

“I did not know how I would feel with the virtual format, but it was great. I felt like I learned a lot and that the speaker was right there with me. It was a great experience,” said one attendee on his evaluation.

“I think it was a good way to get some learning and not have to be face to face. I also liked it being on Saturday and Sunday, so we did not have to miss clinic time to attend,” said another participant.

The talk featured COVID-19 presentations by David Kimberlin, MD, FAAP and Karen Landers, MD, FAAP, the recordings of which can be found here: <https://bit.ly/2DkJPes>.



David Kimberlin, MD, FAAP, provided an excellent talk on COVID-19 Disease in Children

COVID-19 Update for Chapter members

Due to the changing nature of COVID-19, including prevalence data and national and state guidance, we will not publish a detailed update here. Rather, visit our Chapter COVID-19 webpage here: <https://www.alaap.org/covid-19-guidance-for-alaap-members> or scan the QR code.

At time of writing, the Chapter’s ad hoc school health committee is meeting with the Alabama Department of Public Health and the Alabama State Department of Education to endorse guidance for superintendents as well as develop return-to-school protocols for symptomatic children who are dismissed from school.

This information will be forthcoming in *The Alabama Pediatrician Briefing* and other online COVID-19 updates.



Chapter Office and Staff Alabama Chapter – AAP

- Linda P. Lee, APR
Executive Director
- Linda M. Champion, MPA
Project Coordinator
- Jill H. Powell
Meeting and Membership
Coordinator
- Polly H. McClure, RPh,
ROR State Coordinator
- Salina T. Sowell
ROR Development/
Communications Coordinator

19 S. Jackson St.
Montgomery, AL 36104
(334) 954-2543
Toll-free (866) 293-4783
Fax: (334) 269-5200
llee@alaap.org
www.alaap.org

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.

REGISTER NOW: 2020 Virtual ANNUAL MEETING & Fall Pediatric Update to offer three COVID-19-related talks as well as a focus on obesity in young children, mental health and more

Registration is already underway for the Chapter's second Zoom Webinar conference, the 2020 Virtual ANNUAL MEETING & Fall Pediatric Update, set for Saturday, September 26 from 8 a.m. to noon and Sunday, September 27 from 1 p.m. to 5 p.m.

This conference offers a very strong line-up of faculty, secured by Chapter CME Chair Haidee Custodio, MD, FAAP, who will present three COVID-related topics: the latest data in Alabama and school re-entry, mental health during the pandemic, and child abuse considerations. In addition, pediatric obesity "guru" Sandra Hassink, MD, FAAP, will focus two talks on addressing obesity in children under 2 and optimizing interactions with parents. Other talks will focus on integrating mental health into primary care, nutrition for oral and systemic health, pediatric practice management, and meningococcal disease and immunization. We will also present several awards during the course of the conference.

Get more information and register now here:
<https://bit.ly/2XfatMo>.

2020 Virtual
**ANNUAL MEETING &
FALL PEDIATRIC UPDATE**

Pandemic highlights importance of preventive care and vaccinations

By Brooke Haynes, MD, FAAP, Chapter Immunization Representative

As we all know, the current pandemic has brought with it enormous challenges and threats to the health of our communities. One such risk is the potential for the reemergence of vaccine preventable diseases due to decreased vaccination rates. The CDC recently sent out a plea to state immunization representatives to encourage pediatricians to help. In this time of decreased sick burden on our offices, now is the time to be proactive in bringing patients back in to get up to date on vaccines and well child care. This has already required us to make many changes to our office policies and procedures such as eliminating waiting rooms, having dedicated times/locations for well care, etc. The CDC has published "Interim Guidance for Immunization Services During the COVID-19 Pandemic" to provide additional guidance. Social media posts, flyers, posters, and other tools are available through their "Resources for Encouraging Vaccinations During COVID-19 Pandemic" page. Help with having effective conversations with vaccine-hesitant families is also available. Please be especially proactive in contacting high-risk populations and getting them up to date on preventative care.

They are also calling on us to prepare for the upcoming flu vaccination season as reducing the burden of respiratory illnesses will be especially critical this year. This will be a great opportunity to try out new ways to vaccinate large numbers of patients in a short amount of time, and in a manner that is safe for everyone. This may include drive-up services, after-hours services, off-site services etc. We may all need to be creative this year to get better acceptance of the flu vaccine in an environment where some families are fearful of healthcare facilities. Please feel free to share your ideas with me and your chapter colleagues. Lessons learned during this time will undoubtedly benefit our preparation for implementation of a possible COVID-19 vaccine.

In short, the global pandemic has highlighted the importance of preventative health care and the completion of recommended vaccines in our children. Let's all use this time of decreased sick burden in our offices to do our part for the health of our communities. Don't forget the HPV vaccine for our adolescents!

CDC resources available at www.cdc.gov:

"Interim Guidance for Immunization Services During the COVID-19 Pandemic"

"Resources for Encouraging Vaccinations During the COVID-19 Pandemic"

"Vaccinate with Confidence" (includes free materials and images to distribute)

"Provider Resources for Vaccine Conversations with Parents"

GOOD NEWS/BEST PRACTICES FROM MEMBERS ACROSS THE STATE

A Challenge with a Silver Lining: Sports Physical in the Medical Home

By Eric Tyler, MD, FAAP, Pediatric Associates of Alexander City



Eric Tyler, MD, FAAP

In 2019, the AAP published new Pre-participation Sports exam guidelines stating that the decades-old process of “cattle-call” mass screenings were over as the athletes deserved so much more. As our local hospital provides trainers to all the school team sports in order feed the hungry orthopedic and physical therapy services, they also provided the adult-oriented family physicians to run the screening physical process. In July 2019, they screened 140 athletes in 30 minutes, deeming them fit to play football. The parents thought they received a physical, thus declining our offers to provide EPSDT screenings. This process also promoted the “Trainer-Centered Medical Home,” requiring trainer permission before seeing medical doctors because they missed too many practices. Those who bypassed this demand were summarily benched.

Discussions with the Russell Medical CEO resulted in staunch support of the system he created and a reluctance to being open to the idea of improving the quality of health screenings. A private doctor having to fight a hospital over the opportunity to improve the quality of care is not a foreign or unique concept.

When COVID-19 struck this spring, we saw this as an opportunity to make a bold suggestion. A conversation was conducted with the high school Athletic Director. The AAP guidelines represent a Standard of Care for schools in screening their athletes. The Medicaid program requires annual physicals. The lack of physicals in the middle and high school age group is a ubiquitous problem. Medicaid is actually penalized by this process. “You can’t mass screen this year anyway” was the major point of conversion.

She instructed the coaches to tell the students to “Go to your medical home for your physical.” Our office provided cost-free exams to those not covered by some policy (2). Our office took care of all of the paperwork but also had the opportunity to screen as screening should be done. The data collected, including PHQ-9, GAD, ACEs scorecards, BMI, blood pressure, and co-morbidities, are being analyzed at present. Hopefully population health trends can be identified and allies found to combat some of those problems. There is a glaring difference between our local city school system’s PHQ-9s and ACEs than those from Coosa County, the poorest in the state.

The Athletic Director has already deemed this a major success and stated this to be the new standard. We have met with the leader of the trainers, nurturing a new relationship with those in two major systems. The parents appreciate the fact that their children got “care.” We have performed more than 300 of these encounters and had until 3 August to complete the process.

COVID-19: A Knock on the Door

By Eric Tyler, MD, FAAP, Pediatric Associates of Alexander City

In March 2020, our office was able to divide sick and well between two campuses five miles apart. The patients appreciated the effort. Running the sick clinic was a challenge in establishing routines to protect everybody and processes that worked. Swabbing noses dressed like a beekeeper became a part of daily life on the outside benches while the passing public drove by gawking. Cautious and

How to Contact Your Chapter Leaders

President
Wes Stubblefield, MD, FAAP
Ph: (256) 764-9522
stubblefield.wes@gmail.com

Vice President/President-elect
Katrina Skinner, MD, FAAP
Ph: (251) 928-5568
katski@bellsouth.net

Secretary/Treasurer
Elizabeth Dawson, MD, FAAP
Ph: (334) 566-7600
katski@bellsouth.net

Immediate Past President
Cathy Wood, MD, FAAP
Ph: (334) 272-1799
cdocwood@aol.com

Area 1 Rep. (Huntsville)
Kym Middleton, MD, FAAP
Ph: (256) 265-4982
kymd27@gmail.com

Area 2 Rep. (Northport)
Sudha Bennuri, MD, FAAP
Ph: (205) 333-5900
bamapediatrics@yahoo.com

Area 3 Rep. (Birmingham)
Jennifer McCain, MD, FAAP
Ph: (205) 870-1273
jennifer.mccain@childrensal.org

Area 4 Rep. (Alexander City)
Eric Tyler, MD, FAAP
Ph: (256) 234-5021
opa1018@live.com

Area 5 Rep. (Montgomery)
Melissa McNally, MD, FAAP
Ph: (334) 272-1799
nelso71@hotmail.com

Area 6 Rep. (Mobile)
Norma Mobley, MD, FAAP
Ph: (251) 344-7044
drmobley@mobilepeds.com

CME Chair
Haidee Custodio, MD, FAAP
Ph: (205) 434-3401
hcustodio@health.southalabama.edu

UAB Pediatric Residency
Program Rep.
Cassi Smola, MD, FAAP
Ph: (205) 638-9922
csmola@peds.uab.edu

USA Pediatric Residency
Program Rep.
LaDonna Crews, MD, FAAP
Ph: (251) 434-3917
lmcrews1@aol.com



BACK TO VACCINES

Are Your Patients Protected?

Tools To Succeed

ImmPRINT

Immunization Patient Registry with
Integrated Technology

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

ImmPRINT Vaccine Coverage Rate Report

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

QI Strategies

- Assess each patient's vaccine status using ImmPRINT Forecaster.
- Recommend all ACIP vaccines. Your strong recommendation is proven to be strongest indicator of vaccination.
- Send out recall/reminder via mail, email, or text to increase office visits.
- Schedule the next appointment before they leave current visit.
- Educate all staff about your immunization goals for your patients.

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



GOOD NEWS/BEST PRACTICES FROM MEMBERS ACROSS THE STATE

COVID-19: A Knock on the Door **continued from page 3**

diligent in gloves/masks/ hand irritation from constant 90 plus percent alcohol gel exposure, we trudged onward. Then on June 27, my body told me that it was not 100 percent. The main guy at headquarters discussed my increasing age with the healthcare expert and overrode the complaints until the culinary team reported the loss of smell and taste.

The nose complained of an invading swab later that day in a chair outside with the gawking public in an ED parking lot. Then home to quarantine. Sleep was necessary. Allevé helped some. Coffee tastes like hot water and popcorn or was it Styrofoam? Seven days later then positive test was reported. My staff and wife are convinced that I have ADHD. I have no clue as to why. My poor wife was glad when my ten-day clearance returned me to work.

Three of us working in close proximity contracted symptoms on the same day. We tracked our contact to an asymptomatic patient that had a positive test four days after our encounter with her. This was despite being clothed and washed and gloved.

I am thankful to be beyond the 14-day mark. To our knowledge, we afflicted no one else. Who knows, some day my taste and smell might come back. I do so miss them.



OUR HEROES DURING THE COVID-19 PANDEMIC!

Pediatricians across the state reach out beyond their practice walls to engage families



Michelle Freeman, MD, FAAP



Eric Tyler, MD, FAAP



Lena Bedri, MD, FAAP



Katrina Skinner, MD, FAAP

MEDICAID NEWS

Alabama Medicaid changes frequency of BMI reporting

An area of focus for the Alabama Coordinated Health Network (ACHN) is reducing childhood obesity in Alabama. In order to measure the progress made in reaching this goal, Medicaid required specified provider types to record a Body Mass Index (BMI) diagnosis on each claim billed with Medicaid.

Beginning June 9, 2020, a BMI will only be required once on an annual basis for claims to pay. EPSDT procedure codes must also include a BMI diagnosis on the claim annually or the claim will be denied.

The BMI can be verified on the recipient's eligibility file by using the provider web portal.

NOTE: Although the BMI system changes went into effect on 6/9/2020, the changes will not affect nor replace the current waiver of BMI reporting requirement due to COVID-19. This provider ALERT can be viewed here: <https://bit.ly/3hV1ul6>.

If you have questions related to the BMI requirement, please e-mail ACHN@medicaid.alabama.gov.

Alabama Medicaid celebrates 50th anniversary

Alabama Medicaid Agency is celebrating 50 years in 2020! To commemorate this milestone, Medicaid has a section on its website to highlight 50 years of service to Alabama residents—visit <https://bit.ly/3jUOTsh>.

Alabama Medicaid plays an essential role in Alabama's healthcare infrastructure, providing respect, dignity, honesty, and compassion to employees, recipients, and providers. Formerly named Medical Services Administration, Medicaid began operation in January 1970 with 45 employees in downtown Montgomery. Fast forward to 2020, Medicaid now operates with more than 600 employees statewide.

"One thing that has remained constant is the shared desire of the Agency's leadership and employees to make a difference in the lives of those we serve," said Commissioner Stephanie Azar.

continued on page 11

“Back to Vaccines. Back to the Doctor.” campaign a partnership of AL-AAP and ADPH, Tip Sheet on patient recall

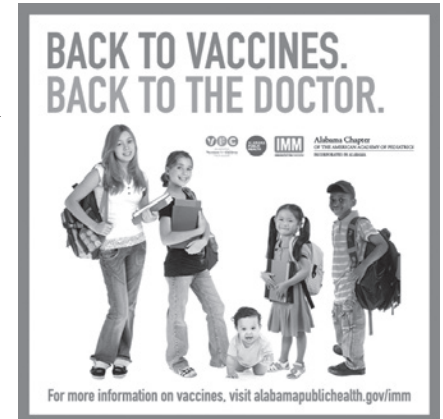
Alabama Chapter of the American Academy of Pediatrics (AL-AAP) is partnering with the Alabama Department of Public Health (ADPH) to encourage parents/guardians to keep children’s vaccinations up to date through a new “Back to Vaccines, Back to the Doctor” campaign, which launched in mid-July.

As you know, due to the COVID-19 pandemic, most pediatricians and family physicians experienced a drastic decrease in scheduled vaccination visits. Per the ImmPRINT registry, immunizations are down 54 percent in total for infants, toddlers, and teens across the state from March to May of this year as compared to that same period in 2019.

The campaign, which is described on the Immunization Division’s outreach page (<https://bit.ly/39IFyNu>), encompasses an array of media to reach parents, including radio, television, billboards and social media. You can click through to the radio spots on the page, one of which features messages from Chapter Vice President Katrina Skinner, MD, FAAP, and ADPH Health Officer Karen Landers, MD, FAAP.

The Chapter is mirroring ADPH’s media efforts with our own social media pages, and encourages pediatrician practices to repost and use the materials as well. Materials can be found on the Back to the Doctor Tip sheet on the Chapter home page under News, as well as on the COVID-19 resource page for members (<https://www.alaap.org/covid-19-guidance-for-al-aap-members>).

The Back to the Doctor Tip Sheet also has helpful steps on patient recall during this time.



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- BayPointe Hospital’s Psychiatric Inpatient Services
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CHAPTER EXECUTIVE BOARD WELCOMES NEW MEMBERS



Katrina Skinner, MD, FAAP



Nola Jean Ernest, MD, FAAP



Elizabeth Dawson, MD, FAAP

The Alabama Chapter-AAP is delighted to welcome three Chapter members to the Executive Board!

Effective May 1, Kym Middleton, MD, FAAP, of Huntsville, Ala. joined the board to assume the open position of Area 1 representative, which was vacated by Tonya Zbell, MD, FAAP, who moved out of state.

In addition, the Chapter Election results are in, and two new board members will assume their roles on October 1: Nola Jean Ernest, MD, FAAP, Chapter Vice President/President-Elect, and Leslie Sawyer, MD, FAAP, Area 4 Representative.

We are also happy to have several existing members re-elected or move to new positions: Katrina Skinner, MD, FAAP, will move up to President; Elizabeth Dawson, MD, FAAP, will remain for another term as Secretary/Treasurer; and Melissa McNally, MD, FAAP, Area 5 Representative; will stay for a new full term.

Effective October 1, the new Executive Board is listed below:

President – Katrina Skinner, MD, FAAP

Vice President/President-Elect – Nola Jean Ernest, MD, FAAP

Secretary/Treasurer – Elizabeth Dawson, MD, FAAP

Immediate Past President – Wes Stubblefield, MD, FAAP

Area 1 Representative – Kym Middleton, MD, FAAP - Huntsville

Area 2 Representative – Sudha Bennuri, MD, FAAP – Northport

Area 3 Representative – Jennifer McCain, MD, FAAP – Birmingham

Area 4 Representative – Leslie Sawyer, MD, FAAP – Sylacauga

Area 5 Representative – Melissa McNally, MD, FAAP – Montgomery

Area 6 Representative – Norma Mobley, MD, FAAP – Mobile

CME Chair – Haidee Custodio, MD, FAAP

UAB Pediatric Residency Program Representative – Cassi Smola, MD, FAAP

USA Pediatric Residency Program Representative – LaDonna Crews, MD, FAAP

Congratulations, all!



Kym Middleton, MD, FAAP



Leslie Sawyer, MD, FAAP

REMINDER: Take advantage of Chapter Census 2020 toolkit and get the word out to your patients' families—deadline is now September 30

Right before the pandemic hit, the Alabama Chapter-AAP launched a toolkit with handouts and other resources for pediatricians to get the word out to Alabama families about the importance of completing their census form. Due to the pandemic, the government extended the deadline for the census completion to October 31, 2020, but it has now been moved back to September 30. The Executive Board is asking all members to use the toolkit to engage their families, if they haven't already.

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 was living with on April 1, 2020 (whether he/she is the child's permanent guardian or not) is the person who should count the child on his/her 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.



Legislative Update

By Graham Champion, Chapter Lobbyist

The Alabama Legislature completed what had to have been one of the most unusual sessions it has experienced in decades on May 18, 2020. On that date, the Legislature returned to deal with an Executive Amendment to the General Fund Budget and immediately adjourned Sine Die.

The Legislature only used slightly more than 2/3 of the constitutionally allowed 30 days in this session due to the coronavirus. When the Legislature did return, no one other than members of the Legislature and legislative staff were allowed into the State House. That is likely to be the case if the Legislature is called back into Special Session over the next couple of months.

Other than the budgets, not much of importance passed the Legislature this year. One major victory for the Chapter was the inclusion of \$478,000 in the General Fund Budget for the Maternal Mortality Review Board.

Now former Representative April Weaver introduced legislation mandating entry of vaccinations into the immunization registry, which the Chapter supported in order to improve our state's immunization data. That legislation created a buzz saw of opposition with those against vaccinations making numerous unfounded and emotional claims. The opposition was so strong that several members of the House, who are also of the State Republican Executive Committee, offered a resolution condemning Representative Weaver and her efforts. That resolution failed, but only because the Chair of the Alabama Republican Party refused to bring it to a vote. We can expect that type of opposition again next year. That said, we might be able to use our experience in dealing with the coronavirus to support our position on the need for improvement in the ImmPRINT System.

What happens next is very much up in the air. The impact of this pandemic on state revenues is yet unknown. The Governor may have to call the Legislature back into one or more Special Sessions before it reconvenes in February 2021.

Subjects of Special Sessions could include budget revisions, issues dealing with prisons in Alabama and must-pass legislation to renew expiring economic development incentives. It is widely expected that at least one Special Session will be called in the mid-August to early-September timeframe.

As always, if you have any questions I can be reached at gchampion@publicstrategiesllc.com or 334-324-9306.

Early Career Spotlight: Use Social Media to Stay #BurnedIn!

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

As an early career professional, one of the most difficult aspects of the pandemic has been the decreased opportunities for in-person networking. Slogging through a difficult influenza season can leave us feeling drained, so looking forward to seeing my colleagues at the beach in May or standing up for kids in Washington D.C. in April are often the highlights of my year. This year, the COVID-19 pandemic has caused both of these events – and more – to be postponed, cancelled, or go online.

In spite of this, I have continued to be able to connect with pediatricians across the state; only this time, it is via social media. Social media is, in fact, what connected me to Dr. Penny Dupre – in spite of the fact that we both grew up only 60 miles from each other and graduated from the same residential high school!

Dr. Dupre, originally from Chauvin, LA, earned her medical degree at LSU Health Sciences Center – Shreveport and completed pediatric residency at LSU Health Sciences Center – New Orleans. She worked temporarily at Le Bonheur Children's Hospital in Memphis, TN prior to relocating to Alabama. Dr. Dupree is currently a practicing pediatrician in the town of Grand Bay, Alabama. Her practice also employs family practice physicians, which makes transitioning patients a breeze: “they basically just move to the other hall.”

Dr. Dupre is passionate about literacy – at every age. She even set up a “Little Library” in her clinic so both kids and adults would have access to books, and she enjoys seeing what books find their way onto the library shelves. A self-described “goofball,” Dr. Dupree keeps her husband, two children and two dogs laughing.

One of the challenges of being a pediatrician in a small town is fewer opportunities to develop mentoring or sponsor relationships – and this is exactly where social media can be helpful. Meeting Dr. Dupre has been one of the highlights of this otherwise difficult time and I hope that our relationship will be productive for both of us.

Investing a little more time in intentional networking via social media can pay off for you as well. There are a variety of social media platforms that you can use for this purpose, each with a slightly different goal. Twitter, for example, is a great way to keep up with the latest news, including recall alerts, groundbreaking studies, and new guidelines as soon as they are published. Facebook and Instagram, on the other hand, are more about connecting personally, whether checking in with colleagues or sharing content from your practice page that ties your patient families to your practice community. If you are looking to connect with other physicians or to connect with other thought leaders to help you strengthen your business skills, LinkedIn could be for you.

And if you are unsure how to use these tools to achieve your unique networking goals, there are a variety of free podcasts from which you can learn. For example, The Biz Chix Podcast has had an entire series on social media this summer.

If physical distancing has gotten you down, try social media networking. You never know with whom it may lead you to connect.

Best Beginnings collaborative pauses during COVID-19, shifts focus

Alabama's children achieve better outcomes when challenges in infancy and toddlerhood related to development, autism, social-emotional concerns, and maternal depression are identified and addressed early on. The Best Beginnings collaborative began in January 2020 to support primary care practices in improving their current screening processes or to introduce new screenings into their workflow. Fourteen pediatric practices and 67 pediatricians began orientation, module work and data collection using the American Academy of Pediatrics' Quality Improvement Data Aggregator with practice interventions aligning around the key drivers of engaging QI team and practice, managing population, building community capacity, reliable screening and referral completion, and parent/guardian engagement. Practices self-selected ONE of the early screening tools (development, autism, social-emotional, or postpartum depression) to change workflow to increase the rate of recommended well-child visit screenings and referral for services for conditions impacting children ages one month to three years.

This work, however, was interrupted in early March as the nation was hit with the COVID-19 crisis; screening and referral completion paused from March through May to focus on COVID-19 workflow changes while working on early screening, documentation and referral tracking.

Practices continued to attend the regularly scheduled monthly practice webinars and report out on shared experiences around COVID-19 during the last three months, which included the following:

Workflow revisions

- Increased well-child visits picked up in early May
- Collaborative practices never suspended early screenings for well-child visits during COVID pivot months
- Triage protocol changed from the triage room to patient rooms
- Practices are seeing a much lower sick visit rate

Staff/Office impact

- Important to stay vigilant for other comorbidities that can be identify through well-child visits

Telehealth

- Heavy use of telemedicine, phone contact, some video
- Telehealth – queries on ADHD, asthma, depression

Reminder/Recall/Connecting to families

- Reminder recalls through several platforms/programs, including phone calls and running reports
- Use of social media and patient portals to encourage well visits and keep families informed of changes
- Practices have been communicating safety measures to families through social media and text messaging
- Messaging to families for follow-up appointments
- Using ImmPRINT for vaccines reconciliation
- Using EHR to connect with families with asthma, ADHD, depression
- Practices have used COVID-19 time to increase outreach to asthma and ADHD patients

Status of routine vaccinations at well visits

- Practices reporting vaccines are remaining stable or actually increasing with well visits.
- Some practices have focused on vaccine visits – one to two times per week; calling patients from call service each night.



Chapter says “so long” to Polly McClure

All good things must come to an end, and alas, the Chapter Executive Board and staff are sad to see an important member of our team announce her departure, effective August 31.

Polly McClure, RPh, Reach Out and Read-Alabama Statewide Coordinator for almost 15 years, has left an indelible mark on early literacy in Alabama, taking a small number of practices who provided the Reach Out and Read model and growing this program to become a significant early childhood player. She has made many connections for ROR, working hand-in-hand with early childhood partner and securing grants to get more books and guidance into families' hands.

“She has always had a heart for this program—one cannot even think about Reach Out and Read and not think about Polly,” said Chapter Executive Director Linda Lee, APR.

“It has brought so much joy to my heart to have been part of an incredible team that has helped Alabama's families understand the impact of reading daily on language development,” Polly said. “But it was time for me to step aside and allow someone else to grow this program.”

The Chapter will soon announce the hiring of a new Statewide Coordinator, but for now, celebrates Polly's accomplishments and what she has meant to all of us.

Her colleagues at ROR National have cited her “energy, positivity, exuberance and passion” as just some of the qualities that they will miss so much. The same goes for Chapter members at ROR sites:

“I have been inspired and motivated by her bright enthusiasm for reading and children, and Alabama has been blessed to have her as our ROR coordinator,” said Sara Smith T, MD, FAAP, Pediatric Clinic, LLC. “Her smile has been something I've looked forward to at AAP meetings for years!”

“Polly has been a huge part of our Chapter family and it is difficult for me to imagine her not being part of it,” Linda added. “But she will always be in our hearts.”

Literacy as a Distinct Developmental Domain

The recent opinion piece, "Literacy as a Distinct Developmental Domain in Children," published in the *Journal of the American Medical Association*, proposes that literacy is recognized as an additional developmental domain of early childhood development, alongside the current four main domains specified in the American Academy of Pediatrics' Bright Futures initiative: (1) gross motor skills; (2) fine motor skills; (3) cognitive, linguistic, and communication skills; and (4) social and emotional skills.

Penned by three Reach Out and Read National medical champions, including Director Perri Klass, MD, FAAP, National Board member and former Chair of the Board Tom DeWitt, MD, and prominent and prolific researcher, John Hutton, MD, the article outlines how assessing the developmental trajectory of literacy reflects genetic, medical, neurobiological, and environmental factors not captured in other domains, holding promise for population-level primary prevention and early intervention in addressing an essential component of school readiness.

Read the full article at <https://bit.ly/2CnWHQ2>.

AAP CEO joins Reach Out and Read National Board

Mark Del Monte, CEO/Executive Vice President of the American Academy of Pediatrics, has joined the Reach Out and Read National Board. For many years, Mr. Del Monte has been a strong supporter and advocate of Reach Out and Read. "Especially now, Reach Out and Read is an essential program to help families connect and promote social-emotional development. I am honored to join the board and look forward to continuing the strong relationship between the AAP and Reach Out and Read," said Mark.

With Reach Out and Read-Alabama being a program of the Alabama Chapter-AAP, we look forward to building a stronger connection and reinforcing our partnership on many levels.

Rx for Summer Reading campaign features *Pete the Cat*

While this year's Rx for Summer Reading campaign looks a little different, the purpose remains the same — prescribing books to children and sharing the love of reading with young patients and their families! Twenty-four Reach Out and Read-Alabama pediatric practices and clinics are celebrating 14 years of stories this summer with the 11th annual summer campaign that promotes families reading together.

Partnering with the Alabama Department of Rehabilitation Services, the lead agency for Alabama's Early Intervention System, Reach Out and Read-Alabama practices and clinics are hosting events around the book *Pete the Cat and His Magic Sunglasses* to give parents practical information about building moments and routines and helping their families manage during these anxious times. Using the book as a basis to explore new feelings and emotions as well as the world in which we live, each event provides one simple reminder to families that spending time together with books can offer a safe harbor, even if only for a few moments each day.

The campaign kicked off virtually on June 19 and featured guests including Betsy Prince, coordinator of Alabama's Early Intervention System, who played a significant role in choosing this year's book. "When I chose the book a few months back, I didn't realize how appropriate it would be during this time. Pete is a grumpy cat at the beginning of the story, thinking his magic sunglasses will make everything better. He realizes by the end that you have to look for the good in every day, and I think that is so true about the world we are living in today."

Elizabeth Dawson, MD, FAAP, Chapter secretary/treasurer and ROR-AL medical champion at Charles Henderson Child Health Center, shared that reading is crucial for early literacy and promoting resilience and bonding between adults and the children they care for.

"I am a big supporter of Reach Out and Read because it helps kids and families and supplies medical providers with opportunities to talk about reading and bonding while providing the tool (a book) to do so," said Dawson, who is also founder and president of the Troy Resilience Project, a community group dedicated to reversing the effects of toxic stress, breaking the cycle of violence and adversity, and promoting resilience.

Dothan Pediatric Network ROR-AL program site coordinator, Anna Dailey, shared how practices and clinics could participate in and plan an event and how their four practices have participated in the past.

"Receiving a book from a provider at a well-child visit impacts a child's life in so many ways. It builds a family bond, encouraging parents to spend one-on-one time reading aloud to their children," Anna said. "The books we give could be the only books these children ever get, whether at a check-up or during our summer reading program."

The kickoff concluded with a reading of the book by Alabama-born actor, Clayne Crawford of the Clayne Crawford Foundation.

At time of writing, program sites at Infants' and Children's Clinic, Charles Henderson Child Health Center, UAB Primary Care Clinic, Crimson Pediatrics, Dothan Pediatric Network, Fairhope Pediatrics and Mostellar Medical Center have held their events, and 15 more practices and clinics will host events through August.



Kenneth Brown, MD, FAAP, of Ozark Pediatric Clinic, shares the story of *Pete the Cat* with children at the clinic.

LET'S HEAR IT FROM OUR DEPARTMENTS OF PEDIATRICS!

What has changed?

By Mitch Cohen, MD, FAAP, Katharine Reynolds
Ireland Chair of Pediatrics, UAB School of Medicine



Mitch Cohen, MD, FAAP

Pediatrics in Alabama will be different post-COVID-19. While there are still many things we don't know about our new normal, I would challenge us to focus on some mostly knowable wins after COVID-19.

We had been experimenting with telehealth for interval follow-up visits in pediatric nephrology before COVID-19. However, these visits were not home telehealth and were done on a limited scale. In April and May, we achieved 1,250 home telehealth visits per week in the Department of Pediatrics. This represents almost 60 percent of our normal scheduled outpatient volume in a typical week. As we bring back in-person clinic visits, telehealth visits should remain a part of the way in which we deliver subspecialty healthcare in Alabama.

Telehealth visits are not the panacea to address all of the social inequities that impact pediatric health care in Alabama, but they do make transportation and time off from work less of an obstacle to obtaining subspecialty care. As we learn more about how to use them to measure and improve health outcomes, and as we expand broadband access, I believe that telehealth can be a great health equalizer, much as the internet itself has helped to equalize information access in the last 30 years.

Another important outgrowth of COVID-19 should be our focus on addressing disparities in healthcare outcomes in people of color. While 25 percent of our state's population is African-American, nearly 45 percent of the deaths have occurred in this group. The factors that cause this over-representation may be complex. But they must be addressed and they are among the most important healthcare challenges we face.

As we emerge from COVID-19, I will challenge the Department of Pediatrics, in all of our new and existing programs, to answer the question: "Does this program address and/or mitigate health disparities in Alabama?" We need to focus and invest our resources in changing this outcome.

To learn more about our response to COVID-19, visit <https://www.uab.edu/medicine/peds/about/coronavirus>.

USA Pediatrics leads the way in treatment of NOWS

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



David Gremse, MD, FAAP

Although most of our attention is rightly focused on COVID-19, Neonatal Opioid Withdrawal Syndrome (NOWS), previously known as Neonatal Abstinence Syndrome (NAS) is another health crisis we are dealing with that is not going away.

Richard Whitehurst, Jr., MD, FAAP, Professor of Pediatrics in Neonatology, has led the Neonatal Opioid Withdrawal Syndrome program at USA since its inception. He was named as one of the principal investigators of an international phase II clinical trial to evaluate the safety of a drug for babies born with NAS.

The study is a five-year, multi-center study spanning at least 19 clinical locations in the United States and abroad, sponsored by Chiesi Farmaceutici of Parma, Italy. According to the National Institute on Drug Abuse, an estimated 32,000 infants were born with NAS from 2004-2014, equivalent to one baby suffering from opioid withdrawal born every 15 minutes. The study is a double blind, randomized, two-arm parallel study to evaluate the efficacy, safety and pharmacokinetics of CHF6563 in babies with NOWS.

Through the NOWS program at USA, Dr. Whitehurst, conducts prenatal visits to build successful relationships with expectant mothers before they deliver to help ensure the best outcomes for babies. This physician-patient relationship increases compliance with non-pharmacologic treatments, such as swaddling the babies differently, creating low level noise and light environments to minimize over-stimulation, and training parents on how to care for them when they go home.

Because of the treatment protocols established by Dr. Whitehurst and their successful implementation, the length of stay for newborns withdrawing from opioids and other drugs has decreased significantly in the past five years at USA Health Children's & Women's Hospital.

MEDICAID NEWS

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"For more than five decades, Alabama Medicaid has continued to provide essential services to low-income adults, children, pregnant women, seniors, and people with disabilities in the state. This access to health care gives hope for a healthier life to more than one million recipients in Alabama.

"As we continue to improve health outcomes and access to quality healthcare, I thank our employees, associates, providers, community partners, state and federal agencies for your service, support, and commitment to the citizens of Alabama," she added.

Over the 50 years, Medicaid achieved numerous goals while also providing medical and health-related services to Alabama's most vulnerable citizens. The program continues to cover healthcare services, such as long-term care (including increased opportunities to receive services at home or in the community), medical equipment for disabled recipients, Medicare premiums, family planning, mental health rehabilitation, substance use treatment, targeted case management, and of course, medical services via numerous provider types.

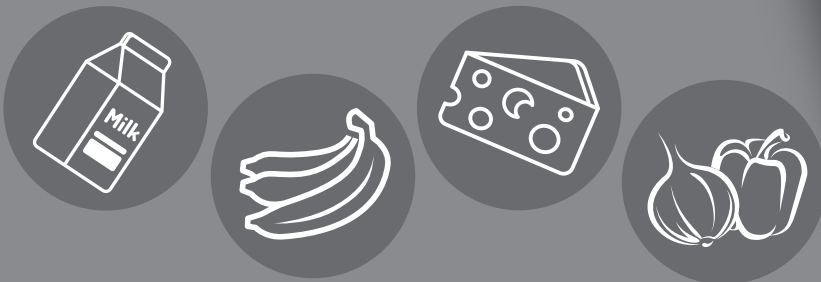
Medicaid functions with the goal of providing quality healthcare efficiently and effectively. "We value new ideas, innovation, and a positive response to change amid a rapidly evolving healthcare industry," Commissioner Azar stressed. "We value integrity, observe the highest ethical standards, and obey all laws and regulations. As good stewards of the state's resources entrusted to us, the Agency is committed to excellence and the highest standards of quality in all our initiatives and efforts."



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DAIRY + PLANT-BASED DIETS = IMPROVED NUTRIENT INTAKES

“Specific recommendations to increase low-fat and non-fat dairy foods in conjunction to increasing healthy plant-based foods will help to close some of the nutrient gaps currently present among Americans of all ages.”

Modeling Scenario	Improved Intakes	Insufficient Intakes
Double usually consumed plant-based foods	Magnesium Iron Folate Vitamin C Vitamin E	Calcium* Vitamin D* Vitamin A Protein
Double milk, cheese, and yogurt	Magnesium Iron Folate Vitamin C Vitamin E	

Americans of all ages.”



NHANES Modeling Study
N=17,387 ≥ 2 years



Proteins from animal food sources are complete, high-quality proteins because they provide all 21 amino acids.



Milk provides 9 essential nutrients including protein, calcium, vitamins A & D and more!

A 2016 modeling study – utilizing NHANES data, found a mix of plant foods and dairy foods had the best chance of closing nutrient gaps in common diet consumption patterns of Americans.

*Cifelli et al. Increasing Plant Based Foods or Dairy Foods Differentially Affects Nutrient Intakes: Dietary Scenarios Using NHANES 2007–2010. *Nutrients* 2016, 8(7), 422; <https://doi.org/10.3390/nu8070422> <https://www.mdpi.com/2072-6643/8/7/422/html>



Coding

ORNER Coding preventive care and a problem-focused visit on the same day

by Lynn Abernathy Brown, CPC

QUESTION: Which payors recognize Preventive Care and Sick visits on the same day and what supports a sick visit during a preventive care visit?

ANSWER: Since almost all payors (including Alabama Medicaid during the Public Health Emergency) currently recognize coding for preventive care and problem-oriented visits (aka, Well and Sick) on the same day, providers can consistently code for these type of visits with all patients.

The provider should ask himself/herself if the additional problem-focused issue would have warranted a separate office visit. Examples of possible problem-focused visits:

- new problem that requires additional work, such as strep, UTI, skin condition, injury
- chronic condition that is exacerbated or worsening
- new or changed prescription
- follow-up for conditions such as asthma, ADHD, depression
- time spent discussing a problem or problems, such as feeding issues, behavioral issues, or anxiety.

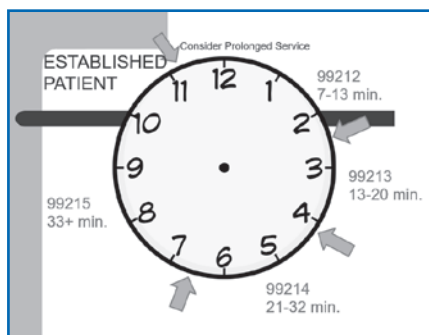
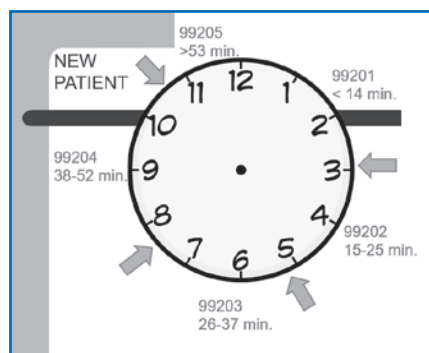
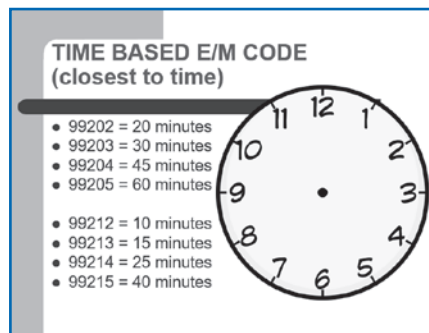
A minor problem encountered during a preventive care visit that does not require additional work may include:

- medication refill for a chronic, stable condition with no changes, such as ADHD or asthma
- minor complaint or finding with very minimal work, such as mild diaper rash or skin irritation that may not have led the patient to come in for a separate appointment
- chronic condition that is stable and does not need to be addressed.

A preventive care visit is a comprehensive preventive medicine evaluation and management of an individual, which includes an age- and gender-appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures. Outside of these services, a problem-focused visit may be considered.

The level of care code for the problem-focused service should meet documentation criteria through the chief complaint, history of present illness, exam, and the assessment/plan of care or time (see visuals).

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.



Event Calendar

September 26 - 27, 2020
2020 Virtual ANNUAL MEETING
& Fall Pediatric Update
Via Zoom Webinar

October 2 - 5, 2020
2020 National Conference &
Exhibition - Virtual

November 30, 2020
Chapter/PMA Webinar:
Getting Ready for 2021:
Coding Changes,
Including New Office Visit Rules
12:15 p.m.

April 22 - 25, 2021
2021 Spring Meeting &
Pediatric Update
Sandestin Golf & Beach Resort
Destin, FL

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Spotlight on Early Hearing Detection & Intervention: Bright futures by the numbers

By Kari Bradham DO, FAAP, USA Department of Pediatrics and Alabama Chapter-AAP EHDI Champion



Kari Bradham DO, FAAP

Delayed diagnosis or undetected hearing loss can lead to delayed communication, language, speech, cognition, reading, and social-emotional skill development. When present, these delays negatively impact academic achievement and frequently contribute to lifelong unemployment or underemployment and difficulty interacting with peers. In recognition of these potential outcomes, the American Academy of Pediatrics (AAP) has advised that a newborn who does not pass his or her newborn hearing screening has a potential developmental emergency. Fortunately, with appropriate medical home support, bleak prospects can be transformed into bright futures filled with potential and possibility.

The '1-3-6' timeline is the foundation of Early Hearing Detection and Intervention (EHDI) best practices.

- **'1' - By 1 Month of Age** – Obtain hearing screening prior to discharge from the birth hospital and, for babies who do not pass screen in hospital, repeat screen by audiologist by 1 month of age.
- **'3' - By 3 Months of Age** – Refer all infants who do not pass the newborn hearing screening in one or both ears immediately to a pediatric audiologist. Hearing status should be confirmed (typical hearing ascertained or hearing loss diagnosed) by audiologic evaluation no later than 3 months of age.
- **'6' – By 6 Months of Age** - Verify that all infants who are deaf or hard of hearing in one or both ears have been enrolled in high-quality, family-centered, early intervention services that promote full, continuous auditory and/or visual access to language by 6 months of age.

The EHDI '1-3-6' timeline is endorsed by the AAP, Joint Committee on Infant Hearing, Centers for Disease Control and Prevention, and the Alabama Department of Public Health.

continued on page 15

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CHAPTER BRIEFS

Walley named co-PI for Healthy Alabama 2030: Live HealthSmart



Susan Walley, MD, FAAP

Susan Walley, MD, FAAP, UAB Pediatric Hospital Medicine, has been named co-Principal Investigator for Healthy Alabama 2030: Live HealthSmart. Dr. Walley will work on the smoking cessation portion of the project. She will focus on improving access to tobacco cessation resources and reducing tobacco use in the state. Currently 20.9 percent of adults in Alabama use tobacco products. Kudos, Dr. Walley!

Stagno elected to Alabama Healthcare Hall of Fame, Class of 2020



Sergio Stagno, MD, FAAP

Sergio Stagno, MD, FAAP, UAB Pediatric Infectious Diseases, was selected to be a member of the Alabama Healthcare Hall of Fame, Class of 2020. The Alabama Healthcare Hall of Fame was established in 1997 and honors those who have made major contributions to the service of healthcare in the state of Alabama. Dr. Stagno began his healthcare career in Alabama in 1971 when he joined the lab

of Charles Alford, M.D., to study congenital infections. He would go on to become a long-serving member and chair of the UAB Department of Pediatrics for 25 years.

Congratulations Dr. Stagno!

Nichols receives the APPD Robert S. Holm, MD, Leadership Award

Michele Nichols, MD, FAAP, UAB Pediatric Emergency Medicine, has been named the 2020 recipient of the Robert S. Holm,

MD, Award. This award is presented by the Association of Pediatric Program Directors (APPD) each year to honor a member of the APPD for their outstanding contribution to mentorship and support for other Program Directors in the APPD and for their service as a role model to program leadership across the organization. Kudos, Dr. Nichols!



Michele Nichols, MD, FAAP

Coyne-Beasley elected to board of directors for the National Foundation for Infectious Diseases

Tamera Coyne-Beasley, MD, FAAP, has been elected to the board of directors for the National Foundation for Infectious Diseases (NFID). Dr. Coyne-Beasley will serve a three-year term from July 2020 to June 2023. As part of her role on the board of directors, Dr. Coyne-Beasley will also serve on the NFID Continuing Professional Education Committee. Congratulations, Dr. Coyne-Beasley!



Tamera Coyne Beasley, MD, FAAP

UAB Primary Care Clinic achieves Patient-Centered Medical Home Recognition

Kudos to the UAB Pediatric Primary Care Clinic, which has been awarded recognition by the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Program! The clinic joins other practices across the state who excel in providing patient-centered, high-quality care to their patients and families.

Spotlight on Early Hearing Detection & Intervention **continued from page 15**

Each year, an estimated three in 1,000 infants are born in the U.S. with hearing thresholds in the moderate, severe, or profound range. Each year, approximately 100 infants in Alabama are born deaf or hard of hearing. The medical home is uniquely positioned to respond to this developmental emergency. Following the EHDI '1-3-6' timeline offers important support and helps to ensure bright futures for these children and their families.

More information and family support resources are available through:

- Alabama EHDI Coordinator/Alabama Department of Public Health - (334) 206-2944 or 1-866-928-6755
- EHDI-PALS for pediatric audiologist - www.ehdi-pals.org/SmartTool/EP_SmartTool.aspx
- Early Intervention Child Find - 1-800-543-3098



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Pediatric Diabetes & Obesity 2020 Update

Specialist Support for Primary Care

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Why Project ECHO®?

Patients with complex health issues need access to health providers, but there are not enough trained specialists available – especially in rural areas. Project ECHO® allows specialists from the University of Alabama at Birmingham to train primary care physicians to provide specialty care. This approach results in reduced healthcare costs and improved patient care!

What do you need to participate?

- Use a smartphone, tablet or PC with a webcam to connect to our video conferences. Any touchtone phone can be used to connect via audio only.
- We will meet from 12-1 pm, CST, on the first and third Fridays of each month. Each mini-session will meet 4 (four) times.



Children's
of Alabama®

Questions? Ready to join?
Contact Michelle Coulter
Email: endoecho@peds.uab.edu
Call or Text: 205-410-9162

To register, visit
echo2020.eventbrite.com

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