



The Alabama Pediatrician

Second Quarter 2021

From the President Year of the Pediatrician



Katrina Skinner, MD, FAAP
Chapter President

It seems that 2021 is the year of the pediatrician. Every day I see more colleagues in the news as expert contributors, on social media as factual content creators, and in the community as trusted professionals.

Even here in Alabama, we have more pediatricians than ever

participating in activities across the state. From our newly formed Child Death Review project to our School Nurse/Pediatrician project, you are stepping out of your offices to make an impact for your patients, your communities, and your colleagues.

In April, we enjoyed a return to our beloved Spring Meeting in Sandestin, with over 60

attendees and 24 exhibitors. If you weren't able to make it, we've added an option to watch our excellent content on demand. Scan the QR code for details on how to access this content for your



CME on your own time.

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

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

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

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

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

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

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



Representatives from practices who participated in the Alabama Child Health Improvement Alliance's (ACHIA) adolescent and early screening collaboratives accept certificates of completion from Cason Benton, MD, FAAP, ACHIA medical director.

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Annual Meeting and Fall Pediatric Update

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

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

As COVID-19 safety guidelines have become less restrictive, we are really looking forward to this



The Chapter is excited to host this year's conference at the newly renovated The Sheraton Birmingham!

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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.

Annual Meeting and Fall Pediatric Update continued from page 1

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

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

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



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



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



Annual Meeting and Fall Pediatric Update continued from page 1

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

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

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

Look for registration details in your mailboxes soon and on the Chapter web site at www.alaap.org!

The Sweetest Words I Know: Sine Die

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

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

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

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

Other legislation supported by the Chapter that passed include:

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

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

I am “those people”

Norma D. Mobley, MD, FAAP

As a pediatrician discussing the topic of “Medicaid expansion” in Alabama, it is easy to cite factors supporting medical care for children. However, being a proponent advocating on behalf of children for years, I have personally encountered various opposing views. In recalling rivaling arguments, coupled with present-day societal awareness concerning racial disparities in medicine and access to care, I am compelled to unearth linked preconceptions. Statements of unconscious bias are freely expressed, and often spoken by people in direct conflict of their own self-interest and heard by those raising an eyebrow while feeling uncomfortable raising their voice.

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

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

Having already resigned from full-time employment as an OB/GYN physician assistant, I began part-



Where are the greatest opportunities for Alabama primary care providers to improve health outcomes for children and adolescents over the next few years?

A straightforward, yet complex, question the Alabama Child Health Improvement Alliance’s (ACHIA) steering committee asked itself in ranking topics for upcoming pediatric quality improvement learning collaboratives. With the understanding that all child health is important, participants sorted health measures with the following characteristics:

- Ability for primary care to impact the health outcome
- Capacity/feasibility of practices to participate
- Synergy with state initiatives
- Alignment with other practice drivers, such as payer incentives, board certification, and patient-centered medical home needs

Results of this quality measure sorting process were integrated with surveys from pediatricians attending the Alabama Chapter-AAP Spring Meeting. Emerging as the best opportunities for improvement included the following: vaccines and vaccine hesitancy; adolescent depression and anxiety; antibiotic stewardship; and trauma-informed care. Social determinants of health and care coordination are also ranked high and are integrated into every ACHIA learning collaborative.

Teen vaccines and vaccine hesitancy are an especially timely topic to kick off the new learning collaborative cycle in 2022, as only 17 percent of youth are up to date on vaccines by the age of 13. Even Tdap, the best performing teen vaccine, is only at 61 percent. Vaccine hesitancy, always a challenge, appears to be on the rise.

Participants in next year’s

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

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

Feeling belittled, embarrassed, and ashamed, I ran out of the establishment, despite knowing I lacked the means to afford the medical care I needed. No one should have to feel humiliated to receive medical care. Electing not to focus on the money I did not have, I directed attention toward resources readily available to me: my knowledge and connections. Having worked as a PA in OB/GYN, I provided excellent prenatal care under physician supervision. Therefore, I prescribed myself prenatal vitamins, ordered my AFP at 16 weeks, and allowed OB/GYN residents to practice their ultrasonography skills.

At approximately 24-26 weeks EGA, the social worker from the clinic called to check on me and was mortified to learn of my Medicaid office experience and additionally disappointed to know that this resulted in me not receiving prenatal care. She explained she could process me through the clinic AND I could receive care there also.

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

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

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

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

I, too, sit at the table where often no one else looks like me, serving as a visual for inclusion, but feeling unincluded. Yes, I wince when hearing biased phrases yet rarely do my lips part to announce, "I am 'those people.'"

COVID-19 Vaccine Member Toolkit launched!

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

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

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

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

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

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

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



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

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



Candice Dye, MD, FAAP, and Aubrey Coleman, MD, FAAP, were among the MD team at a recent Birmingham telethon, where they answered viewers' questions about the COVID-19 vaccine.



Katrina Skinner, MD, FAAP, and Nina Ford Johnson, MD, FAAP, teamed up with other physicians in Mobile at a telethon to dispel myths about the COVID-19 vaccine.



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



Immediately following the FDA's approval of the Pfizer vaccine for adolescents, Phenix City pediatrician Ritu Chandra, MD, FAAP, spread the message via her local TV station, WTVM.

From Health Outcomes continued from page 3

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

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

ACHIA

Alabama Child Health Improvement Alliance

Future ACHIA QI Topics*

2022 - Teen Vaccines

2023 - Adolescent Depression

2024 - Antibiotic Stewardship

2025 – Trauma-Informed Care

*Topics and year delivered are subject to change.



Ready-Set-Go Gently Parenting

**Linda Reeves, MD, FAAP, Pediatrician
and**

**Stephanie Edge,
Instructional Partner in Education
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READY-SET-GO GENTLY PARENTING (RSGG)

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- ▶ RSGG is gentle and kind, and it WORKS
- ▶ It is EASY for every parent to learn and use
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- ▶ Parenting Workbooks are available to purchase for classes
- ▶ VISIT our website to see for yourself!

www.readysetgogently.com

Contact us: drlreeves@rsggp.com

Reach Out and Read All About It!

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

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

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

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

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

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

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

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

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

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

Visit www.roralabama.org/rx-for-summer-reading for more information and follow us on social media for updates!



Early Career Spotlight: Dr. Meagan Carpenter fills Washington County void with expertise and a caring spirit

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



Meagan Carpenter, MD,
FAAP

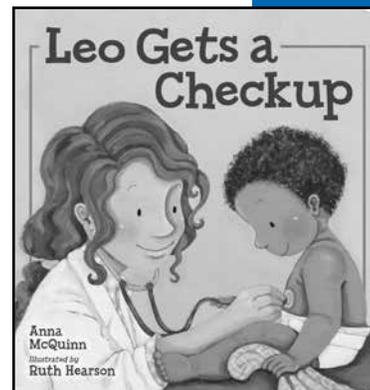
This quarter, it is my great privilege to shine the early career physician spotlight in Chatom, Ala. Located 60 miles north of Mobile in Washington County, Chatom is not the home of many physicians. However, in July 2019, Meagan Carpenter, MD, FAAP, and her husband Johnny moved to this small town to help fill that void.

Dr. Carpenter and her husband met 15 years ago when he was a football player at Mississippi State and she was on the dance team. After she completed her undergraduate and master's degrees in Mississippi, she earned her M.D. from the University of South Alabama.

Dr. Carpenter then completed a dual internal medicine and pediatrics residency and served as Med-Peds Co-Chief Resident. Among her too-many-to-count accolades, she was awarded the Departmental Award for Excellence in Outpatient Pediatric

Medicine.

That training and experience has served the community of Washington County well. According to the Teresa Grimes, CEO of Washington County Hospital and Nursing



From Early Career Spotlight continued from page 7

Home, "Dr. Carpenter quickly became a tremendous asset to this community when she and her family arrived. She has brought additional skill sets to complement the array of medical expertise in our community. Additionally, she also brought along an outgoing, friendly, energetic, willing, caring, determined, and personable personality to go along with her vast array of knowledge and experience.

"From her patients and the community to the staff and residents, we all love Dr. Carpenter. She lights up the room as well as brings calmness to any situation she manages, whether it is a critical pediatric patient or an adult patient being put on a ventilator because there are no beds in the state of Alabama and beyond that can accept a crashing COVID-19 patient. We are blessed to have Dr. Carpenter in our community, providing options for our pediatric and adult patients alike."

When this bright young pediatric star is not working in her office, at the hospital, or at the nursing home, she can be found with her family. Her husband is the head football coach and baseball coach at Fruitdale High School, and Dr. Carpenter serves as their team physician. And we know that Mayleigh Grace (age 7) and Jac (age 5) are happy to have their mama cheer them on in t-ball and dance.

Dr. Carpenter has already gone above and beyond to improve access to care for both children and adults in Chatom. We hope that she chooses Alabama as her home for many years to come. Welcome, Dr. Carpenter.

LET'S HEAR IT FROM OUR DEPARTMENTS OF PEDIATRICS!

Changes in the Pediatric Emergency Medicine Division at UAB

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



Mitch Cohen, MD, FAAP

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

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

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

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



Kathy Monroe, MD, FAAP

USA Pediatrics: New treatment option for morbid obesity in adolescents at USA

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

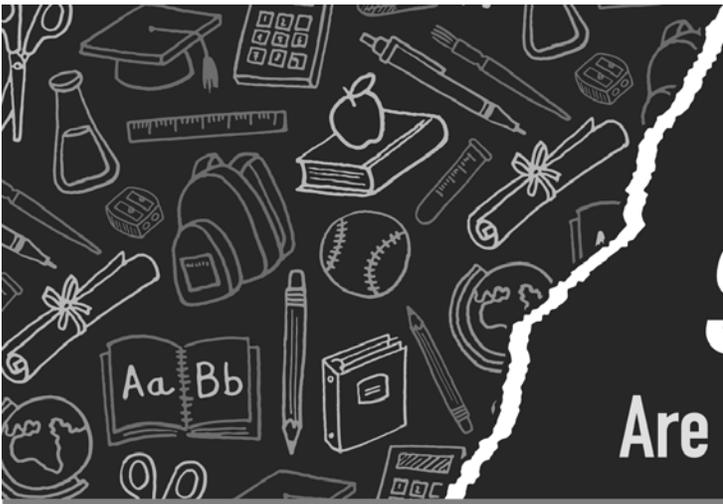


David Gremse, MD, FAAP

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

As the prevalence of obesity continues to increase, we as pediatricians understand the challenges of successful management of these patients. Pediatric bariatric surgery is an option for adolescents in whom ≥ 6 months of medically supervised weight loss attempts were unsuccessful and have been compliant and meet medical and psychologic criteria. Adolescent candidates who qualify for consideration are severely obese (defined by the World Health Organization as a body mass index of ≥ 40), have attained a majority of skeletal maturity (generally ≥ 13 years of age for girls and ≥ 15 years of age for boys), or who have a BMI > 35 with co-morbidities related to obesity that may benefit from durable weight loss.

As pediatricians, we all recognize the value of maximizing the health of children and adolescents to lay a foundation for healthier life in adulthood. We congratulate Drs. Weaver and Preud'Homme for their leadership in providing the availability of this treatment in our region.



BACK TO SCHOOL TIME

Are Your Patients Protected?

Tools To Succeed

ImmPRINT

**Immunization Patient Registry with
Integrated Technology**

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

ImmPRINT Vaccine Coverage Rate Report

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

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



NEWS FROM PUBLIC HEALTH

Alabama WIC increases fresh fruit and vegetable cash value benefits

The American Rescue Plan Act of 2021 provides state WIC agencies with the option to temporarily increase cash value benefits (CVBs) to \$35 per participant for four consecutive months. Alabama's WIC Program implemented the CVB increase on June 1 and it will be in effect through September 30, 2021.

This increase more than triples the amount of healthy produce families can purchase during the summer's peak season, adding quality and value to the current WIC food package. The table below shows the financial impact this increase could have for a typical WIC family.

Example WIC Family	Current CVB Amount	ARPA CVB Increase
Mother	\$11	\$35
First Child	\$9	\$35
Second Child	\$9	\$35
Total Family CVB Benefit	\$29	\$105

Current WIC participants are encouraged to take advantage of these resources during the limited time they are available by redeeming their CVB for the entire family. People who feel their family may qualify for WIC or need to be requalified are asked to contact their local health department or WIC agency for an appointment.

Interested families should visit alabamapublichealth.gov/wic or call the statewide toll-free line at 1-888-942-4673.

Coding

O Emotional, behavioral and mental health diagnosis codes

by Lynn Abernathy Brown, CPC

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

R Symptoms and signs of the emotional state:

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

Symptoms and signs involving appearance and behavior:

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

Medication management

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

Payor issues

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

Coding Corner continued from page 10

Mental, behavioral and neurodevelopmental disorders

Disorder diagnosis codes that may apply to children and adolescents:

F41 Other Anxiety disorders	<ul style="list-style-type: none"> • F90.0 ADHD, predominantly inattentive type • F90.1 ADHD, predominantly hyperactive type • F90.2 ADHD, combined type • F90.8 ADHD, other type • F90.9 ADHD, unspecified type (not documented as to which type) 	F95 Tic disorder	<ul style="list-style-type: none"> • F95.0 Transient tic disorder • F95.1 Chronic motor or vocal tic disorder • F95.2 Tourette's disorder • F95.8 Other tic disorders • F95.9 Tic disorder, unspecified (not documented as to which type)
F90 Attention- deficit hyperactivity disorders	<ul style="list-style-type: none"> • F90.0 ADHD, predominantly inattentive type • F90.1 ADHD, predominantly hyperactive type • F90.2 ADHD, combined type • F90.8 ADHD, other type • F90.9 ADHD, unspecified type (not documented as to which type) 	F95 Tic disorder	<ul style="list-style-type: none"> • F95.0 Transient tic disorder • F95.1 Chronic motor or vocal tic disorder • F95.2 Tourette's disorder • F95.8 Other tic disorders • F95.9 Tic disorder, unspecified (not documented as to which type)
F91 Conduct disorders	<ul style="list-style-type: none"> • F91.0 Conduct disorder confined to family context • F91.1 Conduct disorder, childhood-onset type • F91.2 Conduct disorder, adolescent-onset type • F91.3 Oppositional defiant disorder • F91.8 Other conduct disorders • F91.9 Conduct disorder, unspecified (not documented as to which type) 	F98 Other behavioral/ emotional/ disorders, onset occur- ing in child- hood and adolescence	<ul style="list-style-type: none"> • F98.0 Enuresis not due to a substance or known physiological condition • F98.1 Encopresis not due to a substance or known physiological condition • F98.21 Rumination disorder of infancy • F98.29 Other feeding disorders of infancy and early childhood <ul style="list-style-type: none"> ◦ Excludes: Feeding Difficulties R63.3 ◦ Excludes: Feeding problems of newborn P92.01-P92.9 • Pica of infancy or childhood F98.3 • F98.8 Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence: Could include Nail-biting, Nose-picking, Thumb-sucking • Excludes breath-holding spells R06.89
F93 Emotional disorders with onset specific to childhood	<ul style="list-style-type: none"> • F93.0 Separation anxiety disorder of childhood • F93.8 Other childhood emotional disorders • F93.9 Childhood emotional disorder, unspecified 		To review all Mental, Behavioral and Neurodevelopmental disorders, see F01-F99

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.

Alabama pediatricians, school nurses team to improve communication, adolescent health

Over the last few months, pediatricians from around the state have participated with their school nurse colleagues on a Chapter "mini-collaborative" designed to improve communication and serve as a breeding ground for best practices that can be shared around the state. The project was made possible by a grant through the Alabama Department of Public Health, and grew from a vision between the Chapter and the Alabama State Department of Education as a way to overcome communication hurdles between school nurses and pediatricians while working together on improving adolescent health.

Members of the two disciplines participated in four "listening sessions," facilitated by consultants from the UAB School of Public Health. During and in between sessions, participants worked to develop common goals and shared ways of communicating on a regular basis so that school nurses could be better seen as extensions of the medical home, much like pediatric subspecialists.

The pairs (and in some cases, triplets) also are continuing to work together on ways to educate the school community on important adolescent health issues, including prevention of e-cigarette use, depression/anxiety and vaccinations, among others.

One respondent to a survey of participants shared that it was beneficial to "hear from others in the state as far as what worked and didn't work. This allowed us to identify other potential areas for improvement on things we were not aware of." Another respondent

From Communication/ Adolescent Health continued from page 11

reported extending their team's project to include other school systems in close proximity to theirs.

Some participants reported a greater understanding and appreciation of role their teammate(s) fill, saying that the discussion of differences in schedules and daily activities for school nurses and pediatricians was especially helpful. One respondent shared, "It helped me know what each person does each day and this opened my eyes to understand how to communicate better."

Event Calendar

September 24 – 26, 2021
2021 Annual Meeting &
Fall Pediatric Update
The Sheraton Birmingham

October 8 – 12, 2021
2021 AAP National
Conference & Exhibition
Philadelphia, PA

April 28 – May 1, 2022
2022 Spring Meeting &
Pediatric Update
The Lodge at Gulf State Park
Gulf Shores, AL

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Youth e-cigarette use: how you can take action

A word from your Chapter E-Cigarette Champion

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

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

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

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

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

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

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

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

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

Editor's Note: Scan the QR code to see Dr. Petty's message to youth.



Medicaid News

Patient-Centered Medical Home (PCMH) attestation

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

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

For more information on the PCMH attestation process, visit www.medicaid.alabama.gov for the Changes to Patient-Centered Medical Home (PCMH) Attestation Process ALERT dated January 19, 2021.

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

Resource for families in Alabama

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

The website provides helpful information

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

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

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

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

Dr. Christopher Stanley named new Medical Director



Christopher J. Stanley, MD

Alabama Medicaid welcomed Christopher J. Stanley, MD, as the new medical director in May 2021.

Dr. Stanley has more than 30 years of clinical experience in obstetrics/gynecology and urogynecology, and served as medical director of Female Pelvic Medicine for

Halifax Health, a large safety-net hospital system in the Daytona Beach/Orlando area.

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

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

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

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

Please join the Agency in welcoming Dr. Stanley to Alabama Medicaid and to the state of Alabama!

CHAPTER BRIEFS

Children's of Alabama CEO Warren retires, Shufflebarger takes reigns



Mike Warren

In April, Children's of Alabama announced the retirement of Mike Warren, president and chief executive officer, effective June 1, 2021.

Warren, who has served as CEO at Children's since January 2008, is succeeded by Tom Shufflebarger, previous chief operating officer and senior executive vice president.

"Together, we have accomplished a great deal over these past 13 years,

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

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

"I am honored to be named the next CEO of Children's of Alabama," Shufflebarger said. "It is a humbling experience to be part of the strong legacy of providing care for ill and injured children from throughout

the region. As the past year has taught us, Children's of Alabama stands ready to face the challenges of modern healthcare, while remaining firmly dedicated to providing the highest standards of care for our patients and their families."

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

Simpson named 2021 President's Diversity Champion



Tina Simpson, MD, FAAP

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

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

Kudos, Dr. Simpson!

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



Marjorie Lee White, MD, FAAP

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

Congratulations, Dr. White!

Coyne-Beasley elected to American Pediatric Society Council



Tamera Coyne-Beasley, MD, FAAP

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

USA Health plans to expand pediatric emergency center

The State of Alabama recently committed \$500,000 to the renovation and expansion of the Pediatric Emergency Center at USA Health Children's & Women's Hospital in Mobile. This brings the state's investment to \$1 million in the project, which will double

Chapter Briefs continued from page 14



Nine pediatricians from across the state and Chapter Executive Director Linda Lee, APR, attended the AAP virtual advocacy conference in April. Aubrey Coleman, MD, Elizabeth Dawson, MD, FAAP, Nola Ernest, MD, FAAP, Samantha Hanna, MD, FAAP, Nina Ford Johnson, MD, FAAP, Katy Lalor, MD, FAAP, Katrina Skinner, MD, FAAP, Cassi Smola, MD, FAAP, Carmelle Wallace, MD, and Linda Lee, APR are pictured here with Senator Tommy Tuberville's legislative liaison, Emily McBride.

the current emergency department from 9,000 square feet to nearly 19,000 square feet and expand treatment areas from 14 to more than 30. The project will also create two behavioral health rooms and a sensory room to enhance the care for patients with specialized needs.

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

"This project will enable us to have state-of-the-art facilities that match the high-quality care that we uniquely provide to the children in our region," said Owen Bailey, CEO of USA Health. "Additionally, we have the opportunity to train future generations of care providers so that we can meet the emergent healthcare needs of children not only today, but well into the future."



A rendering of the proposed USA Health Pediatric Emergency Center expansion.

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

Call for nominees: Carden Johnston & Marsha Raulerson awards

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

- Criteria for Carden Johnston Leadership Award: <https://bit.ly/2UcRPoi>

- Criteria for Marsha Raulerson Advocacy Award: <https://bit.ly/2TWAu3G>

Practice Management Association update

By Lori Coletta, Chair, ALAAP Practice Management Association

After a tumultuous year, the ALAAP Practice Management Association is getting back on its feet with several plans in the works!

- Save the date! The ALAAP PMA Practice Management Workshop annual business meeting is scheduled for Friday, September 24, 2021. The executive committee has finalized the line-up of speakers (see annual meeting article on page 1) and is very excited to announce that we will be meeting in person this year in Birmingham, AL at The Sheraton Birmingham Hotel.
- After some discussion of the Executive Committee and past chairs of the PMA, we have agreed to start holding quarterly Zoom meetings, in which we will use breakout rooms by region. After an inaugural meeting in July, these will continue starting in October. We are very excited about the possibilities for having some connectivity at the local level among pediatric practice managers! And these meetings will be in addition to our educational webinars.
- You will soon receive a quick questionnaire to find out if you have expertise in specific pediatrician practice management areas – with that information, we will develop a best practice mentor list and share that on the website.
- And speaking of website, our PMA resource webpage will soon become a member-only page.

Alabama Chapter

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- Helps adolescent patients treated at Children's for chronic and complex childhood medical conditions transition to adult healthcare by providing:
 - Individualized transition planning beginning around age 14
 - A primary care clinic to serve as an adult medical home to facilitate referrals to specialists, ensuring timely, uninterrupted transition and access to other support services (physical therapy, social work, nutrition, emergency planning, etc.)

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