



The Alabama Pediatrician

Issue #1 2021

From the President

Baby Bust?



Katrina Skinner, MD, FAAP
Chapter President

When the pandemic first started and the initial quarantine ensued, many joked about the anticipated baby boom. However, recent data suggests that we are going to see the exact opposite in 2021.

In fact, the United States may have as many as 300,000 to 500,000 fewer births this year.

I'm not sharing this grim statistic to depress you. Rather, I want to use this metric to move you to action to protect your livelihood -- to encourage us to individually and collectively fight for the practice of pediatrics. Our work is valuable and our patients, communities, and policymakers need to know it. You protect child health with preventive care, immunizations, and screening. YOU are the only one who prevents cancer. Everyone else in medicine lives off of people being sick so anything produced by organized medicine leaves us out. Pediatricians should be fighting for MORE utilization. Healthy kids will return to school sooner which means parents will return to work sooner, which could improve many pandemic-associated problems like mental health issues and decreased birth rate.

With 25 percent of a pediatric patient's visits occurring in the first two years of life, it is vitally important for us to capture our patients' attention when they are young -- and even more so now that there will be fewer babies born. We need to perfect our services, patient experience, messaging, and interfaces. If you aren't already, this is the time to realize that you are a service-based business and you live to serve the patients, not the other way around.

This pandemic has been a great opportunity for us to press the reset button, to eliminate workflows and services that weren't serving us and to implement new processes to better meet the needs of our teams and patients. What will you do next to keep up with the changing market?

Don't delay! Register now for our 2021 Spring Meeting to be held at the Sandestin Golf & Beach Resort April 22-25

The Chapter executive office and our CME Chair Haidee Custodio, MD, FAAP, have developed a fantastic agenda for the 2021 Spring Meeting, which will offer 10.5 hours of quality pediatric CME! The decision has been made, due to our hotel contract and the hotel's strong safety measures (see QR code for full details), to move ahead with an in-person meeting. Those safety measures include social distanced spacing in the lecture hall, sanitary practices for meals/bars, sanitary measures in lectures halls, including hand sanitizing stations, and mask-wearing by hotel staff and conference attendees (we will require the latter).

The education will include the latest and most relevant clinical topics as well as a practice management emphasis. Here is the line-up: Impacting Child Death Review and Prevention Across Alabama, One Pediatrician at a Time; Hacks to Improve Early Screening & Referral: Alabama Pediatricians Reveal Secrets; Abnormal Uterine Bleeding: Differential Diagnosis, Assessment and Treatment; Alabama Update on COVID-Vaccine Distribution; Your Practice Management Calendar; Update on SARS-CoV-2 Vaccines; Impact of COVID-19 on Pediatric Patients: How Can Pediatricians Help?; Hepatitis C in Children and Adolescents; Top Ten Medical Liability Risks for the Pediatrician; Spinal Muscular Atrophy and the Pediatrician; and Evolving Treatment Paradigms in Sickle Cell Disease: What the Primary Care Provider Should Know.

In addition, there will be two industry-sponsored symposia:

- Gender Dysphoria in Pediatric Age Group, sponsored by Children's of Alabama (Friday lunch)
- Circle of Care Update, sponsored by Blue Cross Blue Shield of Alabama (Saturday lunch)

Of course, the Sandestin Golf & Beach Resort offers the perfect atmosphere for your family to relax and enjoy the beautiful surroundings. In addition, Reach Out and Read-Alabama is preparing for its 8th annual Grand Pediatric Pentathlon, which will include virtual options for those who cannot attend or are not comfortable attending in person.

Scan the QR code to get all of the information and register now!



Register and get your hotel reservation in as soon as possible—we hope to see you soon!



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Alabama Chapter – AAP**Mission:**

The mission of the Alabama Chapter of the American Academy of Pediatrics is to obtain optimal health and well-being for all children in Alabama, and to provide educational and practice support for its membership so the highest quality of medical care can be achieved.

Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

Children must have strong advocates for they have no voice of their own.

Pediatricians are essential to achieving optimal child health. The work of pediatricians, and the profession of pediatrics, must endure and grow even stronger.

Vision:

Children in Alabama are happy and healthy; Alabama pediatricians are professionally fulfilled and financially secure.

LEGISLATIVE UPDATE**2021 Legislative Session begins as AL-AAP advocates for child health**

The Alabama Chapter-AAP has set its 2021 state legislative agenda and is already working hard to defend pediatric practice and advocate for children. Here are our legislative priorities and the bills that are already being addressed:

We advocate for:

- **Improving child health through adequate Medicaid and CHIP funding and Medicaid expansion:** The Chapter is part of the Cover Alabama Coalition, comprised of more than 100 organizations who are working collaboratively to advocate for Medicaid expansion. Congress is currently introducing bills that might provide the needed additional matching funds that Alabama lawmakers would welcome in order to fill the state share necessary for expansion. The Chapter advocates strongly for this as parental coverage is a powerful marker for improved child health. If you have not completed the sign-on support letter, scan the QR code to do so now.
- **Support for children and families affected by COVID-19:** More and more Alabama children and youth are faced with trauma and adverse childhood experiences and COVID-19 has exacerbated those statistics. Resulting mental health needs are and will continue to be critical. The Chapter supports ADMH's funding asks for FY 2021 to increase school-based mental health centers and bolster the Regional Autism Network. We also support maintenance of COVID-related funding for children beyond the Public Health Emergency, as well as ongoing funding for telehealth to support families who have limited access to care.
- **Increased vaccination rates among Alabama youth:** With only 20 percent of Alabama teens receiving all recommended vaccines, we support the Alabama Department of Public Health's legislation (HB 184/SB not yet introduced) requiring entry of all vaccinations into the state immunization registry in order to strengthen state-level data and avoid under- and over-immunization. The bill passed the House Health Committee on February 10, but we anticipate anti-vaxxers and others to oppose it and will look to Chapter members to make contact with their legislators to vote "yes."
- **Protection of the Medical Home and the practice of medicine:** The Chapter opposes any attempts to control the practice of medicine, interfere with the doctor-patient relationship, or dictate requirements that violate current AAP guidelines and recommendations for the care of children. To that end, the Chapter opposes HB 1/SB 10, legislation that would criminalize practicing the standard of care for patients with gender dysphoria. Unfortunately, the bills moved swiftly through committee in February and are expected to come to the floors of both houses very soon. Chapter members Morissa Ladinsky, MD, FAAP, and Marsha Raulerson, MD, FAAP, delivered powerful testimony at both Committee meetings, held on the same day. The Chapter is advocating for its defeat on a number of fronts.
- **Adequate funding for birth to 5 services:** To support the needs of infants and young children, the Chapter advocates for: 1) additional funding for voluntary, high-quality, pre-k programs; 2) adequate funding for Alabama's Early Intervention Services; 3)



Legislative Update **continued from page 2**

continued funding for Maternal and Infant Mortality Review in the General Fund; and 4) increased funding for treatment beds for pregnant women with substance use disorder and their children.

- **Medical marijuana:** The Chapter opposes the legalization of medical marijuana outside of the FDA approval process. A bill has already been introduced to legalize it. SB 46 has been reported out of Committee in the Senate and as of February 16, 2021 is ready for debate on the Senate Floor. It is expected to easily pass the Senate. In the House it will face a much more difficult path. This legislation will likely be referred to two different Committees – Judiciary and Health – which is a very unusual process. This legislation does not allow medical cannabis in raw plant form or edible form – cookies, candy, etc.

2021 Educational Priorities

- **Prevention of firearm-related injuries in children:** The Chapter urges consideration of policy changes that would impact these statistics, such as safe storage, improving background checks, instituting red flag laws, and conforming the age to purchase assault rifles to that of handguns. We will be educating lawmakers on this issue, and have already distributed to them the Chapter’s Blueprint for Child Health and Well-Being, which addresses this issue.

COVID-19 Vaccine: A good news story with a happy ending that can’t come fast enough

By Brooke Haynes, MD, FAAP, Chapter Immunization Champion

We finally have some good news in this pandemic – two vaccines with perhaps more shortly to follow! While children are not yet being vaccinated, pediatricians do have an important role to play. First of all, many of you may have already had families asking questions about the new vaccines. Many families see us as familiar and trusted experts on vaccines. I have had families want to know if I think they are safe, if I have had the vaccine, if I had any side effects, and of course, when children will be vaccinated. It is important for us to stay up to date on the latest information, and to provide clear and consistent messaging regarding the COVID vaccines and vaccines in general. As always, helpful resources include the AAP, the CDC, and the Immunization Action Coalition among others. It is also helpful to direct families to reliable information sources as they often are inundated with false information through social media sites.

Secondly, while we still do not know an exact time frame for when to expect vaccination of pediatric patients, we do know that this is the goal. Pediatric patients ages 12 and up studies are underway now for the two vaccines currently being given to adult patients. These trials are bridging studies focusing on safety and



Pediatricians across the state get the COVID vaccine and promote “IGotTheShot.”

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You hold the key to protect with 3!

Tdap

HPV

MCV4

Tips to Increase Vaccination Rates

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

As healthcare professionals, it is up to you to ensure your patients remain up to date with their vaccines.

The Centers for Disease Control and Prevention (CDC) and The Alabama Department of Public Health (ADPH) recommend the following vaccines for adolescents:

- Tetanus, Diphtheria, Pertussis
- Human papillomavirus
- Meningococcal disease
- Influenza

Protect your patients against vaccine preventable diseases.

Vaccine:	7-10 Years	11-12 Years	13-18 Years
Tdap	Childhood Catch-up	Recommended	Catch-up
HPV	>9 Years	Recommended	Catch-up
MCV4	High Risk	Recommended	Recommended
Flu	Recommended		

For more information, please visit alabamapublichealth.gov/imm



COVID Vaccine **continued from page 3**

dosing and will proceed quickly once fully enrolled. Plans to include lower ages are already being discussed. It is definitely a good idea to be thinking about how your practice will vaccinate its adolescent population. There will be many challenges to consider in addition to known issues with storage and handling. No studies are currently being done to determine the safety of co-administration of COVID vaccines with other routine immunizations. The current recommendation is to avoid other immunizations for two weeks both before and after the COVID vaccines. This could lead to missed opportunities to update an already elusive population on important adolescent vaccines. Lastly, it is expected that vaccine hesitancy will be more of an issue with this vaccine than we have seen before. We can all start now to address this with consistent, positive messaging.

Lastly, the help of pediatricians may be needed in the effort to vaccinate our adult populations. The Chapter has written a letter to State Health Officer Scott Harris to encourage collaboration with

pedsiatricians to assist with mass vaccination clinics once there is more ample vaccine in the state. Many providers are already volunteering to help with their local hospital site or are providing the vaccine to grandparents of patients and staff in their own practices. If interested, contact your local hospital vaccination site or ADPH (Thresa Dix at Thresa.Dix@adph.state.al.us), or consider applying through ImmPRINT to be a vaccination site now. Information about this option appeared in the last issue of *The Alabama Pediatrician* and in the Alabama Pediatrician Briefing e-newsletter, but here are the links again if you are interested:

A presentation Dr. Skinner conducted in late January through Pediatric Management Institute regarding how to approach COVID vaccination in your practice (<https://bit.ly/3qfr932> - her portion begins at 01:06); and The Medical Association's Vaccine Toolkit for Physicians, with instructions for signing up with ADPH to become a COVID vaccine provider (<https://bit.ly/3rPjEjG> - see pages 9-10).

How do I address COVID-19 vaccine hesitancy? Communication skills for the COVID-19 vaccine

Adapted from VitalTalk

At its January board meeting, the Alabama Chapter-AAP Executive Board identified combatting COVID-19 vaccine hesitancy in particularly vulnerable populations of families as a strategic priority. We are developing a number of tools that we will use to work through our members to reach families as well as social media messaging and other tactics.

For now, we want to share a series of in-office messages on this subject shared with us by the Washington Chapter-AAP from VitalTalk, a training organization founded by physicians that trains clinicians seeking to advance their communication skills. We have adapted these for our Chapter.

The following communication strategies are designed for healthcare providers to use with patients and families, using an approach adapted

1. Start with open-ended questions that do not assume vaccine acceptance.

(Principle: a soft start into a controversial topic enables engagement.)

What the patient does or says	What the clinician says
"I've been hearing a lot about the COVID vaccine. What do you think?"	"What have you been hearing? I'd be interested in how you see the positives and negatives."

from motivational interviewing and research on vaccine hesitancy. The goal of these points is to engage patients/families as people so that their particular concerns can be addressed and coping strengths mobilized.

The concerns addressed by these skills below reflect Kaiser Family Foundation research published in December 2020 identifying common reasons people cited for not wanting to be vaccinated.

Note that prior research on vaccine hesitancy indicates that persons holding extreme negative views on vaccines are unlikely to be swayed. Thus these skills are designed to address people who are indeterminate, or not sure, or deciding—for this group, openness, empathy, and offering information after they give permission or show interest can build trust and your credibility as a messenger.

Communication Skills for the COVID Vaccine **continued from page 5**

“I don’t know if I can trust everything I read about vaccines.”	“That is a sensible approach because there is a lot of misinformation out there. Do you have questions that I could answer?”
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2. Acknowledge patient concerns without judging.

(Principle: empathy reduces the perception that you approve or disapprove of someone.)

What the patient does or says	What the clinician says
“I don’t really know what’s in it [the vaccine].”	“These vaccines are new, so having questions is normal. Could you say more about your concern?”
“How did they do it so fast?”	“I realize that this is happening rapidly, so having questions is normal. The people who developed this vaccine have been working on vaccines for two decades. It’s been in the making for a long time.”
“I just don’t trust vaccines.”	“I have heard other people say they are worried about the vaccine. Could you say more about your concern?”

3. Avoid criticizing the patient’s information sources; cite your experience and/or point them to high quality sources.

(Principle: instead of trying to argue against misinformation, provide high quality information from a positive frame.)

What the patient does or says	What the clinician says
“I just think this has gotten really political.”	“You are right, it has gotten political. Here’s what I can say. I’ve looked at the results of the vaccine we have to offer. This vaccine does really great job protecting people from COVID. I want you to have the benefit of it.”
“You just never know what the side effects will be.”	“Yes, it is true that there have been some side effects. The most common side effect is some soreness at the injection site. In the trials, almost 75,000 people were treated, and the serious side effects were very rare. The vaccines that we have are proven to be safe, and I have taken it.”
“I read on social media that the risk of COVID is not that high.”	“It is true that COVID can affect people mildly or severely. My colleagues and I are seeing enough severe cases of COVID that our hospitals are so full that they cannot do everything they would like to do for patients. There is a daily newsletter from the department of health that shows the latest numbers that I can share with you.”

4. Show awareness of your status as a messenger, especially for people of color and members of other underserved groups.

(Principle: who you are as a messenger matters, and your awareness of that contributes to your authenticity and trustworthiness. Use examples of other messengers who resemble your patient.)

What the patient does or says	What the clinician says
“I am not sure that the needs of my people have been taken into account.”	“I recognize that there have been racial injustices that have happened in the past. We are handling the COVID vaccine differently. African American scientists have been at the table in trials, it has been tested in people of all different backgrounds, and it is proven to be safe for all. At this clinic/hospital we are offering the vaccine according to someone’s risk of getting COVID.”
“I have heard that you can get COVID from the vaccine.”	“Many people do believe that they will be injected with the virus by taking this vaccine. This COVID vaccine is different from others in that you will not be injected with a live virus. It has been proven to prevent infection, and I have taken it myself. [example to share: Former President Obama has made a direct appeal for others to get the vaccine and he is just one example of those who are sharing about the importance of getting it.] He is trying to teach us all that it is safe.”

Communication Skills for the COVID Vaccine **continued from page 6**

5. Link vaccine acceptance to the patient's hopes and goals

(Principle: showing how the vaccine is a stepping stone toward a future the patient wants can motivate them.)

What the patient does or says	What the clinician says
"I'm just going to wait."	"Of course, this is your decision. I do think that the vaccine is a step toward getting back to some sort of a normal life with fewer restrictions. And you mentioned that you want to visit your friends [or family]. The vaccine will help you and all of us do that sooner."
"I want some other people to take it first."	"You mentioned that you're concerned about your family members who have high risk."
"I just don't think I'm going to get COVID. I'm careful."	"I'm glad you are being careful. That is still important. However, even patients who have been careful can still get COVID, and COVID can be fatal even for healthy people. That's why the vaccine is worth considering."

Using these skills

These tips provide suggestions about how to respond to patient concerns, but in trying to cover a lot of ground, we have not shown the back-and-forth that good communication requires—remember that when patients are reticent to voice their concerns, it is better to suggest a topic and ask permission to explain what you know than to plow into a long lecture.

Look for more tools coming soon!

50 practices improve HPV completion rates as HPV project comes to close

The Alabama Chapter-AAP's (AL-AAP) HPV peer-to-peer mentor project, formally titled, "*Increasing Human Papillomavirus (HPV) Vaccine Coverage by Strengthening Adolescent Immunization Quality Improvement for Providers (IQIP) Activities*," has come to a close, with 50 pediatric practices participating and improving rates of complete HPV series among their patients.

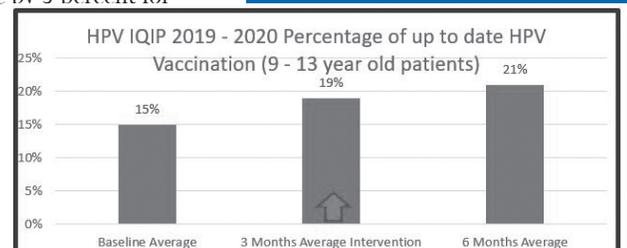
Funded through a partnership with the Alabama Department of Public Health, the project utilized the CDC's Immunization Quality Improvement for Providers (IQIP) model to increase HPV vaccination by reducing missed opportunities to vaccinate and improving immunization delivery practices at the clinic level.

With assistance from 10 peer pediatricians, participating practices reviewed their HPV immunization data at baseline, developed an improvement plan to increase HPV immunization rates, and reviewed HPV series completion data at the end of the QI period. Providers participated as a clinic team as well as networked with other practices in the collaborative.

The overall project goal was to increase practice-wide HPV vaccine series initiation and completion by 10 percent for patients by age 13 and decrease HPV vaccine missed opportunities rate by 5 percent for patients aged 9 – 13.

Some results/take-aways from the project

- Participating practices showed an overall average increase at both the 3-month and 6-month time points when looking at the percentage of practice-level patient panels (aged 9 – 13) who were up to date on their HPV vaccination.



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CHAPTER BRIEFS

Call for nominees: Carden Johnston Leadership & Marsha Raulerson Advocacy 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 newly revised criteria by clicking the links below; submission of materials is due to the Chapter office at lee@alaap.org by June 15 at 5 p.m.

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

HPV Project **continued from page 7**

- Despite a “pause” in the project due to the COVID-19 pandemic, on average, practices did not demonstrate a drop-off in patients up to date on HPV vaccination. In fact, looking at practice-level numbers in the dataset, many practices appear to have used the “pause” period to clean up their data, remove duplicates, and improve data quality overall.
- Although the project did not measure immunization rates above age 13 in these practices, based on trends in the 9 – 13 age group, we expect there were overall increases/improvements at older ages as well.
- Frequently used strategies to decrease missed opportunities included: strong provider recommendation; staff education on HPV guidelines; and provision of self-management support for parents.
- Strong provider recommendations used by practices included: used verbiage such as: “Your child is 11 and is due for three vaccines today--Tdap, HPV, and meningococcal--and we will give those today”; emphasized that HPV vaccine is cancer prevention; and team approach to support provider’s recommendation.
- Interventions for series completion/reminder recall included: front desk scheduled patient at check-out for follow-up appointment; and reminder recall for due or overdue dose.

Most methods chosen by practices to sustain their gains included using ImmPRINT and practice electronic medical record review.

In addition to the 50 participating practices, the AL-AAP would like to thank physician leader Katrina Skinner, MD, FAAP, as well as the other nine peer mentors, for making this project a success: Pippa Abston, MD, FAAP; LaDonna Crews, MD, FAAP; Stephanie Denton, MD, FAAP; Kevin Ellis, MD, FAAP; Jaime McKinney, MD, FAAP; Bruce Petitt, MD, FAAP; Billie Snell, MD; Peter Strogov, MD, FAAP; and Tonya Zbell, MD, FAAP.

For the full final report with a listing of the 50 practices and further detailed results, visit <https://bit.ly/3jYm4JZ>.

NEWS FROM ADPH

ADPH COVID-19 updates as of February 18, 2021

Currently, the Alabama Department of Public Health’s (ADPH) primary and most pressing goal is to get COVID-19 vaccine into the arms of Alabamians as quickly as possible. Through county health departments, ADPH is conducting clinics daily, including drive-through clinics in some counties. Hundreds of other providers, including hospitals, physicians’ offices, urgent care clinics and pharmacists, are providing the vaccine as well.

Limited vaccine remains the greatest challenge in Alabama and other states.

- COVID-19 Cases—484,365, COVID-19 Deaths—9,424
- COVID-19 Hospitalizations (as of February 9)— 44,541

Beginning February 8, vaccine eligibility expanded to include Phase 1b and people 65 years and older. The Alabama COVID-19 Vaccination Allocation Plan outlines the various phases, and is available here: www.alabamapublichealth.gov/covid19vaccine/assets/adph-covid19-vaccination-allocation-plan.pdf

- Average 1st Doses of Vaccine Shipped to Alabama Per Week—60,000 to 70,000

- Vaccine Doses Administered—685,870
- Vaccine Doses Delivered to Alabama—1,032,175
- Alabama Healthcare Providers Enrolled—1,094

Walmart and Sam’s Club Federal Retail Pharmacy Program

Walmart and Sam’s Club pharmacies began administering COVID-19 vaccines at 74 locations in Alabama through the U.S. Federal Retail Pharmacy Program on February 12. Eligible customers can schedule vaccine appointments at www.walmart.com/COVIDvaccine and www.samsclub.com/covid once appointments are available. Vaccines will be available to those who meet the current phase of vaccine eligibility in Alabama. The vaccine for this program is from a federal allotment and is not being taken from our state allotment. At time of writing, the Walmart and Sam’s Club websites are currently having technical issues, and they are working to get them resolved.

Johnson & Johnson COVID-19 Vaccine

Johnson & Johnson submitted an application to the Food and Drug Administration (FDA) for Emergency Use Authorization for its single-shot COVID-19 vaccine on February 4. A Phase 3 trial

Increasing and improving the teen well visit: lessons from 27 Alabama practices

by Cason Benton, MD, FAAP

Alabama pediatricians know that the teen well visit supports the “healthy cognitive, physical, sexual, and psychological development [adolescents need] to successfully enter adulthood” (AAP Policy Statement, December 2019). We also know that many¹—if not most—teens do not attend the well visit.

What can we do at the practice level to increase teen well visits?

Twenty-seven practices tackled that question during the 2019 Alabama Child Health Improvement Alliance #StayWell learning collaborative and shared their reflections to improve care.



Know your data: Step one is to have reliable data of who is due for a visit. #StayWell practices used various methods to track teen visits, such as scheduling systems, electronic medical records, or payer reports. Selecting a process your office can sustain is key.

Establish reminder/recall process: Practices tested different ways to contact the families. Some found that text reminders boosted visits, while others discovered personal phone calls led to more completed visits. Practices learned to test which approach works best for them.

Encourage teen-centered care: Practices had a number of recommendations including the following:

- Look at your office through a teen’s eyes (or better yet, have teens assess the office!) What do youth see when they walk through the door? Is the decor for younger children? Do the staff talk with the teens or only with the parents? The Adolescent Health Initiative’s (AHI)² Youth-Led Health Center Assessment Tool captures teen input. AHI’s 15-minute staff “Spark” trainings start office conversations to have a more youth-friendly office.

- Incentivize visits. One practice held a live-stream raffle for an Apple Watch for those who completed the well visit over the summer. Another practice promoted monthly gift card drawings for both the teen and caregiver.
- Develop a transition plan. #StayWell participants standardized the office process to transition a preteen with little understanding of healthcare into a 19-year-old able to navigate health needs independently.
- Develop a confidentiality plan. Providing confidential care results in better health outcomes. Collaborative peer-to-peer learning was particularly valued as practices tested how to partner with parents while still allowing teens to have confidentiality when needed.² Posting the clinic standard throughout the office helps communicate confidentiality clearly.

Implementing these teen-friendly activities led to the following improvements over the nine-month collaborative: the well visit rate increased by 10 percent; practices with a transition plan increased from 4 percent to 72 percent. Teen well visits increased by 9,000 from 2018 to the 2019 collaborative year. The #StayWell practices demonstrate that increasing teen well care is possible in Alabama when we establish reminder/recall systems and a teen-friendly office.

For more information on the #StayWell collaborative and resources to help you get started in your own practice, visit <https://achia.org/resources/past-projects-resources>.

¹Medicaid.gov Accessed January 27, 2021 <https://www.medicaid.gov/state-overviews/scorecard/adolescent-well-care-visits/index.html>

²Adolescent Health Initiative. Accessed January 27, 2021 <https://www.umhs-adolescenthealth.org/improving-care/spark-trainings/>

Reach Out and Read-Alabama continues to make connections in 2021!

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

During 2020, a year of challenges and unpredictability for us all, our Reach Out and Read-Alabama pediatric healthcare providers continued to prescribe books and encourage families to read together—making connections that begin in the pediatric healthcare providers’ offices as they prescribe books to support families in understanding their children’s developmental milestones. That connection then continues in the home as parents read books with their young children, fostering healthy brain development and creating

strong parent-child bonds that last a lifetime.

As we enter 2021, we are continuing to make connections with the families, providers, and communities we serve.

• 2020 Annual Report coming soon

We are working on our 2020 Annual Report, so be on the lookout for your copy in the mail or your email soon!

• Advisory Council kicks off with Zoom meeting

Reach out and Read **continued from page 5**

The first meeting of the newly organized Reach Out and Read-Alabama Advisory Council was held on Tuesday, February 2 via Zoom. Comprised of business leaders, early childhood professionals, legal professionals, and other volunteers from around the state, the council will help the program with fundraising and creating awareness. Our aim is for statewide representation and we are looking for Advisory Council members from the northeast and northwest areas of the state.

If you know of someone who would be a good fit for the Advisory Council, please send their contact information to Amy Crosby at acrosby@roralabama.org.

• **Vote for Reach Out and Read through the Target Circle charitable giving campaign**

We are honored and excited to announce that we have been chosen to participate in a special charitable giving campaign, sponsored and funded by Target. And you have the chance to help direct a portion of Target's donation to us!

Now through March 31, vote for us through the Target Circle program to help determine how Target's donation will be divided. Find out more about Target Circle here: www.target.com/circle

Every vote counts to help us receive a portion of the available Target funds, and as you earn more votes through Target Circle, you can keep voting multiple times during the campaign!

• **PDBG B-5 Grant awarded for early math initiative**

We have recently been awarded \$25,000 from the Preschool Development Block Grant Birth to 5 to continue the early math book initiative that began in 2019. We are very thankful to receive this support from the Alabama Department of Early Childhood Education!

• **USA National Miss Alabama 2021 Christine Thompson hosts a virtual book drive**



USA National Miss Alabama 2021 Christine Thompson, a student at the University of Alabama, is focusing her reign on building cultural competency through literacy initiatives. With her goal of providing young children with basic knowledge about different cultures within their community and how to engage with these cultures respectfully, she aims to bridge the gap between misinformation and education by using children's books with diverse plots and main characters. Along with hosting a virtual book drive during the week of February 8-14, which raised \$575, Christine hosted a live reading of *Hair Love* as a finale to the drive.

• **Grand Pediatric Pentathlon planning underway**

With last year's Grand Pediatric Pentathlon being canceled, we are excited to plan for the 2021 event being held April 23-24 during the Spring Meeting at the Sandestin Golf and Beach Resort. The event will be held as normal with five activities for participants to complete to win great prizes! Due to the continued social distancing and other guidelines, we are working on an alternate plan so that everyone who wants to participate will be able to do so safely.

More information will be coming soon.

• **Two new sites join the program**

We are excited to welcome two new sites to the program: Tennessee Valley Pediatrics in Tuscumbia and the University of Alabama College of Community Health Sciences University Medical Center in Tuscaloosa. These two program sites will prescribe more than 10,000 books to the families they serve in the next year.

• **Program sites find success in fundraising campaign**

Working with Partners in Pediatrics of Montgomery to develop a letter-writing campaign to raise funds for their program, they have, to date, raised \$950. Letters were sent to a list provided by the practice to local businesses. This has proven to be an effective way to raise funds! If you would like to do this in your practice, please contact Amy Crosby at acrosby@roralabama.org.

• **The partnership with the Alabama Department of Early Childhood Education continues to grow**

We are making headway in getting significant funding from the Alabama Department of Early Childhood Education for five counties the Governor has targeted for Campaign for Grade-Level Reading initiatives. Medicaid may also be providing administrative match federal funds. Stay tuned as this partnership continues to develop!

USA National Miss Alabama 2021 Christine Thompson delivers some fun goodie bags for the patients at Bama Pediatrics.



LET'S HEAR IT FROM OUR DEPARTMENTS OF PEDIATRICS!



Mitch Cohen, MD, FAAP

STEP Program: Staging Transition for Every Patient: A multi-disciplinary medical home for young adults with medical complexity

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

Transition to adult healthcare has been identified as a critical component of high-quality medical care for children with complex medical conditions. However, there are myriad logistical challenges to implementing a healthcare transition program. While both the pediatric and adult health systems have a vested interest in transition, there is variability in the goals of each and in how success is measured. The pediatric facility must develop a transfer of care strategy and a plan to increase patient autonomy and ensure transition readiness. The adult facility must create an environment where patients with "childhood illnesses" can find collaborative care and a warm hand-off from the pediatric facility.

In an effort to address the challenges of transition, Children's of Alabama (COA) and UAB have developed the new STEP Program or "Staging Transition for Every Patient." Designed to aid patients in the process of transitioning from pediatric care at COA into adult care at UAB, the program involves initiatives taking place in both existing COA clinics as well as in a new clinic at UAB.

At UAB, The STEP clinic serves as a primary care medical home for patients over 18 years of age with a chronic illness beginning in childhood. In the clinic, each patient meets with a primary care doctor, social worker, physical therapist and program director. In addition to medical needs, there is a focus on goal-setting to promote patient independence, discussing guardianship and personal goals for growth. STEP physicians facilitate care for complex conditions by improving communication with specialists and decreasing barriers to care and care fragmentation. STEP uses telemedicine to better care for our underserved patients who travel far for care or face barriers to coordinating multiple needed visits. To date, STEP has seen 64 patients with a multitude of chronic diseases, partnering with 10 departments across the medical center. During all initial visits, we have established an individualized transition plan (ITP) and have obtained baseline transition readiness scores.

At COA, physicians from divisions across the health system have formed a task force to improve transition readiness in their clinics. The goal of this effort is to assist transitioning youth in reaching their full potential by not only increasing patient/caregiver awareness of

programs and services available to them, but also by putting a plan in place earlier in the process and addressing specific barriers. Through this work, patients will begin receiving an ITP and baseline readiness assessment while they are still being seen at COA. This data will then become part of their coordinated transition care at UAB.

Key to the success of this work are the partners in pediatric and adult medicine who are passionate about improving transitions as well as community partners with a vested interest in this continuum to adult care. In developing STEP, we have observed great interest in partnership, sharing of care coordination, community engagement and educational initiatives from adult and pediatric specialists.

The STEP Program has been developed through grant funding from the Health Service Foundation General Endowment Fund as well as with support from the UAB Department of Medicine and Department of Pediatrics. This award was granted to Carlie Stein Somerville, MD, medical director of STEP Program and Betsy Hopson, Program Director.

Dr. Somerville is a Birmingham native, graduate of UABSOM and Med-Peds residency at UAB and is currently a Med-Peds physician practicing Internal Medicine and Pediatrics at UAB Leeds. She is also the Program Director for the UAB Med-Peds residency program.

Betsy Hopson has spent the past 15 years as the Program Director and Coordinator of the Spina Bifida Program at COA and has worked with the CDC to assist in the development of both the National Hemophilia Patient Registry and the National Spina Bifida Patient Registry Project. During her career at COA, she developed an internationally known, validated plan for transition. That plan provided the foundation for how to solve transition across the health system and has been implemented in the development of the STEP Program.

For more information about the program, contact Betsy at 205-638-5281 or betsy.hopson@childrensal.org; to schedule patients in the STEP clinic, contact the UAB Access Center at 205-801-7474.



Carlie Stein Somerville



Betsy Hopson



David Gremse, MD, FAAP

USA Pediatrics: Dr. Fun's Dance Party USA does its part to encourage vaccination

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

The USA Department of Pediatrics appreciates the enthusiasm of faculty member Lynn Batten, MD, FAAP, and her creativity in producing the

"Introducing peanut -containing foods in the first year reduces the risk that an infant will develop a food allergy to peanuts."

-Dietary Guidelines for Americans, December 2020



The groundbreaking LEAP study was published proving that early introduction of peanut foods reduced the risk of developing peanut allergies in high-risk infants by up to **86%**

www.preventpeanutallergies.org

Coding

O The Alabama Chapter-AAP recently reached out to Becky Dolan, MPH, CPC, Coding and Health Policy Specialist, American Academy of Pediatrics, on this question. Here is her response:

Q **QUESTION:** Would you be willing to explain to me the difference between the per-day global critical care codes (e.g., 99468) and the time-based critical care codes (99291-99292) and would you ever use a 99291 on a patient younger than 6 years of age?

A **ANSWER:** Both codes represent care for a critically ill or injured patient, however there are distinct differences. When a patient younger than 6 is critical, you will report a daily critical care code in the hospital. Take a neonate for example (patient 28 days of age or less): the code would be 99468 (initial day) or 99469 (subsequent day). However, there are some exceptions/variations to this:

1. Patient is being seen in the outpatient setting (any age) and turns critical and you provide outpatient critical care only and spend 30 minutes or more: you report the time-based critical care codes 99291-99292 as appropriate.
2. Patient in the NICU is being seen concurrently by a primary doctor (e.g., neonatologist) and is also receiving critical care from a specialist (e.g., cardiologist). In this case, the primary would report the daily care code 99468 or 99469 while the specialist would report the time-based critical care codes 99291-99292 based on time spent, as long as a minimum of 30 minutes is spent by the specialist.
3. Patient turns critical in the hospital and is cared for until a transfer of care occurs. The transferring physician would report a 99291-99292 based on time spent if more than 30 minutes are spent. The receiving physician would report the 99468 (or other initial critical care code as appropriate). This reporting is only appropriate when transferring out to another group practice or another specialty.

So indeed, it can be appropriate to report the time-based critical care codes for patients under 6 years of age because of the above circumstances. Only one physician (including a group of physicians and non-physician providers of the same specialty) can report the 99468, 99469 per day per patient, so we had to make uniform rules to be followed when multiple providers perform critical care for the same patient on the same day. Remember that the time-based services do not have as many bundled services. Refer to the CPT manual for the different bundled services for each code set.

However, if you do not spend at least 30 minutes in critical care and you are the physician who needs to report the time-based critical care services (99291), you have to choose another set of codes. Your code selection will be based on the setting the critical care is provided in. For example, in the hospital setting, you would report a high-level hospital care code 99223 or 99233 based on complexity. In the office setting, you would report a 99205 or 99215. Once a patient turns 6 years of age, the time-based critical care codes (99291-99292) will be the only codes used for critical care services, regardless of the setting.

Refer to the CPT manual for full guidelines and code descriptors.

Event Calendar

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

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

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Early Career Spotlight: Dr. Carmelle Wallace hits the ground running!

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



Dr. Carmelle Wallace

In addition to introducing an Alabama early career pediatrician, this month's spotlight article also introduces one of AAP's rising leaders. Carmelle Wallace, MD, FAAP, is a new faculty member at Children's of Alabama/UAB Pediatrics in the division of Pediatric Emergency Medicine (PEM) and has recently taken on the role of Assistant District X Representative of the AAP Section on Early Career Physicians.

Prior to moving to Alabama, Dr. Wallace completed a PEM-global health fellowship at Children's Hospital of Philadelphia, pediatric residency at University of Texas Southwestern in Dallas, and medical school at Baylor College of Medicine in Houston. Before pursuing a career in medicine, Dr. Wallace was a materials engineer for Genzyme Corporation in Cambridge, Mass. A California native now in the South, the only region she has yet to live in is the Midwest!

As is typical of an emergency medicine physician, Dr. Wallace has many interests and passions. Her global health interests are in pediatric emergency medicine capacity-building, medical education, child protection, and child trafficking research and advocacy. She and several illustrious medical students founded a popular Laotian Facebook medical education blog, Soun Suai Phaed, and she is currently completing a study on the challenges that Laotian medical trainees face in medical education and their resilience in adapting to them.

Locally, Dr. Wallace's advocacy interests center on child abuse and protection of vulnerable populations. According to her colleague,

Christina Cochran, MD, FAAP, "Dr. Wallace has already demonstrated great service around patient advocacy and the emergency care of children during her time in Alabama. She has a passion for providing excellent health care and brings a strong and diverse skill set to our district."

Dr. Wallace is ready to help assist the many dedicated faculty members in her division at UAB in ED-based efforts to make trafficking and child abuse care more widespread and equitable. This trait has already been recognized by her colleagues, as expressed by Michele Nichols, MD, FAAP: "She was 'all in' from the day she walked into our midst. She jumped in with both feet and is already recognized as a very kind, compassionate, positive, motivated, and bright member of our ED family. She makes everyone better. She is already mentoring several of our pediatric residents and has, in short time, become a role model physician."

In summary, Kathy Monroe, MD, FAAP, Professor and Medical Director of the Children's of Alabama Emergency Department states, "With her background in pediatric emergency medicine and global health as well as her interests in child human rights, she is a true asset to our division and to our state. She is an amazing physician and will be a wonderful representative for the early career physicians in AAP District XI!"

Outside of work, Dr. Wallace loves discovering Birmingham's trails, running, and spending time with her family, which includes her surgeon husband (also at Children's of Alabama) and adorable rescue dog, Dash. She looks forward to getting to know her fellow Alabama Chapter-AAP members and would love to hear from you (cwallace@peds.uab.edu)!

NEWS FROM ADPH

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of the vaccine showed an overall efficacy rate of 66 percent and 85 percent effectiveness overall in preventing severe illness from COVID-19. The trial demonstrated complete protection against COVID-19 related hospitalization and deaths. We anticipate the Johnson & Johnson vaccine being approved soon, joining the Moderna and Pfizer vaccine options.

CDC Quarantine Guidance for Vaccinated Persons

ADPH is in the process of implementing new CDC quarantine guidance for vaccinated people, and will announce changes soon. Vaccinated people with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria: are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine); are within 3 months following receipt of the last dose in the series; and have remained asymptomatic since the current COVID-19 exposure. People who do not meet all 3 of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

Demographic Information Available on COVID-19 Vaccine Distribution Dashboard

The Alabama COVID-19 Vaccine Distribution Dashboard (<http://arcg.is/OrCey>) has been updated to show how many people have received one or more doses and how many people have received both doses that complete the vaccine series. Demographic information has also been added to the dashboard and can be accessed by selecting the "Demographics" tab at the bottom of the screen. An Alabama Vaccine Report that includes dashboard information in a printable PDF format is now available in the upper right corner of the dashboard, at the "Download AL Vaccine Reports" link.

Vaccine Shortages Remain

Many county health departments are no longer offering first doses of COVID-19 vaccines and are currently administering only second doses to those people at highest risk and whose shots are already scheduled. This is due to the limited supply of vaccine.

Bright Futures: Monitoring Pediatric Hearing

By Rebecca Craft, AuD, audiologist, Children's Rehabilitation Services, Julibeth Jones, AuD, audiologist, Jones Institute for Rehabilitative Audiology, and Kari Bradham, DO, FAAP, Chapter EHDI Champion

The medical home plays an essential role in promoting the early hearing detection and intervention (EHDI) 1-3-6 timeline for best outcomes (hearing screen by 1 month of age, diagnostic evaluation by 3 months of age, early intervention by 6 months of age). The medical home is also integral in preventing loss to follow-up/documentation in the EHDI process.

Additionally, regardless of universal newborn hearing screening (UNHS) results or risk indicators, medical home surveillance of all children aids in the identification of children with late-onset, progressive, and neonatal hearing loss missed due to screening limitations.

Below are highlights of medical home ongoing surveillance activities recommended by the 2019 Joint Committee on Infant Hearing (JCIH) Position Statement and the American Academy of Pediatrics (AAP).

- Review and confirm UNHS results, cross-checking discharge documentation and parent report
 - Review infant's medical and family history for known risk indicators and discuss the importance of monitoring with caregivers
 - Inform caregivers about typical auditory development and typical spoken and/or signed language development
 - Survey speech and language milestones, auditory responsiveness, and middle-ear status according to the most recent AAP periodicity schedule, regardless of UNHS results and risk indicators
 - Refer promptly to a pediatric audiologist for caregiver concern regarding hearing, speech, language, or development, delay in speech-language development, and/or the presence of JCIH risk factors
- The updated JCIH general recommendation for infants who pass

the UNHS with a risk factor is at least one diagnostic audiology evaluation by 9 months of age, with sooner evaluation recommended for specific risk factors. Risk factor classification, diagnostic follow-up recommendation, and monitoring frequency can be found on page 19 of the 2019 JCIH Position Statement: <https://digitalcommons.usu.edu/jehdi/vol4/iss2/1>.

For infants who do not pass the UNHS, the medical home should ensure that EHDI 1-3-6 goals are met, encouraging earlier diagnostic testing and intervention, whenever possible. Since the prevalence of pediatric hearing loss may double by school age, medical monitoring, with prompt referral for further assessment when indicated, is crucial for best outcomes.

In partnership with families and caregivers, medical home surveillance of all children promotes a healthy foundation upon which bright futures are built.

Resources:

AAP EHDI Implementation Tip Sheet: https://downloads.aap.org/AAP/PDF/BF_EHDI_TipSheet.pdf

JCIH 2019 Position Statement: <https://digitalcommons.usu.edu/jehdi/vol4/iss2/1>

EHDI-PALS – pediatric audiology directory and early intervention resources for professionals and caregivers: <https://www.ehdi-pals.org>

Alabama Department of Public Health EHDI Information: <https://www.alabamapublichealth.gov/newbornscreening/newborn-hearing-screening.html>

Alabama Department of Public Health EHDI Information: <https://www.alabamapublichealth.gov/newbornscreening/newborn-hearing-screening.html>



Let's Hear it for Our Department of Pediatrics **continued from page 11**

YouTube channel, Dr. Fun's Dance Party USA.

One of the consequences of staying safe during the pandemic is the decreased opportunity to engage with others and the isolation that ensues. It is hoped that vaccinating the population will bring us to the day where life can return to "normal." One of the challenges in reaching the goal of universal vaccination against COVID-19 is the hesitancy of some in consenting to receive the vaccine.

Dr. Batten combats the tendency toward isolation and celebrates getting the vaccine in her new video "Dr. Fun's I Feel Good (Now That I'm Vaccinated!)." The video draws people together in their love of expressing themselves through dance and doing their part to protect themselves and others through vaccination.

As pediatricians, we all recognize the value of vaccination for the benefit of all. We also understand the importance of effective communication in overcoming vaccine hesitancy.

Videos are one way to reach people who respond to video platforms to encourage them to accept the vaccine.

The USA Department of Pediatrics congratulates Dr. Batten for her leadership in the creation of her YouTube channel, Dr. Fun's Dance Party USA. Check this latest video out by scanning the QR code.



Sophia Goslings, MD, FAAP, is one of the faculty featured in Dr. Batten's video and is "feeling good" after receiving her COVID-19 vaccine!



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- A collaboration between Children's of Alabama and the University of Alabama at Birmingham; the first formal program of its kind in Alabama and the surrounding region
- Helps adolescent patients treated at Children's for chronic and complex childhood medical conditions transition to adult healthcare by providing:
 - Individualized transition readiness planning
 - A primary care clinic to serve as an adult medical home to patients age 18 and older and 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.