



The Alabama Pediatrician

Fall 2010

From the President

One Year Later



James C. Wiley, MD, FAAP
Chapter President

The Chapter's Annual Meeting in Birmingham is always a boost of encouragement before the busy season that cold weather brings to pediatric offices. This September meeting was no exception. On Friday, our Immunization Congress brought national experts and state lead-

ers together on perhaps the most important issue facing pediatricians in practice and, once you stop and think about it, our society as a whole. After all, if pediatricians have to stop filling this critical public health function, there isn't an infrastructure to replace us. The Chapter is committed to supporting Alabama pediatricians as they continue to help protect children from vaccine-preventable disease.

The Annual Meeting this year also included an actual Business Meeting. The Board wants to communicate better with those of you who pay dues and attend the meetings. It is important to know who your leaders are, what the Chapter priorities are, where the money comes from and where it goes. It is truly *your Chapter* and it exists to serve Alabama pediatricians and children. We will continue to improve communication from the Board to each of you. My sincere hope is that you will provide meaningful feedback and become more involved as a result.

The educational content for this meeting was outstanding. My thanks to Cathy Wood for pulling together an array of speakers that really offered something for everyone. I am thankful that none of us will ever have to know how much work goes into our meetings. That's because of the efforts of our dedicated Chapter staff led by Linda Lee, our Executive Director. Until you become President of the Chapter, you can't know the passion that she

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2010 Annual Meeting Wrap-up

Business Meeting, Immunization Congress highlight conference

More than 140 pediatricians and staff attended the 2010 Annual Meeting and Fall Pediatric Update and pre-conference Immunization Congress at The Wynfrey Hotel in Birmingham in late September, which also featured a Chapter business meeting on Saturday, the first of its kind held in a long time.



"This business meeting was designed to provide a better forum for the Chapter leadership to share what it is doing with members," said James C. "J." Wiley, MD, FAAP,

Members of the Chapter Executive Board — Drs. Grant Allen, Michael Ramsey, A.Z. Holloway, Pippa Abston, Wes Stubblefield and Cathy Wood — are all smiles as they receive recognition for their year of service.

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CQN practices honored at Awards Dinner:

Chapter seeks to expand CQN project to more practices in 2011

The 12 Alabama practices that participated in the CQN Asthma Pilot Project received special recognition at the 2010 Annual Meeting & Fall Pediatric Update.

J. Wiley, MD, FAAP, Chapter President, honored each practice with a Certificate of Achievement for improving quality and health outcomes in children with asthma.

Over the past year, the 12 practices — Auburn Pediatric Associates; Bessemer Health Center/Jefferson County Dept. of Health; Charles Henderson Child Health Center, Troy; Dothan Pediatric Clinic; Huntsville Pediatric Associates; Infants and Children's Clinic, Florence; Marshall County Pediatrics; Partners in Pediatrics, Montgomery; Pediatric Associates of Alexander City; Pediatric Clinic, LLC, Opelika; University Medical Center Pediatrics, Tuscaloosa; USA Dept. of Pediatric & Adolescent Medicine, Mobile — have implemented the National Heart Lung and Blood Institute (NHLBI)/National Asthma Education and Prevention Program (NAEPP) guidelines by making stepwise, practice-level improvements in pediatric asthma care.

Using the AAP's Education in Quality Improvement for Pediatric Practice (EQIPP) asthma module, the practices collected data on 13 measures, including use of a written asthma action plan, flu shot or flu shot recommendation for patients six

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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 ever stronger.

Vision:

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

Submitting a resolution to the AAP Annual Leadership Forum

A quick and easy way for a grassroots pediatrician to make a big impact

By Grant Allen, MD, FAAP, Chapter Vice President

Have you ever thought to yourself, “If I could change one thing in pediatrics, it would be _____.” Have you ever felt as if you had no voice, and no chance of changing the system?

Submitting a resolution to the American Academy of Pediatrics’ (AAP) Annual Leadership Forum (ALF) is simple and a great way for a busy pediatrician or pediatric subspecialist to make a significant impact. With a small time investment, a resolution can go a long way.

The purpose of resolutions is to provide a formal mechanism through which AAP members can give input concerning Academy policy and activities. All resolutions submitted to the ALF or to the AAP Board of Directors directly are considered by the Board, but are **advisory** and not binding.

Resolutions can be submitted pertaining to any aspect of pediatric advocacy, finance, practice, education, or AAP operations. Useful types of resolutions include:

- A request that the Academy develop a statement or otherwise take action on a particular issue.
- A request that the Academy inaugurate a new program or activity or reconsider a current AAP program or activity.
- A request that the AAP change its operating procedures.

The Chapter leadership encourages you to get involved in this meaningful way. A resolution is strongest and has the best chance of passing the ALF if it has the support and endorsement of the Chapter, District or an AAP Section or Committee. The Chapter Executive Board is more than willing to help you with the wording of a resolution; the Board will also consider as a body whether to formally endorse your resolution, although that is not a certainty. However, the Board’s policy instituted in 2010 is that it will ensure that your resolution has a fair hearing on the floor of the ALF regardless of endorsement.

The best way to assure successful passage of your resolution at the ALF is to engage fellow AAP Section members, Chapter members or like-minded pediatricians who can help garner support of your issue.

For information on how to submit a resolution, visit www.aap.org, log on to the member site, and click on “ALF” (on the left, under Chapters, Committees, Councils and Sections). You will find a link to “Guidelines for Submitting Resolutions” as well as a link to a blank resolution template. The deadline for submitting resolutions to the AAP central office is December 1, 2010. In order for the Chapter leadership to consider endorsement of your resolution, please submit it to the Chapter office by **Friday, Nov. 12, 2010**.

If I may be of any assistance to you in this process, please email me at allen_grant@hotmail.com.

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has or the hours she works. She is a leader among AAP Chapter Executives on the national level and serves the Chapter in countless ways on the ground in Montgomery, attending meetings and networking with practically every state agency that has anything to do with our mission of improving the health of Alabama’s children. Linda’s efforts wouldn’t be possible without the rest of our staff – Linda Champion, Jill Powell, Polly McClure and Salina Taylor. On behalf of the Chapter, I want to thank them all for their beyond-the-call-of-duty efforts.

I also congratulate my colleagues A.Z. Holloway, this year’s Wallace Clyde awardee, and John Cortopassi and John Searcy as the Master Pediatrician award recipients. These three gentlemen have given tirelessly to pediatrics in Alabama for many years.

The meeting also marked the halfway mark of my term as your President. Being with so many of you in Birmingham and hearing your stories reminds me of the importance and value of the things pediatricians do every day and take for granted. The pain you stop, the diseases you prevent, the early interventions you initiate and the encouragement you give help thousands of people everyday across our state. It is humbling and inspiring to lead such a compassionate, dedicated group.

"2010 Annual Meeting" continued from page 1

Chapter President. "It is important to know your leaders, what the Chapter priorities are, where the money comes from and where it goes. We also want members to provide us with continued feedback so that we know how we're doing."

During the meeting, pediatric residents at UAB had an active role by introducing speakers and manning an advocacy exhibit.

"This was an enriching experience for our resi-



Michael Ramsey, MD, FAAP, facilitates the state leader panel discussion at the Immunization Congress.



Chapter President J. Wiley, MD, FAAP, chuckles as Vice President Grant Allen, MD, FAAP, "mini-roasts" him with surprise recognition at the Awards Dinner.

dents," said Michelle Nichols, MD, FAAP, Director of the Pediatric Residency Program and the UAB faculty representative to the Chapter's Executive Board.

The meeting also featured the annual Children's Hospital/UAB/Chapter Awards Dinner, at which Dr. Wiley recognized Dothan Pediatrics as the first NCQA medical home in Alabama; the 12 CQN asthma pilot practices; and Linda Champion, Chapter Project

coordinator, for her above-and-beyond work on the CQN asthma project. Children's Hospital also awarded its Master Pediatrician and Wallace Clyde awards (see article on page 4).

Debra Williams, MD, FAAP, of Huntsville, articulates a discussion point on the Immunization Congress floor.



Chuck Lawrence, MD, FAAP, accepts a CQN certificate of achievement for his practice, Charles Henderson Child Health Center, one of 12 practices honored for their quality improvement work.

Immunization congress sheds light on vaccine financing

The Chapter Pediatric Council, along with the Practice Management Association, brought together key stakeholders for the 2010 *Immunization Financing Congress*, held on Friday before the Annual Meeting. The Alabama Department of Public Health, pediatric providers, practice managers, manufacturers, payors and others examined the myriad facets of vaccine administration to develop an action plan to address vaccine ordering, financing and reimbursement issues going forward.

Keynote speakers David Tayloe, MD, Immediate Past President of the American Academy of Pediatrics, and David Kimberlin, MD, Co-Director of the Division of Pediatric Infectious Diseases at the University of Pediatrics at Birmingham, framed the climate of vaccine administration in the U.S. A panel of state leaders led a discussion on vaccine financing in Alabama, the private and public sector perspective, and the practice-level perspective to identify potential solutions.

Break-out groups further identified specific issues surrounding payors, providers, access, and vaccine manufacturing and distribution, including: lag in adoption of new CPT codes; wide variation in employer group reimbursement for vaccines; participation in a GPO to address access and vaccine costs; need for improvement to IMMPrint; improved communication between schools and pediatricians; and issues of payment terms of vaccines as well as lag in orders processing, which affects needed supply and overstock of unnecessary supply of vaccines for pediatricians.

Over the next few months, the core planning group will examine these issues to develop our state/Chapter action plan.

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Cortopassi, Searcy named Master Pediatricians, Holloway honored with Wallace Clyde award

Recognizing outstanding accomplishments and dedication to the practice of general pediatrics, the Children's Hospital Master Pediatrician has been awarded since 1991. Many long-time Chapter members have made this distinguished list, and this year, two Chapter members tied for the honor: John Cortopassi, MD, FAAP, of Greenvale Pediatrics-Hoover, and John Searcy, MD, FAAP, of Southeastern Pediatrics in Dothan.

A 1977 graduate of the University of South Alabama College of Medicine in 1977, Dr. Cortopassi completed his pediatric internship and residency at the University of Alabama at Birmingham. He has been associated with Greenvale Pediatrics since 1980. His professional and community roles have included board membership in the Childbirth Education Association of Greater Birmingham and Parent Advocates - Down Syndrome.

Graduating from the University of Alabama School of Medicine in 1973, Dr. Searcy completed his pediatric residency at the Children's Hospital Medical Center in Cincinnati. Joining Southeastern Pediatrics in 1988, he later served as a Medical Director for Alabama Medicaid Agency from 1992 to 2007, after which he returned to Southeastern. Most recently, he has participated in medical missions, including nine days in Haiti and one week in Guatemala this year. He also volunteered in Ocean Springs, Mississippi after Hurricane Katrina.

The Wallace Alexander Clyde, MD, Distinguished Service Award was established in 1984 by the UAB Department of Pediatrics and Children's Hospital as a means of recognizing outstanding physicians who have devoted a lifetime of service to children and their families. This year, A.Z. Holloway, MD, FAAP, was

honored for his many years of devoted service to pediatrics in Alabama for almost 30 years. In

addition to serving as the current Chapter Immediate Past President and Pediatric Council Chair, Dr.

Holloway has been very active on the Chapter Board for almost a decade. In private practice in Montgomery since 1982, he has been heavily involved locally and with the state pediatric community in a number of ways, including service in the areas of perinatal issues, adolescent health, school health and sickle cell disease.

Congratulations, Drs. Cortopassi, Searcy and Holloway on these stellar achievements!



Ted Williams, MD, FAAP (right), helps John Searcy, MD, FAAP, into his Master Pediatrician jacket.



John Cortopassi, MD, FAAP, addresses his colleagues after receiving the Master Pediatrician award.



A.Z. Holloway, MD, FAAP, 2010 Wallace Clyde Distinguished Service award recipient

“Meaningful use” decoded: what pediatricians need to know

On July 13, 2010, the U.S. Centers for Medicare and Medicaid Services (CMS) released a Final Rule establishing the “meaningful use” (MU) criteria for electronic health records/health information technology with which eligible pediatricians, other health providers and hospitals must comply in order to qualify for the American Recovery and Reinvestment Act incentive payments.

The incentives are not designed to help providers purchase EHRs on the front end, but rather to support their “meaningful use” moving forward. Meaningful use requirements include the ability to exchange health information outside of a practice and between practices, hospitals and payors.

In Alabama, the incentive payments will flow through the Alabama Medicaid Agency (ALMA) and will not be available until around May 2011. Spearheaded by ALMA, the state is working on a state Health Information Exchange (HIE) that will support providers’ ability to meet MU. The Alabama Chapter-AAP has representation on the workgroups and the Commission directing this effort.

The AAP has a resource document that outlines how pediatricians must use Certified EHR Technology to qualify for incentive payments for Stage 1 (as early as calendar year 2011) of the incentive programs. The criteria are divided into a set of 15 mandatory criteria and ten other criteria from which providers must select five. All recorded information must be formatted as structured data. To access the document, go to <http://www.aap.org/ehr/> and click “Becoming a Meaningful User.”

Eligibility for payments

Pediatricians with a unique National Provider Identifier (NPI) are eligible to receive incentives through Medicaid if they *can attribute to Medicaid* at least 20 percent of all patient encounters over a continuous, representative 90-day period in the most recent calendar year. There are other specifications for providers in federally qualified health centers; in addition, hospital-based providers do not qualify. Please refer to the “Medicaid Incentives” document on the AAP EHR page for details.

Payment

Providers are not required to begin participating in the incentive program in 2011, however, providers must begin receiving payments no later than 2016 in order to qualify. For the first year in which meaningful use was attested, a minimum reporting period of 90 consecutive days will be identified by the provider. This allows providers to receive that year’s payment even if the EHR was not implemented until Oct. 1 of that year. States are expected to issue payments on a rolling basis, thus once the reporting period is complete and the necessary reports and attestations have been submitted, payment can be issued. In subsequent years, the provider will need to report on the entire year.

For a full look at all of the AAP resources, visit www.aap.org/ehr or the Chapter’s EMR/HIT page at www.alaap.org—>Resources—>EMR/HIT.

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months and older, use of a standardized encounter form, and others.

Wes Stubblefield, MD, FAAP, of Auburn Pediatric Associates, noted that modifying his practice electronic medical record to capture data from the project encounter form “is a little extra work, but it has paid off.”

At the last monthly practice conference call, all of the practices indicated that they will continue with the changes they have made in care delivery. Some practices reported that they will use the processes learned to “turn the dial” in the management of other diseases, thus imbedding quality improvement into their practices long-term.

At the Chapter level, the leadership team is working on a sustainability plan to allow the Chapter to spread the project to 20 additional practices in 2011. Working in conjunction with the AAP again, this time the project would add partners at the state level. Although planning is still ongoing, please stay tuned for a group email that will delineate how your practice can get involved in this second tier of the project!



Get on-the-ground help implementing certified EHR

The University of South Alabama, representing a statewide consortium of partners and stakeholders, has been awarded federal funding to serve as the Alabama Regional Extension Center (ALREC), which will serve as an advocate for Alabama physicians and deliver services to assist in achieving EHR meaningful use status. ALREC will provide education, outreach and technical assistance to help providers select, successfully implement and meaningfully use certified EHR technology as defined by the Centers for Medicare and Medicaid Services. The Alabama Chapter-AAP is working with ALREC in getting information to pediatricians.

All providers are invited to join ALREC and receive deep discounts on hardware and software, assistance with education and training, assistance with front office process redesign and more. If you are in a practice of 10 or fewer providers, you may qualify to join the ALREC at a lowered annual fee (limited number of discounted memberships available).

For more information about the services and programs that can benefit your practice, please contact ALREC directly by email, phone or mail:

Alabama Regional Extension Center
307 University Blvd.
TRP III, Suite 1100
Mobile, Alabama 36688
251-414-8170
info@al-rec.org
web site: www.al-rec.org

Practice Management Association Update

By Jeff Corbitt, PMA Chair

Thanks to a \$10,000 grant from the AAP, the AL-AAP Practice Management Association (PMA) was able to co-host an Immunization Financing Congress this past September. Pediatricians, practice managers, public health officials, industry and pediatric policy leaders, and payors were able to come together to discuss issues related to vaccine financing with the goal of improving vaccination rates for Alabama children. Those who participated were able to come away with practical ideas on how to better address those barriers in order to improve vaccination rates among their patients.

PMA membership continues to grow! We will continue with our format of quarterly meetings, and we would like to conduct at least three educational sessions before the next Annual Meeting. Hot topics this year will include EMR Meaningful Use, ICD-10 coding implementation, coding/reimbursement changes, as well as issues associated with federal healthcare reform. One of the best benefits offered to members is access to the listserv, which provides up-to-the-minute information exchange and networking opportunities. Additionally, the PMA publishes the *PMA Advisor*, our quarterly newsletter, with articles and updates on current pediatric management topics. Our editor, Robert Troy of Partners in Pediatrics, has done an excellent job in moving this project forward.

Please encourage your practice manager to become a member of our organization. As always, thank you for your continued support of the PMA.

Coding

corner

Choosing the most appropriate diagnosis code

How many practices with EMR have customized their diagnosis lists for pediatrics? If you haven't, your and your practice colleagues may be inadvertently choosing codes that do not relate to a pediatric patient. To ensure that the codes are correct, practices are encouraged to customize the descriptions to more accurately fit how they commonly refer to certain diagnoses. For example, if the EMR was set up to have all ICD-9 codes loaded into the system, a physician might be searching for foot injury and if he types "Injury" and then searches for the body part, he may have to know that his system lists "Injury of knee, leg or foot." If the list descriptors are customized, then the list could have code 959.7 listed three times: Injury Knee, Injury Leg, and Injury Foot. By doing this, the physician will be able to search "Injury" and alphabetically find the body part more efficiently.

Tips for EMR users regarding diagnosis coding:

- Document the primary diagnosis as the first listed, because the EMR system may report the diagnoses in the order in which they are documented.
- Don't depend on the software vendor to add CPT or ICD-9 codes to the system. Review all new, deleted, and revised codes in October and January of each year and educate yourselves and billing staff on their appropriate use.

Below, Clay Buie, MD, FAAP, of Greenvale Pediatrics-Alabaster, shares how customizing his new EMR system has helped his practice.

Customizing EMR diagnosis lists worth the effort

By Clay Buie, MD, FAAP, Greenvale Pediatrics-Alabaster

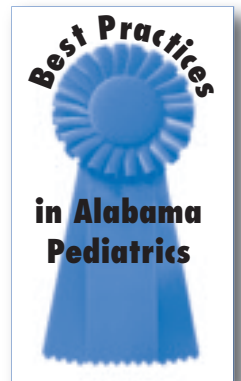
Our practice recently implemented an EMR system and I went through the process of customizing our diagnosis lists. I can say that it was definitely worth this effort before we implemented our system.

We physicians are not the coders we should be, because we have relied on a "cheat sheet" (the superbill), as well as the wonderful skills of our front office staff, to help us code more accurately. However, this same process has caused us to often limit our diagnoses to things readily found on our superbill. By updating and correcting the "Common Diagnosis" list in our EMR system, all of the physicians were able to improve their accuracy in coding without necessarily having to add that much more effort at the time of the office visit. The process was not painless, but the end result is a more meaningful chart that can be used to track diagnoses.

Our "Common Diagnosis" list is fairly large, as I felt that having a list containing diagnoses that many would not consider "common" was more beneficial than having a shorter list of truly common ones. Even though this means more scrolling to find the diagnosis you need, it is much simpler than having to go to the complete ICD-9 listing. As you well know, searching the ICD-9 book for a diagnosis requires a skill in itself, and I freely admit that my skill level was "novice" when this whole process started.

I think that the entire EMR process would have been much more difficult if this list had not been created on the front end. An integral part of its use was populating the templates with diagnoses common to each symptom set. By having this common list to pull from, the templates had a consistent "feel," with the same local names being used consistently for the same diagnosis.

Editor's Note: The above advice is valuable for all pediatricians, even if they aren't currently on an EMR, but are considering it, especially considering the advent of ICD-10 in 2013, when they will have to be more accurate in their documentation and coding.



What is the Vaccines for Children Program?

The Vaccines for Children (VFC) program provides vaccines to eligible children without vaccine cost to the provider. All routine childhood vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are available through this program. The program saves parents and providers out-of-pocket expenses for vaccine purchases.

What are the benefits of the VFC program?

You can provide necessary vaccines to uninsured children and others who cannot get recommended vaccinations without financial assistance—and, you will not incur any additional costs. You can also...

- Reduce referrals of eligible children to the public clinics for vaccination, thus allowing them to stay in their medical homes and ensuring the continuity of care.
- Save money on your vaccine purchase because you will receive public-purchased vaccines under the program.
- Receive technical assistance to help improve your vaccination rates, such as record-keeping, vaccine handling, and vaccination opportunities.

How can I enroll as a provider in the VFC program?

Enrolling in the VFC program is easy! Call the Alabama Department of Public Health's Immunization Program. Then...


1. Request a provider enrollment package.
2. Complete and return the enrollment form.
3. Return the Provider Profile form, as required, to ensure you receive the amount of vaccine needed for your office.

Your strength is the ability to provide.



Alabama Department of Public Health
1.866.674.4807
www.adph.org/immunization





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From the Coordinator

ROR-AL receives \$10,000 award from Anniston Community Education Foundation

Third pediatric practice in Anniston implements Reach Out and Read

On Thursday, October 28, Reach Out and Read-Alabama was one of eight organizations receiving awards from the Anniston Community Education Foundation in Calhoun County. This award will enable the third pediatric practice in Anniston, Purohit Pediatrics, to distribute books and encourage book-sharing with parents and caregivers during 4,200 well-child visits annually through Reach Out and Read (ROR).

Thanks to Anniston Pediatrics for featuring their ROR program on their call-waiting messages. The brief message about the program gave enough information to prompt an invitation to apply for the ACEF grant. Educate your parents and community about ROR in your practice or clinic by adding a brief message to your messaging system.



“Summer of a Million Books” a big success for Reach Out and Read

Reach Out and Read (ROR) kicked off the summer by announcing its goal of distributing one million books to children nationwide before Labor Day. In the end, ROR far surpassed its “Summer of a Million Books” campaign goal, handing out books to more than 1.3 million children nationwide. The campaign also generated an outpouring of support from community volunteers, who together contributed more than 78,000 hours of service this summer.

ROR developed the campaign in conjunction with the national “United We Serve: Let’s Read. Let’s Move.” initiative, which aims to promote community service and combat illiteracy and childhood obesity.

In fact, the Corporation for National and Community Service CEO Patrick Corvington joined ROR CEO Earl Martin Phalen to hand out the one millionth book, “Clifford the Big Red Dog,” to a child at the Tulane Pediatric Clinic at the Covenant House, a homeless shelter in New Orleans, LA.

“This is an incredible achievement for ROR’s 30,000 doctors, nurses, and volunteers nationwide,” Mr. Phalen said. “Together, they have helped to put 1,000,000 more children on the path to school success by providing parents with the guidance and the tools they need. We stand united in the dream that one day, every child in America will benefit from the Reach Out and Read program.”

In Alabama, ROR partnered with Books-A-Million during the campaign to collect more than 4,000 books statewide at their 25 stores across the state. Books collected at each store’s book drive were distributed to local pediatric practices and clinics to be given to children through their ROR program.

Many thanks to all of the Chapter members who contributed to this campaign!



Robert Bashinsky, MD, FAAP, of Greenvale Pediatrics-Alabaster is pictured with some of the books from the Books-A-Million “Summer of a Million Books” book drive.

Event Calendar

January 28 - 29
MASA EMR Technology Symposium, MISSION imPOSSIBLE II: EMR Basics and Beyond, Montgomery, AL

February 24
Alabama Business Leaders’ Summit on Early Childhood Investment, Montgomery, AL

April 28 - May 1
2011 Spring Meeting & Pediatric Update
Hilton Sandestin Beach, Destin, FL

May 26 - 28
MASA’s 2011 Annual Session
Sandestin, FL

September 23 - 25
2011 Annual Meeting & Fall Pediatric Update
The Wynfrey Hotel, Birmingham, AL

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C H A P T E R B R I E F S

Save the date: Meaningful use webinar

Please mark your calendars for Thursday, Dec. 2 at 5:30 p.m., when the Alabama Chapter-AAP, along with Alabama Medicaid and Jackson Thornton, will host a webinar, "EHR Meaningful Use." The one-hour session will feature an overview of meaningful use of electronic health records, including guidelines for practices and incentive payments, and how these will be worked through the Alabama Medicaid Agency.

Look for details coming soon!

Reductions to vaccine payment thwarted

Chapter staff and the Executive Committee devoted considerable time this summer to advocating to Blue Cross Blue Shield (BCBS) on its new fee schedule, announced in July and released on Oct. 1, as well as other value-added performance measures. The initiative involved a meeting of the Pediatric Council in June, a one-on-one meeting with BCBS regarding recommendations for value-added performance measures for pediatrics, communications to members to gain input on practice impact and encourage feedback to BCBS, a letter from President J. Wiley, MD, FAAP, to Blue Cross in early September, and working with the Medical Association of the State of Alabama and the Alabama Academy of Family Physicians as a coalition.

While the fee schedule featured increases for evaluation and management codes, it originally included reductions in many vaccine codes. Dr. Wiley's letter to BCBS officials stressed the dangers of decreases in payment for vaccines, particularly given rising prices of product and the public health role that pediatricians play in preventing disease through vaccine administration.

On Sept. 3, BCBS retracted its reductions in vaccine payment by announcing the reinstatement of current payment levels for the affected codes.

The Chapter Executive Committee and Pediatric Council will continue to work to assure that coverage is adequate for children.

Chapter co-sponsors second Alabama Business Leaders' Summit

Realizing one of Dr. J. Wiley's chief priorities during his Chapter presidency, the Alabama Chapter-AAP has partnered with the Alabama

Partnership for Children and the Alabama School Readiness Alliance to sponsor the second Alabama Business Leaders' Summit on Early Childhood Investment, to be held Feb. 24, 2011, in Montgomery.

Hosted along with River Region partners, the summit will reach business leaders, government agency heads, lawmakers and other policymakers from central Alabama as well as the rest of the state to call attention to the importance of investing in young children.

"The Chapter participated in the first summit held by the Alabama Partnership for Children in October 2009, which was extremely effective in sending this important message to business leaders," said J. Wiley, MD, FAAP. "Afterward, I envisioned broadening this message to all policymakers with messaging from pediatricians as child health experts. I quickly found out that the Partnership was already working on the same vision and was delighted that we could come together to make this a reality in 2011."

Spring Meeting plans come together

The 2011 Spring Meeting & Pediatric Update will be April 28 – May 1, 2011, at the Hilton Sandestin Beach in Destin, FL!

Although still tentative, the topics shaping up for the meeting include: Immunization Recommendation Review; Update on Diarrheal Illness; Teaching Parents to Talk to Kids about Sex Education; Assessment and Treatment of Knee and Back Injuries; User's Guide to the Adolescent Brain; Detecting Substance Abuse in the Office; Chlamydia Screening; Quality Improvement; Alabama's Community Care Networks and more!

More details are forthcoming!

**Practices achieve NCQA certification**

The Chapter congratulates the physicians and staff of Huntsville Pediatrics Associates for their recent achievement of Level 3 recognition by the National Committee for Quality Assurance (NCQA) as a medical home! Level 3 is the highest level for this certification.

"The physicians and staff of Huntsville Pediatrics are proud to have been one of the first offices in the state to achieve this honor. We're looking forward to the day when all of the children of Alabama reap the benefits from having a strong medical home," said Katie Gunter, MD, FAAP, HPA's newest partner.

The news came on the heels of Dothan Pediatric Clinic's achievement as the first practice (of any specialty) in the state to attain NCQA medical home recognition. DPC was recognized at the Annual Meeting awards dinner for that distinction.

Meanwhile, the other two practices in the Blue Cross Blue Shield of Alabama's medical home pilot have gone through the application process. Other practices in the state are also beginning to see the value in this certification, which streamlines practices' ability to provide better access and referrals for patients through maximal use of quality improvement principles and information technology.

Congratulations to HPA, DPC and other practices that are making these strides to provide better care for children!



Chapter President J. Wiley, MD, FAAP, congratulates Dothan Pediatric Clinic's Michael Ramsey, MD, FAAP, on being the first practice in the state to achieve NCQA medical home recognition.

Help assure accuracy in newborn screening

Cindy Ashley, Director of Alabama Newborn Screening Program; Heather Taylor, MD, FAAP;
Lane Rutledge, MD, FAAP

The Alabama Department of Public Health's Newborn Screening Program continues to work diligently with providers across the state to improve the quality of specimens submitted for testing.

The filter paper specimen card is not only a blood collection device but also contains important demographic information that is necessary and critical to process the specimen and track infants with abnormal screening results. Nearly 30 percent of the specimens submitted have inaccurate or incomplete information on the form. Examples of inaccurate or missing information include: no provider name, inaccurate times, missing date of birth and specimen collection date. The form must be filled out completely or the sample will not be processed and delays in processing impede the diagnosis of newborns with potentially life-threatening disorders.

The Newborn Screening Program recently mailed a sample form to providers that includes tips for accurate completion of the demographic portion of the form. Included was a copy of a filter paper form submitted by the provider with inaccurate/incomplete areas highlighted. Also, the "Newborn Screening Reference Manual" was mailed out in September. This 80-page resource includes specimen collection guidelines, important contact information, brochure and filter paper ordering forms, updated protocols, registration forms for the Alabama Voice Response System, and important information about the disorders that are being screened for in Alabama.

Please assist us in this effort by making sure the form is completed properly so that samples can be processed accurately and efficiently. Contact the Newborn Screening Program through its website at www.adph.org/newbornscreening or 334-206-2971 with questions.

Obesity project funds community garden

The Alabama Department of Public Health has continued to spearhead the recent work on the Chapter's \$15,000 grant to mobilize healthcare professionals to advocate for better community policies to eradicate childhood obesity.

To this end, the project included a June 5 training in Brewton. Chapter members Marsha Raulerson, MD, FAAP, and Marina Thompson, MD, FAAP, have been involved at the local level, where a community coalition has used the training and funding to plant a community garden to support healthy eating.

"The Chapter was delighted to recently receive an additional \$8,000 to expand the project to other communities of the state," said Linda Lee, APR, Chapter Executive Director.

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NEWS FROM THE AAP

PMO: A valuable online resource

Historically there has been little or no preparation in residency programs for the business aspects of practice. And many AAP members know very little about the extensive collection of pediatric-specific practice management resources that the AAP has developed to assist pediatricians with managing a practice that provides high quality care and is financially viable. As a result, the AAP leadership responded to this problem by approving the development of Practice Management Online (PMO). PMO is an online resource for pediatricians and their office staff to support them in running a practice that is fiscally sound, efficient, and provides quality health care to children and families. PMO consists of six modules: Practice Basics, Payment & Finance, Office Operations, Quality Improvement and Patient Safety, Patient Management, and a Practice Toolbox. These key areas are useful for all pediatricians and their office staff, but particularly helpful to those pediatricians who are just beginning in practice, taking over management activities, or to those who are opening a new practice.

PMO houses nearly 1,200 resources, including newsletters, manuals, fact sheets, peer discussions, sample office forms and documents, and more. PMO provides a simple word search function and brief, descriptive annotations for each document to make it easy for pediatricians to find the information they need.

PMO is available free to all AAP members! The site is accessible through the "button" on the AAP Member Center or directly at <http://practice.aap.org>. To sign up for monthly updates, visit <http://practice.aap.org/emailAlert.aspx>.

A word about ACOs

By Michael J. Ramsey, MD, FAAP

With the passage of the Affordable Care Act, accountable care organizations (ACOs) have been thrust to the forefront of medical consciousness. With a primary care practice functioning as a medical home, ACOs can be thought of as a medical village, interconnecting hospitals, specialists, primary care practices, and ancillary services to provide integrated health care. Cost control and improved quality are the main reasons ACOs are being emphasized.

In August, I attended an ACO workgroup at the AAP, where national thought leaders worked to determine how to begin educating members about ACOs and helped draft the AAP's core principles governing pediatric involvement in ACOs. It was an exhilarating experience, and you will soon see the results of this work.

The Chapter will continue to work with the AAP to make sure Alabama pediatricians receive the guidance they need to navigate this aspect of the ever-changing landscape of healthcare.

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NEWS FROM MEDICAID

Federal measure to provide funding relief

New federal legislation to sustain state Medicaid programs for an additional six months of the 2011 fiscal year is expected to provide an estimated \$133 million for Alabama Medicaid.

Signed into law August 10, the bill provides a total of \$16.1 billion for state Medicaid programs throughout the country. The U.S. Senate passed the bill August 5 after Congressional leaders agreed to make cuts in other programs to offset the new spending. The U.S. House gave its approval August 10.

"We had been optimistic throughout this process that Congress would preserve the nation's health care safety net," said Medicaid Commissioner Carol Steckel. "While this bill still leaves us with a shortfall for FY 2011, it has been reduced significantly. Now it is up to us to work with the Governor, Finance Director and the Legislature to analyze our options and determine the best way to bridge this funding gap."

The funds will be provided to Alabama in the form of increased federal matching funds. The Agency's FY 2011 matching rate, or FMAP, is 68.54 percent federal, which requires the state to provide 31.46 percent in state funds. The enhanced 2011 matching rate will be 78 percent federal, which requires 22 percent state matching funds. The enhanced rate is only available for certain expenditures, such as the Breast and Cervical Cancer Treatment Program. Administrative expenses remain at a 50-50 federal-state match.

Improved infant health goal of prenatal campaign

To address one of the most preventable causes of infant mortality, Alabama Medicaid has launched a prenatal smoking cessation campaign to increase the number of Medicaid-eligible pregnant women who stop smoking.

The Baby Comes First project includes educational presentations to physicians, nurses, care coordinators and others involved in maternity care and distribution of resources and materials for use in working with Medicaid-eligible women.

"Many pregnant women are not aware of the resources available to them if they want to stop smoking," said Letrice Ware, coordinator of the initiative. "Through this program, we hope that more pregnant women will find an option that works for them."

In Alabama, 15 percent of women smoke during pregnancy, according to Alabama Department of Public Health data. However, estimates of up to 35 percent have been calculated for women with Medicaid coverage.

Community care networks to kick off in three pilot areas

Alabama Medicaid, under the leadership of Medical Director Robert Moon, MD, FAAP, has continued to work on an initiative to enhance the Patient 1st program to provide higher quality, more

efficient medical homes for Medicaid recipients.

Marsha Raulerson, MD, FAAP, DeeAnne Jackson, MD, FAAP, A.Z. Holloway, MD, FAAP, and Cason Benton, MD, FAAP, have been involved on the project workgroup, which has been looking at models from other states to create an environment that supports care coordination, quality and other aspects of the medical home.

"After much consideration, the workgroup decided that North Carolina's community care networks would be the best fit for us," Dr. Moon said. "This physician-friendly model has been successful in improving quality. Those in the network work together on local solutions that drive improvements in their region."

North Carolina's model is built on a system of networks, which cover different regions of the state. To achieve our goals in Alabama, three pilot networks will be established as early as April 2011 – Lee and surrounding counties (Macon, Tallapoosa, Chambers); Madison and Limestone counties; and Tuscaloosa and surrounding counties (Fayette, Pickens, Greene, Hale, Bibb). These regional networks will have a part-time medical director, pharmacy director and administrator and be governed by a board that is at least 50 percent comprised of primary care physicians to drive a better system. The networks will provide care coordination or case management, working with existing targeted case management programs to improve care.


He said the workgroup has had a lot of discussion on the Patient 1st care management fee and how it is going to be reconstructed; discussion on this still continues, however, it is definite that there will be an incentive for Patient 1st providers to join the network.

Due to state budget considerations, the idea with the pilots is to start small and demonstrate cost savings and efficiencies that will support the expansion of this initiative to the rest of the state.

Steckel leaving to direct Louisiana health care reform

On October 25, Governor Bob Riley announced that Alabama Medicaid Commissioner Carol Steckel is leaving Medicaid effective November 15. Steckel, who has served as Alabama's Medicaid Commissioner since December 2003, and previously from 1988-1992, will become Executive Director of Health Care Reform for the State of Louisiana.

"Commissioner Steckel has been the driving force in transforming our Medicaid program for the better. She has firmly established Alabama as a national leader in health information technology and, thanks to the improvements she's put in place, Alabama Medicaid has been recognized and rewarded for its effectiveness. Our Medicaid program does more with less than any other state, and I appreciate all Commissioner Steckel has done," said Governor Riley.



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Why should you join PROS (Pediatric Research in Office Settings)?

By D.J. Anagnos, MD, FAAP, Alabama PROS Coordinator

You should join because I am a member of the PROS network and am enthusiastic about it! Sponsored by the American Academy of Pediatrics, PROS is a research network with a mission of enhancing pediatric practice and improving child health. The PROS network was formed almost 25 years ago. PROS practitioners just like you and me have completed 24 national studies resulting in more than 65 published articles and 116 published abstracts. PROS studies have been cited in more than 1,000 publications. PROS is marching on with a new effort to study electronic health records. The initial mission is to enhance processes in this evolving tool to improve pediatric practice and child health care. PROS has created new knowledge, changed public policy, and made me a better practitioner.

I know you are busy. You will not have to add something every day. You will not be participating in a study all of the time. Some studies can be completed in a week or two. Some may take a few months. When a study is set up by the network, you will get a notice about it. You will have an opportunity to review the study design and decide if

you are interested. Next, you can look further to see if it fits your practice. If you have more questions, you can contact PROS (www.aap.org/pros) and get more information. As one of the state coordinators, I can assure you that each study is vetted so you can participate with minimal impact on your patients and practice.

My experience in asking patients if they would participate has been totally positive. To give you an example, in the Secondary Sexual Characteristic in Boys study, I had to measure testicular size. I had an orchimeter. The majority of boys were very happy to measure their testicle and ask what size they would eventually get to.

Hopefully my enthusiasm for PROS has added to your interest. I would be happy to discuss this further with you on a personal basis. Let me also suggest that you learn more about PROS by reading a recently published article in the June *Pediatric Annals* titled "PROS: A Research Network to Enhance Practice and Improve Child Health." If the journal isn't handy, you can go to the AAP site or contact me at 334-277-6624 or daria.anagnos@chsys.org.

NEWS FROM PUBLIC HEALTH

Infant mortality rate in Alabama reaches all-time low in 2009

In August, the Alabama Department of Public Health announced that the infant mortality rate of 8.2 deaths per 1,000 live births in 2009 was the lowest ever recorded. This represented 513 infant deaths, also the fewest ever and 99 fewer than in 2008 when the rate was 9.5.

"Alabamians should be proud of the efforts made to address our traditionally high infant mortality rate," said Don Williamson, MD, State Health Officer.

Here are some details:

- The infant mortality rate for black infants (13.3 per 1,000 live births) was the lowest it has ever been, and it was very close to the 2007 national rate for blacks at 13.2.
- The white rate of 6.2 is also the lowest in history. The white rate, however, continues to be above the national average of 5.6 in 2007.
- Declines were seen in the percent of pregnant women who smoked and the percent of births to teens.
- A decrease was seen in the number of babies born at low birth weight (less than 5 pounds, 8 ounces).

• Alternatively, a decline was seen in the percent of women who received adequate prenatal care.

"We must remain committed to initiatives that improve our state's infant mortality rate," Dr. Williamson said. "We are pleased to see the reduction in tobacco use among expectant mothers. We want to continue to reduce the tobacco usage statewide, particularly among this group."

Graphs and detailed charts are available at the Alabama Department of Public Health web site at www.adph.org/healthstats.

Flu vaccine update

The 2010-2011 seasonal vaccine includes the H1N1 strain. Currently, the ADPH is working to get the Vaccines for Children (VFC) vaccine out to practices as soon as it is received. The Immunization Division is now receiving allocations from the CDC on each of the flu presentations.

"As we receive notice of the allocations, we fill requests in the order in which we received them from the providers. As of Oct. 15, we have received 50 percent of our VFC allocations. All of the 87,000 doses

allocated so far have been shipped to private VFC providers. No VFC doses have been shipped to ADPH clinics. We anticipate 100 percent of the VFC allocations by the end of October but one or two presentations may not be completely allocated until November," explained Denise Strickland, ADPH VFC Branch Director.

For status updates, contact the VFC Branch at 1-866-674-4807.

New CHIP hospice care provision

ALL Kids no longer requires enrollees receiving hospice care to waive all rights to ALL Kids-covered treatment services for the duration of the hospice care. This new provision of the Affordable Care Act allows patients to receive both curative and palliative services simultaneously.

For example, if a child is undergoing active treatment with radiation, he or she can still be approved for hospice as long as hospice guidelines are met. Hospice eligibility remains dependent on certification by a physician that the patient is within the last six months of life.

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