



# The Alabama Pediatrician

Fourth Quarter 2016

## From the President

Facing the future one step  
at a time for children



Cathy Wood, MD, FAAP  
Chapter President

Regardless of whether we were elated or disappointed with the election results of November 8, we all have angst about the potential of change in the coming months. Is the reality of a change in administration a tsunami of effect

overnight or the unrelenting drip, drip, drip that is slow and deliberate? The uncertainty of the process is distressing, especially for the “planner” part of our executive function.

So now what to do? We continue to do what we have always done – show up every day to care for our patients and their families, care for our communities, care for our employees and businesses, and care for our families. And in all of that caring – we should try to find a few minutes a day to care for ourselves so that we can continue to do our jobs.

Recently during a service following tragic loss in my office family, I was exposed again to the serenity prayer. You are probably familiar with the content – the balance of peace, courage, and wisdom applied to action in our lives. And that action is one day at a time, taking one step at a time, facing forward into the future and making that future better for the children in our lives.

I believe that we all do that well on most days, and we will continue to push forward in our journey of advocacy. There is much work to do, and the process of moving ahead is complicated. As a team of practitioners in this state, we can have great impact.

## Annual Meeting attendees enjoy practice management pearls, MOC Part 2 group session, special awards dinner

Pediatricians from across the state came together for yet another successful Annual Meeting and Fall Pediatric Update at the Hyatt Regency Birmingham-The Wynfrey Hotel in late September, which featured a Friday practice management workshop, a Chapter business meeting on Saturday, the annual awards dinner in association with Children’s of Alabama and our second annual MOC Part 2 group session on Sunday morning.

Once again, the Chapter received positive comments on including an MOC Part 2 activity, and also for allowing non-MOC-enrolled pediatricians to garner CME during the session.

During the Practice Management Workshop on Friday, Dr. Wood honored Lynn Brown, CPC, PPS Physician Coding and Education Children’s of Alabama, for her tireless efforts in educating and supporting Chapter members in the transition to ICD-10 over the past year.

At the Children’s of Alabama/UAB/Chapter Awards Dinner, Alabama Senate Majority Leader Greg Reed provided a keynote address, and Chapter President Cathy Wood, MD, FAAP, recognized several other individuals for their outstanding work, including:

- Our AL-AAP 2016 Legislative Heroes, Senator Reed, Alabama Senator Rodger Smitherman and Alabama Representative Steve Clouse, in recognition of their leadership in fully funding Medicaid during the Special Session and reinstating the primary care payment bump; and
- Michael Ramsey, MD, FAAP, Immediate Past President, in recognition of his dedication and tireless advocacy during the recent fight to restore Medicaid funding.

The festivities concluded with Children’s awarding of its Master Pediatrician and Wallace Clyde awards (see next page).



Cathy Wood, MD, FAAP, with the 2016 Legislative Heroes, Representative Steve Clouse, Senator Greg Reed and Senator Rodger Smitherman.

### Chapter Office and Staff Alabama Chapter – AAP

- Linda P. Lee, APR  
Executive Director
- Linda M. Champion, MPA  
Project Coordinator
- Jill H. Powell  
Meeting and Membership  
Coordinator

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

### Alabama Chapter – AAP

#### Mission:

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

#### Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

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

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

#### Vision:

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

## Freeman named Master Pediatrician, Raulerson honored with Wallace Clyde award



The year's Master Pediatrician and Wallace Clyde recipients: Marsha Raulerson, MD, FAAP, and Michelle Freeman, MD, FAAP.



Michael Ramsey, MD, FAAP, accepts a President's Award from Cathy Wood, MD, FAAP, for his tireless advocacy during the Medicaid funding crisis.



Lynn Brown, CPC, right, was honored for her dedication to supporting pediatricians in the transition to ICD-10.



Chapter employees Polly McClure, RPh, and Jill Powell were also honored during the Saturday luncheon for 10 years of service to the Chapter; both were presented with Italian Della Robbia plaques.

Recognizing outstanding accomplishments and dedication to the practice of general pediatrics, the Children's of Alabama Master Pediatrician has been awarded since 1991. Many long-time Chapter members have earned this distinction, and this year, former board member Michelle Freeman, MD, FAAP, of Dothan Pediatric Clinic (DPC) has joined her colleagues on the list.

Dr. Freeman attained her medical degree from the University of Alabama at Birmingham (UAB) and completed her residency at UAB and Children's. After residency, she moved to Dothan, where she has practiced at DPC for 17 years. An advocate for children on both the local and state levels, she created one of the strongest Reach Out and Read programs in the state at her practice. She has also served on the AL-AAP Executive Board and on the Houston Academy board from 2011-2014, a private college preparatory school, where she provided unique insight as a parent and pediatrician.

*The Wallace Alexander Clyde, M.D. Distinguished Service Award* was established in 1984 by the UAB Department of Pediatrics and Children's as a means of recognizing outstanding physicians who have devoted a lifetime of service to children and their families. This year, Marsha Raulerson, MD, FAAP, a long-time pediatrician from Lower Alabama Pediatrics in Brewton, was honored with the award.

Having practiced community pediatrics in Brewton, AL for 35 years, Dr. Raulerson has been a long-time and avid advocate for children. She has served as president of numerous child health and advocacy organizations, including the Alabama Chapter-AAP and VOICES for Alabama's Children. She has worked on legislative advocacy at the state and national levels, and was on the original State Children's Health Insurance Program (CHIP) commission in Alabama, which established the first CHIP in the country.

Congratulations, Drs. Freeman and Raulerson!



Patricia Robinson, MD, FAAP, and Mollie Walker, MD, FAAP, enjoy the Awards Dinner.



## Medicaid, RCOs, and healthcare reform: What we know now

Over the past several months, there have been developments both at the state and national levels regarding Medicaid that leave advocates and providers with more questions than answers. There are essentially three levels of uncertainty: the continually meager state budget, the fate of Regional Care Organizations and the uncertainty of what the new presidential administration will do at the national level. Here is what we know right now:

- **Alabama Medicaid State General Fund Budget:**

As you know, Alabama Medicaid was fully funded by the Alabama Legislature in the Special Session held in September using BP oil settlement funds to fill the Fiscal Year 2017 hole as well as a portion of the FY 2018 hole. Unfortunately, even with level funding and the additional BP funds, there is still anticipated to be a shortfall for the FY 2018 budget, which will be deliberated in the 2017 Regular Session of the legislature. Joining numerous other partner organizations and as part of its annual legislative agenda, the Chapter will be advocating for permanent revenue sources to keep Medicaid whole to protect access for children. The Chapter leadership has been meeting with Commissioner Stephanie Azar to discuss strategy as we head to the February 7 start of the legislative session.

- **Regional Care Organizations: Still on Track**

As most of you know, three of the Probationary Regional Care Organizations (RCOs), while still running “Health Homes,” have dropped out of the running to become permanent RCOs, including those organizations associated with the University of Alabama at Birmingham (Region B), East Alabama Medical Center (Region D) and the University of South Alabama (Region E). These changes, as well as strong concern among some of the state’s healthcare organizations that RCOs are not financially viable, have left many providers and other policymakers wondering about the fate of this delivery system transformation.

“We still have eight remaining Probationary RCOs, which we continue to work with to evaluate their ability to demonstrate an adequate service delivery network and meet our other requirements,” said Robert Moon, MD, Chief Medical Officer and Deputy Commissioner, Health Systems. “In addition, those entities who operate P-RCOs in the other regions have expressed interest in possibly going into the other areas.”

On December 1, Medicaid Commissioner Stephanie Azar announced that the Agency has begun discussions with the Centers for Medicare and Medicaid Services to amend the approved 1115 waiver to allow for an October 1, 2017, start date for the RCO program (a delay of three months).

“We anticipate that request to be approved quickly,” Dr. Moon said.

The deadline for P-RCOs to demonstrate an adequate network by submitting to Medicaid signed contracts from their network providers is January 10, 2017. As they work to meet this deadline, providers may be contacted by probationary RCOs with whom they are not currently contracted.

“The RCOs are actively and energetically working toward these dates and we look forward to moving ahead with them,” Dr. Moon added.

- **Federal discussions of block-granting Medicaid and potential repeal of the Affordable Care Act (ACA)**

Child and healthcare advocates across the country are gravely concerned with current discussions at the federal level and signals by Congressional leaders to bring forward legislation to both “repeal and replace” the Affordable Care Act (ACA) and to convert Medicaid into a block grant program to states, either in the form of a hard limit on federal Medicaid funds to states or a per capita cap.

The Chapter has sent a letter to Commissioner Azar and Governor Robert Bentley, whose feedback is currently sought by Congress in reshaping our healthcare system.



## Mark your calendars! Slate of topics for 2017 Spring Meeting at Grand Hotel near final

**Conference will feature fourth  
annual “Grand” Pentathlon  
Benefitting Reach Out and Read**

**May 4 – 7, 2017 • Sandestin  
Golf & Beach Resort, Destin, FL**

The Chapter executive office and CME Chair David Gremse, MD, FAAP, are looking forward to our 2017 Spring Meeting, to be held once again at the beautiful Sandestin Golf & Beach Resort in Destin, Fla.

Dr. Gremse has developed a top-notch conference agenda, with a focus on vision screening & evaluation, early childhood (parenting and nutrition), infectious disease, and pediatrician wellness. Other topics include: Preventing Cancer: Primary Care Use of Quality Improvement to Increase HPV Vaccinations, a Medicaid update, and much more. This year’s meeting will include a Maintenance of Certification Part 2 session, which will also be available for CME for those not enrolled in MOC!

In addition to a Saturday evening dinner on the green, networking opportunities include our Grand Pentathlon benefitting Reach Out and Read. The event will afford attendees, family members and exhibitors to participate in five events at their own pace—bicycling, swimming, kayaking, walking/running and reading—to become eligible for great prizes.

Look for more details soon; registration will begin in late January.

Make plans to attend now – we’ll see you in Sandestin!

# Notifiable Disease Rules

FOR VACCINE-PREVENTABLE DISEASES (VPDs)

## HIGHLIGHTS

- Physicians cannot delegate laboratories to report for them, but must report separately
- Laboratories are required to report electronically to EPI
- Expanded minimum data elements required
- Report “presumptive” within 4-hour (Polio) and 24-hour diseases (Diphtheria, Hib, Hepatitis A, Measles, Meningococcal Disease, Pertussis, Polio-nonparalytic, and Rubella)
- Report Standard Notification diseases (Hepatitis B, Mumps, Strep pneu invasive disease, Tetanus, Varicella) within 5 days
- Report ALTs with all acute hepatitis A & B reports

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PROGRAM

To learn more about VPDs, go to  
[adph.org/immunization](http://adph.org/immunization) or call 1-800-469-4599.

To schedule a 1-hour Notifiable Disease CEU Training,  
go to [adph.org/epi](http://adph.org/epi) or call 1-800-338-8374.

## Alabama Child Health Improvement Update/Alabama Chapter-AAP quality improvement update

By Cason Benton, MD, FAAP, Director, Alabama Child Health Improvement Alliance

### Practices sought for 2017 early screening QI collaborative

Developmental screening in Alabama doubled from 2007 to 2011 – but only to 24 percent. This low rate means that many of Alabama's children with autism and developmental and behavioral delays are not linked to services in a timely manner. A recent survey of Alabama's pediatricians, payers, and concerned family and community members placed completing developmental screening as one of the most important areas for primary care providers to improve in the next three to five years. With that in mind, the Alabama Chapter-AAP and the Alabama Child Health Improvement Alliance are inviting pediatric healthcare providers around the state to participate in the next Help Me Grow Alabama Early Screening Continuous Quality Improvement Learning Collaborative – aka Early Screening Collaborative, set for January through September 2017.

Practice participation in the Early Screen Collaborative is a good fit for all practices to ensure best outcomes for their patients by reliably screening and referring at recommended ages. But even practices that are seasoned “screeners and referrers” are likely to discover benefits from participation including:

- integrating new statewide resources from Help Me Grow and for autism into practice workflows;
- using collaborative time to switch from a paper to an electronic screening process into the clinic – a system change enhanced by the QI approach--all while earning 25 points of Maintenance of Certification Part IV;
- an opportunity to participate in a 2018 Patient-Centered Medical Home (PCMH) companion collaborative to bring parent/patient input to the practice's early screening process.

More recent ACHIA collaborative enhancements maximize the value of participation. There is no travel! Streamlined data collection by the practice rather than by provider requires less time for data collection and entry. Other benefits include one free ASQ-3 toolkit (\$295) and--for practices in the Tuscaloosa area—a free ASQ-SE toolkit. Practices will also have access to the database beyond the collaborative time frame to monitor continued improvement – something that aligns well for those seeking Patient-Centered Medical Home (PCMH) re-certification. The Early Screening Collaborative is a benefit for members of the Alabama Chapter – AAP and the Alabama Academy of Family Physicians.

Enroll now in the Early Screening Collaborative by emailing Linda Champion at [lchampion@alaap.org](mailto:lchampion@alaap.org).

### Pearls from your peers in the 2016 Prevent HPV Cancers Today! Learning Collaborative

Thirteen practices across Alabama increased HPV vaccination rates by 10 percent over three months during our 2016 Prevent HPV Cancers Today! Learning Collaborative. Some of their strategies to ensure vaccines are delivered by 13 years of age are likely to help other practices as well. Hopefully these strategies as well as the simplicity of the updated two-dose series will help prevent more Alabamians from future cancers.

- **Know the facts:** Providers learned about the impact of HPV-related cancers on men and women as well as about the ability of the HPV vaccines to decrease patient cancer risks. A highlighted learning point was cancer protection is much greater when the series is completed by age 13. Waiting to complete the series increases risks for the patient.
- **Have a consistent practice message:** Teach all practice members--schedulers, triage staff, nurses, and providers--about the importance of HPV vaccination to ensure a consistently strong recommendation. One provider mentioned that after the staff learned the risks of HPV and the benefits of the vaccine, a number of staff children returned for vaccines later that day.
- **Project office support for vaccination:** CDC posters, screenshots, links and videos were displayed in the office and on practice websites.
- **Communicate a strong provider message:** “HPV vaccines prevent cancer” communicates clearly. Other providers found personal attestations important: “My son, daughter, and grandchildren are vaccinated.”



## How to Contact Your Chapter Leaders

### President

Cathy Wood, MD, FAAP  
Ph: (334) 272-1799  
[cdocwood@aol.com](mailto:cdocwood@aol.com)

Vice President/President-elect  
Wes Stubblefield, MD, FAAP  
Ph: (256) 764-9522  
[stubblefield.wes@gmail.com](mailto:stubblefield.wes@gmail.com)

Secretary/Treasurer  
Katrina Skinner  
Ph: (251) 928-5568  
[katski@bellsouth.net](mailto:katski@bellsouth.net)

Immediate Past President  
Michael Ramsey, MD, FAAP  
Ph: (334) 793-1881  
[mj\\_ramsey@msn.com](mailto:mj_ramsey@msn.com)

Area 1 Rep. (Huntsville)  
Kevin Ellis, MD, FAAP  
Ph: (256) 265-2464  
[kellis@huntsvillepediatrics.com](mailto:kellis@huntsvillepediatrics.com)

Area 2 Rep. (Tuscaloosa)  
Bruce Petitt, MD, FAAP  
Ph: (205) 752-7337  
[bpetitt@westalabamapeds.com](mailto:bpetitt@westalabamapeds.com)

Area 3 Rep. (Birmingham)  
Kenneth Elmer, MD, FAAP  
Ph: (205) 206-8480  
[kelmer@swclinic.org](mailto:kelmer@swclinic.org)

Area 4 Rep. (Anniston)  
Naresh Purohit, MD, FAAP  
Ph: (256) 721-9799  
[narpur@aol.com](mailto:narpur@aol.com)

Area 5 Rep. (Troy)  
Elizabeth Dawson, MD, FAAP  
Ph: (334) 566-7600  
[nelso71@hotmail.com](mailto:nelso71@hotmail.com)

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

CME Chair  
David Gremse, MD, FAAP  
Ph: (251) 434-3919  
[dgregmese@health.southalabama.edu](mailto:dgregmese@health.southalabama.edu)

UAB Pediatric Residency  
Program Rep.  
Cason Benton, MD, FAAP  
Ph: (205) 638-9585  
[cbenton@peds.uab.edu](mailto:cbenton@peds.uab.edu)

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



## Reach Out and Read All About It!

By Salina Taylor, Development and Communications Coordinator

As you probably know, new recommendations were issued by the AAP in October for media use in young children, including a tool (<http://bit.ly/2epneyO>) to create a family media use plan.

“The pediatric wisdom has always been that you should err on the side of protection and prevention; we advise no screens for children under 2 because there’s no evidence of benefit, and a lot of concern about harm; because we worry about what screen time may be replacing in the lives of young children, who need direct human interaction to learn and develop,” said Perri Klass, MD, FAAP, Reach Out and Read’s National Medical Director in her New York Times blog post, “A Reconsideration of Children and Screen Time” (<http://nyti.ms/2hgnOjs>).

The AAP recommends that parents prioritize creative, unplugged playtime for infants and toddlers. Some media can have educational value for children starting at around 18 months of age, but it’s critically important that this be high-quality programming, such as the content offered by Sesame Workshop and PBS. Parents should watch media with their young children to help them understand what they are seeing.

“Families should proactively think about their children’s media use and talk with them about it, because too much media use can mean that children don’t have enough time during the day to play, study, talk, or sleep,” said Jenny Radesky, MD, FAAP, lead author of the policy statement, “Media and Young Minds,” which focuses on infants, toddlers and pre-school children. “What’s most important is that parents be their children’s ‘media mentors.’ That means teaching them how to use it as a tool to create, connect and learn.”

A second policy statement, “Media Use in School-Aged Children and Adolescents,” offers recommendations for children ages 5 to 18, and a technical report, “Children, Adolescents and Digital Media,” provides a review of the scientific literature to support both policies.

“What we know is that children need human contact and interaction – and there’s a real worry that screens may take up time and space in babies’ and toddlers’ lives and replace some of what they most need,” emphasized Dr. Klass.

Check out the new training video (<http://bit.ly/2hG6z8j>) created by Reach Out and Read that helps providers address these guidelines with parents.

Ten for Ten Campaign up to \$8,000 in celebration of Reach Out and Read’s 10th anniversary; help us reach our goal!

In the last 10 years, our pediatric healthcare providers in Alabama have prescribed more than 1.6 million brand-new books to the state’s youngest and most underserved children. That equates to more than 3,000 books each week that find their way into the homes of the neediest children and families throughout the state through the Reach Out and Read-Alabama program.

The Alabama Chapter American Academy of Pediatrics Executive

Board challenged each of its members to help reach a goal of \$10,000 for the ‘Ten for Ten’ campaign, which began at the Annual Meeting in September and has raised close to \$8,000 thus far! During the meeting, we were fortunate to have three quality gifts for the raffle to kick off the campaign.

We want to give a special thank you to David Glasgow, MD, FAAP, of Greenvale Pediatrics, for donating a 30-year collection of Save the Children Federation neckties to be used to incentivize our campaign this year. Dr. Glasgow started practicing in 1974 with Don Palmer, MD, FAAP and was an original partner in Greenvale Pediatrics, which now has three locations. With his collection, a beautiful piece of art was created by Robin Chambers of Orange Beach, AL. Dr. Glasgow has been a consistent supporter of Reach Out and Read for the past ten years.



David Glasgow, MD, FAAP, contributed his extensive collection of Save the Children Federation neckties for the creation of a woven tapestry that pays tribute to improving the lives of the children we serve.

“It is so critical. Every study shows that when parents read with their kids early on, the children benefit in their formal schooling from the start and the families spend more quality time together as opposed to those where screen time takes over,” commented Dr. Glasgow in support of the program.

Chapter president Cathy Wood, MD, FAAP, was the lucky winner of this unique and original work of art. Other raffle winners were: John



Chapter President Cathy Wood, MD, FAAP, was happy to win the beautiful piece of art.

Searcy, MD, FAAP (handcrafted cutting board crafted and donated by John Killian, MD, FAAP), Susan Brannon, MD, FAAP (original art donated by Anne Braxton) and Theresa Bolus, MD, FAAP (hand-knitted scarf donated by Polly McClure, RPh).

We thank all of those who made a \$100 contribution to fund books and programmatic support for 10 more children for an entire year. Not only will these gifts provide young children with books at pediatric check-ups, but they will also support Reach Out and Read-

Alabama’s unique model of pediatricians delivering to parents the important message of the impact of daily book-sharing on cognitive and language development, which build the foundation for success in school and life.

You can still make your donation; visit <http://bit.ly/2cdzsuo> to learn more and contribute online!

## Let's hear it from our Departments of Pediatrics!

### Children's of Alabama: Sensory Initiative in the Emergency Department

By Michele Kong, MD, FAAP, Associate Professor of Pediatrics, and Mitch Cohen, MD, FAAP, Chair, Department of Pediatrics, University of Alabama at Birmingham



Mitch Cohen, MD, FAAP

We saw 71,000 patients in the Emergency Department (ED) last year. We are striving to give timely and effective care to every family we see. We know that a visit to the ED can be an overwhelming experience for any sick or injured child. Their regular routine is disrupted, and they are plunged into a new environment with unfamiliar faces and procedures. This is especially true for children with sensory sensitivities, including Down's syndrome patients and those who are autistic or blind.

We are currently piloting a Sensory Initiative in the ED at Children's of Alabama. All patients will be given a short questionnaire to complete at triage. If the Sensory Pathway is triggered (based on the questionnaire response), the patient will be placed on the Pathway. They will immediately be given a social story (short story that describes the encounter in the ED) and placed in a quieter waiting room (if available). Based on the sensory needs, the child will be given the appropriate items to help with their sensitivities. For instance, a child who becomes easily overwhelmed with loud noises will be given a noise-cancelling headphone. Or those who might need calming pressure will have access to a weighted lap pad.

The goal of this Sensory Initiative is to prevent sensory overload and mitigate some of the resulting behavioral challenges that are potential barriers to medical care.

### After the Election

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

*Editor's Note: Dr. Gremse's column below was written as a message to the USA Department of Pediatrics faculty, residents, and staff; with the recent election having been on the minds of so many people, he felt it important to extend these words to Chapter members.*



David Gremse, MD, FAAP

The votes were cast and counted, and a new president has been elected. More than any other time in my memory, voters have very strong feelings about what has happened. As a health system, we have people who are excited about the election results, and we have people who are deeply upset over the same news. Some, tired of the direction of politics, are overjoyed about the prospect of change. Some, worn from years of the struggle for progress, are deeply depressed thinking gains made in human rights will be lost. What are we to do?

Within the Department of Pediatrics, election results do not change our responsibility to care for others. We do so in word and in deed. And, of course, compassion requires an ethic of love and respect for others. This work certainly begins at home – we care for each other in our joy and in our sorrow. We care for each other by reaching out to those in need, especially those for whom today is a great struggle.

But, our work as a department does not stop there. We have a responsibility to be advocates for children – to bring a word of hope, not rooted in elections but in our desire for the best for children and their families. As pediatricians, we have the opportunity, and I believe the responsibility, to be a voice for children. And, now (in this time of great division) maybe more than ever our voice needs to be heard.

The election is over, but our involvement as pediatricians caring for children in this great country is not. We will continue to strive to bridge the divide, to bring healing where there is need, and to advocate for our patients and their families with the truth that quality health care has no favorites! All people are equally loved, equally valued, and equally deserving of dignity regardless of race, culture, sexuality and even politics!

The votes were cast and counted. Our work continues. I look forward to what we can accomplish. In the meantime, join me in caring for each other.

### Pearls from your peers in the 2016 Prevent HPV Cancers Today! continued from page 5

Others found it important to approach the vaccine similar to other vaccines: "You are due three vaccines today: to protect from tetanus, diphtheria, pertussis, HPV, and meningococcal infections."

- No missed opportunities: Many practices began delivering the HPV vaccine at acute care visits. Uptake was strong for initiation and even stronger for completion. Other practices used electronic record data and state immunization records to identify patients due for vaccines.
- Reminders/recalls/protocols: Effective strategies to increase series completion included making follow-up appointments at the time of initial vaccination. Others handed out reminder magnets with the next due date recorded. Some practices started text message reminders.
- QI works: Using quality improvement to establish clear aims, analyze practice data, and implement small test of changes improved HPV and other vaccine delivery processes.
- Keep the door open: For vaccine-hesitant families, providers respectfully kept the door open for future conversations.
- A couple of surprises: Boys were willing to vaccinate at the same high rate as girls and discussing HPV vaccines did not increase the length of visit for 12 of the 13 practices and families.

While the ACHIA collaborative is over, these links can help your practice protect your patients from HPV-related cancers. Other resources will soon be posted on [www.achia.org/resources](http://www.achia.org/resources).

- CDC HPV for Clinicians - <https://www.cdc.gov/hpv/hcp/index.html>
- AAP HPV Champion toolkit: includes information about FREE pedialink and EQIPP Courses - [https://www.aap.org/en-us/Documents/HPV\\_ChampionTipLn\\_Oct\\_2015.pdf](https://www.aap.org/en-us/Documents/HPV_ChampionTipLn_Oct_2015.pdf)
- Request an AFIX visit (Assessment, Feedback, Incentive and eXchange) from the Immunization Division of the Alabama Department of Public Health - <http://www.adph.org/Immunization/Default.asp?id=535>

## Medicaid, RCOs, and healthcare reform: What we know now continued from page 3

"To ensure that our most vulnerable citizens receive the care needed to ensure a healthy future for our country, we write today to express our opposition to the repeal of critical ACA provisions that protect and improve children's health care and any efforts to turn Medicaid financing into a block grant," wrote Chapter President Cathy Wood, MD, FAAP. "Further, we write to express strong support for long-term federal funding of the Children's Health Insurance Program (CHIP), in advance of its fast approaching funding deadline of September 30, 2017."

There is much uncertainty at what our healthcare system may look like with potentially drastic changes, but the Alabama Chapter-AAP, linking arms with other advocates, remains strong in its advocacy to protect access and the delivery of quality healthcare for children.



## Coding

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### Using multiple diagnosis codes makes sense for multiple services

By Lynn Abernathy Brown, CPC

As a provider, have you ever had someone question why you billed an office visit and a surgical procedure on the same date or a preventive visit and a sick visit on the same date? Did you use enough diagnosis codes to explain your reason for the services? There are valid

reasons for billing an E/M Service (Evaluation and Management or office visit) and a procedure/preventive care service on the same date of service. The key is in the E/M code description itself – Evaluation. Before a provider can make a decision about performing additional services, he or she must first "evaluate" the patient.

Payors may review claims for E/M and surgical procedures performed on the same date of service. There is value in the provider's evaluation and management of an injury and the evaluation must be documented to show medical necessity. Adding modifier 25 to the E/M in this case is appropriate when a surgical procedure is also performed on the same date of service. Communicating the separate diagnosis code for this evaluation to the insurance payor will more accurately explain the separate nature of the E/M.

For example, in one scenario, the patient is brought in for a fall which resulted in an injury to the forehead and a cut on the forehead. The provider needs to evaluate the head injury and then repair the wound. The following codes would best explain the services provided in the documentation and on the insurance claim:

99212-99215 E/M with diagnosis S09.8XXA Other specified injuries of head, initial encounter  
12011 Repair of wound by size (any method such as dermabond, suture or staple) and location with diagnosis S01.81XA Laceration without foreign body of other part of head, initial encounter

In the case of a minor procedure, particularly if the Chief Complaint states something like "patient here to have wart removed or splinter removed," then billing just for the wart or splinter removal might be more appropriate. The provider has to document a significant reason for the separate E/M if there is one in order to prove medical necessity for the separate CPT codes, and in some cases, there is a reason, such as evaluation of infection or other issues, but not always.

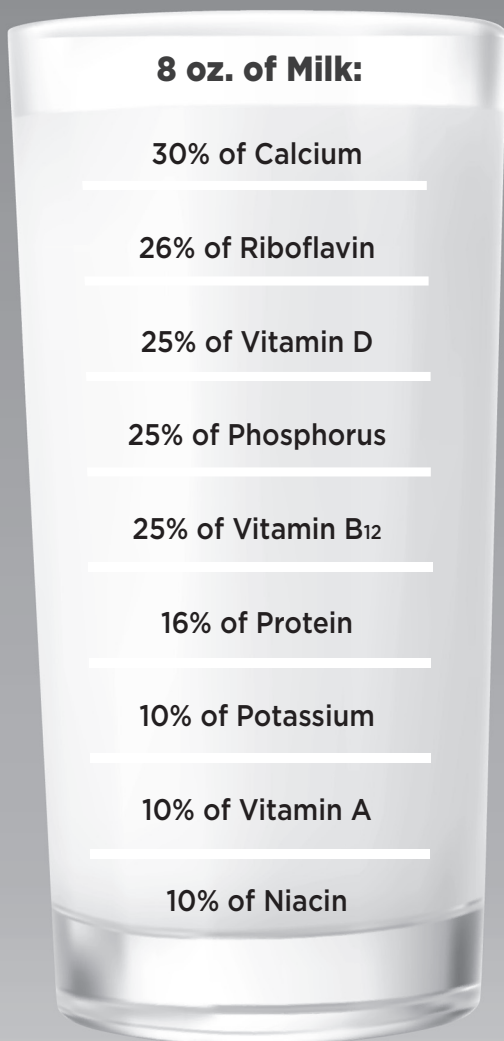
Keep in mind that the communication to an insurance payor is always just a code and using as many ICD-10 diagnosis codes as necessary to explain the case is always the best choice, especially in the case of multiple services on the same date.

*DISCLAIMER: Children's of Alabama does not accept responsibility or liability for any adverse outcome from the advice of Lynn A Brown, CPC, for any reason, including inaccuracy, opinion and analysis that might prove erroneous, or the misunderstanding or misapplication of extremely complex topics. Any statement made by Lynn A Brown, CPC does not imply payment guarantee by any payor discussed.*





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**MILK: ONE OF THE MOST REQUESTED ITEMS AT FOOD BANKS**

**TIME TO RAISE THE BAR**  
 Average dairy consumption is "far below recommendations."<sup>2</sup>

## DO YOU KNOW The Nutrients of CONCERN?

**MOST AMERICANS**  
*"would benefit by increasing dairy intake."*<sup>2</sup>

**MILK'S Got 3 of the 4!**

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**TRIPLE UP FOR GOOD HEALTH!**  
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*Milk isn't just for kids. Counsel your patients – of all ages – to boost their nutrition and help fend off health issues by enjoying milk and other dairy foods at every meal. Read more about the powerful benefits of dairy at [www.choosemyplate.gov](http://www.choosemyplate.gov) or [www.southeastdairy.org](http://www.southeastdairy.org).*

1 – American Heart Association website: [http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Potassium\\_UCM\\_306021\\_Article.jsp#\\_VitBelPkrKM9](http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Potassium_UCM_306021_Article.jsp#_VitBelPkrKM9)

2 - 2015 Dietary Guidelines Advisory Committee. Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture. First Print, February 2015.

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## Practice Management Association update: don't miss out on this year's practice management webinars!

By Reginald Hope, Practice Management Association Chair

In keeping with the Alabama Chapter-AAP Practice Management Association's (PMA) commitment to deliver both interesting and informative education for our members, I am happy to share with you a sneak peek of our 2016 – 2017 line-up of practice management webinars, held every other month on the second Wednesday at 12:15 p.m. and open to PMA members as well as Chapter members:

- Health Home/RCO Quality Initiatives (An update on where they are and where they are going) – December 14, 2016 (recording available)
- Collections (The nuts and bolts on collecting patient balances) – January 11, 2017
- Communication in the Medical Office Setting (Good communication plays a key role in the success of your organization) – March 8, 2017
- Social Media (The Do's and Dont's)
- Cyber Security (Why it's important to your practice)

The Executive Committee and I are very excited to serve our members and to represent our Chapter. Moving forward, if you have a topic of interest that you would like for us to consider as a webinar, please feel to contact me at [Reginald.Hope@childrensal.org](mailto:Reginald.Hope@childrensal.org).

## Madison pediatrician helps lead hospital to Baby Friendly designation



On December 2, Madison Hospital in north Alabama was informed that it had earned the national *Baby Friendly* designation, becoming the 4th hospital in Alabama to achieve this breastfeeding standard milestone thus far.

The announcement was the culmination of a two-year effort by the medical and hospital staff in establishing and implementing The Ten Steps to Successful Breastfeeding.

"They were one of the six hospitals in our state to take part in the Centers for Disease Control and Prevention's EmPower Grant to help hospitals to meet their goal of Baby Friendly," said Gayle Whatley, RN, WHNP-BC, CLC, Region III Perinatal Coordinator and Vice Chair of the Alabama Breastfeeding Committee.

At the heart of the hospital's journey was pediatrician and Chapter member Stephanie Israel, MD, FAAP, who developed protocols for physician rounding in

the mothers' rooms and supported staff throughout the process.

"Dr. Israel made such a huge difference for us, because she initiated physician rounding and showed the other doctors by example," said Kristine Taff, RN, IBCLC, lead lactation consultant and administrator of the hospital's baby-friendly movement.

"She immediately began working with the mothers and assessing the babies in the room; we knew that that was something we would work toward, but she jumped in and inspired the other physicians to do the same. It made a huge difference, and by November 2015, we implemented all physician rounding in the room," Kristine said. "She gets a lot of credit for doing that. Plus she took the time out of her schedule to go to all of the meetings, talk to the coaches and showed a lot of support to the staff."

"I really can't say enough good about Dr. Israel – she is amazing. She was such a champion for us and made it an easier transition for the staff and the other physicians," she added.

The Baby Friendly Hospital Initiative is a global program launched by the World Health Organization and UNICEF that recognizes hospitals and birth centers that implement specific measures designed to promote breastfeeding or safe formula feeding, and encourage mother/baby bonding. For more information, visit <http://www.babyfriendlyusa.org/>.

## Event Calendar

January 11, 2017  
Chapter/PMA Webinar:  
Collections  
12:15 p.m.

March 8, 2017  
Chapter/PMA Webinar:  
Communication in the Medical  
Office Setting  
12:15 p.m.

May 4 - 7, 2017  
2017 Spring Meeting & Pediatric  
Update  
Sandestin Golf & Beach Resort  
Destin, FL

September 29 – October 1, 2017  
2017 Annual Meeting & Fall  
Pediatric Update  
Hyatt Regency Birmingham-The  
Wynfrey Hotel  
Birmingham, AL



## CHAPTER BRIEFS

## Injury Prevention Update

By Kathy Monroe, MD, FAAP, Chapter Injury Prevention Chair

Having just come back from the American Academy of Pediatrics' National Conference & Exhibition, I wanted to share these latest injury prevention facts/developments with Chapter members:

- *New AAP recommendations on safe sleep:* The key points are that infants should still be in their own bed with a firm mattress, a tight-fitting sheet, and no bumpers, toys or other paraphernalia. The new recommendations are that infants should sleep in the room with parents for up to a year (at least six months but recommended for up to a year). Early skin-to-skin contact is recommended for babies' neurodevelopment.
- *Teen driving deaths* were up by 7 percent nationally in 2015 and on pace to be up by 10 percent in 2016! The National Highway Traffic Safety Administration (NHTSA) has a new initiative entitled "On the Road to Zero," which can be found on the NHTSA website.
- A recent research article from Kim Massey, MD, showed that a high percentage of parents in Alabama use cell phones for talking, texting or surfing the internet while transporting their children. These alarming data show that up to 90 percent of parents report engaging in these risky driving behaviors with their young children in the car! The article can be found in the *Journal of Trauma* (J Trauma Acute Care Surg. 2016 Oct;81(4 Suppl 1):S44-7).
- Another study, *Child Passenger Restraint System Misuse in Rural Versus Urban Children*, a multi-site, multi-center case-control study involving Alabama families, showed incorrect booster seat usage rates very high and higher in rural families. This article can be found at *Pediatr Emerg Care*. 2016 Oct 8.

Please make plans to attend next year's national AAP Section on Injury, Violence and Poisoning Prevention sessions at the NCE. The panel discussion will be "Building Resilient Youth: Dealing with Children Exposed to Violence," and the speakers will be Dr. Marlene Melzer (Wisconsin, Project Ujima), Dr. Karen Sheehan (Strengthening Chicago's Youth) and Dr. Joe Wright (Child Advocacy Center). Dates for the meeting are September 15 - 19 in Chicago and the Injury Prevention Section track is typically on Monday.

## Dr. Walley's project wins in first SPARC Competition



Susan Walley, MD, FAAP

Susan Walley, MD, FAAP, pediatric hospitalist at the University of Alabama at Birmingham/Children's of Alabama, is one of three winners who will share \$40,000 in grants for quality improvement projects from the first SPARC (Sourcing Progress & Advancing Research Collaboration) competition, a UAB Medicine and Medscape innovation initiative. Dr. Walley and her collaborator,

Kathy Harrington, PhD, MPH, won with their project, *Improving Patient Access to Tobacco Use Treatment During Hospitalization*.

Drs. Walley and Harrington's project aims to increase systematic screening for tobacco use among adult and adolescent patients at Children's of Alabama and University Hospital in addition to increasing tobacco dependence treatment resources at both hospitals. Other project aims include adding electronic cigarette/vaping to tobacco screening, as e-cigarettes are now the most common tobacco product used by youth.

"We are pleased to receive this funding to increase tobacco use screening, including electronic cigarettes, and to promote dependence treatment," Walley says. "Our goal is to improve not only the health of an individual tobacco user by treating their dependence, but also the health of their family and the entire community."

Congratulations, Dr. Walley!

Chapter honored to have Beierle, Raulerson among 29 selected for Al.com's 2016 Women Who Shape the State

For the last two years, Al.com has honored up to 35 women who are making a difference in Alabama through its "Women Who Shape the State" awards. Nominations open each year to identify teachers, business leaders, artists, entrepreneurs, volunteers, philanthropists — any Alabama woman thought to have changed the state for the better.



Drs. Beierle and Raulerson share a moment after the awards reception in Birmingham.

This year, the Alabama Chapter-AAP was delighted to learn that two of its members made the cut, among more than 100 women who were nominated!

- Liz Beierle, M.D., Pediatric Surgeon at the University of Alabama at Birmingham, who was nominated for her passion in helping to shape physicians in training, as well as her work in providing medical services in Vietnam, along with her husband Mike Chen, MD, FAAP, also a pediatric surgeon at UAB;
- Marsha Raulerson, MD, FAAP, long-time pediatrician in Brewton, was nominated for her tireless dedication to child health and her passion in moving Reach Out and Read forward to promote early literacy in her community and across Alabama. The women were honored at a special luncheon in November, attended by Chapter staff.

Congratulations, Drs. Beierle and Raulerson!

## CHAPTER BRIEFS



On September 30, in conjunction with the Alabama Chapter-AAP's 2016 Annual Meeting weekend, the University of Alabama at Birmingham Residency Program hosted a reunion of the program graduates from across the years. Held on the top floor of the Benjamin Russell hospital addition, the event was a success with over 200 attendees and 40 classes represented!

### Faculty honored for exceptional contributions

In October, the UAB Department of Pediatrics recognized the exceptional contributions of faculty and colleagues at the first annual Pediatric Faculty Achievement Awards Reception. These awards provide the department a chance to highlight faculty who've attained a level of excellence recognized by their peers. Winners included the following Chapter members: Richard J. Whitley, MD, FAAP, Lifetime Achievement in Pediatric Healthcare; Nancy Tofil, MD, MEd, FAAP, Educational Achievement; Carolyn Ashworth, MD, FAAP, Service Achievement; and Kathy Monroe, MD, FAAP, Mentoring Achievement. Congratulations to all!

### Simpson receives RIME poster award



Tina Simpson, MD, MPH, FAAP

Research and Innovations in Medical Education (RIME) Week promotes teaching skills, fosters curriculum innovation and showcases scholarship and research findings in medical education for the 21st century. Tina Simpson, MD, MPH, FAAP, a general pediatrician in the Department of Pediatrics at the University of Alabama at Birmingham, recently received an award in the category of Medical Education, Research & Innovation.

Dr. Simpson's poster was titled, "Cultural Competence: LGBTQ Youth Module." Congratulations!

### Kimberlin honored by Ronald McDonald House Charities with prestigious 2016 Medical Award of Excellence

Ronald McDonald House Charities (RMHC) honored David Kimberlin, MD, FAAP, with UAB Pediatric Infectious Disease, for his work in the treatment, control and eradication of infectious diseases affecting children. More than 1,300 RMHC leaders and guests came together to recognize Dr. Kimberlin at the annual Awards of Excellence in Rosemont, Ill., where he received the 2016 Medical Award of Excellence, along with a \$100,000 grant that will be given to the children's charity of his choice, Camp McDowell. Kudos, Dr. Kimberlin, on receiving such a distinctive honor!



David Kimberlin, MD, FAAP

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## NEWS FROM PUBLIC HEALTH

Help stop the spread of hepatitis B virus (HBV) infection by offering post-vaccination serologic testing panels for infants born to HBV-infected women

Post-vaccination serologic testing (PVST) helps identify infants born to hepatitis B virus (HBV)-infected women who do not have an adequate immune response to an initial hepatitis B vaccine series and might require additional vaccination. PVST also enables early identification of HBV-infected infants. The Centers for Disease Control & Prevention has recently recommended that infants born to HBV-infected women receive PVST consisting of a hepatitis B surface antigen (HBsAg) test and an antibody to hepatitis B surface antigen (anti-HBs) test at age 9 to 12 months (or one to two months after the final dose of the vaccine series, if the series is delayed).

Please join this public health initiative to improve recommended PVST of infants born to HBV-infected women.

For more information, visit the CDC website (<http://bit.ly/2gSTJDJ>) or get the Red Book recommendations (<http://bit.ly/2hGiUIl>).

Infant mortality rate in Alabama declines, but increases among blacks

In November, the Alabama Department of Public Health Center for Health Statistics announced that the state's infant mortality rate of 8.3 deaths per 1,000 live births in 2015 showed a decrease, with a total of 494 infants born in Alabama dying before reaching 1 year of age. The most current available U.S. provisional infant mortality rate is 5.8 for 2014.

Disparities in infant mortality between black and white infants continued. The 2015 infant mortality rate for black infants was the highest it has been in the past 10 years--15.3 per 1,000, while the white infant mortality rate was its lowest in more than a decade, 5.2. A disparity between races exists for both Alabama and the U.S., with the black rate for the U.S. in 2014 at 11.1 and the white rate of 4.9.

"The racial disparity between black and white infant birth outcomes continues to be of great concern," said State Health Officer Tom Miller, MD. "The black rate is almost three times the white rate in the state. There is much work to be done to address this ongoing challenge. We need to explore and transform social determinants of infant mortality in our population by addressing modifiable risk factors that contribute to unfavorable birth outcomes."

Low birth weight infants in Alabama (those weighing less than 5 pounds, 8 ounces) accounted for 68.8 percent of the 2015 infant deaths. The percent of low weight births rose to 10.4 in 2015.

The percent of births at less than 37 weeks of pregnancy remained at 11.7 in 2015; this rate has been steadily declining since 2005. Births to mothers with an interval between births of less than two years rose to 23.9 percent.

Positive trends include the percent of births to teens (8.0) and the percent of teen mothers who admitted smoking during pregnancy (9.2), the lowest rates ever recorded. Mothers who received adequate prenatal care increased slightly from 75.0 to 75.3 percent of all live births in 2015.

Graphs and detailed charts on infant mortality are available at the Alabama Department of Public Health website at [www.adph.org/healthstats](http://www.adph.org/healthstats).

As pediatricians are aware, the Alabama Department of Public Health's Perinatal Program has a number of systems in place to mitigate these risk factors, including Fetal Infant Mortality Review, a program that addresses causes at the community level, and the Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality initiative, which, for the past four years, has been working with five state teams to address:

- Reducing Non-Medically Indicated Elective Deliveries Prior to 39 Weeks
- Interconception Care Medicaid Waiver
- Smoking Cessation
- Safe Sleep
- Perinatal Regionalization.

For more details on these initiatives, visit the program's latest annual Progress Report at <http://www.adph.org/perinatal/assets/Annual2015.pdf>.



## NEWS FROM THE AAP

Help ease parents' minds and inform families about vaccines by using the AAP's Immunization Social Media Toolkit!

To support pediatric offices across the country in addressing vaccine hesitancy among parents, the AAP Childhood Immunization Program has developed an Immunization Social Media Toolkit. This online resource helps pediatric offices encourage immunizations in their own practices and answer common questions outside of the visit while using their role as a trusted professional to inform families about vaccines. The toolkit offers guidance for choosing a social media platform, setting up an account, and managing an account. Pre-written tweets or posts with resources are also available for practices to copy and paste to make social media simpler; below are just a few examples of the dozens available in the kit:

- **#VaccinesWork:** We now have vaccines to prevent against infection from 14 diseases in the first 2 years of life!
- Immunizations have helped children stay healthy for more than 50 years. They are safe and they work!
- Although some diseases may be rare in the US, they are still prevalent in other countries and are a plane ride away.
- Tips from [@HealthyChildren](#) on how to [alleviate your child's anxiety while receiving a vaccine](#)
- Is your child up-to-date on vaccinations? Check out [@healthychildren's easy-to-read immunization schedule](#)

To get to the toolkit, visit <http://bit.ly/2hgheSf>.

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With this goal in mind, several of our specialists collaborated to create a new diagnostic pathway — an algorithm based on the Pediatric Appendicitis Score (PAS). This new algorithm:

- Categorizes children into risk categories based on their symptoms and laboratory values
- Is being used by our Emergency Department to promptly facilitate surgical intervention when necessary
- Has been shown to aid in the diagnosis of appendicitis and to reduce radiation exposure

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