



# The Alabama Pediatrician

First Quarter 2019

## From the President

Let's work together to improve access to immunizations



**Wes Stubblefield, MD, FAAP**  
Chapter President

As many of you are aware, ADPH, under the direction of the CDC, is committed to improving Alabama's adolescent immunization rates. As a full-time pediatrician, I certainly understand that these low rates have many causes, many of which are

out of our control. However, I think we can all agree that improving these rates will improve outcomes for our patients and our state.

ADPH is in the process of using all methods at its disposal to increase these rates, primarily through increasing access to providers. These will include, but are not necessarily limited to, allowing pharmacists to vaccinate these individuals as well as providing vaccine in the schools. We understand that this has the potential to fragment the medical home and we have been in a continuous discussion with the authorities on this possibility.

I have a challenge for you, our members. We need to work together to figure out how to put providers in rural counties to improve access to vaccinations. We need to let ADPH know that the medical community can take this challenge so that they can prove to the CDC that they are working on the problems.

We are looking for ideas and ways to cooperate. Let us know your thoughts!

## **Pediatric GYN, Oncology, MOC Part 2 and "Pediatric Jeopardy" all part of a fantastic Spring Meeting line-up REGISTER NOW!**



The Chapter executive office, Executive Board and CME Chair Susan Walley, MD, FAAP, are looking forward to our 2019 Spring Meeting, to be held May 2 – 5 at the beautiful Sandestin Golf & Beach Resort in Destin, Fla.!

Chapter CME Chair Susan Walley has put together a top-notch line-up of topics, including pediatric GYN findings mistaken for abuse, pediatric oncology, dyslexia, newborn congenital CMV screening, child advocacy, the medical home, neonatal cholestasis, Maintenance of Certification, and an important panel discussion featuring the Executive Director of the Alabama DA Association, DHR and an OB/GYN on Alabama's response to opioid misuse in women.

"We're pleased to host a fun and educational 'Pediatric Jeopardy' as well, featuring pediatric residents and early career physicians from the two pediatric institutions in Alabama," Dr. Walley said.

The meeting will also include a Friday afternoon MOC Part 2 Developmental/Behavioral Pediatrics Self-Assessment.

In addition, at the conference site, there will be two separate sponsored luncheon symposia, including "Cystic Fibrosis Newborn Screening Program – What Primary Care Offices Should Know," sponsored by Children's of Alabama, and "Advancing Diagnosis and Management of Atopic Dermatitis in Children," sponsored by Integrity CE.

For networking with your colleagues, join us for our Saturday dinner on the green, sponsored by USA Children's & Women's Hospital and featuring singer/guitarist Rob Thornhill, a Spring Meeting favorite! Other networking opportunities will include our sixth Grand Pentathlon benefitting Reach Out and Read. The event will afford

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### Alabama Chapter – AAP

#### Mission:

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

#### Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

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

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

#### Vision:

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

## Legislative Day brings together more than 25 pediatricians, child health advocates

More than 25 pediatricians and child health advocates from across the state came together for the Alabama Chapter-AAP's 16th annual Pediatric Legislative Day held in conjunction with VOICES for Alabama's Children's larger Advocacy Day on April 2.

The day included addresses by key leaders of the Alabama Legislature and a state agency head panel discussion on budgets and advocacy issues, which was followed by individual visits to legislators.

### State Legislative Update

The Alabama Legislature has only in the past two weeks begun its 2019 Regular Session. Below are our 2019 Chapter legislative priorities:

- *Expansion of Medicaid:* The Chapter strongly supports health care access for low-income Alabamians who don't currently qualify for Medicaid. Studies by UAB and the University of Alabama conclude that expanded coverage would provide healthcare access for 300,000 Alabamians, almost two-thirds of whom are employed, and create 30,000 new jobs. Most importantly, children whose parents have health care coverage have better health outcomes; notably, infant mortality rates showed decline in expansion states compared to non-expansion states from 2014 to 2016.

- *Improved health care for children through adequate Medicaid and CHIP funding:* Protection of funding for Medicaid and CHIP coverage for children is a permanent priority of the Alabama Chapter-AAP. Children have no voice and comprise only 25 percent of the state Medicaid budget, yet 51 percent of the total number of Medicaid recipients. The Chapter specifically advocates for sustainable and permanent revenue solutions to adequately fund Medicaid through the General Fund, and strongly urges continuation of federal funding to sustain coverage of children in both programs in Alabama.

- *Protection of the Medical Home and the practice of medicine:* With the pediatric medical home established as the best place for care for the entire age spectrum (newborns to older teens), the Chapter opposes any legislation that threatens the medical home and supports legislative efforts to protect it. The Chapter also opposes any attempts to control the practice of medicine or interfere with the doctor-patient relationship, or legislation that dictates requirements for the practice of medicine that violate current American Academy of Pediatrics guidelines and recommendations for the care of children.

- *Adequate funding for birth to 5 services:* The Chapter endorses the Alabama School Readiness Alliance efforts to increase and protect funding for state-funded, voluntary, high-quality, pre-k programs, and advocates for adequate funding for early intervention services and early literacy services.

- *Reducing tobacco exposure in youth:* The Chapter joins other medical organizations in support of laws to reduce exposure to tobacco – both firsthand and secondhand – in Alabama's youth, including comprehensive smoke-free public places and raising Alabama's legal tobacco age from 19 to 21 in order to prevent underage nicotine exposure.

### 2019 Educational Priorities

- *Preventing arrests of mothers prescribed Medically Assisted Therapy for opioid addiction:* A 2016 Alabama law provides an affirmative defense for expectant mothers using physician-prescribed medications. Local interpretations of the Endangerment Act continue to vary, however, requiring full education of all parties and an increased awareness of successful recovery from opioid addiction.

- *Raising age of assault rifle purchase to 21:* Firearm-related injuries are the third leading cause of death among U.S. children one to seventeen years of age and 4.2% of children witnessed a shooting in 2017. Alabama is in the top five states in the nation in firearm-related death rates; in 2015

## #StayWell Adolescent Well Visit QI Collaborative underway!

By Salina Sowell, Communication Coordinator

Adolescents are among those least likely to have access to health care, and they have the lowest rate of primary care use of any age group in the United States. The #StayWell practices are empowering adolescents to be actively engaged in their preventative health care and equip them with the knowledge and skills for a healthy transition into adulthood.

Physician Champion of the collaborative, Nola Ernest, MD, FAAP, shares why this particular collaborative is important to her as well as to pediatric offices that need to work together to provide excellent adolescent care.



### What is so important about the adolescent visits that you were motivated to lead and your practice motivated to participate in this collaborative?

Whether a child is eight months, eight years, or 18 years old, he deserves access to physicians who will provide evidence-based, compassionate care. Unfortunately, whether due to discomfort or perceived lack of benefit, annual well visits tend to drop off in adolescence. This results in missed opportunities to address issues that lead to chronic disease in adulthood.

### What do you think are the biggest barriers for practices around the state?

We all perceive barriers to practicing optimal adolescent medicine in our practice. These barriers include confusion around confidentiality laws, lack of a clear transition policy, discomfort with addressing sexual health issues, lack of mental health referral sources, and more.

### How does participating in the ACHIA collaborative help address these barriers?

The ACHIA collaborative directly addresses some of these barriers by providing practices with access to a summary of Alabama confidentiality laws. We will also be creating and implementing transition policies for our practices. And, although not addressed directly, the ACHIA website offers CME modules regarding sexual health, mental health, and many other topics.

The nine-month collaborative began in January, with most of the change ideas being rolled out March through August. Practices interested in adolescent care can visit the ACHIA website at [achia.org](http://achia.org).



## Legislative Day continued from page 2

alone, 104 children under age 21 died of firearm injury in Alabama, and the number of children seen at Children's of Alabama injured by firearms has increased seven fold in ten years. The Chapter urges legislators to consider raising the age to purchase assault rifles to 21, mirroring that of handguns.

### We need you!

We are looking for "Key Contacts" to pair with individual state legislators. If you would like to serve as a Chapter Key Contact for a specific legislator, please contact Linda Lee at [lee@alaap.org](mailto:lee@alaap.org). Meanwhile, to find your legislator, see specific talking points for this year's session, etc., visit <https://bit.ly/2JJYu5g>.

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**Pediatric GYN, Oncology,  
MOC Part 2 and  
“Pediatric Jeopardy” all  
part of a fantastic Spring  
Meeting line-up**

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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. (See more details on page 8.)

Register now using the brochure mailed to you in late January, or online at <https://bit.ly/2HUewXS>.

Make plans to attend now – we’ll see you at the beach!

## School-based vaccination clinics & adolescent vaccination in Alabama: An update

The Chapter has been in long conversations with the Alabama Department of Public Health leaders for more than a year now regarding their encouragement of school-based adolescent vaccination clinics and other alternative ways of delivering adolescent vaccinations outside the medical home. This push was borne out of the low rates of adolescent vaccinations, particularly HPV. Your Chapter leadership responded last year with a letter underscoring the importance of the medical home for adolescents and teens and strongly opposed any measure such as this that would further dwindle rates of teen well visits in Alabama. The school-based vaccination clinic program was already put in motion, however, in large part due to a legislative resolution that passed in 2018. ADPH did agree to work with the Chapter by supporting the distribution of materials to parents of adolescents that emphatically educate them on the reasons why the teen visit is critical to the health of the whole child.

In March, ADPH sent a reminder letter to all school districts about the school-based vaccination clinic program, which has spurred some pediatricians to contact their school districts in opposition. To clarify, the school nurses are helping to carrying out these programs under the direction of their school superintendents. We encourage you to collaborate with your local school superintendents on how best to address this issue; if you do so, please let the Chapter office know. You can also direct any comments to Scott Harris, MD, State Health Officer, at ADPH.

In addition, ADPH is looking at ways to increase the rates of adolescent immunizations by increasing the numbers of VFC providers, particularly in counties with high Medicaid children-to-VFC provider ratios. The Chapter is looking at ways to increase the numbers of VFC providers in these counties, but ADPH has indicated that they are “opening up” VFC provider status to a limited number of pharmacists in some of these counties. Again, the Chapter has strongly promoted the medical home in this regard.

We are looking for Chapter members with ideas on ways to address this in their communities: keeping adolescents coming to their medical homes while increasing rates of adolescent vaccination. Some of the ideas we are exploring include use of physician extenders from existing pediatric practices in counties that do not have a pediatrician or VFC provider. If you would like to join us in this important effort to increase access for adolescents and teens, please let Linda Lee know at [lee@alaap.org](mailto:lee@alaap.org) or 334-954-2543.

## Chapter to work with school nurses to improve communication, address adolescent health issues

Through its work with school nurses in the past year on the issue of school-based vaccination clinics, the Chapter has identified a need for efforts to improve communication between school nurses and pediatricians at the local level, while at the same time, increasing adolescent well-visits.

To that end, the Chapter is responding to an American Academy of Pediatrics’ grant opportunity to develop a collaborative for a pilot group of Alabama pediatricians to effectively link to their local school nurses to improve the coordination of care for adolescents in their communities. Because resources and educational levels vary tremendously by school in Alabama, and recognizing that school nurses play a critical role in administering school health services, this project will assess the school health-medical home relationship at the local level and work toward creating sustainable partnerships among school nurses and Chapter members.

To that end, the Chapter will conduct a roundtable with seven pediatrician-school nurse pairs to look at community-specific health needs of adolescent children and ways to improve communication, carry out a plan to make small tests of change, and educate the school nurse and pediatric communities on best practices and successes.

Look for more details soon!



# VACCINES *for* PRETEENS & TEENS

## Information for Health Care Professionals about Adolescent Vaccines:

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

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

These recommendations are supported by the American Academy of Pediatrics, the American Academy of Family Physicians, and the Society for Adolescent Health and Medicine.



### ALABAMA Vaccines for Children PROGRAM

Become a provider for Vaccines for Children (VFC), the program provides vaccines at no cost to professionals who serve eligible children. Children younger than 19 years of age are eligible for VFC vaccines if they are Medicaid-eligible, American Indian or Alaska Native or have no health insurance. VFC vaccines cannot be denied to an eligible child if a family can't afford the administration fee. For more information about participating in VC, visit [www.cdc.gov/vaccines/programs/vfc](http://www.cdc.gov/vaccines/programs/vfc).

## What can YOU do to ensure your patients get fully vaccinated?

- Strongly recommend adolescent vaccines to parents of your 9 through 18 year old patients. Parents trust your opinion more than anyone else's when it comes to immunizations. Studies consistently show that provider recommendation is the strongest predictor of vaccination.
- Use every opportunity to vaccinate your adolescent patients. Ask about vaccination status when they come in for sick visits and sports physicals.
- Patient reminder and recall systems such as automated postcards, phone calls and text messages are effective tools for increasing office visits.
- Submit accurate vaccine data in ImmPRINT for better vaccine coverage rates, performance metrics, and HEDIS scores.
- Implement standing orders policies so that patients can receive vaccines without a physician examination or individual physician order.

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



**Direct parents who want more information on vaccines and vaccine-preventable diseases to visit [alabamapublichealth.gov/imm](http://alabamapublichealth.gov/imm), [cdc.gov/vaccines/teens](http://cdc.gov/vaccines/teens), or to call 800-CDC-INFO.**

## NEWS FROM PUBLIC HEALTH

### WIC participants issued first eWIC cards

State Health Officer Scott Harris, MD, announced the beginning of Alabama's eWIC pilot project, which is launching in two phases starting in mid-March. Participants in the Alabama Women, Infants and Children (WIC) Program in Autauga, Elmore and Montgomery counties are being issued the state's first eWIC electronic benefit transfer cards.

Through this new system, benefits for WIC-approved foods are automatically entered onto a card similar to a debit card, replacing the current paper-based food instruments and cash-value vouchers that are redeemed at WIC-authorized stores statewide. Each month, more than 120,000 Alabama participants at nutritional risk receive WIC benefits through all county health departments and with two private local agencies. There are currently 638 WIC-authorized stores in the state. In 2018, participants redeemed almost \$97 million in food instruments at WIC-authorized stores statewide.

"We have been working toward this milestone since 2009 and are extremely happy to begin this pilot," said Alabama WIC Program Director Amanda Martin.

Recognizing the value of eWIC, the federal Healthy, Hunger-Free Kids Act of 2010 mandates that each state WIC agency implement an electronic benefit transfer system throughout the state by October 1, 2020.

The new program brings many benefits to WIC participants and

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## Alabama is Ground Zero for toxic stress-informed care opportunities

Adverse Childhood Experiences (ACEs) cause toxic stress that has a detrimental effect on our patients' long-term health outcomes. Compared with no ACEs, people with four or more ACEs are:

- 400 percent more likely to develop chronic lung disease (higher than smoking, which increases by 200 percent)
- 250 percent more likely to contract an STD
- 1,200 percent more likely to commit suicide

ACEs cause significant harm by altering cortisol levels, inflammatory response, immune system, neurobiology and epigenetics.

The original ACEs study that was performed among middle-class San Diego residents found that more than 64 percent of respondents had at least one adverse childhood experience. Poverty makes Alabama "ground zero" for ACEs. On the whole, residents of our state live in more difficult circumstances than the San Diegans in the original study, so we should expect our patients to have higher toxic stress.

Despite the absence of a gold standard screening and treatment guides from the AAP and the coveted diagnosis code, we can start helping our patients build resilience to the damage caused by toxic stress today. Let's talk about how to apply the results of the ACEs research to our work as health care providers.

Here's some good news – you're already doing it! Every day, you encourage families to be responsive to their children's needs, model kind interactions with children and teach child development to your patients' families. We need to build on those practices to identify families with higher levels of adversity in order to serve them better. When parents are not displaying model behavior in the exam room or when kids seem out of control in spite of our best efforts, we are receiving a signal that there is an opportunity to address that family's ACEs.

Listening is the basis for treating toxic stress, regardless of mental health access. Data shows that just asking if something scary has happened and listening does heal: children with two or more ACEs whose parents report that their child's health care provider "always" listens, spends needed time, and gives needed information are more than 1.5 times more likely to live in families that practice four basic resilience skills.

Many of us have only 10 to 15 minutes with our patients. The Troy Resilience Project recommends the following steps for health care providers to help their patients heal from damage caused by toxic stress:

- Use these free resources to build a base of knowledge about toxic stress, find screening tools and resources for families about ACEs and resilience: [www.nppcacesmembers.org](http://www.nppcacesmembers.org) (free membership- everything you need to get started), [www.centerforyouthwellness.org](http://www.centerforyouthwellness.org), [www.stresshealth.org](http://www.stresshealth.org),
- Consider AAP Trauma and Resilience Echo or Trauma-Informed Pediatrics Program for more training (see AAP.org)
- Ask parents: "Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone in your family?"
- Shift your approach from "I must fix" to "I must listen and understand."
- Make a decision for your practice about when to screen your patients for ACEs.
- Identify community mental health resources and help your patients access them.
- Focus on the quantity of your patients' ACEs rather than identifying specific ACEs.
- Engage your community in dealing with toxic stress by sharing your ACEs knowledge



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## Alabama is Ground Zero for toxic stress-informed care opportunities continued from page 6

and experience with healthcare providers, educators, civic groups, HR professionals, law enforcement and day cares.

- For billing, use somatic, school and mental health complaints.

*Elizabeth Dawson is a mother of two, a founder of the Troy Resilience Project and Medical Director of the Charles Henderson Child Health Center in Troy, AL. Follow the Troy Resilience Project on Facebook at [www.facebook.com/TroyResilience](http://www.facebook.com/TroyResilience) and Instagram @troyresilienceproject.*

### About the Troy Resilience Project

While attending the national ACEs meeting in San Francisco, Dr. Dawson learned of ACEs Connection, a group that brings together communities of individuals working on ACEs and resilience at the local level by providing a collaborative web platform for all communities across the country.

Dr. Dawson then established a website and worked with the Associate Dean of First Year Studies and the Office of Civic Engagement at Troy University, who gathered a group of faculty working in outreach, substance use prevention, nursing, health sciences, mental health and social work. Together, they formed a workgroup to plan a kickoff event and define goals and objectives, including promotion of trauma-informed practices in all agencies in Troy and resilience through multidisciplinary collaboration. Dr. Dawson began talking to a variety of groups at the local level about ACEs science and the Troy Resilience Project.

Thus far the group has conducted a screening of the film *Resilience: The Biology of Stress and Science of Hope* in February and is developing next steps to build a more resilient Troy, Wiregrass and Alabama.

## Many thanks to our advertisers

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## Early Career Spotlight: Danielle Speight, MD, FAAP!

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



Danielle Speight

With this month's early career spotlight, I would like to introduce Dr. Danielle Speight. Dr. Speight is originally from Montgomery, Ala. After graduating from Tuskegee University, earning her medical degree from the University of Alabama at Birmingham and completing residency at Children's of Alabama, she returned to her hometown to join Partners in Pediatrics in the Summer of 2017.

During residency, Danielle spearheaded a quality improvement project to improve continuity in the resident clinic. She was also involved in the Diversity Committee and the Community Outreach Committee and has been invited to be a guest speaker at several schools and community programs.

Recently, Dr. Speight was invited to speak at a career fair for Upward Bound, a program that serves low-income high school students and first-generation college students. She continues to have a passion for recruiting underserved minorities into health care-related fields and hopes to continue speaking engagements

as well as mentoring young students.

In addition to mentorship, her other interests include breastfeeding, early childhood education, adolescent medicine, social media, and sexual health. She is representing the Alabama Chapter at the 2019 Legislative Conference in Washington D.C.

Dr. Speight's partners are enthusiastic about her future. Cathy Wood, MD, FAAP, writes, "I can say unequivocally that Dr. Speight has been a fantastic addition to our practice and is a hometown girl returning to her territory, which has been exciting for everyone. She is accomplished in every way and the patients love her. I am thrilled that she has an interest in active participation in our state chapter activities. She participates locally in community outreach and the AAP will be a natural fit for her. Her training prepares her to hit the ground running and the Montgomery area wins in every respect."

Like Dr. Speight, there are many early career physicians across the state of Alabama doing great things and we would like to spotlight them. If you know of an early career physician that you would like to see spotlighted in a similar article, please send their CV and bio to [nola.ernest@gmail.com](mailto:nola.ernest@gmail.com).

## WIC participants issued first eWIC cards

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authorized WIC vendors, including less stigma, smoother transactions at the register, reduced time “in lane,” and automatic electronic payments to vendors.

The second phase of the eWIC rollout began April 1, and includes the remainder of the counties in ADPH’s East Central and the Northeastern districts, which encompass Blount, Bullock, Calhoun, Chambers, Cherokee, Clay, Cleburne, DeKalb, Etowah, Lee, Lowndes, Macon, Randolph, Russell, St. Clair, Shelby, Talladega and Tallapoosa counties.

The remaining districts of the state will follow in June, July and August.

For more information, visit [alabamapublichealth.gov/WIC](http://alabamapublichealth.gov/WIC).

## Reach Out and Read All About It!

*By Salina Sowell, Development and Communications Coordinator*

May the Fourth be with you at the 6th annual Grand Pediatric Pentathlon!

You don’t have to travel to a galaxy far, far away to participate in the sixth annual Grand Pediatric Pentathlon held during the Alabama Chapter-AAP’s Spring Meeting, to be held May 2 – 5! The five-event activity has raised over \$56,000 with the last five events, and support for this year’s event is well on the way to surpassing last year’s total of \$14,000.

Continuing with the success of the past five years, the pentathlon will include a one-mile run /walk, 30 minutes of biking, 30 minutes of kayaking, one hour of swimming (bay or pool) and an hour of reading for fun. The event provides a perfect opportunity to involve the entire family in the Spring Meeting while sending a message about the impact that Reach Out and Read-Alabama pediatricians make by educating parents on the link between brain and language development. This year’s event theme, “May the Fourth,” will give participants and their families opportunities for extra fun with costumes and surprise guests.

“The February flu season has me looking forward to sunnier, healthier days and time with my family. The Grand Pentathlon is a much-anticipated remedy to the long, stressful hours of winter. And, as a bonus, we are helping to build brains in Alabama!” said Nola Ernest, MD, FAAP, honorary chair of this year’s event. Joining Dr. Ernest as honorary co-chair is Jacob Edwards, MD, FAAP.



### Online fundraising returns this year with a fun challenge!

This year, there is an exciting way for you (and your staff) to participate in the Pentathlon, even if you can’t make it to the meeting. Those who participate will be eligible for great prizes just like the participants at the actual event! All you have to do is sign up at our online fundraising site, which allows you to invite friends and family to support this amazing early literacy program. Challenges will be extended by fellow pediatricians for you to join the “force” and continue to build brains in Alabama’s children.

Getting started is easy; simply email Salina Sowell at [stsowell@roralabama.org](mailto:stsowell@roralabama.org); she’ll give you the website link and other information so you can begin fundraising!

Whether you come to the Pentathlon in person or online – or both! – help Reach Out and Read-Alabama by becoming a brain-builder for children throughout the state!

### Daniel Foundation Grant Enables Early Math/Books Count Initiative to Begin in 2019

It is increasingly clear that, well before they begin formal schooling, very young children naturally learn and apply math concepts such as counting, comparison and causality. Research indicates that math competency is a strong predictor of later academic outcomes. Unfortunately, it also indicates that math achievement gaps appear at an early age; children from low-income families or minority communities, and those who are learning English tend to have poorer math skills at kindergarten entry. According to an *Issue Brief: Developing Math Skills in Early Childhood*, “These factors suggest that improving the long-term outcomes for all children may depend on exposing them to early math concepts before they enter school.”

Alabama is tied for the fourth highest rate of childhood poverty among U.S. states; based on 2016 data, 25 percent of children live in families with income below the federal poverty level. Eighth grade students in Alabama have the third lowest rate of math proficiency in the country, based on 2017 NAEP data (Kids Count Data Book).

In a new initiative, Early Math/Books Count, Reach Out and Read-Alabama providers will



**Reach Out and read All About It! continued from page 8**

incorporate these concepts into all 18 months to 5 years of age check-ups by discussing the importance of math with parents, encouraging them to engage in “math talk,” particularly when sharing books with their child, and prescribing developmentally, linguistically and culturally appropriate books for doing so at home. Providers will also model “math talk” during the check-up (ex: using the book’s illustrations to count by pointing). As with the Reach Out and Read model, all interventions promote positive parent-child engagement, which offers the parent/caregiver an additional way of interacting by encouraging the child to develop warm, loving associations with math.

With the help of a two-year \$60,000 grant from the Daniel Foundation, Reach Out and Read-Alabama providers will have the tools they need to help parents “de-mystify” the long-held belief that math is a hard subject for most children.

“For the past 12 years, the Reach Out and Read-Alabama model has fostered parent engagement, literacy, and social and emotional development for millions of families throughout the state,” said Marsha Raulerson, MD, FAAP, Medical Director for Reach Out and Read-Alabama. “We are eager to offer our families more, and thanks to the Daniel Foundation, we are putting our scalable, cost-effective model of delivering essential interventions through pediatric providers to work in new and impactful ways. As an organization, we are thrilled to take this next step and evolve to meet more of the needs of the children and families we serve.”

**Event Calendar**

May 2 – 5, 2019  
2019 Spring Meeting &  
Pediatric Update  
Sandestin Golf & Beach Resort  
Destin, FL

July 24, 2019  
Chapter/PMA Webinar: TBA  
12:15 p.m.

September 27 – 29, 2019  
2019 Annual Meeting & Fall  
Pediatric Update  
Hyatt Regency Birmingham-  
The Wynfrey Hotel  
Birmingham, AL

April 23 - 26, 2020  
2020 Spring Meeting &  
Pediatric Update  
The Lodge at Gulf State Park  
Gulf Shores, AL

## Introducing our newest physician leaders

“I am thrilled to be at Children’s and UAB and to build on the prior success of the Division of Adolescent Medicine, a Leadership Education in Adolescent Health program. We are growing our research portfolio and actively recruiting a director of research. Additionally, we are expanding our clinical space and faculty to increase our adolescent health services and create new programs such as care and resources for substance use.”

Tamera Coyne-Beasley, MD, MPH, FAAP, FSAHM  
Division Director, UAB Adolescent Medicine  
205.638.9231 [www.ChildrensAL.org/adolescent-health-center](http://www.ChildrensAL.org/adolescent-health-center)



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Laura McGuinn, MD  
Division Director, UAB Developmental and Behavioral Pediatrics  
205.638.2294 [www.ChildrensAL.org/developmental-behavioral-pediatrics](http://www.ChildrensAL.org/developmental-behavioral-pediatrics)

“I’m so excited to join Children’s and UAB with my new colleagues in the Department of Pediatrics and the Division of Developmental and Behavioral Pediatrics. We will be expanding services for children with developmental disabilities and partnering with Dr. Craig Powell, chair of Neurobiology, to discover new causes and treatments for children with autism.”

## CHAPTER BRIEFS

### Call for nominees: Carden Johnston Leadership & Marsha Raulerson Advocacy awards

In 2011, the Chapter began a tradition of giving two prestigious awards, the Carden Johnston Leadership Award and the Marsha Raulerson Advocacy Award, named in honor of these two Chapter members who have given so much to pediatrics in Alabama. The Chapter Executive Board is currently calling for nominations for these awards, which will be given at the Annual Meeting in September. Please read the newly revised criteria by visiting the links below; submission of materials is due to the Chapter office at [llee@alaap.org](mailto:llee@alaap.org) by June 15 at 5 p.m.

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

## LET'S HEAR IT FROM OUR DEPARTMENTS OF PEDIATRICS!

### Adolescent clinic offers new and expanded services

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



**Mitch Cohen, MD, FAAP**

The UAB Division of Adolescent Medicine provides exceptional services to adolescents and young adults at the William A. Daniels Jr. Adolescent Health Center of Children's of Alabama. More than 5,000 adolescents and young adults are seen annually by our team of professionals, including physicians, nutritionists, nurses, psychologists and social workers specially trained for the unique needs of adolescents and young adults. Our adolescent medicine program is one of seven premier U.S. programs, federally funded as a Leadership Education in Adolescent Health (LEAH) Training Program, which allows for our interdisciplinary and comprehensive approach to adolescent healthcare.



**Tamera Coyne-Beasley, MD, FAAP**

This spring, under the leadership of our new Division Director, Tamera Coyne-Beasley, MD, FAAP, the Adolescent Health Center will be renovated and expanded to improve access, increase health services and include state-of-the-art technology. We have also hired additional faculty. Here is a highlight of some clinic programs:

Our adolescent clinic specializes in primary care and subspecialty consultations for youth ages 11 - 21. Services include adolescent well visits, risk and resiliency screenings, acute illness and minor trauma care, immunizations, reproductive health services including contraception, acne management, prevention and management of sexually transmitted infections, and mental

health conditions. We have expanded services for screening and management of substance use.

Other specialized services include: Nutrition Clinic; Attention Deficit Hyperactivity Disorder Clinic; Eating Disorders Clinic; Family Clinic, serving HIV-affected and infected women, infants, children and adolescents; Long-Acting Reversible Contraception Clinic (specializing in options, such as Nexplanon); Menstrual Disorders Clinic; Children's Center for Weight Management; and LEAH clinic, where specialized consults for evaluation, treatment and management of complex medical-psychosocial needs are provided by professionals in adolescent medicine, nursing, nutrition, psychology and social work during one visit.

Additional services include HIV prevention and treatment, including pre-exposure prophylaxis (PrEP), sports exams, and transition to adult healthcare.

For more detailed information, please view our website: <https://www.childreusal.org/adolescent-health-center>

### Our providers:

- Heather Ashley, MD
- Heather Austin, PhD
- Krista Casazza, PhD, RDN, LD, CSSD
- Tamera Coyne-Beasley, MD, MPH, FSAHM
- Nefertiti Durant, MD, MPH
- Samantha Hill, MD
- Hannah Hulsey, MD
- Jamie McKinney, MD
- Rebekah Savage, MD, MPH
- Tina Simpson, MD, MPH
- Stephenie Wallace, MD, MSPH

We are committed to providing exceptional services in an adolescent-friendly environment with specialists to help your adolescents transition into a healthy adulthood. It would be a privilege and pleasure to work with you and provide care for your patients. Please contact us at 205-638-9231.

## USA Pediatrics: 2019 Pediatric Symposium

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



David Gremse, MD, FAAP

In January, the University of South Alabama Department of Pediatrics and the Office of Continuing Medical Education hosted the 2019 Pediatric Symposium, "Be Better, Be Greater, Be Extraordinary in Pediatric Care," at the Strada Patient Care Center at the USA Children's and Women's Hospital campus.

The meeting brought together experts in sports participation in children, authorities in the care of children with chronic medical conditions, and experienced specialists in the care of children with metabolic and hormonal needs.

Russell Steele, MD, FAAP, a former *Red Book* committee member and a nationally known pediatric infectious disease specialist with Ochsner Health System, delivered the keynote presentation, "Ten Recent Infectious Disease Publications That Will Change Your Practice."

The sports medicine theme for the conference included presentations by Lynn Batten, MD, FAAP, Director of Pediatric Cardiology, who discussed identification of cardiac risk factors in pre-participation screening, followed by Anthony Martino, MD, Chair of Neurosurgery, on

concussion management, and James Toldi, MD, Director of the Sports Medicine fellowship, on overuse injuries in children.

Robert Moon, MD, deputy commissioner for health systems at Alabama Medicaid, led the next session on children with medical complexity by giving an overview on the Alabama Coordinated Health Networks, followed by talks from LaDonna Crews, MD, FAAP, Medical Director of the Complex Care Pediatrics Clinic, on coordinating care for device-dependent children. Katrina Trammell, MD, FAAP, on community resources, and Stephanie Maddox, Administrator with the Mobile County Schools for hospital-based education at USA C&WH, on helping children with chronic conditions navigate the school system. Anne-Marie Kaulfers, MD, FAAP, presented the endocrinology topics of new devices in diabetes management and endocrinology management of transgender children.

Special thanks to Haidee Custodio, MD, FAAP, CME Chair for the event, as well as planning committee members Brandi Purvis, Community Engagement Coordinator at USA C&WH; Jermain Frilot, Administrative Assistant for the Department of Pediatrics; Mary Wilstrup, RN, PICU Inservice Specialist; Sharrie Cranford, LMSW, USA CME Director; and Natalie Fox, DNP, CRNP, Chief Nursing Officer, USA Physicians Group.

## Alabama Chapter-AAP Executive Board adopts diversity and inclusion statement

Last year, following the American Academy of Pediatrics' adoption of a formal diversity and inclusion statement, the Alabama Chapter-AAP Executive Board made the decision to follow suit by crafting a Chapter statement that affirms our commitment to celebrating the unique attributes of all children in Alabama and the diverse contributions each of our members make to pediatrics as a whole in Alabama.

The statement was created by an ad hoc committee of the board, chaired by Norma Mobley, MD, FAAP, Area 6 Representative and a pediatrician at Mobile Pediatric Clinic.

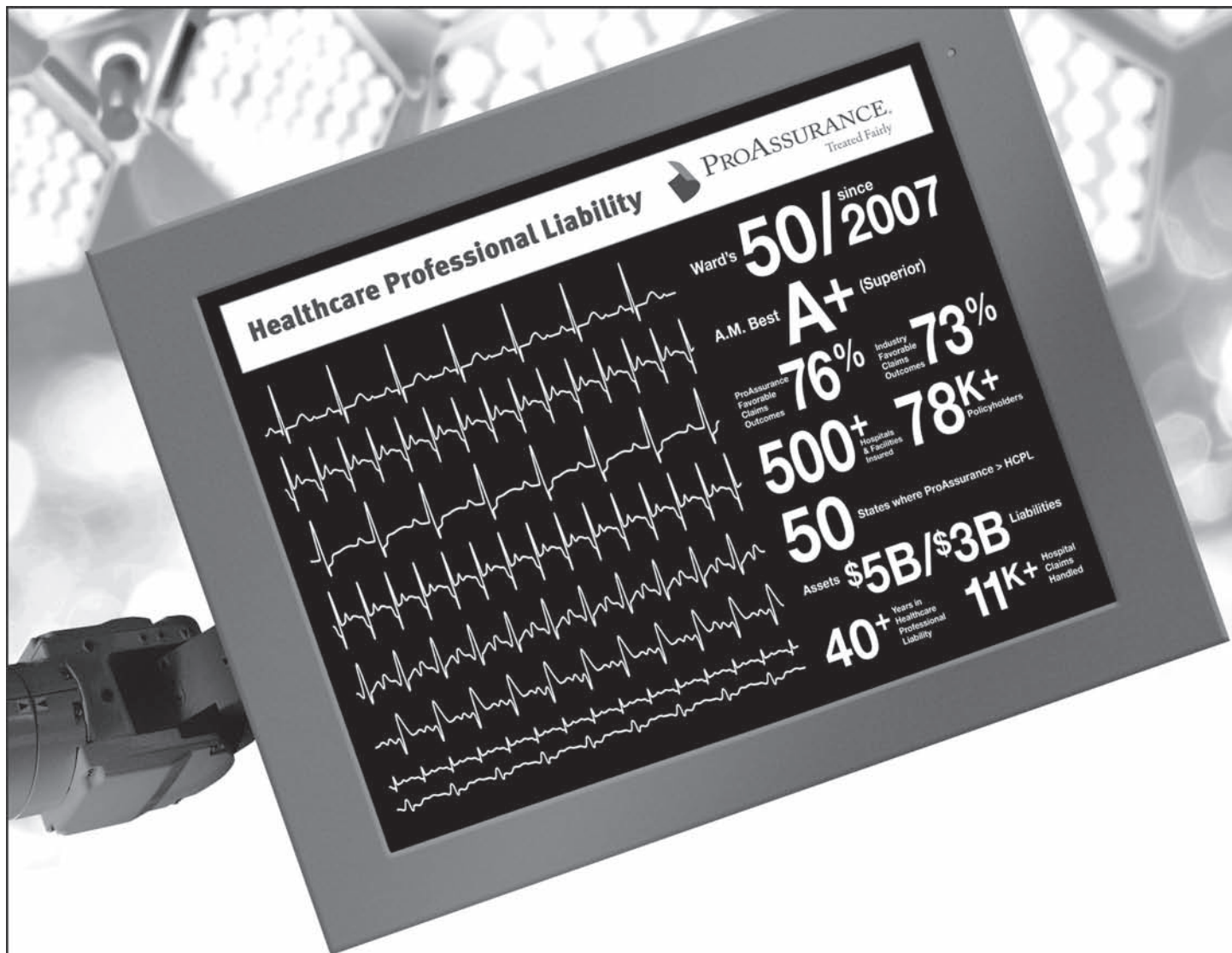
This statement reflects the Alabama Chapter-AAP's commitment of conscious inclusion of all members in our Chapter's work and promotes the diverse talents of our members as we grow the leadership pipeline of our organization.

We are promoting the statement to all committees of our organization, and will annually affirm the statement at the September meeting of the Executive Board.

To see the statement, visit the Chapter website here: <https://bit.ly/2OtwnpQ>.







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## Lee County pediatricians, Children's teams respond to tornado disaster, come together to support each other

On March 3, an EF4 tornado devastated the small community of Beauregard, Ala., sending 20 children among 60 patients to the East Alabama Medical Center Emergency Department and killing four children. A hospital alert was sent out and eight pediatricians responded in addition to three who were already on call.

These pediatricians went through several hours of chaos, facing a situation of less than ideal pediatric-centric triage and the emotional trauma that comes with the obvious physical trauma experienced by these families.

"That was a day we will all never forget," said Sara Smith T, MD, FAAP, a pediatrician at Pediatric Clinic, LLC, in Opelika. "There were so many sad stories. I took care of one 10-year-old who was ripped from his father's arms, along with his brother, when the top of their trailer blew off. The six-year-old brother died. We also had a sweet 10-year-old girl whose father, stepmother, and best friend were all killed in their trailer.

"Thankfully, the last of the children we transferred to Children's that day came home last week," she wrote on March 19. "I sent an email thanking Children's for their support that day. It truly made us realize how much we appreciate each other!"

Numerous Chapter members from Children's of Alabama's

trauma and surgical teams responded with professionalism and grace.

"Children's of Alabama and the community of physicians in Alabama are truly devoted to the kids of Alabama and I'm proud to be a part of that," wrote Mike Chen, MD, FAAP, who heads up COA's Department of Surgery.

Nicole Carter, MD, FAAP, also of Pediatric Clinic, spent some time with a family of children with severe orthopedic injuries, and said that the toughest part of the day was when she was with children who, right there in the exam room, found out that their brother and cousin had lost their lives. Dr. Carter and her pediatrician husband, Matt, who was also there, had time to discuss what they had experienced. She imagines that other pediatricians are dealing with it in their own way.

"We have all talked it over and over, which has been good therapy for us," Dr. Smith T echoed.

The Chapter has reached out to the pediatricians with some existing Chapter resources on dealing with trauma after a disaster, and is working with the Alabama Department of Public Health to assure that pediatricians are at the table with their local community to debrief and assess how children can be better assisted in times of natural disasters and other mass trauma situations.

The national AAP and the Chapter will be recognizing these pediatricians for their teamwork, compassion and resilience at the upcoming Spring Meeting. Kudos, all!



## Sneak Peek: 2020 Spring Meeting Venue!

Recently, Chapter leaders were able to go down and visit the Lodge at Gulf State Park, where we will host the 2020 Spring Meeting & Pediatric Update. Use the QR code at right to get a video preview with Chapter President Wes Stubblefield, MD, FAAP, showing you what you can expect!



## NEWS FROM MEDICAID: ACHN UPDATE

### Alabama Coordinated Health Network Getting Closer to Reality

This winter, the Alabama Medicaid Agency conducted provider meetings across the state in preparation for its October 1 launch of the Alabama Coordinated Health Network, a single care coordination delivery system combining its Health Home, Maternity, and Plan First programs. Recently, the Agency opened its Request for Proposals period and several entities are preparing applications to serve as the coordination networks. The Agency posted a video with information directed to PCPs at the following link: <https://bit.ly/2Fz9Gw8>.

If you have more detailed questions about this future system of care delivery, visit the ACHN page on the Medicaid website here: <https://bit.ly/2JGpKSe>.

Chapter leaders are in continuous contact with the Medicaid Commissioner and Deputy Commissioner Robert Moon, MD, and so if you have any further questions, you can also direct them to the Chapter office at [llee@alaap.org](mailto:llee@alaap.org), and Linda Lee will get the answer for you.



## oding

### o r n e r

### Using “Personal History Of” Diagnosis Codes

By Lynn Abernathy Brown, CPC

Recently one of the state’s major payors sent out a reminder to providers to code only active conditions. Conditions which no longer are active should be coded as “personal history of ...” but providers may find it difficult to locate the correct code.

Sometimes when searching for the code, providers discover that terminology is not the same in the practice as it is in the code book. For example, searching for resolved or personal history of otitis media brought up several codes but the most specific code for this is Z86.69 Personal history of other diseases of the nervous system and sense organs. If a patient has resolved otitis media and this is a follow-up visit, then the most appropriate codes are Z09 Follow-up as primary and Z86.69 Personal history of otitis media as secondary. This tells the story correctly to the payor.

The list below may help locate several of the common pediatric-related diagnosis codes under “personal history of” categories Z86, Z87 or Z92, but a complete list can be found in the 2019 ICD-10 code book.

Personal history of infectious and parasitic diseases	Z86.11 – Z86.19
Personal history of MRSA	Z86.14
Personal history of diseases of the blood and blood-forming organs...	Z86.2
Personal history of other endocrine, nutritional and metabolic diseases	Z86.39
Personal history of other diseases of the nervous system and sense organs	Z86.69
Personal history of sudden cardiac arrest	Z86.74
Personal history of other diseases of the circulatory system	Z86.79
Personal history of pneumonia (recurrent)	Z87.01
Personal history of other diseases of the respiratory system	Z87.09
Personal history of other diseases of the digestive system	Z87.19
Personal history of diseases of the skin and subcutaneous tissue	Z87.2
Personal history of diseases of the M/S system and connective tissue	Z87.310 – Z87.39
Personal history of diseases of the genitourinary system	Z87.410 – Z87.448
Personal history of (corrected) congenital malformations	Z87.720 – Z87.798
Personal history of other specified conditions	Z87.81 – Z87.898
Personal history of ECMO	Z92.81

Per *ICD-10-CM Official Guidelines for Coding and Reporting FY 2019*, Page 96, “Personal history codes explain a patient’s past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require continued monitoring.” If searches in the practice EMR are too time-consuming, one free online search tool such as [WWW.ICD10DATA.COM](http://WWW.ICD10DATA.COM) can help lead the provider to the correct location.

*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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