



The Alabama Pediatrician

Fall 2009

From the President

Mission Accomplished!



James C. Wiley, MD, FAAP
Chapter President

Well, it may be a little early to claim that, but my first month as your Chapter President has been exciting!

The AAP National Conference and Exhibition is a great place to get energized. Held in Washington, D.C. last month, it was an overwhelming, excit-

ing and fun conference with more CME than you can possibly attend. I encourage you all (okay, someone has to stay and take care of the patients – so I encourage *a lot of you*) to go to San Francisco next year. Elsewhere in the newsletter, Grant Allen, your Chapter Vice President, reflects on his first NCE.

On to the mission part – three of our Chapter’s goals have made big strides.

- We have begun building Quality Improvement infrastructure through the CQN Asthma Project. More on that elsewhere.
- We have improved our collaboration with the business community through participation in the Alabama Business Council’s Summit on Early Childhood. Past President A.Z. Holloway and I presented the health piece for the Summit. We also had a wonderful meeting on the medical home with business leaders in early November (see related article), and look forward to continued interaction on this issue.
- We are increasing communication and collaboration with our state’s children’s hospitals and departments of pediatrics through a series of meetings with leaders of those institutions.

Our Chapter has a rich history of advocacy on behalf of Alabama’s children and the doctors that care for them. As the 2008 AAP Outstanding

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Spring meeting topics and speakers being set now

Mark your calendars for April 15-18, 2010 in Destin!

The Chapter CME committee is lining up speakers and topics now for the 2010 Spring Meeting & Pediatric Update, set for April 15-18, 2010 at the Hilton Sandestin Beach in Destin.

As of this writing, tentative topics include Vitamin D, influenza, viruses in the newborn, spirometry, allergy/immunology, violence, child abuse/neglect, hypertension, urinary tract infections, scoliosis, splinting, common office dermatological problems and the value of pediatrics.

Make sure to mark your calendars now! Registration and more information coming soon!

2009 Annual Meeting Wrap-Up:

Top-notch clinical speakers, coding workshop and open forum on autism highlight conference

More than 200 different pediatric health care providers and staff attended the 2009

Annual Meeting and Fall Pediatric Update and pre-conference coding



Sarah Rhodes, MD, a pediatric resident at UAB, moderates a panel of speakers on navigating the system of care for autism. A team of residents at UAB were instrumental in planning and facilitating the open forum on autism.

workshop at The Wynfrey Hotel in Birmingham in September, making it one of the most successful Chapter meetings ever. In addition, a total of 150 people – pediatricians as well as early childhood professionals – attended the Friday afternoon Open Forum on Identifying and Managing Autism in Children in Alabama.

“The meeting offered so much that the planners were almost overwhelmed,” said Cathy Wood, MD, FAAP, CME Chair, who said that the meeting afforded a wide variety of options for the participants to secure CME.

As usual, attendees gave high marks to the clinical speakers, who covered such topics as pediatric cardiology, sports medicine, quality improvement, mental health and pulmonology.

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Alabama Chapter – AAP**Mission:**

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

Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

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

Pediatricians are essential to achieving optimal child health.

The work of pediatricians, and the profession of pediatrics, must endure and grow ever stronger.

Vision:

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

Four pediatric practices help launch medical home pilot

By Michael J. Ramsey, MD, FAAP, Chapter Secretary/Treasurer

The Blue Cross Blue Shield of Alabama Medical Home Pilot Project is underway, and four pediatric practices – Huntsville Pediatric Associates, Anniston Pediatrics, Auburn Pediatric Associates and Dothan Pediatric Clinic – have begun the process of becoming certified by the National Committee for Quality Assurance (NCQA). This process enables practices to evaluate their own processes of care, from patient access and appointment availability to quality improvement initiatives and documentation guidelines. This can be the most labor-intensive part of the project, but will lay the foundation on which a true Patient-Centered Medical Home can be built.

On September 22, Blue Cross held a training meeting in Birmingham to bring all of the pilot facilities together, along with their medical home advisory panel, in order to begin the medical home transformation process. A presentation was given by NCQA to discuss the standards and guidelines associated with the PPC-PCMH recognition program. This allowed participants the opportunity to raise questions for further discussion prior to beginning the NCQA recognition process.

On November 3, the Alabama Chapter-AAP and Alabama Academy of Family Physicians joined forces with the support of Merck, Inc. to bring Paul Grundy, MD, MPH, Director of Healthcare Transformation, IBM and President of the Patient-Centered Primary Care Collaborative to Birmingham to address the boards of these specialty societies, practices involved in the medical home pilot, and other members of the medical community interested in this process. He was an engaging speaker, sharing how other communities have transformed the delivery of medical care through medical home programs. Those who came left inspired to bring about change in their practices.

The Medical Home Pilot Project has a long way to go, but certainly has gotten off to a great start through the efforts of the Alabama Chapter-AAP and its representative practices. When you have the chance, be sure to give a word of encouragement to the physicians in the pilot practices for their involvement in this project.

Chapter, AAFP team to host leading medical home architect

As a parallel effort to the Blue Cross Blue Shield of Alabama medical home pilot project, the Alabama Chapter-AAP and the Alabama Academy of Family Physicians teamed to bring a nationally recognized speaker, Dr. Paul Grundy, Director of Healthcare Transformation at IBM, to Alabama on November 3 to set the “Patient-Centered Medical Home” stage for the leaderships of the primary care specialty societies, as well as payors and business leaders.

Sponsored by Merck, Inc., Dr. Grundy’s dinner lecture at the Harbert Center offered a glimpse of how the PCMH model is improving care and lowering costs in the states that have embraced the model.

He highlighted studies that show that when someone has a primary care doctor as their usual source of care, their healthcare costs are a third less and they have a 19 percent lower mortality rate. The notion of primary physician-based care that creates a “medical home” has been proven to reduce a patient’s medical bills.

“The bottom line is that doctors are spending more time with their patients – and are getting paid for that care, the patients are healthier, and employers are lowering their costs and seeing increased



Paul Grundy, MD, and J. Wiley, MD, FAAP, Chapter President, discuss the medical home with business leaders.

"2009 Annual Meeting" continued from page 1

A.Z. Holloway, MD, FAAP, outgoing president, congratulates incoming president J. Wiley, MD, FAAP, for his dedication to the Chapter asthma QI project.

retired from Blue Cross Blue Shield, for his efforts to help the Chapter renew its relationship with BCBS.

The pinnacle of the weekend was the Saturday evening dinner, sponsored by Children's Health System, which featured a keynote address by



Executive Board members J. Wiley, MD, FAAP; Michael Ramsey, MD, FAAP; Grant Allen, MD, FAAP; and Tim Stewart, MD, FAAP, take a moment after being recognized at the awards dinner.

The Annual Meeting also marked the passing of the gavel from outgoing president, A.Z. Holloway, MD, FAAP, to incoming chapter president James C. "J." Wiley, MD, FAAP, of Mobile. Dr. Holloway was, in turn, honored by Dr. Wiley with an engraved captain's chair recognizing his two years of devotion to the Chapter, as well as a book, *Good to Great*, in honor of his great leadership. Dr. Holloway also presented awards to Dr. Wiley for his dedication to the Chapter's asthma quality improvement project, and to Dr. Pat Ryce,

Bob Hall, Assistant Director of Federal Affairs at the American Academy of Pediatrics. To top off the evening, Children's Health System presented its

two annual awards at the Chapter dinner: Don Williamson, MD, State Health Officer, received the 2009 Wallace Alexander Clyde, MD Distinguished Service Award for Excellence in Pediatrics, and Michael J. Ramsey, MD, FAAP, received the Master Pediatrician Award.

Ramsey named Master Pediatrician

Recognizing outstanding accomplishments and dedication to the practice of general pediatrics, the Children's Hospital Master Pediatrician has been awarded since 1991. Many long-time Chapter members have made this distinguished list, and this year the awardee was none other than our current Chapter Secretary/Treasurer Michael J. Ramsey, MD, FAAP, of Dothan Pediatric Clinic.



Michael Ramsey, MD, FAAP, was honored as Children's Hospital's Master Pediatrician.

William Barron, MD, FAAP, presented the award and offered his personal reflection on the devotion that Dr. Ramsey has for his patients, his practice, his family, his church and his community. Since beginning practice in Dothan 12 years ago, he has been awarded the Best Doctors Award (2005-2006) and the Physician's Recognition Award (2005). In addition to serving as an active board member and Secretary/Treasurer for the Chapter, he is involved on the Blue Cross Blue Shield medical home advisory panel and as a pilot practice leader.

"There are so many other Chapter members who are deserving of accolades for the commitment they bring to the profession," Dr. Ramsey said. "I feel deeply honored to be the one named Master Pediatrician this year."

Congratulations, Dr. Ramsey!

Event Calendar**2010**

April 9 - 10
MASA's 2010 Annual Session
Huntsville Embassy Suites,
Huntsville, AL

April 15 - 18
2010 Spring Meeting &
Pediatric Update
Hilton Sandestin Beach,
Destin, FL

September 23 - 25
2010 Annual Meeting & Fall
Pediatric Update
The Wynfrey Hotel,
Birmingham, AL

October 2 - 5
AAP National Conference &
Exhibition
San Francisco, CA

"From the President" continued from page 1

Chapter of the Year, we have been acknowledged as a leader in the Academy. We have an ambitious agenda moving forward. We will continue to champion the medical home, the value of pediatrics, health care insurance for every child in Alabama, early literacy, solutions for the crisis of childhood overweight and safety/wellness issues.

Finally, I am committed to continuing Dr. Holloway's legacy of spreading the leadership and improving grassroots activity in the Chapter. Think of running for Chapter office, go to the chapter website (www.alchapaap.org), share an idea, write a resolution or better yet, a CATCH grant! Come to the meetings and connect with other pediatricians who share your joys and frustrations and speak your language.

It is a great time to be a pediatrician in Alabama and I appreciate your confidence in my leadership as we work together on behalf of Alabama's children and the committed, caring doctors that take care of them.

Asthma Care in Alabama Improves

By James C. Wiley, MD, FAAP, Chapter President and Physician Project Leader, and Linda M. Champion, Project Coordinator

The CQN Asthma Project's first learning session was held in Birmingham in conjunction with the Chapter's Annual Meeting and the 12 practices in the collaborative have been busy ever since!

Please join us in congratulating the following practices that have joined the project: Grant Allen, MD, FAAP, Infants & Children's Clinic, Florence; Linda Anz, MD, FAAP, Pediatric Clinic, LLC, Opelika; LaDonna Crews, MD, FAAP, USA Department of Pediatric and Adolescent Medicine; Elizabeth Dawson, MD, FAAP, The Charles Henderson Child Health Center, Troy; Iris Fancher, MD, FAAP, Bessemer Health Center/ Jefferson County DPH; Katie Gunter, MD, FAAP, Huntsville Pediatric Associates; John Morehous, MD, FAAP, Marshall County Pediatrics; Cheryl Outland, MD, FAAP, Partners in Pediatrics, Montgomery; Lee Scott, MD, FAAP, Dothan Pediatric Clinic; Wes Stubblefield, MD, FAAP, Auburn Pediatric Associates; Arnold Tauro, Pediatric Associates of Alexander City; and Heather Taylor, MD, FAAP, University Medical Center Pediatrics, Tuscaloosa.

In total, we have 62 pediatricians participating statewide.

Each month the asthma practice teams have an opportunity to review their EQIPP data and participate in a monthly call with national quality improvement specialists. The practices are testing small changes, implementing more standard encounter methods, and finding ways to give patients written asthma care plans – and they are thinking more like quality improvement experts! The first follow-up call was attended by all 12 practices (despite swine flu!) and every practice reported progress in reaching their goals. Every practice is moving forward with entering data and we look forward to sharing information across the collaborative with the three other Chapters. Over the next few months, the practice teams will be looking into registries to better identify and manage their asthma populations.

Stay tuned – this is going to be exciting!



Arnold Tauro, MD, FAAP, Melanie Fuller, RN, and Kathy Gray, office manager, of Pediatric Associates of Alexander City, comprise one of the 12 Chapter teams that participated in the QI learning session.

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Practice Management Association update

By Linda Waldrop, PMA Chair

As the 2009–2010 Chair of the Alabama Chapter-AAP Practice Management Association (PMA), I am happy to report that our current membership is up to 62 and I hope this number continues to increase. Our recent membership drive has encouraged inclusion of additional practice staff, who see the benefits of membership.

Benefits of membership in the PMA include:

- Networking with other pediatric managers and other staff to discuss issues relevant to pediatrics;
- PMA-sponsored workshop and annual PMA meeting held in September in conjunction with the Alabama Chapter-AAP Annual Meeting;
- Pediatric-specific educational teleconferences and/or webcasts. Our first “podcast” on Red Flag Rules is now available. Other topics of interest have included BCBS new payment methodology, vaccines, and revenue cycle management;
- A group email list, which offers managers and pediatricians open communication on practice management issues.

This year’s coding workshop, presented by Lynn Brown, CPC and Richard Tuck, MD, FAAP, was a huge success again. Thanks to everyone who helped make this possible. With the guidance of the conference committee members, we look forward to planning the 2010 workshop.

The ultimate goal of the PMA is to exist as a networking community of managers, who, through regular updates on current issues, will assist their physicians to provide the most efficient and quality healthcare possible to their patients. We encourage you to make sure your practice manager and/or staff are part of our group. For a membership application and more information, visit www.alchapaap.org → Programs and Projects → Practice Management Association.

“Medical home architect” continued from page 2

productivity,” Dr. Grundy stressed, citing the savings that IBM has already realized by successfully adopting this model with the health plans that cover its employees.

At recent Chapter Pediatric Council meetings, Chapter leaders have been told by payors that we need to share the importance of preventive coverage to employers/purchasers of healthcare. An earlier roundtable discussion that day at the Birmingham Business Alliance with Dr. Grundy and members of the Business Council of Alabama’s Healthcare Committee allowed just that opportunity for Chapter President J. Wiley, MD, FAAP.

As the only physician in attendance at the meeting, Dr. Wiley was able to sit side-by-side with Dr. Grundy and provide real-life examples of how prevention pays off. “Many times you will find that when you sit down with a patient, you realize that those stomach aches she was complaining about didn’t need a costly MRI; she just needed someone to get to the heart of the matter, which was anxiety issues over what was happening at home.”

The employers around the table showed a keen interest in this issue, as they look to address mounting costs of providing health benefits for their employees.

The roundtable meeting mirrors national efforts to bring business leaders together with primary care societies and payors to embrace the medical home model through the Patient-Centered Primary Care Collaborative, of which Dr. Grundy serves as chairman.

Moving forward, the Chapter leadership plans to have further conversations with business leaders, and continues to look for Chapter volunteers to provide “prevention” messaging through a PowerPoint template created this year for that purpose. If you have an interest in providing a talk to your local chamber or Rotary Club, please email the Chapter office at llee@aap.net.

The Chapter will provide more information on this initiative as it continues to develop.

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

Bang presented Pediatric Heroes award

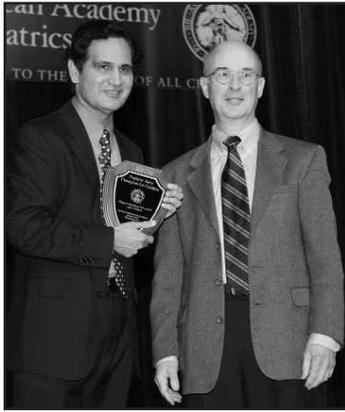


Photo courtesy of AAP National Conference & Exhibition.

Bhagwan Das Bang, MD, FAAP (AAP 2009 NCE Pediatric Hero Award Winner) and Michael Gerber MD, FAAP (NCE Planning Group Member).

Finally, the day arrives for Dr. Bhagwan Bang of Opp: On Tuesday, October 20, he was presented with one of the American Academy of

Pediatrics' four Pediatric Heroes awards in front of thousands of AAP members at the National Conference & Exhibition in Washington, D.C. Dr. Bang is known for going above and beyond in the small town of Opp by making himself available 24 hours a day. He gives his cell phone number to patients and parents, reducing unnecessary and costly emergency room visits. A parent who nominated Dr. Bang says the impact he has had on her family is a mere glimpse of the impact he has had on their community. Congratulations again, Dr. Bang!

Chapter member Whitley part of group advising president on H1N1

UAB physician and researcher Richard Whitley, MD, FAAP, is one of 14 members of a panel advising President Barack Obama about the H1N1 virus.

Whitley and his peers from around the country spent three weeks in July writing an 86-page report to Obama on the country's preparations for the pandemic flu.

Whitley, director of pediatric infectious disease at the University of Alabama at Birmingham, is one of two scientists on the panel from the Southeast. The other is a faculty member at St. Jude Children's Research

Hospital in Memphis.

"I was somewhat awestruck," Whitley said of being part of the influenza working group for the President's Council of Advisors on Science and Technology.

An expert on how antiviral therapies fight infections in children and adults, Dr. Whitley holds the title of distinguished professor at UAB, and is a professor of pediatrics, microbiology, medicine and neurosurgery. He is co-director of UAB's Center for Emerging Infections and Emergency Preparedness.

Dr. Whitley will serve as a speaker at our 2010 Spring Meeting, to be held April 15-18, 2010 at the Hilton Sandestin.

UAB professors secure AAP funding for smoking cessation visiting lectureship

Collaborating with the Alabama Chapter-AAP, Chapter members Susan Walley, MD, FAAP, and Ann Klasner, MD, FAAP, professors in the UAB Department of Pediatrics, have secured a \$3,000 grant from the American Academy of Pediatrics Julius B. Richmond Center of Excellence to fund a visiting lectureship on smoking cessation in Alabama in 2010. The proposal was one of four approved for funding in late October.

The project calls for a nationally recognized speaker to come to Alabama in September 2010 to provide a series of lectures, including Grand Rounds at Children's Hospital in Birmingham and at the 2010 Annual Meeting and Fall Pediatric Update, to educate pediatricians, medical students, residents and faculty on the harms of tobacco use and secondhand smoke exposure and provide them with strategies in tobacco control and secondhand tobacco smoke exposure reduction based on best practices.

Congratulations, Drs. Walley and Klasner!

Not too early to consider putting name in hat for 2010 Chapter elections

By Bill Whitaker, MD, FAAP, Nominating Committee Chair

Chapter involvement takes many forms; as

Dr. Wiley said in his president's column, you can work on a community-based CATCH grant, write a resolution for the AAP, get involved with advocacy or a committee, or go "straight to the top" by voicing your interest in serving on the Chapter Executive Board or nominating committee. The 2010 Chapter Elections, to be held in May, will include the following positions up for election: Area 3 Representative (Jefferson/Shelby counties), Area 6 Representative (Southwest Alabama) and nominating committee member.

Please email me at bill.whitaker@chsys.org if you are interested in putting your name in the hat for any of these positions.

Did you know? Health status indicator reports for Alabama counties available online

Did you know that:

- Life expectancy at birth is 68.9 years for Macon County residents and 78.1 years for the residents of adjoining Lee County - nearly a 10-year difference?
- Approximately 43 percent, nearly half, of all Greene County mothers had less than adequate prenatal care during their pregnancies?
- The motor vehicle fatality rate for residents of Bullock County is more than three and one-half times the national rate?
- The death rate from accidental poisoning in Walker County is 2.3 times the national rate?
- The suicide rate for Cherokee County residents is 2.5 times the national rate?

A joint effort of the Alabama Rural Health Association and the Alabama Department of Public Health's Office of Primary Care and Rural Health, these and many other "Selected Health Status Indicators" are available on the ARHA web site at www.arhaonline.org (go to "Publications/Studies").



Ulesfia™ (benzyl alcohol) Lotion

NEW

The first non-neurotoxic, FDA-approved
prescription product for treating head lice



- Demonstrated safe and effective for children as young as 6 months¹
- Works via physical mechanism of action to asphyxiate head lice as suggested by *in vitro* studies¹
- Pregnancy Category B¹
- 2 applications, 1 week apart, 10 minutes each¹

Indication

Ulesfia™ (benzyl alcohol) Lotion is indicated for the topical treatment of head lice infestation in patients 6 months of age and older. Ulesfia Lotion does not have ovicidal activity.

Important Safety Information

Intravenous administration of products containing benzyl alcohol has been associated with neonatal gasping syndrome. Neonates (i.e. patients less than 1 month of age or preterm infants with a corrected age of less than 44 weeks) could be at risk for gasping syndrome if treated with Ulesfia Lotion.

Avoid Eye Exposure. Protect eyes during product application. Flush immediately with water if Ulesfia Lotion comes into contact with eyes. Consult a physician if eye irritation persists.

Contact dermatitis may occur with Ulesfia Lotion. If skin irritation occurs, immediately rinse with water and discontinue use of the product until irritation clears. If irritation continues, consult a physician.

Keep out of reach of children. Ulesfia Lotion should only be used on children under the direct supervision of an adult. For external use only; use only on scalp and scalp hair.

Most common application site adverse reactions were: application site irritation (2%), and application site anesthesia and hypoesthesia (2%) and pain (1%).

In a subset of subjects without symptoms prior to treatment, the most common monitored adverse reactions after treatment were: pruritus (12%), erythema (10%), pyoderma (7%), and ocular irritation (6%).

Please see full Prescribing Information.

Reference: 1. Ulesfia Lotion [prescribing information]. Sciele Pharma, Inc.

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BRIEF SUMMARY OF PRESCRIBING INFORMATION Rx Only

Ulesfia™ (benzyl alcohol) Lotion

For topical use only

Initial U.S. Approval: 2009

INDICATIONS AND USAGE

Indication

Ulesfia Lotion is indicated for the topical treatment of head lice infestation in patients 6 months of age and older.

Limitation of Use

Ulesfia Lotion does not have ovicidal activity.

Adjunctive Measures

Ulesfia Lotion should be used in the context of an overall lice management program:

- Wash (in hot water) or dry-clean all recently worn clothing, hats, used bedding, and towels.
- Wash personal care items such as combs, brushes and hair clips in hot water.
- A fine-tooth comb or special nit comb may be used to remove dead lice and nits.

DOSAGE AND ADMINISTRATION

Ulesfia Lotion is not for oral, ophthalmic, or intravaginal use. Using the guidelines in Table 1, apply sufficient Ulesfia Lotion to dry hair to completely saturate the scalp and hair; leave on for 10 minutes, then thoroughly rinse off with water. Repeat treatment after 7 days. Avoid contact with eyes.

Table 1: Ulesfia Lotion Usage Guideline

Hair Length		Amount of Ulesfia Lotion per Treatment
Short	0-2 inches	4-6 oz (½-¾ bottle)
	2-4 inches	6-8 oz (¾-1 bottle)
Medium	4-8 inches	8-12 oz (1-1½ bottles)
	8-16 inches	12-24 oz (1½-3 bottles)
Long	16-22 inches	24-32 oz (3-4 bottles)
	Over 22 inches	32-48 oz (4-6 bottles)

DOSAGE FORM AND STRENGTH

Ulesfia Lotion contains 5% benzyl alcohol and is supplied in 8 ounce polypropylene bottles.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Neonatal Toxicity

Intravenous administration of products containing benzyl alcohol has been associated with neonatal gasping syndrome consisting of severe metabolic acidosis, gasping respirations, progressive hypotension, seizures, central nervous system depression, intraventricular hemorrhage, and death in preterm, low birth weight infants. Neonates (i.e. patients less than 1 month of age or preterm infants with a corrected age of less than 44 weeks) could be at risk for gasping syndrome if treated with Ulesfia Lotion [see Use in Specific Populations].

Eye Irritation

Avoid eye exposure. Ulesfia Lotion may cause eye irritation. If Ulesfia Lotion comes in contact with the eyes, flush them immediately with water. If irritation persists, consult a physician.

Contact Dermatitis

Ulesfia Lotion may cause allergic or irritant dermatitis.

Use in Children

Ulesfia Lotion should only be used on children (6 months of age and older) under the direct supervision of an adult. Keep out of reach of children.

ADVERSE REACTIONS

Clinical Studies Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical studies of a drug cannot be directly compared to rates in the clinical studies of another drug and may not reflect the rates observed in practice.

The rates of adverse reactions below were derived from two randomized, multi-center, vehicle-controlled clinical trials and one open-label study in subjects with head lice infestation.

Skin, scalp, and ocular irritation were monitored in the clinical trials. All subjects were queried about the presence of skin and scalp symptoms; the results are presented in Table 2.

Table 2: Monitored Adverse Reactions - Application Site Symptoms

Event	Ulesfia Lotion	Vehicle
Application site irritation	2% (11/478)	1% (2/336)
Application site anesthesia & hypoesthesia	2% (10/478)	0% (0/336)
Pain	1% (5/478)	0% (1/336)

The subset of subjects who did not have pruritus, erythema, edema or pyoderma of skin and scalp, or ocular irritation prior to treatment were assessed for these signs and symptoms after treatment; the results are presented in Table 3.

Table 3: Monitored Adverse Reactions - Pruritus, Erythema, Pyoderma and Ocular Irritation with Onset After Treatment

Signs/Symptoms	Ulesfia Lotion	Vehicle
Pruritus	12% (14/116)	4% (3/67)
Erythema	10% (32/309)	9% (19/217)
Pyoderma	7% (22/308)	4% (10/230)
Ocular irritation	6% (26/428)	1% (3/313)

Other less common reactions (less than 1% but more than 0.1%) were, in decreasing order of incidence: application site dryness, application site excoriation, paraesthesia, application site dermatitis, excoriation, thermal burn, dandruff, erythema, rash, and skin exfoliation.

DRUG INTERACTIONS

Drug interaction studies were not conducted with Ulesfia Lotion.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category B

There are no adequate and well-controlled studies with topical benzyl alcohol in pregnant women. Reproduction studies conducted in rats and rabbits were negative. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

No comparisons of animal exposure with human exposure are provided in this labeling due to the low systemic exposure noted in the clinical pharmacokinetic study [see Clinical Pharmacology (12.3) in the full prescribing information] which did not allow for the determination of human AUC values that could be used for this calculation.

Pregnant rats were dosed with benzyl alcohol via subcutaneous injection at 100, 250, and 500 mg/kg/day. No teratogenic effects were noted at any dose. Maternal toxicity and decreased fetal weight occurred at 500 mg/kg/day. When pregnant rabbits received subcutaneous injections of benzyl alcohol at 100, 250, and 400 mg/kg/day, there were no teratogenic effects in offspring at any dose. In rabbits, maternal toxicity occurred at the two higher doses and was associated with decreased fetal weight at the highest dose.

Nursing Mothers

It is not known whether benzyl alcohol is excreted into human milk. Because some systemic absorption of topical benzyl alcohol may occur and because many drugs are excreted in human milk, caution should be exercised when Ulesfia Lotion is administered to a nursing woman.

Pediatric Use

The safety and effectiveness of Ulesfia Lotion was evaluated in two multicenter, randomized, double-blind, vehicle-controlled studies which were conducted in 628 subjects 6 months of age and older with active head lice infestation [see Clinical Studies (14) in the full prescribing information].

Rates of adverse events in younger children (6 months to 12 years) were similar to those of older children and adults.

Safety in pediatric patients below the age of 6 months has not been established. Ulesfia Lotion is not recommended in pediatric patients under six months of age because of the potential for increased systemic absorption due to a high ratio of skin surface area to body mass and the potential for an immature skin barrier.

Neonates could be at risk for gasping syndrome if treated with Ulesfia Lotion [see Warnings and Precautions].

Intravenous administration of products containing benzyl alcohol has been associated with neonatal gasping syndrome. The gasping syndrome (characterized by central nervous depression, metabolic acidosis, gasping respirations, and high levels of benzyl alcohol and its metabolites found in the blood and urine) has been associated with benzyl alcohol dosages > 99 mg/kg/day in preterm neonates. Additional symptoms may include gradual neurological deterioration, seizures, intracranial hemorrhage, hemotologic abnormalities, skin breakdown, hepatic and renal failure, hypotension, bradycardia, and cardiovascular collapse. Although expected systemic exposure of benzyl alcohol from proper use of Ulesfia Lotion is substantially lower than those reported in association with the gasping syndrome, the minimum amount of benzyl alcohol at which toxicity may occur is not known.

Geriatric Use

The safety of Ulesfia Lotion in patients over 60 years of age has not been established.

PATIENT COUNSELING INFORMATION

[See 17.3 in the full prescribing information for FDA-approved patient labeling.]

Instructions to Patients

This medication is to be used as directed by the physician. Use only on scalp and scalp hair. Avoid contact with eyes. As with any topical medication, patients should wash hands after application.

Instruct patients on proper use of Ulesfia Lotion, including the amount to apply, how long to leave it on the hair, and the importance of a second treatment 1 week (7 days) after the initial application.

Adverse Reactions

Inform patients that Ulesfia Lotion may cause eye irritation, skin irritation, and contact sensitization.

Instruct patients to inform a physician if the area of the application shows signs of irritation and any signs of adverse reactions.



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From the Coordinator

Reach Out and Read-Alabama teams up with First Book in matching grant

In recognition of the nation's first official September 11 Day of Service and Remembrance, ROR-Alabama matched funding from First Book to double the number of books reaching two ROR sites in Baldwin County. The two sites, North Baldwin Pediatrics and Eastern Shore Children's Clinic, see more than 7,800 children each year between the ages of six months to five years of age each year for well-child visits. This exciting collaboration is one of the thousands of service projects across the nation in honor of September 11. This past April, President Barack Obama signed the Edward M. Kennedy Serve America Act and officially recognized September 11 as a National Day of Service and Remembrance.

First Book provides new books to children in need, addressing one of the most important factors affecting literacy – access to books. An innovative, non-profit leader in social enterprise, First Book has distributed more than 60 million free and low-cost books in thousands of communities. First Book now has offices in the U.S. and Canada. For more information, visit www.firstbook.org.



Reach Out and Read-Alabama hosts two Alabama Congressmen during summer recess

House Representatives Jo Bonner, District One, and Bobby Bright, District Two, visited three pediatric clinics during the U.S. Congress' summer recess. With his stop at Eastern Shore Children's Clinic in Fairhope, this was the third year that Congressman Bonner has visited Reach Out and Read programs in his district, with previous visits to ROR sites in Mobile, Brewton, and Bayou Le Batre. Congressman Bright spent the day in Dothan by not only reading to children at Southeastern Pediatric Associates, but also participating in a ceremony at Dothan Pediatric Clinic to present the Bookend City Award to the city of Dothan.

The award, the second in the state and fourth in the nation, is presented to the city and supporters when 100 percent of the pediatricians practicing in the city are participating in Reach Out and Read. There are a combined 26 practices and clinics that participate in ROR in Congressional Districts One and Two, providing books to more than 32,000 children annually.



Dothan pediatricians Lee Scott, MD, FAAP; Angie Blaxton, MD, FAAP; Lauren McAllister, MD, FAAP; Michelle Freeman, MD, FAAP; and Michael Ramsey, MD, FAAP, welcome Congressman Bobby Bright (center) to their city for the presentation of the Reach Out and Read Bookend Award.

Thanks to all of you who supported Reach Out and Read-Alabama at the recent Annual Meeting to raise almost \$1,000. Because of the generous donation of an Amazon Kindle by Dothan Pediatrics to ROR-AL, we were able to award the prize to Dr. Theresa Bolus of Midtown Pediatrics. You can continue to support ROR-AL throughout the holidays by doing your online shopping through GoodShop, where a percentage of each sale will benefit our programs throughout the state. For more details, visit our web page, www.roralabama.org.

Happy Holidays! – Polly

Chapter secures obesity prevention grant

The Alabama Chapter-AAP, in conjunction with the Alabama Department of Public Health (ADPH), was one of eight state chapters awarded a \$15,000 grant for the Mobilizing Healthcare Professionals as Community Leaders in the Fight Against Childhood Obesity project, a program of the National Initiative for Children's Healthcare Quality.

Ranking sixth among the states in childhood obesity and second in adult obesity, Alabama was one of 13 states targeted to receive grant funds. Partnering with ADPH, the Chapter will rely on the agency's nutrition and physical activity professionals and previous history in working with communities to address childhood obesity in a pilot community, Brewton.

A state team, with representation from the state Obesity Task Force and Alabama Communities of Excellence, will help the community team determine the availability of healthy foods and beverages, the accessibility to increase physical activity; and capacity to build awareness and support for the goal of reversing the childhood obesity epidemic.

The local team will identify priorities and beginning development of a community strategic plan after the training to sustain long-term changes. The long-term goal for the state team is to replicate this successful process in other areas of the state.

"Our community is very excited to begin this work," said Marsha Raulerson, MD, FAAP, a community pediatrician in Brewton, citing the energy that already exists among members of the Coalition for a Healthier Escambia County.

Verifying flu benefits improves vaccination coverage

By Michael Ramsey, MD, FAAP, Dothan Pediatric Clinic

In a recession, patients are looking for ways to cut down on expenses. Some services that we pediatricians see as vitally important can be seen as superfluous by parents, especially if the service is not covered by their insurance. Even something as inexpensive as an annual flu vaccination is often foregone if the expense is coming out of pocket. One way that we have made it easier to say “Yes” to annual flu vaccination is by verifying flu benefits as patients check in.

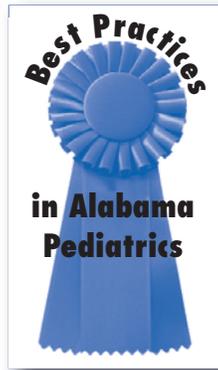
“But wait!” you may be saying. “How can you have time to verify flu vaccine benefits on every patient?” It is not as onerous as it may sound on the surface. We already check Medicaid eligibility on each visit, so if those patients run eligible, we know that they can receive vaccine. For ALL Kids, these patients are automatically eligible as well. This leaves the various Blue Cross groups and other third-party carriers. For these

patients, we compiled a list of our 20 most common group policies and keep a list of the flu benefits with the front desk staff.

Employees can then stamp superbills with the form of flu vaccine that the patient’s policy covers.

When the patient gets back to see the doctor, the physicians are then able to discuss the medical issues surrounding the flu vaccine, taking the reimbursement question out of it. When we instituted this procedure, our rate of flu vaccination almost tripled the first year. This was good for the health of our patients, as well as our bottom line. Checking flu vaccine benefits may be helpful for your practice as well.

If you have a “best practice” that you would like to highlight in this regular column, we want to hear it! Contact the Chapter office at 334-954-2543 or llee@aap.net.



Pediatric Coding Corner

By Lynn Brown, coding specialist

As many of you know, the new diagnosis codes were effective 10/01/09. Two sections are worth mentioning as a reminder of changes that affect coding. First, additions and changes have been made to the Health Supervision for Infant and Child codes to be more age-specific for newborns. Preventive Care visits would be coded as follows:

- V20.31 Health Supervision for newborn under 8 days old
 - V20.32 Health Supervision for newborn 8 to 28 days old
 - V20.2 Health Supervision for ages 29 days through 17 years
 - V70.0 Routine General Medical Examination 18 years and over
- New codes have been added to Signs and Symptoms Involving Emotional State which are not considered as part of Mental Disorders by ICD-9. The new codes are as follows:

- 799.21 Nervousness/Nervous
- 799.22 Irritability/Irritable
- 799.23 Impulsiveness/Impulsive
- 799.24 Emotional lability/Excessive emotional reactions, Frequent mood changes
- 799.25 Demoralization and apathy/Apathetic
- 799.29 Other signs and symptoms involving emotional state

For details on all the new pediatric-specific code changes, refer to www.aap.org.

Healthcare reform debate continues

With the U.S. Senate’s November 18 release of its combined health reform bill, The Patient Protection and Affordable Care Act, and its November 21 vote to begin full debate on major health care legislation, healthcare reform moves two steps closer to reality.

Some key provisions of the bill of important note to children and pediatricians are as follows:

- Prevention services (Bright Futures) are not only included in the bill, but would be a required health benefit in all state-regulated insurance, including those plans in the proposed health insurance exchange. Bright Futures services would be a no co-pay benefit in all state-regulated group health insurance plans.
- Dependents could be covered by their parents’ health insurance plans up to the age of 26.
- Children are required to have health care coverage in order for their parents to be eligible for Medicaid when Medicaid is opened to non-pregnant parents in 2014.
- Subspecialty workforce provisions are included in the bill that dedicate funding for loan forgiveness for individuals entering into pediatric subspecialty fields.
- The essential benefits package in the health insurance exchange includes rehabilitative, habilitative, mental and behavioral health services, as well as “pediatric services,” which includes oral health and vision services specifically.

The release of this legislation follows the United States House of Representatives passage of the *Affordable Health Care for America Act* (HR 3962) earlier in November.

There are many implications to these bills and it is very difficult to determine the pros and cons for Alabama children and pediatricians. The Chapter encourages members to educate themselves by reading the summaries of these bills, accessible on the AAP Federal Affairs page on the Members Only Channel at www.aap.org/moc or by researching the various health reform links on the Alabama Medicaid Agency web site at http://www.medic-aid.alabama.gov/news/health_reform.aspx.

And don’t forget to let your voice be heard, regardless of your position on the proposed bills! Contact information for our Congressional delegation is linked on the home page of the Chapter web site at www.alchapaap.org.



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My first NCE: A Personal Reflection

By Grant Allen, MD, FAAP, Chapter Vice President

I know, it's hard to believe your president-elect has never been to the AAP's National Conference & Exhibition (NCE)! I always thought it was a bit expensive (it is), but the value is there! I spent the afternoon of Day 1 just getting my mind wrapped around all of the CME options – dozens of workshops, meet-the-expert discussions, lectures in short (45 min) and long (90 min) formats. And then there were the exhibits: obviously the basics, such as pharmaceuticals and vaccines, but also volunteer teaching opportunities, patient advocacy organizations and EMR vendors. (I got to preview the asthma action plans being developed for my current EMR at the Nextgen booth, which was great, since that is part of our quality improvement project.) The exhibits should come with CME!

For CME there is something for everyone;

the infectious dangers of exotic pets, new research in autism, a whole day of sports medicine or updates on H1N1. Then there is the energy of the plenary sessions. Thousands of pediatricians under one roof standing in applause for our own Dr. Bhagwan Das Bang of Opp, honored as one of four pediatric heroes for his career-long service to patients in rural south Alabama. Or the call to action by Erin Riehle, RN, MSN, who created a healthcare job training program for young adults with intellectual disabilities.

It really is a lot for the money. I strongly encourage anyone who hasn't been to plan on going. The meetings are usually in family-friendly cities for sight-seeing. Email me and let me be your NCE "travel guide" so you don't spend an afternoon getting adjusted. Next year it will be held in San Francisco on Oct. 2 - 5. We would love to see you at the meeting!

As a side note, the meeting was only three Metro stations away from the Canon House Office building. I was able to spend 45 minutes with Rep. Parker Griffith discussing children and healthcare reform. Whenever travel takes you to D.C. – meeting, family trip, etc. – be sure to make an appointment in advance with your representative. Contact chapter staff or log on to the AAP web site's Members Only Channel and look for talking points and help from the Federal Affairs office. And don't think advocacy is just for D.C. Your Alabama representatives and senators need to hear from you! Have them come to your office, or come and meet them at Legislative Day in Montgomery in the spring. Who better to tell our legislators about children's healthcare than you, providers of children's healthcare, experts on child development and safety!



Karen Belk



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Marcus Belton

Karen Belk, MBA, President, is proud to announce that **Marcus Belton** has joined the Belk & Associates, Inc. team, as the Pediatric Consultant for Alabama, and the primary care consultant for North/South Carolina. Marcus comes to us with an MBA from Texas Southern University, and extensive experience in the sales and recruitment industry. He is married to Dr. Darniya Belton, a pediatrician. They have one daughter, Maya.

You may contact Marcus at 832.492.5170 or Email: marcusbelton@comcast.net

492 Pinegrove Drive, Muscle Shoals, Alabama 35661

Toll:888.892.4377/Office:256.389.1341/Fax:256.389.9000/Email: karenbelk@comcast.net

Early childhood investment encouraged at business leaders summit

Chapter Immediate Past President A.Z. Holloway, MD, FAAP, and President J. Wiley, MD, FAAP, were honored to serve as the two health presenters at a three-prong educational summit for business leaders, Alabama Business Leaders Summit on Early Childhood Investment, hosted by the Business Council of Alabama and the Alabama Partnership for Children on October 29 in Birmingham. The six-hour summit was attended by 150 people and provided a much-needed look at the importance of investing in early childhood by focusing on three areas: health, early education and ready communities.

The pediatricians stressed that prevention of serious and costly disease begins in the formative years, and so it is crucial that business leaders invest in early childhood for the health of our communities and the productivity of our future workforce.

“The dollars saved by avoiding costly medical care down the road are a tangible byproduct that businesses can’t ignore,” Dr. Wiley said.

He also commented on the enthusiasm he witnessed at the event, “Dr. Holloway and I got a great deal out of this process and were truly amazed at the energy in the room,” he added. “We applaud the Alabama Partnership for Children and the Business Council of Alabama for their efforts in making this a reality. I saw it as one of the most important steps that we as child advocates can take.”



Drs. Holloway and Wiley present the health session at the Business Leaders Summit.

Understanding the national push to adopt and “meaningfully use” Electronic Health Records

In February, Congress passed the American Recovery and Reinvestment Act of 2009 (ARRA), better known as the “stimulus” package, to push funding down to the state level for a myriad of purposes – one of which is to advance the adoption and meaningful use of electronic health records/health information technology among healthcare providers.

While there are still unanswered questions as the regulatory process continues, we know that ARRA includes *incentive payments* that will be made available to healthcare providers who meet “meaningful use” requirements for electronic health records (these criteria should be finalized by the end of December). Pediatricians will need to have at least a 20 percent Medicaid patient population in order to qualify for these incentives (how that is calculated is still unknown), which will flow through Alabama Medicaid and will not likely be available until the end of 2010 or 2011.

The incentives are not designed to help providers purchase electronic medical records on the front end, but rather to support their “mean-

ingful use” moving forward.

ARRA funding is also supporting the creation of *Regional Extension Centers* to provide on-the-ground assistance, including education, outreach, and technical assistance, to help small primary care practices select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care.

In addition, ARRA provides funding for state-level *health information exchange* and technology initiatives. Building on its Together for Quality e-health record, QTool, Alabama Medicaid has made application for this funding in order to fully implement Alabama’s vision of a statewide HIE to improve the quality, safety and efficiency of health care delivery.

The Chapter is at the table as all of this activity unfolds in Alabama, and will continue to communicate the impacts to members.

For more details and a list of resources to help practices choose an EMR, visit the Chapter web site at www.alchapaap.org and click EMR/HIT Information under the Resources menu.

Simple steps mean better quality

By John Searcy, MD, FAAP, and Linda Anz, MD, FAAP

Our Chapter has created a committee to assist pediatricians in Alabama who are seeking ways to improve the quality of care we provide our patients. As we approach the end of another year, the Chapter’s Quality Improvement Committee suggests that all practices in the state take a few moments to reassess emergency preparedness in your office.

Simple steps you take can make a profound difference if a patient arrests or seizes in your office. Take time before the new year and look at your crash cart. Are the supplies current, are the oxygen tanks full, and are masks and tubing ready? Are all batteries new or charged? Who will be responsible for manning the cart? Does everyone know how to turn on the oxygen?

Sounds simple, doesn’t it? But you may be surprised at what you find. Our patients deserve our best. Be prepared and be sure everyone knows what to do in a medical emergency.

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Vaccines for Children

What is the Vaccines for Children Program?

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

What are the benefits of the VFC program?

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

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

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

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

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

Your strength is the ability to provide.



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



NEWS FROM PUBLIC HEALTH

H1N1 vaccination now recommended for all ACIP target groups

Based on the amount of 2009 H1N1 vaccine distributed in Alabama, the Department of Public Health now recommends providers offer vaccine to all individuals in the ACIP target groups. Monovalent 2009 H1N1 vaccine is thus recommended for:

- People aged 25 through 64 years who have medical conditions that put them at higher risk for influenza-related complications;
- All people aged 6 months through 24 years;
- Pregnant women;
- People who live with or provide care for infants less than six months of age; and
- Healthcare workers and emergency medical services personnel.

The Department will continue to distribute 2009 H1N1 vaccine to providers as additional vaccine is made available. Alabama physicians may still order 2009 monovalent H1N1 vaccine by going to the adph.org web site, clicking on "Log In" and then choosing "ORDER."

Weekly vaccination reports required

CDC requires that ADPH submit a weekly report on H1N1 vaccine doses administered. In order to meet this obligation, ADPH must receive a weekly report from each provider who has received H1N1 vaccine. This report, entitled Vaccination Weekly Report, is due to ADPH each Monday at 3:00 p.m., and covers the prior Sunday through Saturday timeframe.

It is extremely important for all physicians who are administering H1N1 to complete this report weekly. ADPH has developed an online reporting mechanism that is accessible through the same system used to order vaccines (www.adph.org, Log In, ORDER, Vaccination Weekly Report). While online reporting is preferred, a paper copy is available for those who must fax. Please include:

1. The number of doses administered by age group;
2. The number of first doses (includes all individuals, regardless of age, who have received the H1N1 vaccine); and
3. The number of second doses (for children 9 and younger).

If you have any problems with the online form, contact Tom Miller, MD, at 334-206-2940.

Alabama chosen for medical home technical assistance grant

The National Academy for State Health Policy (NASHP) announced in September that Alabama and seven other states have been selected through a competitive process to form NASHP's new *Consortium to Advance Medical Homes for Medicaid and Children's Health Insurance Program (CHIP) Participants* and receive one year of technical assistance to support their efforts.

Comprised of more than 420,000 Medicaid recipients and 1,100 providers, Alabama Medicaid's Patient 1st program has worked to ensure that each recipient has access to a basic "medical home." Now, the Agency hopes that this technical assistance will not only improve this program, but more effectively position primary care practices to measure quality and deliver more coordinated, improved care to Medicaid and CHIP participants.

The Alabama Chapter-AAP, represented by Executive Director Linda Lee, APR, and Marsha Raulerson, MD, FAAP, a member of Alabama Medicaid's Patient 1st Advisory Council, is part of a core team to help drive this process.

The technical assistance will be used to conduct an in-depth analysis, identify gaps, and determine what is needed to effect practice change at the physician level in order to incorporate data-driven quality improvement into the patient-centered medical home in every Alabama physician's practice regardless of practice setting.

"One of the first steps in this process will be for Alabama Medicaid and ALL Kids to recognize the Joint Principles of the Patient-Centered Medical Home, which were endorsed by the AAP and three other national primary care specialty societies, and work on ways to align medical home concepts among all payors in Alabama to aid primary care providers who see all of these patients," Lee explained.

Stay tuned for more information as this process is further developed.

NEWS FROM MEDICAID

Patient 1st shared savings distributed

In early October, the Alabama Medicaid Agency disbursed more than \$4.7 million to its Patient 1st providers, \$2,531,390 (53 percent) of which was distributed to pediatricians for realizing savings during the previous Patient 1st waiver period.

The distribution marked the second time that the Agency shared a portion of program savings with providers. The share was based on established measures of performance (generic dispensing rate, emergency room visits, and office visits by unique enrollee), efficiency (actual amounts spent on behalf of a primary care providers' panel members compared to expected expenditures) and a formula designed to equitably dispense savings across all Patient 1st peer groups.

Currently, Patient 1st providers are operating within a renewed two-year waiver period that started earlier this year on April 1, 2009. In addition to the previous criteria, new performance measures include hospital days per 100, annual EPSDT screenings (birth to five-year-olds), percent of diabetic patients receiving at least one HbA1c during a 12-month review period and percent of asthma patients who have \geq one ER visit with a primary diagnosis of asthma during each calendar year.

Questions regarding Patient 1st can be directed to Paige Clark at paige.clark@medicaid.alabama.gov or Kim Davis-Allen at kim.davis-allen@medicaid.alabama.gov.

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