



The Alabama Pediatrician

Summer/Fall 2012

From the President

Together we make a difference!



Grant Allen, MD, FAAP
Chapter President

Summer is over and school is back in session. That means most of our patients have had their blue cards and check-ups completed. Before get too busy to think about anything other than flu, strep, or enteroviruses, I'd like for us to focus on membership. Membership

has its privileges! As a member of the Chapter you have access to 700 colleagues across Alabama who practice everything from general pediatrics to super subspecialty pediatrics. You have a common connection with pediatricians who represent you and your interests on 28 state committees and commissions. Your membership entitles you to work together to improve health care for all children in Alabama through legislative advocacy, Reach Out and Read, and Chapter challenges. More than 20 percent of our fully practicing members have participated in Part IV MOC quality improvement activities with the Chapter, and we are building three new rounds of QI projects for 2013 for our members. All of this made possible by Chapter members who volunteer to serve, and our excellent Chapter staff employed by the dues we pay.

We know that there are pediatricians in Alabama who are not participating in the wonderful things we do together for children. How will they ever know what the Chapter is doing for children and the pediatricians who care for them unless YOU tell them? For 50 cents a day, your non-member friends can enjoy these and numerous other benefits! Your colleagues can join 700 other people who share one common, important characteristic: the SOUL of a pediatrician. Together we make a difference in the lives of 1.3 million children in Alabama.

Annual Meeting – last call to register!

It's not too late to register for the Chapter's Annual Meeting and Fall Pediatric Update, but hurry! Set for Sept. 28-30, at The Wynfrey Hotel in Birmingham, this year's conference features several special educational offerings.

On Saturday morning, the highlight will be a presentation followed by a panel discussion on the business case for expanding your practice into underserved areas. In the afternoon, you won't want to miss a special

session on how to communicate your message to the media and public officials. The Chapter is also working with Stephanie Berger, MD, FAAP, coordinator of Grand Rounds at Children's of Alabama, to bring David Gremse, MD, FAAP, gastroenterologist and the new USA Department of Pediatrics Chair, to this part of the state to present sessions on celiac disease, both at Children's Grand Rounds on Thursday, Sept. 27, as well as at the Chapter meeting on Sunday. Also on Sunday morning, Heather Taylor, MD, FAAP, of Tuscaloosa, who serves as the Chapter's Early Hearing Detection Champion, has secured a small grant from the AAP to provide members with the latest information on hearing screening in the medical home.

CME Chair Cathy Wood, MD, FAAP, has also brought in top-notch speakers on oral health, breastfeeding and pulse oximetry.

In addition, the Saturday evening dinner, sponsored by Children's of Alabama, will feature the presentation of Chapter President's awards and the annual Master Pediatrician and Wallace Clyde awards, along with a keynote presentation by Children's CEO Mike Warren.

The Chapter's Practice Management Association (PMA) also invites Chapter members to its Friday morning workshop, with topics on medical information confidentiality and managing people, in addition to the annual Coding Workshop on Friday afternoon, presented by Kim Huey, a certified coding specialist and ICD-10-CM trainer.

There will also be plenty of time for networking, including the Friday night "tail-gate party" reception!

Get more information and register now using the registration form sent in early July or go online at www.alaap.org!



Chapter election results in, new slate announced

The 2012 Chapter elections results have been tallied, with all nominees voted in as follows: Pippa Abston, MD, FAAP, of Huntsville, was re-elected as Area 1 Representative (2012-2015); Bruce Petitt, MD, FAAP, of Tuscaloosa, was elected as Area 2 Representative (2012-2015); and Jennie Breslin, MD, FAAP, of Fairhope, was elected to serve a three-year term as Nominating Committee member (2012-2015).

"I look forward to another productive year working with each of these pediatricians, who, by accepting these positions, will contribute to our efforts to improve pediatrics

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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.

Chapter at table for Joint Legislative Committee on Medicaid Policy

By Michael Ramsey, MD, FAAP

On July 23, the Alabama Chapter-AAP was invited to participate in a meeting of the state's Joint Legislative Committee on Medicaid Policy, a task force created to help solve the problem our state faces with Medicaid funding, both in the short- and long-term. The meeting was packed with legislators, state officials, and stakeholders, including physicians and representatives from hospitals, nursing homes, and pharmacies.

This was primarily a "tone-setting" meeting, where the legislators heard from Dr. Don Williamson about the current state of Medicaid, the dire consequences if the constitutional amendment on Sept. 18 fails, and how the Affordable Care Act is going to impact our state's Medicaid funding in the future.

It was encouraging to see that the elected officials seemed to understand the importance of this issue. Although no one else was allowed to comment, it seemed to be a good beginning to the process.

A second meeting of the body was held on Sept. 5, at which our Chapter Executive Director was able to provide comment on behalf of the Chapter, and the legislators received more of a "Medicaid 102" education from Dr. Williamson, which was enlightening to all.

The Alabama Chapter will continue to be involved to make sure that Alabama's children and their pediatricians are represented. The next step is more detailed work at the sub-committee level.



Chapter Executive Director Linda Lee, APR, presents comments at the September 5 meeting of the Joint Legislative Committee.

Chapter's Help Me Grow/Developmental Screening QI project kicks off in September

On Sept. 14, at least seven pediatric practices in the Jefferson county area took part in a kick-off learning session at the Bradley Lecture Center to begin the Help Me Grow Central Alabama/Alabama Early Screening Improvement Training project, which will improve developmental screening practice processes as well as garner participants 25 points of Maintenance of Certification Part 4 credit upon successful completion.

Led by Peily Soong, MD, FAAP, the project will use quality improvement principles to guide pediatricians and their staffs on ways to streamline their processes for using standardized developmental screeners and making referrals to appropriate services.

"With periodic developmental screening and appropriate therapeutic resources, physicians can properly identify children at high risk for developmental delays and facilitate treatment that will help them now and in the future," Dr. Soong said.

The "Help Me Grow" arm of the project is a collaboration with United Way of Central Alabama Success by 6 that provides care coordination for the children who are identified with developmental delays. Once a child is identified, the practice/parent is connected with the Help Me Grow call center, which works to coordinate referrals to Alabama's Early Intervention System and other resources.

The project is an expansion of the Chapter's similar work in Tuscaloosa, although this time with the added strong partnership of United Way and Help Me Grow.

Help Me Grow Central Alabama is the implementation site of Help Me Grow Alabama, a member of the *Help Me Grow* National Network.



Chapter readies for third phase of asthma CQN project in 2013

Beginning in the spring of 2013, members of the Alabama Chapter-AAP will have the opportunity to participate in the Chapter's third asthma quality improvement (QI) learning collaborative, CQN3, designed to help practices improve outcomes of children with asthma by implementing the NHLBI/NAEPP asthma guidelines. Selected practice teams will participate in a series of four learning sessions (two face-to-face one-day trainings in Birmingham and two webinars) followed by action periods where they will have the opportunity to try out changes in their office settings.

Working with the American Academy of Pediatrics, the University of Alabama at Birmingham Department of Pediatrics, Children's of Alabama, and Alabama Department of Public Health (ADPH) social workers, the Chapter will offer **40 points of Maintenance of Certification Part 4 credit** (for award in 2014) upon completion of this 12-month project. One exciting feature with this next phase is targeted case management by ADPH social workers in Jefferson County (trained by the Boston Children's Hospital Community Asthma Initiative evidence-based practice social work model), available to pediatric practices in the Jefferson County area.

The Chapter is very excited to once again be working with the UAB Department of Pediatrics to provide quality improvement faculty to the project.

What are the benefits of participation?

Participation in this project provides many benefits to involved teams:

- Improve outcomes for your asthma patients
- Meet maintenance of certification board requirements for QI
- Receive program materials
- Improve the efficacy and efficiency of office system
- Access practical tools and effective strategies to integrate changes into practice
- Receive special recognition from the Alabama Chapter-AAP and its partners
- Receive ongoing support for improvement, as well as feedback about progress
- CME credit

Practice recruitment will begin in November, with project start-up in February 2013. Interested practices should contact Linda Champion, MPA, Project Manager, via email at ljchampion@alaap.org or by telephone at 334-324-9307.

"Elections" continued from page 1

and child health in Alabama," said Grant Allen, MD, FAAP, Chapter President.

Effective Oct. 1, 2012, the 2012-2013 Executive Board and Nominating Committee members are as follows:

President – Grant Allen, MD, FAAP, MD, FAAP

Vice President/President-elect – Michael Ramsey, MD, FAAP

Secretary/Treasurer – Wes Stubblefield, MD, FAAP

Immediate Past President – J. Wiley, MD, FAAP

Area 1 Representative – Pippa Abston, MD, FAAP, Huntsville

Area 2 Representative – Bruce Petitt, MD, FAAP, Tuscaloosa

Area 3 Representative – DeeAnne Jackson, MD, FAAP, Birmingham

Area 4 Representative – Naresh Purohit, MD, FAAP, Anniston

Area 5 Representative – Michelle Freeman, MD, FAAP, Dothan

Area 6 Representative – Katrina Skinner, MD, FAAP, Fairhope

Nominating Committee Members:

Eric Tyler, MD, FAAP, Chair; Ritu Chandra, MD, FAAP; and Jennie Breslin, MD, FAAP



Abston



Petitt



Breslin

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Practice Management Association update

By Robert Troy, PMA Chair

Is it me or has this been a very busy year, moving at the speed of light? Before we know it, Christmas will be here! At least football season is here with fall weather and the ALAAP Annual Meeting & Fall Pediatric Update. This year, we feel like the goal post keeps moving with rule changes, coding changes and Medicaid funding. That's why, for physicians and managers alike, the Annual Meeting is an important source of help for everyone who attends.

This year, we will address some timely issues that physicians, administrators and staff members face each day. The agenda for Friday morning's practice management workshop, sponsored by the Practice Management Association (PMA), includes discussions about those areas that seem to be of ongoing concern, such as confidentiality of medical information and (I like this one) "Why do people do what they do?" Friday afternoon is also a must for physicians as well. Kim Huey will be there to share a plethora of information about diagnosis documentation and coding that is always on point, current and much needed, especially in today's environment.

Thanks again to all of you whose managers and staff are members of the PMA. If you want to know more about the PMA and belong to a group that is in the trenches with you, then follow this link (<http://www.alaap.org/showandtell.asp?id=96564>) for more information.

I look forward to seeing you in Birmingham at the end of the month!

Coding

corner

By Lynn Abernathy Brown, CPC

ICD-10 preparation

Now that the ICD-10 deadline is delayed until Oct. 1, 2014, continue to prepare by documenting and coding more specific diagnosis codes. As a physician, the specific location is known but not always stated in the diagnosis. How to prepare:

- State diagnosis specifically
 - Unspecified – What did you see?
 - Type of Otitis Media
 - Location of cellulitis
- Laterality – Left, Right, Bilaterally
 - Eyes, Ears, Arms, Legs – Which body part?

Find ways in your EMR systems or in your written records to include this documentation so that transition in the future will be much easier.

Vaccine administration coding reinterpreted

When CPT™ codes 90460 / 90461 (Vaccine Administration through age 18 with counseling by billing provider per component) were introduced in 2011, there was an interpretation that allowed licensed nurses to counsel patients/parents regarding vaccine risks/benefits. Starting in 2012, the AMA clarified the interpretation in the summary below:

A "physician or other qualified healthcare professional" is an individual... who performs a professional service... and independently reports that professional service (RN/LPN does not bill). These professionals are distinct from "clinical staff."

A clinical staff member is a person who works under the supervision of a physician...

The RN/LPN and other clinical staff can work with the provider to educate the patient, but the provider must counsel the patient/parent regarding the risks and benefits of vaccines on the same date that the vaccines are administered.

If the patient receives vaccines on a date other than the counseling, then vaccine administration codes 90471-90474 (Vaccine administration per vaccine) would be reported. An example of this would be vaccines administered during a flu clinic or vaccines administered a few days after the visit with the provider. Bill 90471-90474 if Nurse administers vaccines, explains VIS and the patient/parent is not counseled by the provider on that same date.

The provider must **document** the discussion of risks/benefits of each component of the vaccines, answer parent questions, discuss potential side effects, give VIS to the parent, nurse administer the vaccine(s) and record information in the medical record.

September 18 vote



In a recent e-newsletter video message, Chapter Vice President Michael Ramsey, MD, FAAP, and Legislative Chair Jeff Tamburin MD, FAAP, display the character "AAP Charlie" and encourage members to "get out the vote" for the September 18 voter referendum on a constitutional amendment to move monies from the Alabama Trust Fund to the General Fund for a period of three years. By the time you read this newsletter, the fate of funding for our Medicaid program in the short term has been determined. A "no" vote means that the Legislature will be back to the drawing board in the coming weeks to determine how else to fund the budget. A "yes" decision is still described by Dr. Don Williamson as a "controlled train wreck" with much work to be done to come up with a long-term solution for sustainability. The Chapter has worked long and hard on this issue this year, along with numerous other partner organizations. Regardless of the outcome, we are committed to continue fighting for adequate funding and new revenues to protect access for children.



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FLU & TDAP

Ask your healthcare provider about FLU & TDAP vaccinations.

WHO REALLY NEEDS A FLU SHOT?

- Pregnant women
- Children over age six months
- People over age 50
- Anyone with a chronic disease
- Healthcare workers

Plus flu shots are important for family members and other caretakers to keep them from getting and spreading flu.

If you don't want to miss a single game this season, find out all the ways to beat the flu from your healthcare provider and at adph.org.

WHY DOES ANYONE NEED A TDAP SHOT?

- Pertussis (whooping cough) is a serious disease for babies.
- It can cause serious illness requiring hospitalization, or even death.
- It is very contagious, and adults and older children can spread pertussis to babies.

Find out about the best defense against pertussis from your healthcare provider and at adph.org. Ask about the booster shot (Tdap) that's recommended for yourself, older children, and other adults, including grandparents, babysitters, and other caretakers.

ADPH.ORG

Reach Out and Read All About It!

Purohit Pediatrics first in state to complete Reach Out and Read's QI project

The third phase of Reach Out and Read's national quality improvement (QI) project is now



underway at 53 sites in 26 states, with more than 140 physicians eligible for Maintenance

of Certification (MOC). To date, the QI project has resulted in increases in both book distribution to children and anticipatory literacy guidance offered to parents. These practices have given books at 97 percent of well-child visits and advice at 93 percent of those visits.

Two pediatric practices in Alabama have participated in the project: Purohit Pediatrics, with locations in Anniston and Oxford, has completed the requirements just recently, and Pediatric Adolescent Medicine in Selma is currently in the process of meeting the project requirements.

"The changes we made did result in improvements in our delivery of the Reach Out and Read intervention, especially in our anticipatory guidance to parents, and persist now that the project has ended," said Naresh Purohit, MD, FAAP. "I would recommend this project to others and encourage all practices to do it!"

Available to all participating Reach Out and Read providers, this six-month project qualifies for 25 MOC Part 4 credits by the American Board of Pediatrics.

For more information and to find out how your program can participate, visit http://www.reachoutandread.org/FileRepository/QI_Overview.pdf. The next project round will begin registration this fall.

Reach Out and Read sites build relationships with community leaders through Operation We Mean Business

Building on the success of the Alabama Business Leaders' Summit on Early Childhood Investment, business and community leaders have come

together this year at five Reach Out and Read

program sites – Charles Henderson Child Health Center (Troy), Pediatric Associates (Valley), Pediatric Adolescent Medicine, Inc. (Selma), Dothan Pediatric Clinic and most recently, Eufaula Pediatric Clinic – with each site hosting a luncheon focusing on the link between early childhood literacy and workforce development.

These five practices are now working to systematically follow up with the business leaders who were engaged as a way to support early literacy and their Reach Out and Read program at a more sustainable, long-term level.

Congratulations to these practices for their progressive approach!

Reach Out and Read-Alabama joins panel to promote state literacy plan

Polly McClure, Statewide Coordinator, joined representatives from the Alabama departments of Children's Affairs and Education (DOE) to encourage attendees at a recent DOE conference to engage community partners to help implement the comprehensive Alabama Literacy Plan. Unlike past plans, this year's plan includes strategies for engaging children and their families in literacy starting at birth. Sharing successes from Operation We Mean Business, a model for community engagement used by Reach Out and Read-Alabama's program sites, attendees were challenged to identify and use services already in place to build support from other community partners.



Stomp your feet, clap your hands, who was ready for a Barnyard Dance?

Infants' and Children's Clinic in Florence was one of 26 program sites across the state that participated in this summer's campaign focusing on Sandra Boynton's Barnyard Dance, encouraging families to read together and make physical activity fun! Over 2,600 Barnyard Dance books were distributed to children this summer, as the program sites hosted events and activities pertaining to the book.



Judy Stone and Karen Procter, Alabama Reading Initiative; Sallye Longshore, Alabama Department of Education; and Polly McClure, ROR Statewide Coordinator, at the recent DOE "Mega Conference."

DETECT, TEST, and REPORT CEU PROGRAM

FREE 1-HR CEU for Notifiable Disease Reporters

Epidemiology Division's Surveillance Field Staff (FSS) will conduct the DETECT, TEST, and REPORT CEU on-site to present the updated Notifiable Disease Rules.

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CHAPTER BRIEFS

Berkow named PREP Editor-in-Chief

The AAP Division of Scholarly Journals and Professional Periodicals has announced that



Berkow

longtime member Roger Berkow, MD, FAAP, has been named Editor-in-Chief for PREP Self-Assessment. Dr. Berkow is Professor and Vice Chair of Pediatrics and the Fellowship Director of Pediatric Hematology/

Oncology at the University of Alabama at Birmingham. With 25 years of medical student, resident, and postgraduate education in pediatrics, he has extensive writing and editorial experience with the National Board of Medical Examiners, including six years as Chair of the Pediatrics Step 2 test materials Development Committee and as case author and editorial board member for the Computer Learning in Pediatrics Project.

Dr. Berkow encourages fellow Chapter members' feedback about the PREP program. Please email your comments to him at rberkow@peds.uab.edu.

Kudos, Dr. Berkow!

Kimberlin appointed 2015 *Red Book* editor

Chapter Member David Kimberlin, MD, FAAP, Professor of Pediatrics and the Co-Director of the Division of Pediatric Infectious Diseases at UAB, has been named as the new Editor for the American Academy of Pediatrics' 2015 *Red Book*.

A nationally and internationally renowned physician in the field of pediatric infectious

diseases, Dr. Kimberlin was an Associate Editor for the 2012 *Red Book* and a member of the



Kimberlin

Committee on Infectious Diseases (COID) from 2005-2011. With a strong clinical and research background in antiviral therapy and clinical virology, especially the herpes viruses, he has contributed more than 80 peer-reviewed articles in the field of pediatric infectious diseases, and has held leadership positions in many prestigious organizations in his field, including the Pediatric Infectious Diseases Society.

"David's strong background in pediatric infectious diseases and experience on COID and as an Associate Editor for the 2012 *Red Book* position him to be an exceptional editor, and he should continue the tremendous legacy of previous *Red Book* editors," said Michael Brady, MD, FAAP, chair of the COID.

Congratulations to Dr. Kimberlin on this distinguished appointment!

Ogunbi receives community service award

Chapter member Sesí Ogunbi, MD, FAAP, a pediatric gastroenterologist in Montgomery and also at Dothan Pediatric Clinic, has received a 2012 Community Service award in the Health and Human Services category from The Links, Incorporated, one of the nation's oldest volunteer service organizations.

Dr. Ogunbi was presented with the award at the organization's awards and scholarships luncheon held earlier this year, honoring women who provide exceptional community service. She is committed to providing access to healthcare for children with gastrointestinal problems, and volunteers often at health fairs in her region. She serves as Vice Chair of the Department of Pediatrics at Baptist Medical Center South in Montgomery.

Congratulations, Dr. Ogunbi!

Teen driving pediatrician toolkit to be launched at Annual Meeting

By Marie Crew, RNC-NIC and Kathy Monroe, MD, FAAP

As Fall quickly approaches, we are looking forward to our launch of the Alabama



Chapter Vice President Michael Ramsey, MD, FAAP, Executive Director Linda Lee, APR, and Immediate Past President/District Vice Chair J. Wiley, MD, FAAP, accept the Chapter's Special Achievement Award at the AAP's District I and X Awards Dinner in Mystic, CT in July.

Chapter-AAP Teen Driving Pediatrician Toolkit on Saturday, Sept. 29, at the Annual Meeting. The Alabama Safe Teen Driving Coalition has been busy finalizing the contents and message, using feedback received from Chapter members at the Spring Meeting workshop.

A media event is planned with key speakers prior to the Annual Meeting to highlight the importance of educating pediatricians, parents, teens and community leaders on ways to keep our teens safe as young drivers. The toolkit will then be distributed at the Annual Meeting and at follow-up presentations at Grand Rounds across the state this fall – all aimed at educating pediatricians on teen driving issues.

Each pediatrician will be provided a flash drive and other literature to communicate directly with teens and parents on the various safety messages.

This collaborative Chapter project is made possible through an American Academy of Pediatrics' grant from the AllState Foundation.

Children's of Alabama expansion leads to many system changes

The expansion of Children's of Alabama has led to many system changes. The organization has standardized all of its telephone

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and fax numbers to a new 638 prefix, effective immediately. The area code remains 205. The following prefixes currently in use – 939, 212 (212-7000 to 212-7999 only) 558 & 824 – have changed to 638.

The last four digits of each number remain the same; i.e., the number 558-2947 has

changed to 638-

2947. The only exceptions are Children's-issued cell phone and pager numbers, offsite practice locations, and UAB-issued phone numbers. The old prefixes will still be operational for at least six months, with important numbers (Emergency Department, Physician Link, Main Hospital line, etc.) working indefinitely.

In mid-June, Children's also transitioned to a new scheduling and registration system and

redesigned many front-end processes.

"Despite proactive efforts to address the impact of these changes, we have experienced problems in scheduling processes and workflows," said Tom Shufflebarger, Chief Operating Officer. "We have a dedicated team working to resolve these problems and

steps have been taken to improve access to Children's physicians and services."

Mr. Shufflebarger encourages referring physicians to continue to report scheduling problems through Physician Link at (205)-638-7479.



At the District I and X meeting in July, attendees, including five members of our Chapter leadership, display "AAP Charlie," the AAP's new iconic character that encourages pediatricians to spread the message of voting with kids in mind in the elections this fall. The Chapter also used AAP Charlie in promoting a YES vote for the September 18 Constitutional Amendment referendum here in Alabama.

NEWS FROM MEDICAID

Patient Care Networks expand to Mobile area, improve care for recipients with chronic conditions

In July, Alabama Medicaid expanded its pilot Patient Care Networks of Alabama (PCNA) into Mobile and Washington counties. PCNAs are local non-profit corporations that coordinate the work of primary care providers for the Patient 1st population. These regional networks employ case managers, clinical directors, and pharmacists to work with the primary care provider to improve the care for Medicaid recipients with chronic diseases. The networks are funded by Medicaid, but are managed and operated locally. There are at least 11 pediatricians who serve on these local boards, including Wes Stubblefield, MD, FAAP, who serves as Medical Director of the East network.

Network case managers work directly with patients to help them understand their health and better manage their chronic conditions. Clinical directors work with the PMPs to establish protocols for treatment and the pharmacist reviews recipient medications. Networks have access to advanced informatics that give the case

managers access to patient claims and risk analyses. Case managers review the risk analyses, diagnosis histories, and claims histories to identify potential recipients to assist. Recipients are also identified through referrals from providers and through utilization reports from local hospitals. Case managers can work with recipients by phone or in person.

Ultimately, PCNAs were created to promote the following outcomes:

- Treatment regimens for chronic illnesses should better conform to evidence-based guidelines.
- PCNA providers should be more aware of and incorporate knowledge of functional assessments, behavioral changes, motivational interviewing techniques, self-care strategies, and methods of addressing emotional and social distress as part of comprehensive patient care. Care should be less fragmented and more holistic and there should be more communication across settings and providers.
- Consumers should have greater involvement in their care. The PCNA Care Management Program must have measurable outcomes

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NEWS FROM THE AAP

Judge grants permanent injunction in Florida firearms counseling case

On June 29, 2012, US District Judge Marcia G. Cooke (Southern District of Florida-Miami) granted a permanent injunction blocking enforcement of a Florida law that would have restricted pediatricians from asking about firearms in the home, citing the law as unconstitutional.

The legislation, signed into law by Florida Governor Rick Scott in June 2011, would have restricted physicians, nurses, and other medical staff from asking a patient and patient's parents about firearms and would have sent physicians accused of violating the law before the Florida Board of Medicine for disciplinary action. Following the passage of the law, the Florida chapters of the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and

the American College of Physicians (ACP), along with six individual physicians, filed suit against the law, because it substantially curtailed their First Amendment rights to exchange information with patients about gun safety.

In her ruling, the judge sided with the AAP, AAFP, and ACP by ruling that the law interfered in the patient-physician relationship by limiting physicians' ability to counsel their patients and patients' parents on the importance of storing firearms safely. The judge ruled that the law also harmed patients by imposing restrictions that prevent them from hearing important preventive health messages from their physicians.

Though Alabama, Minnesota, North Carolina, Oklahoma, Tennessee, and West Virginia have introduced similar bills in 2011 and 2012, Florida is the only state that enact-

ed legislation restricting physician speech on firearm safety counseling.

"It is our hope that this ruling in Florida will curtail this legislation from ever being introduced again in Alabama," said Grant Allen, MD, FAAP, Chapter President.

For more information, visit the AAP web site at www.aap.org or email the Chapter at lee@alaap.org for the direct links.

Join PROS now!

PROS (Pediatric Research in Office Settings) is a practice-based research group that was established by the American Academy of Pediatrics in 1986. Their mission is to improve the health of children and adolescent primary care practice by conducting national collaborative practice-based

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"News from Medicaid" continued from page 10

related to changes in recipient care including but not limited to service utilization, costs, and improvements in Performance Measures.

Secure messaging available for providers via One Health Record®

Mention health information exchange, and complex and cumbersome computer programs and systems immediately come to mind. Healthcare providers, concerned about disruptions to their daily routines or lost productivity, may feel that they will have to wait to benefit from the electronic exchange of health information. Fortunately, neither is true in Alabama, according to Gary Parker, project director for One Health Record®, Alabama's Health Information Exchange.

When fully implemented, One Health Record will offer two-way, or interoperable, sharing of data for providers who have federally certified electronic health record systems. However, providers can now take advantage of a lesser known, but important tool within One Health Record called "Direct" or provider-to-provider secure messaging at no cost.

"Secure messaging via the One Health Record web portal is ideal for providers who want to enjoy some of the benefits of health information exchange but are not yet in a position to adopt and use a certified EHR system," Parker explained.

Using a provider's existing computer, an enrolled participant can go to the web portal and immediately view ALL Kids or Medicaid patient data and send a secure, encrypted message with attachments to another enrolled provider.

For providers who previously depended on mailing or faxing to transmit paper-based records, the new direct messaging system offers a higher level of accuracy and security. For example, a referring doctor can send patient data to another physician quickly and easily, potentially preventing the need for tests to be repeated, Parker said.

The system was first available in February and now has more than 400 enrolled providers with additional participants expected soon, he said. Starting in August, Parker will coordinate an effort to link four community hospitals and the University of Alabama at Birmingham through the direct system.

"We recognize that shifting away from a paper-based system represents a major change in providers' workflow," Parker said. "Direct messaging provides a way for them to participate in some way and then when they are ready, move to a more robust, two-way exchange of health information and gain the full benefits of Alabama's health information exchange."

For more information, or to sign up for direct messaging, providers should call (334) 353-4121 or email info@onehealthrecord.alabama.gov.

"News from the AAP" continued from page 12

research. Anyone involved in direct pediatric and/or adolescent patient care is eligible to join. Once you register, you will be sent information on studies that may fit into your practice schedule. You make the decision. The studies affect your practice in varying degrees. Some are just filling out information cards. Other involve individual training and more patient time.

Current studies include ePROS, which is anonymous culling of information from your EMR; two studies involving secondhand smoke – one measuring it and one working to decrease it; a study that is trying to find an effective way of bringing safe teen driving information into your practice; and one on adolescent health in primary care.

These are important issues for the primary care pediatrician. Check the AAP website (www.aap.org/pros) or contact D.J. Anagnos, MD, FAAP, at djanagnos@gmail.com for information on joining PROS.

Using social media to engage parents on safety practices

By Katie Gunter, MD, FAAP, Huntsville Pediatric Associates



Over the last year, our practice has seen the powerful impact of social media. With more than 1,700 followers now on our Facebook page, we have the ability to reach so many to spread useful parenting information, practice updates, and safety recommendations.

We discovered early on that one of the most “liked” features on our page was pictures of our staff, patients, and families. With this knowledge, one afternoon as I was strapping my 18-month-old into his rear-facing car seat, I had an idea. With his knees cramped to his chest and his feet up on the back of the seat, I decided to take a picture of my happy little guy. I posted this picture with the comment “Dr. Gunter’s 18 month old – still rear facing and loving it!” The picture purposely demonstrated that it was clearly a tight fit, but how rear-facing positioning at this age is still very much doable and appropriate.

Much to my surprise, the post had more than 2,400 views, 101 likes and 35 comments! With this being a safety practice that we have such a hard time convincing parents to follow, the outpouring of positive feedback was truly shocking. Of all the comments, the resounding message was appreciation for sharing this and for showing that despite looking uncomfortable, toddlers at this age really need to remain rear-facing.

The impact of this one picture and post has taught us, that a picture truly is worth a thousand words. We plan to continue to promote safe practices by sharing pictures and personal stories with our followers through social media. I suggest that you try it on your own practice/clinic Facebook page and other social media. The potential topics and positive benefits are endless!



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