



# The Alabama Pediatrician

Winter 2012

## From the President

Advocate for kids now



Grant Allen, MD, FAAP  
Chapter President

I have just returned from the Medical Association's Governmental Affairs Conference in Washington, DC. It was the most pleasant advocacy trip I have ever had. Since no one expects Congress to pass anything this session, no money bills are being

fought over. Our Senators are fully in support of our children's hospitals as well as adding knowledgeable pediatricians to disaster preparedness planning for children. Unfortunately, the Alabama legislative session is not going to be so easy. Budget shortfalls in the General Fund are huge, with no possibility of rescue from the "found" money of previous sessions. We have been fortunate with state-funded pre-kindergarten expansion, Medicaid, ALL Kids, ADPH, and ADMH in previous sessions as one-time interest payments, off-shore lease adjustments, Katrina payments, and American Recovery and Reinvestment Act funds rescued the General Fund from insufficient tax support.

The Chapter leadership met with officials from Governor Bentley's budget office on Feb. 1. All of the programs that we have ties to as pediatricians are likely to suffer severe cuts this year – Early Intervention, Mental Health, Public Health, ALL Kids, and Medicaid. We have a hard fight this session. The legislature is uninterested in increasing taxes for the General Fund and the new legislators do not have the years of experience to understand how many of these services make it possible for **all** Alabamians to live healthier lives. The Chapter is supporting the tobacco user fee increase of \$1. This would not even bring the price of a pack of

**continued on page 2**

## Spring Meeting & Pediatric Update set, registration open

**May 3 - 6, 2012 • Sandestin Golf & Beach Resort (Baytowne Conference Center)**

The Chapter executive office and CME Committee are looking forward to our 2012 Spring Meeting and hope to see you there! Registration is now open, so get yours in as soon as possible (early bird deadline is April 13)! Register online at [www.alaap.org](http://www.alaap.org) or use the paper registration brochure sent to you in the last couple of weeks. Faxed registrations with completed credit card information are also accepted at 334-269-5200.

To be held May 3 - 6 at the Sandestin Golf & Beach Resort (Baytowne Conference Center), this year's meeting will include sessions on: Concussion in Young Athletes; Implications of Alabama's New Sports Concussion Law for Pediatricians; Strength Training for Children; Sports Supplements Evidence-Based Medicine; The Child with BPD: What Happens After the NICU?; Pharmacological Treatment of ADHD; Practical Update on Management of Anxiety Disorders; Child to Parent Attachment: What it is and Why

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## State legislative priorities set; funding is big concern

**Register now for 2011 Pediatric Legislative Day, April 3**

The 2012 Regular Session of the Alabama Legislature began on Feb. 7 with the overriding concern for children and pediatrics in the form of a huge budget shortfall in the General Fund, which affects Medicaid, the Alabama Department of Public Health and the Alabama Department of Mental Health, as well as a shortfall to maintain ALL Kids at the current level. The Chapter leadership strongly encourages members to become familiar with the Chapter's priorities and talking points on the Chapter website ([www.alaap.org](http://www.alaap.org)) ("Current Issues" page) to help advocate for children on the following issues:

• **Improved health care for children through adequate Medicaid and ALL Kids**

**funding:** The state's budget situation for 2012-2013 could potentially affect access for Medicaid-eligible and ALL Kids children in the form of cuts or commercial managed care (which our counterparts in other states say comes with many administrative hassles). As far as Medicaid is concerned, the Chapter leadership has met with the Governor's budget office and written letters expressing opposition to commercially run managed care as an ineffective solution to the budget shortfall. This issue is still fluid and so we have not called upon members at large to speak to this specifically at this juncture. There are talking points on this issue on the website.

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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.

**CQN2 Asthma Project improves care, develops registry tool**

By Linda M. Champion, MPA, Chapter Project Coordinator

Since August 2011, nine pediatric practices across the state have been refining their asthma care through the Alabama Chapter-AAP CQN2 Asthma Project, led by the Chapter Quality Network Team in cooperation with the University of Alabama at Birmingham Department of Pediatrics and the American Academy of Pediatrics. Practices who complete the project will receive 35 Maintenance of Certification Part 4 “Performance in Practice” credits through the American Board of Pediatrics.

Each month, the practices participate in an hour-long webinar, led by Physician Leader Wes Stubblefield, MD, FAAP, to review practice data, narrative reports, and hear from their peers in a “Report from the Field” segment. These sessions also provide “tips of the month” and a clinical content segment, which is geared to address real time barriers and challenges the practices are self-reporting. In addition, the project’s Asthma Expert, Vinit Mahesh, MD, FAAP, is meeting with individual practices in a “lunch and learn” format to go over spirometry and offer hands-on clinical advice.

In addition to these activities and participation in two learning sessions thus far, here are some other accomplishments of the practices to date:

- 40 physicians are participating and entering data in EQIPP monthly;
- One practice is piloting a Spanish parent section version of the CQN Encounter Form;
- One practice is piloting an Excel-based asthma disease registry;
- Practices have placed the EPR guidelines flip chart and education materials in each exam room;
- Participants have incorporated practice-wide asthma action plan;
- Flu information is given to all patients who refuse a flu shot and practices are testing a flu shot call system;
- Nurses are placing follow-up calls to patients;
- Practices have implemented Spanish language asthma action plans;
- Practices have purchased bulk spacer devices to ensure patients have a spacer for their inhalers;
- Practices are setting up follow-up appointments for asthmatics within two days of discharge from the ER;
- Practices are setting up a system to manage hospital follow-ups; and
- Practices have developed an asthma action form for intermittent asthmatics.

One exciting alliance has been with the University of South Alabama – Center for Strategic Health Innovation (USA) in the development of a web-based asthma registry for participating practices, practices who participated in the pilot project, and eventual expansion to other Chapter practices interested in managing asthma patients in their practices. The registry is projected to go live in March 2012.

“The development of this web-based asthma disease registry has been our greatest achievement,” Dr. Stubblefield said. “With the cooperation of USA and our Chapter and project leadership, we envision this tool will be used for future QI work in Alabama.”

**“From the President” continued from page 1**

cigarettes to the national average, but it would generate \$200 million for the General Fund and go a long way to preventing devastating cuts to Medicaid. However, our legislature has committed to no new taxes.

The legislature is in session again, and that means it is well past time for all of our members to be actively involved in our key contacts program, legislative advocacy, and helping us continue to advance the cause for children in Alabama. We have information on the Chapter website ([www.alaap.org](http://www.alaap.org)) about hosting your representative and senator in your office and preparing yourself for making targeted requests. We need your participation at all levels of advocacy. If you haven’t joined us for legislative day, written a letter to the editor, or talked with your legislators, NOW is the time to get involved. I hope to see you at Legislative Day on April 3! Thank you for all you do!

## Help Me Grow Alabama partnership benefits children, Reach Out and Read program

In an effort to connect at-risk young children with needed services, the Alabama Chapter-AAP and Reach Out and Read-Alabama have been partners with numerous organizations in a grant project to kick off Help Me Grow Alabama.

An affiliate of the national Help Me Grow network and led by the Alabama Partnership for Children and United Way of Central Alabama's 2-1-1/Success by 6, Help Me Grow (HMG) Alabama will be a statewide call center that helps child healthcare providers, families, and community resource providers connect children to the services they need. Children at-risk for developmental delays will be identified by their family member or healthcare provider and referred to HMG.

Currently, the project leaders are planning a small-scale implementation in Blount, Jefferson, Shelby, St. Clair and Walker counties.

"Together, we can identify children at risk for developmental and behavioral problems and connect them to the critical resources they need," said Paul H. Dworkin, MD, FAAP, of Connecticut Children's Medical Center, who serves as HMG's national director and original visionary. Dr. Dworkin will present the successes of the model at the Chapter's 2012 Spring Meeting & Pediatric Update in May.



Courtney Nix

To help achieve HMG's goals, the state leadership team is pleased to welcome Courtney Nix, a specialist in the early childhood development arena, who will assist with regional implementation in the five counties listed above and will be shared through this partnership to help support Reach Out and Read in those counties.

"We are excited about this partnership that will allow Courtney to help pediatric practices connect with services for their families through the Help Me Grow initiative, while at the same time, support Reach Out and Read in those offices in the five-county area," said Polly McClure, ROR Statewide Coordinator. "We are thrilled to have him on board."

Further information about the project will come soon as the committee further fleshes out details for the five-county starter area.



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### Our Team

Our multidisciplinary Hypertension Clinic is staffed by the Nephrology Team at Children's of Alabama – ranked among the best in the nation by U.S. News & World Report. Our staff includes:

\*Dr. Daniel Feig \*Dr. Terry Wall \*Shannon Martin, RN \*Joni Barnett, RN



## 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.

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Alabama Department of Public Health  
1.866.674.4807  
[www.adph.org/immunization](http://www.adph.org/immunization)



## Reach Out and Read All About It!

Alabama Gives Day reaps \$3,170 for Reach Out and Read-Alabama.

*By Salina Taylor, Development/Communications Coordinator, Reach Out and Read-Alabama*

On Feb. 2, Reach Out and Read-Alabama, along with more than 1,000 other non-profits, participated in the online Alabama Gives Day, which aimed to make history by connecting



new and existing donors with hundreds of Alabama non-profits in just 24 hours. More than 8,400 donors across the state raised almost \$744,000 for those charitable programs.

All told, 46 donors contributed \$3,170 to Reach Out and Read (ranked in the top sixth percentile of the 1,093 non-profits statewide), which will allow pediatric healthcare providers in the 70 Reach Out and Read sites across the state to encourage families to read together by prescribing a brand new book given to each child at their check-ups.

A big "thank you" goes to Chapter members who participated. While the numbers were few, the good news is that members can still donate on the ROR-AL website at [www.roralabama.org](http://www.roralabama.org) (click "Donate Now" button).

Thank you for your support!



## Screening tool picks up warning signs for delay earlier

*By Joe Jolly, MD, FAAP, Greenvale Pediatrics-Alabaster*

We first decided to begin using the Ages and Stages Questionnaire (ASQ) about three years ago, when we realized that we did not have any formal means of evaluating development in our younger patients. At first, as with anything new, we were a bit apprehensive. We weren't sure how much effort would be involved to integrate this into our practice: In what age group should it be used? How would it be administered? How time-consuming would it be for both our staff and our patients?

Like anything unknown, the easiest way to get started is to learn about what you're dealing with. So, we began with basic training. A group from Children's Hospital came to our office and went over the basics with us. It was much easier than we could have imagined. For the sake of simplicity, we ultimately decided to administer the test at 12, 24 and 36 months. We made the ASQ available in both English and Spanish, and immediately began having our MA's distribute them to parents upon entering the exam room. By the time the physician entered the room, ideally, the questionnaire would be complete, only needing to be scored. Scoring was very simple, and the results could be shared with the parents right away. Afterwards, the scoring sheet was placed in the patient's chart.

Two years ago, we implemented EMR in our office, and with it came the new dilemma of how to incorporate the ASQ results into the electronic record. At first, we scanned the scoring sheet directly into the EMR, but later, one of our physicians found a way to import blank scoring sheets. With that, it was much more efficient to complete each score card on a patient as they were seen, rather than waiting for a scan.

ASQ screening has meshed seamlessly into our office, and its usefulness in picking up early warning signs of developmental delay in children has proven invaluable. We, as pediatricians, all feel confident in our ability to subjectively notice these signs in our patients, but I, for one, have been surprised at how often I come across these signs much earlier than I otherwise might have. ASQ is a simple, inexpensive screening tool that can have a far-reaching impact on all of our patients.



## How To Contact Your Chapter Leaders

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## Practice Management Association update

By Robert Troy, PMA Chair

If you are attending the 2012 Spring Meeting & Pediatric Update, May 3 – 6 in Sandestin, be sure to drop by the AL-AAP Practice Management Association (PMA) exhibit. We will have information about how physicians and managers have benefited from membership. At the exhibit, we'll distribute pertinent information, including how to code difficult visits, billing with modifiers and management techniques that work and make you money. So whatever the buzzword of the day is – meaningful use, medical home, EMR, EHR or HIE – the "PMA" is part of the discussion. Count on the PMA to fight to increase reimbursement for vaccines and previously unpaid procedures.

For a physician, practice management can be the last thing on your mind because patient care comes first! That's why it's smart to have people equipped to do those things that need to be done, when they need doing and have to be done right. That's where the PMA comes in by providing help at a very minimal cost. The PMA is like having a group of people in your office to help answer those tough questions – patient rights and registration, coding, billing and collections – covering the entire revenue cycle. In addition, our membership is growing, because of the benefit of sharing thoughts and concerns and discussing important topics with peers who encounter the same struggles each day in a pediatric practice.

We hope your practice manager and staff belong too; if not, please consider signing them up today (the membership application is on the Chapter website under Programs/Projects→Practice Management Association).

## "Spring Meeting" continued from page 1

it Matters; *Help Me Grow* Comes to Alabama: Connecting Parents, Pediatricians, and Developmental Services; Generational Differences: Why are They Affecting the Pediatric Workforce?; Where is Alabama Medicaid Headed in 2012 and Beyond?; Patient Care Networks at Work in East Alabama; Child Health Advocacy, One Pediatrician at a Time," and a workshop on "Teen Driving: What Works, What Doesn't." See the faculty list online at [www.alaap.org](http://www.alaap.org).

One of the highlights will be the Teen Driving Workshop on Friday, when speakers Kathy Monroe, MD, FAAP, and Bill King will educate pediatricians on the current teen driving law and recommendations, and then work with attendees on site to develop a pediatric office toolkit in real time for distribution this fall.

We'll also have a best practices sharing breakfast on Saturday morning, an icebreaker mixer before dinner on Saturday night, as well as plenty of other time for networking.

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

## "Legislative Priorities" continued from page 1

The current situation is more urgent for ALL Kids funding. The program is proposing provider cuts as the only available way to address the threat of level-funding from the legislature. *Please visit the Chapter website for talking points on this issue now and contact the targeted legislators immediately, framing the message of reduced access to care for ALL Kids-eligible children.*

• **Safety of children through open communication between pediatricians and patients:** The Alabama Chapter-AAP opposes any legislation that prohibits free and open communication between pediatricians/other physicians and their patients/parents. The Chapter firmly believes in protecting children AND a pediatrician's ability to talk about the importance of keeping guns – and any other hazards – safe and out of reach of Alabama's children. Currently, there is no threat that any "anti-gun safety" legislation is going to be introduced during this session.

• **Tobacco usage fee increase:** The Chapter endorses advocacy efforts to increase Alabama's tobacco user fee by \$1 per package, which would provide much-needed monies for Alabama Medicaid and state-funded children's services, as well as decrease the number of smokers. We are working with a coalition of organizations on this and will look to members to "turn up the heat" should this proposal stand a chance despite the current "no tax increase" environment. At press time, there are several bills that aim to increase the tobacco tax; and we are currently monitoring all of them.

• **Expansion of funding for birth to 5 services:** The Chapter Executive Board calls on Alabama leaders to invest early in childhood in order to improve outcomes for Alabamians (return on investment) and avoid costly societal problems down the road. To that end, the Chapter endorses the Alabama School Readiness Alliance (ASRA)'s efforts to protect funding for state-funded, voluntary, high-quality, pre-k programs within the Alabama Office of School Readiness, as well as adequate funding for early intervention services.

• **Other issues:** The Chapter also supports the Medical Association of the State of Alabama's efforts to block legislation that would **legalize lay midwifery** (SB 314) and **allow direct access to physical therapists** without a physician referral. For talking points on these issues, visit the "Current Issues" page on the website.

How can you make an impact? Contact Linda Lee, APR, at the Chapter office at 334-954-2543 or [lllee@alaap.org](mailto:lllee@alaap.org) to become a key legislative contact, if you are not signed up as one already! AND register now for Pediatric Legislative Day, set for Tuesday, April 3 from 10 a.m. – 1 p.m. in Montgomery. Register on the Chapter website from the home page or use the QR code above.

**Register Now**  
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**Legislative Day**  
**April 3**





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## Regional Medical Center in Anniston earns state's first Baby Friendly Hospital award

In December, officials at Regional Medical Center in Anniston received notification that it had become the state's first hospital to earn the internationally recognized "Baby Friendly" award, a designation that has been sought after for seven years by Chapter Breastfeeding Committee Chair Lewis Doggett, MD, FAAP.

The recognition comes from Baby-Friendly USA, the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative, a global program sponsored by the World Health Organization and the United Nations Fund, that encourages and recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding mothers and their babies.

RMC received the award after completing "Ten Steps" laid out by Baby-Friendly USA and after the organization had performed a rigorous, two-day onsite survey at the hospital.

"Each of the Ten Steps is evidence-based," Dr. Doggett explained. "Implementing any of the steps improves breastfeeding rates, and Baby-Friendly Hospitals' breastfeeding rates have been shown to significantly improve. Our rates were well over 75 percent by the time we finished implementing all Ten Steps."

These steps include training all healthcare staff on a breastfeeding policy, helping mothers breastfeed within one hour of birth, and

allowing mothers and infants to remain the same room together 24 hours a day.

"The mountain of scientific evidence for the numerous benefits of breast milk continues to grow," Dr. Doggett stressed. "The benefit of having Baby-Friendly Hospitals is the impact that breastfeeding can have on the baby and community as a whole. With increased rates come fewer ear infections, respiratory infections, diarrhea, asthma, obesity, diabetes, and many other medical problems. This translates into fewer hospitalizations, ER visits, office visits, missed work days, etc. The impact it can have on the individual and cost-savings to the health care system is profound."

To help improve breastfeeding rates, RMC has also eliminated giving formula packs to mothers of newborns, no longer accepting free formula, but purchasing it only for those mothers for whom breastfeeding is not an option.

For a list of the Ten Steps, visit the chapter website at [www.alaap.org](http://www.alaap.org) (Programs/Projects→Breastfeeding). Dr. Doggett's vision for the Chapter is to soon give pediatricians tools to recreate this success in their local own hospitals.

### CONSULTATIVE EXAMINATION OPPORTUNITIES AVAILABLE

#### – Statewide –

Alabama Disability Determination Service (DDS) is seeking pediatricians to perform exams on Social Security disability applicants. The physicians must be currently licensed in the state, be in good standing, and have the training and experience to perform the type of examination or test the DDS requires. In addition, the physicians must be associated with a practice/facility where the exams will be performed.

The DDS processes disability claims for the Social Security Administration. The examinations are one-time evaluations, and no treatment is involved.

#### Benefits of working as a consultative examination panelist with the Alabama DDS

- ❖ DICTATION GUIDELINES PROVIDED
- ❖ FLEXIBLE SCHEDULING OPPORTUNITIES
- ❖ PAYMENT GUARANTEE
- ❖ NO DISABILITY DECISION TO MAKE
- ❖ ABILITY TO SUBMIT REPORT ELECTRONICALLY



## ALABAMA DISABILITY DETERMINATION SERVICE in Birmingham and Mobile

### MEDICAL CONSULTANT OPPORTUNITIES AVAILABLE

#### – Mobile –

The DDS invites letters of interest from pediatricians wanting to work part-time as a medical consultant. The work is reviewing disability claims. There is no direct contact with disability applicants. The physician must be currently licensed in the state and be in good standing. One-on-one training is provided.

The DDS is committed to maintaining a diverse workforce; and therefore, minority applications are encouraged.

#### Benefits of working as a medical consultant with the Alabama DDS

- ❖ COMPETITIVE COMPENSATION
- ❖ SUPPORTIVE WORK ENVIRONMENT
- ❖ COLLABORATION WITH OTHER MEDICAL CONSULTANTS
- ❖ TRAINING OPPORTUNITIES
- ❖ PEDIATRIC CME CREDITS AVAILABLE

**For more information, contact the DDS Medical Relations Officer at 1-205-989-2112**



## CHAPTER BRIEFS

## NBS Critical Congenital Heart Disease Workgroup (CCHD) completes work on screening protocol

As reported in previous issues of *The Alabama Pediatrician*, several pediatricians from across the state have been working with the Alabama Department of Public Health (ADPH) and other stakeholders on a standard protocol for pulse oximetry screening prior to newborn discharge. The group has completed its work and now ADPH is using other states' implementation guidelines as a blueprint to develop guidelines that will be distributed to all Alabama hospitals this spring. The hospitals will voluntarily conform to the guidelines for a number of months, after which the protocol will officially become part of the newborn screening panel of standard tests in Alabama. *Alabama's new protocol is pictured on page 10.*

"There are many parents of CHD'ers who are excited to see this in place in Alabama," said Mark Miller of Dothan, parent to six-year-old Mary Beth, who has recently had open heart surgery. "From all the heart parents in the state of Alabama, we want to offer you a big thank-you for your efforts and your time."

Many thanks go to Chapter members DeeAnne Jackson, MD, FAAP; Wally Carlo,

MD, FAAP; Keith Peevy, MD, FAAP; Robb Romp, MD, FAAP; Tim Stewart, MD, FAAP; Heather Taylor, MD, FAAP; and Danny Whitaker, MD, FAAP, who have helped to make this a reality for Alabama.

## Chandra honored by Phenix City Schools Education Foundation.

Ritu Chandra, MD, FAAP, of Phenix City, has been honored with a Special Recognition Award by the Phenix City Schools Education Foundation for her commitment to her community's schools over the last six years. As a surprise to her at the end of their annual awards presentations, the award honored Dr. Chandra for her work, which has included, among many things, sponsorship of school events, providing Special Olympics physicals, volunteering on the Head Start Advisory Committee, and serving as a motivational speaker for the football team. "I was humbled and honored," Dr. Chandra said of the award.



Ritu Chandra, MD, FAAP, (left) accepts her Special Recognition Award from a Foundation staff member.

agencies. COFGA also works closely with AAP councils, committees, sections, and the Board of Directors to analyze federal issues and provide strategies for addressing them at the national level.

For the past six years, she has served as a member of the committee, lending her expertise in testifying before Congress, providing pediatric guidance to our Congressional delegation on Capitol Hill, and serving as faculty member at advocacy trainings.

Congratulations, Dr. Raulerson!

## Greenvale Pediatrics-Alabaster receives Community Partner of the Year 2011 award

In December, Greenvale Pediatrics-Alabaster was saluted as Community Partner of the Year 2011 by early intervention program The Arc of Shelby County for stellar work in identifying young children needing services through standardized developmental screening.

"Greenvale Pediatrics-Alabaster office has worked very closely with The Arc of Shelby County for several years," said June Romero, who coordinates Early Intervention for The Arc. "Of all the pediatric offices The Arc partners with for provision of early intervention services, Greenvale-Alabaster continues to identify and refer to early intervention frequently, earlier and directly to The Arc of Shelby."

"We really feel that the doctors at Greenvale-Alabaster (and their staff!) and The Arc of Shelby are on the same team – both keep the child and family at the forefront of the process," she added.

"This award and the comments made [at the presentation] is a reminder that we really do impact our patients and families in a positive way every day," said Practice Coordinator Lori Coletta.

Kudos to the staff and physicians at



Chapter members meet with Senator Jeff Sessions and his staff in Washington on February 6 while attending the Medical Association of the State of Alabama's Government Affairs Conference. From left to right are Conrad Pierce, MD (Sessions' health policy advisor); Megan Yanik, MD; DeeAnne Jackson, MD, FAAP; Naresh Purohit, MD, FAAP; Grant Allen, MD, FAAP; Senator Jeff Sessions; members of Sessions' staff, Marsha Raulerson, MD, FAAP; Ritu Chandra, MD, FAAP; and Cheryl Fekete, MD, FAAP.

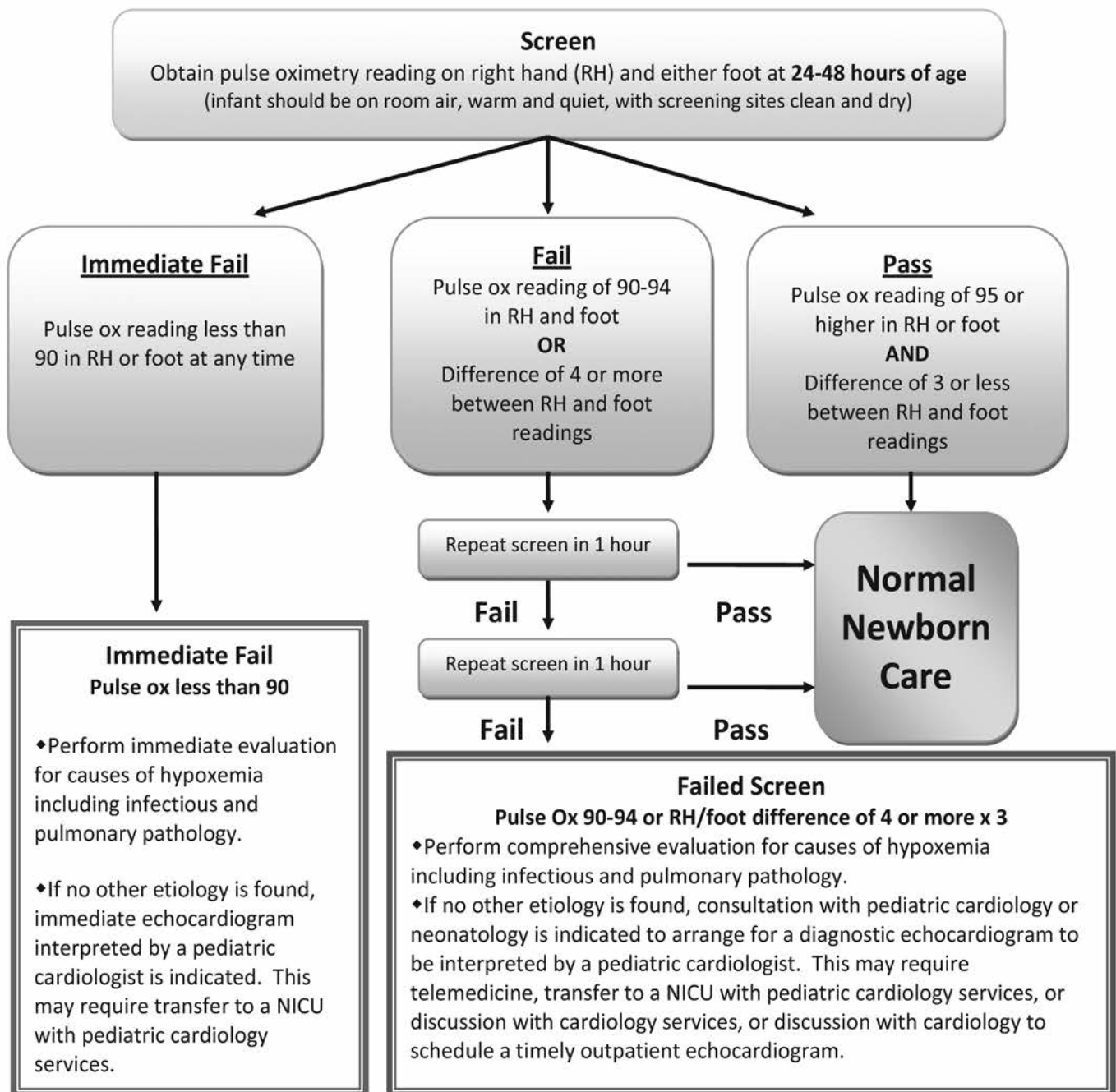
## Raulerson appointed national committee chair

Marsha Raulerson, MD, FAAP, Past President of the Alabama Chapter-AAP and a current member of the American Academy of Pediatrics' (AAP) Committee on Federal Government Affairs (COFGA), has been appointed as Chair of COFGA for a four-year term.

COFGA provides strategic guidance to the AAP's Department of Federal Affairs on advocacy with the White House, Congress and federal

continued on page 11

## Pulse Oximetry Screening for Critical Congenital Heart Disease in Healthy Newborns



- This screening algorithm should not take the place of clinical judgment or customary clinical practice.
- A negative screen does not rule out heart disease.
- Optimal results are obtained using a motion-tolerant pulse oximeter that reports functional oxygen saturation, has been validated in low perfusion conditions, has been cleared by the FDA for use in newborns, has a 2% root mean-square accuracy, and is calibrated regularly.

➤ For more information see: Kemper, AR, Mahle, WT, Martin, GR et al; **Strategies for Implementing Screening for Congenital Heart Disease. *Pediatrics*. 2011.** available at:  
<http://pediatrics.aappublications.org/content/early/2011/10/06/peds.2011-1317>

## "Chapter Briefs" continued from page 9

Greenville Pediatrics-Alabaster, including Robert "Bo" Bashinsky, MD, FAAP; Clay Buie, MD, FAAP; Kami Sester, MD, FAAP; Will Morgan, MD, FAAP; Annette Cosgrove, MD, FAAP; and Joe Jolly, MD, FAAP!

### Young pediatricians: Now is the time to join PROS

By D.J. Anagnos, MD, FAAP, AL-AAP PROS Coordinator

Pediatric Research in Office Settings (PROS), an arm of the American Academy of Pediatrics (AAP) that gets primary care pediatricians involved in practice-based medical research, is looking for new, young members. At the AAP National Conference & Exhibition in October, the current members, the majority of which are getting long in the tooth, resolved to work on recruiting new, younger members. It is an exciting time in PROS. They are continuing with all their important, ambulatory work on conditions such as obesity, driving safety, smoking cessation, and mental health. They are now working hard to cull data electronically with ePROS. They are looking forward to collecting anonymous data about prescribing practices, visit frequency for various age groups and conditions, and a wealth of other things they are just beginning.

For more information, please go to the AAP website and search PROS or look for the PROS information table at the Spring Meeting. You can also contact me, your state coordinator, at 334-293-5033 or at [daria.anagnos@childrensal.org](mailto:daria.anagnos@childrensal.org).

### Chapter's disaster aftermath grant project brings national expert to Alabama

The "Back to School and the 3 Rs: Recognition, Recovery, and Resiliency Program," the Chapter's project to provide mental health support to children after last year's tornadoes, was able to use grant resources to bring a nationally recognized children's crisis expert to Tuscaloosa for the

city's January 31 "Doing What Matters for Children" conference for child-serving professionals in that area.

Robin Gurwitch, PhD, Professor in the Division of Developmental and Behavioral Pediatrics at Cincinnati Children's Medical Center and Program Coordinator for the National Center for School Crisis and Bereavement, presented on supporting children in the aftermath of disasters, after which she conducted a workshop for Alabama's Project Rebound counselors, who have been in place by the state to assist with mental health needs in the tornado-ravaged areas.

The project has been made possible through a generous grant from the American Academy of Pediatrics' Friends of Children Fund and a partnership with the Alabama Department of Mental Health.

### Did you know? Southeastern Regional Pediatric Disaster Surge Response Network

By Karen Landers, MD, FAAP, Chapter Disaster Chair

The Southeastern Regional Pediatric Disaster Surge Response Network (SRPDSRN) is a voluntary network of health care providers, public health departments, volunteers, and emergency responders from Alabama, Florida, Georgia, Louisiana, Mississippi and Tennessee. The purpose of SRPDSRN is to provide regional pediatric surge capacity and resources in the event of large-scale emergencies or disasters that overwhelm local or state pediatric resources.

Over the past five years, the South Central Preparedness and Emergency Response Learning Center (SCPERLC) has collaborated with its financial sponsors, the Alabama Department of Public Health (ADPH) and the Mississippi State Department of Health (MSDH), and more than 70 agencies and institutions to improve the pediatric preparedness response strategies of public health, emergency responders and pediatric



### "Signs" of "Be Our Voice" labors

The Alabama Chapter-AAP/ADPH Be Our Voice project to advocate for community policies that promote nutrition and physical activity now has physical signs of its success in Brewton: The city has installed "Healthy Community, Healthy Children" signs at walking paths developed in city parks. These paths and their signs are direct output from the project and fruits of the labors of the Coalition for a Healthier Escambia County members, led by Marsha Raulerson, MD, FAAP.

providers in the Southeastern United States. Disasters, such as Hurricane Katrina, the earthquakes in Haiti and Chile, and other emergencies have illustrated the need for a coordinated and collective response to the needs of children as children are among the most vulnerable to injury, disease and exploitation in any emergency. With subcommittees now addressing specific pediatric needs, including legislation, coordination with out-of-state hospitals, training and equipment, the Network is progressing toward a more defined system of regionalization for pediatric emergency response.

For more information about the network and becoming a participant, please contact Andy Rucks, PhD, Professor, Department of Health Care Organization and Policy, UAB School of Public Health at 205-975-8967.



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## NEWS FROM PUBLIC HEALTH

### Newborn Hearing Screening Program works to reduce loss to follow-up

By Amy Strickland, Newborn Hearing Screening Coordinator; Heather M. Taylor, MD, FAAP, AAP Hearing Chapter Champion

The Alabama Universal Newborn Hearing Screening program is currently participating in a NICHQ (National Initiative for Children's Healthcare Quality) project aimed at increasing rates of newborn hearing screening and reducing loss to follow-up rates for infants who do not pass the initial screen. *The information in this article is designed to equip you to make timely and appropriate referrals for these infants.*

Most of you may know that hearing screening results are primarily reported by manual recording of the results onto the bloodspot filter paper used for newborn screening. In the past, a large portion of the test results were reported late or went unreported altogether. To resolve this issue, the program has developed electronic reporting as a secondary way to obtain hearing test information, particularly on infants tested after filter papers are mailed to the state laboratory.

A File Transfer Protocol (FTP) was established for each hospital to upload test results directly from hearing screening equipment. Grants have now been provided to 34 hospitals and 13 outpatient screening sites to assist in the purchase of new hearing screeners capable of exporting results in this manner. Currently, 50 of the 53 birthing hospitals and nine outpatient screening sites are using FTP. This functionality has allowed the state to reduce the percentage of babies for which no results were ever received from 13 percent to 4 percent. Most importantly, it has allowed the program to identify babies who did not pass the initial screen who would have been undetected by relying on filter paper records alone. Identifying those infants early is the key to ensuring they are undergoing diagnostic audiology evaluation by three months of age and that those diagnosed with hearing loss have begun receiving intervention (hearing aids, speech therapy, etc.) by six months of age. Meeting those timelines is important because delayed intervention results in speech and language delays that can have a significant impact on the patient's social, educational and economic success.

Grants for new equipment also ensure that providers are using the hearing screening methods recommended in the Joint Committee on Infant Hearing (JCIH) 2007 Position Statement. A large percentage of birthing hospitals are now using AABR (automated auditory brainstem response) screeners. The JCIH guidelines state that infants who fail an initial hearing screening done with AABR screeners must be rescreened with AABR equipment and not OAE (otoacoustic emission) equipment. Increasing the availability of AABR testing in outpatient rescreening sites reduces wait times for families and leads to earlier diagnosis of hearing loss so intervention can begin as soon as possible.

As a medical home provider, you should make yourself aware of the method of initial testing used in birthing hospitals near you. This will be valuable in ensuring you are arranging appropriate and timely referrals for repeat testing. *An infant who fails the newborn screen can have a repeat screen done as an outpatient (goal is by one month of age), but should be immediately referred to audiology if he/she fails the second screen.* The newborn hearing screening program can provide you with information about what equipment hospitals are using and what outpatient rescreening and audiology resources are available.

### VFC providers lauded for outstanding vaccination coverage rates

The Alabama Department of Public Health (ADPH) staff performs VFC-AFIC quality improvement visits to Vaccines for Children (VFC) provider clinics annually. These visits allow ADPH staff to assist VFC providers in determining vaccination coverage levels of the clinic, if VFC guidelines are being followed, and to offer education and CEU credits for clinic staff. The Immunization Division has listed the results of the 2011 VFC site visits for those clinics that achieved vaccine coverage levels of 100 percent, over 90 percent, and over 80 percent. The Alabama VFC Program congratulates these VFC providers for outstanding accomplishments in 2011 and appreciates their help in their daily preventive healthcare practices. To access the list, go to [www.alaap.org→PublicHealth→Immunizations](http://www.alaap.org→PublicHealth→Immunizations).

### Chapter secures AAP grant to promote safe teen driving

The Alabama Chapter-American Academy of Pediatrics' (AL-AAP) Injury Prevention Committee, along with key partners Alabama Department of Public Health (ADPH) and Alabama Safe Kids (ASK), has secured a \$25,000 AllState Foundation Teen Driving Grant from the AAP to implement an educational campaign this year targeting healthcare professionals, chiefly pediatricians, and policymakers in order to educate teens and the public about safe driving issues, in particular Alabama's strengthened Graduated Driver License (GDL) law, which passed in 2010.

"Although coalitions were successful in lobbying to pass this new law, there is much work to be done in educating teens, parents and the general public in order to enforce it," said Kathy Monroe, MD, FAAP, Chapter Injury Prevention Committee Chair.

This multi-pronged campaign will rely on research-based educational tools, a media campaign and legislative advocacy to ultimately educate teens in Alabama on the following specific teen driving issues: The new GDL law; drinking and drug use; seatbelt use; texting and other distractions; and numbers of passengers in automobiles. The overall goals of the teen driving grant program are to: 1) Develop a network of pediatricians/healthcare professionals, public health advocates, parents and media organizations to serve as educators for teens about safe teen driving and the new law;

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## NEWS FROM MEDICAID

**Reminder: Lead screening requirements for children**

While lead screening is required for all Medicaid children at 12 and 24 months of age, 20 percent do not receive this vital test even though children on Medicaid or WIC benefits face a higher risk for lead poisoning than the general population. When not detected early, even low levels of lead exposure may cause damage to the brain and central nervous system, learning/behavioral problems and even mental disabilities.

Because children's blood lead levels increase most rapidly at nine to 12 months and peak at 18 to 24 months, Alabama Medicaid requires that all children have a blood lead toxicity screening at 12 and 24 months. Providers have the option of obtaining the initial lead screening at nine or 12 months. A lead toxicity screening is also required for any child 36 to 72 months of age who has not

previously received a blood lead toxicity screening or who presents with symptoms of possible lead poisoning. Additionally, providers should assess a child's risk of blood lead poisoning beginning at nine months; those determined to be at high risk of lead poisoning should receive parental education and nutritional counseling.

The screening test of choice is the blood lead measurement and replaces the erythrocyte protoporphyrin (EP) test. EPSDT care coordination is initiated for children with a confirmed blood lead level of more than 10  $\mu\text{g}/\text{dL}$ . EPSDT care coordinators will assess the family's social and environmental needs; develop a case plan with a goal of reducing blood lead levels; educate family members regarding lead risk behaviors; schedule blood lead level retest; and refer providers to appropriate resources regarding lead screening guidelines. An

**continued on page 18**

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## NEWS FROM THE AAP

### So Much Information – AAP District X Vice Chairperson Report

By J. Wiley, MD, FAAP

Just the acronyms are daunting. Then you realize that behind the alphabet soup of the American Academy of Pediatrics (AAP), there are lots of people doing great work for kids.

Volunteers on Committees, Sections and Councils and Academy staff are working on practically every issue that affects child health.

As your District X Vice Chairperson, I sit on four Standing Advisory Committees to the AAP Board of Directors. After glimpsing behind the scenes at just four areas of the Academy's work at our recent meetings, I want to communicate at least the highlights:

*Community and Specialty Pediatrics (has a lot on their to-do list):*

- Fetal Alcohol Toolkit;
- Neuromotor screening algorithm;
- Autism Toolkit revision;
- Funding for Bright Futures 3rd Edition and ongoing research into the impact of Bright Futures;
- Medical Home – monograph on what it means to be family-centered, working group on interface between specialists and the medication, working on menu of options for training programs to integrate medical home into all three years of residency;
- Early Brain Development – working on a set of deliverables and a consistent message for this new Academy initiative;
- Obesity – Three deliverable strategies for pediatricians at the practice level;
- Mental Health – working on integration/implementation of the work done around the toolkit as well as looking for collaboration, family engagement; and
- Genetics – just became a strategic priority with the focus on the role of genetics in primary care. (Be on the lookout for webinars starting in late March on this subject; check out SmartBrief or [www.AAP.org](http://www.AAP.org).)

### *Marketing and Publications*

The Academy is the largest publisher of information related to child health in the world.

- *Red Book* online is incredible. You will be getting access in the Spring to the 2012 edition. The name isn't changing because the brand is so strong, but this isn't going to be a book anymore! There are great features, like being able to click content and create a PowerPoint slide and having digital pictures of chest X-rays and rashes.
- An EQIPP module on growth issues is coming.
- If you haven't seen the new [www.AAP.org](http://www.AAP.org) – check it out.

### *International Child Health*

This new Advisory Committee changed its name to Global Child Health; we heard reports from Academy work across the world. The most exciting to me was Helping Babies Breathe, which is a neonatal resuscitation program for the third world.

### *Education*

Very exciting changes are coming in the way the Academy manages continuing education. The "Portal Project" will take us from paper to digital, web-based content. PREP and your education will be delivered in a "post-PC world" through mobile design for Android and iPhone, which will keep it clean and simple. You will build your dashboard and the content will be personalized – you'll decide on your own self-assessment. The roll-out for this project will take place at the National Conference & Exhibition in New Orleans in October. There is an "AAP Bookshelf" for the content you have purchased so that all of it is on one page. This is cool! The design is simple and intuitive.

## Event Calendar

March 23, 2012  
Initial Medical Management of  
Radiation Injuries Course  
8 a.m. - 4:30 p.m.  
Montgomery, AL  
[www.adph.org](http://www.adph.org) (Center For  
Emergency Preparedness)

April 3, 2012  
9th Annual Pediatric Legislative  
Day  
Montgomery, AL  
[www.alaap.org](http://www.alaap.org)

April 13 - 14, 2012  
MASA Annual Session  
The Wynfrey Hotel  
Birmingham, AL  
[www.masalink.org](http://www.masalink.org)

April 20, 2012  
CQN Tier 2 Learning Session 3  
Bradley Lecture Center,  
Children's Hospital,  
Birmingham, AL

May 3 - 6, 2012  
2012 Spring Meeting &  
Pediatric Update  
Sandestin Golf & Beach Resort,  
Baytowne Conference Center  
Destin, FL  
[www.alaap.org](http://www.alaap.org)

September 28 - 30, 2012  
2012 Annual Meeting & Fall  
Pediatric Update  
The Wynfrey Hotel  
Birmingham, AL



### "Teen Driving" continued from page 13

- 2) Educate policymakers and the public about the new law, the importance of strong teen driving laws and their enforcement;
- 3) Leverage the findings of recent GDL research to maintain and strengthen sound public policies.

The education for pediatricians will begin with a Friday afternoon workshop at the Spring Meeting, "Teen Driving, What Works, What Doesn't," at which Dr. Monroe and Alabama Safe Kids colleague Bill King will educate attendees on the current law and recommendations, and then lead an interactive workshop during which attendees will help them put together the optimal pediatric toolkit for Alabama pediatricians to use in practice beginning this fall. Subsequent grand rounds will be held in three areas of the state this fall when the toolkits will be distributed.

Look for more details soon. For more information or to get involved, contact Dr. Monroe at [kmonroe@peds.uab.edu](mailto:kmonroe@peds.uab.edu).

### "Medicaid News" continued from page 9

environmental investigation is initiated for children with a confirmed venous blood lead level of more than 15 ug/dL. The child's residence will be investigated to identify lead hazards and recommend interim control or abatement measures, if necessary.

The state laboratory will supply microvettes, mailing containers and forms for obtaining blood lead levels at no cost to providers upon request. Please call 334-260-3400 for additional information. For clinical consultation, contact Case Management Coordinator, Alabama Childhood Lead Poisoning Prevention Project at 334-206-2966 and/or Pediatric Lead Poisoning Consultant, University of Alabama at Birmingham at 800-222-1222.

#### Guidelines for billing prolonged services in the office or other outpatient setting

The following information is intended to avoid confusion regarding billing for prolonged services for Medicaid patients. Procedure Codes 99354 and 99355 are used to report the total duration of face-to-face time spent by a physician or other qualified health professional on a given date providing prolonged service, even if the time spent on that date is not continuous.

*Requirement for Physician Presence:* Only the duration of direct face-to-face contact with the patient (whether the service was continuous or not) beyond the typical/average time of the office visit code billed may be counted to determine whether prolonged services can be billed; and to determine the prolonged service codes that are allowable.

*Documentation:* Documentation is required to be in the medical record about the duration and content of the **medically necessary** evaluation and management service and prolonged services that are billed. The physician must appropriately and sufficiently document in the medical record that he/she personally furnished the direct face-to-face time with the patient specified in the CPT code definitions. Time must be documented clearly in the medical record to indicate the beginning of service time and the end of service time to justify these codes being billed in addition to the office visit.

*Prolonged services associated with E & M services based on counseling and/or coordination of care (time-based):* When an E & M service is dominated by counsel-

ing and/or coordination of care (the counseling and/or coordination of care represents more than 50 percent of the total time with the patient) in a face-to-face encounter between the physician and the patient in the office, the E & M code is selected based on the typical/average time associated with the code levels. The time approximation must meet or exceed the specific CPT code billed (determined by the typical/average time associated with the E & M code) and should not be "rounded to the next higher level." For E & M services in which the code level is selected based on time, you may only report prolonged services with the highest code level in that family of codes as the companion code.

*Effective July 1, 2011, Procedure Codes 99354 and 99355 (Note above paragraph before billing prolonged service codes):*

- May be billed only in conjunction with procedure codes 99201-99215, 99241-99245, 99324-99337, 99341-99350, and only if the EP modifier is not billed. (Effective April 1, 2012, procedure code 99211 is excluded from this list and may not be billed with prolonged service codes).
- May not be billed alone.


Refer to CPT guidelines for correct reporting of prolonged physician services with direct patient contact in the office/outpatient setting.

#### *Example of a billable prolonged service:*

A physician performed a visit that met the definition of an office visit CPT code 99213 and the total duration of the direct face-to-face services (including the visit) was 65 minutes. The physician bills CPT code 99213 and *one* unit of code 99354.

#### *Example of a non-billable prolonged service:*

A physician provided a subsequent office visit that was predominantly counseling, spending 60 minutes (face-to-face) with the patient. The physician cannot code 99214, which has a typical time of 25 minutes, and one unit of code 99354. The physician must bill the highest level code in the code family (99215 which has 40 minutes typical/average time units associated with it). The additional time spent beyond this code is 20 minutes and does not meet the threshold time for billing prolonged services.



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