



# The Alabama Pediatrician

Early Summer 2014

## From the President

### Successes for Children



Michael J. Ramsey, MD, FAAP  
Chapter President

This has been a fantastic spring for the Alabama Chapter. It seems that everything the Chapter has done has exceeded expectations in almost every way!

The 2014 legislative session was a busy one for us. Due to the hard work of Graham Champion,

Jeff Tamburin, Pippa Abston and others, the Chapter successfully advocated for myriad issues that benefit children. One of the most important achievements was adequate funding for Alabama Medicaid and the preservation of the “payment bump” for pediatricians through 2015. The members of the Alabama Legislature seem to have acknowledged that in order to serve the most basic needs of those who are enrolled in Medicaid, additional funding was a necessity, not a luxury. The legislature approved increases in funding to CHIP and preschool services. The Safe at School legislation will allow non-nursing personnel to be trained in administering insulin and glucagon, ensuring diabetic children more freedom and flexibility to participate fully in school activities. With the anaphylaxis preparedness legislation, the State Department of Education is required to develop guidelines for the use of premeasured autoinjectable epinephrine by the 2015 - 2016 school year. There were also some changes to the governance provisions of the developing Medicaid RCOs. Chapter staff worked closely with MASA to ensure that primary care physicians will have a significant role in the governance of each RCO. The only legislation on the Chapter’s agenda that did not pass was increasing the graduated driver license practice hours requirement. This gives us a

**continued on page 2**

## Spring Meeting attendees enjoy top-notch educational sessions and plenty of networking

The Chapter’s 2014 Spring Meeting & Pediatric Update, held April 24 – 27, 2014, was an even greater success than anticipated, with top-notch educational sessions and a fun Grand Pediatric Pentathlon event on the lush grounds of the Grand Hotel Marriott Resort in Point Clear.



National and state speakers provided excellent presentations on topics addressing dermatology, developmental issues, rheumatology, gastroenterology, and other issues. Chapter members were also able to hear from Robert Moon, MD, Medical Director with the Alabama Medicaid Agency, who updated pediatricians on the establishment of the state’s future Regional Care Organizations.

Attendees enjoyed a strong sense of camaraderie at networking events, such as the opening reception and the mixer and dinner on Saturday night, which was graciously sponsored again this year by USA Children’s and Women’s Hospital. This year, the Chapter was pleased to have the participation of ten medical students (a record!) from UAB and USA, whose attendance was made



**continued on page 12**

Photo 1: The Saturday night dinner, sponsored by USA Children’s and Women’s Hospital, was delicious!



Photo 2: Area Representative Ken Elmer, MD, FAAP, tries out the Regions cruiser bicycle that he won.

Photo 3: Cason Benton, MD, FAAP, LaDonna Crews, MD, FAAP, Benjamin Estrada, MD, FAAP, Sally Goza, MD, FAAP, and Brandi Allen enjoy time together before the Saturday night dinner.



Photo 4: Musician Rob Thornhill has a little help from Butch Goldblatt, MD, FAAP, on percussion at the Saturday night dinner.

**Chapter Office and Staff****Alabama Chapter – AAP**

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

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

**Alabama Chapter – AAP****Mission:**

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

**Values:**

Children must be highly valued by society.

Each child must develop to his/her highest potential.

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

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

**Vision:**

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

## Annual Meeting to feature new UAB Department of Pediatrics Chair among faculty

**Register soon! September 26-28, 2014**

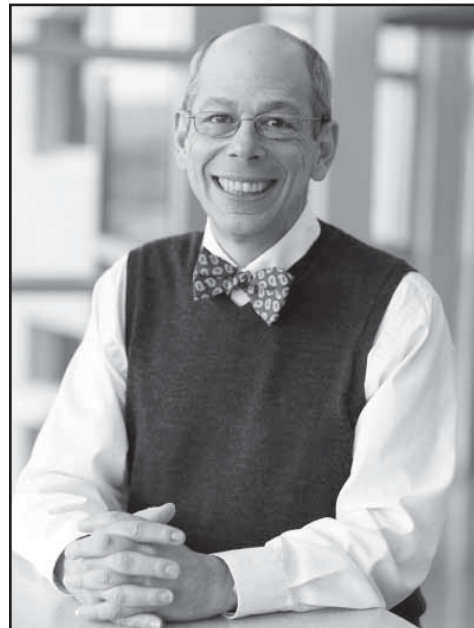
**Hyatt Regency Birmingham - the Wynfrey Hotel**

Make sure your calendars are marked for September 26-28, 2014 for the Alabama Chapter-AAP's 2014 Annual Meeting and Fall Pediatric Update at the Hyatt Regency Birmingham-The Wynfrey Hotel in Birmingham. This year's conference will offer a strong line-up of faculty, including the new incoming Chair of the Department of Pediatrics at the University of Alabama at Birmingham, Mitchell Cohen, MD, FAAP, who hails most recently from Cincinnati Children's Medical Center.

At time of writing, topics include "The Management of Infantile Hemangiomas in the Era of Propranolol," "The Importance of Making a Genetic Diagnosis," "Update on Pediatric Diarrhea: a Paradigm for Changing Outcomes," "Sudden Cardiac Death in Athletes," "Influence of Screen Time on Children," medical liability and poverty, among others.

In addition, on Friday afternoon, a separate practice management workshop, co-sponsored by the Chapter's Practice Management Association, will feature sessions on "Maximizing Patient Collections in the Era of Consumer-Directed Health Care" and "Mastering Patient Flow: Applying Lean Thinking To Improve Your Practice Operations." The workshop will be followed by a two-hour Loss Prevention seminar, sponsored and presented by ProAssurance Indemnity.

Look for registration details in your mailboxes soon and on the web at [www.alaap.org](http://www.alaap.org)!




---

### From the President continued from page 1

great place to start next year!

The Spring Meeting at the Grand Hotel in Point Clear was an unmitigated success! I will be the first to admit that my worries about this new venue went completely unfulfilled. We had great attendance, with 90 registrants (including a great handful of medical students) and 40 exhibiting companies. The addition of two industry-sponsored lunch presentations broadened the topics that were covered and contributed to making it a financial success as well. Next year, we will be back at the Grand Sandestin at Baytowne Wharf, but because of the positive feedback that we received from members, we have arranged to return to the Grand Hotel for the 2016 Spring Meeting. A special thanks to Linda Lee, Jill Powell, Linda Champion, and Salina Taylor for putting this all together!

Grant Allen and Polly McClure were enormously successful with the first Grand Pediatric Pentathlon. It was so fun to see everyone enjoying the amenities of the hotel with swimming, biking, kayaking, running, and reading. It was a great way to be active, have fun, and help the Reach Out and Read program. Through Grant and Polly's hard work, we were able to raise \$10,000 for the program. Fantastic!

There are so many wonderful things coming up, including the beginning of the Healthy Active Living (HAL) obesity quality improvement project, Chapter elections for nominating committee and board members for areas 4 and 5, and a special service project at the Annual Meeting in Birmingham. Please be watching for ways that you would like to be involved. I continue to love working with all of you and for the children of Alabama. I can't wait to see what happens next!

## “Healthy Active Living” obesity QI collaborative kicks off in August

### Practices across the state signing up

The Alabama Chapter-AAP and the Alabama Child Health Improvement Alliance (ACHIA) are offering 10 – 15 pediatric practices in Alabama the opportunity to join a 12-month obesity prevention and treatment quality improvement collaborative, which kicks off with its first learning session on Saturday, August 23 at the Bradley Lecture Center in Birmingham.

Participating practices will receive tools, resources and technical support to undergo a QI effort to ultimately improve overall “Healthy Active Living” outcomes for their patients.

Developed by an Advisory Committee of the Alabama Chapter American Academy of Pediatrics executive leadership, Alabama Chapter-AAP member pediatricians, the University of Alabama at Birmingham (UAB) Department of Pediatrics, the Alabama Department of Public Health, and the Alabama State Obesity Task Force, the collaborative’s aim is to use the 2007 Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Obesity to both improve pediatricians’ approach to childhood obesity as well as improve their capacity to implement future changes into their practices.

“It has been disheartening for those of us in practice over the last few decades to watch the dramatic increase in obesity in our patients despite our best efforts. This trend is not inevitable; as the Institute of Medicine states, obesity is ‘complex but conquerable,’ and

physicians have a central role in bending this trajectory back toward a healthy weight,” said Cason Benton, MD, FAAP, Director of ACHIA. “During the HAL collaborative, practices will build upon their strengths and expand their tool box to reach all patients consistently and more effectively.”

Participants will develop improvement plans that address:

- 1) incorporating a brief evidence/expert opinion-based primary prevention message into all well-child care visits during infancy and childhood;
- 2) employing evidence/expert opinion-based tools for recognition of those at higher than average risk of developing obesity and utilizing appropriate intervention strategies; and/or
- 3) recognition, evaluation and treatment of children and adolescents with established obesity.

Participating practices will form a small, multidisciplinary team, which is expected to attend four learning sessions (two in person and two via webinar) and monthly conference calls, view three webcasts and conduct a six-month post-project chart review. In addition, teams will have the opportunity to review expert opinion articles prior to the first learning session. Physicians seeking MOC must complete the motivational interviewing module via webcast or at the learning sessions.

In addition, teams must meet regularly and collect/review data per the goals of the project.

For more details, including an interest form and a “practice expectations” sheet, download these from current editions of the Chapter e-newsletter, *Chapter Tips & Trends*, or contact Linda Champion, MPA, Project Coordinator, at [ljchampion@alaap.org](mailto:ljchampion@alaap.org).



## How to Contact Your Chapter Leaders

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

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

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

Immediate Past President  
Grant Allen, MD, FAAP  
Ph: (256) 764-9522  
[allen\\_grant@hotmail.com](mailto:allen_grant@hotmail.com)

Area 1 Rep. (Huntsville)  
Pippa Abston, MD, FAAP  
Ph: (256) 551-4579  
[pabston@aol.com](mailto:pabston@aol.com)

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

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

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

Area 5 Rep. (Dothan)  
Michelle Freeman, MD, FAAP  
Ph: (334) 793-1881  
[bammfreeman@comcast.net](mailto:bammfreeman@comcast.net)

Area 6 Rep. (Fairhope)  
Katrina Skinner, MD, FAAP  
Ph: (251) 928-5568  
[katski@bellsouth.net](mailto:katski@bellsouth.net)

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

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

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



**“As physicians, we have so many unknowns coming our way...**

**One thing I am certain about is my malpractice protection.”**

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

What we do control as physicians:  
*our choice of a liability partner.*

I selected ProAssurance because they stand behind my good medicine and understand my business decisions. In spite of the maelstrom of change, I am protected, respected, and heard.

**I believe in fair treatment—and I get it.**



**PROASSURANCE®**  
Treated Fairly



**Professional Liability Insurance & Risk Management Services**

ProAssurance Group is rated **A+ (Superior)** by A.M. Best.  
**ProAssurance.com • 800.282.6242**

## Snapshots from Choose to Have a Healthy Family!



— CHOOSE TO HAVE A —  
**Healthy Family**  
 — ALABAMA —

Pediatricians from around the state are hitting the internet with their videos that are showing parents the path to a healthier family. The Chapter's Choose to Have a Healthy Family, Alabama! campaign is alive and well and if you have not yet participated, there is still time!

The campaign is continuing through September and submissions are still welcome and needed. Participating is easy: just send short videos (between 45 and 90 seconds each) sharing anticipatory guidance related to one of our monthly themes (see below). You can film

as many or as few as you want. The videos are meant to be casual and so even novices can participate; no editing is required! You can even use your smartphone to capture your footage.

Contact Adam Muhlendorf at (334) 625-0175 or [adam@longleafstrategies.com](mailto:adam@longleafstrategies.com) and Salina Taylor ([staylor@roralabama.org](mailto:staylor@roralabama.org)) with any questions about how to record and send your submissions. In addition to videos, we also welcome pictures, other graphics and links that you think we should highlight.

July – Developmental Milestones & Mental Health

August – Back to School

September – Reading & Literacy

See what your colleagues have filmed here: [facebook.com/ChooseHealthyFamilyAL](https://facebook.com/ChooseHealthyFamilyAL), like the page and also share these posts on your own Facebook pages!

## Some of our Choose to Have a Health Family stars

**Rian Anglin, MD, FAAP**  
**Pediatric Associates of Auburn**

**Rosina Connelly, MD, FAAP**  
**USA Children's and  
 Women's Hospital**

**Nola Ernest, MD, FAAP**  
**Southeast Alabama  
 Rural Health Associates**

**Norma Mobley, MD, FAAP**  
**Mobile Pediatric Clinic**

**Naresh Purohit, MD, FAAP**  
**Purohit Pediatric Clinic**

**Cathy Wood, MD, FAAP**  
**Partners in Pediatrics**



## Many thanks to our advertisers

ADPH Immunization Division

Children's of Alabama

Coastal Insurance

Diatherix

MediSYS

Pediatric Nephrology of Alabama

Physicians' Alliance

ProAssurance

Southeast United Dairy Association

## Chapter 1<sup>st</sup> Look oral health CME training now online!

*By Grant R. Allen, MD, FAAP, Chapter Oral Health Advocate*

As your Chapter Oral Health Advocate (COHA) since 2008, I have worked with our American Academy of Pediatric Dentistry liaison, Ric Simpson, DMD, of Tuscaloosa. Dr. Simpson has been a tireless advocate for the 1<sup>st</sup> Look program, which provides for Alabama Medicaid and ALL Kids (Children's Health Insurance Program) coverage for fluoride varnish and oral health risk assessment by primary care providers.

In the past, providers had to be certified with an in-person training with one of our trainers, but Linda Champion and Linda Lee have worked with ADPH to get enduring credits CME for training online, and Dr. Simpson and I worked with the AV experts at ADPH to record the training session. We are so excited to finally have this training available for providers who would like to renew their skills or get certified for the 1<sup>st</sup> Look program. Fluoride varnish can make a huge difference in giving kids a good start to good oral health. I hope we can see this program spread statewide, especially in areas where access to early pediatric dental care is difficult.

As the Alabama COHA, I also recently attended a meeting held by the Pew Charitable Trusts on oral health, specifically community water fluoridation. Just like vaccines, fluoridation (one of the most successful public health activities of the 20th century) is coming under attack in a lot of areas around the country. Pew has developed a website: [ilikemyteeth.org](http://ilikemyteeth.org). This is the home for the Campaign for Dental Health, with lots of resources for providers on keeping communities fluoridated.

Please sign up for provider access to this website. There are so many ways we can help provide

**continued on page 7**



**MEDISYS**  
Advancing Medical Information Technology | [medisysinc.com](http://medisysinc.com)

**Cloud-Based MediSYS EHR v2 for Greater Connectivity & Complete Mobility**

- Patient Portal
- Real Time Immunization Access
- 2014 Certified for Meaningful Use & SureScripts
- Affordable, Subscription-based
- Expert, On-Site Implementation
- Easy-to-Use Provider Dashboard

**BIRMINGHAM, AL 205.631.5969 | MONTGOMERY, AL 334.277.6201**

MedConnect EHR v2.2 - This Complete EHR certification is 2014 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments. Drummond Group is accredited by ANSI and approved by ONC for the ONC HIT Certification Program to certify: Complete EHR, EHR Module (all), and Certification of other types of HIT for which the Secretary has adopted certification criteria under Subpart C of 45 CFR. Modules Tested: 170.314(a)(1-15); 170.314(b)(1-5, 7); 170.314(c)(1-3); 170.314(d)(1-8); 170.314(e)(1-3); 170.314(f)(1-3); 170.314(g)(2-4). Clinical Quality Measures tested: CMS066v3; CMS066v2; CMS122v2; CMS126v2; CMS136v2; CMS147v2; CMS153v2; CMS163v2; CMS165v2. Additional software used: Data Motion. MedConnect EHR v2.2 is a 2014 ONC Certified (Complete EHR) solution. This certified product version may require ongoing monthly costs to support online patient education, secure messaging, and drug database access.

**FIRST-TIME PARTICIPANTS MUST ATTEST 90 DAYS MEANINGFUL USE NO LATER THAN OCTOBER 1, 2014**



## 2014 state legislative wrap-up: It was a VERY good year!

The 2014 Regular Session of the Alabama Legislature ended in April and proved to be a very good Session for the Alabama Chapter–AAP. Five of the six legislative priorities identified and published by the Chapter Legislative Committee and Executive Board were successfully accomplished:

- ❖ **Adequate funding of Medicaid and Chip programs** – This year, the Alabama Medicaid program received an increase in the General Fund budget of \$70 million. Although this is not the total need of the Agency, it represents an acknowledgement by our lawmakers that in order to serve the most basic needs of Medicaid recipients, there had to be additional funding. The ALL Kids program has a budget for FY 2015 of approximately \$47.6 million, an increase over the current year's budget of more than \$10.5 million.
- ❖ **Adequate funding for birth to five services** – The Chapter participates in a coalition that has worked for the past several years on pre-K funding. This year, the Legislature appropriated a \$10 million increase over the FY 2014 budget for pre-K services.
- ❖ **Protecting the health of children through adherence to current AAP guidelines** – The Chapter worked to make certain that AAP guidelines were the basis for legislation that could affect children's health. We were successful in working with the MASA Government Affairs team on legislation regulating the use of tanning beds, diabetes care in the schools (see below) and midwifery.
- ❖ **Strengthen graduated driver license law** – This was the only priority that the Chapter was not successful in passing. HB 304 by Rep. Randy Wood (R-Anniston) passed the House overwhelmingly. In the Senate, the requirement for 50 hours of supervised practice driving was amended to 40 hours. The bill was in a position to pass the Senate on the final day of the Session, but before the Senate could deliberate it, the House adjourned Sine Die and any chance to pass the bill was lost. The Chapter will reconsider this issue next year and make a determination about moving forward.
- ❖ **Safe at School legislation** – This legislation initially pushed by the American Diabetes Association became one of the more controversial bills during the Session. The Chapter was one of the earliest supporters of SB 57 by Sen. Jabo Waggoner (R-Vestavia Hills) and its companion bill, HB 233

by Rep. Ron Johnson (R-Sylacauga). This legislation allows trained volunteers at schools to be delegated by a school nurse the ability to administer insulin and/or glucagon to students with diabetes subject to approval by the parents and the completion of an individual health plan by the student's primary care physician. Ultimately, the bill passed both houses unanimously. One of the main requirements is that the training must be conducted in accordance with the AAP guidelines for delegation of the administration of medication.

- ❖ **Safe Births** – Once again, the Chapter worked with MASA to prevent the passage of lay midwifery legislation.
- ❖ **Other legislation**
  - **Carly's Law** – This bill, sponsored by Sen. Paul Sanford (R-Huntsville), allows for a pilot program at UAB to study the effectiveness of CBD oil, a derivative from marijuana plants, in treating seizures. The Chapter provided a letter of support for the bill in the Senate Judiciary Committee Public Hearing. Sen. Sanford pointed to the Chapter support as key to its passage.
  - **Anaphylaxis preparedness** – The State Department of Education is required to develop guidelines for the use of premeasured autoinjectable epinephrine by the 2015 - 2016 school year.
  - **Criminal background checks** – Removes the requirement under the Pain Management Act for physicians to undergo criminal background checks.
  - **Physician licensing** – Legislation passed that prevents the licensing or renewal of physicians' licenses being conditioned on the health insurance programs accepted by physicians.
  - **Medicaid Regional Care Organization (RCO) reform** – Changes were made to the governance provisions of the RCO legislation passed in 2013. Chapter staff worked closely with MASA to ensure that primary care physicians will have a significant role and input in the governance of the RCOs.

"Everything considered, it was a very good Session for the Alabama Chapter," said Graham Champion, Chapter lobbyist, who worked very hard on these issues for pediatrics. Thanks, Graham, and all of our members who advocated for these issues!

---

### Oral Health continued from page 6

children a better start in life, a life free of mouth pain, dental caries, and the social stigma associated with poor oral health.

Begin training online now: Visit the 1<sup>st</sup> Look Oral Health Risk Assessment Online Training Module page at [tinyurl.com/mbjqqr8](http://tinyurl.com/mbjqqr8)

Keep communities fluoridated: [ilikemyteeth.org](http://ilikemyteeth.org)

It's Time for Medical Plan Renewals  
**Let Us Manage Your  
Health Care Cost**



A non-profit  
Health Plan  
that gives you and your  
employees access to  
**QUALITY  
HEALTH CARE  
BENEFITS**  
at affordable rates

PAHPT was developed  
by Physicians' Alliance  
of America (PAA) for  
PAA members and their  
employees.

Join PAA at [physall.com](http://physall.com).  
Membership is **FREE!**

- Compliant with the **Affordable Care Act**
- Compliant with State & Federal Laws
- Compliant with ERISA
- Regulated by the Dept. of Insurance

Offers Multiple Plans

8 Medical Plans  
2 Dental Plans  
2 Vision Plans  
5 Prescription Plans

**And More**



## Reach Out and Read All About It!

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

### Inaugural Grand Pediatric Pentathlon successful FUNdraiser for Reach Out and Read-Alabama

More than 150 physicians and exhibitors from across the state attended the Alabama Chapter's Spring Meeting with over half participating in our inaugural Grand Pediatric Pentathlon, raising more than \$10,000 for Reach Out and Read-Alabama.

The Grand Hotel Marriott Resort provided a perfect venue for all the events--a one-mile run/walk, 30 minutes of biking, 30 minutes



Bruce Petitt, MD, FAAP, Butch Goldblatt, MD, FAAP, and Naresh Purohit, MD, FAAP, enjoy some camaraderie.



Kayaking was a highlight, especially thanks to donated kayaks from Fresh Air Family and others.



The runners set off after the cannon fire.

of kayaking, one hour of swimming and an hour of reading for fun. Participants were seen all over the resort sporting the bright green signature Pentathlon shirts as they tackled the activities with their colleagues. For each event they completed, participants were entered into drawings for prizes, including a Regions Bank green cruiser bicycle, a kayak, a day at the spa, a photography session and many others.

"We couldn't have imagined a more successful event. Everyone enjoyed the activities and prizes; it really made this the

most social Chapter meeting ever!" said Grant Allen, MD, FAAP, Immediate Past President, who served as event chair. "We are excited to have raised as much as we did for Reach Out and Read."

A special thank-you goes to our main event sponsors, Books-A-Million and 2nd & Charles, as well as our other sponsors, include the Medical Association of the State of Alabama Medical Foundation; Bryant Bank (Daphne); Hartmann, Blackmon, Kilgore CPAs; and Dr. Trey Fellers. In addition, many other organizations provided the great door prizes, allowing the program to keep most of the proceeds.

For more photos from the event, visit our Facebook page at [facebook.com/RORAlabama](https://facebook.com/RORAlabama).

### Well-child visits take center stage in two Chapter programs

This summer, Reach Out and Read-Alabama pediatric practices and clinics are sharing the message "Read Together and Have a Healthy Family" with Richard Scarry's book, *Nicky Goes To The Doctor* as the program launches its fifth annual campaign that promotes families reading together. Using the book as inspiration, program sites statewide hope to also encourage families to visit their physician for scheduled well-child office visits. Copies of the book are being distributed by the program's pediatric healthcare providers, who will also talk to parents about goals for optimum physical, emotional and developmental health for their children during these visits.

This year's book was chosen to complement the Chapter's "Choose to Have a Healthy Family, Alabama!" yearlong Facebook campaign, the goal of which is to foster a conversation outside of the doctor's office about healthy living between Alabama families and their pediatricians. The theme for June is "Healthy Families: From Head to Toe!"



## AL-AAP Practice Management Association Update

By Robert Troy, PMA Chair

With all the changes regarding Meaningful Use, coding, Patient-Centered Medical Home and Medicaid RCOs, you have to keep your ear to the ground to stay on top of it all. That's why it is important to tap the knowledge of a large group of people, such as practice managers who are members of the Alabama Chapter-AAP's Practice Management Association (PMA).

The Centers for Medicare & Medicaid Services (CMS) recently announced news concerning Meaningful Use, which would let providers use the 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT for the EHR reporting period in 2014 for the Medicare and Medicaid EHR Incentive Programs. The PMA helps in these areas by keeping its members up to date on news, changes and procedures for a pediatric practice. The best benefit is our growing group email list, where practice managers can pose practice management and policy questions of their colleagues and get timely answers. Chapter members can also join this list!

If you've not heard, the PMA has conducted a compelling series of practice management webinars this year. Don't miss the next one, Top 10 Medicaid Claim Denials and General Medicaid Update, set for July 9 at 12:15 p.m. Look for the email to register!

Remember, one management idea, one cost-cutting suggestion or one coding tip completely pays for your membership. Thanks for being a member, and if you are not, join today: go to [www.alaap.org](http://www.alaap.org), click on the "Programs/Projects" tab, and go to "Practice Management Association" for more information.

## Coding

By Lynn Abernathy Brown, CPC

### How to document Level 5

You have heard in the past that there is a technique called "coding from the bottom up," which means that the provider determines the risk and medical decision-making based on the assessment/plan of care and then documents the HPI and Exam to support that level of care. Many providers do not consider coding Level 5 visits, but there are times when it is justified. For example, the parent of an established patient needs to discuss the patient at length for an opinion on the patient's behavior. The provider spent 35 face-to-face minutes with the parent. The documentation states a brief summary of that discussion with a final diagnosis. Time spent counseling of 35 minutes F/F is documented. This visit supports 99215. If this were a new patient, the time would be different. A new patient requires the closest time to 60 minutes but the same rules for documentation apply. Remember that Time-Based visits do not need the same documentation that is listed below. Only time spent in total visit, time spent counseling, and a summary of the discussion are necessary.

Below is the risk table for Medical Decision-Making of 99215 and 99205 with the documentation of the Key Elements for HPI and Exam necessary to support these levels.

99215 (2 of 3 of HPI, EXAM or MDM)		99205 (HPI, EXAM, MDM required)	
Decision-Making (presenting problem) <ul style="list-style-type: none"> <li>• ≥ 1 Chronic illness with severe exacerbation, progression or side effects of treatment</li> <li>• Acute or chronic illness/injury threatening life or function (respiratory distress, transfer to hospital)</li> <li>• Abrupt neurologic status change (seizure, weakness, sensory loss, head injury/concussion)</li> </ul>		Decision-Making (presenting problem) <ul style="list-style-type: none"> <li>• ≥ 1 Chronic illness with severe exacerbation, progression or side effects of treatment</li> <li>• Acute or chronic illness/injury threatening life or function (respiratory distress, transfer to hospital)</li> <li>• Abrupt neurologic status change (seizure, weakness, sensory loss, head injury/concussion)</li> </ul>	
PLUS	OR	PLUS	AND
History HPI: 4 elements ROS: 10 systems PFSH: 3 of 3	Exam Comprehensive (general multisystem or complete single organ system)	History HPI: 4 elements ROS: 10 systems PFSH: 3 of 3	Exam Comprehensive (general multisystem or complete single organ system)

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

# Linking Diagnostics To Therapeutics!



Diatherix is an innovative, CLIA-certified, molecular diagnostic laboratory utilizing proprietary **TEM-PCR™** (Target Enriched Multiplex Polymerase Chain Reaction) technology for precise detection of infectious diseases – *linking diagnostics to therapeutics.*

Benefits to the Pediatrician include:

***One day results\****

***Simultaneous identification of bacteria & viruses***

***Simplicity of single sample collection***

***Cost reduction & avoidance***



## DIATHERIX®

***Linking Diagnostics to Therapeutics™***

**866.979.4242 / [www.diatherix.com](http://www.diatherix.com)**

***Located in the HudsonAlpha Institute for Biotechnology, Huntsville, Alabama***

© 2014 Diatherix Laboratories, Inc. All rights reserved.

\*Determined by sample receipt.



## Event Calendar

July 9, 2014  
Chapter/PMA Webinar: Top 10  
Medicaid Claim Denials and  
General Medicaid Update  
12:15 p.m.

August 23, 2014  
"Healthy Active Living"  
Obesity QI Collaborative  
Learning Session 1  
Bradley Lecture Center  
Birmingham, AL

September 10, 2014  
Chapter/PMA Webinar:  
Optimizing Vaccines as a  
Business Line  
12:15 p.m.

September 26 - 28  
2014 Annual Meeting & Fall  
Pediatric Update  
Hyatt Regency Birmingham -  
The Wynfrey Hotel  
Birmingham, AL

November 12, 2014  
Chapter/PMA Webinar:  
Use of Social Media in Pediatric  
Practice  
12:15 p.m.

April 30 – May 3, 2015  
2015 Spring Meeting & Pediatric  
Update  
Sandestin Golf & Beach Resort  
Destin, FL

### Spring Meeting continued from page 1

possible through scholarships provided by practices from across the state.

The primo highlight of the weekend was the time pediatricians shared with one another as they conquered the five events of the Pentathlon to raise a net of \$10,000 for Reach Out and Read (see article in the "Reach Out and Read All About It!" section on page 9)! Many thanks go to Grant Allen, MD, FAAP, Immediate Past President and event chair, for his vision for this fundraiser.

Make plans now to attend next year's Spring Meeting, set for April 30 – May 3, 2015 at the Sandestin Golf & Beach Resort, where we will host the second annual Grand Pediatric Pentathlon benefitting Reach Out and Read!



Door prize time at the Saturday night dinner!



The big AL-AAP group right before the "cannon walk/run" on Friday afternoon.



The Pentathlon allowed colleagues to enjoy outdoor activities together in great weather.



Grant Allen, MD, FAAP, and his family enjoyed all five events.

## CHAPTER BRIEFS

### Ramsey honored as Alabama's 2014 CDC Childhood Immunization Champion

Congratulations to Chapter President Michael Ramsey, MD, FAAP, who was recognized in April as the Center for Disease Control & Prevention's Childhood Immunization Champion for Alabama for 2014!

Through this award, the CDC Foundation and CDC recognize the work of immunization leaders across the U.S. This year's Champions are dedicated individuals who work to ensure that children in their communities have the safe, proven disease protection of vaccines.

"We owe the tremendous success of CDC's immunization programs to protect the nation's children from vaccine-preventable diseases to childhood immunization champions like you," said Jenny Mullen, MPH, of the CDC, in a letter to Dr. Ramsey. "Each year, as we recognize new Champions, we are inspired all over again by

your dedication and commitment to the children in your communities."

Dr. Ramsey was chosen for his dedication to evidence-based pediatrics and for serving as an immunization leader in his practice and throughout the state. He played a key role in the Chapter's Vaccine Summit, which explored how Alabama pediatricians can raise vaccination rates. In addition, he has focused on immunization care coordination, leading a group that met with the



Michael Ramsey, MD, FAAP

continued on page 14

# CBIT

## Comprehensive Behavioral Intervention for Tics

Comprehensive Behavioral Intervention for Tics (CBIT) is a non-drug treatment with three important components:

- training the child to be more aware of tics
- training the child to use "competing" behavior when they feel the urge to tic and
- making changes to day to day activities in ways that can be helpful in reducing tics.

Our program consists of eight one-hour weekly sessions that focus on:

- identifying the frequency and severity of tics
- teaching alternate strategies to help the child manage the tic disorder with discretion and confidence and
- embedding the tic strategies or "competing responses" into everyday life.

An occupational therapy practitioner works with the child or youth to help limit the interruption of tics on health, well-being and development. Patients come from all over the country to participate in our program due to the limited availability of this therapy for children with Tourette syndrome or other tic disorders.



Children's  
of Alabama®

Physical Therapy and  
Occupational Therapy Department



Contact Outpatient Scheduling at 205.638.7527  
For more information, email Jan.Rowe@ChildrensAL.org



## NEWS FROM PUBLIC HEALTH

### Back-to-school vaccinations for school year 2014 - 2015

You can help minimize the back-to-school rush by encouraging vaccination well before the new school year begins. All students 11 and older entering the sixth grade in Alabama schools must have a tetanus-diphtheria-acellular pertussis (Tdap) vaccine. Each pupil 11 or older who enters the sixth grade will be required to have a new certificate of immunization. This is because of the change from tetanus-diphtheria (Td) to (Tdap) vaccine. The Tdap vaccine will protect adolescents from pertussis and keep them from spreading disease to siblings, other family members and other students. The Tdap school requirement will go up by one higher grade each school year. For example, Tdap is now required for students entering sixth grade through tenth grade in 2014 - 2015, and will be required for students up through eleventh grade in 2015 - 2016. All students mentioned above are required to have an up-to-date certificate of immunization.

Vaccines recommended for the 2014 - 2015 school year include:

- Tdap – for all students entering sixth grade through tenth grade (required)
- A booster dose of meningococcal conjugate vaccine (MCV4) for adolescents
  - If vaccinated at age 11 through 12, should receive a booster dose at age 16 years
  - If vaccinated at age 13 through 15, should receive a booster dose at age 16 through 18 years
  - It is important that adolescents receive both the initial (at 11 - 12 years) and booster (at 16 years) doses of MCV4 to ensure adequate protection against meningococcal disease during late adolescence, when

continued on page 17

### Chapter Briefs continued from page 13

state health officer and immunization director recently about this issue.

Congratulations, Dr. Ramsey!

### Practice Management Association continues webinar series

After two very successful webinars on ICD-10, both of which are available on-demand on the Alabama Chapter-AAP website ([alaap.org](http://alaap.org)), the AL-AAP Practice Management Association will continue its 2014 webinar series with the following installments:

- July 9: **Top 10 Medicaid Claim Denials and General Medicaid Update**
- September 10: **Optimizing Vaccines as a Business Line**
- November 12: **Use of Social Media in Pediatric Practice**

Each webinar is 45 minutes in length and begins at 12:15 p.m. Look for registration emails approximately two weeks prior to each session. You can also click on the Events tab on the Chapter website at [alaap.org](http://alaap.org) for more information.

To access previous webinars on demand, visit [tinyurl.com/p9lyzgo](http://tinyurl.com/p9lyzgo).

### AL-AAP and Children's genetics program available on demand

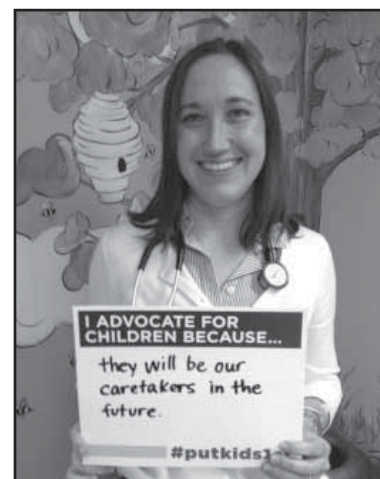
Thanks to a small visiting professorship grant from the AAP's Genetics in Primary Care Institute (GPCI), the Alabama Chapter-AAP and Children's of Alabama hosted a GPCI Professorship Program

in April entitled, "Genetic Testing: The Future is Here," presented by Nathaniel H. Robin, MD, FAAP, FABMG, Professor in the Departments of Genetics and Pediatrics at the University of Alabama at Birmingham.

During the session, Dr. Robin reviewed the indications for and benefits of making a genetic diagnosis, the clinical indications for different types of genetic testing, the benefits and limitations of each type of genetic testing, and the process of communicating the results of genetic evaluation.

If you missed the live lecture, you can still catch it on demand at <https://www.childreusal.org/cme>, which offers Enduring Materials CME credit.

As part of the lectureship, Dr. Robin wrote a supporting article, which can be found on page 18.



### Chapter members attend AAP Legislative Conference

Melissa McNally, MD, FAAP, of Montgomery, was the Alabama Chapter-AAP's representative at the AAP Legislative Conference in June. Here, she shares her reason for advocating for children!

### Reach Out and Read continued from page 9

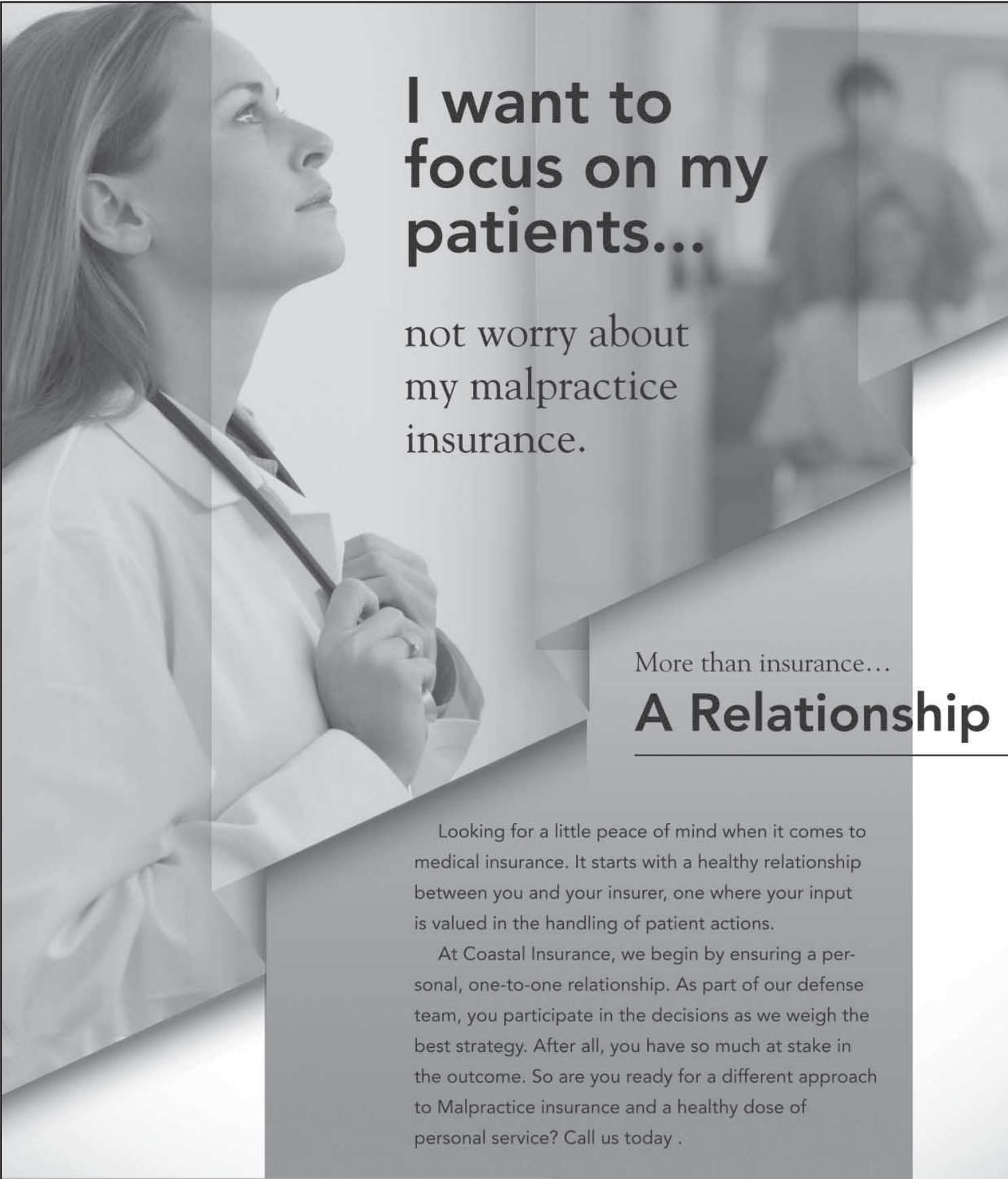
### Goodrich Foundation supports Reach Out and Read with three-year funding commitment

In June, after a stepwise grant application process, Reach Out and Read-Alabama was informed by the Mike & Gillian Goodrich Foundation of its pledge of a three-year commitment to help fund the program and expand it in several West Alabama counties.

The Foundation was established in 2008 by Mike & Gillian Goodrich, both lifelong residents of the Birmingham area, to strengthen communities and improve the quality of life in the Birmingham metropolitan area, the Black Belt, and the State of Alabama. The Foundation supports the transfer of innovative ideas to create a vibrant and healthy community in certain specific areas of focus.

"We truly appreciate the Goodrich family and their commitment to support the program and the children we serve," said Polly McClure, RPh, Reach Out and Read-Alabama Statewide Coordinator. "We are truly grateful for their generosity to help young children and their families and look forward to our continued partnership for years to come."





**I want to  
focus on my  
patients...**

not worry about  
my malpractice  
insurance.

More than insurance...

## **A Relationship**

Looking for a little peace of mind when it comes to medical insurance. It starts with a healthy relationship between you and your insurer, one where your input is valued in the handling of patient actions.

At Coastal Insurance, we begin by ensuring a personal, one-to-one relationship. As part of our defense team, you participate in the decisions as we weigh the best strategy. After all, you have so much at stake in the outcome. So are you ready for a different approach to Malpractice insurance and a healthy dose of personal service? Call us today .

*Coastal Insurance Company, Inc.*



Wray Smith | 800-821-9605  
[info@coastalins.org](mailto:info@coastalins.org)



# **Attention Providers!** **GET READY!**

## **New immunization requirement for 6th grade entry**

Beginning with the 2010-2011 school year, a dose of Tdap vaccine is required for Alabama students age 11 years or older, entering the 6th grade.

This requirement increases by one successive grade each year for the following 6 years to include sixth through twelfth grades, through the fall of 2016.

For the school year 2014-2015, all students in grades 6-10 not previously receiving Tdap at age 11 years or older are required to have a Tdap vaccination.\*

**\*For questions, please contact the Immunization Division at 1-800-469-4599.**

**ADPH.ORG**

## MEDICAID RCO NEWS

### State seeks federal approval for RCOs

On May 30, Alabama Medicaid Agency submitted a "Section 1115 waiver application" request to the federal government to approve its plan to create Regional Care Organizations, referred to as the "cornerstone" of its transformation plan. If approved, the RCOs would expand the successes of the Agency's Patient 1st, maternity and health home programs while infusing additional funds needed to build necessary administrative infrastructure and support providers through the transition.

"Our goal is to preserve the fundamental principles of these existing programs through the development of RCOs in order to improve care coordination, clinical outcomes, patient engagement, and access while ensuring the long-term sustainability of Alabama's Medicaid program," said Dr. Donald Williamson, State Health Officer and Chair of the Medicaid Transition Task Force.

### RCO Quality Assurance measure update

*By Cason Benton, MD, FAAP, member, Medicaid RCO QA Committee*

In May, the Alabama Medicaid Agency Regional Care Organizations (RCOs) Quality Assurance (QA) Committee selected a total of 42 measures in 12 categories for the proposed RCOs. Measures of interest to pediatricians include immunizations and well-child visits. Other measures relate to areas in which the Alabama Chapter-AAP has provided learning collaboratives and online opportunities to support excellence in clinical care, including developmental screening, optimal asthma care, preventive dental care, and obesity prevention and treatment. All but one of the measures are standard and validated, which allows Alabama to better compare results between regions, states and against national benchmarks.

The QA Committee was guided in measure selection by several principles: the measure needs to be important, under the control of the RCO, have high impact (either in numbers of patients or in financial cost), and ideally from a QI perspective, offer room for improvement.

Now, Medicaid is in the process of selecting several of these measures to incentivize the RCOs themselves, and we have been asked to offer comments.

All pediatricians should take an active interest in the local RCO boards. It is at this local level that the RCOs will decide how to incentivize the pediatricians.

### RCO "collaboration" and governance update

As previously reported, Alabama Medicaid finalized new rules in October to identify RCO "collaborators," which include pediatricians and other providers "who are expecting to collectively cooperate, negotiate or contract with another collaborator" to form these organizations. By filing an application with Medicaid, a provider notifies the state that he or she is interested in collaborating with others and potentially negotiating with other providers in establishing arrangements with the new RCOs. By issuing these rules, Alabama Medicaid provides a way for providers to work together in a manner that complies with federal antitrust guidelines.

Further rules were finalized in April that require potential RCOs to notify Alabama Medicaid of their intent to apply by October 1. This has started the clock ticking on what kind of arrangements RCOs and pediatricians can develop to increase quality and improve clinical outcomes for Medicaid enrollees under this new capitated system.

Meanwhile, in response to a request by the Medical Association of the State of Alabama, the Alabama Chapter-AAP has submitted the names of pediatricians interested in serving on the governing boards of each of the five Regional Care Organizations (RCOs). The MASA Board of Censors will make selections for two primary care physicians in each region from among all nominations sent to them by specialty and county medical societies.

### Public Health continued

- the disease typically peaks.
  - Three-dose series of HPV vaccine for both genders
    - Quadrivalent HPV vaccine for males and females
    - Bivalent HPV vaccine for females
  - Routine annual influenza vaccination is recommended for all persons aged ≥6 months.
- Many adolescents see their doctors or other health care professionals for physicals before participation in sports, camping events, travel, applying to college, and so on. All of these wellness check-ups provide a perfect opportunity to vaccinate.
- For more information, please contact the Immunization Division of the Alabama Department of Public Health at 1-800-469-4599 or visit the web at [www.adph.org/immunization](http://www.adph.org/immunization).

### Pediatricians sought to assist with safe sleep initiative at Alabama birthing hospitals

As one of the Executive Board's 2014 strategic priorities, the Alabama Chapter-AAP is working with Alabama's Collaborative for Safe Sleep to spread best practices for safe sleep to all birthing hospitals in Alabama.

The collaborative has developed a safe sleep position statement that will soon be available on all partner organization websites and distributed to birthing hospitals across the state, along with preferred educational resources for parents.

The Chapter is seeking a pediatrician champion for each hospital, who will work with the OB Nurse Manager and administration to put in motion a series of steps to assure that each hospital has an adequate policy for in-hospital sleep practices and parent education. The Chapter will be working closely with other partners to develop this standardized blueprint for action for each champion to use.

If you are interested in serving as a champion at your hospital, please contact the Chapter office at [llee@alaap.org](mailto:llee@alaap.org).



## Understanding genetic testing

*By Nathaniel Robin, MD, Professor, Department of Genetics, University of Alabama at Birmingham and Austin Hamm, MD, Resident in Genetics*

Thanks to the popular media, parents are more than ever aware of advances in healthcare, and it is the pediatrician who is usually the one to first field their questions. Unfortunately, genetic advances are progressing at a rate that makes it hard for us, as experienced geneticists, to keep up with, let alone a practicing pediatrician. As a first step in helping our fellow pediatricians understand genetic testing, this article will review the different types of testing, their strengths and weaknesses, and why they should (and should not) be ordered.

Chromosome analysis, or karyotyping, is the oldest and best known genetic test. It involves the visual inspection of a stained metaphase chromosome for missing or extra pieces. While it has been surpassed by newer technologies, like array comparative genomic hybridization (aCGH), it still has its place. It is cheaper and faster than other tests and is still perfectly useful in identifying aneuploidies (whole extra chromosomes) as well as large chromosomal duplications or deletions. It is the only test that detects balanced translocations, which can predispose to recurrent miscarriage or congenital anomalies in offspring. The primary limitation of karyotyping is its low resolution – it misses small extra or missing segments of DNA.

Florescent in situ hybridization (FISH) testing uses a DNA probe to determine whether a specific DNA sequence is present or absent. The primary drawback of FISH testing is that the clinician must know exactly what they are “fishing” for. If FISH testing is negative for a selected disorder, it does not exclude a genetic cause for the patient’s symptoms, nor does a positive test mean that the patient’s genetic defect is limited to a deletion in this region.

Array CGH takes the strength of a chromosome analysis – you don’t need to know what you’re looking for – with the detailed resolution of FISH. aCGH uses tens of thousands of probes to scour

the genome for much smaller deletions or duplications. However, aCGH does not detect structural rearrangements such as balanced translocations and it does not detect the smallest mutations, such as a single base pair alteration. It is fairly expensive and takes much longer to come back – six to eight weeks, compared to a karyotype, which is usually less than a week. Lastly, aCGH can return the troubling “variance of uncertain significance.” As the name suggests, we do not know if this variation is responsible for the patient’s symptoms. As you can imagine, this is a major issue for us and requires extensive genetic counseling.

DNA testing is now well known. The ability to search a specific gene for a disease-causing mutation is powerful, but requires pre-test knowledge because you must choose the right gene to test. New technologies bypass this by allowing the examination of dozens of related genes simultaneously. Whole exome sequencing (WES) is the next step and is now clinically available. The exome is the protein coding segment of the genome, only 1 to 2 percent of the entire genome, but it contains more than 85 percent of mutations associated with known genetic disorders. Like karyotyping and aCGH, one does not need to know ahead of time what you’re looking for with WES, but it too has limitations. It is very expensive, but the main concerns are around the identification of “extra” information (eg, unintentionally finding a cancer susceptibility mutation), and the proper way to consent patients and families. WES is a continuing source of controversy among genetics professionals.

Genetic testing is progressing from rare syndromes to more common diseases, pharmacotherapy, and preventive medicine. Having some familiarity with genetic testing will be as required as knowing the developmental milestones for pediatricians in the coming years. This is daunting, but know that your genetics colleagues are always here to assist.

---

### Medicaid RCO News continued from page 17

#### East Alabama providers connect in test of health information exchange

With the Regional Care Organization Quality Assurance Committee in its final selection of measures, now, a pilot project in east Alabama is helping providers test new technology to securely exchange patient data and provide feedback on those measures.

The pilot project is connecting electronic health record systems at East Alabama Medical Center in Opelika, Lanier Memorial Hospital in Valley, four referring clinics in the area and approximately 15 local physicians to One Health Record®, the state’s health information exchange (HIE) system, according to HIE Operations Consultant Bill Mixon.

“The providers will help the state test the system over the next several months and identify any issues before Medicaid takes its statewide,” he said.

Participating providers will benefit from the ability to access information on any patient with whom they have a clinical relationship and will receive alerts when those patients are seen at the hospital or as the result of a referral to another provider.

“This exchange of health information is central to the operation of the RCOs,” Mixon emphasized. “Our vision is to have a system that can be seamlessly integrated into a provider’s internal workflow. At the same time, the HIE would provide data needed by patients, other health care providers and Medicaid.”

# From Hungry To Healthy

## The Importance of Increasing School Breakfast Participation



School breakfast plays a critical role in helping school children reach their full academic potential. This may be especially true for the 1 in 5<sup>1</sup> who live in a household faced with food insecurity.

To help our nation's children who need to move from hungry to healthy<sup>2</sup>, we are committed to increasing student participation in School Breakfast Programs.

Collectively we will work together to:

- **Increase** awareness of the critical impact School Breakfast Programs have on learning, nutrition security, diet quality and student health.
- **Provide** resources to empower schools to champion school breakfast.
- **Inspire** families and communities to embrace school breakfast.
- **Empower** children to take action to help increase access to breakfast in their schools.



<sup>1</sup>Food Insecurity in Households With Children: Prevalence, Severity, and Household Characteristics, 2010-11 by Alisha Coleman-Jensen, William McFall, and Mark Nord, Economic Information Bulletin No. (EIB-113) 59 pp, May 2013  
<sup>2</sup>Approximately 1% of households experience very low food security where children are hungry, skip a meal, or don't eat for a whole day because of economic challenges at some time during the year.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Alabama Chapter

19 S. Jackson St.

Montgomery, AL 36104

**Mark your calendar! Registration coming soon!**

# 2014 Annual Meeting & Fall Pediatric Update

Hyatt Regency Birmingham-The Wynfrey Hotel  
September 26-28, 2014.

- ▶ PMA Practice Management Workshop
- ▶ Loss Prevention Seminar
- ▶ Main Meeting

**Topics Include:**

- "The Management of Infantile Hemangiomas in the Era of Propranolol"
- "The Importance of Making a Genetic Diagnosis"
- "Update on Pediatric Diarrhea: a Paradigm for Changing Outcomes,
- "Sudden Cardiac Death in Athletes"
- "Influence of Screen Time on Children"
- Plus topics on medical liability and poverty, among others.

back to basics