



# The Alabama Pediatrician

Fall 2011

## From the President

Plug in to your Chapter!



Grant Allen, MD, FAAP  
Chapter President

Never in our Chapter's history have we had so many "irons in the fire." We are blessed to have great Chapter staff helping us carry out our initiatives and advocacy work, but we also need you, our pediatric community and academic leaders, to be involved. You'll see within these

pages many ways to become part of making Alabama a great place to practice pediatrics. Our activities provide opportunities for members to learn about and engage in quality improvement for developmental screening and asthma, legislative advocacy, cooperation with public health, health care financing and reform, policy development, community business partnerships and more. Your Chapter leaders and staff can only do so much; we need *you* to plug in to *your* Chapter.

We're trying to do a better job of communicating with you about what's trending in pediatrics in Alabama, what we're doing in these areas and what benefits are available to you. You may have noticed our new e-newsletter *Chapter Tips and Trends*, as well as my bi-weekly video messages. Our board members are also going to become more connected to our committees as well. If you have a particular passion in pediatrics, check out our list of committees at [www.alaap.org](http://www.alaap.org) and submit an interest form and we can get you connected to your passion.

As we get closer to next year's legislative session, now is the time to be meeting with legislators at home. In particular, we would like for you to consider getting involved in advocating to your lawmakers about the importance of Medicaid funding, gun safety and smoke-free Alabama. If you need information for legislative visits and contacts, check

**continued on page 3**

## 2011 Annual Meeting Wrap-Up

### Chapter Business Meeting, Coding Workshop highlight conference

More than 145 pediatricians and their staffs attended the 2011 Annual Meeting and Fall Pediatric Update at The Wynfrey Hotel in Birmingham in late September, which also featured a Chapter business meeting on Saturday, a Friday morning practice management workshop, sponsored by the AL-AAP Practice Management Association, and a Friday afternoon coding workshop.

Like last year, pediatric residents at UAB had an active role by introducing speakers and hosting an advocacy exhibit. Another highlight was the opening reception with a football theme and autograph-signing by former professional player Chuck Smith.

The meeting also featured the annual Children's Hospital/UAB/Chapter Awards Dinner, at which Marion Burton, MD, FAAP, President of the American Academy of Pediatrics, presented the AAP's strategic priorities and also announced several AAP awards, including the AAP Child Health Advocate Award that went to Alabama State Representative John Knight. In addition, Marsha Raulerson, MD, FAAP, of Brewton, and Jennifer Allen-Johnson, MD, FAAP, of Mobile, were both honored with District awards for their work in their respective communities.

**continued on page 10**

## Chapter plays instrumental role in advocating for state pulse oximetry mandate

Thanks to a true collaboration between a parent advocate, a state legislator, the Medical Association of the State of Alabama (MASA), the Alabama Chapter-AAP and the Alabama Department of Public Health (ADPH), the state is moving forward with a state rule that will require pulse oximetry to screen newborns universally for critical congenital heart disease (CCHD) prior to discharge.

The advocacy began with a Dothan parent, whose child is awaiting a heart transplant at Children's of Alabama. He contacted his legislator, Representative Paul Lee, who contacted MASA, which is when the Chapter became involved in the process. State Health Officer Don Williamson, MD, supported the idea of introducing pulse oximetry to the newborn screening panel.

Serendipitously, recent evidence from a national workgroup supports this initiative, and Secretary of Health and Human Services Kathleen Sebelius has made a formal recommendation to add CCHD screening to the Recommended Uniform Screening Panel.

Chapter members Tim Stewart, MD, FAAP, who serves on the MASA board, and DeeAnne Jackson, MD, FAAP, who represents the Chapter on the state Newborn Screening Committee, have taken the lead on developing a protocol. Other Chapter members on this multi-disciplinary sub-committee include: Wally Carlo, MD, FAAP; Keith Peevy, MD, FAAP; Robb Romp, MD, FAAP; Heather Taylor, MD, FAAP; and Danny Whitaker, MD, FAAP.

The group will meet on November 30 with other ADPH stakeholders to begin the formal process of adoption.

**Chapter Office and Staff**

Alabama Chapter – AAP

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- Linda M. Champion  
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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.

**New Chapter Executive Board took office October 1**

On Oct. 1, new Chapter leaders took office as the Alabama Chapter-AAP began a new membership year: Grant Allen, MD, FAAP, of Florence, began his two-year term as President, with Michael Ramsey, MD, FAAP, of Dothan elected as Vice President/President-Elect (2011-2013); Wes Stubblefield, MD, FAAP, of Auburn, was also elected as Secretary/Treasurer (2011-2013); and the board added two newly elected Area Representatives (2011-2014): Naresh Purohit, MD, FAAP, of Anniston, and Michelle Freeman, MD, FAAP, of Dothan. Ritu Chandra, MD, FAAP, of Phenix City was also elected this year to serve a three-year term as Nominating Committee member.



Michael Ramsey,  
MD, FAAP



Wes Stubblefield,  
MD, FAAP



Michelle Freeman,  
MD, FAAP



Naresh Purohit,  
MD, FAAP



Rita Chandra, MD, FAAP

The new Executive Board and Nominating Committee that took office on Oct. 1 is as follows:

President – Grant Allen, MD, FAAP

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

Secretary/Treasurer – Wes Stubblefield, MD, FAAP

Immediate Past President – J. Wiley, MD, FAAP

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

Area 2 Representative – Elizabeth Cockrum, MD, FAAP – Tuscaloosa

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

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

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

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

CME Chair – Cathy Wood, MD, FAAP (re-appointed for two years)

UAB Pediatric Residency Program Representative – Michele Nichols, MD, FAAP

(re-appointed for two years)

USA Pediatric Residency Program Representative – LaDonna Crews, MD, FAAP

(re-appointed for two years)

*Nominating Committee Members -*

Kevin Ellis, MD, FAAP, Chair

Eric Tyler, MD, FAAP

Ritu Chandra, MD, FAAP

“I am very excited to have such an energetic board to support me as I begin these two years,” said Grant Allen, MD, FAAP, Chapter President. “Together with our other strong volunteer committee chairs, we are poised for a great year!”

## Tuscaloosa pediatricians participate in quality improvement developmental screening project

*By Madeleine Blancher, MD, FAAP, and Myriam Peralta-Carcelan, MD, FAAP, Chapter Early Childhood Co-Chairs*

Following the success of the CQN2 Asthma Project QI project in infusing quality improvement (QI) into pediatric offices to manage chronic conditions, the Chapter's Healthy People 2020 grant project is providing training and technical assistance to Tuscaloosa area pediatricians in order to improve standardized developmental screening and referral processes in these practices. This *Alabama Early Screening Improvement Project* kicked off on Oct. 29, when Tuscaloosa pediatricians led a peer-to-peer collaborative training with expert trainers on the ASQ3 and MCHAT screening tools as well as QI faculty from the University of Alabama at Birmingham Department of Pediatrics.

Pediatric teams from the following practices participated in the half-day training: University Medical Center, Tuscaloosa Pediatrics, West Alabama Pediatrics, Alabama Multi-Specialty and the Southern Medical and Surgical Group. These five medical homes – all part of the MedNet West Care Network, comprising six counties in and around Tuscaloosa – will work over the next nine months to optimize the reliability of developmental screeners for children at the 9-, 12-, 18-, 24- and 30-month intervals through PDSA cycles and data-reporting.

The project's goal is to use QI principles to develop and promote an optimal protocol for standardized developmental screening for earlier identification of and intervention for developmental delays, care coordination in the pediatric office, and linkages for parents to appropriate community resources. Through peer-to-peer learning and technical assistance, the project will:

- Provide patient/family-centered care in medical home settings.
- Improve clinical skills using standardized developmental screening tools to achieve measurable improvements in health outcomes of children.
- Implement and evaluate QI practice-level, system-based changes.
- Network with community and state agencies to enhance referral relationships and increase appropriate referrals to AEIS, care coordination services, and other providers of developmental and social-emotional services in the community.
- Improve parental communication with providers regarding concerns about their child's development and behavior.

### Participating Practices

**University Medical Center**

**Tuscaloosa Pediatrics**

**West Alabama Pediatrics**

**Alabama Multi-Specialty**

**Southern Medical and  
Surgical Group**

### "From the President" continued from page 1

out the advocacy tab on our website, and let us know about your experience with your legislators. Make plans to attend Pediatric Legislative Day in Montgomery in the spring (date to be announced soon).

We represent you throughout the year on many committees and agencies that work with children, but we must have individual pediatricians' voices to impact lawmakers with strong grassroots support. You can do that through editorials, legislative visits, and community work. It's as easy as sharing your pediatric expertise on the issue at hand!

Let us help you do what you do, only better and more easily!

## How To Contact Your Chapter Leaders

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## Screening Teens for Alcohol and Drug Use

*By Pippa Abston, MD, FAAP, UAB Pediatrics, Huntsville Regional Medical Center*

All of us know it is important to talk to our adolescent patients about drug and alcohol use. We worry about our teens getting addicted, being injured or killed in car crashes related to intoxication or overdosing. We know that many teen pregnancies, STDs and even rape occur because of substance use. Most of us have probably developed our own styles for approaching the issue and may wonder how effective those conversations are.

Fortunately, there is a simple, evidence-based tool pediatricians can use to screen their teen patients 14 and older – and it is free! The CRAFFT screen is available online and can be printed to use in your office as needed. This is the only screen that has high enough sensitivity and specificity to be recommended by the U.S. Preventive Services Task Force. Teens can complete the form in private (it takes a minute or so), and you can review results with them when you come in the room.

If the screen is negative (a score of 0 or 1), you can congratulate your patient on making good decisions. You may want to use brief motivational interviewing interventions to address a behavior that caused a score of 1, even if referral is not necessary. For a positive screen (2 to 6), you can refer for further evaluation.

I have been using this tool in my office for the last several months and have found it to be very helpful. Teens who are not using any substances have a chance to learn what would concern us most (like riding in a car with someone who has been drinking or is high). I have had several teens with risky behaviors who took this as an opportunity to get help. In two cases, I found out teens were being endangered by parents driving drunk, and our office was able to get help for the families.

A sample provider manual with referral resources for North Alabama is posted under the Resources section of [www.alaap.org](http://www.alaap.org). We need your help to add resource pages for other areas of our state. If you need help incorporating CRAFFT screens into your practice flow, contact me at [pabston@aol.com](mailto:pabston@aol.com).



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## Knowledge of Developmental Stages in Children Increases Language Development

By Jean Ciborowski Fahey, PhD,  
Early Literacy Research  
Specialist, Reach Out and Read  
National Center

A 2011 study of 1,850 low-income families with infants, toddlers and preschoolers shows the impact a mother or otherwise primary caregiver can have on school readiness. The research shows, among other things, the degree to which parents not only read, but also converse with their child about the story can have long-lasting effects on language and early literacy skills years later. Other research shows that when mothers, despite income or educational level, had knowledge of child development and rated their infants as responsive, this also created more language-rich environments.

Using children's books to generate conversations (dialogic reading) is an effective method for parents to build their young children's foundation for learning to read. Dialogic reading encourages a child to become the storyteller. Over time, the adult becomes the listener, asking clarifying questions to encourage the child to generate new ideas related to the story.

Interestingly, a 2011 Utah State University study compared early literacy and language skills in older toddlers whose mothers used traditional children's books and books without words. Researchers found "more complex language and interactions were present between mother and child using the wordless book." The reason for this finding may be that when parents are encouraged to 'create in the moment,' much like play, they

## Reach Out and Read All About It!

The Very Hungry Caterpillar "ate" his way across the state this summer

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



hood obesity. Just as the caterpillar in *The Very Hungry Caterpillar* made his way through the week eating apples, pears, plums, strawberries and oranges to feed his growing body healthy foods, parents reading to their preschool children fed their growing minds, preparing them to succeed in school.

The Very Hungry Caterpillar was an integral part of launching the second annual Reach Out and Read "Summer Of A Million Books." Once again, Reach Out and Read-Alabama partnered with Books-A-Million stores throughout the state to collect for the sites in their areas. All told, 26 stores collected 10,000 books for 48 Reach Out and Read sites!

Congratulations and thanks go to all Chapter members who participated!



*Please be sure to read our Special Report on this page, which arms all practicing pediatricians – both Reach Out and Read sites and non-ROR practices alike – with data on parental reading in improving literacy skills and tips on what to talk to parents about at the various developmental stages.*

Women in a Fruit of the Loom advertising campaign?? No, these are two of our esteemed pediatricians, Erika Crenshaw, MD, FAAP, of Florence (left) and Pippa Abston, MD, FAAP, of Huntsville as they participate in their practices' Very Hungry Caterpillar events held this summer!



## Nine practices participating in CQN2 Asthma Project

By Linda M. Champion, MPA, Chapter Project Coordinator

Over the last few months, the Alabama Chapter-AAP Chapter Quality Network Team, in cooperation with the UAB Department of Pediatrics, has launched the CQN2 Asthma Project to provide Chapter practices with tools, resources and technical support to lead a quality improvement (QI) effort to implement the latest guidelines from the National Heart Lung and Blood Institute (NHLBI)/National Asthma Education and Prevention Program (NAEPP). Practices who complete the project will receive 35 Maintenance of Certification Part 4 “Performance in Practice” credits through the American Board of Pediatrics.

Working with participants from the Ohio Chapter-AAP and the national AAP, nine Alabama practices are involved in this 18-month collaborative. Those practices and lead physicians are:

Marina Thompson, MD, FAAP – Brewton Medical Center  
 Joe Jolly, MD, FAAP – Greenvale Pediatrics – Alabaster  
 Bryson Waldo, MD, FAAP – Greenvale Pediatrics – Brook Highland  
 Jeff Stone, MD, FAAP – Greenvale Pediatrics – Hoover  
 Susan Buckingham, MD, FAAP – Jefferson County Department of Health  
 Linda Stone, MD, FAAP – Over the Mountain Pediatrics  
 Ritu Chandra, MD, FAAP – Phenix City



Greenvale Pediatrics practice team members F. Bryson Waldo, MD, Suzanne Gurosky, RN, and Stephanie Hancock, Practice Coordinator, discuss their team aim statement at the CQN project Learning Session in August.

Children’s

Cheryl Fekete, MD, FAAP – Physicians to Children

Naresh Purohit, MD, FAAP – Purohit Pediatric Clinic, LL

In addition to tapping CQN1 practice leader Wes Stubblefield, MD, FAAP, as Physician Leader for this phase, and Vinit Mahesh, MD, FAAP, continuing as asthma expert, this collaborative effort has brought in QI faculty, Hector Gutierrez, MD, and Lacreia Britton, RN, MSN, CRNP-AC/PC, from UAB to lead the first learning session (LS1), held in August at The Bradley Lecture Center at Children’s of Alabama.

Here are some project highlights to date:

- Ten physicians, ten nursing clinical staff, and nine administrative staff attended LS1.
- Practices began entering data in August, with the first data cycle ending on Sept. 30.
- All practices completed EQIPP QI basics prior to Sept. 1.
- One practice is piloting the Alabama Registry (Excel spreadsheet).
- One practice is piloting a Spanish parent section version of the CQN Encounter Form.

“We are very excited about the enthusiasm and the quick adoption of QI principles among the participating practices,” Dr. Stubblefield said. “We expect to have successes equal to or greater than the first CQN phase, which means better asthma care for more children in Alabama.”

### “Language Development” continued from page 6

elicit more responsive and productive language interactions with their child.

Together with a knowledge of child development and an increasingly responsive child, the difference a mother can make in building the foundation for learning to read is remarkable indeed.

So, remember to help your parents understand the real difference they can make:

- Beginning in infancy: Acquaint mothers and caregivers with child development stages and recommend reading, back-and-forth conversations, and singing to the baby – every day – with the goal of increasing mother-baby closeness and responsiveness in the infant.
- Toddlerhood: Reinforce child development stages and recommend back-and-forth conversations, singing, reading books, and talking about the story – every day – to increase closeness, responsiveness and vocabulary.
- Older toddlerhood and preschool: Reinforce child development stages and recommend back-and-forth conversations, singing, and reading books with and without words – every day – to increase closeness, responsiveness, and vocabulary.



## Practice Management Association update

By Robert Troy, PMA Chair

Just when you thought it was safe to go back in the water, meaningful use and ICD-10 changes lurk like a Great White shark waiting to devour our claims! Those of you whose practice managers are members of the AL-AAP Practice Management Association (PMA) know the benefits of membership, especially when things are changing. This is definitely one of those times. The PMA offers a welcomed opportunity to ask questions, offer opinions and gain wisdom on coding, billing, office problems and general operational guidance for any practice, and it is all pediatric-specific.

If you attended the PMA's Friday session at the AL-AAP Annual Meeting, you know it was an overwhelming success. Topics covered included coding and billing, medical records, managing an office in changing times and other relevant issues. In addition, PMA members have the benefit of webinars, discussions on the group email list and other opportunities to reduce expenses, increase income and grow your practice.

If your practice manager is not a member, make it a priority today to have him/her (and any of your other administrative staff too!) join the PMA. Sometimes managers are aware of the benefits of the PMA, but they just need their physician on board. It's a win, win situation! We don't need to keep it a secret anymore.

Check out the AL-AAP website ([www.alaap.org](http://www.alaap.org)) under the Programs/Projects tab for more information and a membership application.

## CHAPTER BRIEFS

### Raulerson honored with three national awards

Marsha Raulerson, MD, FAAP, Past President of the Alabama Chapter-AAP and a long-time community pediatrician in Brewton, has been honored with three prestigious national awards by the American Academy of Pediatrics (AAP) – all in the same two-week period in October!

As was announced in the last issue of *The Alabama Pediatrician*, Dr. Raulerson has received the Senior Section Child Advocacy Award, given

by the Section on Senior Members, which recognizes a senior member of the AAP who has facilitated lifelong efforts to advocate for children in his or her community. At the National Conference & Exhibition in mid-October, the AAP presented her with this award as well as the annual Calvin (C.J.) Sia Community Pediatrics Medical Home Leadership and Advocacy Award, given by the Council on Community Pediatrics, which recognizes pediatricians who have demonstrated clinical excellence, community action and advocacy for children.

The honors did not stop there. In late September, the National Alliance of Children's Trust and Prevention Funds and the AAP announced that Dr. Raulerson had received the distinguished 2011 Dr. Ray E. Helfer Award, which honors the late Ray Helfer, considered the "father" of children's trust and prevention funds, because of his belief that special funds could be used to ensure that our nation's children grow up nurtured, safe and free from harm. The award was given at the annual meeting of the Alliance in Chicago on Oct. 6.

Kelley Parris-Barnes, the director of the Alabama Department of Child Abuse and Neglect Prevention and the leader of the state's Children's Trust Fund, said in her nomination letter, "The foundation of Dr. Raulerson's private

practice and the reason for her recognition throughout the state and nationally has been her steadfast dedication to the health, safety and well-being of every child in Alabama."

Teresa Rafael, Executive Director of the

National Alliance of Children's Trust and Prevention Funds, cited Dr. Raulerson back-ground as "another example of the outstanding work pediatricians from all over our nation do in helping families cope with the unavoidable pressures of raising their children in safe and nurturing environments.

Her work goes well

beyond providing health care for her young patients. She has made critical and lasting contributions to prevent child maltreatment in her community, in her state and throughout the country for more than 30 years and is more than deserving of this honor."

Congratulations, Dr. Raulerson, on this triple achievement!

### Chapter President Grant Allen awarded a CATCH grant for oral health project

Congratulations to Chapter President Grant Allen, MD, FAAP, who has been awarded a 2012 Community Access to Child Health (CATCH) Planning Funds grant that will allow him to conduct a project in the Shoals community to improve access to oral healthcare for children. His project was one of 25 proposals awarded among 81 total applications submitted from around the country this summer.

The goal of Dr. Allen's project is to build community referral networks and awareness of fluoride varnish, risk assessment, and the medical and dental homes.

Kudos again to Dr. Allen for undertaking this project!



Kelley Parris-Barnes, director of the Alabama Department of Child Abuse and Neglect Prevention, and Marsha Raulerson, MD, FAAP, with the Ray Helfer Award.



**"Chapter Briefs" continued from page 8****Wiley elected as District Vice Chair****J. Wiley, MD, FAAP**

It came as no surprise to other Chapter leaders that J. Wiley, MD, FAAP, would "go far" in the structure of the American Academy of Pediatrics! In September, he was officially elected to serve a three-year term, effective immediately, as Vice

Chairperson for District X, which includes Alabama, Florida, Georgia and Puerto Rico.

His many responsibilities will include reviewing Chapter Healthy People 2020 grant applications, reviewing Chapter annual reports, supporting the District Chair in leading district activities, etc.

Congratulations, Dr. Wiley, on your election – you will serve us well!

**Abston elected to national board**

Pippa Abston, MD, FAAP, of Huntsville, and

Chapter Area 1 Representative, was recently elected to the national board of Physicians for a National Health Program, PNHP, an organization of 18,000 doctors and other health professionals who advocate for single-payer national health insurance, sometimes called an improved Medicare for all.

Abston's election to PNHP's national board was announced at the group's annual meeting in Washington on Oct. 29.

"Dr. Abston displays great compassion for her patients, a keen intellect and selfless dedication to achieving a health care system in which everyone has access to high-quality, comprehensive care," said Garrett Adams, MD, PNHP's national president. "Those qualities, plus a solid track record of public service in the betterment of her community, made her a perfect fit for PNHP's national board. We are thrilled to have her."

**continued on page 13**

**Event Calendar**

April 13 - 14, 2012  
MASA Annual Session  
The Wynfrey Hotel  
Birmingham, AL

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

September 28 - 30, 2012  
2012 Annual Meeting & Fall  
Pediatric Update  
The Wynfrey Hotel  
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PEDIATRIC NEPHROLOGY



## Ashley, Whitaker named Master Pediatricians, Smith honored with Wallace Clyde award

Recognizing outstanding accomplishments and dedication to the practice of general pediatrics, the Children's Hospital Master Pediatrician has been awarded since 1991.

Many long-time Chapter members have made this distinguished list, and this year, two Chapter members tied for the honor: Claude Ashley, MD, FAAP, of Southeastern Pediatrics in Dothan, and William Whitaker, MD, FAAP, of Greenvale Pediatrics-Hoover.

With a combination MD/PhD and pediatric training at Emory University School of Medicine, Dr. Ashley is extensively published in his areas of research, including vaccines, Fragile X, infant nutrition and hemophilia.

At Southeastern Pediatrics in Dothan since 1999, Dr. Ashley has helped to establish centers of support and resources for diabetic and autistic patients in his region.



Richard Whitley, MD, FAAP, honors 2011 Wallace Clyde Distinguished Service award recipient Rick Smith, MD, FAAP.



Master Pediatrician Bill Whitaker, MD, FAAP, with presenter Raymond Watts, MD, FAAP (left), after receiving his award.

## "Annual Meeting" continued from page 1

Outgoing Chapter President J. Wiley, MD, FAAP, recognized several individuals for their outstanding work, including:

- Mary L. Blankson, MD, FAAP, of Birmingham, in recognition of her efforts to improve care for children in child care settings;
- Karen M. Landers, MD, FAAP, of Tuscumbia, for her efforts to assist children in Alabama's tornado-ravaged areas; and
- Timothy A. Stewart, MD, FAAP, of Huntsville, Representative Paul Lee and parent advocate Mark Miller, for their advocacy efforts to improve detection of congenital heart defects in Alabama.

In addition, Chapter Executive Director Linda P. Lee, APR, recognized staff members Polly McClure, RPh, and Jill Powell for their five years of dedicated service to the Chapter.

The dinner also featured the installation of incoming President Grant Allen, MD, FAAP, who recognized Dr. Wiley with his outgoing president's chair, a PowerPoint presentation and a speech that celebrated his long list of accomplishments in the last two years as president.

The special evening ended with Children's of Alabama's awarding of its Master Pediatrician and Wallace Clyde awards (see sidebar story).



Mary Blankson, MD, FAAP, with her President's Award.



Incoming PMA Chair Robert Troy and Chapter Vice President Michael Ramsey, MD, FAAP, get into the team spirit at the opening reception.



Karen Landers, MD, FAAP, accepts her "absentee" award from Grant Allen, MD, FAAP, after the Annual Meeting.



Outgoing Chapter President J. Wiley, MD, FAAP, awarded State Representative Paul Lee (second from left) and parent advocate Mark Miller (far left), both of Dothan, with awards for their advocacy.



Outgoing President J. Wiley, MD, FAAP, admires his Chapter President's Chair.



Chapter Executive Director Linda Lee, APR, (left) presents Jill Powell (center) and Polly McClure, RPh, (right) with gifts for reaching five years of service in 2011.



Master Pediatrician Claude Ashley, MD, FAAP, accepts congratulations from partner John Searcy, MD, FAAP.

## Coding

### Corner

Following an AAP-sponsored webinar by Dr Richard Tuck, the following question was asked – here is my answer:

Question: *We have a question about "Healthcare Professionals." We have been under the impression from the Coding Workshop in Birmingham that a licensed nurse RN or LPN is considered a "Healthcare Professional," but we just sat through an AAP webinar and Dr. Tuck said that RNs and LPNs can no longer use 90460 and 90461 when they counsel for immunizations. Does anyone have insight on this?*

Answer: I listened to the same AAP-sponsored webinar today. Dr. Richard Tuck said that he had gotten clarification from the AMA regarding healthcare professionals.

He stated that a physician could counsel regarding risks and benefits, answer parent questions, bill 90460/90461 (Vaccine administration with counseling) and the nurse/staff could give the vaccines. (Clarification regarding this issue came in the Q&A period at the end of the webinar.)

The AMA clarification difference, he stated, was that if the nurse is not a billing provider such as a nurse practitioner, then counseling cannot be billed using 90460/90461 by the billing physician if that physician did not provide the counseling to the patient/parent. Blue Cross (BCBS-AL) representatives stated at a recent Pediatric Council meeting that anyone licensed in Alabama could counsel. That information can be clarified with BCBS to see if they have changed their position. Alabama Medicaid does not recognize 90460/90461. As long as the billing provider counsels the family regarding risks and benefits, answers questions, documents this in the medical record, the nurse can still provide the VIS to the family and administer the vaccines. There is no difference in the RVU for 90460 and 90471, so if there is a flu clinic where the billing provider is not seeing the patient, then the correct billing is the flu vaccine code with 90471.

by Lynn Abernathy Brown, CPC

## "Master Pediatrician" continued from page 10

Dr. Whitaker, an Alabama native, earned his undergraduate degree from The University of Alabama at Birmingham and his medical degree from Vanderbilt School of Medicine. He completed an internship in Internal Medicine at St. Louis University. He then moved to Pickens County, Ala., for three years of general practice. After completing his general pediatric training at Children's of Alabama in 1984, he returned to Pickens County for five years before joining Greenvale Pediatrics in Birmingham. He is a founding board member of Mitchell's Place, a school for autistic children.

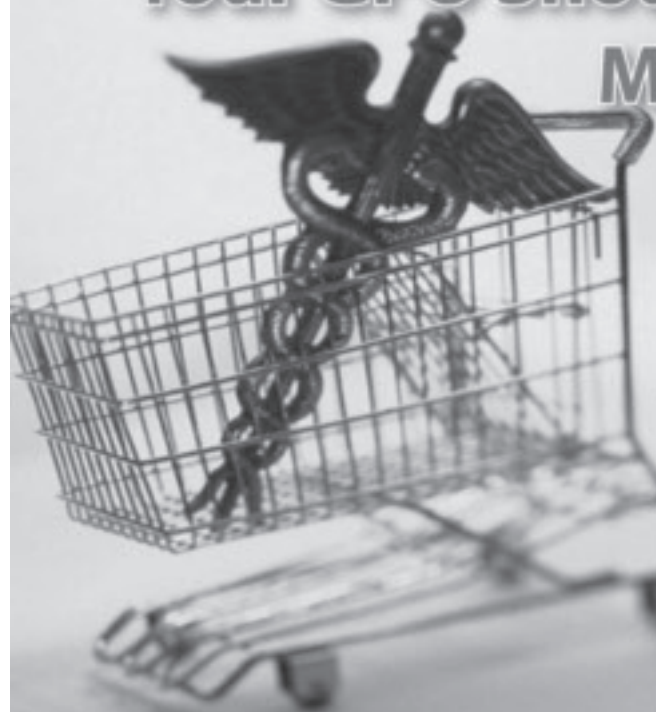
The Wallace Alexander Clyde, MD, Distinguished

Service Award was established in 1984 by the UAB Department of Pediatrics and Children's Hospital as a means of recognizing outstanding physicians who have devoted a lifetime of service to children and their families. This year, Richard Smith, MD, FAAP, was honored for his many years of devoted service to pediatrics in Alabama for more than 35 years. A graduate of the University of Alabama School of Medicine in 1971, Dr. Rick Smith completed his pediatric internship and residency at Children's of Alabama. He has been at Vestavia Pediatrics since 1976. Prior to joining Vestavia, he was a staff pediatrician at the U.S. Naval Hospital in Key West, Fla. He received the Master Pediatrician Award in 1995.

Congratulations, Drs. Ashley, Whitaker and Smith on these stellar achievements!



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## "Chapter Briefs" continued from page 9

### Chapter's disaster aftermath grant project moves along

The "Back to School and the 3 Rs: Recognition, Recovery, and Resiliency Program," the Chapter's project to provide mental health support to child-serving teams in the tornado-ravaged areas, has awarded, to date, a total of \$11,175 to three school systems, Franklin County, Dale County, and Marion County. Nine schools in the three school systems are providing informational sessions for parents and school staff to: 1) increase knowledge of the effects of trauma on the emotional well-being of children and their families; 2) assist families and school personnel to identify behaviors associated with trauma/stress; 3) provide strategies to deal with emotional/behavioral problems; and 4) identify when evaluation and intervention may be needed. Small group student sessions are being held during the school day using age-appropriate post-traumatic mental health materials to assist children in dealing with the aftermath and/or fear of natural disaster.

If you are a pediatrician in one of these three areas and have not been contacted to assist, please contact Sharis LeMay, at 334-328-5137 or [slemay@alaap.org](mailto:slemay@alaap.org) for more information.

The project is made possible through a generous grant from the American Academy of Pediatrics' Friends of Children Fund.



concussion recognition and management, Alabama's recent sports concussion legislation, supplements and athletics, strength training, mental health (including infant mental health), Help Me Grow, a system for identifying and connecting children with developmental delays to services, Generational Differences: Why Are They Affecting the Pediatric Workforce, and more! More information coming soon!

### In Memoriam

It is with great sadness that the Chapter heard this quarter of the recent passing of Roy Driggers, MD, FAAP, longtime pediatrician in Dothan who contributed significantly to the practice of pediatrics in Alabama. Our thoughts and prayers are with Dr. Driggers' family.

### Chapter launches new e-newsletter and president's video message

As a way to more regularly communicate with you, our Chapter members, the Chapter leadership and staff launched a new e-newsletter at the end of October, *Chapter*

*Tips & Trends*, which includes a link to a new Chapter President's video message, "The Bottom Line" every two weeks. The goal is to keep you better informed on what's affecting

child health and pediatrics in Alabama.

"Although we will continue our quarterly newsletter, we felt like it was time to step up our communications by giving them a little more polish," Dr. Allen explained.

These communications only work if members receive and open them! Please be sure that we have your latest email address by updating your member profile: go to the

AAP Member Center at [www.aap.org/moc](http://www.aap.org/moc) and click "Update My Personal Profile" under Member Community. And then just click on our email (from "Alabama Chapter-American Academy of Pediatrics") as it comes to your inbox every two weeks!

### Asthma Guideline Implementation Resource now available to members

As our Chapter Champion for the AAP Medical Home Chapter Champions Program on Asthma (MHCCPA) and Physician Leader of our Chapter's Asthma CQN Tier 2 project, I can tell you what a difference in the care of my asthma patients has been made by both integrating the principles of the medical home and the latest NHLBI guidelines into my practice. Up to now, there has been a lack of concise resources available to assist practices in implementing those guidelines. But I'm pleased to share with you the MHCCPA's new *Key Points for Asthma Guideline Implementation*, a two-page guide that will serve as a valuable resource for your practice. To access it, go to the Chapter web site at [www.alaap.org](http://www.alaap.org) and click Resources. If you have any questions, please email me at [awstubblefield77@gmail.com](mailto:awstubblefield77@gmail.com).

— Wes Stubblefield, MD, FAAP,  
Auburn Pediatric Associates

### Free asthma brochures for parents available through CDC

The American Academy of Pediatrics has passed along the availability of free asthma brochures from the Centers for Disease Control and Prevention web site. Entitled *Help Your Child Gain Control over Asthma* (#21-1160), the brochure is also available in a Spanish version, *Ayuda a su niño a controlar el asma* (#21-1161). To order, visit <http://www.cdc.gov/pubs/nceh.aspx>, where you will find other healthcare literature available for order free of charge.

### Spring Meeting plans come together

If you haven't already, be sure to mark your calendars for May 3 - 6, 2012, the dates for the Chapter 2012 Spring Meeting & Pediatric Update, to be held at the Baytowne Conference Center at the Sandestin Golf & Beach Resort in Destin, Fla.

Although still tentative, the topics shaping up for the meeting include: Latest in sports

## NEWS FROM THE AAP

### CATCH grant proposals sought!

The American Academy of Pediatrics is pleased to announce that CATCH (Community Access To Child Health) is now accepting applications for its Implementation and Resident Funds programs, which support the initial and/or pilot stage of developing and implementing a community-based child health initiative. Grants of up to \$12,000 are awarded to pediatricians who will work collaboratively with local community partners to ensure that all children have medical homes and access to needed health care services. Priority is given to projects that serve a population known to be underserved or with demonstrated health disparities. All projects must be sustainable. A pediatrician must lead the project and be significantly involved in the grant proposal development and project activities.

Grants of up to \$3,000 are awarded to residents to plan and/or implement community-based initiatives that increase access to medical homes or health care services not otherwise available. Projects must include planning activities or demonstrate completed planning activities. A pediatric resident must develop the proposal, lead the

project and be significantly involved in project activities. To ensure project completion, residents who are in their first or second year of residency on the submission due date of Jan. 31, 2012, are eligible to apply; third-year residents may apply if they will be chief resident in their fourth year.

Grant areas available in the 2012 cycle:

- Medical home access
- Access to health services not otherwise available
- Connecting uninsured/underinsured with available programs
- Initiatives to address community barriers to immunizations

CATCH is seeking innovative community-based projects to improve access to immunizations for children who are most likely to experience barriers. Eligible initiatives reach out to the community at large; activities to increase immunization rates for existing patients within practices or clinics do not qualify for funding.

- Native American Child Health

The AAP Committee on Native American Child Health has partnered with CATCH in the funding of its Native American child



continued on page 15



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## Children's works to improve process for discharge communication with primary care physicians

By Paul Scalici, MD, FAAP, UAB Department of Pediatrics, Division of Pediatric Hospital Medicine

At Children's of Alabama, the general inpatient pediatric teams are responsible for the care of hundreds of children each year. One of the most important aspects in providing inpatient care is providing prompt and thorough communication with each child's primary care physician. This helps to ensure a seamless continuation of care between the inpatient and outpatient world.

Previously, this communication was attempted over the past several years via a brief written letter that was to be sent shortly after each child's discharge, in addition to the traditional discharge summary. Completion of these discharge letters was quite inconsistent, leaving many pediatricians without the timely information they needed. This gives us an opportunity for quality improvement, and I had the chance to share our ongoing efforts with some of the Chapter leaders at the recent Alabama Chapter-AAP Annual Meeting.

The first step in our improvement process involved transitioning to a combined discharge summary and discharge letter based on a previously created electronic template rather than a dictated note. This improves communication time by eliminating transcription, and supervising physicians on each team can better track which records have been completed. Recently this was combined with the new expectation that this letter should serve as the discharge record of choice and must be completed for all patients regardless of length of stay.

Previously, patients who stayed two days or less did not require formal discharge summaries. Our ultimate goal is completion of at least 90 percent of discharge summaries on our general inpatient pediatric teams within the first 24 hours of discharge.

This project remains in its infancy, and based on preliminary data, we have much work to do to meet this milestone.

The next step will be to provide each inpatient attending with information regarding his or her completion rate in comparison to our goal. We hope this knowledge itself will provide motivation to strive for improvement of completion and promptness of discharge letters. The impact of knowing completion rates has already had a positive impact on my own practice, as I am now much more attentive about making sure letters are completed for my patients after seeing how I compare to our goal. We hope that by combining electronic documentation, increasing expectations, and empowering attending physicians, we can continue to improve the discharge communication process that is essential to the continuation of care of each patient admitted to Children's of Alabama.



Children's of Alabama's General Inpatient Team:

Back row (L to R): Celia Hutto, MD, FAAP; Sri Narayanan, MD, FAAP; Robert Pass, MD, FAAP; middle row (L to R): Gina Gallizzi, MD, FAAP; Lauren Nassetta, MD, FAAP; Susan Walley, MD, FAAP; Stephanie Berger, MD, FAAP; front row (L to R): Nichole Samuy, MD, FAAP; Paul Scalici, MD, FAAP.

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### "AAP News" continued from page 14

health grants for projects that benefit American Indian/Alaska Native (AI/AN) children. Indian Health Service (IHS) family physicians and community family physicians serving AI/AN children may apply in partnership with a pediatrician. According to the IHS manual, IHS physicians may accept grants less than \$100,000 and no approval is required from Area or Headquarters.

More information is available at [www.aap.org/catch](http://www.aap.org/catch); or e-mail [catch@aap.org](mailto:catch@aap.org) or call (847) 434-4916.

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## NEWS FROM PUBLIC HEALTH

### ALL Kids adds oral health assessment/dental fluoride varnishing benefit

Effective Oct. 1, ALL Kids added an oral health assessment/dental fluoride benefit for medical providers modeled after the Medicaid 1st Look program. To be reimbursed for this benefit, the provider must complete a course and pass a post-training test in oral health assessment and fluoride varnish application. The Alabama Chapter-AAP facilitates implementation of the course, which includes training in oral health risk assessment, demonstration of fluoride varnish application, anticipatory guidance/counseling and the provision of referral to a dental home.

Upon completion of the course and post test, AL-AAP provides a certificate of completion to the provider and informs ALL Kids of the provider certification. ALL Kids identifies the certified providers to Blue Cross Blue Shield of Alabama (BCBS) on a monthly basis. BCBS adds a specialty code to the provider file so that payment can be received for these dental codes.

Payment will be based on the BCBS Preferred Provider Organization (PPO) dental fee schedule for these procedures and claims should be filed on a medical claims form. The oral assessment/dental fluoride varnishing must be provided in conjunction with a routine office visit and billed on the same medical claims form. The following guidelines will apply:

- Oral assessment – CDT code D1045 – Limited to one assessment by a medical provider and one assessment by a dental provider for children six months to 36 months of age.
- Topical fluoride varnishing – CDT code D1206 – Limited to three per calendar year, regardless of the provider, not to exceed a maximum of six applications between six months and 36 months of age with a frequency of no less than 90 days.

If a patient has previously seen a dentist, the pediatrician should not bill code D0145 or D1206. The procedures will be denied.

For providers paid on an encounter claims basis, the procedures above will be bundled and paid as part of the encounter rate and will not be paid separately as a fee for service. If you are a provider and have questions about how to file claims, please contact your BCBSAL provider representative. For those with questions concerning the certification course, please contact Linda Champion, MPA, Chapter Project Coordinator, at 334-324-9307 or [lchampion@alaap.org](mailto:lchampion@alaap.org).

### NIS results show increases in coverage for Alabama 2010

Pediatricians and other vaccine providers in Alabama have done a great job vaccinating infants in the state, which helps maintain a low incidence of vaccine preventable diseases. We rank 17th nationally for the full series 4-3-1-4-3-1-4. The lowest national ranking is 3+hep B at 39th and the highest is 1st for varicella. Our most significant increases are indicated in bold in the chart below. These

increases are due to providers vaccinating simultaneously with all recommended vaccines at each office visit.

Results from the 2010 National Immunization Survey (NIS) for children aged 19-35 months in Alabama reported a statistically significant increase in coverage for two individual vaccines (4+PCV and rotavirus) and the 4:3:1:3:3:1:4 series when compared to the 2009 NIS.

Coverage of four or more doses of PCV increased 12.8 percentage points from 73.3% +9.2 in 2009 to 86.1% +4.1 in 2010. Coverage for three or more doses of rotavirus increased 12.6 percentage points from 50.8% +8.4 in 2009 to 63.4% +6.1 in 2010. These increases were statistically significant. Large increases were also observed for the full series of Hib vaccine and HepA vaccine but these increases were not statistically significant.

As a reminder, coverage estimates for Hib are based on a more accurate measure of Hib coverage that considers the vaccine product type and the number of recommended doses. The Hib shortage, temporary suspension of the Hib booster dose at 12-15 months, and this new method for measuring Hib coverage had a major impact on coverage estimates in most states in 2010 compared to 2009.

For your convenience, vaccination coverage estimates for Alabama are provided in the chart below. Rates in bold indicate statistical significance.

Vaccine	2010 Coverage (%CI)	2009 Coverage (%CI)	Percentage point difference
4+DTaP	89.8 +3.5	85.3 +5.8	4.5 +6.8
3+Polio	95.3 +2.5	96.6 +2.3	-1.3 +3.4
1+MMR	95.4 +2.3	95.4 +2.9	0.0 +3.7
3+Hib Full series	68.8 +5.7	59.1 +8.7	9.7 +10.4
3+HepB	89.9 +3.8	92.9 +4.1	-3.0 +5.6
HepB birth dose	70.7 +5.5	68.1 +7.0	2.6 +8.9
1+VAR	96.2 +2.2	93.4 +3.9	2.8 +4.5
4+PCV	<b>86.1 +4.1</b>	73.3 +9.2	<b>12.8 +10.1 **</b>
2+HepA	50.5 +6.2	43.6 +8.0	6.9 +10.1
3+Rotavirus	<b>63.4 +6.1</b>	50.8 +8.4	<b>12.6 +10.4 **</b>
4310314 Series	72.4 +5.5	63.9 +8.9	8.5 +10.5
4313314 (full Series)	<b>58.2 +6.1</b>	47.3 +8.3	<b>10.9 +10.3 **</b>

### Designer drug 'Spice' is an emerging public health concern

Many Alabamians are suffering adverse medical consequences after smoking "Spice," a psychoactive herbal and chemical compound that mimics marijuana, statistics confirm. This compound is a blend of herbs coated with a synthetic chemical which is very similar to the natural substance in marijuana which gives users their "high." The chemicals reportedly stimulate the same brain areas affected by marijuana. It has hundreds of different variants and is also commonly marketed as "K2," "Spice Gold," "Sence," "Genie," "Zohai," "Yucatan Fire," "Smoke" and "Skunk."

Since October 2010, the Regional Poison Control Center at Children's of Alabama reports receiving 101 calls from people exposed to the drug. Three victims were children six to 12 years of age, 35 were teenagers and 32 were in their 20s. Symptoms were



## M E D I C A I D   N E W S

Medicaid, healthcare providers gear up for health insurance exchange/meaningful use reporting in 2012

With a multi-stakeholder group, Alabama Medicaid is leading the way toward the April 2012 launch of the state health insurance exchange (HIE), called OneHealthRecord, which will allow providers to trade patient information with their peers who are connected to the exchange.

Providers – both hospitals and physicians – are currently completing needs assessments to determine their readiness for exchanging information on OneHealthRecord. Several hospitals and clinics have been deemed “early adopters” who expect to be on the system at the time of the launch.

The Chapter strongly encourages members who have EMR to become educated on this process, and take the needs assessment so that they can get plugged in. A Chapter webinar on Nov. 29 is providing much-needed education on this issue.

Meanwhile, Medicaid is clarifying the reporting periods for meaningful use attestation in 2012. “Although the Chapter has been told that reporting periods will be any quarter in calendar year 2012, I have appealed to Medicaid to make an official announcement to fully clarify the guidelines for reporting,” said Linda P. Lee, APR, Chapter Executive Director, who added that she expects such an announcement soon.

For more information and to take the HIE needs assessment, visit <http://onehealthrecord.alabama.gov/>.

### Case in Point: Care Network of East Alabama – Supporting Patients and Physicians

*By Wes Stubblefield, MD, FAAP,*

*Care Network of East Alabama Medical Director*

As of Sept. 1, the Care Network of East Alabama, Inc., one of our state’s new Patient Care

Networks, is up and running. This multi-specialty network provides case management services to



physician practices for their Medicaid Patient 1st patients, and serves Chambers, Lee, Macon and Tallapoosa counties. About 22,000 Patient 1st patients reside in the network’s service area.

Our program is modeled after North Carolina’s Community Care Networks, which have been very successful. Currently, we have aligned with 41 physicians in our area, and right now, about 80 percent of the network’s patients are children. We have seen the advantage of allowing the Care Network to provide case management services, which gives our office staffs more time and increases practice productivity. Physicians in the network also get an extra case management fee through Patient 1st.

One of the things I like about this concept is the fact that we have developed quality measures that we are striving to meet across the entire network. I have been able to put into place some of the lessons learned from the CQN Asthma Quality Improvement Project in terms of specific asthma measures, PDSA cycles, etc., so I can see the value of this effort and hope that it pays off in the long run and increases efficiencies of care for our region of Alabama.

A 501 (c) 3 non-profit organization, the Care Network is governed by a board of directors, of which more than 50 percent are participating physicians. The network is well-represented by pediatrics: half of the physician board members are pediatricians, and the board is chaired by Jerry Haynes, administrator of the Pediatric Clinic. In addition to an executive director, the Care Network staff includes social workers, a quality manager (a registered nurse), and a clinical pharmacist.

### “Public Health” continued from page 17

classified as neurological, cardiovascular, gastrointestinal, respiratory, dermal and ocular. Complaints have included hallucinations, nausea and vomiting, paranoia, and increased heart rate.

Up to now, “Spice” could be obtained online, at convenience stores/gas stations, head shops and tobacco shops. The Drug Enforcement Agency, however, considers synthetic marijuana a drug of concern because of the surge in emergency room visits and calls to poison control centers.

Several states, countries and branches of the Armed Forces have banned its use. The long-term health effects of its use are unknown.

“This is an emerging and dangerous designer drug which has the potential of destroying lives,” Donald Williamson, MD, State Health Officer, who signed an emergency order making the possession or sale of chemical compounds typically found in synthetic marijuana substances unlawful. The substances were placed under Schedule I of

the Alabama Controlled Substances List effective on Oct. 24.

“These substances have been wrongly presented as a safe and legal alternative to marijuana,” Dr. Williamson said. “By supporting regulations outlawing their possession and sale, we want the public to be aware of the toxic effects and other dangers associated with synthetic marijuana use.”

## What is the Vaccines for Children Program?

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

## What are the benefits of the VFC program?

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

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

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

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

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

**Your strength is the ability to provide.**



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