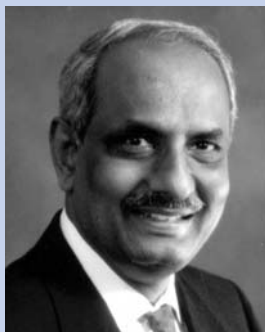




The Alabama Pediatrician

Fall 2005

From the Chapter President



V.H. Reddy, MD, FAAP
Chapter President

Dear Colleagues,

It is an honor and a privilege to serve the pediatric community of the state of Alabama as the president of this chapter.

A part of the job of Chapter President is to address the key issues that face us as pediatricians and to set goals for

the year. Moreover, it is only through your suggestions and ideas, combined with all of our efforts, that we will successfully achieve these goals.

I would like to mention a few of the burning issues facing the children of Alabama:

- Obesity in children and its long-term health consequences
- ADHD and its repercussions on our society
- School-aged children with asthma and its morbidity
- Mental health problems and co-morbid conditions
- Increasing immunization rates in Alabama's children
- Advancing child passenger safety issues and the importance of proper restraints in preventing deaths.

Along with these issues we have the responsibility to work together:

- To achieve parity in reimbursement for the services provided by pediatricians, on par with Medicare
- To lobby our legislators aggressively to not cut the Medicaid budget, and if possible...
- To impress on the Governor to create a children's cabinet post at the state level to address the issues of children in the state of Alabama in an ongoing manner.

Let us all pledge to this commitment and work together. I look forward to a productive and exciting year. Again, thank you for the opportunity to serve as your president.

Alabama Chapter-AAP Winter CME Meeting 2006

January 27 – 29, 2006 • The Wynfrey Hotel, Birmingham

Join your fellow colleagues January 27 – 29 in Birmingham for the Winter CME Meeting 2006, a short weekend jam-packed with CME!

The scientific program has been approved for 11.0 hours of Category 1 continuing medical education credits. Once again, Program Co-Chairs Linda Anz, MD, FAAP, and Jennie Breslin, MD, FAAP, have developed an incredible schedule of speakers on topics such as "Eating Disorders in Adolescents: A Primer for Primary Care Physicians," "Pregnancy Prevention Programs: What Works; What Doesn't," "Celiac Disease: Not Just Kid Stuff," "Helicobacter Pylori Disease in Children:

Update on the Phantom Menace," "Visual Diagnoses: Acute Pediatric Diseases in Pictures," "Eye Emergencies: When Do You Need an Ophthalmologist," "Polycystic Ovarian Syndrome," "The Rise of Type 2 Diabetes in Adolescents," and "Developmental Dysplasia of the Hip," among others. (A complete list of Annual Meeting speakers and topics can be found on page 3.)

As usual, there will be plenty of time for networking with your fellow colleagues from around the state.

Registration packets will be mailed to you within the next month. The registration brochure and form will also be downloadable directly from the chapter web site at www.alchapaap.org/meetingregistration.pdf.

A block of rooms has been reserved for our group at the special rate of \$139 per night at The Wynfrey. Reservations can be made now by calling 1-800-WYNFREY. Be sure to reference Group Code "AAP."

For more information, contact the Chapter office at 334-954-2543 or lle@AAP.net.



Dr. Reddy begins two-year term as chapter president

On October 1, V. Haranatha (V.H.) Reddy, MD, FAAP, a pediatrician in Scottsboro, began his term as president of the Alabama Chapter of the American Academy of Pediatrics.

Since 1977, Dr. Reddy has been in solo practice in general pediatrics in Scottsboro, where he was the first full-time pediatrician in Jackson County. After graduating from medical school in India, he completed an internship in Kansas City, Mo., and underwent a pediatric residency and fellowship in ambulatory pediatrics at

continued on page 2

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Alabama Chapter – AAP Mission, Values and Vision Statement

(adopted January 28, 2005)

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.

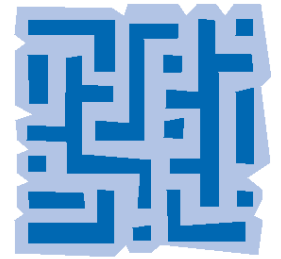
Pediatricians gather across the state to learn how to better “Navigate the Mental Health Maze”

As part of the Chapter's Healthy People 2010 Mental Health Grant, the Committee on Mental Health has kicked off its fall CME/Roundtable series, “Navigating the Mental Health Maze.” Armed with the goal of trying to equip pediatricians to better understand the local mental health system in their area and better meet the mental health needs of their patients, these two-hour dinner meetings have been held this month in Huntsville, Montgomery and Birmingham, with the final session to be held on November 29 in Mobile.

At each session, a local child/adolescent psychiatrist discusses when to treat and when to refer, and helps to give pediatricians the tools needed to increase their level of comfort. The programs have also included a one-hour roundtable session for pediatricians, psychiatrists, mental health center professionals, and parent advocates, fostering dialogue to ultimately improve the local mental health referral system for children.

“We hope that as a result of these sessions, these local ‘mental health networks’ will continue dialogue in the coming year,” said Madeleine Blancher, MD, FAAP, Chair of the Committee on Mental Health. “To that end, another series will be held in the spring, which will further meet this project's goals.”

It's not too late to register for the Mobile session! The meeting will be held Nov. 29 at 6 p.m. at The Bienville Club in downtown Mobile. To register, download the registration form on the chapter web site at www.alchapaap.org/mobileflir.pdf and return it to the Chapter office by November 23. For more information, contact Linda Lee at 334-954-2543 or llee@aap.net.



“Reddy takes office” continued from page 1

the State University of New York.

Dr. Reddy accepted the symbolic president's gavel at the 2005 Annual Meeting and Pediatric Update in Destin, Fla., on Sept. 23, marking the start of his two-year term.

“My goals in the months ahead are to build upon the chapter's efforts in addressing solutions to issues such as childhood obesity, mental health and asthma, and advocating for appropriate child passenger safety restraints and adequate Medicaid funding so that we can attain optimal health and well-being for all children in Alabama,” Dr. Reddy said.

A member of the chapter's Executive Board since 2001, Dr. Reddy has been recognized by the UAB Pediatric Alumni Association as a Master Pediatrician. He currently serves as Jackson County's representative to the Medical Association of the State of Alabama's College of Counselors and vice chair of the Board of Trustees for the American Association of Physicians of Indian Origin (AAPI), a 38,000-member organization. He has been a life member of the AAPI since its inception, and served as chairman in 2003-2004. He is also a Paul Harris Fellow of the Scottsboro Rotary Club.

He and his wife, Snehaprabha, also in medical practice in Scottsboro, have three grown children and five grandchildren.



Marsha Raulerson, MD, FAAP, outgoing president, passes the symbolic president's gavel to V.H. Reddy, MD, FAAP, 2005-2007 Chapter President, who, in turn, presents her with a plaque honoring her two-year term as president.

Chapter to launch Reach Out and Read statewide initiative

After several months of planning, the Alabama Chapter-AAP will soon launch a Reach Out and Read (ROR) statewide initiative, which will allow centralized ordering and assistance to physicians trying to kick off ROR in their practices, with the state organization also helping individual practices raise funds for books.

"I am very excited about the prospects and have always thought that Reach Out and Read is the best program our chapter could get involved with to promote early literacy and school readiness," said Marsha Raulerson, MD, FAAP, Immediate Past President, who has participated in the program in her rural Brewton practice for 10 years and will serve as the program's medical director. "I know from a personal standpoint what pediatricians' involvement has meant in terms of reading scores in elementary schools. It is a win-win situation for

everyone."

As the featured luncheon speaker at the chapter's Annual Meeting in September, ROR National Center Medical Director Perri Klass, MD, spoke to attendees about the importance of reading during the critical developmental years.

Attendees were so impressed with her talk that many mentioned on the evaluation form that they vow to talk about reading more to parents, with a number of them saying that they hope to initiate ROR in their practice in the future.

The Chapter is now steps away from signing a contract with the ROR National Center, which will then set the program in motion and allow a statewide coordinator to begin working with practices to both maintain existing programs and establish new ROR sites throughout the state.

Stay tuned for more information soon!



Pediatric practice managers' organization revived

On November 2, 19 pediatric practice managers from across the state gathered in Montgomery to form a steering committee to re-launch the chapter's inactive practice managers' organization.

Led by Tim Stewart, MD, FAAP, Chair of the Committee on Practice Management, the group brainstormed issues they felt needed addressing in such an organization. From the discussion, three central ideas emerged: the need for networking and communication among pediatric practice managers across the state on a variety of practice management issues; the need for office managers to band together to promote improved reimbursement and pricing, especially in the area of vaccinations; and the need for educational opportunities, particularly on such issues as electronic medical records.

Thanks to both highly motivated participants and a lively leader in Dr. Stewart, in three and a half short hours, the group had already laid the groundwork for the organization, making the following decisions:

- The Steering Committee will meet once a quarter;
- Annual dues of \$25 per person will support communication within the group and other initiatives;
- A Chair and three Vice Chairs were nominated to serve as the leaders of the Steering Committee;
- An educational conference will be held in the late spring/early summer 2006, with a focus on EMR and networking;
- Teleconferences will be held on a variety of practice management issues;
- A listserv (group email) will be established to serve as the chief form of communication;
- The chapter web site will be updated to serve as a centralized source of information, i.e. sample forms, etc.;
- The following committees/task forces were formed, with key members already selected: Third-party task force; conference/education committee; and communications (listserv, etc.) committee.

The Chair and Vice Chairs are creating a working document that will serve as the organization's statement of purpose, etc., after which the Steering Committee will work on a membership mail-out that will be addressed to the attention of practice managers at member offices across the state.

In the meantime, if your practice manager is interested in membership, he/she can email the chapter at llee@aap.net.

Alabama Chapter-AAP Winter CME Meeting 2006

January 27 – 29, 2006
The Wynfrey Hotel Birmingham

Topics & Speakers

Eating Disorders in Adolescents: A Primer for Primary Care Physicians – Marianne Felice, MD, UMass Memorial Children's Medical Center

Pregnancy Prevention Programs: What Works; What Doesn't – Marianne Felice, MD

Celiac Disease: Not Just Kid Stuff – John Snyder, MD, Professor of Clinical Pediatrics, University of California School of Medicine

Helicobacter Pylori Disease in Children: Update on the Phantom Menace – John Snyder, MD

Visual Diagnoses: Acute Pediatric Diseases in Pictures – Steven Selbst, MD, Professor of Pediatrics, Jefferson Medical College, Thomas Jefferson University, A.I. Dupont Hospital for Children

Eye Emergencies: When Do You Need an Ophthalmologist? – Steven Selbst, MD

Polycystic Ovarian Syndrome – Catherine Mao, MD, Associate Professor, Pediatric Endocrinology, Harbor-UCLA Medical Center

The Rise of Type 2 Diabetes in Adolescents – Catherine Mao, MD

Tourette Syndrome: Evaluation/Management – Leon Dure, MD, UAB

Developmental Dysplasia of the Hip – Scott Doyle, MD, UAB

Funding Alabama Medicaid: What's in Store in the Year Ahead – Carol Herrmann, Commissioner, Alabama Medicaid Agency

AAP Update – V.H. Reddy, MD, Alabama Chapter-AAP President

Chapter provides Hurricane Katrina relief in the form of pediatric supplies

In a matter of two business days, Chapter members from one end of the state to the other banded together to gather enough pediatric supplies to fill the back of a large pick-up truck – all for the cause of helping out a fellow pediatrician in Biloxi, Miss., who lost her entire practice to Hurricane Katrina.

On September 6, a load of pediatric office supplies was transported from Florence to Huntsville, starting a tag-team effort that continued to Birmingham, then on to Montgomery, Brewton and Mobile before making the final stretch to Biloxi on the night of September 7.

Jennifer Grayson, MD, a former University of South Alabama pediatric resident, was at a loss for words as the big pick-up truck arrived at her home.

"It was like Christmastime," she said. "I stayed up until 1 a.m. just going through everything. I can't begin to thank all of you enough for your generosity."

The supplies – including syringes, needles, stethoscopes, gloves, tissues, specula, otoscopes & specula, ophthalmoscopes, audiometers, urine cups, gauge, ace wraps, splints, bandages, betadine, children's



James Bolin of RealtySouth in Birmingham stands with the huge cargo of pediatric office supplies. Bolin and Tinker volunteered their time to our project by driving the supplies from Birmingham to Biloxi, adding to the load as they made stops along the way.

continued on page 5

The Physicians' Alliance WOW! Factor

"Physician's Alliance has shown its value"

M.J.K., MD, President, Primary Care Network

"We have saved a significant amount... and receive superior service..."

N.B., Practice Administrator

"I recommend the Alliance to my business associates all the time"

M.C., Office Manager

"We realized cost containment, cost reduction and increased profit margin"

S.G., Chief Financial Officer

"We realized savings from our first order with PA vendors"

J.C., Practice Manager

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CHAPTER BRIEFS

Oral health speaker featured at 2006 Annual Meeting

The Alabama Academy of Pediatric Dentistry is pleased to announce that it will co-sponsor a speaker for the 2006 Annual Meeting and Pediatric Update, set for Sept. 28 - Oct. 1, 2006 in Destin, FL. Martha Ann Keels, DDS, PhD, is an Assistant Clinical Professor in the Department of Pediatrics at Duke University School of Medicine, and is a member of the executive committee of the AAP Section on Pediatric Dentistry. She has spoken at many national medical and dental meetings, and is well-published. Her topics will highlight areas in oral medicine, oral pathology, and the interaction between pediatricians and pediatric dentists in the diagnosis and treatment of childhood disease.

— Ric Simpson, DMD, Alabama Academy of Pediatric Dentistry liaison to Alabama Chapter-AAP

Chapter committees finalized for 2005-2006 year

At its meeting held at the Annual Meeting and Pediatric Update in Sandestin, the Chapter Executive Board finalized the list of committees and representatives that will serve the chapter in the year ahead (the list can be found at right).

It's not too late to get involved! If you're interested in serving in any area of chapter work, please contact V.H. Reddy, MD, Chapter President, at reddyvh@hiwaay.net or the chapter office at 334-954-2543 or llee@aap.net. You can also contact the committee chairs directly through the AAP Members Only Channel (Member Directory) at www.aap.org/moc.

Key contacts needed to form legislative “call tree”

In the next two months, the chapter web site will be updated with advocacy tools designed to assist pediatricians in reaching our lawmakers as Alabama gears up for the Alabama Legislature's 2006 General Session, which commences on Jan. 10. The chapter's goal is to more effectively reach our legislators on key issues such as Medicaid funding and child passenger safety legislation.

One of the best ways to do that is to capitalize on existing relationships between pediatricians and legislators. Do you have a personal relationship with a local legislator in your district? If so, please contact the chapter office now – we'll use this information to begin to create a strategic plan of pairing pediatricians with lawmakers so that we can develop a list of “first responders” when we need grassroots support on an issue. Contact the chapter office at llee@aap.net and let us know which lawmakers you know or with which ones you'd like to be paired.

“Pediatric Supplies” continued from page 2

books and many more items—ended up not only outfitting Dr. Grayson's makeshift practice, but also was shared with other primary care doctors in Mississippi who had lost their practices as well.

The effort would not have been possible without the help of many chapter members across the state, including those who facilitated the donations, Dr. Marsha Raulerson, Dr. Franklin Trimm, and Dr. Karen Landers, and others who donated and/or drove supplies to the next point: Drs. Grant Allen, David Colvard, Erika Crenshaw, John Hamilton, W. Eich, Richetta Huffman-Parker, Danny Hammond, Gerald Freeman, Judy Moore, and Dwayne Carter; Drs. Pippa Abston, Robert Stewart, Jeanmarie Chappell, and Charles Horton of Huntsville; Drs. Mia Amaya, Paul Amamoo, and Derrol Dawkins of Birmingham; Drs. Wayne Melvin and Holly Johnson of Sheffield; Drs. Cathy Wood, Susan Brannon, Cheryl Outland, Mendy Blakeney and Bess Diebel of Montgomery; Southeastern Pediatrics in Dothan, and Dr. V.H. Reddy in Scottsboro.

In addition, the chapter thanks many others who donated supplies or assisted: Dr. Steven Maddox, a dermatologist in Montgomery; Drs. Jason Lockette and Alan Long, otolaryngologists in Florence; the Literacy Coalition of South Alabama; Dewey Barber Chevrolet in Birmingham for donating the use of a pick-up truck; and James Tinker and James Bolin of RealtySouth in Birmingham for transporting the load from Birmingham to Biloxi.

Alabama Chapter-AAP Current Committees/ Representatives

Committee on Adolescent Medicine
LaDonna Crews, MD, FAAP

Asthma Education
Roni Grad, MD, FAAP

Committee on Child Health Financing
Edward L. Goldblatt, MD, FAAP

Continuing Medical Education
Linda Anz, MD, FAAP &
Jennie Breslin, MD, FAAP

Committee on Practice Management
Tim Stewart, MD, FAAP

CATCH
Marsha Raulerson, MD, FAAP

Early Childhood Development
Cheryl Outland, MD, FAAP

Oral Health Representative
Richard Simpson, DMD

**PROS (Pediatric Research in Office
Settings) Representative**
D.J. Anagnos, MD, FAAP

**School Health/Nutrition/
Physical Fitness**
A.Z. Holloway, MD, FAAP &
David Reynolds, MD, FAAP

Children w/Special Health Care Needs
A.Z. Holloway, MD, FAAP

Women's & Minority Issues
Linda Anz, MD, FAAP

Young Pediatricians Representative
Jeff Tamburin, MD, FAAP

Annual Meeting Wrap-Up:

Outstanding speakers top list of reasons why attendees were glad they attended Annual Meeting and Pediatric Update

Despite the fact that Hurricane Rita was churning in the southern Gulf of Mexico,

close to 100 pediatricians from across the state gathered at the Sandestin Beach Hilton to attend the 2005 Annual Meeting and Pediatric Update held in September.

"All the speakers were phenomenal," wrote one pediatrician on the evaluation form. "I thought it was great; I gained a lot of practical ideas and information to apply to my practice," wrote another, referring to the four endocrine talks given by Robert Schwartz, MD, FAAP, of Wake Forest University. Many attendees said they will use his ideas to improve how they handle obesity issues in their practice. Others were impressed with Dr. Perri Klass' talk on the impact of reading on early language development. Still others cited the solid information on infections imparted by William Raszka, MD, FAAP, of the University of Vermont.

The Annual Meeting also marked the passing of the gavel from outgoing president, Marsha Raulerson, MD, FAAP, to incoming chapter president V.H. Reddy, MD, FAAP, of Scottsboro. Dr.

Raulerson was also honored by Dr. Reddy with a special plaque recognizing her two years of tireless devotion to the chapter. In addition, outgoing immediate past

president Bob Beshear, MD, FAAP, was recognized with an award for his many years of dedication to the chapter. Dr. Raulerson also presented awards to A.Z. Holloway, MD, FAAP, incoming Vice President, for his dedication to school health initiatives, and to Speaker of the Alabama House of Representatives Seth Hammett for his continued commitment to children's health.

Many thanks to CME Program Co-Chairs Linda Anz, MD, FAAP, and Jennie Breslin, MD, FAAP, for a fantastic program of speakers!

Their work is never done, however; currently they are making plans for the next Annual Meeting, set for Sept. 28 – Oct. 1, 2006, with several

speakers already slated to cover such topics as pediatric dermatology and oral health. (See Dr. Simpson's contribution on page 5.)

Right: Dr. Raulerson presents an AAP Fellow plaque to Speaker of the Alabama House of Representatives Seth Hammett for his commitment to children's health.



Below: William Raszka, MD, gave excellent talks on pediatric infectious disease.



Right: Chapter officers and CME program chairs take a moment to smile for the camera after the awards dinner Friday night at the conference. From left to right are Drs. V.H. Reddy, Mia Amaya, Bob Beshear, Jennie Breslin, Linda Anz and Marsha Raulerson.



Pharmaceutical representative Audra Snead speaks with conference attendees in the exhibits.



Dr. Raulerson and A.Z. Holloway, MD, FAAP, share a moment together after he received a Fellow plaque for his work on school health issues.



Bob Beshear, MD, FAAP, outgoing Immediate Past President, accepts a plaque from outgoing President Marsha Raulerson, MD, FAAP, honoring his years of dedicated service to the chapter.

Cost of Care: Asthma Medications

A look at the cost of asthma medications by Martin Michaels, MD, FAAP, Georgia Chapter-AAP Vice President, (reprinted with permission from The Georgia Pediatrician) with an afterword by Roni Grad, MD, pediatric pulmonologist and Alabama Chapter-AAP Member. This article represents the opinions of the authors and not necessarily that of the Chapter Executive Board.

All pediatricians treat a significant number of patients with mild and moderate persistent asthma. The desired outcome is freedom from asthma symptoms, full participation in all activities, and minimalization of missed school days, ER visits, and hospitalizations. Many treatment options are available, often with excellent outcomes.

Consider the following cost data: Cost to the parent without insurance at a large pharmacy in Atlanta (phone survey 2-05)

Quick Relief Agents:

• Generic Albuterol Inhaler 17.5gr	\$22.49
• Albuterol Inhalation Solution 0.5% 20 ml	\$18.99
• Xopenex 0.63mg #72	\$128.99

Controller Agents:

• Singulair 30 tablets	4mg \$102.99	5mg \$107.19	10mg \$102.09
• Flovent 60 inhalations	44mcg \$77.59	110 mcg \$105.99	
• Pulmicort Respules #60	0.25mg \$154.99	0.5 mg \$186.49	
• Advair 50 inhalations	50/250 \$175.99	100/250 \$148.79	

Note that:

- Xopenex 0.63mg costs 400 percent more than 0.5ml generic albuterol per treatment.
- Advair 50/250 costs \$7.03 per day compared to \$3.53 per day for Flovent 110.
- Singulair costs about \$3 per day.
- Pulmicort Respules cost \$2 - \$3 per dose.
- Flovent costs \$1.28 - \$1.75 per dose.

Inhaled corticosteroids (CS) have repeatedly been shown to offer excellent outcomes and cost-effectiveness. In my experience over the past 20 years, patients with asthma who undertake appropriate environmental modifications and who take their inhaled CS as prescribed have excellent outcomes with minimal cost. Furthermore, once stable, the dosage of inhaled CS in these patients can be tapered to the lowest dose necessary to control the asthma, thereby further minimizing the already low risk of significant toxicity. When selecting among treatment options, I find that my patients rarely need more expensive medications such as leukotriene blockers, long-acting beta 2 agonists, and single isomer albuterol.

Depending on the degree of cooperation, children can be switched from nebulized budesonide to the less expensive CS inhalers with a mask or holding chamber by age four or sometimes younger, thereby achieving cost savings without adversely affecting outcome. Considering the costs above, there are many opportunities for improvement in the expenditure of health care dollars for asthma pharmaceuticals. The following is one of a myriad of possible examples of such opportunities:

Compare the costs of care for two eight-year-old patients with moderate persistent asthma, both of whom have had appropriate environmental modifications, and both in good control of their asthma:

Patient A

Singulair 5mg \$107 per month
Advair 50/250 \$176 per month
\$283 per month = \$3,396 per year

Patient B

Flovent 44mcg 1 puff bid
\$78 per month = \$936 per year
(If Flovent 110mcg bid were needed, cost would be \$1,272 per year)

If there are 1,000 pediatricians who each have just 3 patients in their practice whose scenario fits that described in this single example, then \$7.2 million per year in savings could be realized in that population

How To Contact Your Chapter Leaders

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NEWS FROM THE AAP

New Database System Paves Way for Dues Invoice Improvements

The American Academy of Pediatrics will be implementing a new database system in January 2006. This web-based system will bring greatly enhanced data, reporting and web connectivity capabilities, and will allow for the implementation of anniversary-year membership cycles.

What does this mean to our members?

- **No more confusion** for new members as to when their membership starts and when it ends. Beginning with the implementation of netFORUM, all new members or previously lapsed members rejoining the AAP will pay one-year dues and begin their 12-month membership on the date of payment. No more payments covering months gone by.
- **Chapter and Section memberships** will be set to the **same expiration date** as the existing national membership to enable **single-invoice renewals**. National members joining Chapter and/or Section will pay pro-rated Chapter/Section dues for the months remaining on their existing national membership.
- **Benefits begin immediately**. No more month-long delays in benefits or active status.
- **The elimination of initiation fees** for new Fellows, and **reactivation fees** for returning members.
- Membership **renewal invoices will be mailed four months prior to the expiration** of the current membership. This will allow plenty of time for members to process their invoices and return payments prior to the membership expiration date.
- On the date of netFORUM implementation, all AAP members in good standing will **retain their July 1, 2005 through June 30, 2006 membership year**. Their membership period is printed on their membership cards.
- All members* in good standing on the date of netFORUM implementation **will be mailed renewal invoices the first week of March 2006**. The membership renewal will be for the upcoming membership year July 1, 2006 through June 30, 2007.
- *Resident Fellows will continue to be billed separately to accommodate the consolidated invoices sent to dues sponsors. **Resident Fellow renewal notices will be sent in May 2006 for the upcoming academic/membership year July 1, 2006 - June 30, 2007.**
- The AAP will continue to offer a **2-month grace period** for late payments. This grace period will be the first 60 days (July 1, 2006 through Aug. 31, 2006) of the new membership year. Unpaid memberships will expire effective Sept. 1, 2006. Benefits will lapse as well.
- **Members who rejoin** the AAP after the grace period will **start a new membership year** effective with the date their one-year dues payment is processed. Members do not have to fill out new applications to rejoin the Academy.

Example: Dr. Smith receives her renewal dues invoice in March 2006 for membership year July 1, 2006 - June 30, 2007. She doesn't send a payment. In May, she receives a dues reminder invoice. On June 30, her existing membership expires and the new membership begins July 1. She is now in the 60-day grace period of the new membership. She still doesn't send a payment. On Sept. 1, her July 1, 2006 - June 30, 2007 membership expires. The expiration date of June 30, 2007 changes to Aug. 31, 2006. On October 10, Dr. Smith realizes she is no longer receiving benefits so she calls to rejoin. The customer service representative "sells" her a new membership beginning on Oct. 10, 2006, expiring on Oct. 9, 2007. In June 2007, Dr. Smith will receive her renewal notice for her next year of membership beginning Oct. 10, 2007.

Members who receive renewal notices in March 2006 for membership period July 1, 2006 - June 30, 2007 and who pay prior to the end of the grace period of Aug. 31, 2006 will see no interruption in benefits, nor will their membership period change from the July to June period they have always had.

Chapter representatives attend Annual Leadership Forum

Marsha Raulerson, MD, FAAP, outgoing Chapter President, V.H. Reddy, MD, FAAP, 2005-2007 Chapter President, Linda Anz, MD, FAAP, National Nominating Committee Member, Carden Johnston, MD, FAAP, outgoing Immediate Past President of the AAP, and Linda Lee, Chapter Executive Director, were among the more than 500 chapter officers, committee, council and section chairpersons, and staff who attended the 2005 AAP Annual Leadership Forum, held August 11 - 14 in Chicago.

Each year, resolutions are submitted by chapters and districts (and beginning this year, committees, sections and councils) on issues they feel are important in such areas as advocacy, education, health-care financing, practice and AAP operations. A resolution is a formal mechanism for AAP members to provide input regarding Academy policies and activities. Resolutions are considered *advisory* but not binding. This year, 62 resolutions were adopted and sent to the appropriate AAP committees, councils, sections, divisions or departments. From there, responses will be forwarded to the AAP Division of Chapter and District Relations.

Some examples of this year's prioritized top ten resolutions include:

- 1) A resolution that the Academy advocate for the removal of insurance policy riders that preclude payment for any obesity therapy for children (medical or surgical) from policies written in the United States, and establish standards for obesity screen-

FDA update on influenza vaccine supply

The Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) have issued the following update on the status of influenza vaccine availability for the 2005-2006 influenza season:

The FDA anticipates the production of more vaccine than last year. Influenza vaccine manufacturers expect to produce more than 80 million doses of influenza vaccine this year, and as of the end of October, more than 57 million doses had been distributed. However, many providers still do not have any vaccine and others have only a portion of their order.

FDA is committed to working with all of the influenza vaccine manufacturers to expedite product lot release and availability of vaccine. While occasional spot shortages may occur as manufacturers complete their final testing, they expect these shortages to resolve as vaccine continues to be released to health care providers and others who administer the vaccine.

There are four manufacturers distributing influenza vaccine this year: Sanofi Pasteur; MedImmune; GlaxoSmithKline; and Chiron. The FDA has been actively working with them to ensure an adequate, safe, and effective supply of vaccine. Because a portion of the vaccine distribution has been delayed this year, healthcare professionals are encouraged to continue to vaccinate their patients into December as vaccine becomes available. Influenza peaks most often in January and February so the coming weeks on into December afford opportunities for vaccination.

For more information on influenza and influenza vaccine, please go to <http://www.cdc.gov/flu/> or <http://cispimmunize.org/pro/influenzaguidance.html>. In addition, the AAP Committee on Infectious Diseases has issued "Influenza Vaccine Implementation Information for 2005-06." This nine-page guidance includes a summary of current recommendations, timing of flu season, vaccine supply, liability, reimbursement, coding, and more! To view the guidance, visit the chapter web site at www.alchapaap.org/influenzaguidance.pdf.

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PERTUSSIS transmission

begins at home

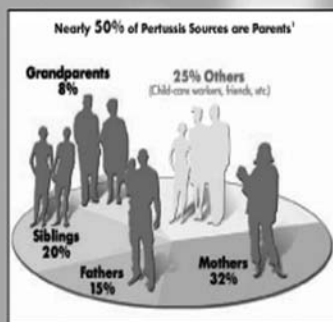
How do infants get
PERTUSSIS?

They get it from their family.

That's right — their
MOMS and

dads, brothers and sisters,
even grandma and grandpa!

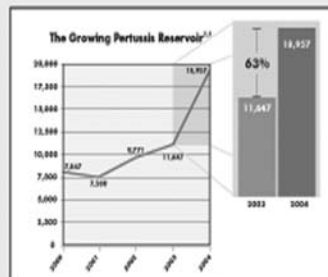
Nearly 75% of the time, a family member is the source of pertussis disease in infants!



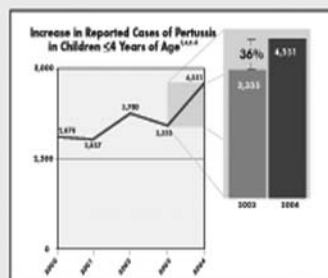
According to a recent study of pertussis in 264 infants, a family member was identified as the source of the disease in three quarters of the cases. In fact, the infant's mother was positively identified as the source in 32% of the cases. In addition to Mom, other confirmed sources included Dad 15% of the time, Grandma/Grandpa 8% of the time, and a sibling 20% of the time. This study provides clear documentation of the threat of pertussis within the family setting and serves as a window to the growing problem of pertussis in the general population.¹

The growing threat of pertussis — an often silent disease reservoir

Long thought to be nearly eradicated, pertussis case reports are at a 40-year high.² Today pertussis is the only communicable disease that is on the rise in all age groups for which a routine immunization is available. In 2004 there were 18,957 cases reported to the CDC, a 63% increase over 2003 and a startling 1000% increase from 20 years ago when incidence reached its nadir.^{3,4}

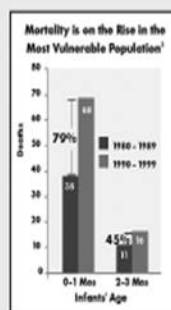


Especially troubling are two facts: first, there has been a 36% increase in reported cases among children ages 4 years or less⁵; second, over the last decade, 80% of deaths attributed to pertussis occurred in infants under 6 months of age.⁶



Among the many explanations on the explosion of pertussis in the United States are better reporting, better diagnosis, and waning immunity. What they all have in common is the acknowledgment that there exists a reservoir of disease among adolescents and adults, and more importantly, from this reservoir pertussis transmission occurs. Pertussis is most

contagious during the first few weeks of illness before it is recognizable.⁸ In both adolescents and adults the disease is often mild in nature, and not associated with the trademark "whooping cough."^{9,10} However, studies have reported significant morbidity including pneumonia, rib fractures, urinary incontinence, weight loss, otitis media, and sinusitis.¹¹ People with pertussis are also at risk of hospitalization and other complications such as seizures and encephalopathy. Beyond the morbidity are the social, financial, and psychological costs of pertussis disease. One recent study reported that 70% of affected adolescents lost 5 to 10 days of school while 49% of afflicted adults were out of work for 5 to 10 days.¹² In addition, 49% of adults reported that their sleep was disturbed for more than 21 consecutive nights with 9% reporting disturbed sleep for an astounding 60+ nights.¹³ It's no wonder the ancient Chinese called pertussis "the cough of 100 days."



Soon pertussis prevention will begin in the home too

Building on the heritage of the proven pediatric acellular DTaP vaccines, acellular Tdap vaccines for adolescents and adults will soon be available. This intervention will allow health-care providers to protect a broad spectrum of people from the morbidity of primary disease, as well as limit the morbidity and mortality in vulnerable infants by curtailing disease transmission.

You can find out more about pertussis by visiting any one of the following Web sites:

www.pertussis.com, www.cdc.gov,
www.nfid.org, www.napnap.org, www.aap.org

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"News from the AAP" continued from page 8

ing, education, and treatment to ensure that both public and private payers work with pediatricians to promote a more healthy, less obese population;

2) A resolution that the Academy increase its educational efforts to inform the public that juice should not be considered a healthy choice in the diets of children, and that the Academy advocate for the reduction of juice in the Women, Infants and Children (WIC) program and substitution with a fresh fruit/vegetable option that would satisfy recommended daily nutritional requirements; and

3) A resolution that the Academy continue to provide opportunities for collaboration among dentists, pediatric dentists, pediatricians, and pediatricians-in-training to deliver appropriate oral

health preventive screening and referral to a dental home, and continue to explore the expansion of oral health services as a crucial part of preventive well child care.

Now is the time to begin putting your ideas forward in the form of a resolution to be considered at the 2006/2007 Annual Leadership Forum (ALF), which will be held March 29 – Apr. 1, 2007. The AAP strongly encourages you to begin to work through your chapter to make sure that your idea gets the most support. These resolutions will have an opportunity to be discussed and supported at your district's upcoming meeting (District X to be held February 16 – 19).

For a complete listing of the 2005 resolutions, visit the Members Only Channel at www.aap.org/moc; for more information on submitting a resolution, please contact Sharon Chase at 800-433-9016, ext. 4752 or schase@aap.org, or Linda Lee at 334-954-2543.

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A Message from ALL Kids:

Alabama's Children's Health Insurance Program now in its seventh year

When ALL Kids first came into being in 1998, the difficulties of relaying the program information to the parents of children in need were overwhelming.

"Pediatricians, however, took on the critical role not only as physicians, but also as messengers, to convey ALL Kids information to

medical colleagues, staff and parents in need," said Gayle Sandlin, Children's Health Insurance Program Director.

Now in its seventh year, ALL Kids has grown in size and matured in policy. However, the basic philosophy remains unchanged: Improve the health status of children in Alabama through the reduction in the number of uninsured children. The Alabama Department of Public Health has also remained true to the principles of delivering a program that is family-friendly, provider-friendly, administratively simple, and fiscally sound. With the guidance of these tenets, ALL Kids is proud to report the following enrollment figures:

- During FY 2004, 79,407 children were enrolled in the program.
- The waiting list for enrollment was abolished in the summer of 2004.
- Under the current budget, ALL Kids enrollment can grow to 67,000 during FY 2005.
- ALL Kids has reimbursed \$295,000,000 in benefits since the program began.

The application for ALL Kids is a joint application with SOBRA Medicaid, Medicaid for Low-Income Families and the Alabama Child Caring Program. Applications received for chil-

dren who are not eligible for ALL Kids but who appear to be eligible for one of the other programs are forwarded to that program for review.

Between 5,500-6,000 applications are screened by ALL Kids every month, with about 40 percent of these applications ultimately sent to Medicaid and 20

percent either forwarded to the Alabama Child Caring Program or deemed ineligible. There are now three ways for families to apply:

- online at www.insurealabama.org;
- by printing an application from the ALL Kids website, www.adph.org/allkids; and
- through one of ALL Kids' many partners, i.e. pediatricians' offices.

Effective May 1, ALL Kids transitioned mental health and substance abuse services from Blue Cross Blue Shield to United Behavioral Health. If you are providing services to an ALL Kids-covered child with ADD or ADHD, benefits will continue to be paid under the medical plan. File these claims to Blue Cross Blue Shield of Alabama. If you are seeing an ALL Kids-covered child and you believe he or she could benefit from mental health or substance abuse services, either you or the child's parent may contact UBH for immediate assistance through the dedicated toll-free number, 800-320-9697.

ALL Kids now has 12 regional coordinators located across the state to assist with applications and outreach to health care providers and local groups. For more information, call the ALL Kids program office toll free at 1-877-774-9521.



Cost of Care: Afterword

There is considerable wisdom in this piece by Dr. Michaels. Asthma medicine is expensive, and needs to be taken on an ongoing basis. All patients with persistent asthma require a minimum of two agents: a controller and a fast-acting reliever. Many patients require additional controllers, as well as medicines to treat rhinitis and gastroesophageal reflux. Most health insurance plans do not cover the cost of medicines nearly as well as they cover the cost of doctor visits. Co-pays may be quite high on individual medicines and do add up when one considers the simultaneous need for multiple agents. For those without any coverage for medicines, the situation is bleak. Cost considerations have thus become paramount in informing our decisions about which agents to prescribe, at least at the outset.

The experience at Children's Hospital mirrors that of Dr. Michaels in Georgia; case in point, a dose of Xopenex costs our pharmacy 10-fold that of a dose of albuterol from the multi-dose bottle. Xopenex is widely prescribed in Alabama. The drug works well, but I have yet to see any evidence that it works better than albuterol, when given in equipotent doses. Although the cost is justified for children at high risk for life-threatening tachyarrhythmias, I do not believe it is needed in most routine cases. While I do use all of the agents discussed by Dr. Michaels, and do see tremendous benefit from combination steroid-long-acting bronchodilators, breath-actuated devices and leukotriene antagonists, I see minimal need for Xopenex in our therapeutic armamentarium until the price comes down substantially.

—Roni Grad, MD, FAAP,
pediatric pulmonologist

"Cost of Care" continued from page 2

while still following NIH treatment protocols and achieving excellent outcomes.

I am not suggesting that patients who depend on leukotriene blockers and long-acting beta-2 agonists be taken off their needed medication. Each physician must determine which controller medications are needed to achieve the best outcome for their patients with persistent asthma. My experience has demonstrated that many children who are taking these medications can be managed with equally excellent outcomes on inhaled CS alone. It is critical that the patient receives the inhaled CS as prescribed, with no missed doses. Thorough patient and family education is critical, as is ongoing clinical surveillance by the treating pediatrician.

—Martin Michaels, MD, FAAP

Editor's Note: See Dr. Roni Grad's afterword at right.



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November 29

Regional Mental Health CME
Roundtable Meeting,
“Navigating the Mental Health Maze,”
The Bienville Club, Mobile

January 27 – 29, 2006

2006 Winter CME Meeting,
The Wynfrey Hotel, Birmingham

January 29 – 31, 2006

Medical Association of the State of
Alabama
Government Affairs Conference,
Washington, DC

April 2006

Spring Regional Mental Health CME
Roundtable Series (Dates TBA)

May 12, 2006

Children's Health System's Practical
Day of Pediatrics, Children's Hospital
Birmingham

Spring 2006

Practice Managers Organization EMR
Conference (Date TBA)

September 28 – October 1, 2006

2006 Annual Meeting & Pediatric
Update, Sandestin Hilton, Destin, FL