

The Alabama Pediatrician

Spring 2009

From the President

The Alphabet Soup of Change



A.Z. Holloway, MD, FAAP Chapter President

The buzzword in Washington is "change" and we're definitely hearing a lot right now about changes in health-care. Change can be frightening, particularly when we don't know what the changes are going to be. We may not yet know the outcomes of these deliberations,

but we do know that business feels the cost of health care is too expensive.

We hear a lot of alphabet soup when we start listening or reading about what's going on inside the beltway. Some acronyms that we pediatricians should be learning how to spell are NCQA, PCMH and HIT. The National Committee for Quality Assurance is a non-profit organization dedicated to improving health care quality. NCQA assesses whether physician practices are functioning as Patient-Centered Medical Homes. There is a certification process and a practice may be certified as a Level 1, 2 or 3.

A national Patient-Centered Primary Care Collaborative, made up of employers, consumers, patients, clinicians and payors, is working to promote the PCMH in order to improve the health of patients and the viability of the healthcare delivery system and support a better model of compensating clinicians. Compensation would incorporate enhanced access, improve coordination of care, reward for higher value, expand administrative and quality innovations, and promote active patient and family involvement, all the while helping to control rising costs of healthcare.

The third acronym is HIT, or Health Information Technology. One billion dollars of the president's stimulus plan has been allocated for HIT. Some of

Alabama Chapter AAP wins Outstanding Chapter

The Alabama Chapter-AAP has been chosen as the Outstanding Chapter of the Year by the AAP in the "large chapter" category. The announcement was made before a large national forum of pediatric leaders at the AAP's Annual Leadership Forum, held recently in Chicago, IL.

The Outstanding Chapter award is based on a written report that the Chapter submits each year to the AAP on its achievements and an oral report made by the Chapter President in front of a national committee of district vice chairpersons. The Alabama Chapter is the second to the smallest chap-



Standing from left to right are: David Tayloe, MD, FAAP, President, American Academy of Pediatrics (AAP); Polly McClure; James Wiley, MD, FAAP, Chapter President-Elect; A.Z. Holloway, MD, FAAP, Chapter President; Linda Lee, APR; Jill Powell; Linda Champion; and Edward Zissman, MD, FAAP, AAP District X Vice Chairperson.

ter in the large chapter category (501-1000 voting fellows), which is comprised of 15 state chapters across the country.

"Both the document and the oral presentation demonstrated the broad range of

outstanding Chapter activities that advocate both for the children and pediatricians of Alabama," said Edward Zissman, MD, FAAP, one of the 10 district vice chairpersons who make up the selection committee. Dr. Zissman and AAP President Dave Tayloe, MD, FAAP, presented the award at the 2009 Spring Meeting on April 5.

"We are thrilled with this news," said A.Z. Holloway, MD, FAAP. "We



A.Z. Holloway, MD, FAAP, Linda lee, APR, and J. Wiley, MD, FAAP, are all smiles after the announcement was made at the ALF.

have worked hard on a lot of child health issues over the last several years, and it is nice to get this recognition. We are indebted to the hard work of our Executive Board, members and employees for making this a reality."

Chapter Office and Staff

Alabama Chapter – AAP

- Linda P. Lee, APR Executive Director
- Linda M. Champion Project Coordinator
- Jill H. Powell Executive Assistant

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

Alabama Chapter – AAP

Mission:

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

Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

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

Pediatricians are essential to achieving optimal child health.

The work of pediatricians, and the profession of pediatrics, must endure and grow ever stronger.

Vision:

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

Chapter awarded AAP asthma quality improvement grant

Project will engage 10 – 15 practices in improving patient outcomes

After a multi-phased selection process, the Alabama Chapter-AAP has been chosen as one of the four AAP chapters to join the Chapter Quality Network (CQN) Asthma Pilot Program, which will focus on improving care for children with asthma. This 18-month grant project will help the chapters support practices in learning how to implement the latest guidelines from the National Heart Lung and Blood Institute (NHLBI)/National Asthma Education and Prevention Program (NAEPP), while providing an opportunity to reduce health disparities in asthma care.

Through this project, the Chapter will gain QI knowledge through tools, resources and technical support from the AAP in order to support member practices in QI efforts. Ten to 15 practices have been recruited to participate in a learning community to make changes in asthma care consistent with national guidelines and measure improvements among at least 25 patients per practice.

. The Academy is applying to the ABP for Maintenance of Certification (MOC) QI project approval so that participating chapters can offer members part IV performance in practice credit for completion of the project. The Academy's Education in Quality Improvement in Pediatric Practice (EQIPP) asthma module will be used (free of charge to participating practices) as the data collection tool and the national office will provide monthly data reports to chapters and practices to provide feedback on practice performance.

By participating in the CQN Asthma Program, practices will form an asthma team, attend four learning sessions and monthly conference calls, submit monthly data through EQIPP, and throughout the process, engage in small tests of change (i.e. planned care templates, practice protocols and self-management) affecting their office system to make improvements in the care delivered to their asthma patients.

"We are very excited to have secured this grant, which will give us the tools we need to move our members forward with quality measurement at the practice level, which is now a requirement of maintenance of certification," said J. Wiley, MD, FAAP, Chapter Physician Project Leader for this program. "This is a tremendous learning opportunity and benefit for the practices that sign up."

Dr. Wiley also commented that this project will give us a leg up in promoting QI for other disease states, and to more practices across the state.

Pediatricians sought to present to business leaders

At the Spring Meeting, the Chapter Executive Board announced the launch of a Chapter initiative to educate business leaders/purchasers of healthcare in the state about primary care pediatrics and

healthcare financing in an effort to underscore the importance of coverage for preventive care and screening. To that end, Area 2 Representative Grant Allen, MD, FAAP, of Florence, helped develop a canned PowerPoint presentation for members to use in presentations at local Rotary Clubs, Chambers of Commerce meetings, human resource managers meetings, etc.

We need your help! We are seeking members to create an "army" of presenters in local communities. To view and/or download the PowerPoint presentation and supporting materials, go to the Chapter web site at www.alchapaap.org (middle



of home page). To volunteer for this effort, please complete the Chapter involvement form on our web site at http://www.alchapaap.org/iform.asp?id=48 and put "Business Leaders Presentation" in the first field—or call the Chapter office at 334-954-2543. We will make contact with you to give you guidance on setting up your presentation and send you a short post-presentation evaluation so that we can track our success across the state. Chapter members who assist will be listed in the Chapter newsletter. NOTE: If you attended the Spring Meeting, the presentation is loaded on the CD in your packet. Thanks for your help!

Medical Home, QI focus at Spring Meeting

Following trends at the national level, the buzz-words "medical home" and "quality improvement" certainly worked their way into our speakers' topics at the 2009 Spring Meeting, held in April in Sandestin. David Tayloe, MD, FAAP, president of the American Academy of Pediatrics, gave an excellent presentation on the medical home and current efforts at the national level to pay providers per member per month fees if they



David Tayloe, MD, FAAP, AAP President, updates Chapter members about the medical home.

meet certain guidelines set forth by the National Committee for Quality Assurance (NCQA). James Brown, MD, FAAP, with the American Board of Pediatrics, provided an update on new Maintenance of Certification requirements to measure quality in the

pediatric medical home. The following is a short summary of his presentation:

Measuring quality to meet maintenance of certification requirements

In response to the public's demands for the highest quality care from healthcare providers, the Maintenance of Certification (MOC) process through the American Board of Pediatrics has evolved and will undergo further metamorphosis in 2010. While the new MOC will have the same four parts with the requirement of a secure knowledge test every 10 years, there will be several important changes. For certification earned in 2010 and beyond, the MOC cycle will be five years. Pediatricians must acquire 100 points during each five-year cycle; 20 of those points can be earned in either Part 2 or Part 4 activities, with the requirement that a minimum of 40 points be earned in both areas. Full details of these changes and new requirements can be found at www.abp.org.

For Part 4, the ABP is asking that certified pediatricians begin to measure existing care and make efforts to improve the care they deliver. These quality improvement activities can be completed by using web-based improvement tools, such as the AAP's EQIPP modules, or through an approved collaborative improvement

project, such as the Chapter's new asthma QI project. Based on methods proven to improve care, these activities will help pediatricians measure the care they deliver, make simple changes to improve that care, and provide them with the

tools to re-measure so that improvements can be documented.

To be more specific, the steps a pediatrician will take through the EQIPP modules include: complete the QI basics section, enter collect and enter baseline patient data, analyze measures with your practice team, development an improvement plan with your team, collect follow-up data, analyze measures, and look at next

steps. The current or planned EQIPP modules include: asthma, medical home, immunizations, GERD, developmental screening and Bright Futures.

The ABP will not collect patient data; pediatricians and the leaders of any projects they participate in will attest that the pediatricians have completed quality improvement work.

Many pediatricians across the country are now measuring quality; while the "start-up" may seem overwhelming, the time needed to measure

quality is not burdensome once efficiencies are realized.

For a full article from the ABP on the new MOC requirements, visit www.alchapaap.org.



Chapter President A.Z. Holloway, MD, FAAP, his wife Glean, and Latonda Paymon, CRNP, enjoy the Saturday night reception.



Maria Bernardo, MD, FAAP and Ritu Chandra, MD, FAAP, at the AfterGlow



District X Chair Edward Zissman, MD, FAAP, speaks to Chapter officers at the reception.

Many thanks to our advertisers for their support:

Belk & Associates
Children's Hospital
Coastal Insurance
MedFusion Rx
MedImmune, Inc.
MediSYS

Physicians' Alliance

Practice Management Association update

By Lynn Brown, CPC, PMA Chair

The AL-AAP Practice Management Association continues to grow in membership in 2009. Members give us feedback that sharing with other managers and "watching the listserv Q & A" have become invaluable. Our group email membership has increased to 88 active pediatricians and managers.

In addition, the quarterly meetings by conference call have given members an opportunity to hear updates on vaccines issues, payor issues and share information regarding current issues in their office. The conference calls have reduced the managers' time away from the office but allow them time to participate as a group for one hour a quarter. The next conference call will be in June, with the September PMA annual meeting to follow in Birmingham in conjunction with the AL-AAP Annual Meeting & Fall Pediatric Update.

The leadership of the PMA changes each October 1; any PMA member wishing to join the Executive Committee or participate on other committees can email me or the AL-AAP office. The PMA welcomes diversity in the leadership so that large, medium and small offices are represented. As a benefit of the PMA membership, training opportunities have been available for staff by webinar this past year. Feedback has been positive for offering a staff educational opportunity in a way that helps in reducing expense to the pediatrician for travel time. The PMA will continue to explore staff educational opportunities in the future.

All pediatricians are encouraged to allow their practice leadership (managers, coordinators, supervisors, billing managers) to become part of the PMA (visit the Chapter web site for an application at www.alchapaap.org). Any pediatrician that would like to become a member of the email group can email me at lynn.brown@chsys.org.



Bang one of four Pediatric Heroes awarded nationally

The Chapter is pleased to announce that our own Bhagwan Bang, MD, FAAP, of Opp has been selected as one of four AAP Pediatric Heroes awardees nationwide.



Bhagwan Bang, MD, FAAP

In October 2008, at the 2008 National Conference & Exhibition (NCE), the American Academy of Pediatrics launched a campaign to find stories of the "every day, unsung pediatric heroes among us." After receiving hundreds of entries and much deliberation, Dr. Bang and three other pediatricians were selected by the NCE Planning Group Executive Committee.

The four winners will be given a trip to the

2009 NCE in Washington, DC, on October 16 - 20 and honored at one of the four plenary sessions. In addition, they will be recognized with their stories in the NCE Preliminary Program, which will be featured in the June issue of AAP News.

Dr. Bang had several nominations from within his own community, which aided the committee's selection. Here are quotes from those nominations:

"He has encouraged me to keep breastfeeding when I was ready to

give it up." - Heather Newman, Opp, AL

"He had an opportunity to leave this rural area but couldn't bring himself to leave his patients in this underserved area," — Wheeler A. Gunnels, Medical Director, Mizell Memorial Hospital, Opp, AL

"You normally can't say that you love your doctor, but with this doctor we can not only say it, but mean it." - Marilyn Vonderau, Opp, AL

Other Chapter members receive nominations

The Executive Board would also like to congratulate the following two Chapter members, who were nominated for the award as well:

- Dina Winston-Doctson, MD, FAAP: "She doesn't make a million dollars or fly with a cape, she is not on her own TV show and hasn't written a bestseller; she is just a wonderful, concerned, make-you-feel-good doctor." Daria Anagnos, MD, FAAP, Montgomery, AL
- V.H. Reddy, MD, FAAP: "While briefly covering his practice between residency and fellowship, I have never worked harder and only then realized his remarkable impact... he makes me want to be a better doctor and better person." *Radha Cohen, Scottsboro, AL* Congratulations to all!



IMMEDIATE locum tenens opportunities:

Hospitalist Occupational Medicine Emergency Medicine Urgent Care Family Medicine Pediatrics Internal Medicine General Medicine

Many opportunities are locums to permanent

Competitive remuneration, malpractice insurance provided, personal car mileage reimbursement and lodging paid.

Contact Karen Belk at 1.888.892.4DRS

Office: 256.389.1341 • Fax: 256.389.9000 • E-mail: karenbelk@comcast.net



Every day, in countless little ways, you make sure that your patients enjoy the best possible health. Is your malpractice insurer doing the same for you?

At Coastal Insurance, we begin by ensuring a personal, one-to-one relationship. We suggest ways to help your practice. And, if a patient files a claim, we make you part of our defense team, allowing you to have a voice in how conflicts are fought or resolved.

Is your practice ready for the right brand of care? Call us today at 800-821-9605. Because if your malpractice insurer isn't looking out for you, then who is?



More than insurance. $A\ relationship.$

2009 Legislative Update/Wrap-up

With the adjournment of the 2009 Alabama Legislative Session, we reflect on successes and areas that need continued work.

In the area of state budgets affecting children, both Medicaid and the Children's Health Insurance Program (CHIP, or ALL Kids in Alabama) fared well in that the federal stimulus monies allowed both programs to be funded fully at their current levels. One very positive note was that, thanks to the footwork of Senator Roger Bedford, the General Fund budgets that passed both the House and the Senate include allowances for CHIP to cover children up to 300 percent of the Federal Poverty Level.

"This was an addition that we had not anticipated, and we are pleasantly surprised that it is coming to fruition," said Cathy Caldwell, Alabama's CHIP director, who added that the Alabama Department of Public Health continues to keep on its wish list coverage of Medicaid-eligible unborn children of pregnant women who do not qualify for Medicaid themselves.

"The federal stimulus money allowed us to fund our General Fund but our advocacy work is far from over, because these federal monies will only last another two years," added Jeff Tamburin, MD, FAAP, Chapter Legislative Chair.

The Chapter office worked determinedly on coalitions to promote the passage of the smoke-free bill and a strengthened graduated driver's license law. In the case of the smoke-free bill, the Coalition for a Tobacco-Free Alabama strategized and advocated with one voice to engage legislators to move the bill; however, it reached the Senate floor but died during failed negotiations to amend it, and on the House side, it never reached the floor after numerous attempts. The Alabama Safe Teen Driver Coalition, of which the Chapter is part, also worked as a group to create public awareness through a news conference. That bill passed the House, but never made it to the floor of the Senate for a final vote.

"I felt that this year, our coalitions were more unified than they've ever been, which was positive," said Linda Lee, APR, Chapter Executive Director. "Unfortunately, we faced outside influences that were out of our control. But now we will continue our advocacy next year in a more unified way."



Representative Jamie Ison, Alabama House District 101, speaks to the pediatricians assembled at the Alabama State House in March for the 6th Annual Pediatric Legislative Day.

The Chapter Executive Board also has a priority to create a better grassroots system in the coming year to engage Chapter members in developing relationships with state legislators and create a key contacts system so that we can be more effective in our advocacy when "the pressure is on" during the legislative session.

On the federal front, with the signing of the federal stimulus package (American Recovery and Reinvestment Act of 2009), many state agencies and coalitions have been scrambling to ensure that their programs receive a portion of these monies for children. The Chapter office worked with the Blueprint for Zero to Five on recommendations for funding for children in this age group. Throughout the first few months of this year, several chapter members also visited Capitol Hill to either advocate or testify to ensure that these dollars are used to promote improved children's health and the medical home.

The ARRA also provides for financial incentives for practices to support the adoption of health information technology (HIT). Although there are many questions remaining, it is known that pediatricians will need to have at least a 20 percent Medicaid patient population in order to qualify for incentives through this program. The Alabama Medicaid Agency has been designated by Governor Bob Riley to serve as the lead for all (HIT) activities related to the federal stimulus program. The AAP has developed a Frequently Asked Questions (FAQ) document on this provision, which can be found on the Chapter web site at www.alchapaap.org. The Chapter will forward more information on this provision as it is made known.

How To Contact Your Chapter Leaders

President Albert Z. Holloway, MD, FAAP 2611 Woodley Park Dr. Montgomery, AL 36116 Ph. (334) 288-0009 Fax: (334) 288-1441 aholloway687@charter.net

Vice-President/President-Elect James C. Wiley, MD, FAAP 2580 Old Shell Road Mobile, AL 36607 Ph. (251) 378-8635 Fax: (251) 378-8636 docjwiley@comcast.net

Secretary-Treasurer Michael J. Ramsey, MD, FAAP 126 Clinic Dr. Dothan, AL 36330 Ph. (334) 793-1881 Fax (334) 712-1815 mj_ramsey@msn.com

Immediate Past President V.H. Reddy, MD, FAAP 503 Burlington St. Scottsboro, AL 35768 Ph. (256) 259-1886 Fax (256) 259-6838 reddyvh@hiwaay.net

Area Representatives to the Board Grant Allen, MD, FAAP Florence allen_grant@hotmail.com Ph. (256) 764-9522

Mendy Blakeney, MD, FAAP Montgomery mendyb334@msn.com Ph. (334) 272-1799

Jennifer Cole, MD, FAAP Mobile jennifergcole@gmail.com Ph. (251) 442-5001

Joseph Jolly, MD, FAAP Birmingham jollydoc@aol.com Ph. (205) 663-9550

Tim Stewart, MD, FAAP Huntsville tstewart@hhsys.org Ph. (256) 265-2464

Wes Stubblefield, MD, FAAP Auburn awstubblefield@bellsouth.net Ph. (334) 821-4766



From the Coordinator

Reach Out and Read celebrates 20 years

In March 1989, Boston City Hospital pediatricians Barry

Zuckerman and Robert Needlman began handing out books to their youngest patients, offering advice to parents about the importance of reading aloud, and deploying volunteer readers in the pediatric clinic waiting room. That was the birth of Reach Out and Read (ROR), one of the most successful early childhood interventions ever developed, which currently serves 25 percent of the nation's at-risk infants, toddlers, and preschoolers.



Marsha Raulerson, MD, FAAP, ROR-Alabama Medical Director, reads to children in her practice.

Since then, more than 20 million books have been distributed to children through the ROR model: a brilliant, yet simple strategy to promote early literacy skills in young children and school readiness.

"In the last three years, our state Reach Out and Read coalition has grown over 300 percent to 59 active program sites," said Marsha Raulerson, MD, FAAP, ROR-Alabama Medical Director, who said that in 2008 alone, these sites distributed more

than 100,000 books to more than 67,000 children. "With this rapid growth, obtaining funds for book distribution at well-child

visits at these practices remains a challenge. We are fortunate, though, to have the support of many local private and public partners in each community that value the importance of early literacy."



More than a dozen research studies demonstrate ROR's powerful impact, unmatched among other early literacy interventions. Studies show that parents who get books and literacy counseling from their health care provider are more likely to read to their young children, read to them more often, and provide more books in the home. Children who participate in ROR score significantly higher on vocabulary tests and show improved language development — the single strongest predictor of school success.

One of ROR's greatest strengths, especially during challenging economic times like these, continues to be its cost-effectiveness. The cost of the full, five-year ROR program is just \$40 per child. To contribute to Reach Out and Read-Alabama, visit our web page at www.roralabama.org.

Endorsed by the AAP, ROR is a successful public-private partnership, drawing funding support from the U.S. Department of Education, the U.S. Department of Defense, state governments, and individuals, corporations, and foundations nationwide. In Alabama, we continue to receive significant funding from the Alabama State Department of Education Division of Special Education.

After 20 years, Reach Out and Read's goal remains the same: that every child grow up with books and a love of reading. Thank you for all you do to support that noble mission.

- Polly

"From the President" continued from page 1

these funds are for health centers, but most of the funds are for private practitioners to upgrade to electronic medical records (EMRs). The final guidelines are not available, but we do know these funds will be channeled through the state Medicaid agencies. Approximately 18 percent of the nation's physicians currently use EMRs. Also, there is a national certifier for EMR's who meet federal guidelines. The agency is called the Certification Commission for Healthcare Information Technology.

As you can see, there is a lot brewing right now at the national level and we are beginning to see this trickle down to our own state. So it's important for us to know our alphabet soup - go to these group's sites and see what's being spelled out for pediatrics.

CHAPTER BRIEFS

Pediatricians and their staffs begin oral health risk assessments; local trainings planned

Primary pediatric providers across the state are now performing oral health risk assessment and fluoride varnishing for children from six months to three years of age

as part of the 1st Look program.

Take a 1st Look

A Healthy Smile = A Healthy Child

Effective

January 2009, Alabama Medicaid now pays primary care providers who have been trained in oral health risk assessment for dental codes D0145 (oral exam < 3 years old, counseling) and D1206 (topical fluoride application) under certain limitations. Pediatric providers, along with any clinical staff in their offices who apply the varnishes and perform risk assessments, must complete the AAP's "The Oral Health Risk Assessment Training Program for Pediatricians and Other Child Health Professionals" and pass the post-test in the module to meet the Medicaid requirements of being a 1st Look Provider. Clinical staff can perform and bill for the procedure only if the Medicaid provider (MD, DO, PA, and CRNP) has been trained and certified as

In order for the pediatrician to bill Medicaid for this procedure, the physician must be enrolled by the Alabama Medicaid Agency and be a Patient 1st Provider. In addition, the child has to be Medicaid-eligible, meet at least two of the high risk indicators under the AAPD Caries Risk Assessment Tool (CAT), must be less than three years of age, AND not be under the care of a dental provider (never seen by a dentist). Once a child has a dental home, this information will be kept on file with the medical provider, and no further fluoride varnish applications by the medical provider will be permitted.

The Chapter is also working with the

Alabama Dental Association (ALDA) to train dentists who can then train pediatricians in their local areas on this procedure. If you are interested in hosting a 1st Look Provider Training in your city, please contact Linda Champion at lchampionaap@knology.net to determine if an ADLA dentist is in your area. The Chapter has posted information

on our web site at www.alchapaap.org where you will find a list of fluoride varnish vendors. For additional information on the

Medicaid requirements, go to: http://www.medicaid.alabama.gov.

If you have any questions, please contact the Chapter office at 334-954-2543 or Linda Champion at lchampionaap@knology.net.

Expanded Newborn Screening: Moving toward uniform protocols

By Gail Mick, MD, UAB Faculty Member

Work is in progress to provide uniform protocols for collecting newborn screening (NBS) blood samples on infants throughout Alabama.

Without question, the outcome of our excellent and comprehensive statewide screening program begins at the bedside. The importance of best practice blood spot collection techniques cannot be understated ("allow heel-stick blood to soak through to completely fill each and all of the preprinted circles on the filter paper"—full details are also given at http://www.adph.org/newborn-screening/Default.asp?id=2204).

Ongoing concerns also include the need for standardized guidelines regarding the timing of the initial NBS specimen after birth as well as the effects of diet, TPN, illness and prematurity on these results. Moreover, infant hospital transfers and early discharges bring forth additional worries that ALL newborns are tested initially and have primary care follow-up to obtain their second routine filter paper specimen.

The Alabama Department of Public Health



Alabama pediatricians descend on Capitol Hill

J. Wiley, MD, FAAP, Chapter Vice President/President-Elect, sits down with Caroline Walker, Health Policy Counsel in Senator Jeff Sessions' office, on April 20. Dr. Wiley served as the Chapter's representative to the 20th American Academy of Pediatrics Legislative Conference, held April 19 - 21 in Washington, DC. The visit with Ms. Walker was one of several to discuss health care reform and health care for children. More than 100 pediatricians, including 30 residents, attended the conference.

Newborn Screening Lab, in conjunction with the Alabama NBS Advisory Committee (ANSAC) and other experts, are currently working to formalize these guidelines for release later this year.

In Memoriam

The Alabama Chapter-AAP was shocked and saddened to learn of the sudden death of Jim Dearth, MD, FAAP, long-time Children's Hospital Chief Executive Officer, in April. Dr. Dearth retired in December 2007 after leading Children's for more than two decades. Through his vision and leadership, Children's Health System built a strong foundation for growth and the capacity to provide world-class pediatric healthcare. Dr. Dearth chaired the National Association of Children's Hospitals and Related Institutions (NACHRI), the Child Health Corporation of America (CHCA), and the Children's Miracle Network (CMN) during his outstanding career. He was the founding president of Voices for Alabama's

Event Calendar

September 18 Chapter Open Forum on Autism Issues; Coding Workshop The Wynfrey Hotel, Birmingham, AL

September 18 - 20 2009 Annual Meeting & Fall Pediatric Update The Wynfrey Hotel, Birmingham, AL

October 17 - 20 AAP National Conference & Exhibition Washington, DC

2010

April 15 - 18 2010 Spring Meeting & Pediatric Update Hilton Sandestin Beach, Destin, FL



CATCH grantees recognized

Chapter members Angela Martin, MD, FAAP; Marsha Raulerson, MD, FAAP; Lucy Culpepper, MD; Bob Beshear, MD, FAAP; A.Z. Holloway, MD, FAAP; and Cheryl Outland, MD, FAAP were honored in a special presentation Sunday morning at the 2009 Spring Meeting in Destin when Dr. Raulerson presented them with medals from the American Academy of Pediatrics for their previous community pediatrics work as CATCH grantees. Congratulations!

"Chapter Briefs" continued from page 9

Children. A national leader for children's health and a strong, consistent advocate on behalf of children, Dr. Dearth left a lasting mark on the lives of patients, families, friends and colleagues.

Abston awarded "Best Attending"

Pippa Abston, MD, FAAP, of Huntsville has been named "Best Attending" in the Class of 2010 University of Alabama at Birmingham Huntsville Branch Campus Awards. Dr. Abston is active in the Chapter as a member of the Injury Prevention Committee, the Mental Health Committee and the Nominating Committee, as well as with legislative advocacy.

Congratulations, Dr. Abston!

Third-party/Coding Q&A: BCBS Physician Quality/Transparency

Q: If we have the same patient on all of our doctors' lists showing error like MMR missed, do we have to correct it for all doctors or will it

compute like it is supposed to and give credit to all? Also, If we correct the MMR, will it automatically do the Varicella, since it is a combination or do we have to correct both?

A: If you put the MMR in on one patient in the group, then it will be recalculated for all doctors who saw that patient. You still have to put the Varicella in on at least one patient for one doctor at this time,

but Blue Cross is researching why this combination drug separated. Blue Cross won't recalculate until June, so no one will see the updated information until July, when it should be available to the public.

Did you know? developmental screening toolkit online

If you've not had the chance, take a moment to peruse the Chapter's online developmental screening toolkit, which offers pediatricians sample forms and letters to parents, information and links to standardized developmental screening tools, information on all of the state's early intervention services, the AAP's developmental screening policy statement, and more. Visit www.alchapaap.org and go to Programs/Projects→ABCD Developmental Screening Project.

Resident Rounds

By Jessica Kirk, MD, Pediatric Chief Resident, University of South Alabama

AAP Resident Section, District Coordinator District X

The residents are on the move! We are pleased

to announce that three of the top ten resolutions at the AAP's Annual Leadership Forum in March were residentwritten, and that our resolution for residents' vote for AAP President is number three in the top ten! Thank you so much, as we could not have



Greg Powell, CEO of Fi-Plan Partners in Birmingham, covers financing planning at the recent career day at USA.

accomplished this without the advice and support of our FAAPs.

A second congratulation goes out to our very own Alabama Chapter for their Outstanding Chapter Award. The residents are so proud to be a part of this active group of child advocates. We have Chapter leadership that not only encourages resident involvement, but also plans activities exclusively for our benefit. For the past three years, the chapter has conducted an annual "Career Day" for pediatric residents both at UAB and USA. This spring, residents participated in another successful day of intensive learning on topics ranging from shared call to contract negotiation.

If you would like more information about what is going on with the residents in District X, please email me at jlkirk@aap.net so I that may e-mail you a copy of our resident newsletter!

NEWS FROM MEDICAID

Safe, appropriate use of anti-psychotic drugs is educational initiative goal

A new educational initiative by the Alabama Medicaid Agency to encourage safe and appropriate use of anti-psychotic medication in children will start May 2009. The effort is an outgrowth of a collaborative effort to improve care for Medicaid recipients, particularly children, by supporting FDA-approved indications and evidence-based, age-appropriate utilization of antipsychotic drugs.

The project was developed after Medicaid claims data identified more than 400 children aged 0-4 years who had received a "second generation" (also known as atypical) antipsychotic medication during calendar year 2007. Approximately half of these children did not have an FDA-approved diagnosis, while the other half had what would have been an FDA-approved diagno-

sis had they been older. Prescribers for this patient group included psychiatrists, family physicians, neurologists, pediatricians and others. A number of these children were on multiple antipsychotic medications.

A multi-agency group convened at the recommendation of Medicaid's Pharmacy and Therapeutics Committee (comprised of physicians and pharmacists from around the state) to evaluate these findings and make recommendations. Members of the task force include child psychiatrists, physicians of other specialties, pharmacists, and representatives from the Alabama Department of Mental Health, ALL Kids, Blue Cross and Blue Shield of Alabama, and Medicaid.

"This new initiative is consistent with the Agency's emphasis on quality improvement and improved health outcomes," said Medicaid Medical Director Robert Moon, MD. "The goal is more consistently evidence-based and/or guideline-supported prescribing for this vulnerable population."

Using the claims history of the Pharmacy program, a two-phased program is planned. In the first phase, educational letters are being sent to providers whose prescribing practices for anti-psychotic medications for children may differ from those generally accepted as evidence-based practice.

The second phase, set for June, will involve educational phone calls by board-certified child psychiatrists to identified prescribers to discuss the use of these medications in children under the age of five. These scheduled calls will be educational in nature and will not deny coverage, but will explore evidence-based and/or guideline-supported prescribing.

continued on page 15

MedImmuneVaccines, Inc. A SUBSIDIARY OF MEDIMMUNE, INC.

MAKER OF



IS A PROUD SUPPORTER OF

Alabama Chapter of the American Academy of Pediatrics

Pediatric Coding Corner

By Lynn Brown, CPC, PMA Chair

More and more payors are looking at unspecified codes to determine if they meet medical necessity for level 4 and 5. Often during medical record audits, I see "abdominal pain" as the only diagnosis. The physician may have documented in the exam that the patient has "tenderness over the right lower quadrant," but when the final diagnosis is documented, that information isn't included. Then the physician chooses the diagnosis code, often from a charge ticket that has ICD-9-CM code 789.00 as the only choice. This leads the physician to choose a code which may or may not be specific. I instruct physicians to be more specific when documenting their assessment in the medical record and marking the charge ticket so that the most specific code will be billed, which in turn helps further support for higher level CPT codes. In pediatrics, there is often more decision-making associated with "abdominal pain" and the physicians need to give themselves credit for their work.

When a physician documents "abdominal pain, right lower quadrant," it is inappropriate to code 789.00 Abdominal Pain, unspecified because a more specific code is available. In this case, the more appropriate code is 789.03 Abdominal Pain, right lower quadrant (RLQ) because this more closely matches the documentation.

I recommend to physicians to have Abdominal Pain 789.0__ Location:_____ listed on their charge ticket so that the correct location information is given to billing. In the EMR databases, the system should be loaded with the diagnosis codes so they can easily be looked up by the physician. For example, alphabetically list Abdominal Pain (rather than Pain, Abdominal) then list as follows:

Abdominal Pain, unspecified	789.00
, right upper quadrant	789.01
, left upper quadrant	789.02
, right lower quadrant	789.03
, left lower quadrant	789.04
, periumbilic	789.05
, epigastric	789.06
, generalized	789.07
, other or multiple sites	789.09

The purpose of diagnoses on a charge ticket or in an EMR is to allow easy look-up; this means that time needs to be taken to match the standard documentation by physicians in a group as closely as possible to their database information. Even if all physicians do not document diagnoses the same, there can be a consensus for commonly used diagnoses.

It is imperative that the abbreviations be understood by billing personnel so that the appropriate diagnosis code can be billed.

Physicians often document abbreviations with abdominal pain such as RUQ (right upper quadrant) and RLQ (right lower quadrant) and unless the staff is trained on these common abbreviations, they cannot know how to choose the appropriate code.

Profit and Loss Statement Tool Tools Medical Associates Coll Profit and Loss Statement Tool Tools Medical Associates Coll Profit College 12/35/2017 3-35/1-31 Statement Care Statement Statement Statement Statement Care Statement St

Physicians' Alliance is a non profit group purchasing organization founded by doctors to help doctors.

Bottom Line Blues?

Thousands of Practices
Are Saving Millions of Dollars!

Our commitment is to help practices save money...

From Vaccines* to Credit Card Fees
EHR's to Malpractice Insurance
and MANY other areas of operations
(*Additional Rebates Now Available!)

BECOME A MEMBER TODAY!
IT'S FREE!



866.348.9780

www.physiciansalliance.com

strength \strenth\ n

1: the quality of being strong: ability to do or endure

2: toughness, solidity 3: power to resist attack

4: intensity 5: force as measured by numbers

we need you to help give them strength!

The Vaccines for Children Program is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are on Medicaid, are uninsured, are underinsured, or are American Indian or Alaskan Native.

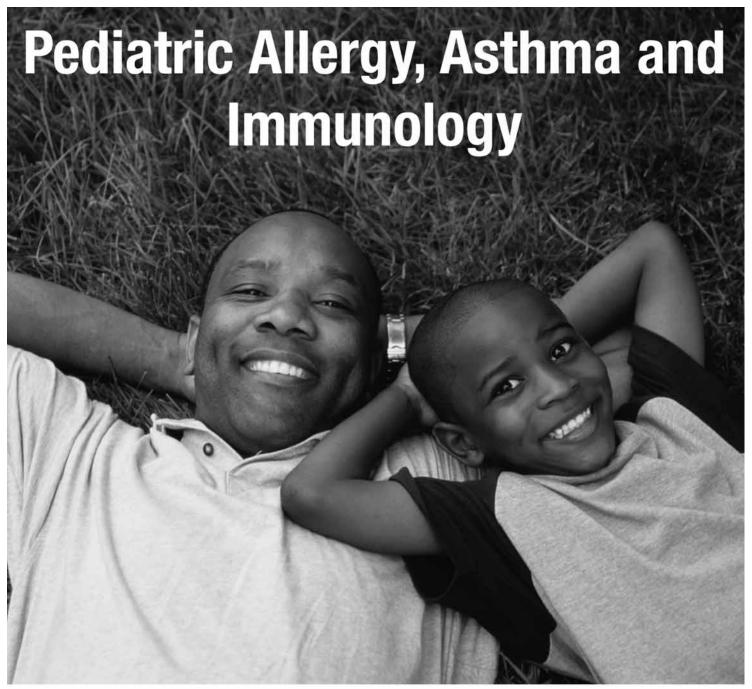






Alabama Department of Public Health 1.800.469.4599 I www.adph.org/immunization





All new facility with free, convenient parking
Next-day appointments available
No physician referrals necessary
Alabama's only all-pediatric allergy group

205-939-9141





NEWS FROM PUBLIC HEALTH

New Adolescent Protection: HPV

Human Papillomavirus (HPV) is an insidious infection caused by viruses that are species-specific. Most people do not know they have it because it is asymptomatic. HPV is of clinical importance because persistent infection with certain oncogenic types can lead to cervical cancer. In addition, HPV infection is associated with anogenital cancers less common than cervical cancer.

Human papillomaviruses are small double-stranded DNA viruses that infect the epithelium. More than 100 HPV types have been identified, and most infect the cutaneous epithelium, causing common skin warts. In most cases, infections with HPV are not serious and resolve without treatment.

Approximately 40 HPV types infect the mucosal epithelium and are categorized according to their epidemiologic association with cervical cancer. About 10 percent of women infected with HPV develop persistent HPV infection. Persistent infection with high-risk types of HPV is associated with almost all cervical cancers.

Infection with low-risk types (e.g., 6 and 11) can cause benign or low-grade cervical cell abnormalities, genital warts and laryngeal papillomas. Types 6 and 11 cause 90 percent of genital warts, benign or low-grade cervical cell abnormalities, and laryngeal papillomas. High-risk HPV types act as carcinogens (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68, 69, 73, and 82). High-risk types are detected in 99 percent of cervical cancers. Type 16 causes approximately 50 percent of cervical cancer worldwide. Types 16 and 18 combined are the cause of 70 percent of cervical cancers.

Transmission is usually through sexual intercourse or direct contact. Nonsexual HPV transmission has occurred during labor from a woman to her newborn during delivery.

Risk factors include sexual behavior, lifetime history of sex part-

ners, number of sex partners, age (less than 25 years), and partners' sexual history. Clinical manifestations are anogenital warts, recurrent respiratory papillomatosis, cervical cancer precursors (cervical intraepithelial neoplasia), and cancer (cervical, anal, vaginal, vulvar, penile, and some head and neck cancer). Persistent infection is the most important risk factor for the development of cervical cancer precursor lesions.

Infection is identified by detection of HPV DNA from clinical samples. Currently, only the Digene Hybrid Capture 2 (hc2) High-Risk HPV DNA Test is approved by the Food and Drug Administration (FDA) for clinical use. The hc2 uses liquid nucleic acid hybridization and detects 13 high-risk types. Results are reported as positive or negative and are not type-specific. The hc2 test is approved for triage of women with equivocal Papanicolaou (Pap) test results (ASC-US, atypical cells of undetermined significance) and in combination with the Pap test for cervical cancer screening in women over age 30. The test is not clinically indicated nor approved for use in men.

HPV vaccine is quadrivalent (types 6, 11, 16 and 18), and is administered in a 3-dose series intramuscularly. The recommended age for routine vaccination is 11-12 year old females. HPV vaccine is also recommended as catch-up vaccination for females aged 13-26 years of age, and may be given as young as nine years of age at the discretion of the clinician.

Routine and catch-up vaccinations with HPV vaccine is recommended for females aged 11-26 years. It is the new recommendation and should be integrated into clinical practice every day. To obtain additional information, please visit the Alabama Department of Public Health's website at www.adph.org or call the Vaccines for Children (VFC) Program at 1-866-674-4807.

"News from Medicaid" continued from page 11

Agency launches e-prescribing capability via QTool EHR

A new e-prescribing capability that allows physicians to electronically send an accurate and understandable prescription directly to a pharmacy has been added to QTool, the Alabama Medicaid Agency's free web-based health record and clinical support tool.

Added in March, the new capability allows physicians to consult a patient's medical and claims history, check the Agency's Preferred Drug List and enter the prescription online from the QTool interface. The QTool is currently undergoing pilot-testing in nine Alabama counties: Calhoun, Houston,

Lamar, Jefferson, Montgomery, Pickens, Talladega, Tuscaloosa and Winston.

At Montgomery Pediatric Associates, eprescribing has been welcomed as a convenient tool that maximizes professionals' time and decreases the potential for medication errors, according to John H. Sumners, MD, FAAP. In his practice, physicians write prescriptions into the patient's chart, then nurses enter them into the e-prescribing system and transmit them directly to the pharmacy.

"It is working well," said Vikki Berry, office manager. "We have been very happy with it." She noted that other benefits to the system are that lost prescriptions are avoided and the prescription is usually waiting when the patient arrives to pick it up.

According to Kim Davis-Allen, Director of Transformation Initiatives at Medicaid, nearly 300 prescriptions were transmitted during the system's first two weeks.

"Medication history and e-prescribing are two features of our QTool system that physicians are particularly interested in, and we look forward to making this capability available to more physicians," she said.

Designed with input from providers, the new e-prescribing capability includes rulesbased logic, including drug-drug interaction and other drug utilization review components. Alabama Chapter 19 S. Jackson St. Montgomery, AL 36104

MedfusionRx Specialized Pharmacy Services

We are available for all your Synagis needs, providing prompt turnaround on referrals, prior authorizations, refills, and insurance verification.

We have a dedicated, highly trained Synagis team with years of experience in place to answer questions, and a dedicated fax machine for your convenience.

Together, we can protect Alabama babies from RSV!

205-995-8388 • Toll Free Fax 1-866-617-7364

Medfusion**R**x is a proud supporter of:

Alabama Chapter of the American Academy of Pediatrics