From the President

We're not in Kansas anymore

The devastation hit the day before we began our Spring Meeting in Destin. Like so many other places



James C. Wiley, MD, FAAP Chapter President

around the globe recently, Alabama has faced a recordbreaking natural disaster in these last weeks. From Haiti to Japan and back to Tuscaloosa and North Alabama, it seems that whenever we turn on the news, people are suffering at the hands of Mother Nature. At 8:20 a.m. on the morning after the storms, my cell

phone rang. On the line was Marion Burton, our AAP President, offering the Academy's help for pediatricians that may have been affected and checking on my daughter who was at school in Tuscaloosa when the storms hit. An hour later came an email from Judy Palfrey, Immediate Past President of the Academy, offering her prayers and emphasizing that we were not alone.

As we arrived in Sandestin, we learned of pediatric offices with power that were open and seeing anyone who needed them. The next day, we were able to help with immediate needs such as supplying diapers and formula by contacting Don Williamson, our state health officer, who was belatedly attending our meeting and frequently on the phone directing resources and prioritizing.

The meeting went on despite the tragedy. Over the course of the four days that I was there, I began to see in those tornadoes a metaphor for the winds of change that are blowing through the practice of pediatrics.

How does my practice, which feels like a medical home, show the rest of the world that it is one and is it worth it? Is the NCQA going to be the best way to do this?

What are Accountable Care Organizations and do I need to know about them now or can I put that on the back burner?

Is Medicaid going to make it through the state budget process and how will health insurance exchanges alter the third-party landscape in Alabama?

Annual Meeting to feature visiting professor lecture, obesity, general surgery topics

Make sure your calendars are marked for September 23-25, 2011 for the 2011 Annual Meeting and Fall Pediatric Update at The Wynfrey Hotel in Birmingham, which will offer a wide range of topics for Alabama pediatricians and other pediatric healthcare providers.

Chapter Asthma/Medical Home Champion Wes Stubblefield, MD, FAAP, has secured a small grant from the American Academy of Pediatrics, which will fund a visiting lectureship on asthma/medical home for the Annual Meeting as well as a Grand Rounds session at Children's Hospital the day before.

The CME conference will feature Sandra Hassink, MD, FAAP, with the AAP Task Force on Obesity, who will provide two lectures on obesity. Although the schedule of topics is still being finalized, other talks slated for the meeting include Congenital Torticollis and Plagiocephaly: Benefits of Physical Therapy; Hypotonia: A Symptom or a Diagnosis? When to refer for PT; a practical session on using the CRAFFT screen; radiation exposure; interstitial lung disease; a session on Alabama's Child Death Review System; and an Update from the AAP President, Marion Burton, MD, FAAP. CME Chair Cathy Wood, MD, FAAP, is also working on a general surgery showcase.

In addition, the weekend will feature a Coding Workshop on Friday afternoon, cosponsored by the Chapter's Practice Management Association.

Look for more details coming soon!

Managing health needs in the aftermath of the tornadoes

By Karen Landers, MD, FAAP, Alabama Chapter-AAP Disaster Chair and Area Health Officer, Alabama Department of Public Health

Wednesday, April 27, 2011 is a day that few Alabamians will ever forget. On that day, tornadoes ripped through much of our state, leaving in their wake 238 dead, over 2,000 hospital-treated injuries, scores of homes damaged or destroyed, and 38 counties under

disaster declaration. At least 27 children were killed, the youngest being an 11-month-old child in Tuscaloosa. As I stood at East Franklin Junior High School on the Sunday after the storms, I saw, across the road, the remains of my 11-year-old patient's home. Sadly, he was one of those 27 child fatalities. In the midst of devastation that my daughter's boyfriend, a former Marine,



Karen Landers, MD, FAAP, discusses health needs after the tornadoes with emergency personnel at a North Alabama shelter.

the alabama pediatrician

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Alabama Chapter – AAP

Mission:

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

Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

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

Pediatricians are essential to achieving optimal child health.

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

Vision:

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

Camaraderie, high-quality education highlight Spring Meeting

The Chapter's 2011 Spring Meeting & Pediatric Update, which began on April 28--the day after North Alabama's devastating tornadoes--provided a venue for the state's pediatricians to come together and be with friends in the wake of the tragedy.

Attendees enjoyed a strong sense of camaraderie at networking events, such as the opening reception, the mixer on Saturday night, as well as a "Best Practices Sharing Session" on Saturday morning. One of the highlights was the participation of six medical students from UAB and USA, who were able to attend thanks to scholarships provided by practices from across the state.

National and state speakers provided excellent presentations on such issues as mental health, substance abuse, case-based sports medicine, medical home, asthma quality improvement, sex education for parents, and others.

One of the big highlights of the conference was a surprise awards ceremony on Saturday morning during the Chapter President's update, during which J. Wiley, MD, FAAP, and President-Elect Grant Allen, MD, FAAP, announced the creation of the Carden Johnston Leadership Award and the Marsha Raulerson Advocacy Award, heralding the accomplishments of these two long-time Chapter leaders. Drs. Johnston and Raulerson were asked to stay at the podium and present the first awardees with their plaques: Linda Anz, MD, FAAP, who received the Leadership Award, and Bob Beshear, MD, FAAP, the recipient of the Advocacy Award (see on opposite page).

Make plans now to attend next year's Spring Meeting, set for May 3 - 6, 2012 at the Sandestin Golf & Beach Resort (Baytowne Conference Center)!



The participation of medical students was a highlight of the conference. Pictured from left to right are: Lauren Craddock, Ashley Weil, Clare Carney, and Cody Penrod.



Wes Stubblefield, MD, FAAP, provided a glimpse into how to make practical process improvements in asthma care as part of the Friday afternoon QI Workshop.



Cathy Wood, MD, FAAP, (second from left), and Katrina Skinner, MD, FAAP (second from right) and their husbands enjoy networking at the Saturday night dinner.

Thanks to our Student Scholarship Sponsors!

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- Kathleen Nelson, MD, FAAP (UAB)
- Partners in Pediatrics, Montgomery
- Purohit Pediatric Clinic, Anniston
- Selma Pediatrics
- University Medical Center Pediatrics, Tuscaloosa

Long-time leaders honored with new Chapter leadership/advocacy awards

Four long-time Chapter leaders were surprised on Saturday morning at the Spring Meeting when they were honored for their many years of service to pediatrics and advocacy for children.

In front of the general session of attendees, Chapter President J. Wiley, MD, FAAP, began the pres-

entation by saying a few words about leadership.

"One of the best ways to instill great leadership qualities is to hold up those great leaders who have walked this path before us," he said. "For this reason, the board decided to honor four of our past leaders in a very special way."

He then presented *Carden Johnston*, *MD*, *FAAP*, a long-time pediatrician at the University of Alabama at Birmingham/Children's Hospital of Alabama, with a governor's commendation, heralding the creation of the **Carden Johnston**

Leadership Award, given in honor of Dr. Johnston's many contributions to pediatrics



The four honorees (left to right): Marsha Raulerson, MD, FAAP; Bob Beshear, MD, FAAP; Linda Anz, MD, FAAP; Carden Johnston, MD, FAAP.

in Alabama. His accomplishments include representing Alabama and children on a multitude of national AAP committees; serving as the first Alabama pediatrician to become a national advocate for children as AAP President in 2003; and continuing to conducting countless interviews and presentations at home and abroad on issues such as injury and violence prevention.

Linda H. Anz, MD, FAAP, of Pediatric Clinic, LLC, of Opelika, was honored as the first recipient of the Leadership Award. Dr. Anz, who has practiced pediatrics in Opelika, Ala. for more than 25 years, was bestowed the Leadership Award for serving the profession of pediatrics in numerous capacities within the leadership of the national AAP and the AL-AAP, including former president of the Alabama Chapter and work in the areas of school health, pediatric quality improvement, continuing medical education, women and minority issues, practice parameters and, most recently, membership through service on the national Committee on Membership. In addition, she has worked at her local level in establishing her child advocacy center.

During the ceremony, Grant Allen, MD, FAAP, Chapter Vice President, honored *Marsha Raulerson*, *MD*, *FAAP*, a Brewton, Ala. pediatrician, by reading a governor's commendation announcing the creation of the **Marsha Raulerson Advocacy Award**. The Award heralds her many years of advocacy at the local, state and national levels, including helping to create the SCHIP program; establishing a mental health coalition and Reach Out and Read-Alabama; serving at the state level on numerous child health task forces; and leading delegations to Washington, DC, to advocate on behalf of children in her role on the national AAP's Committee on Federal Government Affairs.

Dr. Raulerson stayed at the podium to present the award to the first recipient, *J. Robert Beshear*, *MD*, *FAAP*, of Physicians to Children in Montgomery and a past president of the Chapter. Dr. Beshear, who has practiced pediatrics in the capital city for 32 years, was bestowed the Advocacy Award for his steadfast work in increasing access to care for children in many ways, most notably by helping to establish Alabama's Child Health Insurance Program (SCHIP), founding the Gift of Life Foundation and beginning the Child Health Access Project. His list of honors include the AAP Award for Outstanding Achievement in Child Advocacy, Award for Outstanding Service in the Development of Alabama's SCHIP, and the AAP Award for Community-Based Health Initiative, among others.

To read the two governor's commendations, please visit the Chapter web site at www.alaap.org. Congratulations to these four pediatricians who have given so much to pediatrics and children in Alabama!

The AAP's Annual Leadership Forum: Individual pediatricians have impact!

By Grant Allen, MD, FAAP, Chapter Vice President/President-Elect

Your president and I attended the AAP's 2011 Annual Leadership Forum or "ALF" (resolution voting session) held in March, which reviewed 90 resolutions pertaining to AAP policy, advocacy and membership. Every year, the leadership of the state chapters, sections, councils and committees meet to discuss, debate and vote on future policy direction of the AAP, our advocacy efforts and matters of internal AAP policy as related to members, benefits, etc.

2011 was an exciting year at the ALF. The Forum voted to help the Puerto Rico Chapter advocate for reduced hassles in their vaccine licensing and storage requirements. In addition, two of our District resolutions from the Georgia Chapter made it in the top ten (listed for priority as advisory to the AAP Board). The first advocates for continuous Medicaid enrollment and seamless applications between Medicaid and SCHIP (Alabama already does this-your Chapter advocated for this over the years—and, as a result, Alabama Medicaid received a \$55 million in enrollment bonus monies from the federal government last year). The second resolution advocates for timely distribution of influenza vaccine to pediatricians as a public health priority over pharma-

Many resolutions also passed that deal with changes to the AAP election cycle, membership retention and benefits, but the breakthrough issue was a resolution supporting water as the first supplemental beverage for infantsinstead of recommending juice at four months, this would change the AAP recommendation to water for infants. Obviously, this resolution will be studied by the relevant sections, councils and

Event Calendar

August 19
2011 Alabama Newborn
Screening Conference
Marriott Conference Center at
Capitol Hill, Prattville, AL

August 20 – 21 CQN Tier 2 Learning Session 1 Bradley Lecture Center, Children's Hospital, Birmingham, AL

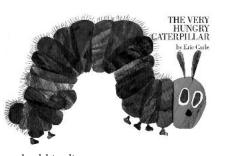
September 23 – 25 2011 Annual Meeting & Fall Pediatric Update The Wynfrey Hotel, Birmingham, AL

October 15 – 18 2011 AAP National Conference & Exhibition Boston, MA

May 3 – 6, 2012 2012 Spring Meeting & Pediatric Update Sandestin Golf & Beach Resort, Destin, FL

Practices encouraged to join Very Hungry Caterpillar obesity awareness campaign in June

Piggybacking on a national campaign conducted by the American Academy of Pediatrics and The Alliance for a Healthier Generation, Reach Out and Read-Alabama will work with Chapter member practices this summer on a campaign to promote the children's book, *The Very Hungry Caterpillar*, to encourage parents, families and children to make more nutritious choices in their diets, leading to healthier lives.



Through this best-selling book by Eric Carle, families will learn about healthy eating habits at home to combat childhood obesity. As the caterpillar in *The Very Hungry Caterpillar* makes his way through the week eating apples, pears, plums, strawberries and oranges to feed his growing body healthy foods, parents reading to their preschool children will feed their growing minds, preparing them to succeed in school.

To kick off the campaign, every Reach Out and Read site will receive 100 copies of the book to distribute to their patients from June 21, the first day of summer, through June 24. Practices and clinics throughout the state not participating in Reach Out and Read are invited to participate as well and can qualify for discounted prices on the books. The coalition staff will provide participating practices with a poster and ideas for events or activities to use during the four-day campaign. Chapter members will be sent a link to a short online form to register their intent to participate, and participants will be asked to share photos of their practice activities after the campaign.

"Parents should read with their children every day, starting when they are babies," said O. Marion Burton, MD, FAAP, AAP President. "This campaign provides a wonderful opportunity to teach children about healthy eating habits at a very young age, while fostering a love of books and language."

The Very Hungry Caterpillar activities and events kick off Reach Out and Read's second annual Summer of A Million Books campaign with Books A Million, Inc. Books collected during the book drive will be used by 700 pediatric healthcare providers in 70 sites throughout the state.

"We are excited about including ALL pediatric practices and clinics in Alabama in The *Very Hungry Caterpillar* activities as we focus our efforts on educating children and their families about the importance of making healthy food choices. Having the support of partners like Books A Million, Inc. enables us to reach many more children in our efforts to decrease childhood obesity," said Polly McClure, statewide coordinator.

"From the President" continued from page 1

Is now the time for conversion to electronic health records and will my practice meet meaningful use requirements in order to bring down stimulus dollars to help pay for the conversion? Who can help me decide?

What about recertification? Can anyone help me demonstrate that I am improving quality in my practice so that I can get my Part 4 credit?

How do I stay motivated and enthusiastic enough to work on all of this and still see my patients? How can I advocate so that I help meet the needs of children in my community on the broader issues like obesity and literacy?

How can I protect the public and my profession from those who support legislation that would empower them to carve out pieces of the practice of medicine without having to go to medical school?

Can we finally get our state to stop people from smoking in public and, at the same time, keep them from criminalizing our anticipatory guidance concerning guns in the household?

Everyone who attended the Spring Meeting found information and support on each of these issues as well as the usual excellent clinical CME offerings. From exhibitors and networking to the Best Practices Breakfast and didactic sessions, we learned from and supported each other. We left feeling less alone and overwhelmed. We can't control the storms. But it is more important than ever to hear Judy Palfrey's message and digest it. We are not alone. We have each other and together we can weather whatever this climate brings so that we serve our patients better, advocate for children in our communities more effectively and perhaps most importantly, support each other.

Practice Management Association update

By Jeff Corbitt, PMA Chair

So far, 2011 has been a year of expected change. The Practice Management Association kicked off the new year with an educational session in January regarding new coding guidelines. Led by our very own Lynn Brown, CPC, the webinar informed participants on implementation of the new Immunization Administration codes in order to receive appropriate payment from insurance companies. Additionally, managers heard how healthcare reform would impact our practices and were challenged to educate physicians, front office staff, and billing personnel on how these changes will affect day-to-day coding operations. For example, additional services that had been routinely performed during a well visit (i.e., counseling/screening/risk intervention) could now be billed and reimbursed separately for patients with health plans that implemented reform measures. The key to successful implementation is education, and the PMA was able to provide this to members in a timely fashion.

Our next educational session will be a live webinar in late June that will also be taped so that it can be accessed anytime for future training or reference. The Association is working with Medicaid on this session that will provide training to pediatric front and back office staff regarding the EPSDT process, which is an important function of the Patient 1st program; proper training will insure that practices are paid appropriately and that patients do not lose visits due to office error.

At the Chapter Spring Meeting, we sponsored a hugely successful "Ask the Coder" exhibit to answer coding questions and promote the PMA to attendees—look for its return this September. The PMA Executive and Conference committees have already begun planning for our Fall Meeting in conjunction with the Chapter meeting in Birmingham. We will provide an engaging and informative session in order to better assist physicians and managers in facing ongoing pediatric practice management challenges.

As always, thank you for your support of the Chapter PMA. Best wishes for a safe and fun summer.

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What is Helper Stress?

By Madeleine S. Blancher, MD, FAAP, Chair, Chapter Committee on Mental Health

Because of the altruistic nature of the medical profession, it is understandable why physicians are at the forefront to help in disaster situations. As they go about meeting the physical, medical, and emotional needs of victims in the tragedy, the impact a disaster has on those providing assistance is often forgotten. Physicians may hide or discount difficulties they experience while working in a disaster situation because they do not usually see themselves as "victims"

Some physicians who assisted in the aftermath of the recent tornadoes may have experienced personal losses. Others may have been indirectly touched through their work with people immediately affected by the storms. Dealing with the heart-wrenching stories that the survivors recall and the emotional stress that they have endured can be taxing and draining on even the most seasoned professional. It is often harder for younger and less experienced personnel to cope with the demands that are thrust upon them.

Early recognition of and intervention for this "helper stress" is important. Common stress reactions include: Emotional (feelings of invulnerability, denial, fear, worry about safety of self and others, anger, irritability, hopelessness, isolation, identification with survivors); cognitive (memory problems, disorientation, confusion, difficulties making decisions, poor concentration, loss of objectivity); behavioral (change in activity, decreased efficiency, difficulty communicating, frequent arguments, inability to rest, change in eating/sleeping habits, crying, increased use of alcohol/tobacco/drugs); and physical (increased pulse/respiratory rate/blood pressure, GI complaints, changes in weight, sweating, chills, soreness in muscles, fatigue, change in sexual desire,

"Managing health needs in the aftermath of the tornadoes" continued from page 1

described to me as worse than he had seen in two tours of duty in Iraq, I asked myself whether we can ever be ready for disasters and can we ever do all that is needed to protect the children?

Some of you know that, at our fall meeting last year, I spoke regarding the Alabama Department of Public Health's role in disaster preparedness. Our communities were able to call upon the assets of the ADPH to respond and begin recovery. As a pediatrician working in disaster preparedness, I focus primarily on three areas: medical care, environmental safety, and social needs.

Because all of Alabama's hospitals remained functional, albeit with a few on generators, some rural counties initially supplied health department triage teams on the evening of the storms. Rapidly, ADPH stood up our teams for medical consultation to mass care shelters. ADPH subsequently opened two medical needs shelters, one in DeKalb County and one in Tuscaloosa County, to serve patients who required skilled nursing care. Within less than a day, with victims and volunteers sifting through rubble, the Alabama Department of Public Health needed to assist at first aid stations in rural sites, including providing Tdap vaccine to people needing tetanus coverage.

Environmental safety is a significant need after any disaster. With the widespread outage of power, ADPH environmentalists moved out into the communities to educate them concerning food safety and work with commercial establishments to prevent food-borne illness. The Department coordinated with local water boards to provide information to consumers about water safety. Winston County had to shut down its water supply for about 24 hours and the ADPH water purification unit was deployed to Addison, Alabama to pump water from Smith Lake and purify it for consumption.

ADPH Office of Health Promotions prepared news releases on food and water safety, site safety, carbon monoxide, poison control, and emphasized the importance of all of these issues for children. Recognizing that many counties did not have power, ADPH provided this information to first responders, volunteers, and community leaders to disperse widely in their communities.

The unprecedented destruction caused the situation to rapidly shift to one of social needs. ADPH social services responded with a strong emphasis on mental health information for victims as well as responders. Furthermore, the Department's prescription voucher program was in place to help victims replace medication lost in the storm. Many displaced patients required replacement of their WIC food instruments. Circumstances of loss also made additional children eligible for WIC services. The USDA implemented DSNAP in affected counties so that eligible patients can receive food benefits. FEMA arrived quickly and families impacted by disasters were urged to register at fema.gov or call 1-800-621-FEMA. Volunteers not already registered to respond were referred to call 211 or go to www.servealabama.gov.

Having responded to several disasters in my career, I cannot urge strongly enough the importance of coordinated volunteer efforts through established programs such as the American Red Cross, the Salvation Army, and the Governor's Office of Faith-Based and Community Initiatives. The ability to send volunteers where needed and collect appropriate supplies makes the recovery efforts much more effective.

How appropriate that, at the same time as Alabama's tornadoes, Marion Burton's letter in the *AAP News* asked, "Are we there yet?" and offered recommendations for pediatricians in meeting children's needs in disasters. If you have not read his letter, do so. I cannot improve on what he says about the need for pediatricians to be at the forefront of disaster planning. What I can say is get involved with your local health department, know your public health emergency preparedness team, be at the table for disaster planning with your hospital and county emergency management, go to the AAP website and read the materials from the Academy.

In 1997, when I was doing some training in emergency preparedness, one of the speakers made a simple but profound statement: "All disasters are local. They do not happen in Washington, DC, or your state capital." As pediatricians in our local communities, we are in the best position to advocate for children's needs and ensure the best outcome for our patients.

2011 Legislative Update

The 2011 Regular Session of the Alabama Legislature is almost at an end, and it has been one that has kept pediatricians on their toes! Here is a down-and-dirty synopsis of where we are, in terms of Chapter priorities:

Medicaid/ALL Kids funding

As we heard at the Chapter's Legislative Day, funding for Medicaid and ALL Kids is particularly tight, and, as of the time of this writing, we have been told that:

- Medicaid funding will remain intact except for the implementation of a limit of two brand prescriptions per month for adults and a prior authorization process for all ages for anti-psychotics starting in January 2012. Funding in the next couple of years is very uncertain with this new legislature, and the Chapter will be working this fall to educate legislators further on the importance of Medicaid.
- ALL Kids will survive with no cuts, but enrollment numbers will be capped starting on October 1.

Protection of funding for Pre-K and Early Intervention/childhood services

When the session began, child advocates were deeply concerned about budget cuts projected to slash right to the core of programs and services upon which so many Alabamians rely. Funding for state-funded high-quality pre-K programs, however, was sustained at the current level, and the word, according to the Chapter lobbyist, is that overall, children's programs have fared as well as can be expected, particularly in comparison to other services. The only notable cuts were in the Child Abuse and Prevention Department; potential cuts to Child Advocacy Centers have been partially restored.



Dr. Bob Mullins explains the budget woes of the Alabama Medicaid Agency to the group at Pediatric Legislative Day.

"Gun bill" that prohibits physicians from talking to patients/documenting discussions about gun safety

In mid-April, Chapter leaders were alarmed to hear that the "gun bill" that the Florida Pediatric Society has been fighting in that state had made its way into the Alabama Legislature, where it was introduced and quickly passed the public safety committee. This bill would criminalize doctors being able to document in medical records about gun ownership and related safety discussions with patients and families. The Chapter immediately began working with the American Academy of Pediatrics and the Medical Association of the State of Alabama lobbyists to develop a strategy to register all-out opposition to this bill, and many member pediatricians responded instantly to calls to action by contacting their legislators on this issue. It appears that the bill will not move further this session, but the Chapter will be scheduling one-on-one visits with legislators this summer and fall to prepare for when it is undoubtedly re-introduced in 2012.

Smoke-Free legislation

Bills prohibiting smoking in public places were introduced in both houses, but neither are expected to pass at time of this writing. The Chapter has been working, as in years past, with the Coalition for a Tobacco-Free Alabama on this issue, securing Cathy Wood, MD, FAAP, to testify at a recent public hearing in the Alabama Senate. But legislators continue to remain divided on the issue, despite advocates' best intentions. We will keep up our work with the coalition to plot strategy for next year's session.

Many thanks go to all of the Chapter members who supported these issues by contacting their legislators. Please continue making contact on all of the above issues throughout the coming months! Visit the Chapter web site at www.alaap.org for all of the talking points.

"What is Helper Stress" continued from page 6

hair loss). When the number and intensity of these reactions increase, the likelihood of function being impaired is also increased. These symptoms can occur during or shortly after the disaster or can present many months later.

To prevent these stress reactions, individual professionals can try to manage their workload by having a realistic work plan and remembering that they cannot do everything and expect to conduct their day jobs and disaster work simultaneously. They can also give balance to their life by continuing to get physical exercise, eating nutritionally, and getting enough sleep. Maintaining family connections is also very important. Using stressreduction strategies (deep breathing, meditation, talking about emotions with co-workers, and constructive self-talk) is an integral part of stress prevention. Self-awarenessknowing when you are developing a problem-is paramount.

Interventions are available for those who develop helper stress. Debriefing with co-workers in a group can identify problems encountered during the relief experience and give solutions, validate positive gains from the work, allow for expression of feelings, explore consequences of disengagement, and identify those at risk to develop more severe problems. If problems continue, a consultation with a professional who specializes in trauma therapy would be advised.

"No one who sees a disaster is untouched by it." Those who do relief work are to be commended. But they need to be reminded to take care of themselves, too.

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Chapter gears up for CQN Tier 2 Asthma project There is still time for your practice to join effort

Do you want to improve your patient's asthma outcomes through quality improvements in your practice and receive 35 points of Maintenance of Certification Part IV credit?

The Alabama Chapter-AAP continues to invite members to participate in the next tier of the Chapter Quality Network (CQN) Asthma Project. Over the last few months, the Chapter CQN Leadership Team has been working with the American Academy of Pediatrics and the Ohio Chapter-AAP to bring this collaborative quality improvement project to more practices. The CQN Chapter Leadership Team for this next phase is Wes Stubblefield, MD, FAAP, Physician Leader; Vinit Mahesh, MD, FAAP, Asthma Expert; Hector Gutierrez, MD, UAB Quality Improvement Faculty; LaCrecia Britton, RN, MSN, CRNP-AC/PC, UAB Quality Improvement Faculty, and Linda Champion, MPA, Project Manager.

This summer, the project will provide 15 to 20 practices with tools, resources and technical support to participate in a learning collaborative to help them implement the new NHLBI/NAEPP asthma guidelines and improve the outcomes of children with asthma through quality improvement. Selected practice teams, including clinical and administrative staff, will participate in four learning sessions, followed by action periods where they will have the opportunity to try out changes in practice. During the action period, practices will measure their progress toward improvement goals. Expert faculty will coach practice teams to assist them in applying key change ideas into their own offices/clinicÂs.

Participation provides opportunities to:

- Improve the outcomes of your asthma patients
- Meet Maintenance of

Using an in-office video to acclimate new patients to your practice

By Ritu Chandra, MD, FAAP, Phenix City Children's Clinic

In our practice, we have instituted a great way to engage parents and patients from the moment they step into our practice. Every new patient gets to watch a 10-minute, custom-made video as part of the enrollment process in order for us to communicate our practice philosophies, tell them what they can expect from us and what we expect from them.

We have found this video to be extremely helpful, because at the very first visit, the parents are most enthusiastic and so we have their attention. Moreover, the video has motion and emotion, and it really gets the message across.

At the beginning of the video, I welcome them to the practice and discuss my training, past experience, and special areas of interest. I also explain what separates us from other pediatric practices and our family-centered approach

to care, including same-day appointments for sick children and evening and Saturday hours. I let them know about how we are involved in the community and in the schools.

Our office manager then explains about co-payments, being on time for appointments, rescheduling, our no-show policy and other policies. She also tells them that she is very accessible in case of any problems. She encourages them to provide feedback to us and directs them to our web site and Facebook page.

Finally, our nurse manager lets them know that it is their responsibility to bring an updated shot record to us. She explains why it is important that a child be evaluated prior to calling out medications or referrals to specialists. She also explains clinical-related guidelines, such as our policies on refill requests, use of digital thermometers, and when is it appropriate to call after hours or visit the Emergency Department (i.e. life-threatening emergencies only).

We have been using this video for approximately three years now. It has been extremely effective. Also, parents like it a lot and several parents tell me that they feel that it was very helpful to get this introduction to the practice.

I encourage other practices to institute something similar. It was a relatively inexpensive undertaking—we used a professional videographer who charged us between \$600 and \$700; we wrote our own script, but he provided cue cards and everything else as part of his fee. We also have the video on our web site--www.phenixcitychildrens.com.

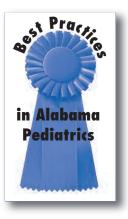
Chapter awarded grant for "train the trainer" curriculum, *Managing Infectious Diseases in Early Education and Childcare Settings*

By Mary L. Blankson, MD, MPH, FAAP

Following a grant application process earlier this year, the Alabama-Chapter-AAP has been awarded a grant by the American Academy of Pediatrics (AAP) to support a statewide dissemination of the AAP's curriculum on Managing Infectious Diseases in Early Education and Childcare Settings.

This comprehensive curriculum is designed as an educational tool for childcare providers with all levels of understanding about infectious diseases. The curriculum consists of three modules: Understanding Infectious Diseases; Preventing Infectious Diseases; and Recognizing and Managing Infectious Diseases.

One of the goals of the AAP is for grantees to mobilize and train a network of health professionals to spread the curriculum statewide. In collaboration with Child Care Health Consultants (CCHCs) in the Alabama Department of Public Health's Healthy Child Care Alabama program, as well as a network of Childcare Quality Enhancement Contractors such as Child Care Resources and Referrals Agencies



"Chapter awarded grant" continued from page 8

(CCRRA), the project will train pediatricians and the CCHCs at two "train the trainer" sessions in July. The Chapter already has an existing Child Care Interest Group; six of these pediatricians have already responded and will participate in the workshops with nine Nurse CCHCs, who cover 52 of the 67 counties in Alabama.

Upon completion of the workshop, this core group will be expected to collaborate with their local CCRRA, Head Start programs or pre-kindergarten programs to present the curriculum to early education and childcare providers at least once within the funding period. The six pediatricians will each receive a stipend, CME, a copy of the *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide [2nd Edition]*, and *Caring for Our Children [3rd Edition]*, to use as training resources.

We are excited about the involvement of pediatricians in this important community-based project that will positively impact the knowledge and skills of child care staff in managing infectious diseases and the health outcomes of the children we serve jointly serve with childcare providers. This project presents an opportunity for pediatricians and childcare staff to link and collaborate on this and many other issues that plague the population that we as providers encounter regularly.

If you have any interest in becoming a part of this dynamic Alabama Chapter-AAP Child Care Interest Group, please contact the Chapter office at 334-954-2543 or me, the Chapter Child Care Contact, at 205-424-3272 or marylblankson@gmail.com.

"Chapter gears up for CQN Tier 2 Asthma project" continued from page 8

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For more information on joining the project, contact Wes Stubblefield, MD, FAAP, at awstubblefield77@gmail.com or Linda Champion at lchampion@alaap.org or 334-324-9307.



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Wiley lands CATCH grant for community-based ADHD training project

Congratulations to J. Wiley, MD, FAAP, Chapter President, for successfully securing a 2011 Community Access to Child Health (CATCH) grant from the American Academy of Pediatrics (AAP), which will allow him

CATCH Community Access To Child Health

in his community to improve access to care for children with ADHD! Of the 73 total applications submitted to the AAP, Dr. Wiley's application was one of 20 proposals awarded a Implementation Funds grant. His grant is the first CATCH grant awarded to anyone in Alabama in a couple of years.

to conduct a project

The goal of Dr. Wiley's project is to support six pediatric medical home practices that provide care to inner city, minority and economically disadvantaged children in Mobile by providing evidence-based parent and teacher training for effective behavioral and educational interventions for patients with ADHD.

"It is challenging to provide multi-modal care for patients with ADHD within the medical home," acknowledged Dr. Wiley, who explained that educators from six elementary schools in the area served by these practices will receive two hours each of instruction in evidence-based behavior modification strategies and interventions for improving classroom attention and behavior. In addition, the project will provide six one-hour parent training sessions in the downtown and/or midtown areas

Kudos again to Dr. Wiley for undertaking this project!

Business Leaders' Summit on Early Childhood Investment a resounding success

On February 24, the Chapter realized one of its strategic priorities by co-hosting the second Alabama Business Leaders' Summit on Early Childhood Investment in Montgomery. Cosponsored by the Alabama Partnership for Children, the Alabama School Readiness Alliance, and the Chamber of Commerce

Association of Alabama, the event drew 150 business leaders and followed a successful summit in October 2009, in which the Chapter participated. At this year's Summit, the Chapter helped plan the entire event, with the participation of three members-Grant Allen, MD, FAAP; A.Z. Holloway, MD, FAAP; and Cathy Wood, MD, FAAP—as health panel speakers and Chapter President J. Wiley, MD, FAAP, presiding at the call to action at the end of the day.

"The summit was unique in that, other than pediatricians, the rest of the speakers were from the business community," said Dr. Wiley. "In



Cathy Wood, MD, FAAP, one of the health panelists, tells business leaders about the importance of preventive care.

addition, the messaging for each session supported Alabama's Blueprint for Birth to 5 strategic plan, with each point expressed in terms of return on investment—appealing to the business community's and economists' most basic value."

The summit has

spurred a plan among business leaders and the partners to host "mini-summits" this year at small chambers. Most importantly, the child advocates and pediatricians involved heralded this initiative a huge success, due to the fact that the business leaders themselves "got it" and continuously espoused the key message of investment in children in the early years as the key to improving life in Alabama.

U.S. Surgeon General Benjamin promotes wellness, health prevention

In order to truly reform health care, the country must move from a system of treating illness to one that emphasizes wellness and prevention, U.S. Surgeon General Regina M. Benjamin told Alabama state legislators at a joint session of the Alabama Legislature on April 14.

"If we really want to reform health care in our country, we need to prevent people from getting sick in the first place," Benjamin said.



Chapter President J. Wiley, MD, FAAP (left) and Marsha Raulerson, MD, FAAP, (right) visited with U.S. Surgeon General Regina Benjamin earlier this year at the Medical Association's Government Affairs meeting in Washington.

The Alabama native emphasized the importance of health prevention and the opportunities available through the Affordable Care Act. Benjamin, a family physician in Bayou La Batre before her appointment as U.S. Surgeon General in 2009, emphasized that poverty and education influence health as much as smoking or obesity.

"I really want to change the way we think about health in this country," Benjamin said. "We really want to get to a place where everyone understands that almost everything we do, even though it's not labeled health prevention, really does affect the quality and length of life of all Americans."

CATCH grant proposals sought—one pediatrician CAN make a difference!

The American Academy of Pediatrics is accepting submissions for its 18th annual Community Access to Child Health (CATCH) Planning Funds and Resident Funds grants.

Grants of up to \$12,000 will be awarded on a competitive basis to pediatricians to plan innovative community-based child health initiatives that will ensure all children, especially underserved children, have medical homes and access to health care services. Priority is given to projects that will be serving communities with the greatest health disparities. A pediatrician must lead the project and be significantly involved in proposal development and project activities.

Grants of up to \$3,000 also will be awarded on a competitive basis for residents to plan or



By Lynn Abernathy Brown, CPC

Bill what you do

"Bill what you do." The physician hears this statement at almost every coding education seminar he or she attends. Lately, the question I answer most frequently relates to the various preventive care service policies of insurance payors. The physician, in my opinion, wants to be focused on the care of the child, not the many payor policies. For this reason, I have encouraged physicians to bill what they do and let the claim entry or claim scrubbing staff review the claim for the payor rules before it is submitted. Staff should have training and be knowledgeable of payor policies if they are working with claims.

In recent months, various insurance payors have referenced AAP Bright Futures recommendations for preventive care services. AAP Bright Futures recommends performing counseling codes such as 99401-99409 Preventive medicine counseling and/or risk intervention with diagnosis codes such as V65.44-V69.8 Counseling for lifestyle problems, V77.8 Screening for Obesity or V79.0 Screening for Depression.

Members of the AL-AAP Practice Management Association (PMA) have been receiving information regarding the recent changes in payor policies and have been sharing information on the organization's practice management group email. Through discussion with physicians at the recent Spring Meeting, it was evident that the PMA was a very beneficial resource for practice managers and staff.

There is no perfect way to keep up with the ever-changing insurance policies, so the best advice any physician can receive is treat every patient the same, bill for all services performed and train the staff to ensure the claims are reviewed properly before they are submitted.

"The AAP's Annual Leadership Forum: Individual pediatricians have impact!" continued from page 3

committees for earliest age, safe amounts, etc. But this is just one example of how a lone pediatrician in private practice who has already made this change with his own patients can help effect change for all of us. The sections on Obesity and Oral Health both support this change. With AAP policy change, we can then advocate for WIC changes that will reduce the amount of free sugar introduced to infants, thereby reducing obesity and caries risk.

You, too, can make a change. If you have an idea for a change, submit a resolution to the Chapter before Sept 23 (the Executive Board would like to review it, but Chapter approval is not necessary to submit a resolution to the ALF). Visit the Chapter web site at www.alaap.org for instructions.

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From the Coordinator

Reach Out and Read-Alabama welcomes five new practices

Congratulations to the five newest Reach Out and Read-Alabama sites: Purohit Pediatric Clinic in Anniston; Pediatric Associates in Valley; Pediatric Associates of Auburn; Bibb Medical Associates in Centreville; and Fairhope Pediatrics in Fairhope. With the addition of these five sites, 19 more pediatric healthcare providers will be focusing on engaging parents early in the lives of more than 9,000



Wes Stubblefield, MD, FAAP, of Pediatric Associates of Auburn, encourages reading aloud to parents as part of his Reach Out and Read program.



children annually through literacy advice at each well-child visit.

Thanks to Rian Anglin, MD, FAAP, at Pediatric Associates in Valley, Wes Stubblefield, MD, FAAP, at Pediatric Associates of Auburn, and Katrina Skinner, MD, FAAP, at Fairhope Pediatrics in Fairhope for promoting their Reach Out and Read program on their Facebook page. "Like" the Facebook page of Reach Out and Read-Alabama to get a quick look at how practices and clinics across the state are using the program to engage their parents.

—Polly

"Chapter Briefs" continued from page 10

implement community-based child health initiatives. Resident projects must include planning activities or demonstrate completed planning activities, and may include implementation activities. To ensure project completion, residents who are in their first or second year of residency on the application submission due date are eligible to apply; third-year residents may apply if they will be chief resident in their fourth year. PGY-3 residents are eligible to apply as co-applicants.

This grant cycle includes a special call for projects that benefit American Indian children and projects to improve access to immunizations for children who are most likely to experience barriers. More information is in the Call for Proposals/Application Guidelines.

Join more than 1,000 pediatricians who, through their CATCH grant projects, have learned that local child health problems can be solved locally, often using local resources.

One pediatrician can make a difference!

The Call for Proposals ends July 29. For more information or to apply for a grant, visit www.aap.org/catch/planninggrants.htm or e-mail catch@aap.org, or call 800/433-9016, ext 4916. Applications will be available online only. Please contact your Chapter CATCH Facilitator, Jessica Kirk, MD, FAAP, (jlkirk@aap.net) at any time for technical assistance.

Save the dates: 2012 Spring Meeting & Pediatric Update, May 3-6, 2012

Please mark your calendars NOW for the Chapter's 2012 Spring Meeting & Pediatric Update, set for Thursday, May 3 through Sunday, May 6, 2012 at the Sandestin Golf & Beach Resort (Baytowne Conference Center) in Destin! Already, back by popular demand, two of our previous meeting speakers are slated to return, covering children's mental health issues and sports medicine topics. More details will come later this year, but for now, please "save the dates!"

How To Contact Your Chapter Leaders

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NEWS FROM MEDICAID

Eligible Providers to begin receiving "meaningful use" incentive payments

Eligible health care providers will soon, if not already (at time of writing), begin receiving payments through the new State Level Registration (SLR) and Attestation System for Alabama's Electronic Health Records (EHR) Incentive Program. Launched in April, the goal of the program is helping eligible professionals and hospitals in Alabama build a foundation for improved patient care by acquiring and using electronic health records. As of May 17, 180 Alabama Medicaid providers have successfully submitted their applications through the federal and state systems. Payments will be made after state validation.

The EHR Incentive Program (http://www.cms.gov/EHRIncentivePrograms/) provides incentive payments to eligible providers, hospitals and federally qualified rural health clinics based initially on the adoption, implementation or upgrade of an electronic health record system, and eventually, the demonstration of "meaningful use" as defined by the federal government. Under program rules, state Medicaid programs are responsible for setting up a system to register and monitor providers and make incentive payments to those who qualify.

"Alabama is among the first states to implement this federally funded Meaningful Use initiative, administered by Alabama Medicaid Agency," said State Health Information Technology Coordinator Kim Davis-Allen. "Since each state administers its own program, Alabama has the flexibility to customize various aspects."

Twenty-four hours after successful registration in the National Level Registration System, providers can access the SLR and Attestation System at www.OneHealthRecord.alabama.gov.

From that web page, there is a direct link to the SLR system as well as a Provider Outreach Page, educational materials and the workbooks necessary for compiling information for initiating and completing the registration process. Prior to accessing the SLR, it's important that Eligible Providers read through the instructions to determine their patient volume and complete a workbook so that they are prepared to enter the necessary data when they log on to the SLR.

Payments can be expected within 30 days of successful registration and attestation, and will be made by paper checks, according to Davis-Allen. The total incentive payment will be made on a 50 percent/30 percent/20 percent payout schedule over three years. Eligible professionals meeting the 30 percent Medicaid volume requirement will receive \$21,250 for their first year up to a total of \$63,750 (pediatricians can qualify if they have 20 percent volume but will only receive a proportionate percentage of the incentives in that case) over the six years they choose to participate in the program, and those years do not have to be consecutive. The final year to join the program is 2016.

Providers recognized for compliance with Preferred Drug List

Physicians who help the state of Alabama save money by using Medicaid's Preferred Drug List (PDL) are now being recognized by a new program that exempts them from many of the Agency's prior authorization (PA) requirements.

The Gold Standard program was launched April 1 to recognize prescribers whose compliance rate with the Agency's PDL is in the top 3 percent or higher, according to Pharmacy Services Director Kelli Littlejohn, PharmD. To qualify as a Gold Standard prescriber, physicians had to have three or fewer non-preferred

drug claims and more than 220 prescriptions for preferred or over-the-counter drugs written during the previous quarter. Based on fourth quarter 2010 data, 345 prescribers were designated as "gold standard" providers for the April-June 2011 quarter.

Gold Standard providers are exempt from certain prior authorization requirements for a specified time. During that time period, most non-preferred prescriptions written by the provider will be approved at the pharmacy and will not require that a PA request form be submitted and approved before the prescription can be filled. Certain drugs are excluded from the exemption and still require a PA, including monoclonal antibodies, PDE inhibitors, weight loss agents, growth hormones and biological injectibles.

Providers are re-evaluated each quarter, and once a provider has been on the Gold Standard list for three of four quarters, the exemption stretches to one year. Providers who do not meet the "gold standard" will continue to use the usual request process when prescribing a drug that requires prior authorization.

In Fiscal Year 2010, more than 8.6 million prescriptions were dispensed at a cost of more than \$514 million. The Agency's Preferred Drug List was started in 2003 to help keep health care costs down by encouraging use of preferred, generic and over-the counter drugs.

"A 2010 study found that implementation of a mandatory PDL saved the state more than \$275 million between November 2003 and December 2009," Dr. Littlejohn said. "This validates our experience that the PDL results in costsavings while supporting quality health care."

Attention Parents and Providers!



NEW IMMUNIZATION REQUIREMENT FOR 6TH GRADE ENTRY

Beginning with the 2010-2011 school year, a dose of Tdap vaccine will be required for Alabama students age 11 years or older, entering 6th grade. This requirement will increase by one successive grade each year for the following 6 years to include sixth through twelfth grades, beginning fall of 2016.

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