



The Alabama Pediatrician

Spring 2008

From the Chapter President

QI is upon us and here to stay



A.Z. Holloway, MD, FAAP
Chapter President

The buzz phrase these days is quality improvement (QI); we're hearing about QI at both the national and state levels. We also hear about it as part of the recertification process, which is being re-engineered starting in 2010. QI should be used to evaluate and implement

changes to improve or augment your practice of pediatrics.

On first blush, QI can seem daunting, but your Chapter hopes to be able to assist with this process. There are also the eQIPP modules available through the American Academy of Pediatrics, which meet maintenance of certification requirements and allow you to evaluate your practice online using tools that can be easily implemented to enhance quality of care. Read more about this in the maintenance of certification article on page 10.

On the state level, one of our goals for 2008-2009 is to establish a quality improvement committee and plan for education and QI initiatives. With guidance from the AAP's Chapter Alliance for Quality Improvement, coupled with best practices learned from other states, the Chapter plans to position itself to assist its members in integrating quality improvement into day-to-day practice.

Also, Medicaid's Together for Quality initiative and our Chapter's current developmental screening project both provide QI opportunities.

Look for a group email soon as we call for any members interested in working on the QI committee.

See you at the beach!

Registration still open for Spring Meeting

It's not too late to register for the 2008 Spring Meeting and Pediatric Update, set for April 17-20, 2008 at the Hilton Sandestin Beach!

The meeting will feature 14.5 hours of Category I CME from both national and state faculty on such topics as mental health issues, nephrology, juvenile arthritis, newborn screening, seizures, headaches, sleep disorders and spondyloarthropathies. This year's conference will also include a three-hour developmental screening workshop that will feature best practices by pediatricians in the three pilot sites in the Chapter's developmental screening project.

This year, the social events will include a Meet & Greet opening reception in the exhibit hall, a dinner and dessert on the deck by the beach, and the third annual "It's Tiki Time" Young Pediatricians Get-Together sponsored by the Young Pediatricians Committee, which will be held at Barefoots Beachside Bar & Grill immediately following the Saturday dinner. The entire evening on Saturday will feature live music.

To register, visit the Chapter web site at www.alchapaap.org. Links to a downloadable PDF and online registration using Paypal (you don't have to have a Paypal account) are located on the home page. For more information, refer to the web site or call (334) 954-2543.



Vaccine safety: Talking points to tell the real story

There has been a tremendous amount of controversy in the media this year regarding vaccines and safety. From a January episode of ABC's *Eli Stone* to comments made by a presidential candidate, confusion abounds. The AAP is working hard to dispel some of these myths, and offers the following talking points for your use as you communicate with parents about this important issue.

What about vaccine safety?

- Every physician is mandated to report adverse effects of vaccines to the Vaccine Adverse Event Reporting System (VAERS) so that the event may be studied further. Any adverse effects are acted upon immediately when there appears to be an association. For example, a Rotavirus vaccine that was found to be associated with an intestinal condition called intussusception was taken off of the market. The VAERS web site is available at <http://vaers.hhs.gov/>.

continued on page 2

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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.

“Vaccine Safety” continued from page 1

- From time to time, rumors circulate that thimerosal, a mercury-based preservative once used in several vaccines (and still used in some flu vaccine), could contribute to ASDs. However, valid scientific studies have shown there is no link. The American Academy of Pediatrics (AAP), the American Medical Association (AMA), the CDC, and the Institute of Medicine (IOM) agree that science does not support a link between thimerosal in vaccines and autism. For the IOM report, please go to <http://www.iom.edu/CMS/3793/4705/4717.aspx>.
- Some parents are concerned about “combination” vaccines, which protect against more than one disease with a single shot. For example, the MMR vaccine protects against measles, mumps and rubella. These vaccines have been studied carefully and found to be safe. All vaccines contain antigens, which cause the immune system to do its work to fight (and protect the body from) infections. It is important to remember that children are exposed to many antigens during normal activities, such as playing outside or eating food, or when sick with an infection. Healthy children’s immune systems are equipped to handle these multiple exposures.

Why are vaccines important?

- It is most important that parents and pediatricians continue to rely on immunizations to protect all children from preventable – and potentially deadly – illnesses. Many vaccine-preventable diseases can have dangerous consequences, including seizures, brain damage, blindness, and even death. These diseases still exist even though many young parents today have never seen a case, due to the success of the nation’s current immunization program. Death and harm from chickenpox, measles, meningitis and other diseases are still a threat to children who are not protected.
- Some specifics: Before Hib vaccine became available, there were approximately 20,000 cases annually. Hib was the most common cause of bacterial meningitis in children in the U.S. Hib meningitis once killed 600 children each year in this country, and those who survived often had deafness, seizures and/or mental retardation.
- Measles is another example of a vaccine-preventable disease with serious consequences. Currently in the U.S., up to 20 percent of people with measles are hospitalized. Measles is one of the most infectious diseases in the world; if vaccinations were stopped, each year about 2.7 million deaths from measles worldwide could be expected. In a recent outbreak of measles in San Diego, Calif., 11 children contracted measles and none had been vaccinated. Representing the highest number of measles cases in San Diego in 17 years, this outbreak is believed to have started with a child who caught measles in Switzerland and then returned to the U.S.
- Likewise, it would only take one case of polio from another country to bring the disease back to the U.S. if people are not protected by vaccination.
- In order for vaccines to protect everyone, an estimated 85 to 95 percent of the population must be immunized. Studies have shown that children who are not immunized are more likely to become infected with measles and pertussis. Younger children often are the most vulnerable; 90 percent of deaths from pertussis occur in infants younger than six months old.
- It is not advisable to skip or delay vaccines, which will leave the child vulnerable to disease for a longer period of time. Parents should follow the immunization schedule provided by the CDC and its Advisory Committee on Immunization Practices, the AAP, and the American Academy of Family Physicians each year. This schedule is designed by experts to ensure maximum protection and safety for children at various ages. Parents should discuss any concerns with their child’s pediatrician.
- Serious events occur more often from the actual infection or disease, rather than from the vaccine; therefore, the vaccine is much safer.

More information for parents and caregivers is available on the AAP web site at the following links:

On Autism: <http://www.aap.org/healthtopics/Autism.cfm>

On Vaccines: <http://www.cispimmunize.org/>

2008 State Legislative Update

The Alabama Chapter-American Academy of Pediatrics Executive Board has established its legislative priorities and is monitoring the following issues during the 2008 Regular Session of the Alabama Legislature:

- *Improved health care for children through adequate Medicaid and SCHIP funding:* The Alabama Medicaid Agency's Fiscal Year 2009 budget request represents a \$150 million shortfall. While the General Fund budget looks grim for this coming fiscal year, pediatricians at our 5th Annual Legislative Day were assured by Rep. John Knight that the Legislature is committed to fully funding Medicaid at its current levels, as well as the state share of the ALL Kids budget. The Chapter office will continue to monitor this current situation as budget talks continue.

- *Smoke-free public places in Alabama:* The Chapter is working with members of the Coalition for a Tobacco-Free Alabama to advocate for the Smoke-Free Alabama bill (**SB 229/HB 663**), which will significantly decrease the risk of secondhand smoke risk factors for both children and adults. While the bill passed the Senate Education Committee with an amendment to exclude free-standing bars, it has a long way to go. **Contacts by pediatricians are still needed to reach key legislators!** Please contact the Chapter office at llee@aap.net for a list.

- *Additional Funding for Pre-K Education:* The Executive Board has again endorsed the Alabama School Readiness Alliance's efforts to further expand **state-funded, voluntary, high-quality, pre-k programs** for four-year-olds through funding to the Alabama Office of School Readiness. Child advocates seek continued funding, despite likely cuts in the Education Trust Fund budget.

- *A strengthened graduated teen driver license law:* Rep. Mac Gipson and other lawmakers have introduced a strengthened graduated teen driver license law (**HB 312**), which would reduce that number of passengers in a teen's car to one, mirroring federal recommendations, along with more limitations on night driving and a three-stage system of driver's license aimed at reducing the incidence of crashes among teen drivers. This bill is expected to go to committee by the time of this publication.

- *Prohibition of teen cell phone usage while driving:* The Chapter continues to support Rep. Jim McClendon's (Alabama House District 50) teen driver cell phone bill, which would make it a violation for teens 17 years and younger to use a wireless communications device while operating a motor vehicle.

- *All-terrain vehicle helmet requirement for children under 16 years of age:* HB 299, which requires use of helmets on ATVs by all children under 16 years of age, received a favorable report from the House Public Safety Committee. Ideally, the Chapter Injury Prevention Committee is in favor of "pie in the sky" legislation that would prohibit any children from riding/driving ATVs in Alabama. However, this legislation is the first step in the right direction.

- *Infant vitality education (prevention of Sudden Infant Death Syndrome and Shaken Baby Syndrome and promotion of breastfeeding):* The Alabama Department of Child Abuse and Neglect Prevention, the Alabama Chapter-AAP, and other groups are coming together with the Alabama Hospital Association to develop a plan to put information into the hands of new parents on Shaken Baby Syndrome, Sudden Infant Death Syndrome and the importance of breastfeeding.

The Chapter is also monitoring proposed *nurse practitioner independence legislation*, which would give nurse practitioners complete independent medical status and unlimited prescriptive authority. The Chapter joins the Medical Association of the State of Alabama and other medical specialty societies in opposing this legislation, as well as *certified lay midwife legislation* (HB 314/SB 240), which would create a category of a "Certified Professional Midwife License" without requiring a nursing program as a prerequisite. The latter bill was defeated in the House Health Committee several weeks ago, but it remains in committee in the Senate following a heated public hearing.



Residents Crystal Palmatier, MD, UAB, Sarah Joiner, MD, USA, and Jessi Kirk, MD, Chief Resident, USA, network at the 5th Annual Pediatric Legislative Day, held March 4.

5th Annual Legislative Day brings pediatric issues to the table

Seventeen pediatricians from across the state—including three residents representing both state residency programs—convened at the Alabama State House on March 4 for the Chapter's 5th Annual Pediatric Legislative Day to discuss issues such as shortfalls in the Medicaid and Public Health budgets, as well as the Smoke-Free Alabama and ATV helmet legislation. A series of state legislators dropped by to talk with the group, including Rep. John Knight, chair of the House appropriations committee; Sen. Vivian Figures of Mobile, who is championing the smoke-free bill; Rep. Mac Gipson, who is seeking a stronger graduated drivers license law; and Speaker of the House Seth Hammett. Mark Jackson of the Medical Association, James Dupree, lobbyist for VOICES for Alabama's Children, State Health Officer Don Williams, MD, and Carol Steckel, Medicaid Commissioner, all provided insight on current issues, rounding out a successful day.



Representative John Knight assures pediatricians that Medicaid and ALL Kids funding is one of the Legislature's top 2008-2009 budget priorities.

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Annual Leadership Forum a time for learning, setting direction for AAP

By Linda H. Anz, MD, FAAP, AAP District X Vice Chair

What in the world is an ALF?!! Well, that is the AAP Annual Leadership Forum, a conference at which all of the AAP Chapter leadership, the Committee, Section, and Council Chairs, as well as the District Leadership, meet... and meet and meet! A.Z. Holloway, J. Wiley, Linda Lee and I are all just recovering from our "fun" in Chicago.

Seriously, the ALF has at least a three-fold purpose: 1) To hear and debate resolutions; 2) To network and share ideas with other chapters and the AAP on how to better serve our children and our membership; and 3. To educate our leadership on how they can be more effective leaders while learning the nuts and bolts about chapters, etc. Usually, by the end of the meeting, we are all so energized, stimulated and filled with new ideas and intentions that we can almost burst! The challenge is just finding sufficient time and resources that we need to accomplish all of these dreams! Hopefully, you will be hearing more about these ideas as the year unfolds.

Now you might be asking yourself, "What in the world is a resolution?" (I did, before I became your Chapter president). Resolutions, simply put, are your ideas about how you think the AAP should be directing its energies or perhaps changing its focus on advocacy for children and its members. (You may wish to access this year's resolutions on the new and improved "Members Only Channel" on the AAP web site.) The *top ten* resolutions are voted on by the chairs, chapter presidents and vice presidents (only they can vote) at the end of the ALF (there are many great resolutions that don't make the top ten). All the passed resolutions then go to the appropriate committees, sections, etc. and are acted upon. Much of the policy, priorities, and focus of the AAP has been determined by the ideas that have been generated at the ALF!

So, next year, if you have an idea on what the AAP should be doing, or not doing, contact either A.Z., J., or me and we'll help you create a resolution. You *can* make a difference!!



A.Z. Holloway, MD, FAAP, Chapter President, (front, third from right) and J. Wiley, MD, FAAP, Chapter Vice President (front, far right), vote on resolutions at the Annual Leadership Forum.

Chapter sponsors career days at state residency programs

The Alabama Chapter-AAP (AL-AAP) continued a tradition it started in 2007 by helping sponsor career days at both of the states' residency programs in March.

On March 10, several Chapter members presented talks on real-life pediatrics and financial considerations to the second-year residents at the University of Alabama at Birmingham's annual Career Day. In addition, A.Z. Holloway, MD, FAAP, AL-AAP President, talked about involvement in Chapter activities, and the out-of-state consultant, co-sponsored by the Chapter, discussed student loan consolidation and personal/professional finances.

On March 11, the AL-AAP hosted the second annual *Life After Pediatric Residency* career day for second-year residents at University of South Alabama (USA), which featured four presentations by Chapter members throughout the day, as well as the financial session.

Many thanks to the Chapter members who made these career days a success!



Ted Williams, MD, FAAP, of Southeastern Pediatrics in Dothan, gave USA residents a look at the economics of pediatric practice.

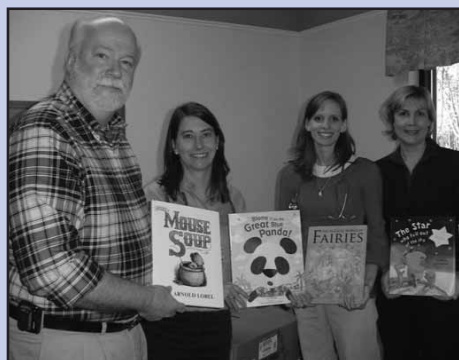
From the Coordinator

Two new sites approved in first quarter of 2008

Congratulations to Hale County Medical Clinic (HCMC) in Greensboro and Eastern Shore Pediatrics in Fairhope as the newest Reach Out and Read sites in Alabama. HCMC becomes the first practice in the Black Belt to be approved. Between the two practices, over 5,500 children will receive new developmentally and culturally appropriate books at each well child visit over the next year.

New books distributed in south Alabama

Two practices in south Alabama were the recipients of over 1,000 new books, thanks to Barnes & Nobles' holiday book drive in



Pat Mackey of Barnes & Noble delivers books to the physicians at Eastern Shore.

December 2007. Pat Mackey, B&N Community Relations Manager, delivered books to Eastern Shore Pediatrics in Fairhope and also to North Baldwin Pediatrics in Bay Minette. B&N at Springdale Plaza in

Mobile also collected and distributed books to Drs. Blancher & Stadther Pediatrics during their holiday book drive. Many thanks go to all the patrons of these stores that continue to support ROR.

ROR-Alabama nominated for advocacy award

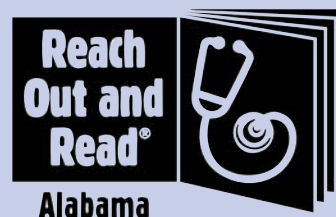
Reach Out and Read-Alabama was one of 26 individuals and organizations nominated for the 2008 Children's Advocate Award, which was given at the 18th annual Children's Advocate Award Luncheon held March 13 at the Sheraton Birmingham. All nominees were recognized as Friends of Children at the event and honored for improving the lives of children in central Alabama. For more information on the event and to view a video produced by CBS 42 honoring each of the nominees, go to www.ccr-bhm.org.

Did you know? The impact of ROR

Studies on the impact of Reach Out and Read, which compare families who were exposed to ROR to families with no exposure, have demonstrated:

- **An increase in child-oriented literacy orientation (which includes book-reading as one of three favorite activities of the child, of the parent, frequent book-reading, books accessible in the home etc.).**
 - ROR families were four (Needman, 1991) or even five (High et al., 1998) times more likely to report positive literacy orientation.

- ROR families showed a 40 percent increase in child-centered literacy orientation compared to 16 percent for non-ROR families (High et al., 2000).



- **Increase in parental book-reading frequency and book-reading at bedtime**
 - Odds that Hispanic parents read to their child at least three days a week were 10 times greater when families received ROR, even after controlling for other factors such as English language proficiency and reading habits (Golova et al., 1999).
 - Parents exposed to ROR were more than three times as likely to report reading to their children compared to non-ROR parents (Sanders, 2000).
- **Increase in reporting book-reading as one of child's favorite activities**
 - 25 percent of ROR families reported reading as favorite activity for child compared to 10 percent for non-ROR families (Silverstein et al., 2002).
- **Increase in reporting book-reading as one of parent's favorite activities to do with child**
 - 43 percent of Hispanic ROR parents of infants reported reading books as one of three most favorite activities to do with their child compared to 13 percent of Hispanic non-ROR parents (Golova, 1999).
 - 40 percent of ROR parents reported reading as favorite activity to do with child compared to 18 percent of non-ROR parents (Silverstein, 2002).
- **Books in the home**
 - 63 percent of children exposed to ROR had over 10 children's books at home compared to 49 percent of non-ROR children (Silverstein, 2002).
- **Increase in child's expressive and receptive vocabulary**
 - ROR exposure was associated with an 8.6-point increase in receptive language and a 4.3-point increase in expressive language (Mendelsohn et al., 2001).
 - Children exposed to ROR had higher receptive vocabulary scores (8-point difference) than those not exposed to ROR. (Sharif et al., 2002).
- **Helpfulness of physician/parental receptiveness**
 - Parental ratings on physician helpfulness were higher for parents who received books and were shown book-reading compared to parents who only received anticipatory guidance (Jones et al., 2000).
 - Physicians' ratings of parental receptiveness were also higher for those exposed to ROR (Jones et al., 2000).

— Polly

strength \strenth\ n

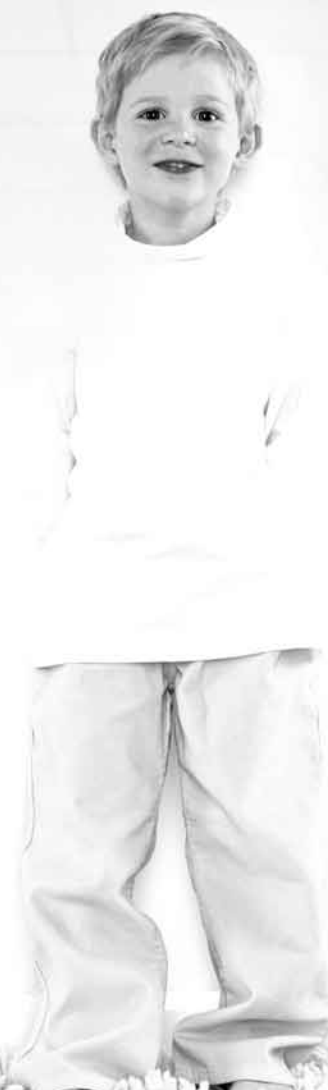
1: the quality of being strong: ability to do or endure

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 | www.adph.org/immunization

C H A P T E R B R I E F S

Bob Beshear honored with distinguished Ray Helfer award

J. Robert ("Bob") Beshear, MD, FAAP, past president of the Alabama Chapter-AAP (2001 to 2003), has been honored as the 2008 recipient of the nationally recognized *Ray E. Helfer, MD, award*. Presented by the National Alliance of Children's Trust and Prevention Funds and the American Academy of Pediatrics, this distinguished award is given annually to a pediatrician who has made a demonstrated contribution to preventing child abuse before it occurs and is involved with activities related to the work of Children's Trust Funds.



Bob Beshear, MD

Dr. Beshear was presented with the award in Baltimore on March 14, where he was surrounded by colleagues from Alabama, including those from the Alabama Department of Child Abuse and Neglect Prevention, who nominated him for the award. The late Ray Helfer, MD, is considered the "father" of children's trust and prevention funds, due to his concept that special funds could be used to ensure that our nation's children grow up nurtured, safe and free from abuse and neglect. Dr. Helfer's lifelong dedication to children serves as a model for all citizens.

"I want to express my appreciation for this award in honor of Dr. Ray Helfer," Dr. Beshear said upon acceptance of the award. "All of our efforts in support of families and protection of children rest on the foundation of the vision of Dr. Helfer."

Dr. Beshear ended his speech with one final thought for this election year: "For our survival as a humane and free nation, for the sake of our children and families, we must have universal and insured financial access to quality health care, including mental

health, social services, and special needs – for all infants, children, and adults. For All! The time is now for us to make this a reality."

Dr. Beshear is the founder of the Gift of Life Foundation, which was created in 1988 to address the state's high infant mortality rate. He also chaired the Children's Health Component, a process that brought about the state's "Zero to Five" Early Childhood Initiative.

Chapter nominated as Outstanding Chapter of the Year

Each year, the Alabama Chapter-AAP, along with its counterparts in other states, submits an annual report to the American Academy of Pediatrics. These reports are reviewed by the District Vice Chairs and chapters are nominated for the Outstanding Chapter Award in four chapter size divisions.

In February, for the second year in a row, the Chapter was selected again as a nominee for this award.

Congratulations to all of our members who have helped make this nomination possible!

Expanded Newborn Screening Update

By S. Lane Rutledge, MD, FAAP, UAB Faculty Member

The full metabolic panel (with the exception of Tyrosinemia I) is going very well. We have identified a number of children with inherited disorders of metabolism. In 2007, we diagnosed children (and one adult) with the following conditions: six PKUs, one hyperphenylalaninemia, one glutaric acidemia I, one homocystinuria, one VLCAD (long chain fatty acid oxidation defect), one galactosemia, three MCADs and two carnitine uptake disorders (one neonate and one mother). The early diagnosis of these conditions will hopefully alter the course of their disorders. We have identified two mothers with carnitine uptake disorder (based on low levels, which then normalized in their babies). Without treatment, these women were at significant risk for problems.

Dr. Hector Gutierrez reports that cystic fibrosis screening will hopefully start by the time of this publication. During our presentation on newborn screening at the Spring Meeting, he will discuss screening for CF in further detail.

Plans for Annual Meeting in Birmingham take shape

Don't forget to mark your calendar for September 26-28, 2008 for our 2008 Annual Meeting & Fall Pediatric Update, to be held at The Wynfrey Hotel in Birmingham.

Plans call for a pre-conference vaccine summit as well as a repeat of last year's popular coding workshop on Friday, co-sponsored by the Alabama Chapter-AAP Practice Management Association.

Stay tuned for more information, coming soon!

PAOF (pronounced Pay-Off) pays off!



A smiling Kasey Davis, MD, a second-year pediatric resident at the University of Alabama at Birmingham, accepts a \$100 cash door prize from Ellen Stone, chair of this year's annual Physician Alabama Opportunity Fair, of which the Chapter is a sponsor. Dr. Davis and more than 60 other

primary care residents and medical students attended the free fair on March 1 at Perdido Beach Resort, which offered a chance for Alabama's rural communities and physicians seeking employment to connect to discuss future opportunities.

Event Calendar At a Glance

2008

April 17 – 20
2008 Spring Meeting & Pediatric Update,
Sandestin Beach Hilton,
Destin, FL

September 26 – 28
2008 Annual Meeting & Fall Pediatric Update,
Thy Wynfrey Hotel,
Birmingham

June/July (Dates TBA)
Mental Health Resource
Roundtables
Florence, Dothan, Selma
and Auburn/Opelika

October 11 – 14
AAP National Conference
& Exhibition
Boston, MA

2009

April 2 - 5
2009 Spring Meeting & Pediatric Update,
Sandestin Golf & Beach
Resort,
Destin, FL

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Share the “no children on ATVs” message with your parents

By Nan Frascogna, MD

As many of you know, all-terrain vehicle (ATV) use is very common in Alabama. Unfortunately, so are ATV-related injuries. As the above cases demonstrate, injuries are often serious and sometimes even fatal. At Children's

Case #1

A six year-old boy was riding on the back of an ATV with five other children. The driver lost control and hit a tree and the patient was thrown off and hit a board on the ground. At the local ED, he was found to have a pulmonary contusion, rib fractures, and a liver laceration and adrenal hematoma. He was transferred to Children's Hospital for further care, and was able to be discharged after three days.

Hospital, trauma alerts from ATV accidents have been steadily increasing, reaching epidemic proportions in 2007. Alarming, the majority of these accidents involve children under the age of 14.

The division of Emergency Medicine at Children's Hospital recently conducted a survey of general pediatricians in our state regarding knowledge of ATV safety. The majority of respondents were not familiar with the AAP policy regarding ATV use in children. Also, most pediatricians are not routinely discussing ATV safety as part of anticipatory guidance as called for in the policy statement.

Given the growing problem of ATV-related morbidity and mortality among the children of

our state, please consider routinely discussing ATV safety with your patients and their families.

The current recommendations by the AAP are:

- No use by children younger than age 16
- No passenger riding
- Always wear a helmet
- No use on public streets
- No nighttime riding
- Never use under the influence of alcohol

The only current Alabama law regarding ATVs prohibits their use on public roads.

The AL-AAP Injury Prevention

Committee is currently working to promote legislation that would further regulate the use of ATVs by children. Although this year's introduced legislation

Case #2

An 11-year-old boy was driving an ATV and hit a tree. He was thrown forward and his abdomen hit the handlebars. He was asystolic at the scene and required intubation and CPR. On arrival in Children's Hospital's emergency room, he remained asystolic, his pupils were fixed and dilated, and he had obvious bruising to his abdomen. He was pronounced dead on arrival from suspected intra-abdominal hemorrhage.

to require helmets for children is a step in the right direction, the committee is continuing to work on an awareness

campaign that stresses all of the above recommendations.

Please watch for upcoming opportunities to support these efforts to help ensure the safety of our state's children.

“Chapter Briefs” continued from page 7

2008 Chapter elections draw near

The Alabama Chapter-American Academy of Pediatrics 2007-2008 Nominating Committee is seeking pediatricians interested in running for positions open for election on both the Executive Board and Nominating Committee. The terms for these positions begin on October 1, 2008.

The open positions are as follows (see area map):

- Area 4 Representative – East/Northeast portion of the state (three-year term)
- Area 5 Representative – Southcentral/Southeast portion of the state (three-year term)
- Nominating Committee member (three-year term)

In May, the elections process will begin as the

Nominating Committee establishes a slate of nominees. To submit a name or express interest in any of these positions, contact the Chapter office at (334) 954-2543 or llee@aap.net.

All names of interested parties will be referred to the Nominating Committee for consideration.



NEWS FROM MEDICAID

Medicaid implements new claims processing system

The Alabama Medicaid Agency and EDS have developed a new claims system to provide better service to the provider community and to enhance current technology. The new system became effective on February 25, 2008 and features a fully functional web portal and an NPI (National Provider Indicator) compliant system. Although the new system represents a major technological advancement that will result in a more streamlined reimbursement process for Medicaid enrolled providers and provide the reliability and flexibility needed by the state, there are transitional issues as with any system changeover. The Chapter office is cataloguing these concerns and has been addressing them as appropriate. In light of some of the claims issues, requests for contingency payments can be made. All of these details, including all of the alerts that have gone out to providers and FAQs, can be found at: http://www.medicaid.alabama.gov/news/new_system_information.aspx?tab=2.

The new claims system has also brought about some important changes in the Patient 1st primary care case management program. As new recipients become eligible for assignment to provider panels, they will no longer be assigned by county of residence, but will be assigned by distance from the recipient's home (based on zip code) to a physician's office. Current recipients were converted over to existing panels without breaks in assignment. The default distance is currently set at 75 miles, but can be adjusted at the request of the primary care provider, as with county changes that took place in the previous system.

There are also changes to providers' monthly assignment rosters. Previously, providers received one roster for pending enrollees and one roster for new, continuing and terminated enrollees. The new system generates one report with all these categories labeled and includes the legend explaining why recipients start or stop their assignment. The new rosters will start with the April monthly mail-out.

If you have any questions, contact Paige Clark at (334) 242-5148 or paige.clark@medicaid.alabama.gov.

Correct coding for EPSDT visits helps children access needed medical care

Alabama pediatricians who are also Medicaid EPSDT (Early, Periodic, Screening, Diagnosis and Treatment) providers can help their Medicaid-eligible patients access needed medical care by ensuring that the correct type of EPSDT screening is performed and billed.

"Children on Medicaid are limited to 14 doctor visits each calendar year," said Debbie Flournoy, EPSDT program manager. "However, if the visit is for an EPSDT screening, the child can be referred for additional doctor visits or tests that do not count against the 14-visit limit. This is particularly important for children with special health needs."

The two scenarios below can be used to illustrate the different types of EPSDT visits and to clarify differences between Periodic, Interperiodic, and EPSDT referred visits:

Scenario #1

- A two-year-old child comes into the pediatrician's office on 11/1/2007. A periodic EPSDT screening is performed and OM is diagnosed. A self-referral may be done at this time. Procedure code 99392-EP should be billed. The self-referral will be valid through 11/1/2008 for the diagnosis of OM.
- The child comes back into the office on 11/12/07 for a follow-up visit for OM. An office visit should be billed and blocks 17, 17a and 24h should be documented. Block 24h would be a "1" or "4," based on whether the child has a PMP assignment or not. Any further visits for OM would be billed the same way.
- In January 2008, the child is referred to an ENT for OM. As this was diagnosed at the time of the EPSDT screening on 11/1/2007, an interperiodic screening is not necessary. The EPSDT screening would be valid for OM through 11/1/2008. EPSDT referrals may be made for any treatment that is needed for the diagnosis of OM, whether it is therapy, consultants, surgery, etc. Again, the diagnosis of OM would be valid through 11/1/2008. If the child is still having problems related to OM after 11/1/2008, then another EPSDT screening would have to be performed. At this time, it could be a periodic or interperiodic screening.

Scenario #2

This same child, from the above scenario, is brought back to the office on 11/28/07. The child has been diagnosed with asthma at this visit. The pediatrician has the option to bill an office visit or an interperiodic screening. If it is in the provider's judgment that this is going to be a continuous problem, the provider has the option of performing an EPSDT interperiodic screening or office visit. Since asthma can be a lifelong problem, an EPSDT interperiodic screening would be appropriate. If an EPSDT interperiodic screening is performed, a self-referral for asthma may also be done. This referral would be valid through 11/28/2008. Any further visits for asthma can be billed as office visits with blocks 17, 17a and 24h documented. Again 24h would be a "1" or "4," depending on whether the child is assigned to Patient 1st or not. Any referrals made to consultants, equipment companies, etc. for asthma would be valid through 11/28/2008.

For more information, consult the Alabama Medicaid Provider Manual and locate: Appendix A – EPSDT, Chapter 39 – Patient 1st, and Chapter 5 – Filing Claims. You may access the following chapters of the Provider Manuals at www.medicaid.alabama.gov or you may contact the Provider Assistance Center at (800) 688-7989.

NEWS FROM THE AAP

Why participate in PROS?

Practitioners tell all

Burlington, Mass., pediatrician Ben Scheindlin, MD, FAAP, does it because he enjoys the knowledge that “colleagues all over the country are collaborating on the same effort.” Los Angeles pediatrician Heide Woo, MD, FAAP, does it because it helps her provide “a higher quality of care” to her patients.

The “it” is participating in Pediatric Research in Office Settings (PROS), the American Academy of Pediatrics’ practice-based research network. Along with 1,700 colleagues across the nation, Drs. Scheindlin and Woo help generate knowledge about the best pediatric care.

“The excitement of working on PROS studies spills over and constantly renews my excitement about primary care pediatric practice,” he said. “I get excited every time I see our practice name listed at the end of an article in a medical journal.”

Dr. Scheindlin said he has been able to use PROS research findings in his practice, including the normal time of pubertal onset in girls, the high prevalence of behavioral symptoms in young children and how to manage febrile young infants. PROS also has helped him rethink his approach to well-child care and anticipatory guidance.

Since joining PROS in 1999, Dr. Woo has found that participation in studies affects her care of patients in surprising ways.

“I have been asked by parents of boys coming in for physicals about when to expect the onset of puberty,” she noted. “I have been gratified to tell them my part in the Secondary Sexual Characteristics in Boys study, which is designed to answer exactly that question, and that the answer will be available in the next year or two when the full study is complete.”

Dr. Woo added, “In the era of evidence-based medicine, it is quite exciting to be able to prove the value of some of the things

we do in general pediatrics, whether it is how we care for young febrile infants or the discussions we have with parents on anticipatory guidance and violence prevention.”

Alabama’s own PROS Co-Coordinator,

Marc Starer, MD, FAAP, had this to say about his experience: “I have been a participant in PROS for many years, first as a

practitioner and contributor to studies such as Life Around Newborn Discharge, the Febrile Infant Study and the Injury Prevention Study, and then as a co-coordinator for Alabama. I am currently helping to collect data for the male puberty study. Participation in PROS allows me to go beyond the daily practice of medicine to dip my feet into the academic waters.”

“As a member of PROS, I stand side by side with almost 2,000 other pediatricians across the country who want to add to our pediatric knowledge using more than just anecdote,” he added. “I have the opportunity to learn some of the subtle details of pediatrics that I might have missed had I not participated in PROS. It is easy, educational and gratifying to know you have made a contribution to how we all practice.”

To inquire about joining PROS, call PROS Central at (800) 433-9016, ext. 7623, or contact D J Anagnos, MD, FAAP at djanagnos@knology.net or (334) 277-6624 or Dr. Starer at Marc.Starer@chsys.org.

Maintenance of Certification in 2010 and beyond: Get positioned for QI!

Maintenance of certification (MOC) supports and accelerates your efforts to continually advance quality care in pediatrics. A goal of the AAP is to develop educational materials, approved by the American Board of Pediatrics (ABP), that help pediatricians and pediatric subspecialists prepare for MOC. MOC covers six core competencies considered necessary for physicians to pro-

vide quality care to patients: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

The AAP has developed tools for evaluation and learning that will help pediatricians on their pathway to understanding and meeting the four components of MOC: professional standing, knowledge assessment, cognitive expertise and performance in practice.

There is a lot of attention being paid right now to Part 4, performance in practice. Currently, the AAP’s Education in Quality Improvement for Pediatric Practice (eQIPP) is one of the few programs approved by the ABP to meet the Part 4: Component B requirement. As an online program, the goal of eQIPP is to help physicians collect and analyze practice data over time to document improved quality of care. Physicians will learn what steps are necessary to improve their quality of care on a continuous basis, and be able to transfer their skills to multiple pediatric-specific clinical and practice management topics. This system will help physicians narrow the gap in what they know versus how they practice, and provide them with the necessary tools to close the gap. By providing pediatricians with tools and strategies to make small cycles of change, clinicians can improve practice efficiency and patient care. Enroll online at www.eqipp.org.

Secondly, through the Chapter Alliance for Quality Improvement, AAP Chapters will also have the opportunity to support their members in meeting Part 4 requirements. The ABP will approve Quality Improvement (QI) projects meeting certain standards while providing board-certified pediatricians who participate credit toward MOC. Chapters will serve as learning communities and facilitate peer-to-peer learning while the national AAP will support the collection and analysis of improvement data through eQIPP.

The Alabama Chapter-AAP will soon establish a QI committee to begin this work.



NEWS FROM PUBLIC HEALTH

Are Your Adolescents Protected?

In Alabama, vaccine-preventable diseases (VPD's) are still a threat among adolescents. These diseases have persisted for years and can still be life-threatening today. Many people between the ages of 11 and 19 need vaccinations to prevent whooping cough, tetanus, diphtheria, hepatitis B, hepatitis A, chickenpox, measles, mumps, rubella, polio, influenza, meningococcal disease, pneumococcal disease, and human papillomavirus infection.

Meningitis, whooping cough (pertussis), and diphtheria are spread through direct contact with an infected person, large droplet respiratory secretions, or intimate respiratory contact. These diseases can be spread by coughing, kissing, sharing cigarettes, utensils, cups, lip balm, or anything an infected person touches with his or her mouth. Approximately 25 percent of adolescents who contract meningitis die from it, while 11 percent to 19 percent experience long-term disability. Pertussis may cause pneumonia, encephalitis, and death, especially in infants. If not treated, diphtheria can result in airway obstruction, coma, and death.

The mode of transmission for each VPD varies. Tetanus enters the body through a break in the skin and can result in death in about 10 percent to 20 percent of cases. Human papillomavirus (HPV) is transmitted through direct skin-to-skin contact. High-risk HPV types act as carcinogens in the development of cervical cancer and other anogenital cancers.

In order to reduce the spread of vaccine-preventable diseases, vaccines are now available that specifically target adolescents. These include Tdap, HPV, and MCV4. Tdap contains tetanus, diphtheria and acellular pertussis vaccines. Adolescents 11-18 years of age should get vaccinated with a one-time dose of Tdap. HPV contains vaccines for protection of four different human papillomaviruses, two of which cause up to 70 percent of cervical cancers. HPV vaccine is routinely recommended for females 11-12 years of age, but may be given to girls as young as nine years of age. HPV vaccine is also recommended for females 13-26 years of age who have not previously been vaccinated and is given in a three-dose series. Furthermore, MCV4 contains vaccines to prevent four types of meningococcal disease, including two of the three most common types in the U.S., and is recommended for people 11-55 years of age.

For the latest information on vaccines and immunization practices, look for our upcoming series on VPD.

The adolescent growth period is full of conflict, both developmentally and physically. You can help these youth by enrolling in the Vaccines for Children program and administering these important vaccines to help protect Alabama's vulnerable adolescents. For more information, visit the ADPH website at www.adph.org/immunization or call (800) 469-4599.

Update from ALL Kids on Behavioral Health Services

ALL Kids announces that effective May 1, 2008, behavioral health services, including mental health and substance abuse, for children enrolled in ALL Kids will be managed by Blue Cross Blue Shield of Alabama (BCBSAL). Currently, these services are managed by United Behavioral Health (UBH).

The ALL Kids behavioral health network will include Alabama Psychiatric Services, Community Mental Health Centers and other behavioral health providers around the state.

Providers and parents can call (866) 796-1071, a dedicated toll-free number that can be used 24 hours a day, seven days a week to find out information about behavioral health benefits, provider network information or to speak with a mental health professional. For any other questions about benefits, call toll-free (800) 760-6851 to speak with a BCBSAL customer service representative.

For information about how to apply or to order ALL Kids applications and brochures, call (888) 373-KIDS (5437) toll-free or visit our web site www.adph.org/allkids.

2008 Elections web site educates member voters

A current priority of the American Academy of Pediatrics is the 2008 presidential elections, particularly regarding health care coverage for all children. As a 501(c)3, the Academy can engage in voter education to raise awareness of children's health issues, but cannot endorse any candidates or political parties, nor imply any endorsement.

In March, the Academy developed a 2008 Election Center, <http://aap.grassroots.com/election2008/>, to provide members with information on the leading presidential candidates' health care plans, including how the candidates plan to provide quality, comprehensive and affordable health care coverage to more American children. The website is composed of the following:

- A look at the AAP Principles on Access and MediKids legislation
- A brief summary of the leading presidential candidates' health care proposals
- A comparison between the AAP Principles on Access and the candidates' health care proposals
- Important election-related dates, including presidential primaries, the presidential conventions, and Election Day
- A list of election-related resources, including the AAP 2008 Election Guide
- Contact information for the leading presidential candidates

To order magnetic "VOTE!" bumper stickers or for more information about the 2008 elections, contact the AAP Department of Federal Affairs at (800) 336-5475 or kids1st@aap.org.

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