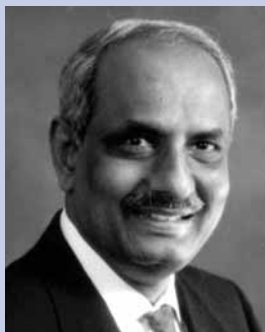




# The Alabama Pediatrician

Summer 2007

## From the Chapter President



V.H. Reddy, MD, FAAP  
Chapter President

Dear Colleagues,

I hope that you are all having a good summer and taking some time to relax from the day-to-day stresses of practice.

Thus far, this has been a busy year for the Chapter. Of course, we are wrapping up our Chapter elections. This year is an important one

with the election of our President-elect. I am very proud of the work of the Nominating Committee in their careful selection of candidates; this year's slate of nominees is a fine group of leaders that can move our Chapter ahead for the next several years.

The past few months have also been crucial as the Chapter – and many others across the country – have advocated at the federal level for adequate reauthorization of the SCHIP program. Chapter representatives have made several visits on Capitol Hill, urging our delegation to pay careful attention to this matter. We have also written guest editorials in both *The Birmingham News* and *The Montgomery Advertiser*. I strongly encourage you to join the effort by contacting your congressman and senators and push for full reauthorization of SCHIP.

We also had a very successful Spring Meeting in April, after which the Chapter conducted our first-ever career day for USA residents. The residents got a great deal out of this event, and it will now become an annual partnership that we also hope to conduct at UAB as well.

I also wanted to remind you of our Annual Meeting in Birmingham on September 7 – 9, which will include a pre-conference coding workshop on Friday. Jennie Breslin has put together a wonderful line-up of speakers so I hope that as many of you as possible can attend. See you in September!

## REGISTER NOW FOR 2007 ANNUAL MEETING AND FALL PEDIATRIC UPDATE

### Join practice managers for a Friday coding session

Plans are finalized for the Annual Meeting & Fall Pediatric Update, a short week-end jam-packed with CME, set for Sept. 7 – 9, 2007, in Birmingham.

The scientific program has been approved for 11.0 hours of Category 1 Continuing Medical Education (CME) credits. Once again, Program Chair Jennie Breslin, MD, FAAP, has developed an incredible schedule of speakers on topics such as vaccines, developmental screening, head injury, anemia, urology and much more. (A complete list of Annual Meeting speakers and topics can be found on pages 5 and 11.)

This year's Birmingham meeting will have one new feature: a Practice Management Association-sponsored half-day coding conference, "Pediatric Power Coding 2007: The Basics and Beyond," set as a "pre-conference" workshop on Friday, Sept. 7, from 1 p.m. – 5 p.m. The keynote speaker will be Richard Tuck, MD, FAAP, a member of the AAP Committee on Coding and Nomenclature and Section on

Administration & Practice Management. Dr. Tuck is a frequent speaker at AAP meetings across the country. Lynn Brown, coding specialist with Children's Hospital of Alabama, will adjunct his talk with Alabama-specific coding guidance. The workshop is open to both practice managers and physicians, and has been approved for 3.5 hours of Category 1 CME credits.

As usual, there will be plenty of time for networking – plus we will be installing our new President A.Z. Holloway, MD, FAAP, as well as honoring other Chapter members and Children's Hospital CEO Jim Dearth, MD, FAAP, for his years of service to children in Alabama.

The registration brochure and form is being mailed now and is also downloadable directly from the chapter web site at [www.alchapaap.org/fallregistration.pdf](http://www.alchapaap.org/fallregistration.pdf).

A block of rooms has been held at The Wynfrey at a special group rate of \$140. Call 1-800-WYNFREY or 205-987-1600 and be sure to identify yourself as being part of the Alabama Chapter – AAP group. Make your reservation now! The deadline for reservations is Aug. 15, 2007.

For more information, contact the Chapter office at 334-954-2543 or [llee@aap.net](mailto:llee@aap.net).



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## Alabama Chapter – AAP Mission, Values and Vision Statement

### 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.

## 2007 Alabama Legislature Wrap-Up

While much of the legislation introduced in the 2007 General Session of the Alabama Legislature to benefit children did not go very far, there were several pieces of good news wrapped up in the state budget, which passed both houses before the session came to a close on June 7.

In the Education Trust Fund, the budget for high-quality pre-k programs within the Office of School Readiness more than doubled to \$10 million, receiving huge applause from proponents in the Alabama School Readiness Alliance, which is supported by the Alabama Chapter-AAP. For the first time, the budget also included an appropriation for HIPPY (Home Instruction for Parents of Preschool Youngsters).

In the General Fund budget, the Alabama Department of Public Health (ADPH) received some additional appropriations for ALL Kids, HPV vaccine and to take the first steps to address the state's recent increase in infant mortality. The General Fund also earmarked additional funding for the child care subsidy program at the Alabama Department of Human Resources.

In other good news for medicine, legislation was also passed that will set up a statewide system of coordinated trauma care, with the goal of getting patients to the most appropriate hospital in the shortest amount of time.

Measures that failed to be considered on the final days of the session included: the Clean Indoor Air smoking ban; a teen driver cell phone prohibition bill; a stronger graduated driver's license law; and the Shaken Baby education bill. The Chapter will work to support these bills next year.

One bill that was defeated during the session was the lay midwifery bill. The Chapter partnered with the Medical Association of the State of Alabama in opposing HB 199, sponsored by Rep. Laura Hall of Huntsville, which would have made the practice of "lay midwifery" legal in Alabama. If this legislation were to have passed, it would have created a category of "Certified Professional Midwife License" without requiring a nursing degree as a prerequisite. The bill died in the Alabama House of Representatives Health Committee by a vote of 8-5. Proponents of the legislation made assurances that "they would be back" next year.

## Legislative Day brings pediatric, Medicaid funding issues to the table

Pediatricians from across the state convened at the Alabama State House on April 5 to discuss issues such as increases in Medicaid funding and current legislation, such as the Shaken Baby Education bill and the lay midwifery bill. A series of state legislators dropped by to talk with the group, including Parker Griffith, MD, a senator from Huntsville, Jim McClendon, a representative from Springville, and Speaker of the House Seth Hammett. Mark Jackson of the Medical Association, Linda Tilly of VOICES for Alabama's Children, State Health Officer Don Williamson, MD, and Carol Steckel, Medicaid Commissioner, all provided insight into current issues.

A smaller subset of pediatricians also met with Representative John Knight to discuss ways of incrementally increasing funding and services for Medicaid. The group later put together a document for Representative Knight with suggestions for improved coverage of pediatric services. Unfortunately, the Medicaid budget was not increased any further this year, but Representative Knight pledges to work with us on future budgets and understands the need to sustain the Medicaid program on a long-term basis.

After leaving the State House, the Chapter officers and Executive Director also had the opportunity to meet with Governor Bob Riley's Chief of Staff to convey the importance of adequately funding Medicaid and other state agencies that promote services for children.



Marsha Raulerson, MD, FAAP, A.Z. Holloway, MD, FAAP, Linda Lee, APR, V.H. Reddy, MD, FAAP, and Mia Amaya, MD, FAAP, meet with Governor Bob Riley's Chief of Staff Dave Stewart at the State Capitol on April 5.

## NEWS FROM THE AAP

### CATCH grants are now available in amounts up to \$12,000

The AAP is offering pediatricians an opportunity to put their ideas into action by taking advantage of the funding available through the CATCH (Community Access To Child Health) Program. The focus of the Planning Funds grants are to enable pediatricians to plan *innovative*, community-based child health initiatives that increase access to medical homes or specific health services not otherwise available.

CATCH Planning Funds grants are awarded in amounts from \$2,500 to \$12,000 on a competitive basis for planning activities such as needs assessments and community asset mapping, feasibility studies, community coalition/collaboration meetings, focus groups, and development of grant proposals for project implementation after the planning phase is complete.

CATCH Resident Funds grants are limited to a maximum of \$3,000. Resident grant projects must include planning activities, but also may include some implementation activities.

For more information or to apply, visit [www.aap.org/catch/planninggrants.htm](http://www.aap.org/catch/planninggrants.htm) or [www.aap.org/catch/residentgrants.htm](http://www.aap.org/catch/residentgrants.htm). The deadline for submission is 4 p.m. CDT July 31, 2007.

For assistance with a CATCH grant application in Alabama, contact Jennifer Cole, MD, FAAP, State CATCH Coordinator, at [jcole@usouthal.edu](mailto:jcole@usouthal.edu) or 251-648-2660.



### PROS Febrile Infant Study results released

Results from the Pediatric Research in Office Settings (PROS) Febrile Infant Study have been released in both *Pediatrics* and *Archives of Pediatrics & Adolescent Medicine*.

This study involved 573 practitioners collecting data in 219 practices on 3,066 infants between February 1995 and April 1998.

Regarding practice variability in the treatment of febrile infants, study findings included: 1) Most febrile infants (73 percent) were described as mildly ill, while 25 percent were described as moderately ill and less than 2 percent as very ill; 2) Practitioners hospitalized 61.3 percent of febrile infants younger than 28 days of age, although guidelines indicate that all infants in this age range should be hospitalized; and 3) The overall model explained 46.5 percent of the observed variance in evaluation and treatment intensity, of which the clinical characteristics of the patient (e.g. patient's appearance, temperature) alone explained 29.7 percent.

With respect to urine collection methods for diagnosis of urinary tract infection, the study bore the following results: 1) Of the 3,066 infants enrolled, at the initial visit a urine analysis was performed on 1,639 (53 percent) infants, and a urine culture was obtained from 1,605 (52 percent) infants; 2) Seventy percent of urine samples were obtained by catheterization; 3) Infection rates were similar in bag and catheterized specimens (8.5 percent vs. 10.8 percent), but bag urine cultures were more likely to have: a) two organisms; b) non-pathogenic bacteria; and c) an ambiguous result; 4) Predictors of catheterization included a) female sex; b) practitioner younger than 40 years; c) Medicaid; d) Hispanic ethnicity; e) nighttime evaluation; and f) severe dehydration.

More than 1,700 pediatric practitioners participate in PROS across the country; in Alabama, over 25 pediatricians and pediatric nurse practitioners have joined PROS. For more information, visit [www.aap.org/pros](http://www.aap.org/pros) or email our Chapter PROS co-coordinators at [djanagnos@prodigy.net](mailto:djanagnos@prodigy.net) or [marc.starer@chsys.org](mailto:marc.starer@chsys.org).



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## Scenes from the Saturday night "Dinner and Dessert By the Bay"



Michael Sharpe, MD, FAAP, Debra Williams, MD, FAAP, Marsha Raulerson, MD, FAAP, and Patrice Knight, MD, FAAP.



Das Kanuru, MD, FAAP, of Florence, and his wife.



Bobby Harris, MD, FAAP, and speaker Bill Lutin, MD, FAAP.



Lucy Culpepper, MD, FAAP, with A.Z. Holloway, MD, FAAP, and fiancée Glean.

## 2007 Spring Meeting on the bayside a big success!

Attendees enjoyed the festivities at the first-ever 2007 Spring Meeting & Pediatric Update, held for the first time on the bayside at the Sandestin Golf & Beach Resort.

After the fact, many attendees said that they enjoyed the meeting on the bayside, which included a dinner and dessert by the bay, as well as a Young Pediatricians gathering at The Village of Baytowne Wharf.

"I was also pleasantly surprised to see so many pediatricians come from other states," said V.H. Reddy, MD, FAAP, Chapter President, pointing to the fact that they had seen our event on the AAP national web site.

Of course, the CME did not disappoint: "Excellent conference, of course," wrote one attendee on the evaluation. "...Topics were appropriate for a pediatrician in a clinical setting."

Make plans now to attend next year's Spring Meeting, set for April 17-20, 2008, at the Hilton Sandestin Beach!



Noorkarim Nagji, MD, FAAP, in foreground.

## Alabama's Early Intervention System – A Step Ahead

In the past four years, Alabama's Early Intervention System (AEIS) for infants and toddlers with disabilities has served over 13,000 families with children under the age of three who have special needs and/or developmental delays. Many of these children have been referred to AEIS from their pediatricians or other members of the medical community; in 2006, almost 1,700 infants and toddlers were referred from the medical community.

A division of the Alabama Department of Rehabilitation Services, AEIS operates under federal legislation to provide a family-focused system of support and services to eligible children and their families throughout the state. Depending upon the needs of the child and family, services may include assistive technology, audiology, family therapy, nursing, nutrition, occupational therapy, psychological services, service coordination, special instruction, social work, speech/language pathology, medical services, transportation, and vision and health services.

As providers who care for infants and toddlers, pediatricians are often the first people to become aware of a young child's developmental delay or a parent's concern about a child's difficulty in reaching typical milestones in growth and development. For most families, their pediatricians are the professionals most informed on developmental issues during their children's formative years.

AEIS works closely with the medical community, other state agencies and community organizations to coordinate the delivery of support and services to eligible families as early as possible in the young child's life. AEIS also encourages families to become involved in local programs and activities that exist for *all* young children and provides services in natural environments. To do this, the system calls upon the support and expertise of nine other state agencies, 64 organized EI programs and over 100 approved private vendors, all valuable partners who will assist you in coordinating comprehensive care for the eligible child and family.

Anyone who has a developmental concern or question can call the statewide toll-free EI Child Find number, 1-800-543-3098. Families may also enter the AEIS system through direct referral to local EI programs.

For additional information, visit [www.rehab.state.al.us/ei](http://www.rehab.state.al.us/ei) or contact Diane Roberts, EI Specialist, at (334) 215-5036 or [diane.roberts@rehab.alabama.gov](mailto:diane.roberts@rehab.alabama.gov).



## From the Coordinator

### First Advisory Council Assembled

This past quarter has been an exciting one for Reach Out and Read (ROR) – Alabama! In order to better promote ROR and expand its influence across the state, the coalition has

established an Advisory Council. Comprised of community, pediatric and business leaders

across Alabama, the Advisory Council met on May 23 at the Rotunda Club at Samford University to receive an overview of the program, its goals, and funding plans for current and future ROR sites.

Members of the Advisory Council include: Marsha Raulerson, MD, FAAP; Elizabeth Sahlie, MD, FAAP; Linda Reeves, MD, FAAP; Cheryl Outland, MD, FAAP; Kim Conwell, Barnes & Noble; April Robinson, Thomas, Means, Gillis & Seay; Greg Powell, Fi-Plan Partners; Mike Randolph, Fi-Plan Partners; Steve Hanuum, The Literacy Council; Joan Wright, Success by Six, United Way; Eileen Griffin, Alabama Public Television; Teresa Jackson, Montgomery Education Foundation; and Leslie Cheney, Kids Meds Pharmacy.

### Klass speaks at early literacy dinner

Thirty-five of our state's early literacy partners assembled in Birmingham for dinner on May 23 for a unique chance to hear the message of



Perri Klass, MD

Reach Out and Read directly from the source: Perri Klass, MD, President and Medical Director of ROR National Center. Her presentation, "Pediatrics By the Book: Literacy Promotion in Primary Care," highlighted the important role of pediatric providers in pro-

viding literacy advice to parents and caregivers and the role reading aloud

plays developmentally in preparing a child to be successful in school.



### Congressman Jo Bonner visits Brewton

On April 4, Congressman Jo Bonner continued a tradition he began last year by visiting Dr. Marsha Raulerson's office in Brewton to read *Harry the Dirty Dog* to a group of waiting children. This event was Congressman Bonner's second visit to an ROR site in his district, which includes eight Reach Out and Read locations in south Alabama. Legislative visits by your representative or senator during the August recess can garner news coverage and increase awareness of ROR in your community. Contact me at 205-223-0097 or [roralabama@charter.net](mailto:roralabama@charter.net) for assistance in scheduling these visits.

### Four new sites approved

Congratulations to the following new ROR sites that were approved in April: Chilton County Pediatrics in Clanton, Marshall County Pediatrics in Guntersville, UAB Huntsville Family Practice Residency Clinic in Huntsville, and Physicians to Children in Montgomery.

To help fund the purchase of books, Physicians to Children has garnered \$1,500 from the Montgomery Sunrise Rotary Club and \$1,000 from the Junior League of Montgomery. Many thanks go to both of these organizations!



Polly McClure, ROR-Alabama Coordinator (center) and D.J. Anagnos, MD, FAAP, of Physicians to Children, (right) accept a "check" from Rotary Club representative Eric Lewis (left).

## Alabama Chapter-AAP 2007 Annual Meeting & Fall Pediatric Update

September 7 - 9, 2007  
The Wynfrey Hotel

### Speakers & Topics

**L. Susan Buttross, MD, FAAP** – Professor of Pediatrics and Chief, Division of Child Development and Behavioral Pediatrics, University of Mississippi Medical Center Jackson, MS

- ♦ The When, Why and "What Fors" of Developmental Screening
- ♦ School and Learning Problems: Whose Fault Is It Anyway?

**Susan M. Fuchs, MD, FAAP**

– Associate Director, Division of Pediatric Emergency Medicine, Children's Memorial Hospital, and Associate Professor, Department of Pediatrics, Northwestern University School of Medicine, Chicago, IL

- ♦ Stayin' Alive: New PALS and NRP Guidelines
- ♦ Making Sense? Pediatric Head Injury and Sports Concussions Evaluation and Management

**James R. Hanley, MD,**

**FAAP** – Medical Director, Children's Evaluation Center (ER), University of South Alabama (USA) Children's and Women's Hospital, and Adjunct Assistant Professor, Pediatrics and Pediatric Emergency Medicine, USA School of Medicine, Mobile, AL

- ♦ I Have a Gut Feeling About This: GI Issues in Pediatric Urgent Care

**C.D. Anthony Herndon,**

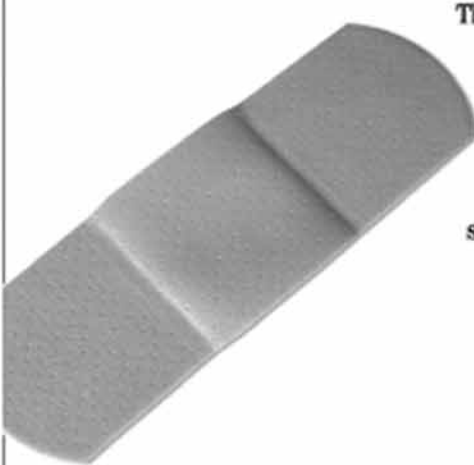
**MD, FAAP, FACS** – Assistant Professor, Department of Surgery/Pediatrics, Division of Urology/Section Pediatric

continued on page 11

– Polly

MED  
MAL  
TIP #9

## Know their approach to protecting physicians.



There is a big difference in operating philosophy among medical malpractice carriers. With some, defense against claims may be half-hearted at best. Many good physicians have been hurt by frivolous lawsuits when their good work went undefended in favor of quick-fix settlements. Clearly, this does not serve you or the profession well.

## Get proper care.

ProAssurance Group has led in the defense of physicians for over a quarter of a century. Our strong record of personalized service and number of cases tried to verdict are testaments to our long-term commitment: to help good physicians keep practicing good medicine.

What level of attention do *you* want if defense is needed?



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

## Raulerson awarded as Rural Health Champion

Marsha D. Raulerson, MD, FAAP, Immediate Past President of the Alabama Chapter-AAP, has received the Rural Health Provider Exceptional Achievement Award from the Alabama Rural Health Association. Several of Alabama's rural health champions were recognized at the annual Rural Health Conference, presented by the Institute for Rural Health Research at the University of Alabama.

Dr. Raulerson, a pediatrician in Brewton since 1981, has earned great respect for being a local, statewide, and national agent for change in improving services for children and families.

Congratulations, Dr. Raulerson!



Marsha Raulerson, MD, FAAP, accepts her Rural Health Provider award from Dale Quinney of ARHA.

## Alabama selected to participate in developmental screening national consortium

The National Academy for State Health Policy (NASHP) has selected 18 states – including Alabama – to participate in a Commonwealth Fund-supported national consortium to improve early identification of young children with developmental problems.

Participants in this initiative – *Assuring Better Child Health and Development (ABCD) Screening Academy* – will receive technical assistance over 15 months to integrate valid and standardized tools of children's development into preventive health care practice.

The Chapter is partnering with the Alabama Department of Public Health (ALL Kids and Bureau of Family Health Services), the Alabama Department of Mental Health and Mental Retardation, the Alabama Medicaid Agency, the Alabama Partnership for Children, and the Alabama Department of Rehabilitation Services, to implement this project, which will work to improve statewide policy and clinical practice so that children's developmental and behavioral disorders are identified as early as possible.

To that end, the project will be piloting standardized developmental screening tools in several practices and then rolling it out to more practices in the state. There are specific codes that are under discussion as well as practice processes.

If you are interested in getting involved, or would like more information, contact the Chapter office at 334-954-2543.

## Expanded Newborn Screening Update

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

Recently, screening for long-chain fatty acid oxidation disorders was added to the newborn screening panel. These are disorders which, left untreated, lead to hypoketotic hypoglycemia, cardiomyopathy, myopathy and liver disease. Children die from these disorders, so treatment is crucial. We have worked very hard to decrease our false positive rate. In the first two weeks of screening for long-chain disorders, we had many false positives, but with our new system in place, we were able to rapidly respond to this problem and resolved the issue by the third week.

Please let us know how you think we are doing and of any ongoing problems. We have made many diagnoses in the two and a half years of our expanded screen and we are very proud of our program. With the addition of just a few more analytes, we will be up to the full panel.

## WE NEED YOUR HELP!

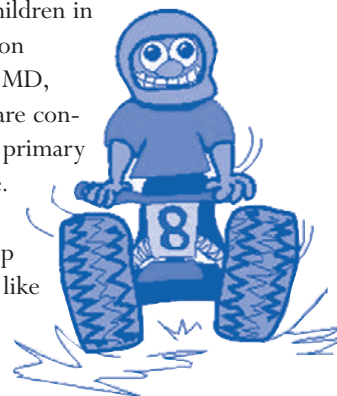
With ATV-related injuries continuing to be a significant source of morbidity and mortality among children in Alabama, Chapter Injury Prevention Committee Chair Kathy Monroe, MD, FAAP, and her colleagues at UAB are conducting an opinion survey among primary care physicians regarding ATV use.

Although many pediatricians have responded from the Chapter group email appeals, Dr. Monroe would like

even more responses. If you haven't already, please take 30 seconds to complete the online

"Survey Monkey" survey at

<http://www.surveymonkey.com/s.asp?u=193113347439>.



## Printed membership directory coming soon

As a vision of Chapter President V.H. Reddy, MD, FAAP, the Chapter will launch a printed membership directory in September, complete with contact information, leadership lists, bylaws, and more information. You should have already received a contact information update form. If you have changes/additions, please remember to fax them to 334-269-5200 by July 13, 2007.



## Event Calendar At a Glance

### 2007

September 7 – 9  
2007 Coding Conference  
and Annual Meeting,  
The Wynfrey Hotel,  
Birmingham, AL

October 27 – 30  
AAP National Conference  
& Exhibition,  
San Francisco, CA

### 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

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## How I Spent My Summer: Two Perspectives on the AAP Legislative Conference

### Making voice heard all important

*by Grant Allen, MD, FAAP, Alabama Chapter-AAP Area 2 Representative*

As a young physician and a dad with three small children, it is very difficult to make the decision to do anything “extra.” Taking a day off to go to a meeting that I don’t have to attend means mowing the grass while I am on call and missing a baseball game. It also means extra work for my wife. So I question why I would do such a thing, but I also feel strongly that we have to let our voices be heard to make our country and state better places not just for our own children, but for our neighbors’ as well.

I recently attended the AAP’s Legislative Conference as our Chapter representative. We enjoyed two full days of intense training in advocacy, then they let us loose on Capitol Hill. We had very pleasant and successful meetings with Congressmen Cramer’s and Bonner’s legislative assistants for healthcare and Senator Shelby’s aide. These aides are frequently young and have little healthcare experience. They need information, and who better to offer advice on children’s healthcare than pediatricians?

Even more valuable to us than the training and the opportunity to advocate for SCHIP reauthorization (make sure you contact your congressman and senator) is the personal relationship we now have with these staffers. It is really easy to set up a meeting, and I would encourage any pediatrician traveling to Washington to schedule time with an aide to discuss child advocacy issues in your district. The AAP Washington office staff can get materials together for your meeting and arm you with the facts.

I am now strongly motivated to get my state delegation to my office this summer for lunch and a media opportunity to discuss the ongoing needs of children in our community. It is these face-to-face, personal relationships that help our elected officials with the very complex decisions they make every day. Make an opportunity to meet your legislator, talk about the patients you see and the issues in your community... and join us for legislative day next spring!

### Conference inspires confidence for resident advocacy efforts

*by Jessica Kirk, MD, Second-Year Resident, University of South Alabama*

“SCHIP insures over 66,000 children in Alabama, and without reauthorization, these children may have a lapse of medical care,” I stated confidently and without hesitation. “The training worked!” I thought.

After three days of intensive workshops and lectures at the AAP Legislative Conference, I finally had my chance to speak with a legislative aide on Capitol Hill. The whole experience had been a whirlwind, from applying for an advocacy training grant, to being chosen as one of five resident/faculty pairs to receive the award, and ultimately attending the conference in Washington, DC.

Attending the conference was inspiring and humbling all at once. I was surrounded by motivated advocates for children and saturated with statistics on children’s issues ranging from insurance coverage to helmet laws. There was constant sharing of experiences such as starting a Breathmobile program and finding a major retail chain to donate car seats. It is exactly this cooperation among pediatricians that makes the AAP such a powerful force for children.

This experience also provided me with a chance to meet with the other resident/faculty pairs who were grant recipients. All five pairs were awarded a trip to the conference and have now returned home to initiate an advocacy project of their choosing. They hail from diverse programs, but have one significant common thread, which is that advocacy is already integrated as a core component of their programs. As the pediatrics program at USA is in the initial stages of advocacy training, the goal of our grant project is to pique our residents’ interest in advocacy and the AAP, as well as take the first steps toward creating a formal curriculum. I would like to thank the AAP Community Pediatrics Training Initiative for providing this amazing experience, and the Alabama Chapter-AAP for sponsoring our grant proposal. Also, a special thank you to Drs. Jennifer Cole, Marsha Raulerson, and Grant Allen for being my role models for what great pediatricians and advocates for children should be.



## NEWS FROM MEDICAID

### Groundwork laid for health information system

Thanks to the collaboration of numerous individuals and organizations, "Together for Quality," Alabama Medicaid's transformation grant project, is laying the groundwork necessary for the development of a statewide electronic health information system.

The clinical workgroup, comprised of several pediatricians, at least one practice manager and other providers, have begun looking at quality indicators for the two chronic illnesses that will be piloted first in the project – diabetes and asthma. The group is assuring that these indicators will be applicable to both adults and children and are based on national performance measures. Five measures for diabetes have been identified: hemoglobin AC, lipid management, annual urine protein screening, annual eye exam and diabetic foot exam.

For more details or to get involved, visit [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) and go to the Transformation Grant link under "In the News."

### Submit your NPI now to Medicaid

The Alabama Medicaid Agency asks that you submit your NPI information, including taxonomy codes, as soon as possible in preparation for the Fiscal Year 2008 launch of the Medicaid Management Information System, the Agency's new claims process-

ing system, which will rely solely on NPI numbers.

When you have received your NPI you should submit an NPI Notification form, which can be downloaded at [www.medicaid.alabama.gov/billing/NPI.aspx](http://www.medicaid.alabama.gov/billing/NPI.aspx), along with a copy of the notification letter received from the enumerator, to EDS (fax 334-215-4118).

If you have questions, contact your Provider Representative at 1-800-688-7989. You will need to continue to submit claims with your current provider number until the new system is implemented.

### Patient 1st savings distributed to providers

In April, Alabama Medicaid distributed approximately \$5.7 billion in shared savings back to Patient 1st providers – \$2.9 million of which went to 291 pediatric providers!

The payments were based on the number of members in the providers' panels, coupled with efficiency measures (how much it cost to take care of their patients vs. expected costs, taking into account healthcare risk factors, disease states, etc.) and performance measures (number of office visits per unique enrollee, average number of non-certified ER visits, and generic dispensing rate).

Congratulations to all of the state's pediatric Patient 1st providers!

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## NEWS FROM PUBLIC HEALTH

### ADPH plans three-prong attack on infant mortality

At the most recent State Perinatal Advisory Committee held in June, Tom Miller, MD, Assistant State Health Officer for Personal and Community Health, explained the State Health Officer's three-prong plan of attack to address the state's increased infant mortality rate (based on 2005, the latest year of data).

The plan includes an expanded newborn screening program (see article below), improved maternity coverage for the uninsured, and institution of statewide fetal infant mortality review and high-risk follow-up and tracking.

"Alabama has not had a statewide sustainable infant mortality review system," Dr. Miller said. "Without it, we don't have the richness of the whole picture."

To institute fetal infant mortality review, high-risk follow-up and community-based projects, the Alabama Department of Public Health is in the process of identifying funding within its Fiscal Year 2008 budget appropriation.

### Alabama Newborn Screening expands

As part of the State Health Officer's triad of initiatives to reverse the recent increase in the state's infant mortality rate, the Alabama Newborn Screening Program has announced new initiatives designed to provide even better protection for Alabama's infants and their families and reduce the consequences of unexpected infant medical catastrophes.

The first of these initiatives was the establishment of a new Alabama Newborn Screening (NBS) Division at the Alabama Department of Public Health in January. Recommended by a panel of experts who made site visits to Alabama, the new division now brings two separate branches – the NBS Laboratory Branch and the NBS Follow-Up Branch – under a single director located within the Bureau of Family Health Services, which will improve efficiency and effectiveness.

Other improvements included expansion of the newborn screening panel, training for blood specimen collectors, a revitalized advisory committee and statewide publicity regarding NBS and its value to infants and their families.

The Alabama NBS program tests infant blood and hearing for signs of unseen inherited or acquired disorders that potentially could have disastrous results if left undetected and/or untreated. Currently, the division is in the process of adopting an expanded screening panel of 29 disorders, based on recommendations from the March of Dimes that are rooted in research from the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics and the American College of Medical Genetics. As of Jan. 1, 2007, the Alabama NBS panel included 21 of the 29 recommended tests. In April, an additional three disorders were added and later this summer, four more will be included. In December 2007, the final disorder will be added, making Alabama one of the few states to screen for all 29 disorders.

Another panel recommendation was the need to reduce the number of unsatisfactory blood samples collected at each testing site. To address this problem, Alabama's five Perinatal Regional Directors were enlisted to go to each of Alabama's 58 birthing hospitals and over 500 physician offices to provide training on the proper techniques for collection, storage and transportation of these critical samples. This training is well underway and great things are expected as a result.

Finally, the Alabama Newborn Screening Advisory Committee, a committee of Alabama's finest NBS experts, has been reinstituted and is providing the program with new ideas and suggestions for even more improvements.

Our goal is for Alabama to have the best NBS program in America; the real benefit from all these changes, however, will be determined by the number of future infant lives saved and the expected improved health and welfare of the children in our state.

### 2007 Fall Meeting & Pediatric Update continued from page 5

Urology, University of Alabama at Birmingham and Children's Hospital of Alabama, Birmingham, AL  
♦ Prenatal Hydronephrosis: Diagnosis and Treatment Options

**Paul A. Offit, MD, FAAP** – Chief, Division of Infectious Diseases, The Children's Hospital of Philadelphia, and Professor of Pediatrics, University of Pennsylvania School of Medicine, Philadelphia, PA  
♦ Communicating Risk: Vaccines and Autism  
♦ The Rotavirus Vaccine: From Bench to Bedside

**Thomas W. Pendergrass, MD, MSPH, FAAP** – Professor of Pediatrics and Adjunct Professor of Epidemiology, University of Washington in Seattle; Vice Chair (Educational Affairs), Department of Pediatrics Children's Hospital and Regional Medical Center, Seattle, WA  
♦ Diagnosis and Management of Anemia in Children  
♦ ITP – Diagnosis and Treatment in the 21<sup>st</sup> Century

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

**Vera F. "Fan" Tait, MD, FAAP** – Associate Executive Director, American Academy of Pediatrics  
♦ Building Capacity for Quality Improvement at the Practice Level

**Thomas M. Miller, MD, MPH** – Assistant State Health Officer for Personal and Community Health, Alabama Department of Public Health  
♦ Public Health Highlights 2007



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