



The Alabama Pediatrician

Winter 2011

From the President

Speak up for children!



James C. Wiley, MD, FAAP
Chapter President

The time has come. Alabama's pediatricians have a real opportunity before us and if we seize this opportunity, we will impact Alabama's children in dramatic ways by the time the babies you saw in the nursery this week go to kindergarten.

2011 marks the beginning of the quadrennium – that magical time

in state politics when we have a new legislature and governor. And it is the first time in recent memory that there has been a real change in power in Montgomery. The new ethics reform that the legislature passed signals a new day in Alabama politics. I hope the alliance we have formed with the business community around investment in early childhood has positioned us well as champions for children as the legislature gets down to the business of making thin state budgets balance.

Our priorities are clear:

- Make sure that Medicaid funding for the services that pediatricians provide to Alabama's most vulnerable children is protected and as money becomes available, increased.
- Promote readiness to learn by investing in maternal and early child services and in quality pre-kindergarten services for children living in poverty.
- Endorse 100 percent smoke-free Alabama legislation.

The Chapter needs YOUR HELP advocating for these issues:

- 1) Volunteer to be a key contact for your lawmaker and then write your legislator or even better, call and invite him or her to lunch PRIOR to the session. If he/she will come to your office, ask him/her to 'reach out and read' and introduce him/her to your staff. Give him/her a photo op – always a plus! The Blueprint on how to do this is

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2011 Spring Meeting & Pediatric Update plans finalized

April 28 – May 1, 2011 • Hilton Sandestin Beach

The Chapter executive office and CME Committee are looking forward to our 2011 Spring Meeting and hope to see you there! Registration is now open, so get yours in as soon as possible (early bird deadline is April 8)! Register online at www.alaap.org or use the paper registration brochure sent to you in the last couple of weeks. Faxed registrations with completed credit card information are also accepted at 334-269-5200.

To be held April 28 – May 1 at the Hilton Sandestin Beach, this year's meeting will include sessions on: office-based testing for infectious diseases, pediatric gynecology, helping parents become better sex educators, Chlamydia, sports medicine (prevention and cases), Patient Care

Networks of Alabama, the latest COID and ACIP vaccine recommendations, diarrheal disease, "The Adolescent Brain/Mind: A User's Guide," identification & management of adolescent substance use disorders, "NCQA Medical Home Recognition: A Practical How-To," and a workshop on "Lessons from the CQN Asthma Project, Spirometry and More." See the faculty list online at www.alaap.org.

We'll also have a best practices sharing breakfast on Saturday morning, an ice-breaker mixer before dinner on Saturday night, as well as plenty of other time for networking.

Make plans to attend now – we'll see you at the beach!



Tier 2 Asthma Project practice recruitment begins

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

The Alabama Chapter-AAP invites members to participate in the next tier of the Chapter Quality Network (CQN) Asthma Project, which will be once again led by the Chapter in conjunction with the American Academy of Pediatrics, but with the additional resources of the University of Alabama at Birmingham Department of Pediatrics.

Beginning this summer, the project will provide 15 to 20 practices with tools,

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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.

2011 Legislative Agenda set; pediatricians called on to meet lawmakers

Mark calendars now for 2011 Pediatric Legislative Day, April 5

By Jeff Tamburin, Legislative Chair

There are approximately 50 new lawmakers in the 2011 Alabama Legislature, which begins its General Session on March 1. With a new governor inaugurated, the Chapter leadership is urging now, more than ever, that member pediatricians get to know their new legislators and begin relationships as soon as possible so that we can build a network of experts that they can turn to for advice on all things pediatrics. Their learning curve is great as they begin this new journey; what better time than now to educate them on pediatric priorities for children in Alabama?

Legislative agenda

This year's agenda, endorsed by the Chapter board, is focused on three priorities:

- *Improved health care for children through adequate Medicaid and CHIP funding:* The Chapter keeps as its permanent priority protection of federal and state funding of Medicaid and CHIP coverage for children. The state's 2012 budget situation is poised to drastically affect access for Medicaid-eligible recipients in the form of cuts. The Chapter calls for the legislature to thoroughly review how various providers are paid for the provision of care to recipients in order to protect children who have no voice and who comprise only 24 percent of the state portion of the budget, despite the fact that 50 percent of Medicaid recipients are children.
- *Expansion of funding for birth to 5 services:* The Chapter again endorses the Alabama School Readiness Alliance's efforts to protect funding for state-funded, voluntary, high-quality, pre-k programs within the Alabama Office of School Readiness, as well as adequate funding for early intervention services.
- *Smoke-free public places in Alabama:* The Chapter is working again with members of the Coalition for a Tobacco-Free Alabama to advocate for a 100 percent statewide smoke-free law, which has gained significant support during the past year.

How you can help!

To get you started, we've come up with several ways to help you advocate—whether you're new to advocacy, or an "old hat." (Each of you has skills and experiences to bring to the table!).

1) First, save the date for our Chapter's Legislative Day, set for Tuesday, April 5 from 10 a.m. - 1 p.m. in Montgomery. More details are coming soon!

2) We've created "A Step-by-Step Blueprint for Hosting Legislators in Your Office/Professional Setting." These 13 steps will give you practical guidance on getting your lawmakers to your office for a visit/tour. There is no better way than a visit to a pediatric practice/hospital to give policy-makers a glimpse at child health realities. The Chapter leadership is asking as many of you as absolutely possible to schedule visits with your legislators before the Legislative Day on April 5, so that you can develop a connection with them prior to that day and better ensure a successful interaction in Montgomery. Even if you cannot attend Legislative Day, it's important to strike while the iron is hot, preferably before the session begins on March 1. The document also has links to talking points. To access the "Blueprint," visit

www.alaap.org/Advocacy/Legislation/How-to/Resources.

3) The third thing you can do is sign up to become a Chapter key contact, so that you can be matched with a legislator whom you can be counted on to contact during important times during the session when there is a vote at hand. Please go here to sign up, if you haven't already:

<http://www.alaap.org/iform.asp?id=459>. The Chapter's Area Representatives are working on their lists of key contacts, and may be contacting you.

If you have any questions, contact the Chapter office at llee@alaap.org.



High-quality care for children with asthma: the medical home foundation

By Wes Stubblefield, Chapter Champion for Medical Home/Asthma

In 2007, the AAP partnered with other primary care specialty societies to publish the *Joint Principles of the Patient-Centered Medical Home*. The medical home model has been demonstrated to achieve desired outcomes, including better health status, timeliness of care, family-centeredness and improved family functioning. The model's seven joint principles provide a framework for implementing the 2007 National Asthma Education and Prevention Program (NAEPP) national asthma guidelines:

1. A **personal physician** provides continuity of care, e.g., scheduling routine follow-up care and monitoring use of beta2-agonist medications.

2. A **physician-directed medical practice** coordinates family-centered, high-quality, accessible and affordable services for children with asthma.

3. The practice has a **whole person orientation**, providing comprehensive, compassionate, culturally effective care in a family-centered partnership. This holistic approach includes control of environmental triggers such as allergens and irritants, especially tobacco smoke, and treats or prevents comorbid conditions. It also promotes physical fitness for children with asthma.

4. **Care is coordinated** across the community-based system and facilitated by information technology including asthma registries. Care coordination includes referrals to specialty care, if needed, and eventual transitions to adult care. A medical home with electronic health records improves performance and outcomes measurement and accountability.

5. **Quality and safety** are hallmarks of patient-centered and evidence-based asthma care. NAEPP provides guidelines on establishing the diagnosis, providing asthma education on patient self-management, prescribing medications, especially inhaled corticosteroids for persistent asthma, using a step-wise treatment approach for patients of dif-

ferent ages, and developing a written asthma management plan to help families. The Chapter's CQN project, as well as the AAP Education in Quality Improvement for Pediatric Practice (EQIPP) online courses for both medical home and asthma, provides resources as well as Maintenance of Certification (MOC) Part 4 support.

6. **Enhanced access** to care includes pediatrician availability to assess, classify and monitor asthma severity and control. It also reduces disparities in processes and outcomes in asthma care.

7. **Appropriate payment** recognizes the added value provided to patients with asthma who receive care in a medical home as defined above.

These principles can be further illustrated by the following clinical examples of asthma management:

1. **Personal physician:** During urgent care hours, seven-year old Jackson comes in to see your on-call partner with a chief complaint of cough. Since he is listed in your registry, your scheduling staff and care providers are aware that he is a known asthmatic and had a gastric duplication repaired at birth, therefore he needs and is given a longer appointment. He has just spent the weekend in his paternal grandmother's home; mom sent his "puffers," but they were not used during his visit. Your colleague accesses his problem list and current asthma plan from his medical record, stabilizes him and arranges for him to return to see you the next day for follow-up, sending an email to you and your care coordinator.

2. **Physician-directed medical practice team:** Having recently completed his kindergarten check-up, you know that Jackson's parents are not together and his dad is only peripherally and episodically involved in his care. His mother, maternal grandmother and uncle are his usual care providers. You and your care coordinator

have worked with a Medicaid case manager to assist in the home by providing education about medicines and compliance.

3. **Whole-person orientation:** Prior to receiving care in your medical home system, Jackson was hospitalized twice for asthma exacerbations, once with a complicating pneumonia. You discovered that he sleeps on the floor on a very old mattress and the family claims that they have "lots of" cockroaches in the home. You and your care coordinator have arranged for dust-mite covers for his bedding and have contacted his school's social worker to assure his medications are given at school, when necessary. You also updated his asthma plan at his recent check-up.

4. **Care is coordinated and integrated:** After Jackson's second hospitalization, he had quantitative IGE allergy testing with you and saw the pulmonologist to consider what role GER might play in his exacerbations. Your review of his pulmonology consult in his medical record confirms your recollection that studies for reflux were negative, but his allergy testing showed marked reactivity to cockroaches and dust mites. You place a reminder on his chart to arrange asthma education for Jackson's father when he is stable; you plan to do spirometry to assess control at that visit.

5. **Quality and safety:** Using NHLBI guidelines, you and your partner move Jackson's medications up to the "yellow zone" in his asthma plan and arrange for him to return for his flu shot and follow-up in the two weeks. You remind his uncle of the importance of using his controller medicines daily. His uncle says "he does much better with his nebulizer when he's sick," but they have lost their tubing. You write a prescription for his tubing and mask and adapt his asthma plan for nebulizer use until his return visit. An electronic reminder for his

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Providers need to prepare for EHR "meaningful use" incentive payments

While registration for federal electronic health record incentive payments has begun on the national level, Alabama providers will need to wait until April 1, 2011, to register for the program, informally known as "meaningful use." State officials had originally hoped to participate in first-round testing of the federal National Level Repository; however, Alabama is now in line to participate when state registration begins in April.

State registration is the final step for Medicaid providers who hope to receive up to \$63,750 over a five-year period for implementing and using electronic health records and related technologies in a prescribed manner.

To receive the payments, providers must begin the registration process at the national level, and then complete state-level registration and attestation. State level registration, however, cannot be completed until the Alabama's registration system is operational in April, according to Kim Davis-Allen, state Health Information Technology (HIT) coordinator.

During this interim period, Alabama providers are encouraged to prepare now to register by ensuring that they have all of the required numbers that will be needed to register. Davis-Allen noted that eligible providers will need an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. The CMS website contains all of the details on the information needed for the national registration process

(<http://www.cms.gov/EHRIncentivePrograms/>).

In addition, members can go to the Chapter website (www.alaap.org) to view/listen to the online recording of the Chapter's December 2 webinar on EHR meaningful use.


"One recent change since the Alabama Chapter-AAP webinar is that providers will no longer have to account for the 15 percent that they contributed toward the cost or implementation of their system," said Davis-Allen. "Recent legislation allowed CMS to change this requirement and basically, if an Eligible Professional meets the eligibility requirements, he/she is entitled to full payment. This represents a significant change and alleviates a huge provider burden."

Chapter members are also strongly encouraged to contact the Alabama Regional Extension Center for assistance in assessing the EHR needs of their practice, help in selecting a certified vendor, and training and educational opportunities. The ALREC recently announced the good news that they are waiving their fees for priority primary care providers (most pediatricians fall in this category). To reach the ALREC, visit www.al-rec.org or call 251-414-8170.

For all HIT updates, announcements and additional information, visit www.onehealthrecord.alabama.gov, the state's new HIT web site launched and unveiled in January.

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available on the Chapter website at www.alaap.org under Advocacy/Legislation→How-To/Resources. 2) Mark your calendars for April 5 and come to Legislative Day! This energizing, informative day of advocacy is more important than ever this year as there are more than 50 new legislators! We want them to know you and your passion for kids. Come add your influential voice – you may not know that just being a pediatrician in Alabama gives you that voice! – to help the kids you serve lead healthier lives and get the start that can really do something to decrease the bad news we see on TV every night. The problems of crime, drug abuse and school failure have their seeds in early childhood and the overwhelming evidence is that **so do the solutions**. Help the Chapter speak for these kids and be that one pediatrician who gives voice to thousands.



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Third-party update: New immunization codes, ALL Kids obesity benefit

The focus of the most recent Chapter Pediatric Council meeting with third-party payors in December was on billing for the new immunization administration (IA) codes as well as new preventive benefits for private pay patients as a result of the Affordable Care Act.

The highlights of this discussion in terms of billing and coding were presented at the Chapter's recent webinar, *Pediatric Coding 2011: Big Changes Ahead*. If your practice was not able to join the webinar, the complimentary recording is available for listening/viewing here:

<http://cc.readytalk.com/play?id=gma1aj>. In addition, there are answers to Frequently Asked Questions in the Coding Corner on page 9 of this publication.

With BCBS's early January release of the revised fee schedule for the new IA codes, the Chapter leadership was pleased to find out that providers are now paid the same fee for 90460 as 90471 (10/1/10) and 90461 as 90472 (10/1/10) but can bill additionally with components if they will use 90461. By now, practices have undoubtedly seen the new fee schedule, but if you have any questions, please visit the schedule online or contact your provider representative.

The best news of the meeting, resulting from a year-long discussion at the Pediatric Council, was ALL Kids' announcement of coverage of obesity visits. Effective January 1, 2011, ALL Kids covers procedure codes 97802 and 97803 when billed with obesity diagnosis V85.54 (body mass index, pediatric, greater than or equal to 95th

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Ultimate free advertising: using social networks to spread the word about your practice

By Katrina Skinner, FAAP, Fairhope Pediatrics

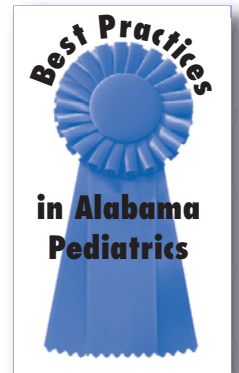
Does your practice have an online presence? If you answered "no" or "what's that," you are not effectively reaching your patient population. With the advent of today's social networking platforms, more people hear about you through their friends and acquaintances online than through print advertising. Few parents of our youngest patients ever pick up a newspaper – instead they turn to the Internet for their information. Social networking has launched word-of-mouth advertising to exponential heights.

But this is great news for you! While print advertising is expensive, promoting yourself online is very cost-effective (think free!). Creating a Facebook page is quick and simple – your eight-year-old patients do it, right? Within no time, you will have plenty of "fans," and each time someone "likes" your page or posts on your wall, their group of Facebook "friends" will be exposed to your practice. See what I mean about word-of-mouth?

Once you have a Facebook page, what next? In our practice, we use our page to inform parents of important office information – new office hours, availability of flu shots, etc. We also use our page as a platform to educate parents. For example, we link to AAP articles on safety or provide commentary about current events affecting medicine. You can also use your page to announce the addition of a new doctor in your practice.

So what's the catch to this free advertising? To maximize your benefit, you should update your page regularly. If you aren't comfortable doing it yourself or feel you don't have the time, assign the task to someone in your office. My young medical assistant is Facebook-savvy and enjoys maintaining our page. You should also encourage your patients and their parents to become your "fans" by mentioning your Facebook page on your website and in all your patient communication and in-office materials. Finally, Facebook should not be used to communicate individually with parents or patients regarding any protected health information, as it is not HIPAA-compliant.

So for the new year, make a resolution to get "social" and keep your patients engaged while promoting your practice!



"High Quality Care" continued from page 3

flu shot is placed in his chart, along with a reminder that his father needs an asthma education session and an asthma care plan for his home.

6. Enhanced access: Jackson arrives with his uncle on Sunday to be seen during urgent care hours. A consent by proxy is on the chart which permits his uncle to seek care for him. A "same-day" appointment is available and scheduled for follow-up by you the next day. An ED visit is unnecessary.

7. Payment: Your partner charges for a moderately complex visit (99214) and nebulization (94640). Your visit the following day is moderately complex (99214), sorting out the exacerbation and assuring that Jackson is clinically improved. Your nurse reviews inhaler use with his local family (code 94664) and makes an appointment in two weeks for pre- and post-spirometry to assess control (94060) and for this father's asthma education (94664) visit.

Because asthma is the singlemost common childhood chronic condition and the second most prevalent childhood condition, the medical home model of care should be the foundation of care, especially for children with chronic conditions like asthma. For a child with asthma, care received within the context of the patient-centered medical home can be the difference between control and the emergency room.

Ending childhood obesity within a generation

Thirteen national organizations, including the American Academy of Pediatrics, have signed on to the following principles:

"We support school-based nutrition and physical fitness initiatives, such as Fuel Up to Play 60, that help achieve these guiding principles:



1. Increase access to and consumption of affordable and appealing fruits, vegetables, whole grains, low-fat dairy products and lean meats in and out of school.
2. Stimulate children and youth to be more physically active for 60 minutes every day in and out of school.
3. Boost resources (financial/rewards/incentives/training/technical assistance) to schools in order to improve physical fitness and nutrition programs.
4. Educate and motivate children and youth to eat the recommended daily servings of nutrient-rich foods and beverages.
5. Empower children and youth to take action at their school and at home to develop their own pathways to better fitness and nutrition for life."

"CQN Asthma project" continued from page 1

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 a series of four learning sessions, followed by action periods where they will have the opportunity to try out changes in their practice setting. 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/clinics.

Participation in this project provides many benefits, including opportunities to:

- Improve the outcomes of your asthma patients
- Meet Maintenance of Certification board requirements for quality improvement
- Receive program materials and free use of EQIPP
- Improve the efficacy and efficiency of your office systems
- Access practical tools and effective strategies for how to integrate changes into your practice
- Receive special recognition from the Alabama Chapter-AAP and its partners
- Receive ongoing support for improvement, as well as feedback about progress
- Receive 35 points of American Board of Pediatrics MOC Part IV credit

If you are interested in joining or receiving more information about the project, contact Wes Stubblefield, MD, FAAP, CQN Asthma Project Physician Leader at awstubblefield77@gmail.com or Linda Champion at lchampion@alaap.org or 334-324-9307.



Lee Scott, MD, FAAP, and Haley Smith of Dothan Pediatrics display their plaque from the AAP for successfully completing the first tier of the CQN project.

"Third Party Update" continued from page 6

percentile for age) for all in-network providers (four visits allowed per year)*. In addition, the new coverage allows for a limit of two nutritionist counseling visits per year (billing for 97802 or 97803).

In addition, Pediatric Council members are going to strive this year to make further headway in managing coverage and administrative issues with TriCARE. Stay tuned for more details!

* If the physician sees the patient for an office visit 99201-99215, then he/she can bill up to four visits per year with V85.54 for medical nutritional therapy. If the patient is in for a Preventive Care visit, 99381-99395 and billed with a V20.2 Health Supervision, then he/she can additionally have an obesity intervention with 97802/97803 and V85.54.

“As physicians, we have so many unknowns coming our way...

One thing I am certain about is my malpractice protection.”

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

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Coding

Corner

by Lynn Abernathy Brown, CPC

Frequently Asked Questions from Pediatric Coding 2011: Big Changes Ahead

The following are highlights of questions submitted by participants of the live webinar held on January 19. The answers below are paraphrased with additional information added as available. The full FAQ can be found on the Chapter website at www.alaap.org.

1. *When a medical technologist, medical assistant or nursing assistant gives a shot, should he/she use 90471?*
Yes, if there is no physician counseling involved.

2. *I have a medical assistant who administers vaccines. Can she document Vaccine Information Sheet (VIS) reviewed, questions answered, then administer with code 90460?*

Only if the physician documents counseling of risks and benefits for the vaccines ordered.

3. *What if we bill a 99213 for a V20.2 visit and give vaccines?*

99213 should not be billed with V20.2 since these are not compatible codes. 99213 is for billing a sick visit or visit with a diagnosis and the code V20.2 is for Health Supervision. V20.2 is only compatible with E/M 99381-99395 series codes.

99213 can be billed with the sick diagnosis or the reason the patient was seen that day and also have vaccines given on the same date. The vaccines and vaccine administration codes would need to be billed with the vaccine-specific V codes in this case (series V03.0 - V06.8).

4. *Has the HPV code changed from 90649 to 90650?*

90649 is the CPT code for Gardasil (quadrivalent) and 90650 is the CPT code for Cervarix (bivalent)

5. *For ALL Kids, can we bill an office visit code – i.e. 99213 with a diagnosis of obesity – or only the nutrition counseling code?*

Verified with BCBS-AL: Any provider can bill the following codes:

ALL Kids only: Added benefit for the following:

97802 - Medical nutrition therapy, Initial assessment, each 15 minutes V85.54

97803 - Medical nutrition therapy, Re-assessment, each 15 minutes V85.54

99201-99205, 99211-99215 can be billed by the physician for nutrition 4 times V85.54

The diagnosis code of V85.54, equal to or greater than 95th percentile, is the only diagnosis code that is allowed for obesity intervention under ALL Kids. The BMI must be documented. Obesity 278.00 and Overweight 278.02 diagnosis codes are not covered by ALL Kids or any other BCBS-AL contract.

6. *Do you know where we can find clinical examples of the documentation required to bill 99401 obesity screening vs. 97802 medical nutrition therapy?*

Bright Futures is one source for recommendations regarding nutrition and obesity screening, but I believe that documenting what the physician/provider does, questions that are asked and the answers generally would satisfy the documentation requirements. The goal in the documentation is to record the nutrition habits of the patient and any advice given by the physician.

DISCLAIMER: Children's Health System and Lynn A. Brown, CPC do not accept responsibility or liability for any adverse outcome from the advice of Lynn A Brown, CPC, for any reason, including inaccuracy, opinion and analysis that might prove erroneous, or the misunderstanding or misapplication of extremely complex topics.

Event Calendar

February 24

Alabama Business Leaders' Summit on Early Childhood Investment, RSA Activity Center, Montgomery, AL

April 5

8th Annual Pediatric Legislative Day, Alabama State House, Montgomery, AL

April 28 - May 1

2011 Spring Meeting & Pediatric Update, Hilton Sandestin Beach, Destin, FL

May 26 - 28

MASA's 2011 Annual Session, Baytowne Conference Center, Destin, FL

August 19

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

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

Consider putting name in hat for 2011 Chapter elections

By Pippa Abston, MD, FAAP,
Nominating Committee Chair

Over the past several years, we have developed more and more leaders in the Chapter who are getting involved in many ways. We also have gotten increased interest in leadership positions on our Executive Board, which has been a positive thing for the Chapter.

As we begin our new year, we look to the future and would like to begin building our slate of nominees for the 2011 Chapter Elections.

To be held in May, this year's election will include the following positions up for a vote: Vice President/President-Elect, Secretary/Treasurer, Area 4 Representative (East Alabama), Area 5 Representative (Southcentral Alabama) and nominating committee member.

Please email me at pabston@aol.com if you are interested in knowing more about the responsibilities or putting your (or someone else's) name in the hat for any of these positions.

Did you know? Medicaid adults covered for tdap vaccination

Alabama Medicaid now covers adults for tdap vaccination. This announcement represents an opportunity to let parents know about the importance of vaccination to reduce their chances of developing and spreading pertussis and other vaccine-preventable illnesses. For information on patient assistance programs for the uninsured, consider the following links to programs available through vaccine manufacturers:

www.rxassist.org
www.gskforyou.com
www.bridgestoaccess.com
www.merck.com/merckhelps
www.patientassistanancenow.org
www.pparx.org

Chapter co-sponsors second Alabama Business Leaders' Summit on Early Childhood Investment

Plans are finalized for the second Alabama Business Leaders' Summit



on Early Childhood Investment, to be held February 24, 2011, at the RSA Activity Center in Montgomery, sponsored by the Alabama Chapter-AAP in partnership with the Chamber of Commerce Association of Alabama, the Alabama Partnership for Children and the Alabama School Readiness Alliance.

The summit will reach business leaders, government agency heads, lawmakers and other policymakers from the central Alabama area as well as the rest of the state to call attention to the importance of investing in young children in order to benefit the future of our state. Several members of the Chapter's board – Grant Allen, MD, FAAP; A.Z. Holloway, MD, FAAP; J. Wiley, MD, FAAP; and Cathy Wood, MD, FAAP – are participating as speakers throughout the half-day meeting.

For more information, visit the Chapter web site at www.alaap.org.

All pediatric practices in Blue Cross pilot achieve NCQA certification

Congratulations to all four practices in the Blue Cross Blue Shield of Alabama medical home pilot project – Anniston Pediatrics, Auburn Pediatric Associates, Dothan Pediatric Clinic and Huntsville Pediatric Associates – for achieving recognition by the National Committee for Quality Assurance (NCQA) as medical homes!

Of all the specialties in the pilot (pediatrics, family medicine, and internal medi-

cine), pediatrics has achieved the highest levels of recognition, a testament to the drive of pediatricians, particularly those right here in Alabama!

The four practices went through a rigorous process of practice transformation and made application to the NCQA this fall. Other practices in the state are also beginning to see the value in this certification, which streamlines practices' ability to provide better access and referrals for patients through maximal use of quality improvement principles and information technology.

Congratulations to all of these leaders in pediatrics!

Dr. Pippa Abston awarded "Dr. Quentin Young Health Activist" for 2010

Pippa Abston, MD, PhD, FAAP, of Huntsville and Area 1 Representative on the Executive Board, has been bestowed "The Dr. Quentin Young Health Activist Award" by Physicians for a National Health



Pippa Abston, MD, PhD, FAAP

Program, a national group of 18,000 members that advocates for a national health insurance program that would provide comprehensive healthcare to all U.S. residents. Dr. Abston currently serves as the physician coordinator for North Alabama Healthcare for All, a chapter of PNHP.

This annual award, given out since 1996, is named for Quentin Young, MD, who is the national coordinator of PNHP and the father of the current movement for single payer national health insurance in the United States.

"Dr. Abston is a leader among the younger generation of physicians working to make the U.S. health system accessible and affordable to all," said Dr. Young.

From the Coordinator

ROR quality improvement project approved by American Board of Pediatrics

Reach Out and Read (ROR) recently announced that its quality improvement project was approved by the American Board of Pediatrics (APB) for 25 Category IV Maintenance of Certification (MOC) points. Invitations to participate were sent to pediatricians with existing ROR sites and whose APB certification expires in 2011. While the deadline for the first round of applications for consideration was February 4, additional projects will be initiated bi-annually for those with greater flexibility with their MOC needs. The project will continued to be offered until all of the needs of ROR sites and providers are met.

The goal of the project is to help each site improve two outcomes:

- (1) The proportion of well-child visits at which a child gets a book from his/her provider;
- (2) The proportion of well-child visits at which a parent gets a message about reading from his/her child's provider.

More information about the project can be found at www.reachoutandread.org or by directing questions to QI@reachoutandread.org.



Anniston Community Education Foundation award enables expansion in Calhoun County

The Anniston Community Education Foundation is a non-profit organization dedicated to helping students in the Anniston area succeed in the educational arena. After listening to a message about Reach Out and Read on Anniston Pediatrics' message-on-hold system, one of the Foundation's leaders invited Reach Out and Read-Alabama to apply for a grant. The resulting award of \$10,000 enabled ROR to expand in Calhoun County by implementing the program at Purohit Pediatric Clinic. The practice joins Anniston Pediatrics and Model City Pediatrics in serving more than 8,000 young children and their parents and caregivers each year.

For more information about the grant, see the recent article in *The Anniston Star*: <http://tiny.cc/5rx bq>.

Join the ROR-Alabama Facebook page

Please invite your friends and family to "like" the Reach Out and Read-Alabama Facebook page (www.facebook.com/roralabama). You'll have access to continuous updates about the program across the state and great articles regarding the importance of early literacy for your patients and their families.



— Polly

STATE VIEW

Make a difference at the local level: Alabama's Children's Policy Councils

By Susan McKim, Alabama Department of Children's Affairs

The Alabama Department of Children's Affairs is the state agency charged with the responsibility of working with each of the 67 county Children's Policy Councils (CPCs) to insure a well-coordinated and high-quality system of services for Alabama's children and their families. Chaired by the highest-ranking juvenile judge in each county, the CPCs include 15 mandated members from child-serving agencies, as well as a number of at-large members.

With the goal of influencing policy and decision-making at state and local levels,

each CPC is required to conduct an annual needs assessment of the most pressing problems, concerns, and needs in the county. These results then guide the work of the CPC, determining its focus and an action plan to address specific needs while making sure that services are not duplicated.

There is a place – and a need – for pediatricians to be a part of the CPCs. Children do not have big voices; they must depend on others to speak for them where it counts the most. By being a part of the decisions that affect the lives of children and families, pediatricians have the power to make a lasting, positive difference. There is no easier or more cost-effective way to invest in the well-being of children than to participate in your local Children's Policy Council.

Being involved is not very time-consum-

ing. Most of the CPCs meet quarterly, as the law requires, but others meet monthly or every two months. Meetings generally last one to one-and-a-half hours. During that time, a great deal is accomplished. Your perspective and input as pediatricians is wanted, needed, and important to the work of the CPC in your county. You know children, their health needs, and where the problems lie. Just a small amount of your time can make a huge difference for Alabama's children.

To find out how to contact your CPC, visit www.children.alabama.gov and click on Children's Policy Councils under Divisions and Programs. The first download, the 2010 Needs Assessment, offers contact information for the CPC in each county.

What is the Vaccines for Children Program?

The Vaccines for Children (VFC) program provides vaccines to eligible children without vaccine cost to the provider. All routine childhood vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are available through this program. The program saves parents and providers out-of-pocket expenses for vaccine purchases.

What are the benefits of the VFC program?

You can provide necessary vaccines to uninsured children and others who cannot get recommended vaccinations without financial assistance—and, you will not incur any additional costs. You can also...

- Reduce referrals of eligible children to the public clinics for vaccination, thus allowing them to stay in their medical homes and ensuring the continuity of care.
- Save money on your vaccine purchase because you will receive public-purchased vaccines under the program.
- Receive technical assistance to help improve your vaccination rates, such as record-keeping, vaccine handling, and vaccination opportunities.

How can I enroll as a provider in the VFC program?

Enrolling in the VFC program is easy! Call the Alabama Department of Public Health's Immunization Program. Then...

1. Request a provider enrollment package.
2. Complete and return the enrollment form.
3. Return the Provider Profile form, as required, to ensure you receive the amount of vaccine needed for your office.

Your strength is the ability to provide.



Alabama Department of Public Health
1.866.674.4807
www.adph.org/immunization



NEWS FROM MEDICAID

HHS releases \$55 Million to Alabama in CHIPRA performance bonuses

On Dec. 27, 2010, the Department of Health and Human Services, Center for Medicaid, CHIP and Survey & Certification announced that Alabama would receive FY 2010 Children's Health Insurance Program Reauthorization Act (CHIPRA) performance bonuses of \$55 million, more than double the amount of any award received by another state and representing one-fourth of the total amount awarded to 15 states across the country.

CHIPRA established performance bonuses to support state efforts to improve enrollment and retention of eligible children in Medicaid. The payments were intended to incentivize the enrollment of an estimated 4.7 million children who are eligible for coverage, but not enrolled. The bonuses added federal funding for states that either streamlined their enrollment and renewal processes to make it easier for eligible children to gain coverage, or documented significant increases in Medicaid enrollment among children during the year.

Alabama received the \$55 million bonus based on enrollment figures of 132,999 (36 percent) over the 2010 baseline.

This bonus helps to balance this year's Alabama Medicaid budget, although the next fiscal year's budget remains largely uncertain.

Mullins appointed Medicaid Commissioner



R. Bob Mullins, Jr., MD

Longtime family physician R. Bob Mullins, Jr., MD, has been appointed Alabama Medicaid Commissioner by Governor Robert Bentley. Dr. Mullins joins the agency after 37 years in practice in Valley, Ala.

A 1968 graduate of the University of Alabama School of Medicine, Dr. Mullins interned at Lloyd Noland Hospital in Fairfield, Ala., served two years in the U.S.

Army, and completed a two-year general practice residency in Columbus, Ga., before beginning his private practice in 1973. He has been active in local and state medical and health care organizations throughout his career, and served as president of the Medical Association of the State of Alabama in 2004 -2005.

"Dr. Mullins understands the issues our Medicaid agency faces from the provider side as well as the patient and health care institutions' perspective. I have every confidence that he is the right man for the job and will work with all those affected by our Medicaid agency," Governor Bentley said.

Patient Care Networks pilot set to begin in mid-2011

With assistance from Alabama Chapter-AAP leaders, Alabama Medicaid has continued to work on an initiative to provide higher

quality, more efficient medical homes for Medicaid recipients by creating Patient Care Networks, initially as a pilot in three areas of the state — Lee and surrounding counties (Macon, Tallapoosa, Chambers); Madison and Limestone counties; and Tuscaloosa and surrounding counties (Fayette, Pickens, Greene, Hale, Bibb) — starting in mid-2011. Together, the three pilot areas cover approximately 80,000 Medicaid recipients.

Interest in the care network concept is growing, according to Robert Moon, MD, Medicaid Medical Director and Deputy Commissioner, Health Systems. He noted that more than 50 individuals representing organizations throughout the state attended a meeting at Medicaid in January to learn more about the Agency's plans and to ask questions about the Request for Proposals (RFP) released in December. The organizations will be responding to the RFP in the next month in order to set up non-profit organizations at the local level that will have board representation by pediatricians and other primary care physicians. At least two of the Chapter's Area Representatives in these counties are heavily involved in the process.

Alabama Medicaid's care networks are set up to function as "medical neighborhoods" in which doctors, pharmacists and others work cooperatively to coordinate care for patients, according to Dr. Moon. He explained that care networks are specifically designed to ensure that patients gain access to specialists, tests or services they need, to encourage consumers to have greater involvement in their care, facilitate communication across settings and providers, and ultimately result in patient care that is less fragmented and more holistic.

Patient 1st case management fees changed to further improve health care delivery and outcomes

In late December, Patient 1st providers received letters announcing changes to the case management fee, which now recognizes the illness burden of each provider's panel of patients. The other primary change is more stringent compliance with voice-to-voice access to medical advice and directing to appropriate care source for enrolled recipients is now required 24 hours a day, seven days a week in order to participate in the program and qualify for a \$1.00 per member per month (PMPM) addition to the case management fee.

If providers are in one of the Patient Care Network areas (see counties listed in article above) and participate in the network, they will receive an additional \$0.50 (PMPM) as well as up to \$1.60 (PMPM) based on their panel's patient acuity level (case mix). Providers who are not in the network counties can also receive up to \$1.60 (PMPM) for the patient acuity level measure.

Patient 1st providers are urged to return their re-enrollment forms sent in December if they have not already done so.

If you have any questions, please contact Gloria Wright at gloria.wright@medicaid.alabama.gov or 334-353-5907.

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"Chapter Briefs" continued from page 10

Last year, Dr. Abston advocated for health care reform through numerous public speaking engagements and at other events.

"Although the Chapter has not endorsed a particular political solution to health inequality, we applaud Dr. Abston's personal passion and advocacy for children," said Chapter President J. Wiley, MD, FAAP.

Congratulations, Dr. Abston!

Save the date: Alabama Newborn Screening Conference, August 19

The Alabama Newborn Screening Program will host the 2011 Alabama Newborn Screening Conference on August 19, 2011 at the Marriott Conference Center at Capitol Hill in Prattville. This all-day meeting will address a broad range of topics relevant to newborn screening, with a focus on families who have been directly impacted by newborn screening. More information will be available soon at www.adph.org/newbornscreening.

Get teens to pledge not to text and drive

Here is some verbiage you might want to consider as a promotion in your practice, hospital, etc.: "I just took the pledge not to text and drive. When I look at the last text message I sent, I can tell you without question that it would not have been worth sending when I was driving. Reading or responding to a text message while driving could cause a serious accident, possibly one that could take a life ... or several lives. When you look at it this way, there's no text that can't wait. Join me, and take the 'Txtng & Drivng...It Can Wait' pledge and pass this onto others you care about and ask them to take the pledge, too." Go to <http://itcanwait.att.com>"

New WHO growth charts recommended

After a collaborative review by an expert panel of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the National Institutes of Health, the CDC recommends that the new 2009 WHO (World Health Organization) growth charts be used in place of the 2000 CDC growth charts to assess growth for children 0-2 years of age. (The

2000 CDC growth charts should continue to be used for the assessment of growth in children ages 2 – 19 years.) The charts, data tables, background information and explanation for use of the WHO growth charts can be found with this link:

http://www.cdc.gov/growthcharts/who_charts.htm.

For an AAP parent resource on the new growth charts, visit www.healthychildren.org.

Alabama awarded grant to *Learn the Signs. Act Early.*

The Developmental Surveillance and Early Screening Work Group of the Alabama Interagency Autism Coordinating Council was recently awarded \$15,000 in funding to develop and implement the Centers for Disease Control and Prevention's *Learn the Signs. Act Early.* campaign in Alabama.

The 2009 CDC data suggests that Alabama children with autism spectrum disorder are receiving a diagnosis 15 months earlier than they were three years ago, but the median age of diagnosis is still 51 months. This project will seek to improve coordination and awareness of early identification and intervention service systems for children with ASD and other developmental disabilities. Activities will include:

- (a) Modifying and distributing the CDC *Learn the Signs. Act Early.* materials to include information specific to Alabama,
- (b) Developing a statewide network of Act Early trainers,
- (c) Providing an Act Early Webinar for continuing education credits, and
- (d) Developing an Act Early Alabama website as a "gateway" for individuals to connect to appropriate resources.

The project will coordinate with similar advocacy and awareness efforts across the state, including the Chapter's ongoing participation in the *Assuring Better Child Health and Development* initiative. More details will be forthcoming!



These health and nutrition organizations support **Fuel Up to Play 60**, a partnership between the NFL and National Dairy Council impacting an expected 60,000 schools and 36.6 million students.



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