



The Alabama Pediatrician

Winter 2014

From the President

The Chapter's ASQ



Michael J. Ramsey, MD, FAAP
Chapter President

The Ages and Stages Questionnaire (ASQ) is a great tool to assess the proper development of our patients. In looking for a way to assess the health of the Alabama Chapter, we can look at our Chapter's ASQ results – **Advocacy, Support, and Quality.**

This winter has been a flurry of activity in the area of **Advocacy**. In February, Dan Carter, Richard Freeman, Marsha Raulerson, Tim Stewart, Mary Wells, Cathy Wood, and I were in Washington, DC, meeting with our senators and Congressmen about supporting pediatric residency training through the Children's Hospital Graduate Medical Education Program and the Pediatric Subspecialty Loan Repayment Program. We even had Martha Roby's office respond to one of our tweets! A few weeks later, 13 pediatricians met in Montgomery with our first Legislative Day held in conjunction with MASA. It had a different flavor from our usual meeting, but it was good to be with other specialties speaking for patients and physicians. There are several bills affecting children before the state legislature, so please watch your email for details on how you can help in contacting and educating your representatives.

The Alabama Chapter continues to be active in the area of practice **Support**. Our next ICD-10 webinar led by Lynn Brown will be May 14. These next several webinars will focus on pediatric disease states; the most recent one addressed coding for asthma and respiratory infections in children. In addition, the Pediatric Council recently met with payors on March 4, emphasizing the importance of pediatric vision screening. The upcoming

continued on page 3

Chapter Executive Board crafts 2014 strategic priorities

In January, the Chapter's Executive Board met for its annual Strategic Planning Session and developed its priorities to drive the Chapter's work this year.

"There is so much that the Board would like to work on, but we know that we only have so much time and manpower available to be effective," said Michael Ramsey, MD, FAAP, Chapter President. "This year, we knew that we wanted to place special priority on engaging pediatricians in the Medicaid RCO development process, and that we wanted to remain vigilant in promoting child health issues that are important to the state right now, as well as continuing our great work in the area of quality improvement."

The Executive Board has established the following priorities for 2014:

- Expand oral health risk assessment/fluoride varnishing program
- Engage pediatricians in establishment of Medicaid RCOs & promote medical home
- Support physicians in transition to ICD-10
- Develop goals and objectives for increasing immunization rates in Alabama
- Promote state legislative agenda
- Promote perinatal health according to COIIN objectives
- Use social media to promote child health issues
- Develop poverty curriculum for members and policymakers
- Recruit members from UAB/USA & large practices with low membership percentage
- Establish new revenue streams and/or structure for Reach Out and Read
- Grow capacity for Chapter quality improvement work

For more details, visit the Chapter website at www.alaap.org and go to "About→ Strategic Priorities."

2014 Spring Meeting & Pediatric Update set, registration open

April 24-27, 2014 • Grand Hotel Marriott Resort, Point Clear

The Chapter executive office and CME Chair David Gremse, MD, FAAP, are looking forward to our 2014 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 4)! Register online at www.alaap.org or use the paper registration brochure sent to you in the last few weeks. Faxed registrations with completed credit card information are also accepted at (334) 269-5200.

For the first time, this year's meeting will be held at the beautiful, "old South" Grand Hotel Marriott



continued on page 4

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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 even stronger.

Vision:

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

State legislative update

The Chapter leadership and lobbyist have been hard at work during this Regular Session of the Alabama Legislature, promoting numerous child health and safety bills since the session began on Jan. 14. As usual, there have been many contentious moments on some of the issues, but this session has seen swift, positive movement on most of the Chapter's priorities! Our 2014 priorities are highlighted below, with a status update on each as of time of writing.

• Improved health care for children through adequate Medicaid and CHIP funding:

We keep as our permanent priority protection of funding of Medicaid and CHIP coverage for children.

The state is reforming the Medicaid delivery system by instituting Regional Care Organizations. The Chapter joins other healthcare provider groups in assuring that quality child health remains at the center of this effort, and specifically advocates for a system that promotes access for children. The Chapter also endorses advocacy efforts to increase General Fund revenues for Medicaid/CHIP, as well as state continuation of the federal primary care payment increase.

STATUS: As of time of writing, the Governor's budget, which adequately funds both Medicaid and ALL Kids and includes state continuation of the Medicaid primary care payment increase, is moving through the legislature, thanks to one-time found monies.

• **Expansion of funding for birth to 5 services:** The Chapter endorses the Alabama School Readiness Alliance efforts to increase funding for state-funded, voluntary, high-quality, pre-k programs, as well as protect adequate funding for early intervention services and early literacy services.

STATUS: In early March, the House Ways & Means Committee approved a new version of SB 184 that keeps the \$10 million increase for First Class Pre-K intact. However, at time of writing, this appropriation could still be targeted by members currently negotiating the differences between the House and Senate versions of the bill.

• Protecting the health of children through adherence to current AAP guidelines/standards:

We oppose any legislation that dictates requirements for the practice of medicine that violate current American Academy of Pediatrics guidelines and recommendations for the care of children.

• **A strengthened graduated driver license law:** With the Alabama Safe Teen Driving Coalition, the Chapter promotes legislation to increase the number of teen practice driving hours in the Graduated Driver License law from 30 to 50 hours, putting Alabama's law further in line with AAP recommendations.

STATUS: The bill has passed the House and is poised for final consideration, however the verbiage was revised to increase the number of hours to 40 and not 50.

• **Safe at School Legislation:** We endorse the 2014 "Safe at School" legislation, which would allow trained non-medical personnel to administer insulin and glucagon to students with diabetes in school settings in accordance with AAP and National Diabetes Education Association guidelines.

STATUS: This bill has undergone many edits and a great amount of discussion among representatives of the education, nursing and medical professions, and as of writing, is poised to pass both houses!



Don Williamson, MD, State Health Officer, updates pediatricians on the ALL Kids and Medicaid budgets at this year's Legislative Day, held on February 19 in conjunction with the Medical Association of the State of Alabama.

Alabama Child Health Improvement Alliance becomes member of national IP network

The Alabama Child Health Improvement Alliance, launched officially in January after several months of planning by the Alabama Chapter-AAP, UAB Department of Pediatrics, Children's of Alabama, University of South Alabama and other partners, has been notified of its acceptance as a recognized member of the National Improvement Partnership Network.

"We are very proud of this achievement and how far we have come in just eight months since we held our first organizational meeting in June 2013," said Cason Benton, MD, FAAP, Associate Professor of Pediatrics in UAB's Division of General Pediatrics, and part-time Director of ACHIA.

The establishment of ACHIA realizes a multi-year vision of the Chapter's Executive Board to house the Chapter's quality improvement initiatives under one sustainable, adequately funded umbrella.

"In order to improve health outcomes for children in Alabama, there has been a need for a public-private child health improvement partnership that builds on existing efforts to provide quality health care to all children in the state and brings in key partners such as universities, health care providers and health systems, professional organizations, government organizations, children's advocacy groups, health plans, employers/purchasers, and families," said Wes Stubblefield, MD, FAAP, Chapter Quality Improvement Chair.

Representatives from Children's of Alabama, University of South Alabama, USA Children's & Women's Hospital, University of Alabama at Birmingham (UAB), Alabama Medicaid, ALL Kids, the Alabama Department of Public Health, Blue Cross Blue Shield and Jefferson County Department of Health serve as ACHIA's steering committee, which has developed an operational plan to systematically address quality improvement initiatives in primary care.

"Our mission will be to coordinate data-driven quality measurement and improvement activities across the state and support evidence-guided quality activities in clinical practices," Dr. Benton stressed.

ACHIA's first action items are the finalization of an obesity collaborative that will begin this summer, as well as securing funding for operations. Already, the Alabama Department of Public Health, Children's of Alabama, UAB and The Caring Foundation have made commitments of funding.



From the President continued from page 1

Spring Meeting at the Grand Hotel on April 24 - 27 will have a session on the Blue Cross Blue Shield Complete Picture of Health initiative, geared specifically to pediatricians.

Finally, the Alabama Chapter has been very active in the area of **Quality**. On Feb. 15, the Alabama Early Screening Improvement Project had its first meeting of the second phase, which involves 17 pediatricians in improving their processes for performing ASQ and M-CHAT screening and referral. Cason Benton continues to do a great job heading up the Alabama Child Health Improvement Alliance (ACHIA), and is preparing our upcoming obesity quality improvement collaborative. Both she and Lee Scott have been representing us to Alabama Medicaid in setting the quality metrics for pediatrics in the forming RCOs. Attendees of the upcoming Spring Meeting will hear great presentations on gastroenterology, dermatology, rheumatology, and behavior.

As always, there is always room for more **ASQ** in the Alabama Chapter. We just need you to assess where you can be a part!

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The Grand Pediatric Pentathlon: Five relaxing activities for the whole family!

The Chapter is delighted to present "The Grand" Pediatric Pentathlon, a five-event activity for the whole family, designed to allow you to take advantage of all the resort has to offer while helping raise funds for Reach Out and Read-Alabama!

"Sponsored by Books-a-Million and 2nd in Charles, our pentathlon events are a one-mile run/walk, 30 minutes of biking, 30 minutes of kayaking, one hour of swimming (bay or pool) and an hour of reading for fun," said Grant Allen, MD, FAAP, Immediate Past President and chair of the event. "Anyone can be a part of this—sign up your family, friends, and office staff. The events have no start and no finish, and no one is timed – complete all five events and enter to win the prizes that are awarded at dinner on Saturday night."

Each \$50 registration will support one child's library of books from 6 months to five years, and earn the participant a free event tech shirt with the Pentathlon and sponsor logos.

Join the fun now; sign up on the meeting registration form!



**The Grand
PEDIATRIC
PENTATHLON**
Benefiting Reach Out and Read

Legislative update continued from page 2

- **Safe Births:** The Chapter opposes any legislation that lowers the standard of childbirth care, considering the hospital as the safest place for childbirth.

STATUS: Three bills have been introduced this session that would decriminalize the practice of midwifery in Alabama by certified professional midwives. The two original bills were heard and then tabled; a third bill was introduced too late in the session for action.

Other issues

- The Chapter also supported legislation that would **regulate tanning bed establishments, specifically limiting use by children and teens under 18 years of age**. This bill, which would require parents' authorization for use by 16- and 17-year-olds, parents' authorization and presence for use by 15-year-olds, and prescription by physicians for younger children, was enacted.
- The Chapter also supported a bill that would **decriminalize possession of CBD oil for medical reasons** and would allow children with treatment-resistant epilepsy to be included in compassionate use programs already approved by the FDA without fear of parent arrest. This bill, which has gained tremendous bi-partisan support, is also poised for passage in both houses.

2014 Educational Priorities

- **Tobacco usage fee:** Should an increase in Alabama's tobacco usage fee gain momentum, the Chapter advocates for an increase of no less than \$1.00 per package, which would provide much-needed monies for Alabama Medicaid as well as decrease the number of smokers and improve health outcomes.

STATUS: An increase in the tobacco usage fee has not gained momentum in this session, however, there is a possibility that this will in 2015.

- **Expansion of Medicaid:** The Chapter joins organizations in Alabama's BEST coalition to promote expanded health care access for low-income Alabamians who don't currently qualify for Medicaid. Studies by UAB and the University of Alabama conclude that expanded coverage would provide healthcare access for 300,000 Alabamians, almost two-thirds of whom are employed, and create 30,000 new jobs.

STATUS: The Chapter has written a resolution for support at the Medical Association's Annual Session in late May. For more information and talking points, visit alabamasbest.org.

Spring Meeting continued from page 1

Resort in Point Clear April 24-27. A highlight of the weekend will be the Grand Pediatric Pentathlon, benefitting Reach Out and Read-Alabama, which all attendees are sure to enjoy (see sidebar article).

This year's meeting will include sessions on: GERD, Eosinophilic Esophagitis, Chasing Pain: The Challenges of Amplified Musculoskeletal Pain Syndrome Diagnosis and Treatment; From Check-in to Rheum in 13 Minutes: The Clues that Make a Rheumatologic Case; Update on DSM-V: Changes that Impact Pediatrics; Late Preterm Infants: Developmentally at Risk?; Acne & Periorificial Dermatitis; Pustular Vesicular Disorders in Neonates; Carbohydrate-Induced Diarrhea; and Medicaid RCOs on the Ground.

One of the highlights will be a "Guess the Diagnosis" dermatology workshop on Friday afternoon, with speaker Janice Pelletier, MD, FAAP, as well as a Blue Cross Blue Shield Complete Picture of Health coding session geared specifically for pediatrics. In addition, this year, lunch on both Friday and Saturday will be hosted as industry-sponsored symposia (separate CME) on "A Guide to Markets – A Guide to Retirement" and "Motivational Interviewing to Create Health Behavior Change in Patients and Families," respectively. See the full faculty list and schedule online at www.alaap.org.

We'll also have a bonfire by the bay after the Saturday night dinner!

Make plans to attend now – we'll see you at The Grand!

“Choose to Have a Healthy Family” campaign reaches more than 3,000 in a month

The Chapter’s “Choose to Have a Healthy Family” Facebook campaign has reached thousands of individuals, with 324 “likes,” of which 90 percent are female.

The most compelling posts are videos from our pediatricians, which have an average reach of 846 followers.

“This is our chance to share anticipatory guidance with parents in a more viral way,” said Michael Ramsey, MD, FAAP, who designed the program as a means to improve the health of children by reaching their parents in a place that most people in the 25-44 age group go every day: Facebook.

More than 20 pediatricians have signed up and many are providing content, however, more participation is needed.

“I would like to emphasize how EASY it is to create a video and share links to information for parents,” Dr. Ramsey said. “Linda, Salina and Adam can guide you through it if you have questions.”

And remember that it is never too late to get involved. Help us reach parents in this interactive way. To sign up, please complete this short form: <http://www.alaap.org/iform.asp?id=806>.

Also, please “like” the Facebook page: www.facebook.com/ChooseHealthyFamilyAL.

And finally, remember that you can watch the recording of the Chapter webinar on how to get started in creating a practice Facebook page. Visit this link to watch the recording: <http://tinyurl.com/kxhsm18>.



Choose to Have a Health Family Monthly themes:

March 2014:

Nutrition

April 2014:

Physical Fitness & Injury Prevention

May 2014:

Outdoor Safety & Injury Prevention

June 2014:

General Hygiene

July 2014:

Mental Health & Developmental Milestones

August 2014:

Back to School / Immunization

September 2014:

Reading & Literacy

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ALABAMA PROVIDERS USING MEDISYS COLLECT MILLIONS IN INCENTIVES

Reach Out and Read All About It!

By Salina Taylor, Reach Out and Read-Alabama Development & Communications Coordinator

Reach Out and Read-Alabama's Corporate Community Partner Program welcomes ProAssurance Group

The Reach Out and Read-Alabama staff is delighted to announce that ProAssurance Group has agreed to become a Corporate Community Partner with a large corporate donation to benefit



ProAssurance corporate staff Theresa Bradley, Leslie Bard, Teresa Beall and Terri Love look over examples of children's books that they will be providing to program sites across the state as part of their sponsorship of Reach Out and Read.

children served by Reach Out and Read in Alabama.

The Corporate Community Partnership program offers three levels of sponsorship.

As a Goodnight Moon Sponsor, the ProAssurance Group will provide 500 brand new books to selected program

sites personalized with the company's information as well as provide support to the statewide program.

"We see this partnership as a perfect fit for community service opportunities for all our employees. We will pilot this partnership in Alabama with hopes to expand in other states with Reach Out and Read programs," said Jeff Lisenby, General Counsel and Senior Vice President.

ProAssurance Group is a specialty writer of professional liability insurance and products liability insurance for medical technology and life sciences companies, and is the fourth largest writer of medical professional liability insurance in America. With corporate headquarters in Birmingham, ProAssurance operates in all 50 states and the District of Columbia, and has nearly 700 employees working in 24 offices. The company have been recognized as one



where great stories begin™

continued on page 10

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Proud to support *The Alabama Pediatrician*

The Pediatrician and Mental Wellness, Part 1

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

Over the past 10 to 15 years, there has been a shift in pediatric practice from primarily disease prevention to more management of behavioral issues. Bright Futures recommends that psychosocial/behavioral assessments be performed at every well child check-up.

All development is influenced early in a child's life, including social and emotional development. Pediatricians are in a unique position to affect, positively, the parent-child interaction, starting at a very early age of the child.

The formation of attachment is considered the predominant organizing force in social development. Attachment is an enduring emotional tie to a special person, characterized by a tendency to seek and maintain closeness, especially during times of stress. This shapes the child's capacity to enter into and maintain social relationships.

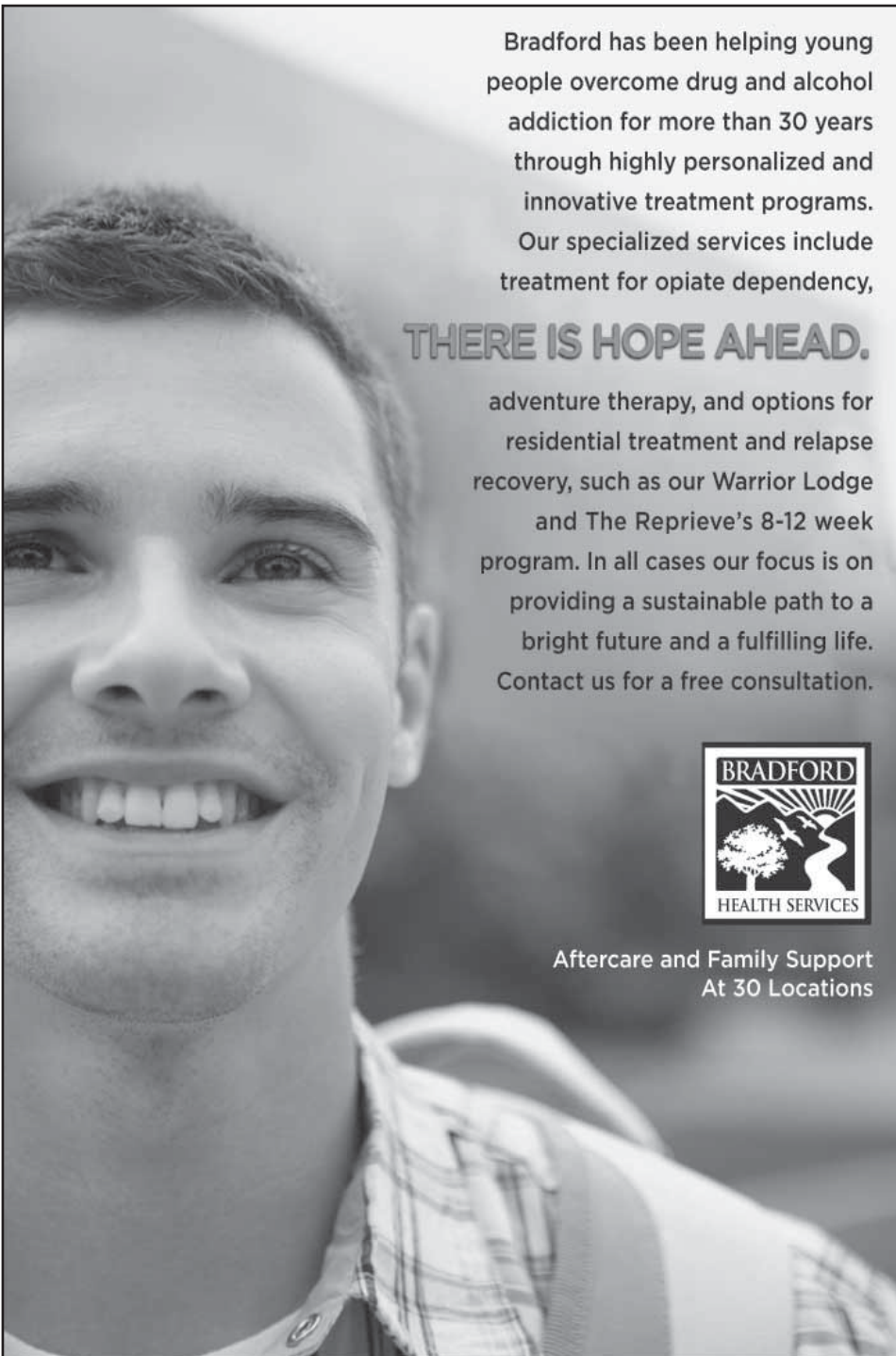
Attachments develop through the interactions between the infant and primary caregiver. This "emotional dance" between the baby and his mother is what sets the attachment into motion. Each individual brings different things to this dance. The infant brings his developmental capacity and temperament to the dance. The mother brings her capacity to be emotionally available to her baby during the interaction. This availability may be limited by the mother's experience with poverty, mental illness, substance abuse or domestic violence.

Pediatricians can assess the mother's emotional availability for her child. Is she depressed, fatigued or lacking in emotional support? Is she worried about providing clothing or shelter for her baby? How does she perceive her child (How does she describe him)? Does she use mainly negative attributions – "he's bad," "he always wants attention," or "he does things on purpose to annoy me." These are warning signs that may interfere with the baby attaining a secure attachment to his mother.

Children want to feel safe and secure, especially with their primary caregivers. Pediatricians are trained to observe infants and children. If they could improve their observations of the mother-child interaction, they could recognize a problematic "dance" and perhaps intervene. A small intervention early in a child's life often results in great rewards later on.

Interventions are very easy and quite obvious. Most parents are not aware that their infants are developing and learning from birth. When parents understand what their children need, they find it easier to fulfill that need. And surprisingly, this really does not take much of the pediatrician's time.


continued on page 9



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CHAPTER BRIEFS

AL-AAP and Children's partner to host April 3 visiting professorship to promote genetics education

The Alabama Chapter-AAP and Children's of Alabama have successfully secured a small visiting professorship grant from the AAP's Genetics in Primary Care Institute (GPCI) to host a GPCI Professorship Program as a one-hour Grand Rounds on Thursday, April 3 entitled, "Genetic Testing: The Future is Here," presented by Nathaniel H. Robin, MD, FAAP, FABMG, Professor in the Departments of Genetics and Pediatrics at the University of Alabama at Birmingham.

Available live as an in-person and online lecture, as well as later on demand, the session will review the indications for and benefits of making a genetic diagnosis, the clinical indications for different types of genetic testing, the benefits and limitations of each type of genetic testing, and the process of communicating the results of genetic evaluation.

The session will be held from noon to 1 p.m. on April 3 at Children's The Bradley Lecture Center, as well as online at <https://www.childrensal.org/cme>.

After the fact, Dr. Robin will write a supporting article for the next edition of *The Alabama Pediatrician*.

Children's of Alabama supports Reach Out and Read with three-year funding commitment

In December, the Alabama Chapter-AAP was informed by Children's of Alabama of its pledge of a three-year commitment to help fund our Reach Out and Read-Alabama early literacy program. The Chapter received the first of the three installments in late December, making for a great New Year's gift!

"We truly appreciate CEO Mike Warren and his commitment to support the Chapter and the children we serve," said Linda P. Lee, APR,



Each year, the Chapter President, Vice President and Executive Director represent the Chapter's 700 members at the American Academy of Pediatrics' Annual Leadership Forum to vote on resolutions that shape AAP policy for children at the national level. Pictured at the ALF in mid-March for an "Alabama Chapter 'selfie'" are District Vice Chair J. Wiley, MD, FAAP, Chapter Vice President Cathy Wood, MD, FAAP, Chapter Executive Director Linda Lee, APR, Chapter President Michael Ramsey, MD, FAAP, and Committee on Federal Government Affairs Chair Marsha Raulerson, MD, FAAP.

Chapter Executive Director. "We are truly grateful for their generosity to help young children and their families and look forward to our continued partnership for years to come."

The unrestricted contribution will help provide much-needed operational support as well as purchase books for the program.

On behalf of the Chapter Executive Board, thank you, Children's!

Chapter develops health insurance resource for ALL Kids parents

Due to their household income, many parents of children covered by ALL Kids are likely eligible for subsidies on the Health Insurance Marketplace if they enroll for their own coverage. In order to educate them on this issue, the Chapter has developed a resource flier for pediatricians to pass along to these parents. Please visit <http://tinyurl.com/nac9d9g> and download, print, post and make copies of the flier to keep your parents informed!

NEWS FROM MENTAL HEALTH

Did you know? Alabama's School-Based Mental Health Collaboration

By Mark Lee, MA, LMFT, Alabama Department of Mental Health

Many children and adolescents in Alabama who struggle with social and emotional issues that negatively impact their home life and school success could benefit from community mental health services but do not obtain them. There are several reasons for this, including a lack of public awareness about available mental health resources, the stigma that unfortunately still surrounds "mental health" in general, and very practical matters, such as lack of transportation or economic resources.

The School-Based Mental Health (SBMH) Collaboration currently being promoted among many of our public schools and our public Community Mental Health Centers provides a flexible and effective integration model that creates a "win-win" for our schools, our mental health providers, and especially our children and adolescents who could benefit from these services.

The SBMH Collaboration model places a Community Mental Health licensed or certified therapist physically into the school setting, so that he or she becomes an integral part of the fabric of the school environment. Placing the therapist at the school (or related group of schools) on an ongoing basis greatly reduces stigma, transportation issues, and attendance issues caused when the student has to stay out of school to go to a mental health appointment during the school day. It also allows the student and his or her family to access a broad array of services that are offered by our public Community Mental Health system, including individual and family therapy, case management, in-home intervention services, and more

The Pediatrician and Mental Wellness continued from page 7

John Bowlby, "The Father of Attachment Theory," once stated, "Just as children are absolutely dependent on their parents for sustenance, so, in all but the most primitive communities, are parents, especially their mothers, dependent on a greater society for economic provision. If a community values its children, it must cherish their parents."

Practical suggestions of how to incorporate these interventions into the anticipatory guidance that pediatricians give at well-child checkups will be provided in subsequent articles.

continued on page 13

Coding

By Lynn Abernathy Brown, CPC

AL-AAP's Steps to ICD-10: ICD-10 Resources – What to buy

Recently, there have been questions on the practice management group email list about the best ICD-10 resources for a pediatric office.

My favorite to date is "ICD-10-CM Mappings: Linking ICD-9-CM to All Valid ICD-10-CM Alternative" published by the American Medical Association (AMA). This book allows me, as a coder, to numerically look up all of the ICD-9 codes and then see the ICD-10 code(s). From the standpoint of creating a superbill or having a resource for setting up a database in an EMR or practice management system, this is the best resource I have found.

For the pediatrician, you might find "Pediatric Code Crosswalk ICD-9-CM to ICD-10-CM" published by the American Academy of Pediatrics as a good resource. This book is substantially smaller in size, focusing only on the main pediatric primary care codes, and organizes the codes by body system.

Another good book to have is "ICD-10-CM: The Complete Official Draft Code Set" published by the AMA, which includes the coding guidelines, much as the ICD-9-CM book does.

Lastly, I continue to recommend Coding for Pediatrics 2014, which is updated each year. This year, you will see "Transitioning to 10" throughout the book with helpful hints about ICD-10 coding.

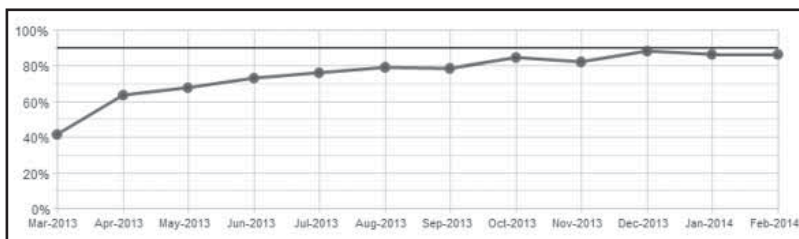
For all of the AAP's resources, visit www.aap.org/coding/icd10.

Quality improvement projects update

CQN3 asthma project draws to a close

Twenty-eight pediatricians from nine practices statewide successfully completed the CQN3 Asthma Quality Improvement Collaborative, earning 40 points of Part 4 MOC. The collaborative helped the practices improve the outcomes of children with asthma by implementing the NHLBI/NAEPP asthma guidelines. Selected practice teams participated in a series of four learning sessions followed by action periods where they had the opportunity to try out changes in their settings. At the end of the collaborative, all practices were using a CQN3 Encounter Form for all patients with asthma.

To the right is the optimal care measure showing Alabama at a rate of 89.09 percent through February 2014 at the close of the project. The project goal was 90 percent.



Early Screening Improvement Project kicks off second phase

The Community Foundation of Greater Birmingham awarded a three-year, \$100,000 grant to the Alabama Chapter-American Academy of Pediatrics for a collaboration with Success By 6/United Way of Central Alabama to spread standardized developmental screening and connect at-risk young children with needed services in five central Alabama counties (Blount, Jefferson, Shelby, St. Clair and Walker) through Help Me Grow Alabama (HMG), an affiliate of the National Help Me Grow Network. HMG is an early childhood initiative that assists communities in identifying developmentally at-risk young children and connecting them to existing developmental resources and services they need.

On Feb. 15, a training for HMG-Central Alabama Phase 2 was held in Birmingham, at which 17 pediatricians from six practices in the Jefferson County area participated in the Alabama Early Screening Improvement Training. The University of Alabama at Birmingham Department of Pediatrics faculty led the group through this 4.5-hour CME-approved training on quality improvement methods, the science behind developmental screening, tools for screening and surveillance, community resources for referrals and information on Reach Out and Read. Upon successful completion of the project, pediatricians will earn 25 points Part 4 MOC.

Reach Out and Read continued from page 6

of the Ward's 50 Top Performers (out of more than 3,000 property and casualty insurance companies reviewed) every year since 2005. In addition to writing medical professional liability insurance, the company offers a variety of loss preventions seminars, both live and online to those they insure.

Reach Out and Read reaches milestone anniversary

Reach Out and Read was founded in 1989 with its first program at Boston City Hospital (now Boston Medical Center). By 2001, dramatic growth brought the Reach Out and Read model to all 50 states, with almost 1,500 sites distributing 1.6 million books per year.

Today, Reach Out and Read partners with nearly 5,000 program sites and distributes 6.5 million books per year. The program currently serves more than one-third of all children living in poverty in the U.S., and continues to grow each year with the vision that one day Reach Out and Read will serve all at-risk children.

Celebrating its eighth year as a statewide program, Reach Out and Read-Alabama has helped physicians in our state prescribe more than 1 million books at well-child visits from six months through five years of age. Congratulations!



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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



MEDICAID NEWS

Medicaid's Regional Care Organizations: Where We Are

There has been much discussion and work carried out over the past six months to ready the Alabama Medicaid Agency, its providers and its recipients for conversion to a new delivery system: Regional Care Organizations.

Legislated in 2013, the RCOs expect to be functional by 2016 and will rely on contractual agreements between providers in five regional areas of the state, care coordination, analytical information technology and adherence to quality metrics to increase efficiencies in the system and improve care for recipients.

More than 225 healthcare providers, state agency officials and others interested in the RCO development attended two open forum sessions held by the Agency in February, with several more sessions to be announced soon.

Talking to participants, Don Williamson, MD, chair of the Medicaid Transition Task Force, explained that the RCO concept will not make the state's Medicaid program cost less in the future, but will help state legislators balance the General Fund budget.

"Fundamentally, we are simply trying to create a managed care entity in Alabama to improve care and reduce costs over that which would otherwise be spent in the future," he said. "RCOs will hopefully slow the rate of growth and make the costs more predictable."

Dr. Williamson explained that a federal "1115 waiver" is essential to providing the resources necessary to make a successful transition to RCOs. If approved, the waiver would help fund the infrastructure needed for the new health care delivery system, including expanded capacity to analyze and develop data, to reward desired outcomes, and to support hospitals as they learn to work in a different reimbursement environment.

"We want to move to measuring outcomes. Instead of counting whether or not a certain test was done for a diabetic patient, we want to look to see if that patient's levels are appropriate. This is a fundamental revision of how we pay, so that we pay for value and outcomes, instead of volume."

Section 1115 Demonstration waiver draft released for public comment

A proposed blueprint of Alabama's plan to transition Medicaid to a new healthcare delivery system is now available for public comment until Friday, April 4. Comments may be submitted by mail or email. After comments are received, the state will be eligible to formally submit its waiver application to the Centers for Medicare and Medicaid Services. For a copy of the waiver draft, visit <http://tinyurl.com/n5vtpet>.

"Our goal is to successfully implement a new healthcare delivery system by 2016," said Acting Medicaid Commissioner Stephanie Azar. "We believe that approval and implementation of this waiver will enable the state to meet its overall goals of improving patient experience, improving health and reducing costs."

In addition, other rules have been proposed and are accessible on the Medicaid website, including requirements for RCO governing boards; for RCO Citizens' Advisory Committees; for receiving probationary certification as an RCO; for contracting for specific case management services with probationary RCOs, and for active supervision of probationarily certified RCOs.

Pediatricians help lead RCO Quality Assurance committee

Since October, a new RCO Quality Assurance Committee has been meeting and performing the highly detailed work of selecting quality measures by which the RCOs will meet goals, measure performance and offer incentives to participating providers. The Chapter has designated Cason Benton, MD, FAAP, and Lee Scott, MD, FAAP, of Dothan Pediatric Clinic, as its representatives on the committee.

"All QA committee members are mindful that the majority of RCO patients will be children," said Dr. Benton, who presented to the entire committee on the importance of "remembering the children."

Using the criteria of importance and feasibility, the pediatric subgroup, including David Smalley, MD, FAAP, of Auburn, Dr. Scott, Katrina Trammell, MD, FAAP of Mobile, and Dr. Benton, has been narrowing down the pediatric quality improvement (QI) metrics to fewer than ten.

News from Mental Health continued from page 9

intensive mental health services as appropriate.

The SBMH Collaboration model also shows school and mental health professionals how to organize and build relationships to ensure effective access to students, transparency/accountability, and confidentiality of medical/mental health information. This initiative is currently established or initiated in 16 Community Mental Health Center areas and more than 40 local school systems in Alabama. Plans are to continue to expand everywhere in our state where there is interest, so that children and adolescents in Alabama who need them will have improved access to these essential services.

Why HPV vaccination can't wait

By Larry K. Pickering, MD, FAAP, editor of the 2012 AAP Red Book

A vaccine is available that prevents cancer, but only 50 percent of eligible adolescent girls and far fewer adolescent boys have been provided this protection. Rates of human papillomavirus (HPV) vaccine uptake for adolescent females during 2012 have not changed from rates in 2011.

Research indicates that pediatricians anticipate a "difficult" conversation when talking with parents of an 11- or 12-year-old about the HPV vaccine because it may involve a discussion of sexual issues.

However, this does not need to be the case. Research shows that HPV vaccine acceptance, like any childhood or adolescent vaccine, is influenced predominantly by your strong recommendation. This means not just suggesting that parents consider HPV vaccine, or mentioning casually that it's available, but presenting the

NEWS FROM PUBLIC HEALTH

Pediatricians sought to assist with safe sleep initiative at Alabama birthing hospitals

This year, the Alabama Chapter-AAP will be working with the Alabama Department of Public Health and other partners in the Collaborative Improvement and Innovation Network to Reduce Infant Mortality (COIIN) initiative on a safe sleep educational initiative in order to spread best practices to all birthing hospitals in Alabama. If you are interested in serving as a champion at your hospital, please contact the Chapter office at llee@alaap.org.

COIIN is a national/regional effort that has established goals to reduce infant mortality in Alabama in five areas: elective deliveries (reducing the proportion/number of women who have non-medically indicated deliveries prior to 39 weeks); interconception care

Medicaid waiver: (modifying Medicaid policies and procedures in order to improve women's health, perinatal, postpartum, and interconception care); safe sleep (increasing safe sleep practices); smoking cessation (decreasing the tobacco smoking rate among pregnant women); and perinatal regionalization (increasing the rate of mothers delivering at appropriate facilities to include infants less than 32 weeks gestation). Several pediatricians across the state are involved in these action teams that are addressing these five benchmarks.

Congratulations to Vaccines for Children providers with outstanding vaccination coverage rates

The Immunization Division of the Alabama Department of Public Health (ADPH) staff performs VFC-AFIX quality

improvement visits to Vaccines for Children (VFC) provider clinics annually. These visits allow ADPH staff to assist VFC providers in determining vaccination coverage levels of the clinic, if VFC guidelines are being followed, and to offer education and CEU credits for clinic staff. The Immunization Division has listed the results of the 2013 VFC site visits for those clinics that achieved vaccine coverage levels of 100 percent, over 90 percent, and over 80 percent. The ADPH Immunization Division congratulates these VFC providers for an extraordinary accomplishment in 2013. The Alabama VFC Program appreciates the knowledge, skill, and experience they exhibit in their daily preventive healthcare practice. To access the list, see the full story at the top of the "Immunization Resources" page under the Resources tab on the Chapter website (www.alaap.org).

Act Early Alabama! wants to support your early identification and referral for children with suspected developmental delays, including Autism Spectrum Disorders.

What is Available?

In-person training for office staff on early red flags, appropriate referrals, informational materials and resources specific to Alabama and derived from the CDC's Learn the Signs. Act Early campaign.

How Do I Act Early?

Identify red flags and refer for EVALUATION and INTERVENTION when a child deviates from a typical development path and or when ASD is first suspected!

Please contact us at www.uab.edu/civitan-sparks/act-early-alabama to request training and/or materials for your practice.



Autism Society of Alabama



Autism Society of Alabama is also available to answer your questions regarding Screening, Assessment and Treatment of Autism Spectrum Disorders.

1-877-4AUTISM

www.autism-alabama.org

bamah@autism-alabama.org

AL-AAP Practice Management Association Update

By Robert Troy, PMA Chair

Is your practice/clinic involved in meeting Meaningful Use requirements or becoming an NCQA-recognized Patient-Centered Medical Home? Are you having issues with coding? Are you wondering which electronic records system to purchase for your office? Do you have a smaller office and can benefit from the knowledge of a large group of like-minded people? Then I want your practice manager and staff to be a part of the Practice Management Association (PMA). Now, more than ever, you and your staff can share ideas and information about pediatric practice management topics.

In 2014, we are faced with tremendous new challenges in coding, making sure our EMRs are compliant and learning new diagnoses codes. The PMA helps in all these areas. We are hosting six webinars this year covering the changes from ICD-9 to ICD-10. We share our ideas about how you can make more in a squeezing market. We will be at the Spring Meeting; be sure to come by our exhibit to find out more on how the PMA can benefit your practice.

For more information, go to www.alaap.org and click on the "Programs/Projects" tab and go to "Practice Management Association."

Remember, one management idea, one cost-cutting suggestion or one coding tip absolutely pays for your manager's membership!

Medicaid News continued from page 13

Metrics will encompass well-child visits and immunizations as well as developmental screening, asthma and obesity.

"With metrics selections winding down, attention is turning the details of the RCO governing boards," Dr. Benton added. "Pediatricians are encouraged to take a proactive role in the establishment of their local RCO governing boards."

If you would like to get involved, please contact llee@alaap.org.

East Alabama pilot project to test HIE value for physicians, patients

Pending final approval of grant funding, a new pilot project in east Alabama will help state leaders to better understand how doctors, hospitals and patients can benefit from the electronic exchange of health information using Alabama's One Health Record® system. The effort will include East Alabama Medical Center in Opelika, Lanier Memorial Hospital in Valley, four referring clinics in the area and approximately 15 local physicians.

The pilot project was approved December 19 by the Alabama Health Information Exchange Commission to assess the benefits and function of the system when providers are able to connect to the state system and fully exchange patient data. The commission was established in 2010 to advance the adoption and meaningful use of

electronic health records to improve the quality, safety and efficiency of health care delivered in the state.

One Health Record®, Alabama's health information exchange (HIE), now makes it possible for disparate electronic health record systems to securely exchange information among providers. However, for providers to benefit from the system's full range of capabilities, the various EHR systems need to connect to the state exchange, and most are not yet able to do this, according to HIE Operations Consultant Bill Mixon.

Now underway, the pilot project will involve the installation of an interface for each electronic record system to connect to and use the state HIE system for data exchange during the next four to six months, Mixon said. He noted that five different local EHR systems will be involved in the evaluation. After installation, state officials will focus on the impact of information exchange on physician and hospital workflow and also on physician-hospital communications.

"We want to understand what the value proposition is for physicians and also the clinical care benefit for patients," Mixon said. "Ultimately, we want to take the lessons learned from this experience and replicate it in each of the five regions set up by Medicaid for its Regional Care Organizations."

HPV continued from page 13

vaccine with the conviction and urgency that it deserves — that HPV vaccine will prevent several types of cancer, and this prevention should begin today.

"A conversation about HPV vaccination isn't difficult. A difficult conversation is one I have nearly every week — when I have to look a young woman in the eye and tell her she may no longer be able to have children — or even worse, that she may die from cervical cancer. That's a difficult conversation," said Daron Ferris, MD, professor in the Department of Obstetrics and Gynecology at Georgia Regents University Cancer Center.

HPV vaccine is cancer prevention — and it can't wait. Not only does the immune system respond better at the recommended 11- to 12-year-old range when initiating the HPV vaccine series, but protection begins immediately after the recommended doses are given.

For each year HPV vaccine rates stay at 30 percent coverage instead of achieving 80 percent, 4,400 future cervical cancer cases and 1,400 cervical cancer deaths will occur. Let's remove HPV vaccination from the realm of sexuality and place this childhood vaccine where it belongs — as cancer prevention. Just like any other vaccine, HPV vaccine needs to be given well before exposure occurs.

Don't let your patients become an oncologist's patients in 20 years. We have a powerful tool to prevent cancer now, and we must not fail to protect the children in our care.

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Alabama Chapter

19 S. Jackson St.

Montgomery, AL 36104

CBIT

Comprehensive Behavioral Intervention for Tics



Children's
of Alabama®

Physical Therapy and
Occupational Therapy Department

Comprehensive Behavioral Intervention for Tics (CBIT) is a non-drug treatment with three important components:

- training the child to be more aware of tics
- training the child to use "competing" behavior when they feel the urge to tic and
- making changes to day to day activities in ways that can be helpful in reducing tics.

Our program consists of eight one-hour weekly sessions that focus on:

- identifying the frequency and severity of tics
- teaching alternate strategies to help the child manage the tic disorder with discretion and confidence and
- embedding the tic strategies or "competing responses" into everyday life.

An occupational therapy practitioner works with the child or youth to help limit the interruption of tics on health, well-being and development. Patients come from all over the country to participate in our program due to the limited availability of this therapy for children with Tourette syndrome or other tic disorders.

Contact Outpatient Scheduling at 205.638.7527
For more information, email Jan.Rowe@ChildrensAL.org

