



The Alabama Pediatrician

Winter/Spring 2013

From the President

The seasons of Alabama pediatrics



Grant Allen, MD, FAAP
Chapter President

Seasons, according to a pediatrician: flu season, injury season, summer check-up season, allergy season. Before I was involved in the Chapter, these were the seasons of my work. Getting involved in the Chapter adds a season between flu season and summer

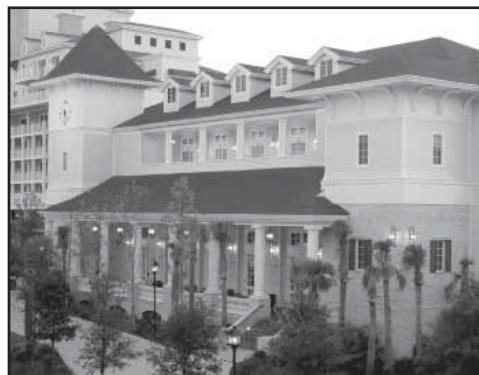
check-ups that overlaps some with spring allergy season: advocacy season. Sometimes I'd like to be allergic to advocacy season, or more specifically effecting change through legislation. But like spring allergies, we pediatricians cannot avoid the Legislature. In fact, we must advocate for our patients to make sure that the right laws protecting children are passed and that the wrong laws that will harm children are not passed. This process takes a lot of people. Navigating the world of the Legislature is our consultant, Graham Champion. He does an excellent job of screening the bills that pertain to children, health and safety. Our Executive Board and key contacts then go into action to speak with key legislators on committees before bills come to full vote. Pediatricians across the state contact their local legislators about specific bills with information from the Chapter. We have 700 members who can be a powerful voice for good in Alabama, but we need all our voices working together. We had a great turnout at Legislative Day and now we must continue to remain vigilant and active. If you are new to advocacy season, I hope you can join us by using the Chapter's talking points on specific topics before the Legislature to help us get our message to YOUR senator and representative. Just as we treat one patient at a time, we advocate with one legislator, one bill at a time. Be part of our 700-strong voice for change.

Register now! 2013 Spring Meeting

May 2 - 5, 2013 • Sandestin Golf & Beach Resort

The Chapter executive office and CME Chair Cathy Wood, MD, FAAP, are looking forward to our 2013 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 12)! 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 May 2 - 5 at the Sandestin Golf & Beach Resort (Baytowne Conference Center), this year's meeting will include sessions on: "Identifying Congenital Spinal Cord Dysraphic Malformations;" "Craniosynostosis and Deformational Plagiocephaly;" "Spina Bifida: A Neurosurgical Perspective;" "Kids Exposed to Violence: What can I do?;" "Technology and Kids: Finding a Healthy Balance;" "Talking to Parents about Vaccine Concerns;" "Management of UTI Recurrence in Infants and Young Children;" "Skin Allergy: The Itchy Rash;" "Primary Immunodeficiency for the General Pediatrician; Reflux in Children;" "Finance, IT and More: Emerging Health Policy Impacts on Your Practice;" and a workshop on "Physicians as Community Health Advocates."



well as plenty of other time for networking.

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



One of the highlights will be a gun injury prevention workshop on Friday afternoon, when speaker Denise Dowd, MD, MPH, FAAP, will share tips on firearm injury prevention and the role of the pediatrician; the workshop will feature a gun lock demonstration by the Walton County Sheriff's office. See the faculty list online at www.alaap.org.

We'll also have an icebreaker mixer before dinner on Saturday night, as

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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 priorities set: 2013 Legislative Day highlights important issues for pediatrics

The 2013 Regular Session of the Alabama Legislature began on February 5, 2013, with the overriding concern for children and pediatrics in the form of level funding, which creates shortfalls in the General Fund that affect Medicaid, the Alabama Department of Public Health (including AL Kids) and the Alabama Department of Mental Health.

For the 10th consecutive year, the Alabama Chapter hosted its Pediatric Legislative Day on March 6. The more than 18 pediatricians who attended were able to enjoy a new afternoon format that included dinner with selected legislators. Members also heard the



Medicaid Medical Director Robert Moon, MD, discusses the state of the Medicaid budget with Legislative Day attendees.

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Teen driving grant supplement secured for 2013 legislative advocacy

by Marie Crew, Alabama Safe Kids and Teen Driving Project Coordinator

The Alabama Chapter-American Academy of Pediatrics' (AL-AAP), in conjunction with key partners Alabama Department of Public Health (ADPH), Children's of Alabama, Alabama Safe Kids (ASK) as well as other members of the Alabama Safe Teen Driving Coalition, has secured a \$10,000 continuation grant to build upon its 2012 educational campaign that targeted pediatricians, parents, teens and the public on safe driving issues, in order to further strengthen Alabama's Graduated Driver License (GDL) law, which was revised in 2010 but still lags behind AAP recommendations.

This campaign will rely on the same research-based educational messages, a media campaign and legislative advocacy to target legislators on the provisions of the current GDL law; the importance of increasing the number of practice hours; drinking and drug use; seatbelt use; texting and other distractions; and numbers of passengers in automobiles.

"This continuation project will allow us to build upon last year's toolkit on safe teen driving distributed to pediatricians across the state by gearing its components for use in educating the state legislators on these teen driving issues and the need to strengthen the GDL," Dr. Monroe said. "In our previously funded project, we created a speakers bureau of interested and educated pediatricians whom we intend to engage in a concerted effort to reach the state legislators with these messages."

In addition, this project will gauge use of the toolkit among pediatricians, and will recruit teens for a mini-coalition to help with education and advocacy.

The overall aims of the 2013 project are to:

- Determine an estimate of use of the pediatrician toolkit (e.g. # of pediatricians that actually received the tool kit and used it; frequency of use; overall satisfaction of it; how would they change it);
- Determine the knowledge and awareness of the GDL among state legislators;
- Recruit teens for the establishment of a mini-coalition to help with education and advocacy;
- Introduce legislation to increase practice hours from 30 to 50 hours.

Already, legislation (HB 388) has been introduced that proposes the simple change of increasing the practice hours, which will not only protect teens but will also qualify Alabama to receive federal funding as part of the Highway Bill. Stay tuned as the legislative session progresses!

Medicaid Commission favors community-based managed care model; submits report to Governor

The Alabama Medicaid Advisory Commission has been meeting over the last several months with a charge of looking at ways to control the burgeoning Medicaid budget by evaluating various forms of managed care, researching other states' systems of Medicaid delivery and payment, and ultimately making a formal recommendation to Governor Bentley on the future of Alabama Medicaid. Michael Ramsey, MD, FAAP, Chapter Vice President, has had a seat on this Commission, representing the Chapter to serve as a voice to protect pediatrics and access for children.

The 33-member Commission met several times to hear presentations from other state Medicaid programs, commercial managed care organizations and Alabama Medicaid's Patient Care Networks, reviewing cost and other data. After weighing the pros and cons of both commercial managed care and "home-grown" regional care networks, the group voted in favor of expanding community based, provider-led networks. Ultimately, the new system will be required to "bear risk," meaning that providers will be given a certain amount of money from the state and will have to stay within that amount or bear the risk. The commission submitted these recommendations in a final report to Governor Robert Bentley on January 31.

State Health Officer Dr. Don Williamson, who served as commission chair, emphasized that both patients and taxpayers will benefit from such overarching changes. "For the patient, it could mean they are going to have more encompassing care. For the agency, this will be the biggest fundamental change in Medicaid since its inception," he said.

The commission's recommendations included: 1) Alabama be divided into regions and that a community led network in each region coordinate the health care services of the Medicaid patients in that region; 2) Regional care networks formally engage consumer input and oversight at all levels of governance and operation; 3) The expanded regional patient care networks become risk-bearing organizations; 4) Regions may choose to contract with a commercial managed care organization to provide care, risk management, or other services in the region; 5) The Legislature where appropriate, and Medicaid where administratively possible, shall authorize regional care networks throughout the state and establish an implementation timeline. Specific benchmarks shall be set that must be met by the networks. Failure to meet the benchmarks shall authorize state intervention; 6) The Alabama Medicaid Agency should seek an 1115 waiver from CMS to implement the transformation to managed care; and 7) Legislation should be developed to create a Medicaid cap, provided that the legislation ensures adequate flexibility for the Alabama Medicaid Agency to address federal mandates, rules, and regulations; economic uncertainty; catastrophic health events; and provider rates.

In early March, several pieces of legislation were introduced to establish these networks, continue the Commission's work via a permanent Joint Legislative Committee to implement the networks, and set future spending caps.

There is much more to be decided and worked on in this year's Regular Session of the Alabama Legislature; rest assured that the Chapter has a seat at this table to be your voice. Stay tuned for more details soon.

Alabama's ALF representatives are all smiles after the Outstanding Chapter announcement: Marsha Raulerson, MD, FAAP, Chair, Committee on Federal Government Affairs; Linda Lee, APR, Executive Director; J. Wiley, MD, FAAP, District X Vice Chair; Grant Allen, MD, FAAP, President; and Michael Ramsey, MD, FAAP, Vice President/President-Elect.

Alabama Chapter-AAP wins AAP Outstanding Chapter

For the third time in its history, the Alabama Chapter-AAP has been chosen as the Outstanding Chapter of the Year by the AAP in its Chapter size category. The announcement was made before a large national forum of pediatric leaders at the AAP's Annual Leadership Forum, held in mid-March.

The Outstanding Chapter award is based on a written report that the Chapter submits each year to the AAP on its achievements and an oral report made by the Chapter President in front of a national committee of district vice chairpersons. The Alabama Chapter is the smallest chapter in the large chapter category (501-1000 voting fellows), which is comprised of 15 state chapters across the country.

"Both the report and the presentation by Dr. Allen demonstrated the broad range of outstanding Chapter activities that advocate both for the children and pediatricians of Alabama," said J. Wiley, MD, FAAP, District X Vice Chairperson and member of the selection committee. Dr. Wiley will present the award at the 2013 Spring Meeting in May.

"We are thrilled with this news," said Grant Allen, MD, FAAP. "We have worked hard on Medicaid advocacy last year, quality improvement initiatives for our members, as well as communicating the value the Chapter provides to members, and it is nice to get this recognition."

We are indebted to the hard work of our Executive Board, members and Chapter staff for making this a reality."

The Chapter received the award in 2002 and 2008, after which it was not eligible to receive the award again until this year.



High quality pre-K expansion sought

Did you know that Alabama's voluntary First Class Pre-K program is recognized nationally as the number one quality pre-k program in the country? Alabama's state-funded First Class Pre-K program meets all 10 of the 10 quality standards recommended by the National Institute for Early Education Research. Unfortunately, First Class Pre-K only reaches six percent of Alabama's four-year olds. That is why a statewide task force has emerged to push for the full expansion of First Class Pre-K to reach all of Alabama's four-year-olds, on a voluntary basis, over the next decade.

Consisting of 38 leaders from the business, education, medical, legal, philanthropic, military and child advocacy communities, including two representatives from the Alabama Chapter-AAP, the Alabama School Readiness Alliance Pre-K Task Force is recommending an additional \$12.5 million in First Class Pre-K in the 2013 legislative session and full funding of the program over the next decade. These additional monies would expand the program to 120 new classrooms each year, which equates to more than 2,000 four-year-olds who will be served by the program in 2013-2014.

The short- and long-term benefits of pre-k have been well-documented by researchers over the last 50 years. Children who attend quality pre-k are more likely to enter kindergarten ready to learn, read at grade level by third grade, graduate from high school, and go on to college. A small investment in Alabama's First Class Pre-K program today will save the state millions of dollars in future costs by reducing the need for remedial and special education, welfare, and social and criminal justice services; for these reasons, pre-k is a bipartisan policy priority in Alabama.

See Current Issues on the the Chapter website (www.alaap.org) under the "Advocacy" tab for talking points on this issue.

Legislative Priorities continued from page 2

latest on Medicaid funding and legislation affecting children and teens, including a lay midwifery bill, a strengthened Graduated Driver License bill (introduced by the Chapter) and tanning bed regulation legislation, which would prohibit use by minors.

The Chapter leadership strongly encourages all members to continue advocacy throughout the session, serve as key contacts and become familiar with the Chapter's priorities and talking points on the Chapter web site (www.alaap.org) ("Current Issues" page) to help advocate for children on the following issues:

- **Improved health care for children through adequate Medicaid and CHIP funding:** The Alabama Chapter-AAP keeps as its permanent priority protection of federal and state funding of Medicaid and CHIP coverage for children. The state is poised to "reform" Medicaid by instituting community-based managed care. The Chapter joins other healthcare provider groups in assuring that quality healthcare remains at the center of this effort, and specifically advocates for a system that promotes access for children, who have no voice and who comprise only 24 percent of the state portion of the budget yet 50 percent of the number of Medicaid recipients. State Health Officer Don Williamson, MD, has announced plans to cut non-primary care providers by 5 percent over an 18-month period beginning April 1 in order to balance the Fiscal Year 2014 budget. The ALL Kids budget is also facing a deficit, and officials are currently looking at ways to cut services. For these reasons, the Chapter continues to endorse advocacy efforts to increase General Fund revenues for Medicaid/CHIP, specifically, but not limited to, an increase in Alabama's tobacco user fee, though there is virtually no political will to move forward with such measures.
- **Expansion of funding for birth to 5 services:** The Chapter Executive Board calls on Alabama leaders to invest early in childhood in order to improve outcomes for Alabamians (return on investment) and avoid costly societal problems down the road. To that end, the Chapter endorses the Alabama School Readiness Alliance (ASRA)'s recommendations and Governor Bentley's endorsement to increase funding for state-funded, voluntary, high-quality, pre-k programs by \$12.5 million, as well as adequate funding for early intervention services.
- **Safety of children through open communication between pediatricians and patients:** The Alabama Chapter-AAP opposes any legislation that prohibits free and open communication between pediatricians/other physicians and their patients/parents. The Chapter firmly believes in protecting children AND a pediatrician's ability to talk about all safety issues with patients.
- **A strengthened graduated driver license law:** The Chapter, along with the Alabama Safe Teen Driving Coalition, endorses HB 388 to strengthen Alabama's Graduated Driver License law; the bill will increase the number of practice hours required for a 16-year-old driver license applicant from 30 to 50 hours, thereby decreasing risks of teen driving deaths/injuries AND providing Alabama the opportunity to secure federal Graduated Driver License incentive "Highway Bill" funding.
- **Other issues:** The Chapter also supports the Medical Association of the State of Alabama's efforts to block legislation that would legalize lay midwifery (HB 178 and SB 246) and well as new legislation that would regulate tanning bed establishments, specifically prohibiting use by children and teens under 18 years of age. For talking points on these issues, visit the "Current Issues" page on the website.

How can you make an impact? Contact your legislator when you receive action alerts from the Chapter, and become a key legislative contact if you are not signed up as one already by emailing Linda Lee, APR, at the Chapter office at llee@alaap.org.

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



Nine practices embark on third CQN asthma learning collaborative

Nine practices – representing almost 40 pediatricians – have joined the Alabama Chapter-AAP's third iteration of the AAP's Chapter Quality Network (CQN) asthma learning collaborative, which will improve their patients' asthma outcomes through systematic improvement measurements and changes in practice. Those who complete the necessary cycles of data collection/entry over the next year will also attain 40 points of Maintenance of Certification Part 4 Performance in Practice credit, to be awarded in 2014.

The nine practices who will be traveling this journey together are:

- Carmel Health Center
- Dothan Pediatrics
- Drs. Blancher and Stadther, MD, PC
- Enterprise Children's Center and Family Medicine
- JCDH - Bessemer
- JCDH - West End Clinic
- JCDH - Western Health Clinic
- Sylacauga Pediatric Clinic, LLC
- UAB Primary Care Clinic

The practices convened in Birmingham in early March for the first learning session, at which they learned about the Model of Improvement and began their practice teamwork. The Chapter is hosting four learning sessions throughout the collaborative in conjunction with the AAP, the UAB Department of Pediatrics, Children's of Alabama, ADPH Social Workers and the University of South Alabama Center for Strategic Health Innovation, which has built an online Alabama Chapter-AAP Asthma Registry, uniting important clinical information from several sources into a single location that will allow practices to collect data, manage their patients and evaluate specific outcomes.

Specific to this "CQN3" collaborative, the Chapter is partnering with ADPH Social Workers to pilot an asthma-focused

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Reach Out and Read All About It!

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

Low literacy and teen pregnancy linked

Research demonstrates impact of Reach Out and Read

New research suggests a link between low literacy rates and teenage pregnancy. The research from the University of Pennsylvania, released this year at the American Public Health Association's 140th Meeting in San Francisco, "builds on previous knowledge about the link between teen pregnancy and social inequities internationally and suggests that, independent of other factors, low literacy in pre-teen girls strongly predicts childbearing among U.S. teens."

According to VOICES for Alabama's Kids Count Data Book 2012, there are more than 6,000 births to unmarried teens in Alabama (the number of live births to unmarried females aged 10 through 19).

Reach Out and Read is an important program for Alabama's children. Our research shows that participants in the program have better receptive and expressive language scores than their non-participating peers and that their parents spend more time engaged with their children reading. With the current evidence that low literacy and births to teens are linked, supporting a program like Reach



Key Findings

- Parents served by Reach Out and Read are up to four times more likely to read aloud to their children.
- Reach Out and Read reaches the child through effectively teaching the parent to start lifelong learning in the home.
- During the preschool years, children served by Reach Out and Read score three to six months ahead of their non-Reach Out and Read peers on vocabulary tests. These early foundational language skills help start children on a path of success when they enter school.

ROR secures grant to expand efforts in Lowndes, Macon and Montgomery counties

Thanks to the Community Foundation of Central Alabama, more than 30 pediatric healthcare providers will be able to prescribe books and encourage families to read in Lowndes, Macon and



where great stories begin™

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Reach Out and Read continued from page 6

Montgomery counties. The Chapter's Reach Out and Read-Alabama (ROR) program was one of four funded in the 2012 Community Trust and Community Partner Grants in the Education category. In December, the Foundation awarded more than \$300,000 in grants to area nonprofits, celebrating their 25th anniversary of service to the area. The Chapter received a \$5,000 grant that will enable eight practices and clinics within the three-county area to serve almost 21,000 children and their families annually.

Five of the eight practices are part of Health Services, Inc. (HSI), a family of 12 neighborhood health centers that provide comprehensive primary care services, including pediatrics. These practices are celebrating their 15th year of prescribing new books – more than 83,000 – to young children and encouraging families to read together through ROR.

Practices and clinics like HSI are instrumental in providing early literacy information to at-risk families. According to VOICES for Alabama's Children 2012 Kid's Count Data, on average, 38 percent of these children live in poverty and 53.9 percent are in single-parent families. Reach Out and Read aims to educate and support parents so that they can fulfill their roles as their children's first teachers.

According to recent data from the Annie E. Casey Foundation, more than 50 percent of Alabama's children between the ages of one and five are read to by family members less than three days per week. The ROR literacy model has been proven to change parental behavior, increasing both parents' frequency of reading aloud and their enjoyment of family reading time.

CQN continued from page 6

community home visiting and case management program to address the high rates of poorly controlled asthma in communities, especially among low-income racial and ethnic minority populations. To that end, the social workers will be providing follow-up to families of patients of the Jefferson County Department of Health clinics that will include assessment and management of triggers in the home.

Colleagues through the state will be updated on the progress of the collaborative over the next year. Congratulations and good luck to these nine practice teams!

**DISTRACTED DRIVING KILLS...**

Annually, roughly 500,000 individuals are harmed and 6,000 people are killed in motor vehicle crashes resulting from distracted driving. Cell phones attributed to 25% of these.

SET THE RIGHT EXAMPLE...

41% of teens and children report seeing their parents read, send an e-mail or text while driving. 50% of teen drivers have admitted to texting, e-mailing, or other use of a cell phone while behind the wheel of a car.

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CHAPTER BRIEFS

Trimm appointed Chair of Committee on Pediatric Education



R. Franklin Trimm,
MD, FAAP

The AAP Board of Directors has appointed R. Franklin Trimm, MD, FAAP, as Chairperson of the Committee on Pediatric Education (COPE). A developmental-behavioral pediatrician at the University of South Alabama College

of Medicine, Dr. Trimm serves as Director of the Pediatric Residency Program at USA Children's and Women's Hospital and Director of the Division of Developmental-Behavioral Pediatrics.

In addition to being a member of COPE, Dr. Trimm has served at the national level in numerous capacities, including Council Chair of the Association of Pediatric Program Directors (APPD) Leadership in Educational Academic Development; Member of the Society for Developmental and Behavioral Pediatrics Board of Directors; Chair of the AAP DB:PREP Planning Committee; Chair of the APPD Learning Technologies Task Force; and Co-Chair of the AAP PediaLink Residency Workgroup.

Dr. Trimm has also served as a developmental/behavioral speaker at Chapter meetings, and has participated in numerous Chapter mental health and developmental services meetings/open forums.

Congratulations on this distinguished appointment, Dr. Trimm!

More practices recognized as Patient-Centered Medical Homes by NCQA

More pediatric practices in Alabama have joined the ranks of those recognized by the National Committee on Quality Assurance as Patient-Centered Medical Homes, improving their care as medical homes and entitling them to increased rewards as part of Blue Cross Blue Shield's Value-Based Payment program.

Greenville Pediatrics, with practices in Hoover, Alabaster and Brook Highland,

recently attained Level 1 PCMH certification. Pediatrics East – both the Trussville and Deerfoot locations – earned Level 3 recognition in January. In addition, Pediatrics Associates of Alex City attained Level 3 recognition in the last 12 months. Dothan Pediatric Clinic has achieved three-year re-certification Level 3 status this month.

Gigi Youngblood, MD, FAAP, coordinated Pediatrics East's certification.

"Becoming a medical home is just a first step in looking at quality, outcomes-based care over quantity-based care. We're not looking at how many times a patient comes into our clinic, but how well the patient is doing, how well the patient has managed," she said.

"It was challenging, but the time and effort our physicians and staff put into the change were well worth the increase in care we can now provide to our patients," said Jeff Corbitt, practice manager of Greenvale. Installing a patient portal system later this year, where patients can view their own lab work, request appointments and phone calls, and chat live with the doctor's office, will help qualify Greenvale for a higher-level certification in three years, he said.

Recognition follows a rigorous practice transformation process and application period.

Here is the current list of recognized practices:

- Anniston Pediatrics
- Dothan Pediatric Clinic
- Greenvale Pediatrics-Alabaster
- Greenvale Pediatrics-Brook Highland
- Greenvale Pediatrics-Hoover
- Huntsville Pediatric Associates
- Pediatric Associates of Alex City – two locations (Kellyton and Alex City)



Chapter leaders meet with Senator Sessions

Chapter President Grant Allen, MD, FAAP, Chapter Area 6 Representative Katrina Skinner, MD, FAAP, former Executive Board member Tim Stewart, MD, FAAP, and Past President Marsha Raulerson, MD, FAAP, meet with Senator Jeff Sessions (second from right) in February as part of the Medical Association of the State of Alabama's Government Affairs Conference in Washington, DC. Each year, a group of Alabama pediatricians meets with Congressmen on pediatrics-specific issues.

- Pediatric Associates of Auburn
- Pediatrics East - two locations (Trussville and Deerfoot)
- Purohit Pediatric Clinic - two locations (Anniston and Oxford)
- The Valley Foundation

Congratulations to these pediatricians that have gone above and beyond to provide the highest quality of coordinated care for their patients!

MASA seeks nominations for Medicaid P&T and DUR committees

The Medical Association of the State of Alabama (MASA) is soliciting nominations for physician members of the Medicaid Pharmacy and Therapeutics (P&T) Committee and Drug Utilization Review (DUR) Board for Fiscal Year 2014 (Oct. 1, 2013-Sept. 30, 2014).

Established to advise and assist Medicaid in the development of a drug plan, the P&T Committee meets four times per year, once a quarter, and performs clinical reviews to recommend preferred drugs within a class. Members of the P&T Committee should be enrolled as Medicaid providers and have

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Practice Management Association Update

By Glean Holloway, PMA Chair

As we anxiously await our Medicaid adjustment to correspond with Medicare rates, let's be on the lookout for the new codes for psychiatry and also the two new flu vaccines that have been approved for people 18 years & older, which may affect some practices.

I attended the Pediatric Council on behalf of the Practice Management Association (PMA) on March 6. The Pediatric Council requests that any coding questions be submitted to the Chapter office at least two weeks prior to their meetings, which will be held August 6 and December 3 for the remainder of 2013.

This lead time will give them an opportunity to do some research on the questions and provide an answer.

I know that we all have busy schedules with our plates full, but it is very important that practice managers check Medicaid and Blue Cross and Blue Shield websites for updates on a regular basis. This is particularly important at the end of the year.

Also, as we progress toward a revamping of Medicaid as we currently know it, please stay abreast and let your legislators know how this affects our patients and practices. We all need to become advocates for the children of Alabama.

As always, if your practice manager is not a member of PMA, please contact the Chapter office for a membership application!

I am looking forward to seeing you in Sandestin for the Spring Meeting. See you there!

Practices can reap benefits from social media

By Timothy Stewart, MD, FAAP

Huntsville Pediatric Associates

The use of social media by physicians is a hot topic right now. Many doctors are leery of dipping their toes into the Facebook pool for fear of a backlash of online patient encounters. Huntsville Pediatric Associates (HPA) has taken the opposite approach: we've dived in deep and are enjoying the applause of our target audience for our efforts.

The decision to start a Facebook Page came as a response to other businesses in the area having favorable experiences. HPA physicians had noted occasional "bad reviews" online for which there was no recourse. We decided to be proactive and encourage good reviews online by making our patients part of an "HPA Family." Individuals use Facebook to share stories, pictures and interesting cartoons they've found online. HPA is using Facebook to share medical news, pictures of our staff and funny cartoons on parenting (we've had one cartoon go viral with 27 percent of the people who looked at it sharing it on their own Facebook timeline).

It's important to note that creating a page on Facebook is different from your personal Facebook profile. This is a business site and no one can see who the administrators are unless you allow it. It's important to note on your page that this is NOT for transmitting patient information or requesting medical advice! We delete any comments containing privileged health information to avoid HIPAA violations. We sometimes have patients post a "My three-year-old has a 102 fever. Should we get an appointment?" We post a reply as soon as we can saying that Facebook is great for a lot of things, but not for managing acute illnesses.

Facebook is great for making announcements about office closings or delayed openings due to weather. We've educated our parents to check Facebook if the weather is questionable. A recent post regarding a delayed opening had 465 views in two hours. High numbers of views like this are due primarily to the fact that most Facebook transactions are now done on mobile phones by the parents. Forty-three percent of our Facebook followers are ages 25 – 34 (76 percent are between 25 and 44) and these parents are very comfortable using their phones for social media. The ease of access also gives an immediacy that can be uncomfortable if you're not prepared for it. Monday mornings almost always have "Are your phones working?" posts. This could be a bad thing except we've been using it as an opportunity to educate parents that if they wait until later in the morning or early afternoon, their hold time is cut dramatically.

Pictures of staff are big draws for views on Facebook. A recent picture of a physician celebrating his 40th birthday has had 2,490 views since it was posted. Similarly, 1,307 parents have viewed a picture of one of our physician's child in a rear-facing car seat. It's important to note that there had been a lot of complaints and rumbling about rear-facing toddlers until that picture was posted!

We started posting our laboratory test results for the week after a parent suggested it online. It's continuing to be one of our most popular posts. The parents can follow the number of flu tests, strep tests, mycoplasma and RSV tests being done this winter. We have two high school students interested in a medical career collecting the data for us weekly on a volunteer basis.

Our Facebook page was used the first week of January to conduct a survey to determine what services our parents would like to add; 2,456 people looked at the questionnaire and 630 actually answered the entire survey. An added incentive was a \$100 gift card to a random respondent. The survey (using SurveyMonkey.com) provided us with detailed information about the services parents wanted (online scheduling, texted appointment reminders and after-hours education classes). Just the fact that we were doing the survey was the reason for many patients to compliment HPA for being so forward-thinking.

Setting up a Facebook page is amazingly simple. Posts can be done on your mobile phone. We've got several online sites we routinely use to share articles. Patient surveys can be set up with SurveyMonkey without any programming skills necessary.

Joining the world of social media is very popular with parents and easy to do. We encourage you to "like" us on our page at <https://www.facebook.com/HSVPediatrics> and see what you think.



Chapter Briefs continued from page 9

experience developing or practicing under a preferred drug list.

The DUR Board is designed to improve the quality of pharmaceutical care by ensuring that prescriptions are appropriate, medically necessary and unlikely to result in adverse medical outcomes. Medicaid's DUR program includes prospective, online and retrospective review as well as use of standards developed by the National Council for Prescription Drug Programs. The Board meets four times per year for a two-hour meeting (1:00 p.m. - 3:00 p.m. on the fourth Wednesday of the months of January, April, July, and October). Members are contracted at a rate of \$40/hour to include packet review, meeting and travel time.

Nominations are sent to the Agency for Commissioner approval by MASA; members can serve two-year terms and can serve more than one term. A listing

of the current members on these bodies is available at www.medicaid.alabama.gov. Contact Cary Kuhlmann at (334) 954-2500 or ckuhlmann@masalink.org for more information.

Advocate for kids: Join the Alabama Children's Movement!

Join the Alabama Chapter-AAP in signing a pledge to be part of the Alabama Children's Movement, established to create an Alabama where investing in our children's well-being is a top priority for the public and policymakers. The mission is to build a movement that will leverage the collective



force of individuals, organizations and businesses to generate awareness and major policy changes where needed for Alabama's children. To simply sign your name to the movement, go to www.alabamachildrensmovement.org.

Donate to Reach Out and Read-Alabama to support early literacy

Whether you are a Reach Out and Read practice site provider or not, pediatricians across the state have a heart for early childhood investment and literacy. What better way to invest than to support pediatricians' efforts in providing books and promoting reading aloud to parents of young children? To donate, simply visit the Reach Out and Read-Alabama website at www.rorlabama.org and click the "Donate Now" button on the left side.

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COASTAL INSURANCE RISK RETENTION GROUP DECLARES \$10 MILLION DIVIDEND

Coastal Insurance Risk Retention Group (CIRRG) has declared dividends to its members in the form of a policyholder dividend and a stockholder dividend for a total of \$10,000,000. This is the largest dividend in the company's history.

“Our policyholders and shareholders are reaping the benefits of their participation in our company. And our investors are receiving dividends equal to or greater than their original investment.”

MEL CAPELL
PRESIDENT AND CEO

Coastal Insurance
RISK RETENTION GROUP, INC.



*CIRRG is owned and controlled by Alabama hospitals and physicians and provides medical malpractice insurance and risk reduction strategies and services for its members.

NEWS FROM PUBLIC HEALTH

New vaccine storage equipment recommendations from CDC & ADPH

In November 2012, the Centers for Disease Control and Prevention (CDC) released new vaccine storage equipment recommendations based on equipment testing that was conducted by the National Institute of Standards and Technology (NIST). The NIST study tested different grades of vaccine storage units to determine which type of unit was best suited to properly store refrigerated and frozen vaccines.

The ADPH Immunization program and CDC recommend the use of stand-alone units, meaning self-contained units that only refrigerate or freeze, that are suitable for vaccine storage. The NIST study, conducted in 2009, demonstrated that these units maintain the required temperatures better than combination refrigerator/freezer units. CDC has received multiple reports of incidences where refrigerated vaccines have been compromised by exposure to freezing temperatures in a combination unit. Use of stand-alone units is a best practice.

Vaccines that require storage temperatures between 35°F and 46°F (2°C and 8°C) should be stored in a stand-alone refrigerator unit. A separate stand-alone freezer should be used to store frozen vaccines that require storage temperatures between -58°F and +5°F (-50°C and -15°C). Frozen vaccines should not be stored in the freezer compartment of a combination unit because NIST has found that household freezers cannot hold proper storage temperatures for frozen vaccines.



The usual household single-condenser combination refrigerator/freezer units are less capable of simultaneously maintaining proper storage temperatures in the refrigerator and freezer compartments. Most common household refrigerator/freezers have combined temperature control

units that can create cold spots and temperature fluctuations in the refrigerator portion of the unit. The risk of freeze-damage to refrigerated vaccines is increased in combination units because air from the freezer is circulated into the refrigerator to cool it. This

can freeze temperature-sensitive vaccines. The freezer portions of many combination units are not capable of maintaining the correct storage temperature for frozen vaccines. Providers who currently use combination units may continue to use them, but the refrigeration portion is the only section that may be used. The freezer section of the combination unit should not be used to store frozen vaccines. We are advising all VFC providers to purchase a stand-alone freezer to store all of their frozen vaccines.

CDC and ADPH do not recommend storage of any vaccine in a dormitory-style (or bar-style) combined refrigerator/freezer unit under any circumstances. The 2009 NIST research concluded that “the dorm-style refrigerator is NOT recommended for vaccine storage under any circumstance” as this type of unit exhibited severe temperature control and stability issues. Please note that the use of dormitory-style units for storage of VFC vaccines or other vaccines purchased with public funds is prohibited.

Providers should be checking the temperatures of their refrigerator and freezers twice daily and documenting on the monthly temperature log.

All of this information may be found on CDC’s website at <http://www.cdc.gov/vaccines/recs/storage/toolkit/default.htm>. If you have any questions, please contact the ADPH Immunization program at 1-866-674-4807.

NOTE: The Alabama Chapter-AAP is in the process of securing non-retail vendor names for members to contact for freezers that meet the new guidelines. Contact the Chapter office at 334-954-2543 or llee@alaap.org for more information.

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 2012 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 2012. 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).

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Event Calendar

May 2 - 5, 2013
2013 Spring Meeting & Pediatric
Update
Sandestin Golf & Beach Resort,
Baytowne Conference Center
Destin, FL

August 6, 2013
Pediatric Council meeting
Montgomery, AL

September 27 - 29, 2013
2013 Annual Meeting & Fall
Pediatric Update
The Wynfrey Hotel
Birmingham, AL

November 9, 2013
CQN 3 Learning Session 3
Birmingham, AL

MEDICAID NEWS

"Payer of Last Resort" rule maximizes taxpayer dollars for Medicaid

As you know, some Alabama Medicaid recipients have private health insurance as well. To maximize dollars, the Alabama Medicaid Agency's Third-Party Division is charged with the responsibility of ensuring that Medicaid is the "payer of last resort." Generally, this means that providers are responsible for filing for reimbursement from the primary insurance prior to billing Medicaid.

However, some federally required exceptions to this rule are: when the service is a preventive pediatric service or for prenatal care provided outside of managed care.

Under these federal exceptions, Medicaid is required to pay the claim if Medicaid is billed first as the primary insurance. Medicaid then bills the other insurance plan for reimbursement—a process known as "pay and chase." Please NOTE: The federal rule is a Centers for Medicare and Medicaid (CMS) requirement for Medicaid to pay if they are billed first. This is not a federal requirement for the health care provider. Providers may choose to bill preventive pediatric services (such as EPSDT screenings and preventive dental services) to the other insurance plan first before billing Medicaid. Billing the other insurance plan first is acceptable and eliminates the need for Medicaid to "pay and chase" the claim.

Procedure codes with modifier EP are used for billing EPSDT screenings and are included in the preventive pediatric services "federal exception" group.

Providers with questions regarding benefit coordination, filing procedures or other billing issues should contact HP Provider Assistance Center at 1-800-688-7989.

Provider payment accuracy is focus of state-based RAC program

The Affordable Care Act requires Alabama Medicaid to select and provide oversight for a Medicaid Recovery Audit Contractor (RAC) to perform provider audits. Goold Health Systems (GHS), a Maine-based firm, was selected as the contractor for a two-year period beginning Jan. 1, 2013.

The RAC program is designed to improve payment accuracy by identifying underpayments and overpayments in Medicaid. Audits will be conducted by GHS using a "top-down" approach where data analysis is applied against the universe of paid claims to identify patterns of utilization or billing that look atypical based on Alabama Medicaid and/or national standards. Following the high-level claims analysis, GHS may expand its review by requesting clinical records and/or other documents.

"Our goal is to ensure that providers are paid accurately and that taxpayer dollars are spent as intended based on state and federal rules and regulations," said Program Integrity Director Jacqueline Thomas.

Project designed to prevent pre-term births in at-risk recipients

The Alabama Medicaid Agency is teaming up with the state's maternity care providers to reduce the number of premature, or pre-term, births among Medicaid-eligible women.

The two-year project, which began February 1, is based on the American College of Obstetricians and Gynecologists' recommendation that all pregnant women with a prior history of a spontaneous pre-term birth at 37 or fewer weeks gestation be counseled on the benefits of taking 17-Alpha Hydroxyprogesterone Caproate, or "17P" to prevent a second pre-term birth.

According to Robert Moon, MD, Medical Director, the project has two goals: to help identify and refer maternity patients at risk for preterm births and to determine the use of 17P and the pregnancy outcomes in this population. During the first phase, maternity care coordinators will be trained to screen, educate and refer patients at risk of having a pre-term birth. A copy of the screening tool used will be provided to the patients' medical providers for follow-up. Then, data will be collected to determine how many were screened, how many received educational materials and how many were referred to their delivering health care provider.

The second phase of the project, scheduled to begin Dec. 1 and continue through July 13, 2014, will determine how many of those referred actually received the medication and if the number of pre-term births among at-risk patients improved while receiving the drug.

Coding

O By Lynn Abernathy Brown, CPC

r What procedure did you perform?

n Identifying an office procedure for coding purposes can be difficult if the appropriate description of the procedure is not documented. Could your office procedure note support a surgical code in a chart review?

Based on CPT codes, several surgical procedures could be billed in the primary care setting by a physician.

This is an example of the basic components for Removal of Impacted Cerumen 69210, one or both ears:

Procedure Note, (should include the following but not limited to):

- The physician performed the removal (I personally performed the removal)
- The cerumen was impacted (impacted cerumen seen with otoscope)
- Why the physician removed impacted cerumen (to view the tympanic membrane)
- How the physician removed the impacted cerumen (using a curette)
- The outcome (cerumen removed, visualization of the tympanic membrane, patient tolerated well)

EXAMPLE DOCUMENTATION: *On examination of the ear canal, impacted cerumen was seen. Using*

a curette, copious amounts of cerumen were removed allowing visualization of the tympanic membrane. Patient tolerated procedure well.

With any CPT code, careful review of the description is necessary in order to accurately bill the procedure. For example, at least four CPT codes which could be billed in the primary care setting have INCISION in the description, therefore, the documentation should clearly state that an *incision* was made with an instrument such as a scalpel, large gauge needle, lancet, etc. If no incision is made, then the procedure would be considered included in the office visit code. For example, if the record stated *using forceps, removed splinter from finger*, then no incision was documented. The splinter removal would be included in the office visit code.

As with any coding, the description is what most physicians rely upon in order to bill so reviewing your practice's descriptions of surgical procedure codes will help ensure that accurate codes are submitted. Including in the documentation an appropriate procedure note will further ensure that those submitted surgical procedure codes are supported by the documentation.

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NEWS FROM THE AAP

¿Habla usted español?

If you do, it's very important that your AAP member profile reflects this skill, especially given the forthcoming launch of HealthyChildren.org en Español! The AAP's goal is to allow visitors to search for a pediatrician who speaks Spanish using the "Encuentre un Pediatra" or "Find a Pediatrician" tool, so don't miss out on this opportunity to gain new patients.

To update your profile with languages spoken,

- 1) Go to the AAP's Online Services and enter your member ID and password.
- 2) Click Update Member Information/Address.
- 3) In My Profile, click edit, then fill in up to four languages under Demographics.

The AAP encourages you to provide your practice's website URL for an additional marketing push.

In addition, the AAP is accepting requests for free HealthyChildren.org en Español promotional materials. The site is expected to launch in late Spring 2013, and the AAP is counting on members to help spread the word to Spanish-speaking families. Visit with AAP website at www.aap.org for more information.

How to Contact Your Chapter Leaders

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