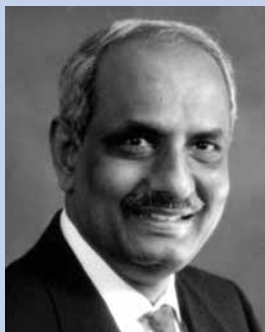




The Alabama Pediatrician

Fall/Winter 2006

From the Chapter President



V.H. Reddy, MD, FAAP
Chapter President

Dear Colleagues,
The 2006 Annual Meeting and Pediatric Update was a huge success, and once again our Program Chairs Jennie Breslin and Linda Anz are to be commended for putting together a great program. We heard many positive comments from our

attendees on the evaluations. The schedule for our 2007 meetings, as was mentioned in the last newsletter and at the meeting, will look different: our “beach meeting” will be held April 26-29 at the Sandestin Golf & Beach Resort and our Birmingham meeting has moved to September, Sept. 7-9, 2007. Already, speakers are being finalized for both meetings.

While you have your calendars out, I hope that you will join us for our first ever Chapter Open Forum on Saturday, January 27 in Montgomery. This event will explore children’s mental health issues in great depth and will offer CME for participants. This meeting format is patterned after the North Carolina Chapter’s successful series of open forums on a host of child health issues.

We have also set our annual Pediatric Legislative Day for Thursday, April 5 in Montgomery. Please plan to attend this valuable program.

I continue to be amazed at the many projects and initiatives our Chapter is involved with. Our Peds-to-Schools obesity initiative is in full swing, with more than 60 pediatrician volunteers being matched to local schools to provide teacher inservices on nutrition and physical activity. Many of our chapter members are also involved with the State Perinatal Advisory Committee, which is currently exploring ways to address Alabama’s infant

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Announcing the SPRING MEETING & PEDIATRIC UPDATE

April 26-29, 2007 • Sandestin Golf & Beach Resort

Save the dates for the first ever Chapter Spring Meeting & Pediatric Update, set for April 26-29, 2007 at the Sandestin Golf & Beach Resort (bayside)!

As was announced in the last issue of the newsletter, the Executive Board made the decision to change the time of year for our CME meetings beginning in 2007 in order to move the “beach” meeting out of hurricane season to the spring.

Plans are shaping up nicely, as CME Program Chair Jennie Breslin, MD, FAAP, has already lined up an incredible slate of national and state faculty on a wide range of topics – including breastfeeding, heart murmurs, sudden cardiac death, a pediatric cardiology case workshop, abdominal pain in children, IBD, dysmorphic syndromes, breast masses in adolescents, pediatric gynecology, a Medicaid update, and an AAP president’s update. Visit the Chapter web site at www.alchapaap.org for the full list of speakers and topics.

“Due to the unavailability of the Sandestin Hilton, this year the meeting will be held at a new venue for the Chapter – at the Bayside Inn at the Sandestin Golf & Beach Resort,” Dr. Breslin said, adding that the Medical Association has used this property for years with much success. “Attendees have a wide range of room choices, including both beachside and bayside accommodations.”

Registration packets will be mailed in February. Hotel reservations can be made now by downloading a housing request form from the Chapter web at www.alchapaap.org/housingrequest.pdf and faxing it to Sandestin or by calling Sandestin Group Reservations at 1-800-367-1271. Be sure to use Group Code “21H7RU” to obtain our special group rates (prices depend on accommodations).

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



Chapter Open Forum on Children’s Mental Health set for January 27

Mark your calendars for Saturday, January 27, 2007, when the Alabama Chapter-AAP will host a statewide Open Forum on Mental Health in lieu of the Winter Meeting. The meeting has been approved for 4.0 hours of Category 1 CME.

To be held from 10 a.m. to 3 p.m. at Baptist Medical Center South in Montgomery, the event will serve to foster collaboration between state government, pediatricians and child advocates to promote children’s mental health needs as a top agenda item for the public, legislators and other influential players in state government. The meeting will provide a forum for discussion of the current and potential

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2006 Annual Meeting & Pediatric Update a success!

From 13.5 hours of top-notch CME to a beautiful night of festivities by the beach, the 2006 Annual Meeting & Pediatric Update was a big success.

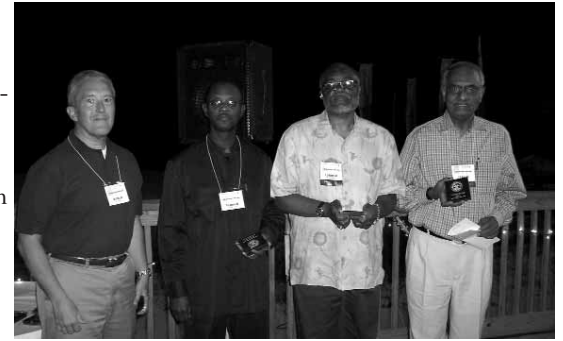
“Overall the caliber of the speakers was superb,” wrote one attendee on the evaluation form. “Interesting subject matter experts presented well.”

Attendees were particularly impressed with the dermatology, asthma and oral health topics, which provided pediatricians with a lot of practical advice for day-to-day application. The Chapter is indebted to the Alabama Academy of Pediatric Dentistry, who sponsored the oral health speaker Martha Ann Keels, DMD, of Duke University.

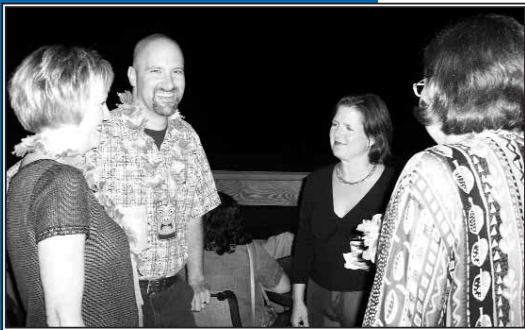
“I learned a lot of dental that I never considered,” wrote another pediatrician. “I will refer less [as a result].”

One of the networking highlights of the weekend was a young pediatrician gathering at Barefoots Beachside Bar & Grill on Saturday night, which the Young Pediatricians Committee plans to repeat at future meetings.

Many thanks go to CME Program Co-Chairs Jennie Breslin, MD, FAAP, and Linda Anz, MD, FAAP. Dr. Breslin is already hard at work selecting speakers for next year’s CME meetings; for more information, refer to the Spring Meeting article on page 1.



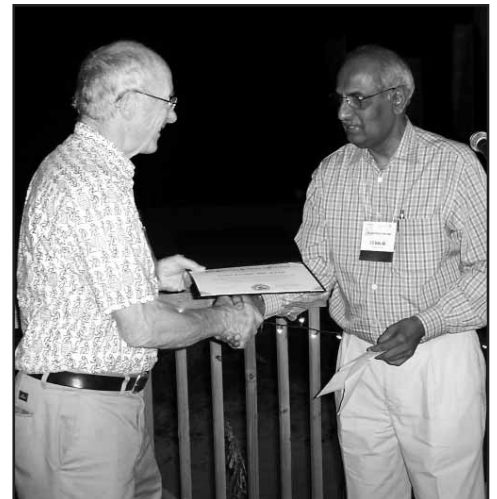
Board members Tim Stewart, MD, FAAP, Paul Amamoo, MD, FAAP, A.Z. Holloway, MD, FAAP, and V.H. Reddy, MD, FAAP, receive recognition at the Saturday night dinner for their service during the past year.



New board member and Young Pediatrician Committee member Grant Allen, MD, FAAP, enjoys a moment with Linda Stone, MD, FAAP, at the Saturday night young pediatricians gathering.



Drs. Bhagwan Bang and Iman Ibrahim take a rest after the Saturday night dinner.



Carden Johnston, MD, FAAP, accepts a Chapter Award recognizing his outstanding achievements at the state and national levels and continued contributions to the health and well-being of all children from Chapter President V.H. Reddy, MD, FAAP.

Board Member Mia Amaya, MD, FAAP, visits with UAB residents Sarah Atkins, MD, and Brooke Williams, MD, along with exhibitor Matt Price from FlexMedical.



Susie and Carden Johnston, MD, FAAP, (left) and David Glasgow, MD, FAAP, (right) enjoy the Thursday night opening reception.



Chapter Executive Board calls for BCBS clarification of physician extender payment

At its September 28 meeting, the Chapter Executive Board drafted a letter to the Third-Party Task Force of the Medical Association of the State of Alabama (MASA) supporting the American Academy of Pediatrics policy statement on retail-based clinics (RBCs) and calling for clarification of the policy on the use of, and payment for nurse practitioners (NP) and other physician extenders.

Reimbursement for physician extenders varies with insurance policies and there is no current means of quickly determining reimbursement prior to a clinical visit," wrote V.H. Reddy, MD, FAAP, in the letter to MASA. "We seek a universal policy regarding physician extenders and/or a listing of participating groups that reimburse for physician extenders to help ensure that pediatricians are on an equal footing with retail-based clinics."

At a recent meeting of the Third-Party Task Force, representatives from Blue Cross Blue Shield of Alabama expressed their own concern and interest in the recent growth of RBCs, particularly in Alabama. They applauded our efforts and assured the Task Force that they would pay close attention to retail clinics and monitor their quality and effectiveness. They expressed their concern about over-utilization of these clinics by the public, believing them to cause fragmentation of healthcare and an ultimate increase in costs. They added that collaborative agreements in effect for the clinics would be requested and reviewed by BCBS as part of this monitoring process.

BCBS representatives also pointed out that its policies pertaining to physician extenders are established in compliance with state law. In response to questions and concerns over the use of physician extenders by pediatricians and problems with non-payment for their services, they explained that any nurse practitioner or physician assistant (PA) must first be in BCBS's network, and secondly, the patient's insurance plan must include coverage provided by an NP or PA.

The co-payments for extender services are the same as for physician services and the reimbursement is a percentage of the PMD fee schedule applicable to physicians for the same services.

The representatives also stated that if the PA or NP is in its network and there is coverage, the provider should receive reimbursement for the physician extender's service, adding that BCBS has more than 1,000 procedure codes applicable to services that may be performed by NPs for which reimbursement is applicable.

The Chapter Executive Board plans to review BCBS's response at its next board meeting at the end of January for a potential response.

"Open Forum" continued from page 1

systems of care to improve quality of care, access to care, and adequate funding of children's mental health services in Alabama.

Held in collaboration with the Alabama Department of Mental Health and Mental Retardation, Alabama Department of Public Health, Alabama Family Ties, the National Alliance on Mental Illness (NAMI)-Alabama, and the Alabama Academy of Family Physicians, the open forum will offer a mix of speakers and open discussion on the following topics: the state mental health system for children, its successes and what is still needed for children's mental health; perspectives on mental health from the Alabama Department of Public Health and Alabama Medicaid Agency; telepsychiatry; other state models for improving access to child mental health services and psychiatry; children's mental health services from the residents' perspective; and a panel on reimbursement.

From the discussion, the Chapter's Committee on Mental Health will produce a white paper to distribute to lawmakers and others as we move forward.

The event will be free and will offer lunch, sponsored by Children's Health System. Registration forms will be mailed to members within the next two weeks.

We hope to see you there!

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Event Calendar At a Glance

2007

January 17-18
"Safe and Sound II:
Fostering Resiliency after the
Storm," Trauma Conference,
Mobile, AL

January 27
Chapter Open Forum on
Children's Mental Health,
Montgomery, AL

April 5
4th Annual Pediatric
Legislative Day,
Montgomery, AL

April 26 – 29
2007 Spring Meeting &
Pediatric Update, Sandestin
Golf & Beach Resort,
Destin, FL

September 7 – 9
2007 Fall Meeting, The
Wynfrey Hotel,
Birmingham, AL

Addressing infant mortality in Alabama

By Marsha Raulerson, MD, FAAP, Immediate Past President

Five hundred and sixty-one babies died in Alabama in 2005 before reaching their first birthday. 9.3 babies per 1,000 live births is an increase in our state's infant mortality for the first time since 1998 and our highest infant mortality rate since 2001.

Initial analysis of birth statistics suggests that this increase parallels the increase in low birth weight babies (babies weighing less than 2,500 grams) and also an increase in extremely low birth weight (babies weighing less than 500 grams). The mortality rate for low birth weight babies is 61.4 per 1,000 live births, compared to mortality of only 2.8 per 1,000 normal weight babies.

Infant mortality is highest for women who have neither private insurance nor Medicaid and who have no prenatal care.

Maternal risk factors for poor pregnancy outcomes include: history of a previous preterm infant, an incompetent cervix,

and chronic illness including hypertension or diabetes. Reported maternal drug usage during pregnancy (which is woefully underreported) is associated with 19.3 deaths per 1,000 births.

The March of Dimes Infant Mortality Task Force, composed of State and Regional Perinatal Advisory Council members, met in late November to explore underlying causes of our state's increased infant mortality rate. We do not know all the reasons, but we do know that it has been a nationwide trend. In 2002, infant mortality increased nationally for the first time since 1958. Since that year there has been little change. We know that approximately 20 percent of infants die from problems related to a congenital malformation or a genetic problem. However, the great majority of these infants were premature.

Over 25 years ago, the Alabama Legislature passed the Perinatal Act, which was designed to improve prenatal care and reduce infant mortality. This legislation established the State Perinatal Advisory Council (SPAC) as well as Regional Perinatal Advisory Councils (RPACs). These councils include not only medical professionals, but also community leaders who study problems associated with access to prenatal care and social issues impacting poor pregnancy outcomes locally. Regional perinatal coordinators, who also serve as perinatal educators for local providers of maternity care, facilitate the work of these councils.

The Perinatal Act was previously funded for up to 1.1 million dollars yearly and also supported follow-up clinics for high-risk newborns and regional projects designed to meet the needs identified locally. Due to a limited General Fund budget, however, the state perinatal program lost its funding three years ago. Although the perinatal coordinators are supported by the Alabama Department of Public Health, the regional perinatal committees have no funds to neither continue the Fetal and Infant Mortality Review (FIMR) nor develop projects that bring communities together to look at possible local solutions to reduce infant mortality and morbidity.

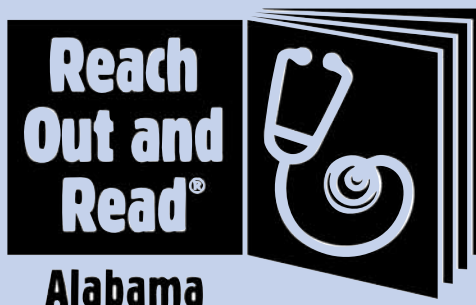
The problems causing premature births and congenital malformations are complex, including both social and biological factors. These problems are not strictly medical. We know that newborn intensive care units are now saving babies at very low birth weights; however, the technology seems to have reached a limit. If we are going to address the infant mortality problem in Alabama, we will have to involve more than just physicians, nurses, and perinatal centers. We need a community-wide effort. The Task Force has prioritized the need for fully funding the perinatal program again – to give RPACs the resources needed to conduct FIMR and plan strategies based on these reviews.



From the Coordinator

"If I begin seeing a child at birth, I'm probably going to see that child 10, 15 times the first few years of life," said A.Z. Holloway, MD, FAAP, of Adolescent and Pediatric Associates in Montgomery. He said that one of the important benefits of the program is strengthening the parent-child bond through the simple act of reading together. Another is word exposure – the more words children are exposed to in the early years, the better the chance they'll develop a good vocabulary and have more success at school."

– Adapted from a November 7 *Montgomery Advertiser* article on Reach Out and Read



Research findings from many published studies show that Reach Out and Read (ROR) is effective (www.reachoutandread.org/about_summary.html). Compared to families who have not participated in ROR, parents who have received the ROR intervention are significantly more likely to read to their children and have more children's books in the home. Most importantly, children served by the ROR program show an increase of four to eight points on vocabulary tests. For a two-year-old child, this increase represents an approximate six-month gain, developmentally speaking, preventing the "falling behind" observed and measured in low-income children.

Because of our exposure and networking in the Montgomery area, we have been successful in obtaining grants from Target (\$2,000) and the Central Alabama Community Foundation (\$5,000). These monies will be distributed to all existing and new ROR sites in Montgomery, Macon and Lowndes counties for book purchases.

Additionally, we thank the following funding partners, Dove Family Foundation (\$1,500) and Keith Sabel of Sabel Industries in Montgomery (\$2,500), for their contributions to the ROR program at Dothan Pediatrics. These donations will help the practice continue to distribute books and anticipatory guidance messages to over 3,700 children each year.

We also congratulate V.H. Reddy, MD, FAAP, on winning the basket raffle at the Annual Meeting in Sandestin. Over \$700 was raised to support ROR-Alabama and our continuing efforts to expand the number of sites statewide. Many thanks go to the Hilton Sandestin Beach, St. Jude

Children's Research Hospital and the Alabama Birth Defects Surveillance Program for their contributions to the basket.

I am also pleased to report that a recent Scholastic Book Fair held at Children's Hospital raised more than \$900 for the UAB newborn follow-up clinic's ROR program!

Finally, we welcome the following new program sites: Children's Hospital T-Tot/Adolescent Clinic, University of Alabama at Birmingham, Huntsville Regional Department of Pediatrics, Mostellar Medical Center Pediatrics, Greenvale Pediatrics at Alabaster, and the Pediatric Department of Alabama Multi-Specialty Group.

To begin the application process for an ROR program in your office, visit www.reachoutandread.org. I am also available to provide you with more information on ROR or to assist you in any way; please contact me at (205) 223-0097 or at roralabama@charter.net.



Reach Out and Read-Alabama receives 50,000 free books

Reach Out and Read (ROR)-Alabama has been selected as one of five state ROR coalitions in the United States to receive 50,000 books from Scholastic Book Clubs ClassroomsCare.

"This is a tremendous honor and huge contribution to our program," said Polly McClure, Statewide Coordinator of ROR-Alabama. "At \$2.75 a book, this translates to a value of \$137,500 in books!"

Through the generosity of Children's Health System in Birmingham, the books will be stored at a CHS site and distributed to ROR sites across Alabama during the first half of 2007. Currently, there are 35 clinical locations participating in ROR across the state, serving over 28,000 children and distributing over 46,000 new books each year.

ClassroomsCare is a philanthropy-based literacy campaign designed to teach children about the joys and importance of reading and giving. From the beginning of school through December 31, 2006, students all across the country will read 100 books and in turn, Scholastic Book Clubs, a division of Scholastic, the global children's publishing and media company, will donate 100 books to disadvantaged children nationwide. ROR is one of four literacy partners that will receive and distribute books to children in under-served communities across the U.S.

– Polly

Alabama Chapter – AAP Mission, Values and Vision Statement

Mission:

The mission of the Alabama Chapter of the American Academy of Pediatrics is to obtain optimal health and well-being for all children in Alabama, and to provide educational and practice support for its membership so the highest quality of medical care can be achieved.

Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

Children must have strong advocates for they have no voice of their own.

Pediatricians are essential to achieving optimal child health.

The work of pediatricians, and the profession of pediatrics, must endure and grow ever stronger.

Vision:

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

PROS (Pediatric Research in Office Settings) – Making a Difference in Pediatrics

By Marc Starer, MD, FAAP, Chapter PROS Co-Coordinator

Twenty years ago, the American Academy of Pediatrics (AAP) envisioned a forum for pediatric research that would directly involve the primary care pediatrician. PROS, or Pediatric Research in Office Settings, was borne of that vision.

More than 1,700 pediatric practitioners participate in PROS in more than 600 practices in 49 states, Puerto Rico and Canada. PROS membership is teamed with a dedicated research staff at the AAP headquarters in Elk Grove Village, IL and research consultants from around the country.

In Alabama, over 25 pediatricians and pediatric nurse practitioners have signed on to PROS. Included among our many excellent PROS practitioners is V.H. Reddy, MD, FAAP, our Alabama Chapter-AAP President. The state coordinators for Alabama, D.J. Anagnos, MD, FAAP, with Pediatric Care Group in Montgomery and Marc Starer, MD, FAAP, with Greenvale Pediatrics in Alabaster, are primary care pediatricians and PROS volunteers. They meet with coordinators from other states twice per year to help refine studies that are “under construction.” They also work with PROS to promote these studies in Alabama once they are ready to roll out to the pediatric offices.

Locally and nationally, PROS practitioners have collected data on issues important to those of us in office practice. Past studies have looked at newborn discharge, vision screening, febrile infants, child behavior, female puberty, immunization practices, asthma management, violence prevention and child abuse recognition. Upcoming studies will look at childhood obesity, smoking cessation, male puberty and prevention of errors in primary care. By participating in these studies, PROS members are on the cutting edge of knowledge important to the pediatric practitioner.

More than 50 articles have been published in high-impact, peer-reviewed journals based upon data collected by PROS practices, such as the recent article in *Pediatrics* (March 2006;117 : 787-795) by Bergman describing office-based research on the febrile infant. PROS results even reach the lay media such as the *Time* magazine article on puberty in girls. The information derived from these studies are also used to shape AAP policy and practice guidelines relating to the care we deliver in our offices. Active participation in these studies can be very fulfilling and educational.

To begin to make a difference in how you practice pediatrics, sign on as a PROS practitioner. If you would like more information about PROS, visit the PROS website at www.aap.org/pros and click on the hyperlink “About PROS” or send an e-mail to Dr. Anagnos at djanagnos@prodigy.net or Dr. Starer at marc.starer@chsyst.org.



“From the President” continued from page 1

mortality rate, which rose in 2005. The Chapter board has also advocated for a day care entry requirement in Alabama for the administration of Prevnar. We continue to stress the need and importance of immunizations at the appropriate ages. And of course, we look forward to working on child health issues, particularly funding for Medicaid, in this next General Session of the Alabama Legislature, which will begin in early March.

Together as one voice, our Chapter members can accomplish great things.

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Cole awarded CATCH grant



Congratulations to Chapter Member Jennifer Cole, MD, FAAP, Assistant Professor with the University of South Alabama College of Medicine Department of Pediatrics, who was recently awarded an AAP

Community Access To Child Health (CATCH) Planning Funds grant, which will be used to plan an asthma control community partnership based on the national BreathMobile outreach model.

A self-contained mobile clinic operated by USA Department of Pediatrics and staffed by a physician and a specially trained healthcare team, the USA BreathMobile visits public schools to provide specialized health care, comprehensive asthma education, and instruction on the use of inhalers and other medications to children with asthma or recurrent respiratory problems.

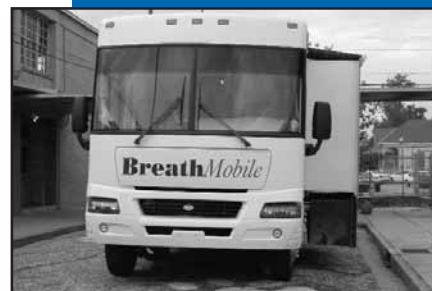
"The care provided by these mobile asthma clinics has been shown to be more effective, more efficient and less costly than that provided by fixed clinics," Dr. Cole said. "USA is the first site in the Southeast to offer this novel, effective

approach to the treatment of childhood asthma."

Since September 2006, nine schools are involved and more than 50 students have been admitted to the program, which uses a sophisticated electronic medical record and case management program. Care coordination and disease management services are provided for patients with poor control, for families facing barriers to care, and for those requiring a more in-depth understanding of their treatment plans.

"The CATCH grant will be used to broaden our community collaboration with parent groups, school nursing staff, the school system and community organizations," Dr. Cole explained. "Our outreach has already benefited from the commitment of volunteers in our Pharmacy and Cardiorespiratory Care departments, local volunteer respiratory therapists, and our American Lung Association asthma educator. A portion of these funds will allow us to strengthen these relationships and the BreathMobile program itself through planning meetings and needs assessments."

Kudos, Dr. Cole!



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MED
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TIP #9

Know their approach to protecting physicians.

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

Get proper care.

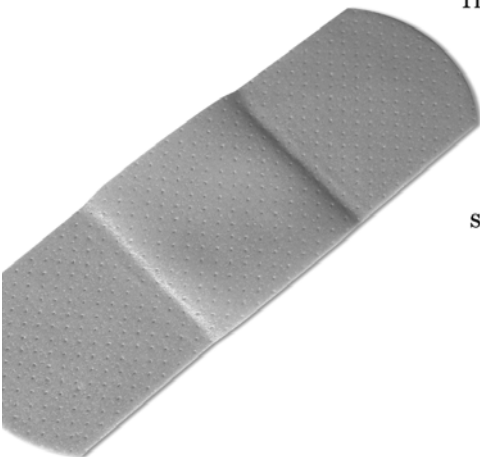
ProAssurance Group has led in the defense of physicians for over a quarter of a century. Our strong record of personalized service and number of cases tried to verdict are testaments to our long-term commitment: to help good physicians keep practicing good medicine.

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

Carden Johnston honored as recipient of the AAP Holroyd-Sherry award

Carden Johnston, MD, FAAP, past president of both the Alabama Chapter-AAP and the American Academy of Pediatrics (AAP), was honored at the AAP's National Conference and Exhibition as the 2006 recipient of the AAP's Holroyd-Sherry award, which recognizes an Academy member whose work in the areas of advocacy, legislation, research, and outreach in professional and public venues has focused attention on media's effects on children and adolescents.



District X Chair John Curran, MD, FAAP, and Chapter President V.H. Reddy, MD, FAAP, with Carden Johnston, MD, FAAP, center, after his award presentation.

The AAP Committee on Communications (COCOM) chose Dr. Johnston for this award based on his extensive work as an educator, researcher, author and innovator.

"Your tireless efforts and dedication on behalf of children and adolescents is exemplary, and your career serves as a wonderful role model for all pediatricians concerned with the impact of media on children's health," wrote Donald Shifrin, MD, FAAP, Chair of the COCOM.

"Carden has certainly been a role model for all pediatricians in Alabama, and continues to be a voice for the children in our state at the state legislative level, as well as at the national and international levels," said V.H. Reddy, MD, FAAP, Chapter President. "He is most deserving of this award."

Chapter board advocates for day care entry requirement for PCV

In early November, the Chapter Executive Board sent a letter to the Alabama Department of Public Health advocating that Pneumococcal Conjugate Vaccine (PCV-7) be added to the state's required list of vaccines for day care entry. Since it gained approval by the FDA, the vaccine has been included in the routine immunization schedule of the AAP and has been used widely by pediatricians.

"By requiring these vaccines for school entrance, we can insure that many more children will be covered against life-threatening diseases," said V.H. Reddy, MD, FAAP, Chapter President. "Not only do we see a decline in morbidity and mortality but there is also a decrease in medical costs for treating this life-threatening disease."

At this time, the state's vaccination rate against invasive pneumococcal disease is 58 percent for the fourth dose of PCV-7.

"Placing this vaccine on the childcare immunization requirement list would certainly raise this rate significantly," Dr. Reddy said, adding that the board is currently awaiting a response from the Department of Public Health.

Jefferson County shines in latest NIS

Kudos to our pediatricians and other primary care providers in Jefferson County for ranking #1 on the Centers for Disease Control and Prevention's annual National Immunization Survey (NIS) for 2005 in terms of highest estimated immunization coverage – 84.5 percent – of urban areas surveyed.

"Our pediatricians in Jefferson County are to be commended on this excellent immunization rate," said V.H. Reddy, MD, FAAP. "This is a wonderful testament to the hard work of the pediatricians in that area and is good public relations for our state."

Expanded newborn screening update: Two new tests

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

We have just added two more tests to our panel. We are now screening for isovaleric acidemia and glutaric acidemia type I. Isovaleric acidemia usually presents like a "typical" organic acidemia with illness in the first few days of life (although later presentations are possible for all of these disorders) with metabolic acidosis, maybe an increased anion gap. These children have a sweaty sock odor (also seen with another organic acidemia, glutaric acidemia type II). Patients with glutaric acidemia type I may be well for months and years but if they do have an episode of metabolic decompensation, they are left with a profound movement disorder which is totally disabling and not very treatable. We will be working on appropriate cutoffs for both, so please be patient with us and let me know if there are problems. The best way to reach me is through the nurse for expanded newborn screening follow-up: Phaidra Floyd-Browning at (205) 996-6983.

Peds-to-Schools update

The Peds-to-Schools obesity project, in which physicians are being paired with local schools to provide a nutrition and physical activity inservice to teachers and staff this school year, has been running well, although some pediatricians are still waiting on calls from their local schools. Please know that both the Department of Education and the Alabama Association of School Nurses have made contact again with the local school nurses and, in some cases, food service staff, to continue to match schools to physicians.

In addition, some counties still have a need for volunteers:

Electronic Prior Authorization (EPA)

Did you know? In December 2004, the Alabama Medicaid Agency implemented its Electronic Prior Authorization (EPA) Program. The EPA is a valuable tool that reviews patient-specific claims history to determine if medical and pharmacy prior use requirements are met when a claim is submitted. If, at the pharmacy point of sale, it is determined that all criteria are met, the request is approved, the claim is automatically assigned an authorization number, the pharmacy will receive a claim approval within seconds, and no manual prior authorization (PA) request will be required. If the PA criteria are not met, a message is returned to the pharmacy indicating a manual (paper or online) request is needed.

Electronic PA results in a reduction in workload for our providers because the claim is electronically approved within a matter of seconds with no manual PA request required.

Some possible reasons for an electronic denial:

- Patient does not meet clinical criteria based on available claims history
- Units dispensed are over 100 percent of the maximum quantity limits
- Previous PA issued and still in effect with a different NDC
- Recipient is a new Medicaid-eligible and no claims history exists

Please direct policy questions to the Medicaid office at (334) 242-5050. Questions concerning prior authorization denials/approvals should be directed to Health Information Designs, Inc. at (800) 748-0130.

CATCH grants applications sought

The American Academy of Pediatrics is pleased to announce the fifth cycle of the Community Access to Child Health (CATCH) Implementation Funds Program. The program supports pediatricians in the initial and/or pilot stage of developing and implementing a community-based child health initiative that promotes medical homes and access to care. A pediatrician must lead the project and be involved in proposal development and project activities. Priority will be given to projects serving communities with the greatest demonstrated health care access needs and health disparities. Strong collaborative community partnerships and future sustainability of the projects are encouraged. Grants are provided in amounts from \$2,500 to \$10,000 for pediatricians to initiate innovative, community-based proposals to increase children's access to health care. In addition, grants of \$3,000 are available to residents grant projects (planning or implementation). The grant cycle starts Nov. 1, 2006, with an application deadline of Jan. 31, 2007.



Apply Now! To begin an application go to www.aap.org/catch/funds/ and enter your AAP ID number and password. *Only applications submitted online will be considered for funding.*

For additional information and technical assistance, visit www.aap.org/catch/implementgrants.htm or contact your Chapter CATCH Facilitator, Jennifer Cole, MD, FAAP, at (251) 434-3971 or jcole@usouthal.edu, or the CATCH Program by e-mail at catch@aap.org, or (800) 433-9016, ext. 4916.

NEWS FROM PUBLIC HEALTH

Prevent senseless deaths and injuries on ATVs!

All-terrain vehicles (ATVs), although seemingly a lot of fun, can also be very dangerous and put our children at risk of injury or death. The Alabama Child Death Review System (ACDRS) has reviewed 30 deaths of children and adolescents ages two through 17 on ATVs for the years 2000 through 2005. Eleven of those 30 children were passengers who were riding with someone else. Five of those deaths were of children 10 years of age or younger. Helmet use was documented in only two of the 30 case reviews. Cases from 2004 and 2005 are incomplete; therefore, those numbers do not reflect all of the ATV-related deaths in the state. Injuries resulting from ATV accidents far outnumber the deaths.

ATVs require considerable skill, strength, coordination and size to operate. The Southeast Child Safety Institute recommends that children not be allowed to operate an ATV until they are at least 16 years old. Yet, of the 19 child ATV driver deaths reviewed, 15 were 15 years of age or younger and the three youngest child operators to die were all age 11.

Alabama prohibits the operation of ATVs on public roads, but that is the sole legal restriction in our state. Currently, there are no state requirements regarding safety training or equipment, age restrictions or licensing. Legislation has helped reduce the number of deaths and injuries in other jurisdictions where these requirements have been enforced.

The ACDRS recommends that a number of steps be taken to protect children's safety. These include mandatory registration of all ATVs; requiring a license to operate an ATV, with a minimum age of 16 years; requiring training course completion for all operators; and requiring safety equipment such as helmets, goggles, a face shield, boots and gloves for all riders.

In general, it is safest for parents to prohibit their children under 16 from operating ATVs. If a child is permitted to operate one, however, careful consideration should be given to whether or not he or she has the necessary strength, skill and maturity to operate the specific machine in question. At the very least, unsupervised children should not be allowed to ride on or operate an ATV – no matter what its size.

The ACDRS has a new ATV Safety brochure that highlights all of these concerns. We recommend that all pediatricians display the brochures in their offices so that they are available to parents statewide. To receive free copies of the brochure, e-mail the ACDRS at hinds@adph.state.al.us or call (334) 206-2953.

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Bullock, Butler, Chilton, Clarke, Coffee, Covington, Dale, DeKalb, Hale, Lawrence, Limestone, Marengo, Marion, Pike, St. Clair, Talladega, and Walker. If you are in one of these counties and are interested in volunteering, please download the Peds-to-Schools application at www.alchapaap.org/pedstoschools.pdf and fax it to the Chapter office at (334) 269-5200.

Influenza vaccine supply update

This year's flu season began with frustration for pediatricians and other primary care providers across the country, with supply orders coming in phases as the season kicked off with a sluggish start due to a three-week delay in FDA clearance of vaccines for new strains, according to Sanofi Pasteur, maker of Fluzone®.

The Alabama Chapter-AAP, as well as the American Academy of Pediatrics, voiced these frustrations to Sanofi Pasteur representatives, who communicated with us openly and looked into several specific situations in which pediatricians had not received their first shipment of vaccine.

In late November, Sanofi Pasteur announced that it had completed shipping 50 million doses of Fluzone to the U.S. market, fulfilling its original production plans for this season. In response to customer demand, Sanofi Pasteur has been able to produce additional influenza vaccine, more than it had originally projected for the season. The company will continue to produce approximately 3-4 million more doses this year for delivery in December, and company representatives encourage primary care providers to continue administering the vaccine through January and February.

"The problem is in the pre-booking process itself," said Grant Allen, MD, FAAP, of Florence. "In just a matter of a couple of hours, with three computers logged on and two phone lines, we could not get through to book at all and pre-booking was closed."

Sanofi Pasteur intends to change this process next year with an expanded pre-booking window. Practices should expect to hear from their representatives after the first of the year with details on this new process.

Chapter grows efforts to reach third-party payors

In the past year, the Child Health Financing Committee, chaired by Butch Goldblatt, MD, FAAP, has grown to include new members from across the state and institute regularly face-to-face meetings with Blue Cross Blue Shield of Alabama (BCBS) to review specific reimbursement issues.

Some of the issues discussed in the past year have included reimbursement of ADHD (discussion continues) and immunizations such as Rotateq, the flu vaccine and the Hepatitis A vaccine (i.e. as of October 1, PEEHIP Blue Cross is paying for Rotateq and Hepatitis A vaccine, although federal Blue Cross is still not paying for Rotateq; BCBS PMD is also paying for the flu vaccine for all children five and under without any other complications and all ages if a high-risk diagnosis is present.

In addition, the Chapter continues regular communications with Alabama Medicaid. Thanks to the Executive Board's efforts and those of some of the member practices of the committee, in October, Medicaid put Tamiflu and Relenza on the Preferred Drug List (temporarily; the agency revisits this decision each season) with no prior authorization needed.

Additionally, the Practice Management Association has established a Third-Party Payor Committee, which will be working in concert with the Chapter committee.

If you have specific reimbursement issues that you would like for the Chapter to explore, please email Dr. Goldblatt at goldblatte@aol.com or Linda Lee, APR, Chapter Executive Director, at llee@aap.net.

Alabama Medicaid recipient ID numbers to change in January

Governor Riley signed Act 2006-611 into law which prohibits revealing the Social Security (SSN) number of a person on any document for public inspection. Since the Alabama Medicaid Recipient ID number is based on the SSN, all of the current IDs will be converted to a new number. The new ID number will be the same length as the old number (13 digits including a check digit). The system conversion of these numbers will occur between Jan. 13 and 15, 2007, after which new identification cards will be mailed to all eligible recipients over a two- to four-week period.

Since the old ID number will eventually be phased out, it is important that providers begin updating their records as recipients present their new ID cards. After obtaining the new ID number, providers should begin using it for claim submission and eligibility/claim status inquiries. Even though all recipients will receive a new ID number, the old ID number may still be used for all claims and transactions submitted to Alabama Medicaid. This will be allowed until the old ID number is phased out. Providers will be given significant advance notice before the old number is eliminated. Remember to always check eligibility before rendering services.

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