



The Alabama Pediatrician

Fall 2008

From the Chapter President Medicine and Politics



A.Z. Holloway, MD, FAAP
Chapter President

With a presidential election in full swing and two outstanding tickets, we stand on the threshold of possibly another eight-year administration. I am happy, as I am sure many of my pediatric colleagues are, that health care is one of the hot topics in this

election.

Several years ago, a book entitled *The Social Transformation of Medicine* pointed to the fact that a big slice of the nation's gross national product goes to health care. Health care as a whole is big business. Because health care is a business, what is best for the public's health and what's best for the bottom line are not always one and the same.

We as pediatricians have a big voice, not only with our individual votes, but also with our standing in our communities.

Members of the Alabama Chapter-AAP must realize that politics, business and healthcare are forever intertwined. Therefore, we as community leaders must be involved.

An example of this is the group of pediatricians who participated in the recent *Step Up 4 Kids* rally on the steps of the state capitol, challenging the public to vote for candidates who will invest in children.

Let's get involved in this national election as well as in the local and state elections coming up. Let your voice be heard! Speak up for the health of not only children, but *all* Americans.

Voting AAP Fellows: Don't forget to vote!

It's that time of year again: national AAP election time! Let's get all Alabama Voting Fellows to the "polls" and let our voices be heard; cast your ballot between now and October 1 (2 p.m. central time for electronic ballots). The election encompasses the office of national president and several district offices, including District Chair and District Vice Chair. The Alabama Chapter is honored to have our own Linda Anz, MD, FAAP, of Opelika, a long-time leader of the Chapter and District, on the ballot as the incumbent for District Vice Chairperson.

To access District candidate bios, go to <http://www.aap.org/moc/vp/distcandbios.htm> (NOTE: we are District X).

To access bios, position statements and Q&A's on the presidential candidates, go to <http://www.aap.org/moc/vp/eleclink.htm>.

And finally, to cast your electronic ballot, go to this link: <https://www.directvote.net/AAP/login.aspx?ReturnUrl=%2fAAP%2fdefault.aspx>.

On behalf of the AAP, many thanks!

Chapter successfully launches early oral health assessment initiative

Medicaid approves payment to PCPs for dental codes

After a year of collaboration and planning, the Chapter, together with the Alabama Academy of Pediatric Dentistry (through our oral health representative, Ric Simpson, DMD) has successfully worked with the Alabama Medicaid Agency to add coverage of oral health risk assessment and fluoride varnishing in the pediatric medical home for children from six months to three years of age.



Effective January 2009, Medicaid will pay primary care providers who have been trained in oral health risk assessment for dental codes D0145 (oral exam <3 years old, counseling) and D1206 (topical fluoride application) under certain limitations.

"There is mounting evidence to prove that the incidence of dental caries can be reduced by having children six months to 36 months assessed by their pediatric provider and a fluoride varnish applied during routine pediatric visits. Results from North Carolina have indicated a 39 percent reduction in caries in anterior teeth by having these services available," explained Dr. Simpson, who worked to formulate the policy and garner the endorsement of the state's dental community.

"Working in tandem with the Oral Health Coalition, the goals of this program, which we are calling '1st Look,' are to improve awareness of early childhood caries (EEC); increase early prevention education, enlarge the dental referral provider base

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Look for reports of the 2008 Fall Meeting
in the next issue of *The Alabama Pediatrician!*

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Alabama Chapter – AAP**Mission:**

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

Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

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

Pediatricians are essential to achieving optimal child health.

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

Vision:

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

Chapter approaches payors through Pediatric Council

As part of the Executive Board's strategic plan to improve communications with third-party payors, and following a successful model of other state chapters of the American Academy of Pediatrics (AAP), the Alabama Chapter has begun a Pediatric Council to identify areas of common interest between pediatricians and payors to improve access to and coverage for quality children's healthcare in our state.

This group began meeting this summer on a quarterly basis to bring together Chapter members (appointed from the previous Child Health Financing Committee), the Practice Management Association and the medical directors/network representatives of Blue Cross Blue Shield, Medicaid and ALL Kids. Unlike our previous Child Health Financing committee, the format for this group is educational, with pediatricians providing one or two mini-sessions at each meeting on issues impacting the delivery of pediatric services, such as vaccinations, well-child visits, medical home and developmental issues, and then working together in a spirit of collaboration to address issues related to the topics covered.

"Our goals are to improve two-way communication and provide a deeper understanding of pediatric needs," said A.Z. Holloway, MD, FAAP. "We hope that these discussions lead to more appropriate coverage for pediatric services, with a special focus on prevention and the medical home."

At its first meeting on Aug. 7, through a presentation on the Bright Futures periodicity schedule, the Pediatric Council advocated for coverage of the new AAP-recommended 30-month well-child visit, annual well-child visits from age six through 18, and clarification of the benefit year for annual well-child visits by Blue Cross. Individual Pediatric Council members are following up with the payors on each of these issues.

The Chapter Executive Office is also working on a hassle factor form, which individual Chapter members can complete and turn in, so that the Council can track and advocate for issues on behalf of member pediatricians. Stay tuned for more details on this process. Meanwhile, if you have any suggestions for the Pediatric Council, please email them to the Chapter office at llee@aap.net.

Additionally, the Pediatric Council and Executive Board is devising a plan to increase awareness about the importance of the pediatric medical home and preventive care among employers who negotiate health insurance plans and the public at large.

"Oral Health" continued from page 1

and reduce the incidence of dental caries," added Mary McIntyre, MD, Medical Director at Medicaid, who has served on the project from Medicaid's perspective.

"Without a doubt, '1st Look' will improve oral health in our youngest Medicaid recipients, preventing future disease and costly treatments down the road. It makes good sense to add this to our services for children in Alabama," said Carol Steckel, Medicaid Commissioner.

This approval makes Alabama the 23rd state in the United States to have such a program, according to the American Academy of Pediatrics' (AAP) Oral Health Initiative.

Pediatric providers, along with any clinical staff in their offices who will be applying the varnishes and performing risk assessments, will have to complete the AAP's "The Oral Health Risk Assessment Training Program for Pediatricians and Other Child Health Professionals" and pass the post-test in the module. The training includes oral health risk assessment, education on performing anticipatory guidance/counseling, demonstration of fluoride varnish application, and information on recommendations for a dental home.

The Chapter will work with the AAPD to provide training opportunities; the first of these is being held at this Annual Meeting. Lists of "passed" providers, who will be deemed by Medicaid as *1st Look providers*, will be sent by the training organizations (AAP, AAFP, etc.) to Medicaid so that their provider numbers will be flagged in the Medicaid system.

Medicaid will be sending out a provider alert closer to January to outline the limitations and other specifics of the policy.

Additionally, the Chapter will be working to promote such a program to other payors.

For more information, contact the Chapter office at lchampionaap@knology.net.

Chapter election results in, new slate announced

The 2008 Chapter elections results have been tallied, with all nominees voted in as follows: Wes Stubblefield, MD, FAAP, of Auburn, was elected as Area 4 Representative (2008-2011); Mendy



Wes Stubblefield, MD



Mendy Blakeney, MD



Pippa Abston, MD



Michael Ramsey, MD

Blakeney, MD, FAAP, of Montgomery, was elected as Area 5 Representative (2008-2011); and Pippa Abston, MD, FAAP, of Huntsville, was elected to serve a three-year term as Nominating Committee member (2008-2011).

In addition, Michael Ramsey, MD, FAAP, was elected to complete the remaining 2007-2009 term of Secretary/Treasurer, which he assumed on July 1, 2008.

“I look forward to another productive year working with each of these pediatricians, who, by accepting these positions, will contribute to our efforts to improve pediatrics and child health in Alabama.” Dr. Holloway said.

Roundtables improve mental health linkages for pediatricians

As part of the Chapter’s 2008 mental health grant from the AAP, *Strategies for System Change in Children’s Mental Health*, pediatricians in four locations of the state – Florence, Opelika, Selma, and Dothan – joined forces with mental health providers in their areas for networking forums this summer in order to improve linkages and identify referral resources. Coordinated as a collaboration between local key pediatricians and their community mental health centers, these roundtable dinner meetings brought together pediatricians, community mental health center professionals, psychiatrists, early intervention professionals, and others serving the needs of children and families, as well as family members themselves.

“Prior to each session, local community service providers completed a community resource information form that catalogued the services provided by their specific program, contact information, linkage requirements for pediatricians, and preferred insurance accepted by their agency,” said Linda Champion, project coordinator, who then compiled all of the agencies’ information into local mental health resource directories, which are now available for the four areas on the Chapter web site (under mental health resources).

Likewise, the local pediatricians completed pre-meeting surveys to identify specific needs, which were addressed at each of the roundtables.

“Many of the attendees commented on how helpful it was to meet face to face to begin networking,” said Grant Allen, MD, FAAP, who served as the lead pediatrician at the Shoals roundtable. “The very next week I needed to talk with a patient’s probation officer and she was so excited that we were putting into practice the improved communication we had discussed at the roundtable!”

At each session, next steps were strategized, including local children’s mental health email groups; re-categorizing the resource directories by diagnosis and insurance accepted; continued meetings with community mental health centers; future educational sessions on HIPAA; legislative advocacy; and improved systems for pediatric referral coordinators to communicate with service providers, among others.



Loffi Bashir, MD, FAAP, left, networks with Diane Abernathy of ALL Kids and Timothy Baltz, MD, psychiatrist, at the Selma roundtable in July.

Effective Oct. 1, 2008, the 2008-2009 Executive Board and Nominating Committee members are as follows:

- President – A.Z. Holloway, MD, FAAP
- Vice President/President-Elect – J. Wiley, MD, FAAP
- Secretary/Treasurer – Michael Ramsey, MD, FAAP
- Immediate Past President – V.H. Reddy, MD, FAAP
- Area 1 Representative – Tim Stewart, MD, FAAP - Huntsville
- Area 2 Representative – Grant Allen, MD, FAAP - Florence
- Area 3 Representative – Joseph Jolly, MD, FAAP - Birmingham
- Area 4 Representative – Wes Stubblefield, MD, FAAP - Auburn
- Area 5 Representative – Mendy Blakeney, MD, FAAP - Montgomery
- Area 6 Representative – Jennifer Cole, MD, FAAP - Mobile
- Nominating Committee Members – Sara Smith, MD, FAAP, Chair
Bill Whitaker, MD, FAAP
Pippa Abston, MD, FAAP

strength \strenth\ n

1: the quality of being strong: ability to do or endure

2: toughness, solidity 3: power to resist attack

4: intensity 5: force as measured by numbers

we need you to help give them strength!

The Vaccines for Children Program is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are on Medicaid, are uninsured, are underinsured, or are American Indian or Alaskan Native.



Alabama Department of Public Health
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Developmental screening pilot study results released; statewide spread to begin

The results are in from the pilot study conducted in three Alabama pediatric practices earlier this year as part of the *Alabama Assuring Better Child Health and Development Screening Academy (ABCD)* grant project, in which the Chapter has partnered with other state organizations.

As one of 21 states provided technical assistance by the National Academy on State Health Policy to improve policy and protocols for the use of standardized developmental screening tools, Alabama convened pediatricians and representatives from Medicaid, Public Health, Mental Health, and Alabama's Early Intervention System in 2007 to begin this process under the umbrella of the Alabama Partnership for Children's *Blueprint for Zero to Five* initiative.

From January to March 2008, a pilot study was conducted in three pediatric practices – Anniston Pediatrics, Blancher & Stadther, PC, of Mobile, and Valley

Pediatrics – to evaluate universal assessment of delayed development using a standardized tool (Ages & Stages Questionnaire) during well-child visits at intervals recommended by AAP policy: nine, 18, 24 and 48 months.

The study was compared to baseline data from the same sites during the same period in 2007.

During the baseline period, standardized screening rarely occurred. During the study, screening increased from 4 percent to 78 percent. In addition, referrals for children with delayed development increased from 5 percent to 11 percent.

“Using the ASQ has definitely increased our detection of possible developmental problems in our patients,” said Lewis Doggett, MD, FAAP, of Anniston Pediatrics. “We have increased the number of referrals to early intervention with the majority of referrals being eligible for services.”

The pediatricians also cited increased

parental involvement.

“I have noticed many parents become much more involved with and knowledgeable about their children's development,” added Madeleine Blancher, MD, FAAP. “I tell them to take the completed ASQ home and use the milestones on it as a guide for playing with their children. When they return for their next check-up, the parents ask for the screener and are excited about the improvements their children have made.”

The study also showed increased use of the code 96110 (developmental screening, limited), for which Medicaid and ALL Kids have established policies through this initiative.

The goals of the ABCD team are to now inform pediatricians statewide about the pilot data, selection and use of standardized screeners, pilot practice successes and protocols, and coding. Stay tuned for more information, which will be mailed to you later this fall!

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Chapter-ADPH task force conducts state perinatal drug study

By Marsha Raulerson, MD, FAAP

The State Perinatal Advisory Committee (SPAC) exists to improve pregnancy outcomes with reduced infant morbidity and mortality. Due to statewide concerns over increasing substance use during pregnancy, SPAC appointed a joint Perinatal Drug Abuse Task Force of the Alabama Department of Public Health and the Alabama Chapter-AAP two years ago. The goal of the task force is to better identify the problem and to suggest directions Alabama should take in tackling substance abuse among pregnant women.

The initial step was to design and conduct a study to quantify the extent of maternal drug use. This summer, urine was collected from 500 women in prenatal care from all geographic areas of the state, including urban, suburban and rural areas. Russell Kirby, PhD, Professor at the University of South Florida College of Public Health (formerly with University of Alabama at Birmingham School of Public Health) is analyzing the data at this time.

Preliminary data show that of the 489 pregnant women with lab results, 13.7 percent were positive for at least one illicit drug. Race was not a factor, nor was maternal age. However, parity greater than four had the highest incidence (19.4 percent) as did mothers whose care was paid for by Medicaid (20.1 percent). Rural mothers had twice the incidence of urban moms (20.5 percent vs. 10.0 percent). Specifically, 6.2 percent (45.3 percent of those who tested positive for any drug) were positive for marijuana and 5.8 percent (42.3 percent of those who tested positive for any drug) were positive for opiates. Cocaine or amphetamines were found in less than 1 percent of the results.

This study shows that substance abuse is a major problem affecting at least 8,000 pregnant women a

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Chapter partners with other state organizations to launch ATV safety awareness campaign

By Kathy Monroe, Chair, Injury Prevention Committee

The Alabama Chapter-AAP, through its Injury Prevention Committee, joined forces this summer with Children's Hospital, the Alabama Department of Public Health's (ADPH) Child Death Review Team and Injury Prevention Division, VOICES for Alabama's Children, Safe Kids and Injury Free Kids Coalition to kick off an all-terrain vehicle (ATV) safety awareness campaign to inform the public and policymakers about the dangers of ATV use among children.

The campaign was the product of several months of planning during this year's legislative session as a strategic effort to begin building momentum behind this issue for future years' legislative advocacy efforts.

Armed with the simple "no children under 16 on ATVs" message underpinning the American Academy of Pediatrics' (AAP) guidelines on ATV use, the campaign began with the distribution of Children's Hospital-produced ATV education posters to members of the Chapter's Practice Management Association and school nurses throughout the state. The posters pointed to the increasing numbers of ATV-related injuries in the state and outlined the AAP guidelines. In addition, Children's paid for an animated version

of the poster to be displayed before the movies at Rave Motion Pictures in Birmingham during a 16-week period this summer. This message will be repeated during the months of November and December, which we hope will discourage parents from buying ATVs for their children for Christmas.

In addition to the poster efforts, the partners kicked off a media awareness campaign on July 10 with a satellite news conference at ADPH in Montgomery. Nan Frascogna, MD, FAAP, and our President A.Z. Holloway, MD, FAAP, both represented the committee at this event, which was picked up by several local news stations and more than two dozen newspapers across the state. This prompted further interviews, as well as a positive "reply" Letter to the Editor from a Montgomery ATV retail outlet.

Dr. Frascogna also wrote a letter to the editor, which was mass-distributed to newspapers across the state and appeared in *The Birmingham News*. Additionally, we were pleased to work with the Alabama Rural Electric Association, which ran an ATV safety article in their August issue of *Alabama Living*, which goes to 376,000 rural households in Alabama!

Other items we are still working toward include a strengthened graduated teen driver license law as well as future ATV legislation. We appreciate any input from Chapter members!

Safe@Home

ATV SAFETY

Injuries and deaths among children are on the rise. Parents should act

Alabama is one of only three states that does not have a law specifically targeting all-terrain (ATV) and other off-road recreational vehicle safety. Yet most of us have personal knowledge of a least one person who has been either injured or killed in an off-road vehicle accident.

ATVs are three- or four-wheeled machines specifically designed for off-road travel. Bigger and faster ATVs have been introduced to the market during the past decade, and several companies have introduced powerful "mule" vehicles and golf carts. Consequently, deaths and injuries from accidents involving these vehicles have increased substantially in every age group.

Most ATV injuries occur due to driver inexperience, excessive speed and lack of helmet use.

- In 2005, children accounted for nearly one-third of all ATV-related injuries.
- A national case-control study estimated that ATV drivers aged 15 or younger were nearly 4 times as likely as older drivers to be injured.
- In 2005, the economic cost associated with ATV-related deaths in children, which does not include the costs associated with ATV-related injuries, totaled more than \$720 million.
- In fact, Children's Hospital of Alabama's Trauma Registry (1997-2007) indicates that 390 children were registered with ATV-related injuries, of whom nine died. ATV injuries accounted for 8 percent of all trauma patients registered. Alarmingly, numbers of children with trauma resulting from ATV use at Children's went up 33 percent from 2006 to 2007. These numbers do not reflect the many children admitted to other hospitals across the state.

The American Academy of Pediatrics (AAP) recommends that pediatricians counsel patients and their parents about the dangers associated with ATV use.

- No use by children younger than 16.
- All operators should complete an ATV safety course before using any off-road recreational vehicle.
- No passengers.
- All riders should wear helmets, eye protection and reflective clothing.
- Never permit street use.
- Flags, reflectors and lights should be used to make vehicles more visible.
- Never drive after drinking alcohol.

ATV-related injuries are six times more likely to result in hospitalization and 12 times more likely to result in death than bicycle-related injuries.

As parents, it's our responsibility to make sure our children are safe by explaining to them why they must wait until they're 16 to ride an ATV.

Send your questions:

Safe @ Home
Alabama Living
P.O. Box 24614
Montgomery, AL 36124
(334) 215-2732
safety@areapower.com

Jason Saunders & Michael Kelley
are certified managers of Safety & Loss Control for the Alabama Rural Electric Association.

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year in Alabama. Physicians caring for maternity patients feel that these data underestimate the actual number. Women using amphetamines or cocaine frequently do not receive maternity care until close to delivery or at delivery and would not have been identified by this study—which is a first step in understanding the complex, high-risk problem of substance abuse among pregnant women. The task force will meet this month to review the preliminary data and plan for the future.

Event Calendar At a Glance

2008

Oct. 11 - 14
AAP National Conference
& Exhibition, Boston, MA

2009

Jan. 31
TENTATIVE: Open Forum
on Developmental Issues,
Mobile, AL

April 2 - 5
2009 Spring Meeting &
Pediatric Update,
Sandestin Golf & Beach
Resort, Destin, FL

Sept. 25 - 27
TENTATIVE: 2009 Annual
Meeting and Fall Pediatric
Update, The Wynfrey
Hotel, Birmingham, AL

From the Coordinator

City of Greensboro second in nation to receive Bookend City Award

On June 18, Reach Out and Read (ROR)-Alabama honored the city of Greensboro with ROR National Center's "The Bookend City Award," presented to communities in which 100 percent of the eligible pediatric practices have implemented an ROR program. The award emphasizes the importance of partnerships and honors all those who have worked together in their own communities to ensure that every family understands the importance of early literacy and reading aloud to children.

Greensboro became the second Reach Out and Read "Bookend City" in the Nation. Congratulations to Izzeddin Kamel maz, MD, FAAP, and his staff for this notable accomplishment!



photo courtesy of Dusty Compton, Tuscaloosa News

Marsha Raulerson, MD, FAAP, ROR Medical Director, presents the Bookend City Award to the city of Greensboro at Hale County Hospital Clinic. Pictured with Dr. Raulerson are Hale County Hospital Administrator Richard McGill; Hale County Hospital Clinic Chief of Staff Nancy O'Neill; Pediatric Nurse Practitioner Julie Aldridge, CRNP; Marquisha Jarmon, MD; Izzeddin Kamel maz, MD; and Hale County Judge Sonny Ryan.

Bessemer Health Center beneficiary of Birmingham-Southern book drive

Bessemer Health Center's pediatric clinic recently received over 100 books collected as part of a book drive during Birmingham-Southern's (BSC) Greek Week, sponsored



Pictured from left to right are Natalie Ausborne and Jeralyn Jersey, representing BSC's Panhellenic Council; Joni Gill, MD; Iris Fancher, MD; and Chris Cage and William Moore, representing BSC's Interfraternity Council.



by Birmingham-Southern's Order of Omega chapter. Not only will the book drive for ROR be continued during BSC's Greek Week next spring, but also the Alpha Epsilon Delta (AED) Health Pre-professional Honor Society will be collecting books during the fall semester to donate to Bessemer Health Center in November. For more information on gently used book drives in your community, visit ROR-AL's web page at www.roralabama.org.

— Polly

CHAPTER BRIEFS

AAP awards Chapter grant for developmental services open forums

The American Academy of Pediatrics has selected the Alabama Chapter as one of five states to receive a \$3,000 grant to conduct two open forums on developmental issues between now and 2010. These sessions will bring together pediatricians and other health care providers that care for children with developmental problems.

The Chapter's application for this grant proposed one open forum in January 2009, to be held at the University of South Alabama, to focus on improvements in policies that impact the referral of children with developmental delays from primary pediatrics to diagnostic and treatment services in Alabama. A second open forum will be conducted later next year in Birmingham and will focus on the state's activities related to coordination of services for children with autism.

The Chapter will be working with developmental/behavioral pediatrics faculty and pediatric residents at both the University of Alabama at Birmingham and the University of South Alabama on these initiatives, which are an extension of the work already done on the *Assuring Better Child Health and Development* project (see related story on page 5.)

Chapter participates in statewide autism task force

By Myriam Peralta-Carcelen, MD

In March 2007, the Alabama Autism Task Force was created by a joint legislative resolution, which was signed by Governor Bob Riley. Made up of state officials, educators, physicians, and members of the academic community, the task force immediately convened to recommend ways to improve diagnosis and treatment of autism in Alabama.

The group conducted a statewide needs assessment and made several preliminary recommendations, including the creation of regional centers for providing multi-disciplinary evaluation, diagnoses and treatment; the provision of universal screening for developmental delay/disabilities and autism-specific screening as recommended by the American Academy of Pediatrics; and the development of best evidence-based practice standards, among other recommendations.

Following this, the Riley Ward Act of 2008 was passed by the Alabama Legislature and the Alabama Interagency Autism Coordination Council has been created. The Alabama Chapter-AAP has an appointment on this council. The task force is in its second year and is currently working through several subcommittees on education, health care, adult care, diagnosis and screening, and systems of care.

For more information on how to participate on these subcommittees, please contact the Chapter office at llee@aap.net or the Autism Society of Alabama at jennifer@autism-alabama.org.

Resident Rounds: NCE and CATCH

By Jessica Kirk, MD, pediatric co-chief resident, University of South Alabama

AAP Resident Section, ADC District X

Hello everyone! We are gearing up for the AAP National Conference and Exhibition (NCE) and will have great resident representation from Alabama. The residents will have their usual one-day meeting on Saturday, October 11, then we'll join you at the District X meeting Sunday morning. We hope to see you all there! The remainder of this issue's "Resident Rounds" will be an article by Josh Mizell, a third-year med-peds resident from USA, highlighting his CATCH grant project. Of note, Josh is the first resident in Alabama to receive a Resident CATCH Grant. Congratulations, Josh!

Update on Gulf Coast Booster Seat CATCH Grant

By Josh Mizell, MD, third-year medical-pediatrics resident, USA

In an attempt to promote child passenger safety, Dr. Katherine Savells and I started a project several months ago aimed at increasing awareness of and compliance with recommendations regarding booster seat use.

We applied for and received a CATCH grant to fund our project.

At our very first planning meeting, we invited members of both the Alabama State and Mobile County Traffic Safety Divisions. Through our contacts at this meeting, Dr. Savells and I were invited to talk at a subsequent meeting of law enforcement representatives from five counties in southwest Alabama. As a result of this talk, for the first time since Alabama passed a booster seat law in 2006, booster seat checks were incorporated into checkpoints in this year's Click it or Ticket campaign during Memorial Day weekend. We were able to provide educational pamphlets to the officers for distribution to parents at these checkpoints. Warnings were issued to parents of children less than six years old who were not in booster seats and, as a result of our



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discussion at the highway safety meeting, there are plans to start issuing tickets for non-compliance by the start of next year.

Recently, Dr. Savells and I attended a back-to-school event at a Bay Bears game in conjunction with ALL Kids. Fliers promoting booster seat use were distributed and five free booster seats were raffled off to families attending the game.

As the keystone of our project, we are planning a booster seat event on October 18 at USA Women’s and Children’s at which free booster seats will be distributed and installed and car safety seats will be checked for correct installation. We are excited to say that this event has mushroomed into a Health and Safety Fair, as we were able to recruit many other parties interested in promoting child safety and health, including representatives from ALL Kids, who will attempt to sign up uninsured children who may be eligible, and the Breathmobile, a project started by a previous CATCH grant by Dr. Jennifer Cole to promote asthma awareness.

One of the goals of the CATCH program is to encourage community coalitions that will advocate for the needs of children. By getting the right people together in one room to exchange ideas, changes are taking place in our community to ensure the safety of children in ways we could not have imagined on our own. We believe this is the very reason the CATCH program was created and we are very grateful to be a part of it.



Artur Davis accepts AAP award from Alabama Chapter

Linda Lee, Chapter Executive Director (far left) and Joseph Jolly, MD, FAAP, Area 3 Representative to the Executive Board (far right), were on hand as President A.Z. Holloway, MD, FAAP, (second from right) presented the AAP’s Excellence in Public Service Award to Congressman Artur Davis, Alabama’s 7th District, on August 11 in Birmingham. The AAP Excellence in Public Service Award (EPSA) is given annually to elected or appointed national officials for outstanding contributions to America’s children through the public policy process. He was nominated for the award by Chapter Past President Marsha Raulerson, MD, FAAP, who sits on the AAP Federal Government Affairs Committee.

Expanded Newborn Screening Update: Cystic Fibrosis Newborn Screening in Alabama

By Hector Gutierrez, MD, UAB Faculty Member

In April 2008, Alabama began newborn screening for cystic fibrosis (CF). The two referral centers for follow-up of babies who have a positive screen for CF are the UAB/Children’s Hospital CF Center in Birmingham and Pulmonary Associates at the University of South Alabama in Mobile. If a baby has an IRT level in the top 5 percent and is positive for at least one CF mutation, the baby is referred to a follow-up center for a sweat test. Those babies with extremely high IRT levels (top .2 percent) are also referred for a sweat test.

Between these two follow-up centers, there have been approximately 70 referrals for sweat tests and five babies confirmed to have CF. The CF centers are working hard to include the pediatricians in informing patients of a positive screen and making arrangements for adequate follow-up.

If you have questions about the CF newborn screening process, call Staci Thrasher (205-939-5494), CF Newborn Screening Coordinator at Children’s Hospital in Birmingham or Ashley Graves (251-343-6848), CF Newborn Screening Coordinator at Pulmonary Associates in Mobile.

In Memoriam

It is with great sadness that the Chapter heard recently of the loss of Dr. David E. Bowers, a long-time pediatrician in Alabama. Before his retirement, Dr. Bowers practiced pediatric medicine for over 40 years in Athens and Decatur, and later Fort Myers, Fla. Upon his retirement, he returned to Athens. Dr. Bowers formerly served as Chief of Staff and Chief of Pediatrics at Decatur General Hospital. He had been an Assistant Clinical Professor of Pediatrics at the University of Alabama School of Medicine. Dr. Bowers served as past Secretary-Treasurer of the Alabama Chapter-AAP, and was recently recognized by the AAP for his huge impact on the lives of children and teenagers for the past four decades.

NEWS FROM MEDICAID

Synagis® Criteria for 2008-2009 Season

The Alabama Medicaid Agency has updated its prior authorization criteria for Synagis®. The approval time frame for Synagis administration will begin Oct. 1, 2008 and will be effective through Mar. 31, 2009. A total of up to five doses will be allowed per recipient in this time frame. There are no circumstances that will allow for approval of a sixth dose. If a dose was administered in an inpatient setting, that date must be included on the request form.

For approval of requests, the recipient must meet gestational and chronological age requirements. The recipient must not exceed the specified age at the start of the RSV season. Providers are to submit requests for Synagis on a separate prior authorization form (Form 351) to Health Information Designs. The form and complete updated criteria are available at www.medicaid.alabama.gov.

Medicaid accepts the following as American Academy of Pediatrics risk factors for infants less than six months old with gestational age of 33-35 weeks:

- Childcare attendance
- Severe neuromuscular disease
- School-age siblings
- Congenital abnormalities of the airways

- Exposure to environmental air pollutants (environmental air pollutants will not include second-hand smoke. Environmental air pollutants must include instances where a child is *constantly* exposed to particulate air matter.)

For more details, call the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.

Tamper-Resistant Update

Effective October 1, a new federal law requires that all written prescriptions for covered outpatient drugs paid for by Medicaid be executed on a tamper-resistant prescription. The law applies only to written prescriptions for covered outpatient drugs; prescriptions transmitted from the prescriber to the pharmacy verbally, by fax, or through an e-prescription are not impacted by the statute.

As of October 1, to be considered tamper-resistant, a prescription must contain all three of the following characteristics:

1. one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
2. one or more industry-recognized features designed to prevent the

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Clearing up confusion on role of dairy in children's diets

by Jatinder J.S. Bhatia, M.D., FAAP, and Frank R. Greer, M.D., FAAP



Dr. Bhatia

Despite statements from the Academy regarding the importance of calcium and dairy products (Greer FR, Krebs NF. *Pediatrics*. 2006;117:578-585) and lactose intolerance (Heyman MB. *Pediatrics*. 2006;118:1279-1286), there appear to be a lot of misconceptions among health care professionals and patients regarding the role of dairy in children's daily diet.

This issue is becoming even more important as we move toward changing choices in school vending machines to provide beverages without caffeine such as low-fat or nonfat milk.

Milk, cheese and yogurt are naturally nutrient-rich foods providing a significant amount of the dietary requirements for calcium, phosphorus, potassium, magnesium, vitamins A, B and D as well as protein, which are essential for growth and development.

The AAP clinical report recommends that even children with diagnosed lactose intolerance consume dairy foods to obtain enough nutrients essential for bone health. True lactose intolerance is rare, and even if present, small amounts of dairy such as low-fat milk, aged cheeses or yogurts can be consumed without developing symptoms. Alternatively, lactose-free milk and milk products can be the source of dairy.

Soy beverages are a good source of plant protein but do not deliver



Dr. Greer

the same bioavailability or nutrient package of calcium, other minerals and vitamins A, D and B₁₂, riboflavin and niacin found in milk. Infants, especially premature infants, should not be given soy infant formulas unless there are strict indications or religious choice.

Thus, perceived lactose intolerance sometimes can lead parents to avoid offering milk and other dairy products to infants and children. Such food myths can lead to needless dietary omissions as well as nutritional deficiencies.

Currently, there is no evidence that organic food, including milk, is healthier than regular milk. In fact, the American Dietetic Association finds that organically produced food is not safer or more nutritious than conventionally packaged varieties.

Another issue that often arises is the use of flavored milks that provide the same nutrient package as regular milk. Unflavored milk is lower in sugar than flavored milk. However, given the importance of calcium, vitamin D and other key ingredients in the diet of children and adolescents, flavored milks could be a nice alternative since the contribution of added sugars to the overall diet of young children is minimal.

The role of dairy also is highlighted in the 2005 Dietary Guidelines for Americans. Dairy is recognized as playing an important role in improving bone health, and some studies have demonstrated that people who consume more dairy products have better overall diets. The guidelines also note that supplements do not offer the benefits of other associated nutrients found in dairy foods.

Dr. Bhatia is a member of the AAP Committee on Nutrition, and Dr. Greer is chair of the committee.

This article is a paid advertorial submitted by the Southeast United Dairy Industry Association, Inc.
From AAP News, Vol. 28, No. 6, June 2007

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erasure or modification of information written on the prescription pad by the prescriber;

3. one or more industry recognized features designed to prevent the use of counterfeit prescription forms.

While special paper may be used to achieve copy resistance, it is not necessary. Electronic medical record (EMR) or ePrescribing generated prescriptions may be printed on plain paper and be fully compliant with all three categories of the tamper-resistant regulations presuming they contain at least one feature from each of the three categories. To read the complete guidance, download the CMS “frequently asked questions document” at http://www.cms.hhs.gov/DeficitReductionAct/Downloads/MIPTRPF_AQs9122007.pdf.

TFQ Initiative introduces QTool

In July, Alabama Medicaid went “on the road” to introduce *QTool*, its electronic clinical support tool, to providers in nine pilot counties as implementation of its Together for Quality (TFQ) Medicaid transformation initiative.

In July, the first of 68 clinics and offices were able to test the new web-based clinical support tool using the providers’ own patient data. A total of 298 providers and 90 medical residents have agreed to participate thus far.

This first version of the *QTool* allows providers a read-only view of claims-based data on office visits, medications, lab tests and other procedures. The clinical support tool also displays rules-based alerts for management of asthma and diabetes patients. Versions to be released later in 2008 will add provider update/editing capability, a provider message center, e-prescribing capability, a referral function, email, provider dashboard reporting and better



Medicaid Medical Director, Mary McIntyre, MD, introduces QTool to Angela Martin, MD, FAAP, of Anniston.

management of patient-provider encounter workflow (SOAP) for recording and viewing patient visit records.

In addition to the release of *QTool*, the transformation project’s care management program, *Q4U*, has enrolled nearly 400 asthma patients and almost 300 diabetic patients in its first six months. Early feedback from the program supports the value of the care management concept as a means of encouraging patient compliance and partnership with the primary care physician to improve patient health outcomes. Next steps call for expanded recipient education and efforts to streamline the process for physicians.

For more information or to become a pilot, contact Kim Davis-Allen at 334-242-5011.

EPSDT policy change

Based on a recommendation from the American Academy of Pediatrics, Medicaid no longer requires a urinalysis as part of any routine EPSDT examination. A urinalysis will now be performed only if clinically indicated. Appendix A of the Medicaid Provider Manual has been updated to reflect these changes. An updated version of the manual will be released on October 1, and will be posted at www.medicaid.alabama.gov under “Billing.”

For more details, contact Kaye Melnick, RN, at (334) 353-5012.

VFC update: new codes added

Three new Vaccines for Children (VFC) codes have been approved by the Advisory Committee on Immunization Practices. The codes, listed below, are 90681 (RV1), 90696 (DTaP-IPV) and 90698 (DTaP-Hib-IPV).

CPT Code	Immunization	Effective Date
90681	Rotavirus vaccine (RV1), human attenuated, 2 dose schedule for 2 and 4 months of age, live, for oral use.	06/25/2008
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), is indicated as a booster for children of 4 through 6 years of age (prior to 7 years of age).	06/26/2008
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) for intramuscular use. It is indicated as a primary series and first booster dose (doses 1-4) at 2, 4, 6 and 15-18 months of age.	06/26/2008

NEWS FROM PUBLIC HEALTH

Update on ALL Kids behavioral health services

Since May 1, 2008, behavioral health & substance abuse services for children enrolled in the ALL Kids program have been managed by Blue Cross Blue Shield of Alabama (BCBS-AL) (replacing previous contractor United Behavioral Health). BCBS-AL also manages the medical benefits.

The current network for behavioral health and substance abuse services consists of Alabama Psychiatric Services (APS) offices and their contract providers, Community Mental Health Centers (CMHCs), Bradford Health Services, and others (including the same inpatient network as with UBH). Many UBH providers are also providers with BCBS-AL, so for the children who were receiving care from those providers, services continued without interruption.

In order to make the transition from one network to another as seamless as possible for enrollees, the following steps have been taken:

A toll-free number (1-866-796-1071) was established and is staffed 24 hours a day, seven days a week by experienced master's-level clinicians, who have the information on all network providers and are able to assist enrollees and their families in finding and accessing appropriate behavioral health and substance abuse providers in their local community.

UBH providers were notified of the transition in March and were given information on the procedure for requesting additional visits with ALL Kids children beyond May 1.

ALL Kids enrollees were notified of the transition in March as well, were given the option of beginning services through Blue Cross prior to May 1 if appropriate, and were also given the toll-free number for assistance.

In addition, ALL Kids has a toll-free number (1-877-774-9521) and staff who are

available to assist in resolution of unusual or exceptional situations.

Meetings have been held around the state with CMHCs, BCBS-AL, APS, Bradford, and ALL Kids to facilitate coordination and communication and minimize any disruptions or fragmentation of care.

The network is monitored on an ongoing basis for adequacy and additional providers have been added as needed.

Pediatricians can also use the toll-free number (1-866-796-1071) if assistance is needed in locating appropriate behavioral health services for ALL Kids' enrollees.

For other questions or concerns about ALL Kids, please contact Ava Rozelle at 1-877-774-9521.

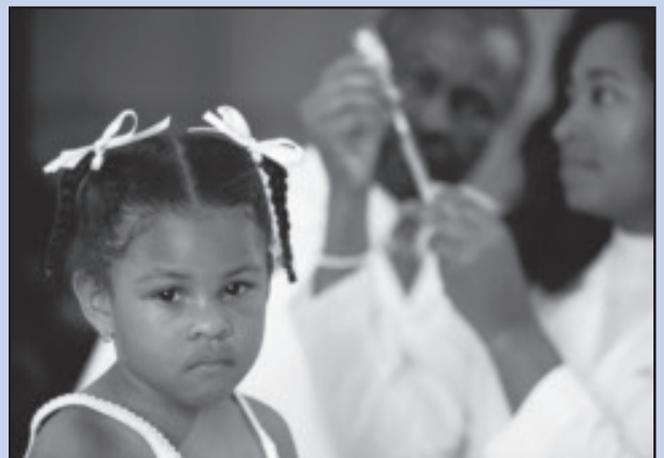
Providers recognized for outstanding vaccination coverage rates

The Alabama Department of Public Health Immunization Division recently honored Vaccine for Children (VFC)

providers who reached 80 percent or greater vaccination coverage rates in 2007. A plaque was awarded to VFC providers listed below who contributed significantly toward reducing the spread of disease in Alabama.

Nabers Family Clinic
SARHA – Doctors Center
Village Medical Clinic
UAB Selma Family Medicine Center
Brightstarts Pediatrics, PC
USA Children's Medical Center
Central North Alabama Health Services
Billy B. Sellers, MD
Lakeshore Pediatrics
Autauga County Health Department

Das Kanuru, MD
AHD – Southwest Alabama Health Services
Internal Medicine & Pediatrics of Cullman
North Baldwin Pediatrics
Family Medical Clinic
Southeastern Pediatric Associates, PA
Cullman Family Practice
Milton S. Brasfield III, MD
Frederick Yerby, MD
Central North Alabama Health Center – Athens
Rizk Moutagaly, MD
Family Health Associates, PA
Shoals Pediatric Group
Charles Henderson Child Health Center
Athens Pediatrics
SARHA – Enterprise Children's Center
Angel Pediatrics
HSI – Lister Hill Health Center
Pell City Pediatrics
HSI – Autaugaville Family Health Center
Jeffery Hull, MD
Family Practice Associates
Rogersville Family Practice
FPHC – Aiello/Buskey Medical Center



Hale County Hospital Clinic
Butler County Health Department - Greenville
James Parker, MD
Clay County Health Department
South Trace Pediatrics
WHS - Crescent East Health Center

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Michele Jordan, MD
 Primary Care Center of Monroeville
 Morgan Pediatrics
 Escambia County Health Department -
 Brewton
 Alabama Multi-Specialty Group
 Tallassee Family Care
 Taylorville Family Medicine
 Dy Medical Clinic
 Magnolia Pediatrics South, Inc.
 Ozark Pediatric Associates
 Acton Road Pediatrics, LLC
 Berry Family & Occupational Medicine
 Pediatrics East, PC
 Fayette County Health Department
 Tots 'N' Teens Pediatrics, PC
 Lamar County Health Department
 Robert W. Smith, MD
 Grove Hill Health Care
 BHC – Marks Village
 Robert B. Parsa, MD

Charles A. Casarona, MD
 Lilly J. Alexander, MD
 Richard M. Freeman, MD
 Covington Pediatrics – Opp
 Southeast Pediatrics
 Nabers Family Medical Clinic
 Troy Pediatrics
 Prime Care Pediatrics
 Kevin Coady, MD
 HSI – Lowndes Clinic
 Martin Wybenga, MD
 Judy C. Travis, MD
 Prattville Pediatrics
 Eclectic Family Care
 Maria Villarreal, MD
 ABC Pediatrics

The Alabama Vaccines for Children Program is a statewide pediatric and adolescent immunization program designed to remove barriers to vaccination and enhance preventive health care.

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We provided our services to over 2,000 Alabama babies.

Together we *did* protect our babies against RSV!

We look forward to serving you for the 2008-2009 Synagis Season.

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