



The Alabama Pediatrician

Summer/Fall 2013

From the President

Saying sayonara and looking ahead



Grant Allen, MD, FAAP
Chapter President

I cannot believe how fast these last two years have flown by. It has been a pleasure serving as your president. Although our struggles have been many, Alabama pediatricians have come together and made great strides in protecting and improving healthcare for children in our

state. I am proud of what each of you has done to make that possible. We have an awesome board, but our true progress is measured in the advocacy and activity of pediatricians throughout the state.

Speaking of time flying, the Annual Meeting at the newly renovated Hyatt Regency Birmingham-The Wynfrey Hotel is fast approaching. The Chapter is unveiling a new project "Choose to Have a Healthy Family, Alabama" that involves pediatricians using social media to expand our messages of healthy choices to our patients. We will have training on use of social media on a professional level and some hands-on video demonstrations!

We also have cutting-edge clinical topics and general pediatricians will get to meet many specialty pediatric faculty from our two academic centers. It is not too late to plan to join us for the meeting Sept. 27-29!

My favorite part of serving for the last seven years on your board and as your president has been getting to know pediatricians across the state. Where else can we meet like-minded folks who love and care for children and want to make Alabama a better place for our future? You all inspire me to be a better pediatrician!

I look forward to seeing YOU in September, and I look forward to the amazing places the Alabama Chapter is going under the leadership of Michael Ramsey and Cathy Wood.

Annual Meeting – last call to register

back to basics

It's not too late to register for the Chapter's 2013 Annual Meeting and Fall Pediatric Update, but hurry! Set for Sept. 27-29 at The Hyatt Regency Birmingham-The Wynfrey Hotel, this year's conference features several special educational offerings.

Early brain and child development is a highlight, with several top-notch speakers addressing such topics as Building Bridges for Early Childhood Brain Development, Advocating for Quality Early Childhood Programs, The Pediatrician and Mental Wellness, Tackling Toxic Stress, Autism Spectrum Disorders, and Literacy Promotion for Children with Special Health Care Needs. On Saturday afternoon, you won't want to miss the social media and video presentation, featuring the very entertaining Pat Clark, who has worked with doctors from around the country on media training.

The Chapter also worked this year with Ann Klasner, MD, FAAP, at UAB Department of Pediatrics, to bring David Schonfeld, MD, FAAP, to Alabama to present the topic of how to help support the grieving child and family, both at Children's Grand Rounds on Thursday, Sept. 27, as well as at the Chapter meeting on Saturday. Also on Sunday morning, Charles Leath, MD, a gynecologic oncologist at UAB, will present on HPV Cancer Prevention, brought to us through a collaboration with the Centers for Disease Control and Prevention.

CME Chair Cathy Wood, MD, FAAP, has also secured Bennett Pearce, MD, pediatric cardiologist at UAB, to talk about treatment of congenital heart disease.

In addition, the Saturday evening dinner, sponsored by Children's of Alabama, will feature the presentation of the Chapter President's awards and the annual Master Pediatrician and Wallace Clyde awards.

The Chapter's Practice Management Association (PMA) also invites Chapter members to its Friday workshop, with important topics on using data to measure and drive performance, financial performance, and ICD-10.

As if that isn't enough, we are delighted to work with our new Pediatric Partner, ProAssurance, to present a loss prevention seminar, "In Defense of Good Medicine," on Friday afternoon, which will qualify physicians for premium credit if they are insured by ProAssurance.

There will also be plenty of time for networking, including the Friday night "tailgate party" reception!

Get more information and register now using the registration form sent in early July or go online at www.alaap.org!

Chapter Office and Staff**Alabama Chapter – AAP**

- Linda P. Lee, APR
Executive Director
- Linda M. Champion, MPA
Project Coordinator
- Jill H. Powell
Meeting and Membership Coordinator

19 S. Jackson St.
Montgomery, AL 36104
(334) 954-2543
Toll-free (866) 293-4783
Fax: (334) 269-5200
llee@alaap.org
www.alaap.org

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 them who have no voice of their own.

Pediatricians are essential to achieving optimal child health. The work of pediatricians, and the profession of pediatrics, must endure and grow even stronger.

Vision:

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

ACA Marketplaces open on Oct. 1; resources available for pediatricians

On Oct. 1, 2013, open enrollment for individuals and families to sign up for health insurance in the new Affordable Care Act (ACA) marketplaces (formerly known as exchanges) will begin. The marketplace will allow people to compare and choose which type of health insurance plan will work best for their families. Medicaid and the Children's Health Insurance Program (CHIP) are still available before, during, and after open enrollment, and one streamlined application will make it easier for people to find out which plan will best meet their needs.

As part of a coalition to help improve awareness among families, Chapter Executive Director Linda Lee has attended several meetings in the last two months that provided information on the federal marketplace, which will be Alabama's default marketplace (website) for Alabamians to go to compare options if they do not have insurance. The website, www.healthcare.gov, already has a lot of information, but the actual qualified health plans and operation of the interactive tool to compare and purchase insurance will not be available for open enrollment until October 1. The marketplace call center telephone number is 1-800-318-2596.

New AAP Resource for Parents and Families of Patients

Health and Human Services will begin promoting open enrollment at the end of September and will be doing so in a variety of media, including broadcast as well as in pharmacies across the country. Additionally, the AAP is committed to making sure families are aware of the options available to them through the marketplaces and what to look for in their insurance plans. To help you assist your parents and families of patients navigate the marketplaces, the AAP has created an Alabama flier on the marketplace, downloadable at www.aap.org/ACAmarketplace. Please download the document, post to your website and/or print for your parents, families, and young adult patients.

Resource for Pediatrician as Small Business Owners

The ACA also provides health insurance coverage options for small business owners (those with 50 or fewer employees), such as pediatric practices. The AAP has also developed an additional resource designed for our members who qualify as small business owners. This document, downloadable at <http://tinyurl.com/lr6rpyd>, will help those of you who are small business owners understand your options for covering your employees and discusses how you may possibly qualify for related tax credits.



PEDIATRICIAN SMALL BUSINESS OWNERS AND THE ACA:

WHAT ARE MY RESPONSIBILITIES?

The Patient Protection and Affordable Care Act (ACA) provides health care coverage options for small business owners (50 employees or less) through the Small Business Health Options Program (SHOP).



Alabama Chapter-AAP announces new Pediatric Partners and member benefits

The Alabama Chapter-AAP has begun a Pediatric Partner program, in which we have solicited vendor partners to provide tangible benefits to our members, such as discounts on products and services. Through these agreements, we provide several ways for partners to promote their products/services to our members (without providing members' private contact information) and in exchange, our members can take advantage of these offers, if they choose. According to the Chapter third-party vendor policy, we do not endorse products/services, but pass along the information for our members' consideration. In addition, these relationships are not exclusive by category; other partners may provide similar benefits through this arrangement.

At this time, the Chapter is pleased to announce our two first partners, ProAssurance Indemnity Company and Merrill Lynch Wealth Management!



ProAssurance provides loss prevention seminar at no charge

ProAssurance Indemnity Company, Inc., an Alabama-based medical liability insurance company, has a long history of helping physicians minimize their risk in medical liability, providing risk management training for residency programs and medical societies across the state. Founded by Alabama physicians in the mid-1970s, its corporate headquarters remain in Alabama, although it has expanded its insurance operations to almost all of the 50 states.

Through its Pediatric Partner agreement with the Chapter, ProAssurance is providing to our members and practice managers a two-hour loss prevention seminar on Friday, Sept. 27 from 2:45 p.m. – 4:45 p.m. at *no charge* (there is usually a fee associated with this annually required live seminar for covered physicians). The session, entitled “In Defense of Good Medicine,” will be presented by Stephen Shows, JD, Senior Risk Management Consultant with ProAssurance, and will focus on how physicians and practices have utilized good risk management strategies to reduce liability risk and keep the attention where it should be – on defending good medicine.

For physicians, participation in this loss prevention seminar may qualify them for premium credit if they are in attendance for the full two hours and are insured by ProAssurance. For practice managers, participation may qualify their physician for a 2 percent premium credit if they are in attendance for the full two hours and 75 percent of the physicians in their practice have attended a ProAssurance live seminar.

In addition, CME (separate and in addition to the Annual Meeting credits) will be offered for the seminar, even for those not covered by ProAssurance. To register, mark your registration form for the Annual Meeting or if you have already sent in your registration and want to opt in for this seminar, contact Jill Powell at jpowell@alaap.org.

Merrill Lynch Wealth Management offers exclusive member discounts on retirement plans and other financial services

Merrill Lynch Wealth Management, our second Pediatric Partner, has committed to the Chapter to work with our members on financial solutions to meet their individual needs using “relationship-based” pricing – members will receive certain discounts as a benefit of membership in the Chapter and the ability to receive much better pricing on all aspects, based on the depth of their relationship with Merrill Lynch. The company will provide to our members:

1. Direct access to one of the industry's leading lending programs designed exclusively for healthcare practitioners. Bank of America Practice Solutions offers innovative and flexible

How to Contact Your Chapter Leaders

President

Grant Allen, MD, FAAP
Ph: (256) 764-9522
allen_grant@hotmail.com

Vice President/President-elect

Michael Ramsey, MD, FAAP
Ph: (334) 793-1881
mj_ramsey@msn.com

Secretary/Treasurer

Wes Stubblefield, MD, FAAP
Ph: (256) 764-9522
stubblefield.wes@gmail.com

Immediate Past President

J. Wiley, MD, FAAP
Ph: (251) 378-8635
docjwiley@comcast.net

Area 1 Rep. (Huntsville)

Pippa Abston, MD, FAAP
Ph: (256) 551-4579
pabston@aol.com

Area 2 Rep. (Tuscaloosa)

Bruce Pettitt, MD, FAAP
Ph: (205) 752-7337
bpetitt@westalabamaped.com

Area 3 Rep. (Birmingham)

DeeAnne Jackson, MD, FAAP
Ph: (205) 638-9585
djackson@peds.uab.edu

Area 4 Rep. (Anniston)

Naresh Purohit, MD, FAAP
Ph: (256) 721-9799
narpur@aol.com

Area 5 Rep. (Dothan)

Michelle Freeman, MD, FAAP
Ph: (334) 793-1881
bammfreeman@comcast.net

Area 6 Rep. (Fairhope)

Katrina Skinner, MD, FAAP
Ph: (251) 928-5568
katski@bellsouth.net

CME Chair

Cathy Wood, MD, FAAP
Ph: (334) 272-1799
cdocwood@aol.com

UAB Pediatric Residency Program Rep.

Michele Nichols, MD, FAAP
Ph: (205) 934-2116
michols@peds.uab.edu

USA Pediatric Residency Program Rep.

LaDonna Crews, MD, FAAP
Ph: (251) 434-3917
lmcrews1@aol.com

Educate yourself on the new quadrivalent vaccines introduced this season

By Timothy A. Stewart, MD, FAAP, Chapter Immunization Representative

Influenza continues to be a major health problem, resulting in 15 million or more cases each season. This compares to the 35,000 cases of all the other vaccine-preventable diseases combined. There are two types of influenza virus, influenza A and B. Influenza A is classified into subtypes based on surface glycoproteins, neuraminidase and hemagglutinin (e.g., H3N2 and H1N1), and is responsible for seasonal epidemics and pandemics. Influenza B can also cause seasonal epidemics and has strains classified into antigenically distinct lineages, Yamagata and Victoria. Both lineages of influenza B have coexisted globally since 1985 and in the U.S. since 2001. The major circulating lineage of influenza B has differed from that in the vaccine for six of the past 11 seasons.

Because of the significant burden of disease from influenza B, there will be quadrivalent influenza vaccines this season, containing two subtypes of influenza A and two lineages of influenza B. A subcommittee of the Food and Drug Administration has designated the four viruses in both the live, attenuated nasal spray vaccine and the inactivated injectable vaccine to be A/California/7/2009 (H1N1)-like virus, an A/Victoria/361/2011 (H3N2)-like virus, a B/Wisconsin/1/2010-like virus, and a B/Brisbane/60/2008-like virus.

The new vaccines have different CPT codes and pediatricians should be careful in properly coding for these vaccines. Live attenuated influenza virus vaccine (i.e., FluMist) will only be available in the quadrivalent version. Inactivated influenza vaccine (i.e., Fluzone and Fluarix) is available in both

Alabama Chapter advances state child health improvement partnership

With an initial goal of coalescing all of the Chapter's quality improvement initiatives under one sustainable, adequately funded umbrella, the Alabama Chapter leadership, Quality Improvement Chair and staff have made significant progress this summer on establishing a formal child health improvement partnership for Alabama.

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

Following successful models such as the Vermont Child Health Improvement Partnership (VCHIP), the Chapter has received technical assistance from the National Improvement Partnership Network (NIPN), to bring together and align key stakeholders across the state who have an interest in child health care to create a partnership that will identify strategic priorities for improving child health care, identify measurable goals for both inpatient and outpatient settings, and work with organizations to make change at both the practice and system levels to improve health outcomes and access for children. In June, the Chapter organized a site visit with faculty from NIPN, who met with key partners from Children's of Alabama, University of Alabama at Birmingham Department of Pediatrics, University of South Alabama, Alabama Medicaid, the state Children's Health Insurance Program, the Alabama Department of Public Health and others to determine interest and capacity in forming such a formal alliance, strategizing on ways to reach out to funders and establish an institutional home.

Since then the group has decided on a name, the Alabama Child Health Improvement Alliance, and has developed draft vision and mission statements, outlining the following goals:

- Coordinate data-driven quality measurement and improvement activities across the state;
- Support evidence-guided quality activities in clinical practices;
- Incorporate the patient and family voice into quality efforts;
- Inform policies that support optimal health and development for all children and youth; and
- Support the advancement of the health information infrastructure to better achieve these goals.

Currently, the group is in the process of finalizing an institutional home and looking at funding streams.

"This has been the highlight of my last year as president of the Chapter," said Grant Allen, MD, FAAP, Alabama Chapter President. "It is amazing how far we have come in such a short time."

Soon, the Chapter will roll out the branding and announce the formal partners for this initiative.

For more information, contact Wes Stubblefield, MD, FAAP, QI Chair, at stubblefield.wes@gmail.com.

Payor updates: Pediatric Council news, BCBS's new Complete Picture of Health

As you may be aware, the Chapter hosts a Pediatric Council meeting with the three major payors of children's health services – Blue Cross Blue Shield of Alabama, Alabama Medicaid and ALL Kids (Children's Health Insurance Program) – three times a year in order to advocate for appropriate coverage.

Led by seven pediatricians – the three Chapter officers as well as Madeleine Blancher, MD, FAAP, John Cortopassi MD, FAAP, A.Z. Holloway, MD, FAAP (Chair), and Wynton Hoover, MD, FAAP – the goals of the Council are to provide consistent messaging and educate payors on the evidence base for

Sign up now to help parents “Choose to Have a Healthy Family!”

More than 20 Alabama pediatricians are already signed up to participate in the Alabama Chapter-AAP's exciting “Choose to Have a Healthy Family, Alabama!” Campaign, which will kick off at our Annual Meeting next month and continue for a full year.

Each month, the Chapter will feature a different focus area, addressing topics such as tobacco use, teen driving, immunizations, oral health, nutrition and obesity (see list at right). The Chapter will provide content and support to individual practice social media pages, as well as launch a new Chapter Facebook page where our pediatricians will provide multiple anticipatory guidance messages to parents online – each emphasizing the importance of making healthy choices that will positively impact their child's health.

“As one of the five AAP chapters across the country to receive the AAP's 2013 Healthy People 2020 grant, our program aims to improve the quality of health literacy and child health information in Alabama where parents are most likely to look – online,” said Michael Ramsey, MD, FAAP, incoming Chapter President, who is coordinating the campaign.

At the Annual Meeting, Dr. Ramsey and the staff will help pediatricians tape short videos (that we will help script), explain the campaign and how to contribute throughout the 12 months. The “how-to” session will feature a special guest speaker who will provide tried-and-true tips on video presentations, as well as Dr. Tim Stewart, who will cover how to start and maintain a Facebook page. Members who commit to participate before or during the meeting will be entered into a drawing for an exciting prize. And, throughout the year we will be giving away prizes to individual pediatricians and practices that participate!

Help us reach parents in this interactive way! To sign up, please complete this short form: <http://www.alaap.org/iform.asp?id=806>.



Choose to Have a Healthy Family Monthly themes:

October 2013:
Health Literacy

November 2013:
Tobacco

December 2013:
Kids & Media

January 2014:
Prenatal Care, Infant Health & Sleep Safety

February 2014:
Teen/Adolescent Health Issues

March 2014:
Nutrition

April 2014:
Physical Fitness & Injury Prevention

May 2014:
Outdoor Safety & Injury Prevention

June 2014:
General Hygiene

July 2014:
Mental Health & Developmental Milestones

August 2014:
Back to School / Immunization

September 2014:
Reading & Literacy

Pediatric Partners continued from page 3

financing for the following:

- A) Practice sales and acquisitions, practice start-ups, office improvement and expansion, equipment, commercial real estate and debt consolidation
 - B) The financing can include extended and graduated payment plans (up to 20 years); up to 100 percent financing and working capital
 - C) Practice Heartbeat Program – an innovative, web-based tool that allows new practice owners to diagnose their practice management needs and then track business results against established benchmarks
 - D) Demographic site analysis to help new and established practitioners elect the most profitable locations for their practices
2. Retirement plan discounts based on “relationship-based pricing” and plan size to members only.
 3. Merchant services provided through Bank of America Merchant Services at a preferred rate exclusive for the Chapter.
 4. Goals-based wealth management planning, estate planning and individual retirement planning with possible discounts on services to Chapter members.

For more information, contact the Barnett/Miller Team: Elizabeth Barnett, CFP®, CRPS®, Wealth Management Advisor, at 256-549-5119 or elizabeth_barnett@ml.com (www.fa.ml.com/elizabeth_barnett) or Mark Miller, Certified Special Needs Advisor, at 256-549-5116 or mark.k.miller@ml.com (<http://fa.ml.com/mark.k.miller>).

Many thanks to both of these companies for providing our members with valuable services to meet their practice needs!

Quadrivalent vaccines continued from page 4

trivalent and quadrivalent versions.

Pediatricians and providers of healthcare to children should be prepared to discuss with parents the new vaccines with broader coverage for the 2013-2014 influenza season.

For more information, visit the Center for Disease Control and Prevention's website here: <http://tinyurl.com/ktjvmeh>.

AL-AAP Practice Management Association Update

By Glean Holloway, PMA Chair

As we prepare for the fast-approaching deadline for the HIPAA changes, let's not forget about the transitions to ICD-10 and Stage 2 of Meaningful Use.

I attended the Alabama Medicaid Provider Association Meeting on behalf of the PMA in July. The Alabama Medicaid Agency is preparing for ICD-10 implementation as early as Oct. 1, 2013, but no later than Oct. 1, 2014. Which means Medicaid will have its claims processing system ready, but will not accept nor require providers to use ICD-10 codes until the mandate of Oct. 1, 2014. Medicaid is also conducting quarterly surveys to assess ICD-10 readiness with providers/vendors and seeking the best way to communicate changes to them. One of their challenges is communicating with the vendors. Let's make sure we forward information to our vendors as well.

Blue Cross is slated to be ready to assist with testing for ICD-10 in March 2014. Some offices are making plans to educate staff by February 2014. What is your roadmap for ICD-10 and Stage 2 of Meaningful Use?

Please join us at our Annual Meeting and Practice Management Workshop in Birmingham in September as we make efforts to assist physicians and managers with these transitions. Our goal is to deliver providers and managers with an engaging, informative workshop in order to help each of us face these ongoing challenges. See you there!

If your practice manager is not a member of PMA, please contact the Chapter office for a membership application (334-954-2543 or jpowell@alaap.org) or visit www.alaap.org (under Programs/Projects – Practice Management Association).

coding

O By Lynn Abernathy Brown, CPC

r AL-AAP's Steps to ICD-10: An Introduction

n Over the next year, medical experts across the United States will make plans for how to educate medical practitioners and all the support staff that it takes to practice medicine today on preparing for ICD-10 coding changes. ICD-10-CM, or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), is used around the world in 138 countries and the U.S. is the last country to adopt this revision.

Several pediatricians have asked me why everyone has to change and who mandated this. "On January 16, 2009 HHS published a final rule adopting ICD-10-CM (and ICD-10-PCS) to replace ICD-9-CM in HIPAA transactions, effective implementation date of Oct. 1, 2013. The implementation of ICD-10 was delayed from Oct. 1, 2013, to Oct. 1, 2014, by final rule CMS-0040-F issued on Aug. 24, 2012." [Source: <http://www.cdc.gov/nchs/icd/icd10cm.htm>]

In order to process a medical insurance claim, payors require that everyone follow HIPAA transactions, which means CPT (procedures), HCPCS Level II (injectables, services and supplies) and ICD-10-CM (diagnoses). I state all of this basic information because these letters are going to be thrown around in more topics, especially ICD-10, than ever before.

This is the first in a series of articles that will focus on ICD-10-CM. I will attempt to give you resources and share learning tools for you and your staff. The *AAP Pediatric Coding Newsletter* is something that I have found to be the most informative in preparing pediatric practices. These newsletters are online or available in print plus the online exclusive articles, entitled *Transition to 10*, have provided articles based on body systems so that learning can be done in small segments. I cannot endorse a product but I can tell you that I use this one regularly and have for years. There are other resources, many consultants and trainers offering guidance, and there will be many more. The key is know what you have now, the way you operate in your own practice and use the diagnoses that you bill the most often to help you determine what you need to learn for the future.

This is a short checklist of things you can do now to get started:

- Identify your top 25 ICD-9 codes currently used
- Look at the ear codes starting with 381 or 382.
- If you are using 382.9 most often, I strongly encourage you to stop. There are many codes that more appropriately identify otitis media. The insurance claim can only be coded if the words in the progress note match the words in the code descriptions.
- Start using the more specific codes for otitis media and in one month run the top ICD-9 codes used again. See if there is a trend to adopting change. If not, stay focused on this change because in general pediatrics, this one has the most change.
- Get an ICD-9 code book and look at the numerical section 381 and 382. Add descriptors to your documentation for otitis media such as acute, subacute, recurrent, chronic, serous, suppurative, purulent, mucoid, allergic, right, left or bilateral. All of these descriptors will be in the new ICD-10 descriptors and if you get used to coding the more specific codes currently in ICD-9, then the transition to ICD-10 will be easier next year.

USA Children's and Women's Hospital dedicates expansion

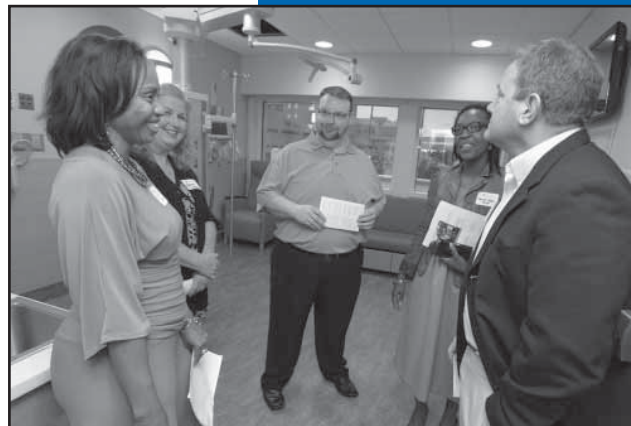
On Sept. 12, the University of South Alabama (USA) Children's & Women's Hospital dedicated a new \$72.6 million expansion funded by the USA Health System, USA Foundation and private gifts. The new 195,000-square-foot tower nearly doubles the hospital's size, increasing its inpatient pediatric beds from 53 to 68, adding eight new surgery suites, expanding the pediatric intensive care unit (PICU) from 14 to 20 beds, and providing larger patient rooms to better accommodate visitors and families.

"In an effort to improve the ease of making inpatient pediatric referrals, we have also developed a comprehensive pediatric hospitalist program," said David Gremse, MD, FAAP, Professor and Chair of USA Department of Pediatrics. "In addition, we have recruited two additional pediatric intensivists, who join our four PICU attendings in caring for critically ill children."

Vital support services such as an enlarged cafeteria and kitchen, a new pharmacy, and professional teaching and community education space are also included in the five-level expansion. Two family rooms have been created by Ronald McDonald House Charities of Mobile, Inc.

Services are slated to begin operation in the new tower in October.

With nearly 2,700 deliveries each year, USA Children's & Women's Hospital is Mobile's leader in births. The hospital has the area's only Level III neonatal intensive care unit (NICU) and PICU, each uniquely equipped and staffed to provide the region's most advanced care for premature, critically ill and critically injured children. The NICU treats more than 1,000 babies each year, with one-quarter of the babies coming from other hospitals in the region.



Chapter members Norma Mobley, MD, FAAP, and J. Wiley MD, FAAP, (Chapter Immediate Past President) tour one of the beautiful PICU rooms in the new USA Children's and Women's expansion, set to open in October.

CBIT

Comprehensive Behavioral Intervention for Tics

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

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

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

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

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

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



Children's
of Alabama®

Physical Therapy and
Occupational Therapy Department



Reach Out and Read All About It!

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

24 practices encourage reading and preparedness this summer



Alabama families were encouraged to “read together and be prepared” this summer through Reach Out and Read-Alabama’s annual summer campaign.

Thanks to AAP Friends

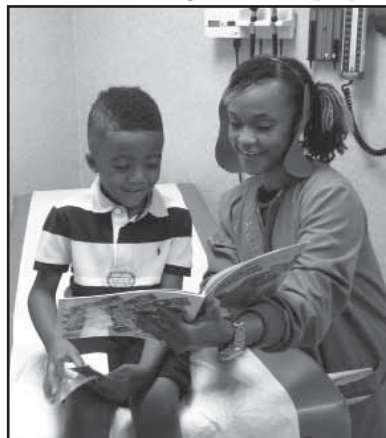
where great stories begin™

of Children funding, 24 program sites participated in the campaign, sharing Norman Bridwell’s *Clifford and the Big Storm*, helping families understand the importance of preparedness in disasters, as well as helping young children cope more effectively once a disaster has occurred.

The Chapter’s 2011-2012 Friend of Children-funded “Recognition, Recovery and Resiliency” project provided education and training to pediatricians on the effects of trauma and stress in children relative to natural disasters. Reach Out and Read-Alabama’s summer campaign provided a perfect vehicle to extend the project’s objectives this year.

“We live in an area susceptible to hurricanes and tornadoes. Because we address the mental health needs of our patients, *Clifford and the Big Storm* is a tool we could use for parents to help their children cope before, during and after an unfavorable weather event,” said Michelle Freeman, MD, FAAP. “Not only does the book provide an avenue for reading together, but children can learn practical applications to help them feel safe and be safe during stormy weather. We hope children take this knowledge into their adulthood and teach their own children one day.”

The 24 program sites participated in the summer campaign with a variety of activities, including having local weather personalities talking to the children about weather preparedness and reading the book, handing out storm preparedness information from



ReadyBaby, and providing helmets and storm safety kits to participants. More than 1,200 children received their own copy of the book to add to their home libraries.

The following Reach Out and Read-Alabama program sites participated in the campaign:

Dr. Scott-Conley shares *Clifford and the Big Storm* with one of her patients.

Alabama Multi-Specialty Group
Bessemer Health Center
Brewton Medical Center
Charles Henderson Child Health Center
Chilton Pediatrics
Dothan Pediatric Clinic
Eastern Shore Children’s Clinic
Enterprise Pediatric Clinic
Eufaula Pediatric Clinic
Fairhope Pediatrics
Gulf Shores Pediatrics
Infants’ and Children’s Clinic
Lower Alabama Pediatrics

Mobile County Health Department Eight Mile Clinic
Mobile County Health Department Pediatric Clinic
Model City Pediatrics
Pediatric Adolescent Medicine
Pediatric Associates of Auburn
Pediatrics at Twilight
Pediatrics West
Southeastern Pediatric Associates, PC
UAB Family Medicine
UAB Primary Care Clinic
Western Health Center

Reach Out and Read’s free micro-lectures offer relevant early brain and child development information for providers

The Early Brain and Child Development (EBCD) initiative of the AAP was established in late 2010 to develop specific goals and objectives around EBCD and serve as the strategic oversight body for the Academy’s related activities. As the AAP promotes the importance of nurturing relationships as the foundation for building healthy brains, an EBCD Leadership Workgroup has worked to change:

1) how pediatricians and their communities view early childhood development, and 2) how pediatricians and their communities care for and invest in young children.

Dipesh Navsaria, MD, MPH, MSLIS, FAAP, a member of the workgroup and Medical Director of Reach Out and Read Wisconsin, made the following comment recently on the National Scientific Council of the Developing Child’s report on the Science of Early Childhood Development: “Child development is a foundation for community development and economic development, as capable children become the foundation for a prosperous and sustainable society. Brains are built over time, so you can’t just put all your money into third-grade reading and think that what happened in the previous eight years doesn’t matter or what happens after third grade doesn’t matter.”

Hear all of Dr. Navsaria’s comments and more in a series of micro-lectures offered by Reach Out and Read on literacy- and language-related topics targeted to provide research, tips and information immediately usable in exam-room encounters:

- *Early Brain and Child Development: From Pontification to the Practical* by Dipesh Navsaria, MPH, MSLIS, MD
- *Raising Analog Kids in a Digital Age* presented by John Hutton, MD
- *The Developing Reading Brain* presented by Jean Ciborowski Fahey, PhD

To download and listen to these free micro-lectures visit <http://www.myror.org/training.aspx>.

Payor Updates continued from page 4

pediatric care and what is important for pediatricians to care for children in Alabama.

Through this venue, the Chapter has educated payor representatives on mental health coverage, medical home, after-hours services, administrative hassles, obesity coverage and more, and successfully advocated for developmental screening coverage as well as oral health coverage in the medical home (ALL Kids) and preventive care.

Coverage for breastfeeding education, support and pump/supplies coverage

At the August meeting of the Council, members found out that breastfeeding education, support and pump/supplies are now covered under the Affordable Care Act's women's preventive health provisions. Specifically, hospital-grade breast pumps are covered for babies with problems; it has to be filed with a diagnosis. Mothers will not have to cost-share, and a pediatrician can order it for the mother. The Chapter did clarify, however, that these services have to be billed on the mother's claims for Blue Cross to cover them.

Mental health payment in the primary care medical home

Members of the Council were also delighted to hear that more and more employers are not carving out mental health benefits, thanks to the mental health parity law as well as the Council's continued education on this issue: Blue Cross has been strongly encouraging employers not to carve out and keep mental health "in-network," so that many pediatricians are now being paid for ADHD, depression and anxiety visits.

Blue Cross introduces "Complete Picture of Health – Documentation and Coding Improvement" initiative

In preparation for 2014 and ICD-10, payors are encouraging more specific coding.

"It is critical that Blue Cross and Blue Shield of Alabama (BCBS) receive complete and accurate coding data to properly indicate our members' health status," explained Ross Bartee, with BCBS's Healthcare Networks. "This information drives the development of care management strategies and identifies patients most in need of resources. It also conveys the complexity of our patients' health or 'risk,' which will impact future premium rates and provider incentive programs."

To help BCBS providers document and code as accurately as possible, the payor is introducing the "Complete Picture of Health – Documentation and Coding Improvement" initiative. Tools and resources created for this initiative are now available on the BCBS website, www.bcbsal.com/providers, including three coding profiles that provide insight into how the payor gauges patient complexity by displaying the average number of diagnostic codes and coding specificity a physician files over a 12-month period. The report highlights the following for profiled claims:

- Total number of diagnosis codes
- The average number of diagnosis codes
- The number and percentage of unspecified diagnosis codes
- The top 50 unspecified codes

Look for these reports on the website under "Provider Profile Information and Reporting."

You will also find additional Documentation and Coding Improvement Initiative tools and resources by selecting "Documentation and Coding" under Quality and Transparency.

Soon, the initiative will be tied to the payor's Value-Based Payment program. Look for more details on this in the future.

If you have questions about the content of your coding report, contact your Provider Network Services Representative.

Many thanks to our advertisers

ADPH Immunization Division

Children's of Alabama

Coastal Insurance

MediSYS

Pediatric Nephrology
of Alabama

Event Calendar

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

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

December 3, 2013
Pediatric Council meeting
Montgomery, AL

April 24 - 27, 2014
2014 Spring Meeting & Pediatric
Update
Marriott Grand Hotel
Point Clear, AL

Child advocacy does not have to be difficult!

By Michelle Freeman, MD, FAAP, Dothan Pediatric Clinic



I always leave an AAP meeting inspired – whether it is learning about new guidelines to help manage an illness, being

educated about how to keep a medical practice fiscally sound, or hearing about new ways we can advocate for the safety of our patients, I bring back lists of ideas I'd like to implement in our practice.

Our last Spring Meeting was no exception. After hearing an outstanding lecture given by Dr. Denise Dowd, a lead author on the AAP's policy statement on firearm injury prevention, I wondered how my practice could make a difference. As part of Dr. Dowd's lecture, we were told about a program called Project ChildSafe, a national program that promotes safe firearm storage and handling. Through this program, we learned you can partner with your local law enforcement to distribute safety kits that include a free gun lock and educational information on gun safety.

As I returned to Dothan, I wondered how difficult it would be to educate our local community about the importance of gun safety. Turns out it wasn't difficult at all.

After a quick phone call to the Dothan Police Department, I found out they were indeed aware of Project ChildSafe and happened to have several hundred kits available for distribution. They were overwhelmingly enthusiastic about partnering with us on this project.

The next step was to pick a date and inform the community. We created a short press release

NEWS FROM PUBLIC HEALTH

ALL Kids benefit changes effective this summer

In an attempt to meet budgetary requirements starting this year, ALL Kids, the state's Children's Health Insurance Program, has had to impose some modifications to its benefits, effective this summer. The following changes have been implemented:

Therapies (PT, OT and ST)

Effective June 1, 2013, a precertification requirement was established for physical therapy, speech therapy and occupational therapy after 15 visits PER therapy. If no precertification is received, then no benefits are available after the 15 visits. For calendar year 2013, begin counting the visits after June 1, 2013, and for the following years, begin counting the visits per calendar year.

Effective 8/1/13 co-pays will be added to the following services:

Therapies (PT, OT and ST)

\$3 co-pay low-fee group

\$13 co-pay fee group

Routine Eye Exam

\$3 co-pay low-fee group

\$13 co-pay fee group

Chiropractic Services

\$2 co-pay low-fee group

Eyeglasses/Lenses

\$3 co-pay low-fee group

\$13 co-pay fee group

Routine Eye Exam and eyeglasses/lenses

Effective Aug. 1, 2013, ALL Kids vision coverage will limit the vision exam and eyeglasses to once every 24 months. There will be no look-back period. The limitation will begin counting forward 24 months from the first exam performed or glasses received on or after Aug. 1, 2013.

New income guidelines released for WIC

Under the recently released 2013 federal poverty guidelines, more families may be eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children, better known as WIC. Providing nutrition education and supplemental foods during the early, formative years, WIC is open to participants with incomes up to 185 percent of the federal poverty level, per the table below:

Family size	Annual Income	Weekly Income
1	\$21,257	\$409
2	\$28,694	\$552
3	\$36,131	\$695
4	\$43,568	\$838
5	\$51,005	\$981

WIC participants must have both a limited income and a nutritional need. Families who receive Medicaid, SNAP, formerly known as Food Stamps, or Family Assistance, formerly known as TANF (Temporary Assistance to Needy Families) already meet the income qualifications for WIC. Even families who do not qualify for these three programs may be eligible for WIC.

For example, a single mother and her baby can have an income of up to \$552 per week (before taxes are deducted) and qualify for WIC. A husband and wife with three children can have a total weekly income of as much as \$981 (before taxes) and meet the income requirements to participate in WIC.

"We especially want to reach women during their pregnancies because good prenatal nutrition is important in promoting healthy pregnancies and birth outcomes," said Carolyn Battle, WIC director at the Alabama Department of Public Health. "Also, we know that WIC can help Alabama families develop healthy eating and activity habits that will last a lifetime."

For more information, parents can contact their local county health department or the statewide toll-free line at 1-888-942-4673.

What is the Vaccines for Children Program?

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

What are the benefits of the VFC program?

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

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

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

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


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

Your strength is the ability to provide.



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





A lawsuit can injure your reputation. You should be consulted.

When a patient takes issue with how you treat them, it reflects on you and your practice. So why let your malpractice insurer ignore your wishes?

At Coastal Insurance, we make a strong case for physician input in the handling of patient actions. As part of our defense team, you participate in our decisions as we weigh the best strategy. After all, you have so much at stake in the outcome.

So are you ready for a different approach to Malpractice insurance? Then call us today at 800-821-9605. And get a healthy dose of personal service.

Coastal Insurance Company, Inc.



More than insurance. *A relationship.*

Coastalins.org

CHAPTER BRIEFS

Ramsey appointed sole physician on Alabama Medicaid Pharmacy Study Commission

On the heels of his 2012-2013 appointment to Governor Robert Bentley's Medicaid Advisory Commission, Michael J. Ramsey, MD, FAAP, President-Elect/Incoming President, has been appointed to the Governor's new Alabama Medicaid Pharmacy Study Commission, representing practicing physicians across Alabama.

Chaired by State Health Officer Don Williamson, MD, the Commission is reviewing Medicaid's pharmacy delivery and reimbursement system and evaluating options for reform. Commission members are specifically charged with analyzing the current system, comparing Alabama's program with other states' operations, identifying alternative pharmacy systems that could maintain quality and save money for Alabama and the estimated savings and economic impact for each described system if implemented. The commission is to report its findings to the Governor no later than December 1.

Reforming Medicaid by increasing efficiency and improving care has been a long-term goal for Governor Bentley, according to the Alabama Medicaid Agency.

"Appointing you to this position comes with great responsibility because you will be making important decisions that affect the citizens of Alabama," wrote Governor Bentley in his letter to Dr. Ramsey. "I appreciate your willingness to serve in this position, and I am confident that your time will be spent in a manner to improve the state of Alabama."

The Commission has met once already and will continue to meet throughout the fall.

Birmingham area pediatricians urged to consider joining developmental screening MOC project for 2013-2014

Thanks to grant funding from the Community Foundation of Greater Birmingham, pediatricians in five counties – Blount, Jefferson, Shelby, St. Clair and Walker – will soon be sought for the second year of the Chapter's Quality Improvement project to refine practice processes for standardized developmental screening and

referral through Help Me Grow-Central Alabama. A CME training/learning session will be held this fall (date to be determined), open to all pediatricians in these counties. Look for more details coming soon!

Mark calendars for 2014 Spring Meeting at the Marriott Grand

Make plans now to attend next year's highly anticipated Spring Meeting, set for April 24-27, 2014, at the Marriott Grand Hotel in Point Clear – which will be a location change from recent years. The Executive Board was ready to try something different next year as a test – we look forward to shaking things up by having a great Alabama meeting in a beautiful, truly Southern location!

Children's to participate in national surgical quality improvement program

Children's of Alabama in Birmingham is one of only 53 pediatric hospitals nationwide to join the American College of Surgeons' National Surgical Quality Improvement Program (NSQIP).

The NSQIP tracks data on surgical patients pre- and post-operatively to analyze more than 100 clinical variables that relate to patient outcomes. Using that analysis, the participating hospital is able to determine where improvements in the continuum of care are needed and develop processes to implement those improvements. Some of the post-surgical complications reviewed and assessed include incidence of pneumonia, renal failure, urinary tract infections, sepsis and surgical site infections.

The main benefit of participation in the program is improved patient care. Resulting quality improvement measures produce fewer post-op complications, better outcomes, shorter hospital stays and greater patient satisfaction--lowering the cost of care.

Congratulations to Children's!

Best Practices continued from page 10

about our event and emailed it to the news directors of our local TV stations, newspapers and radio stations. We sent it out twice – a week before the event and again the day before. Guess what happened? All three media sources called and wanted to cover our event!

The day was a success! Two very friendly Dothan police officers spent four hours of their valuable time in our waiting room discussing gun safety and handing out safety kits. I, as well, learned a valuable lesson that day – talking to the media is not as terrifying as it seems, especially if it is concerning a topic about which you are passionate.

I can't wait to see what inspiration our Annual Meeting meeting will bring!



Chapter leaders accept awards at District Meeting

The American Academy of Pediatrics' District Meeting is a time for the Chapter to shine among colleagues across the country. This year's meeting in late June was no exception as Chapter President-Elect Michael Ramsey, MD, FAAP, and Linda Lee, APR (pictured above with District Chair Sally Goza, MD, FAAP), accepted awards on behalf of five Chapter members who have gone above and beyond. These members will be recognized by Chapter President Grant Allen, MD, FAAP, at the Chapter Awards Dinner on Sept. 28.

MEDICAID NEWS

Alabama Medicaid Agency moving quickly to comply with new RCO law

Only weeks after Governor Robert Bentley signed a Medicaid reform bill into law, Medicaid staff, stakeholders and others are moving quickly to comply with the law by creating the legal and operational foundation upon which to build the new healthcare delivery system of “regional care organizations” (RCOs).

The first two challenges under the new law center around determination of actuarially sound districts and how to legally facilitate collaboration outlined in the law, according to State Health Officer Don Williamson, MD, who is also leading the Medicaid transformation effort.

The proposed districts are based on several factors, according to Dr. Williamson. He explained that in addition to being actuarially sound, the districts were drawn in an effort to honor existing referral patterns and, when possible, to keep various health systems together.

In June, the Agency met with hospitals, physicians and other provider groups and worked with an actuary to propose districts for the planned RCOs. After several revisions and a comment period, the map was finalized in August, well before its October 1 deadline (see map at right).

At the same time, the Agency must develop the rules for collaboration, for governance and for what probationary or provisional certification of an RCO should entail, Dr. Williamson said.

“There is extensive language in the law about anti-trust and the intent of the legislature is to allow the creation of markets. Medicaid staff are working very, very hard now on anti-trust issues and are looking at how other states have dealt with it. It is a critical issue to get those rules out, because that is the next thing that has to happen,” he explained.

After that, the state will need to write rules around what constitutes a sufficient provider network, Dr. Williamson said. “We haven’t identified all the components we are looking for. Governance is one, but beyond governance, I think it is incumbent that there is some evidence that an entity granted provisional certification is capable of putting together an adequate provider network, of being solvent, and have necessary business back office to manage capitation.”

Agency makes cuts to pharmacy program, including OTCs for children

By employing a combination of financial, clinical and administrative strategies, Alabama Medicaid officials hope to cut approximately \$11 million in state dollars from its pharmacy program in FY 2014 while still providing access to most critical medications for more than 600,000 Medicaid recipients who qualify for drug coverage each year.

The first cost-cutting measures were implemented July 1 and included

reimbursement changes for compounded drugs, increased co-payments on drugs and a change to prevent stockpiling of medications via early refills. The three measures are estimated to save about \$1 million in state funds during the 2014 fiscal year.

The next round of changes will start October 1 and include prescription drug limits for adults, a mandatory three-month supply for certain drugs used to treat selected chronic diseases, and an end to coverage of over-the-counter (OTC) drugs for both adults and children.

Adult recipients will be limited to a total of five drugs per month, four of which may be brand-name drugs. However, recipients who require anti-psychotic, anti-epileptic (seizure) and/or anti-retroviral (HIV/AIDS) drugs will be allowed to have up to 5 additional (10 total) brand-name or generic versions of these drugs.

“The Agency is also implementing a mandatory three-month supply of certain medications for chronic disease states such as hypertension, diabetes, depression, asthma, thyroid disease, and high cholesterol as well as contraceptives,” said Kelli Littlejohn, PharmD, Pharmacy Director. “The three-month supply will only be applied to the recipient’s prescription limit during the month in which the drug is dispensed, however. Not only will this provide flexibility for the recipient, we also hope that this will benefit recipients who may now have transportation or other barriers to timely refills.”

Regarding an end to coverage of over-the-counter drugs for children, Chapter President Grant Allen, MD, FAAP, sent the Medicaid Commissioner a letter in July, advocating that certain OTCs remain covered as a less expensive way to treat allergies and other common illnesses. The Commissioner’s response, however, indicated that due to federal rebates, it was more cost-effective to eliminate all OTCs,

Regional Care Organization Districts Effective October 1, 2013



Medicaid News continued from page 14

even if prescription drugs were then required as an alternative.

Medicaid to conduct Meaningful Use audits among random sample

The Alabama Medicaid Agency, as administrators of the Meaningful Use (MU) Program for the state of Alabama, is required by the federal government to conduct audits of providers who have adopted, implemented and upgraded an electronic health record system and have received incentive payments.

Over the next six months, they will be conducting site visits among a random 25 percent of providers that have received the incentive payments for this first stage of MU to verify if the EHR system that they "adopted, implemented or upgraded" in is use in the practice. They may also request

clarification of information originally submitted by the provider during the attestation process.

Members of the HIT team as well as Medical Director Robert Moon, MD, met with Chapter Executive Director Linda Lee as well as her counterparts from the Medical Association of the State of Alabama and the Alabama Academy of Family Physicians to make them aware of the upcoming audits. They stressed that unlike traditional Medicaid audits, the intention is NOT to recoup payments – the federal government simply requires that a basic audit be conducted as follow-up. In mid-September, those providers who are randomly selected will receive a letter, and then a follow-up call later to schedule the visit.

If you have any questions, please email

llee@alaap.org or Medicaid directly at Janice.miles@medicaid.alabama.gov.

Primary care physicians receive more than \$8.8 million due to "bump"

Approximately 2,100 Alabama primary care physicians who qualified for an enhanced federal payment rate known as the "bump" have received more than \$8.8 million in additional reimbursement since the Alabama Medicaid received federal authorization on May 29.

The Agency began payment of the enhanced rate to qualified providers on June 8 and started reprocessing claims paid under the old rate in July so eligible providers could receive the difference for services provided since January. All reprocessing is expected to be completed by the end of September.



MEDISYSINC.COM

MEDISYS

Cloud-Based MediSYS EHR v2.0 for Greater Connectivity & Complete Mobility

- Flexible, Easy-to-Use Dashboard
- Patient Portal
- Real Time Immunization Access
- Certified for Meaningful Use & SureScripts
- Affordable, Subscription-based
- Expert, On-Site Implementation



This Complete EHR is 2011 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments. MediSYS EHR v1.0, Date Certified: 02/09/2011, Product Version 1.0, Clinical Quality Measures tested: NQF0013, NQF0024, NQF0028, NQF0038, NQF0041, NQF0059, NQF0061, NQF0064, NQF0421, no additional software used, 30000001U914EAC

BIRMINGHAM, AL

205.631.5969

MONTGOMERY, AL

334.277.6201

ALABAMA PROVIDERS USING MEDISYS COLLECT OVER \$4 MILLION IN INCENTIVES

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Alabama Chapter

19 S. Jackson St.

Montgomery, AL 36104



PEDIATRIC NEPHROLOGY of Alabama



Mark Benfield, MD

OFFICES in Birmingham, Huntsville, Montgomery and Tuscaloosa

- Over 20 years of experience in caring for children and young adults with kidney disease
- Renal ultrasound and lab in office
- Caring for children birth-25 years of age
- Accept all insurance including Medicaid and Medicare

Special Interests of Pediatric Nephrology of Alabama:

Primary Pediatric Nephrology

- Hematuria
- Proteinuria
- Urinary Tract Infections and Reflux
- Enuresis
- Electrolyte Problems
- Kidney Stones

Glomerular Diseases

- Nephrotic Syndrome
- Glomerulonephritis

Hypertension

SLE

Chronic Loss of Kidney Function

Transplantation

Congenital Anomalies of the Kidneys and Urinary Tract

Metabolic Syndrome

1425 Richard Arrington Jr Blvd South Ste 206; Birmingham, Alabama 35205

Phone (205) 558-3200

WWW.PEDNEPHAL.COM