The Alabama
Pediatrician
Summer/Fall 2006

From the Chapter President

V.H. Reddy, MD, FAAP
Chapter President

Dear Colleagues,

With the help of Chapter members working together, we have come a long way in meeting our goals during the past year. I will enumerate here a few of our accomplishments so far:

1) Lewis Doggett, MD, FAAP, Area 4 Representative, has done a superb job leading the charge on the promotion of breastfeeding with the formation of a state breastfeeding coalition. He will explain these efforts at the upcoming Annual Meeting;

2) Our Chapter members were instrumental in pushing forward the child passenger safety legislation this past spring, and we expect to continue that momentum as we work with VOICES for Alabama's Children on this and other issues next year;

3) Our mental health grant project has been a huge success as pediatricians have been able to participate in CME/networking meetings across the state, attended by child and adolescent psychiatrists and other mental health professionals whose input was found to be invaluable. We hope to continue this success as we look at the possibility of holding an open forum on mental health issues in the near future.

4) We are very encouraged by the interest of pediatricians in our new Peds-to-School project, which, through a collaboration with the Department of Education, Public Health and the Association of School Nurses, will allow us a forum in the schools to discuss the importance of nutrition and physical activity.

We are also tasked to address a number of important issues that face pediatricians right now:

1) The proliferation of retail clinics (i.e. Wal-Mart, CVS, Publix, etc.) – *(see article on page 9)*.

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ANNUAL MEETING & PEDIATRIC UPDATE

September 28 – October 1, 2006 • Sandestin Beach Hilton

Early bird registration deadline draws near

The early bird registration deadline for the 2006 Annual Meeting and Pediatric Update is upon us, with only two weeks left before the meeting!

If you haven't already done so, please hurry and get your registrations in now! Set for September 28 – October 1, the meeting will feature 13.5 hours of Category I CME from both national and state faculty on such topics as influenza, asthma, oral health, pediatric dermatology, neurosurgery, neonatology and early detection of autism.

"For the first time, meeting attendees can register on the Chapter web site using Paypal," said Linda Lee, APR, Chapter Executive Director. "We're excited to be able to offer this additional, convenient registration option."

Another "first" for this year is a young pediatricians get-together, "It's Tiki Time," which will be held at Barefoots Beachside Bar & Grill immediately following the dinner and dessert on Saturday. The entire evening will be held outside on the deck (weather permitting) and will feature live music.

"We hope that all Chapter members, regardless of their years in pediatrics, will come out and join the young pediatricians at Barefoots," said Grant Allen, MD, FAAP, incoming board member and a member of the Chapter Young Pediatricians Committee.

In addition, the Chapter will host a Meet & Greet reception in the exhibits on Thursday evening. Fun group child care activities are also being planned by the hotel recreation staff, so don't forget to sign your children up for the child care program!

For more information, call 334-954-2543 or visit the Chapter web site at www.alchapaap.org.

Chapter election results in, new slate announced

The 2006 Chapter elections results have been tallied, with all nominees voted in as follows: Timothy Stewart, MD, FAAP, of Huntsville was re-elected as Area 1 Representative (2007-2010); Grant Allen, MD, FAAP, of Florence was elected as Area 2 Representative (2007-2010); and Sara SmithT, MD, FAAP, of Opelika was elected to serve a three-year term as Nominating Committee member (2007-2010).

"I offer my congratulations and thanks to each of these pediatricians, who, by accepting these positions, are making significant contributions to pediatrics and child health in Alabama." Dr. Reddy said. "With these additions to our already stellar group of Chapter leaders, I look forward to another great and productive year."

Taking office on Oct. 1, 2006, the 2006-2007 Executive Board and Nominating

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Alabama Chapter – AAP Mission, Values and Vision Statement

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

Values:
Children must be highly valued by society. Each child must develop to his/her highest potential. Children must have strong advocates for they have no voice of their own. Pediatricians are essential to achieving optimal child health. The work of pediatricians, and the profession of pediatrics, must endure and grow ever stronger.

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

Peds-to-Schools wellness inservice project off to great start

The Chapter's new Peds-to-Schools wellness project has kicked off with fervor as more than 60 pediatricians have signed up to volunteer to provide a nutrition/wellness inservice presentation at their local schools.

Announced to members in early August, the project's aim is to improve the health status of Alabama's youth by creating awareness among schoolteachers and staff of the burgeoning obesity epidemic. Through a collaboration between the Alabama Chapter-AAP and the Alabama Department of Education (DOE), the Alabama Department of Public Health (ADPH), the Alabama Association of School Nurses, and UAB Department of Pediatrics, the initiative matches pediatricians with local schools/school systems to provide a 30-45 minute teacher/staff inservice on obesity and the importance of nutrition and physical activity.

"This project was developed as the result of several meetings between Chapter leaders and the Alabama Department of Public Health and the Alabama Association of School Nurses," explained A.Z. Holloway, MD, FAAP, Vice President and Chair of the School Health/Nutrition/Physical Fitness Committee. "As a Chapter we knew we wanted to do something constructive to begin to tackle obesity. I think this program is a step in the right direction."

Each volunteer is being mailed an ADPH-developed and pediatrician-reviewed PowerPoint presentation, offering an easy way for physicians to provide a short-term, beneficial service at their local schools.

"This initiative helps Alabama's public schools to meet the Alabama Board of Education's new guidelines that require staff wellness training beginning with the 2006-2007 school year," said Miriam Gaines, RD, LD, Nutrition Director with the Alabama Department of Public Health. "We are excited about this partnership and hope that it will have an impact."

Additionally, the Alabama Academy of Family Physicians has signed on as a partner in the project, which will hopefully assist in reaching the state's rural areas. Nurses from county health departments have also called with an interest in volunteering for the project.

If you are still interested in volunteering, please fax the form mailed to you in August (or download from the Chapter web site at www.alchapaap.org) to the Chapter office at 334-954-2543.

"Chapter election results" continued from page 1

Committee members are as follows:

President - V.H. Reddy, MD, FAAP
Vice President/President-Elect - A.Z. Holloway, MD, FAAP
Secretary/Treasurer - Michelle Amaya, MD, FAAP
Immediate Past President - Marsha Raulerson, MD, FAAP
Area 1 Representative - Tim Stewart, MD, FAAP - Huntsville
Area 2 Representative - Grant Allen, MD, FAAP - Florence
Area 3 Representative - Paul Amamoo, MD, FAAP - Birmingham
Area 4 Representative - Lewis Doggett, MD, FAAP - Anniston
Area 5 Representative - Jeff Tamburin, MD, FAAP - Dothan
Area 6 Representative - Jennie Breslin, MD, FAAP - Fairhope
Nominating Committee Members -
Paula Drummond, MD, FAAP
Bob Beshear, MD, FAAP
Sara SmithT, MD, FAAP


Tim Stewart, MD, FAAP


Grant Allen, MD, FAAP


Sara SmithT, MD, FAAP

Clinical approaches to the community-associated MRSA epidemic

By David W. Kimberlin, MD, FAAP, Associate Professor of Pediatrics, UAB Division of Pediatric Infectious Diseases, and Member of the AAP Committee on Infectious Diseases (Red Book Committee)

By now, most pediatricians in Alabama and around the country to greater or lesser extents have experienced in their practices the dramatic shift in the epidemiology of Staph infections that has occurred over the last several years. Historically, methicillin-resistant Staphylococcus aureus (MRSA) caused infection primarily in health care settings (health care associated MRSA, or HA-MRSA). Beginning in the late 1990s, however, community-associated MRSA (CA-MRSA) infections have been reported in people without any substantial health care exposure. CA-MRSA is now an established pathogen across the country, and in many cities now accounts for the majority of cases of S. aureus infections. At the Children's Hospital of Alabama, 67 percent of all S. aureus isolates obtained during the first six months of this year were CA-MRSA.

CA-MRSA most typically causes skin and soft tissue infections (SSTIs). Patients and families frequently describe the infected areas as "spider bites" or "insect bites." Increasingly, though, CA-MRSA is also causing life-threatening invasive disease, including osteomyelitis, septic arthritis, pneumonia, pleural empyema, septic pulmonary emboli, endocarditis, septic thrombophlebitis of large vessels, and septicemia (CID 2005;40:1785-91). For reasons that are not fully understood, patients with invasive CA-MRSA frequently remain bacteremic for days or weeks, and antibiotic treatment for several months is often indicated. Mortality is not uncommon.

The genetic "cassette" in CA-MRSA isolates that carries resistance to methicillin and other beta-lactam antibiotics is limited in size and cannot carry much additional information. For this reason, CA-MRSA isolates typically remain susceptible to multiple other antimicrobial agents, including trimethoprim-sulfamethoxazole, gentamicin, and doxycycline. At TCHA, 99 percent of our CA-MRSA isolates are trimethoprim-sulfamethoxazole susceptible, and in most parts of the country this drug has become a stalwart in managing CA-MRSA infections. On the other hand, clindamycin susceptibility is trickier because CA-MRSA isolates can have an inducible macrolide-lincosamide-streptogramin B phe-

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Chapter participates in national Quality Workshop

This summer, the Alabama Chapter-AAP was selected as one of 18 state AAP Chapters to participate in a unique workshop designed to assist Chapter leaders in augmenting and supporting quality improvement (QI) initiatives in their states.

The current health care environment targets quality and requires clinicians to understand and apply principles of improvement and performance measures. In addition, beginning in 2010, part 4 of the American Board of Pediatrics' Maintenance of Certification will require pediatricians to document performance in practice.

V.H. Reddy, MD, FAAP, Chapter President, John Searcy, MD, FAAP, Medical Director with the Alabama Medicaid Agency and Chapter Executive Director Linda Lee represented the Chapter at the two-day workshop, which highlighted ways to raise awareness and build will for QI, integrate QI into CME activities, and support implementation of change in practice. The sessions paid special attention to relying on the strength of private-public collaborations as a way of effecting statewide QI change.

"Several states provided excellent examples of ways that Chapters could be part of improvement partnerships with state agencies, including Medicaid and Public Health, that use measurement-based efforts and a systems approach to improve the quality of children's healthcare," Dr. Searcy said.

"At the practice level, we must begin to help physicians understand how to document performance and implement best practice standards to improve care," said Dr. Reddy. "For this reason, we will be seeking member input to identify specific child health topics that they feel we need to focus on as a chapter."

This feedback will be used by the board to plan future QI activities.

How To Contact Your Chapter Leaders

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From the Coordinator

"As pediatricians, we like to prevent problems from occurring before they begin. Maybe that's why I have found it impossible to work in an urban setting and not to become frustrated with the cycle of illiteracy, academic underachievement, and poverty that I have witnessed in my daily practice. I have known about the Reach Out and Read (ROR) program for some time now, and several years ago I even went so far as to order the program manuals and application materials. After receiving them, they eventually became buried on my desk, along with the related journal articles I had intended to read.

My interest was rekindled, however, when I recently met Polly McClure, the statewide coordinator for Reach Out and Read-Alabama, at the Academy's past winter meeting. With her encouragement and support, I decided to pursue the application process a couple of months ago. Once I had gathered some initial demographic data about our practice, I completed the application online in about thirty minutes. In the age of electronic claims filing, even the data-gathering was easier than I had initially imagined it would be. Having now received a start-up grant from the ROR national organization, our office is well on its way to implementing the ROR program. Very soon we will join the ranks of pediatricians across the country who are advising parents that reading aloud to their children is the best way to ensure school success and giving those parents the tools to implement that advice!"

– Elizabeth Sahlie, MD, FAAP, Simon-Williamson Clinic Pediatrics

Congratulations to Dr. Sahlie and her partners on receiving a $5,000 grant from the Angell Foundation in California in support of their ROR program. David and Lynn Angell were passengers on American Airlines Flight 11, which crashed into the north tower of the World Trade Center on Sept. 11, 2001. A foundation was later established in their names. Lynn was the sister of Dr. Tom Edwards, a partner of Dr. Sahlie's. Through the foundation's generosity, Simon-Williamson Pediatrics will be able to supply books to all the children in their practice.

In addition to Simon-Williamson Clinic Pediatrics, I would like to welcome the following new program sites: Blancher & Stadther, MD, PA, in Mobile; Adolescent & Pediatric Associates in Montgomery; and Bessemer Health Center in Bessemer.

We are also happy to announce contributions from the following funding partners:

Community Foundation of Greater Birmingham, $4,000; and The Caring Foundation of Blue Cross and Blue Shield of Alabama, $5,000.

Because of the grants awarded by these two partners, we will be able to expand our program to other pediatric practices that want to make literacy promotion a standard part of their practice.

– Polly

The link between supportive parental involvement and children's early literacy development is well established. Snow et. al. and others have shown that children from homes where parents model the uses of literacy and engage children in activities that promote basic understandings about literacy and its uses, are better prepared for school.

Dickinson & Tabors (2001). Hart & Risley (1995). Snow, E. E. Barnes, W. S. Chandler, J., Goodman, J.F., & Hemphill, L. (1991). Unfulfilled expectations: Home and school influences on literacy. Cambridge, MA: Harvard University Press.

ROR-Alabama creates awareness with media kick-off events

Reach Out and Read-Alabama (ROR) garnered some statewide publicity when it held two media kick-off events in August in Mobile and Montgomery. With support from ROR-National Center, the Chapter was able to secure elected officials to read to children at both events, which were held in the waiting rooms of two ROR sites, USA Pediatric Outpatient Clinic (Cindy Sheets, MD, FAAP) and Adolescent and Pediatric Associates in Montgomery (A.Z. Holloway, MD, FAAP). Four television stations, including Alabama Public Television, and the (Mobile) Press Register ran stories about ROR and its impact on early literacy.

United States Congressman Jo Bonner enjoys a moment reading to the children in the waiting room of USA Pediatrics. Lieutenant Governor Lucy Baxley attended the Montgomery event, at which the cheerleading squad from Georgia Washington Carver Senior High School performed a cheer, "Get up all you reading fans and yell, 'Let's read!'" A third media event is being planned for Birmingham, for which the Chapter has invited Governor Bob Riley to attend.

"MRSA epidemic" continued from page 3

notype that confers inducible resistance to clindamycin. To determine that a CA-MRSA isolate does not have inducible resistance to clindamycin, a D-zone test must be performed. It is only when the organism is found to be clindamycin-susceptible by D-zone that this drug can be used with confidence that resistance will not emerge during the course of therapy. Currently, about 85 percent of CA-MRSA isolates at Children's Hospital are clindamycin-susceptible by D-zone.

Algorithms for the management of CA-MRSA infections are not widely agreed upon at this time. A reasonable approach was published in the AAP News in 2004 by Carol Baker and Bob Frenck (Baker CJ, Frenck RW Jr, AAP News 2004; 25(3):1, 116-117) (Figure 1). Physicians should always culture purulent skin or soft tissue lesions, adequately drain abscesses at presentation, and assess the need for hospitalization or empirical antimicrobial therapy.

Eradication of nasal carriage is frequently attempted but difficult to achieve. Mupirocin (Bactroban) is available in cream, ointment, and nasal formulations, but convincing data on efficacy of S. aureus carriage eradication are lacking in children. Treatment of a family of four with two two-week courses of the nasal preparation of mupirocin costs more than $2,000; no pharmacokinetic data on absorption of the cream or ointment formulations from the vascular nasal mucosa are available. Additionally, mupirocin-resistant strains of CA-MRSA are emerging across the country. The lack of documented benefit in children, lack of safety data on systemic absorption of the cream or ointment formulations, high cost of the nasal preparation, and potential for resistance to develop all preclude the routine use of mupirocin for eradication of CA-MRSA colonization in children. Courses of trimethoprim-sulfamethoxazole + rifampin, along with bathing with chlorhexidine or other skin antiseptics, have also been used in attempts to decrease or eradicate colonization (http://www.cdc. gov/ncidod/dhqp/ar_mrsa_ca.html).

It is imperative that physicians maintain a current knowledge of this new epidemic and their local susceptibility profiles and reporting terminology, including use of the D-zone test. Trimethoprim-sulfamethoxazole and clindamycin are the most commonly used drugs for non-severe CA-MRSA infections at this time.

An Approach to Empiric Treatment When Staphylococcal Infections Likely

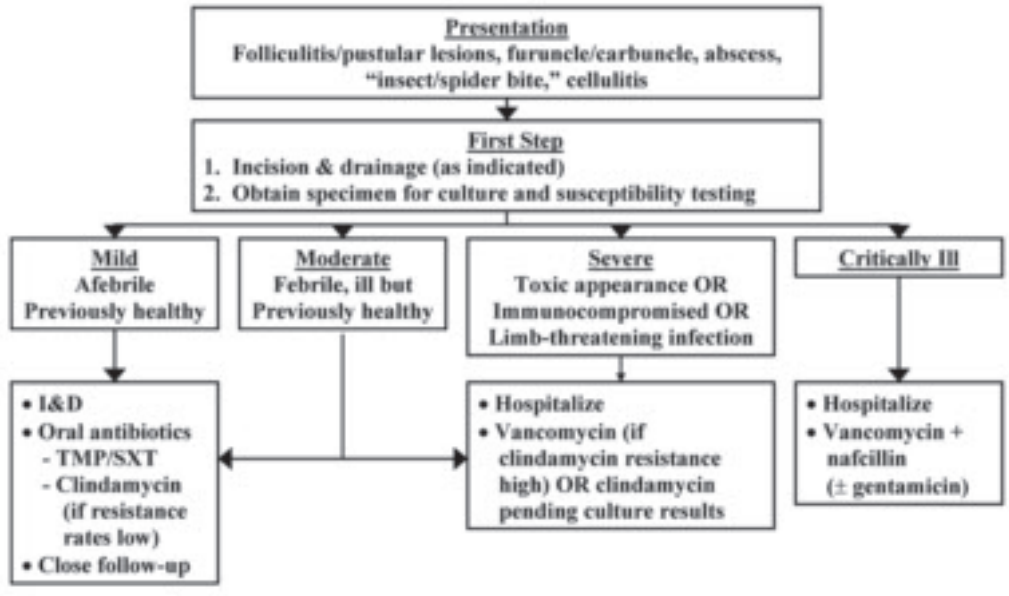


Figure 1

Event Calendar At a Glance

2006

September 28 – October 1
2006 Annual Meeting & Pediatric Update, Sandestin Beach Hilton, Destin, FL

October 7 – 10
AAP National Conference & Exhibition, Atlanta, GA

2007

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

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

2008

April 17 – 20
2008 Spring Meeting & Pediatric Update, Sandestin Beach Hilton, Destin, FL

Chapter to incorporate major change in CME meeting schedule effective 2007

Beginning in 2007, the Alabama Chapter-AAP will make a significant change in its schedule for the twice annual CME meetings: the "beach" meeting will shift to the spring, April 26 – 29, 2007 at the Sandestin Golf & Beach Resort, and the Birmingham meeting will move to September, Sept. 7 – 9, 2007 at The Wynfrey Hotel.

This decision resulted from the increased incidence of hurricanes affecting the Gulf coast in the late summer and early fall months over the last several years—two of which caused the Chapter to cancel the meeting completely.

"The decision to make this change came with a lot of careful thought and consideration of members' desires (as surveyed at the Annual Meeting last year), balanced with the need to protect the bigger beach meeting from further cancellations and low attendance," said Jennie Breslin, MD, FAAP, Chapter CME Chair and Area 6 Representative on the Executive Board. "The Board unanimously felt like this change was in the best interest of the Chapter."

The April meeting at the beach will continue to serve as the longer, three-day conference, while the Birmingham meeting will run Friday through Sunday as it has for the last four years. The September conference will, however, continue to function as the Chapter's annual business meeting with installation of officers and other end-of-year activities.

Legislative advocacy: one practice's perspective

By Jeff Tamburin, MD, FAAP, Area 5 Representative to the Chapter Executive Board

Over the last couple of years, my partners and I have gotten the notices about Pediatric Legislative Day in Montgomery and to be quite honest, did not give much thought to actually going. All of us cringed at the thought of becoming "political" and felt like we would be out of place in such a setting.

This year, however, three brave partners and our office manager finally decided to make the leap into the political arena and made the drive from Dothan to Montgomery. As a group we felt like we needed to step up and start advocating for the children in our state. Whether it was for a stricter car seat law or improved Medicaid funding, we felt like we needed to get involved. What we learned that day began our clinic's journey into the world of legislative advocacy and it hasn't been as tough or frightening as we thought.

Legislative Day was a great experience and one that I would recommend to all pediatricians in the state. Leaving Montgomery that day, my partners and I all came away with the same take-home message: we needed to get to know our senators and representatives. It became clear to us that the time to contact your elected official for the first time is not in a moment of crisis, but rather in a more social setting where relationships can be forged. We wanted to be a resource for our senators and representatives and, in turn, we wanted to know we had someone we could talk to if an important issue arose.

We then came up with a plan to start meeting with our senator and representatives one by one when they were out of session. To prepare, we contacted MASA, VOICES for Alabama's Children, and the AAP to gather information on Medicaid funding and booster seats. We found that all of those organizations were more than willing and able to provide us with what we needed.

Then, we set up our first meeting—all it took was one call and an invitation to our clinic for lunch and our senator graciously accepted. With her permission, we contacted the media to cover the event, which was not only great publicity for our senator, but it also provided a chance for us to get some of our issues before the public. While some of us were a bit nervous, the visit could not have gone better. I think the most important thing we learned was that when you sit down and share a meal with someone, he/she is no longer "The Senator," but rather a real person from your community.

During our meeting we were able to begin a relationship that will help us in the future. Our senator was receptive to our concerns and appreciative of the information we provided for her. One thing most people do not know is that our state legislators do not have large support and research staffs. They rely on the people in their community to provide them with reliable information. We want to be that resource.

Since that first visit, I have met with our senator again, along with our local representative, a candidate for Lieutenant Governor, and the Governor himself. All of the elected officials with whom we met seemed interested in what we had to say and I hope in the future they will call us when issues arise.

So the moral of this story is that legislative advocacy isn't as hard as one might think; it is all about forging relationships that will later help to effect positive change.

"From the President" continued from page 1

I encourage Chapter members to send me their feedback and thoughts on this pressing issue.

2) Infant nutrition and its implications in the long run as childhood obesity continues to rise - Although schools have reduced the amount of soft drinks in machines, we as pediatricians still have a responsibility to get involved at the local level in the school system. Our Peds-to-Schools project will allow us to do this.

3) The Chapter has embarked on a membership recruitment drive, and has placed emphasis on younger pediatricians' involvement in the Chapter. So far it has been very encouraging to see their participation. I hope to see many young pediatricians at the "Tiki" get-together at our Annual Meeting.

4) Our Young Pediatricians Committee is also seeking the involvement of the teaching institutions in Chapter affairs.

Perhaps our biggest achievement is our continuation of quality CME programs at the semi-annual meetings. The credit goes to our Chair Jennie Breslin, MD, FAAP, and Co-Chair Linda Anz, MD, FAAP. I look forward to seeing many of you at our Annual Meeting at the end of the month!

CHAPTER BRIEFS

Member highlights

The Chapter would like to recognize the following members who have made achievements or received honors in recent months:

In June, **Carden Johnston, MD, FAAP,** of Birmingham, was among 12 Alabamians to be inducted into the Alabama Healthcare Hall of Fame, a high honor that is bestowed on those who have distinguished themselves throughout their careers as having made significant contributions to the advancement of quality healthcare in Alabama. A former Chapter and AAP president, Dr. Johnston has held a record of outstanding service to children's medicine for more than 30 years. A noted speaker, Dr. Johnston is widely known for his health and safety news segments, KidCheck, and as a physician volunteer, has delivered health and education services in the Dominican Republic, St. Lucia and India. He continues to remain very active in Chapter activities, particularly in the area of legislative advocacy. Congratulations, Dr. Johnston!

Marsha Raulerson, MD, FAAP, Immediate Past President of the Chapter, has been appointed as a member of the American Academy of Pediatrics' Committee on Federal Government Affairs, which is an honor for our Chapter. Dr. Raulerson will be able to serve as a liaison between our state and Washington on funding and other issues affecting child health. In addition, Dr. Raulerson has accepted the position as C.A.T.C.H. (Community Access to Child Health) Coordinator for District X. Dr. Raulerson, we are very proud of you as you represent our state at the District and national levels!

In May, four Chapter members were honored at Children's Hospital's Practical Day of Pediatrics Awards Luncheon:

Ted Williams, MD, FAAP, of Dothan, was awarded with the 2005 Wallace Alexander Clyde Distinguished Service Award for Excellence. Dr. Williams is a long-time member and past president of the Chapter, and was a member of the National Nominating Committee of the AAP in the early 1990s. He is actively involved in his community in the Dothan area. Congratulations!

James Wiley, MD, FAAP, also of Dothan, was honored with the distinguished Master Pediatrician Award. Dr. Wiley has been active in the Alabama Chapter, serving as CME Chair from 2002-2004 and representative for the AAP project on Quality Improvement for the Treatment of Asthma in 2003. He was awarded the "Best Pediatrician" in *Best of the Wiregrass*, 2000. Congratulations, Dr. Wiley!

Sarah Atkins, MD, FAAP, and **Brooke Williams, MD, FAAP**, both residents at the UAB Pediatric Residency Program, received this year's Outstanding Intern Awards. Congratulations!

Chapter participates in Alabama Fetal Alcohol Spectrum Disorder (FASD) Initiative

Fetal Alcohol Spectrum Disorder (FASD) is the leading known cause of mental retardation, and a primary cause of birth defects and learning disabilities. One in 100 births in the United States will have some degree of preventable damage due to maternal alcohol exposure. FASD is an umbrella term describing the range of effects that can occur in an individual with prenatal alcohol exposure. These effects may include physical, behavioral, mental, and/or learning disabilities with possible lifelong implications.

The University of South Alabama (USA) Department of Medical Genetics' Alabama Birth Defects Surveillance and Prevention Program (ABDSPP) has been awarded funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), administered by Northrop Grumman, to implement prevention of FASD through the Alabama FASD Initiative (AFI). In 2005, a network of 20 major state agencies developed a task force, conducted a needs assessment and developed a strategic plan. The Alabama Chapter-AAP has served as one of these 20 partnering organizations, in addition to the Alabama Department of Public Health, Alabama Department of Mental Health/Mental Retardation, Alabama Department of Rehabilitation Services, the Alabama Medicaid Agency, and a host of other agencies.

Now in the implementation phase, the AFI program is integrating the initiative into existing state systems of care in four counties (Tuscaloosa, Jefferson, Montgomery and Mobile) to reduce the incidence of FASD in Alabama. Two target populations for prevention have been identified:

The Family Planning programs of the Alabama Department of Public Health, where the goal is to reduce the number of alcohol-exposed pregnancies. Clients in these programs who consume alcohol will receive a screening for alcohol use, dependence or abuse, FASD education, FASD counseling, case management and/or referral for intervention if needed.

The Special Women's Substance Abuse Programs of the Alabama Department of Mental Health/Mental Retardation, where the goal is to reduce the number of alcohol-exposed pregnancies among women who are receiving treatment for alcohol addiction. Women in these programs will be provided FASD education, FASD counseling, contraception counseling and contraception services (through collaboration with ADPH's Family Planning Program).

Alabama pediatricians can play a large role in preventing and reducing the impact of FASD. A high level of suspicion, leading to early diagnosis and early multi-disciplinary interventions, maximizes the quality of life for an individual affected by FASD. Women who already have a child affected by FASD are at highest risk of having another. Adding questions on alcohol intake to the history portion of all exams opens the door for discussion and teaching for prevention.

For more information, contact Barbara Oliver, CRNP, AFI Project Director, or Wladimir Wertelecki, MD, FAAP, ABDSPP Program Director, at the USA Department of Medical Genetics at (800) 624-1865 or boliver@usouthal.edu.

ADVERTISEMENT

PERTUSSIS transmission begins at home

How do infants get
PERTUSSIS?

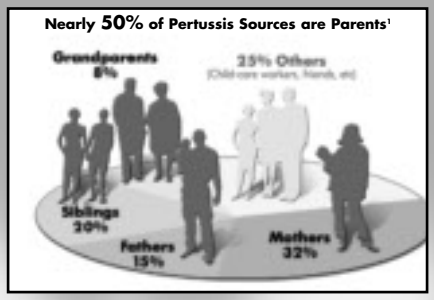
They get it from their family.

That's right — their
MOMS and

dads, brothers and sisters,

even grandma and grandpa!

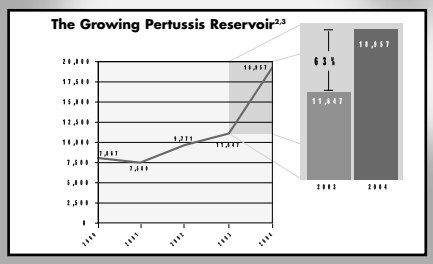
Nearly 75% of the time, a family member is the source of pertussis disease in infants[1]



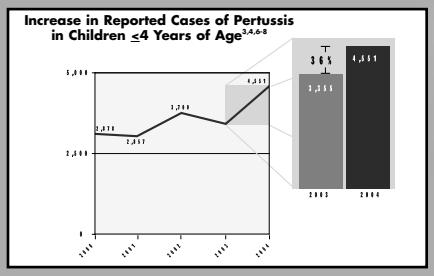
According to a recent study of pertussis in 264 infants, a family member was identified as the source of the disease in three quarters of the cases. In fact, **the infant's mother was positively identified as the source in 32% of the cases.** In addition to Mom, other confirmed sources included Dad 15% of the time, Grandma/Grandpa 8% of the time, and a sibling 20% of the time. This study provides clear documentation of the threat of pertussis within the family setting and serves as a window to the growing problem of pertussis in the general population.[1]

The growing threat of pertussis — an often silent disease reservoir

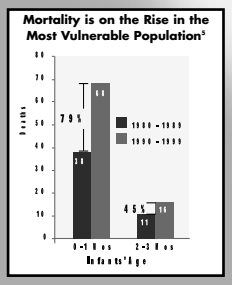
Long thought to be nearly eradicated, pertussis case reports are at a 40-year high.[2] Today pertussis is the only communicable disease that is on the rise in all age groups for which a routine immunization is available. In 2004 there were 18,957 cases reported to the CDC, a 63% increase over 2003 and a startling 1000% increase from 20 years ago when incidence reached its nadir.[2,3]



Especially troubling are two facts: first, there has been a 36% increase in reported cases among children ages 4 years or less[3,4]; second, over the last decade, 80% of deaths attributed to pertussis occurred in infants under 6 months of age.[5]



Among the many explanations on the explosion of pertussis in the United States are better reporting, better diagnosis, and waning immunity. What they all have in common is the acknowledgment that there exists a reservoir of disease among adolescents and adults, and more importantly, from this reservoir pertussis transmission occurs. Pertussis is most contagious during the first few weeks of illness before it is recognizable.[9] In both adolescents and adults the disease is often mild in nature, and not associated with the trademark "whooping cough."[9,10] However, studies have reported significant morbidity including pneumonia, rib fractures, urinary incontinence, weight loss, otitis media, and sinusitis.[11] People with pertussis are also at risk of hospitalization and other complications such as seizures and encephalopathy. Beyond the morbidity are the social, financial, and psychological costs of pertussis disease. One recent study reported that 70% of affected adolescents lost 5 to 10 days of school while 49% of afflicted adults were out of work for 5 to 10 days.[11] In addition, 49% of adults reported that their sleep was disturbed for more than 21 consecutive nights with 9% reporting disturbed sleep for an astounding 60+ nights.[11] It's no wonder the ancient Chinese called pertussis "the cough of 100 days."



Soon pertussis prevention will begin in the home too

Building on the heritage of the proven pediatric acellular DTaP vaccines, acellular Tdap vaccines for adolescents and adults will soon be available. This intervention will allow health-care providers to protect a broad spectrum of people from the morbidity of primary disease, as well as limit the morbidity and mortality in vulnerable infants by curtailing disease transmission.

You can find out more about pertussis by visiting any one of the following Web sites:

www.pertussis.com, www.cdc.gov, www.nfid.org, www.napnap.org, www.aap.org

Brought to you as a public health service by Sanofi Pasteur Inc.

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NEWS FROM THE AAP

District X, AAP tackle retail clinics issue with full force

The nationwide proliferation of retail-based clinics in chain stores such as Wal-Mart, Publix, Wal-Greens, CVS and the like—boasting convenient, walk-in primary care provided by nurse practitioners without a primary care physician present—has taken primary care medicine by storm this year as the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP) and the American Medical Association (AMA) join forces to protect the medical home.

At the AAP District X meeting this year, leaders from the Alabama, Florida, Georgia, and Puerto Rico chapters initiated discussion on this important issue when they drafted an emergency resolution, propelling the AAP Executive Committee into quick action to address this growing phenomenon.

"The Academy is very concerned about the development of retail-based clinics and has drafted guidelines based on the concerns voiced by members that retail clinics interfere with the quality care provided in a medical home," said John Curran, MD, FAAP, District X Chair. "These guidelines are under legal review and we anticipate that they will be available in the next few weeks."

In Alabama, the retail clinic phenomenon is already alive and well: retail-based clinic company Check-Ups has secured a contract from Wal-Mart to open 35 new clinics in Alabama, Louisiana and Mississippi.

In July, the AAP participated in a panel discussion with Wal-Mart and retail-based clinic companies along with representatives from the AAFP and the AMA. Robert Corwin, MD, a former member of the AAP Board of Directors, represented the Academy, utilizing the AAP Medical Home policy statement to outline the AAP's specific concerns with the RBC model of care:

- The fragmentation of care at the medical home
- The possibly impact on the quality of care provided at an RBC
- Children with special health care needs and chronic diseases, who may not be readily identifiable, receiving their care at an RBC
- The maintenance of a complete, accessible, central health record that contains all pertinent patient information
- The use of tests for the purposes of diagnosis without proper follow-up
- The possible public health issues that could arise when patients with contagious diseases are in a commercial, retail environment with little or no isolation (e.g., rashes, mumps, etc.)

The AAP continues to seek member input and dialogue as it works toward a final policy statement and guidelines. To that end, both the District and the Alabama Chapter encourage feedback from Chapter members. The Medical Association of the State of Alabama is keeping a close eye on this issue as well.

"These clinics are not going to serve the concepts of continuity of care and the medical home," said V.H. Reddy, MD, FAAP, Chapter President. "In situations like this, it is important that we unite and put our thoughts together to come up with workable solutions."

To contact Dr. Reddy on this issue, please e-mail him at reddyvh@hiwaay.net.

New contact information for newborn screening clinic

Lane Rutledge, MD, FAAP, and Phaidra Floyd-Browning, RN, the clinical follow-up team for expanded newborn screening, have moved from the University of Alabama at Birmingham Department of Pediatrics to the Department of Genetics. They can be reached at 205-934-1154 during business hours. For nights and weekends, call Children's Hospital operators and ask for the Biochemical Geneticist on call. Maria Descartes, MD, FAAP, of Genetics will also be working with the team.

ALABAMA MEDICAID UPDATE

2006-2007 prior authorization criteria updated for Synagis administration

Members of the Executive Board of the Alabama Chapter-AAP met with the medical directors of the Alabama Medicaid Agency in July in an effort to assure adequate criteria for the administration of palivizumab (Synagis®) in the 2006-2007 year.

Since then, Alabama Medicaid has updated its prior authorization criteria for Synagis. The approval time frame for Synagis will begin October 1, 2006 and will be effective through March 31, 2007. A total of up to five (5) doses will be allowed per recipient in this timeframe. There are no circumstances that will allow for approval of a sixth dose. If a dose was administered in an inpatient setting, the date the dose was administered must be included on the request form. In addition, Medicaid accepts the following as risk factors for infants less than six (6) months old with gestational age of 33-35 weeks:

- Childcare attendance
- School-age siblings
- Congenital abnormalities of the airways
- Severe neuromuscular disease
- Exposure to environmental air pollutants

(Environmental air pollutants will not include second-hand smoke, but will include instances where a child is constantly exposed to particulate air matter.)

This year, requests for Synagis will be submitted on a separate prior authorization form. The new form and complete updated criteria are available at www.medicaid.alabama.gov under Programs: Pharmacy: Prior Authorizations/Override Criteria and Forms: Instruction Booklet for Form 369 and Form 351. Additional questions regarding Synagis criteria can be directed to Health Information Designs at 1-800-748-0130.

Medicaid applicants must provide proof of citizenship and identity

As most of you are well aware, effective July 1, 2006, the Deficit Reduction Act of 2005 requires states to document citizenship and identity. Now, all new applicants who declare themselves to be U.S. citizens must provide proof of citizenship and identity in order to be approved for Medicaid. Current recipients will have to provide such proof at the time of their annual review of eligibility in order to remain eligible for Medicaid.

The Alabama Medicaid Agency is well aware of the hardships this places on many applicants and current recipients and is working hard to both streamline its processes and work with individual families to meet these requirements.

"We are looking at securing affidavits from parents of children under 16 to meet the identity requirements of those who cannot provide other documentation," said Gretel Felton, eligibility director at Medicaid. "We are also working with hospitals and the Department of Public Health in securing proof of citizenship for those born in Alabama."

Ms. Felton explained that physicians' offices may help by providing recipients with extracts of medical records, which can be used to verify citizenship if the name, date of birth, and place of birth are on the document along with other identifying data. She added that it is preferable that Medicaid receive copies that do not display other personal health information.

Medicare beneficiaries and SSI recipients will be exempt from these requirements, according to the latest information from the Centers for Medicare and Medicaid Services.

To help recipients and applicants determine what types of documents can be accepted as proof of citizenship and identity, the Agency has developed an updated handout, which can be accessed on the home page at www.medicaid.alabama.gov.

Alabama Medicaid preparing for use of National Provider Identifier

On May 23, 2007, Alabama Medicaid providers will join other health care providers in the United States in using a federally required National Provider Identifier (NPI) number on all claims transactions. Use of the NPI is mandated by the Health Insurance Portability and Accountability Act (HIPAA) and will also be needed to process claims after the NPI compliance date on interChange, Alabama Medicaid's new claims processing system.

Additional details will be provided as they become available. To ensure that claims are processed correctly on the new system, providers are asked to obtain all NPI number(s) needed and provide this information to EDS as soon as possible, but no later than April 1, 2007.

For more information about obtaining a NPI number, go to: https://nppes.cms.hhs.gov/NPPES/Welcome.do.

Alabama Medicaid providers can also contact EDS for assistance at 1-800-688-7989.

Did you know?

Some physicians in the state may not be aware that the Medical Association of the State of Alabama has a Blue Cross Physicians Health Plan for its members. The rate structure is as follows:

Physicians Plan	Option 1	Option 2
Annual (Single)	$3,992	$4,220
Annual (Family)	$9,272	$9,860
Semi-Annual (Single)	$2,006	$2,120
Semi-Annual (Family)	$4,646	$4,940
Quarterly (Single)	$1,013	$1,070
Quarterly (Family)	$2,333	$2,480

Retiree Medicare Division established

On January 1, 2006, a Retiree Medicare Division was established within the Physicians Plan that includes all participants who are 65 years of age or older, disabled, and who are fully retired. Participants are required to be enrolled in Medicare Part A and Part B. Benefits for this group will be covered with Medicare primary and Blue Cross secondary. Spouses who have not yet reached age 65 and who are not Medicare-eligible will continue to receive Blue Cross benefits as their primary insurer. Dependents will continue to receive Blue Cross coverage as well.

The rate structure for the Retiree Medicare Division is as follows:

Participant	Quarterly	Semi-Annual	Annual
Individual (1 Med Eligible)	$ 809	$1,598	$3,176
Two (2) Medicare Eligible	$1,595	$3,170	$6,320
1 Med Eligible+1 Non-Eligible	$1,859	$3,698	$7,376
Family w/1 Medicare Eligible	$2,219	$4,418	$8,816
Family w/2 Medicare Eligible	$1,955	$3,890	$7,760

For additional information and details on the Blue Cross Physicians Health Plan, contact Margaret McGuire in the MASA insurance office at (800) 239-6272.

Practice Management Association kicks off with successful EMR conference

The Alabama Chapter-AAP Practice Management Association hosted a successful conference in June that explored the process of implementing Electronic Medical Records in pediatric practice. Nine vendors and 36 pediatricians and/or practice managers attended the day-long conference at the Bradley Lecture Center at Children's Hospital, which featured an hour-long CME session and a three-hour vendor fair.

"The EMR conference was a fine example of the benefits of an active Practice Management Committee," said Tim Stewart, MD, FAAP, Chair of the Committee and Area 1 Representative on the Executive Board. "The participants could individualize the experience to pinpoint the system which best met their personal needs and expectations. Everyone I've talked with learned a great deal more than they ever expected and derived a 'short list' of those vendors that best fit their practice model. I look forward to future programs that provide so much direct benefit to practicing pediatricians."

"Our goal was to provide a quick overview of what is out there and where to look for a system that will meet each practice's needs," said Liz Knight, Chair of the PMA and practice manager of Eastern Shore Children's Clinic. "I think the meeting went exceptionally well, and I look forward to working with other practice managers in the state to continue to host events like this one."

A vendor explains the features of his system to attendees Sandy Thurmond of Children's Hospital, Jeff Corbitt, practice manager with Greenvale Pediatrics, and David Glasgow, MD, FAAP.

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