



The Alabama Pediatrician

Winter 2008

From the Chapter President



A.Z. Holloway, MD, FAAP
Chapter President

The past three months have been busy times. I'd like to give you a sweeping look at what we are doing as a Chapter and what's in store for 2008.

Your Chapter has begun to work with the major

insurers in the state, the Alabama Academy of Pediatric Dentistry and the Alabama Dental Association to begin a dental sealant program in pediatricians' offices. We have also initiated discussions with the Alabama Medicaid Agency to increase our immunization administration fee. The American Academy of Pediatrics estimates the true cost of giving an immunization in a primary care office is \$20.00.

Regarding vaccines, I strongly encourage all pediatricians to utilize the VFC Program when needed and take advantage of the ImmPRINT Immunization Registry. The registry has been a wonderful tool for our office.

The board and the Child Health Financing Committee are also working to develop a more effective strategy to achieve better results with Blue Cross and Blue Shield.

On the advocacy front, we have partnered with VOICES for Alabama's Children to use their lobbyist to help us strategically focus our state legislative agenda and monitor legislation. The top issues that we are championing in the upcoming state session

Announcing the

2008 SPRING MEETING & PEDIATRIC UPDATE

April 17-20, 2008 • Hilton Sandestin Beach

Save the dates for the Alabama Chapter-AAP 2008 Spring Meeting & Pediatric Update, set for April 17-20, 2008 at the Hilton Sandestin Beach!

Plans are shaping up nicely, as new CME Program Chair Cathy Wood, MD, FAAP, has already lined up an incredible slate of national and state faculty on a wide range of topics—including mental health issues, nephrology, juvenile arthritis, sleep disorders in children, seizures, spondyloarthropathies, developmental screening training workshop, newborn screening, a Medicaid information technology update, and an AAP president's update. For the full list of speakers and topics, go to page 4.

Registration packets will be mailed in late January. A block of room has been held at the Hilton at a special group rate of \$179. Call 1-800-367-1271 or visit www.sandestinbeach-hilton.com and **be sure to use Group Code "AAP."** Make plans to attend now—we'll see you at the beach!



SCHIP extended through March 2009; ramifications still unclear

Unbelievably, almost one year has passed since discussions began among both the executive and legislative branches of government in Washington, concerning the reauthorization of the State Children's Health Insurance Program (referred to in Alabama as ALL Kids). Those negotiations continued through December, while the healthcare coverage of thousands of children has been hanging in the balance and many states have been scrambling to come up with contingency plans to handle potential reductions in funding.

Since September 30, 2007, a continuing resolution allowed level funding to remain in effect to keep state programs afloat. On November 30, 2007, the House of Representatives sent a second SCHIP reauthorization bill to President George Bush, who vetoed it on December 12. Following the veto, Speaker Nancy Pelosi introduced a proposal to postpone a veto override vote until January. The House passed the provision.

Just before the holiday recess, members of the House and Senate came to a resolution by passing the Medicare, Medicaid and SCHIP Extension Act of 2007, which among other things, extends SCHIP through March 31, 2009 and provides for "adequate funding to States for the purpose of maintaining their current enrollment through that date."

While Congress proposes to provide enough funding for FY 2008 "shortfall states" through this legislation, it remains uncertain whether this bill will provide enough funding to sustain Alabama's current number of ALL Kids enrollees, since Alabama does not expect a shortfall until October 2008 (FY 2009), according to ALL Kids Director Cathy Caldwell.

"We are still unclear as to whether the FY 2009 shortfall states will get more than level funding; if level funding continues, thousands of children would need to be disenrolled," Ms. Caldwell said. "In the next few weeks, we will learn more details which will give us a clearer picture on what this bill means for Alabama."

As negotiations continue, the American Academy of Pediatrics and other child advocates continue to push for funding that will sufficiently insure all children.

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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.

Spreading standardized developmental screening throughout Alabama: An update

The Alabama Chapter-AAP, the Alabama Medicaid Agency, the Alabama Department of Mental Health and Mental Retardation, Alabama Department of Public Health (ALL Kids and Bureau of Family Health Services), Alabama Partnership for Children, Children's Rehabilitation Services and Alabama's Early Intervention System, working cooperatively on the *Alabama Assuring Better Child Health and Development* (AABCD) project, have made great strides in the last few months in setting the stage for making standardized developmental screening a best practice across Alabama.

The AABCD Core Team, which is responsible for oversight of this project, is currently working with three pediatric demonstration practices in three different areas of the state to pilot the *Ages and Stages Questionnaire* (ASQ) and the entire developmental screening process, including practice flow, reimbursement guidelines and referral processes. These processes will be measured at the pilot sites so lessons learned can be communicated to the pediatric community and successful processes can be replicated once the pilot phase is complete.

"We are encouraged by the level of interest shown by primary care providers, and look forward to completion of the pilot phase so that we can begin a mass promotion of the project and a discount that will be afforded to Alabama pediatricians by the publisher of the ASQ/ASQ-SE (Social Emotional) in 2008," said Linda Lee, APR, Chapter Executive Director.

While any practice can order the ASQ and begin screening now, the Core Team suggests that pediatricians consider waiting until completion of the pilot stage, which should be in the spring, so that they can realize the benefits of lessons learned on successful practice flow processes; local referral sources and statewide standardized referral protocols; and reimbursement policies.

The Core Team will also conduct a statewide training workshop on Friday afternoon at the 2008 Spring Meeting & Pediatric Update on use of the ASQ/ASQ-SE tool and a standardized referral flow chart.

"We are very excited with where this project is going; the end result will be more children screened and properly referred so that we can head off developmental delays as early as possible," said Madeleine Blancher, MD, FAAP, of Mobile, who serves as physician champion of the project and chair of the Chapter Committee on Mental Health. "I hope to see as many pediatricians as possible at the April training in Sandestin."

"From the chapter president" continued from page 1

are: adequate funding for Medicaid; an ATV education/legislative campaign; a SIDS and shaken baby education campaign; and smoke-free legislation. Other bills of interest are the graduated teen drivers legislation and the teen cell phone bill. I strongly urge you to get involved in supporting these bills.

This month, the Executive Board will review, update and modify our strategic plan for 2008 based on member responses on our Annual Meeting evaluation regarding top issues facing pediatrics in Alabama. We will move to review and develop strategic goals annually.

Through the continued work of its Committee on Mental Health, the Chapter is working to improve mental health care delivery to children in our state.

In addition, our young physician and resident committee is developing and becoming stronger each year. I encourage the young physicians and residents to get involved.

Also, members of the Practice Management Association are excited and look forward to another outstanding coding session like last year, as well as ongoing online communication and other opportunities.

As you can see, there's a lot going on. We need you. What is your passion? We can use your voice and enthusiasm. Contact me or the Chapter office. Let us hear from you!

5th annual Pediatric Legislative Day set for March 4

Mark your calendars for the Alabama Chapter-AAP's 5th Annual Pediatric Legislative Day, set for Tuesday, March 4 at 10 a.m. in downtown Montgomery.

This year's Legislative Day will begin at 10 a.m. at the Alabama State House with a session on advocacy and talks by key child health advocates, lobbyists and legislators on the issues affecting child health/safety and pediatrics. These lectures will be followed by visits to our legislators and lunch.

This year, we are asking each attendee to call his/her legislators ahead of time to set up appointments and invite them to a lunch that we will hold that day prior to the legislature convening at 1 p.m. Look for more information on registration coming soon!

Although the Executive Board will not officially approve our 2008 legislative agenda until its meeting this month, currently the Chapter is focusing on the following issues:

- Adequate funding for Medicaid and SCHIP (see editorial on Medicaid posted on the Chapter web site at www.alchapaap.org.)
- ATV safety legislation for children;
- Shaken baby/SIDS education;
- Smoke-free Alabama (Figures/Coalition for a Tobacco-Free Alabama)
- Teen safety bills introduced by Representative Jim McClendon (graduated teen drivers, teen cell phone bill, etc.)
- Pre K education

Additional details on all of these issues will be posted in January on the Chapter web site at www.alchapaap.org.

'Tis the Season: Influenza vaccine reminders

By Tim Stewart, MD, FAAP, Chapter Area 1 Representative

Even though we're well into the winter months, it's important to remember that it's not too late to immunize against influenza. The July 13, 2007 *Morbidity and Mortality Weekly Report* (MMWR) emphasized the importance of continuing to administer influenza vaccinations throughout the influenza season. Although localized outbreaks begin as early as October, peak influenza activity has not occurred until January or later in more than 80 percent of influenza seasons since 1976. In more than 60 percent of seasons, the peak is in February or later. The Advisory Committee on Immunization Practices (ACIP) recommends continuing influenza vaccinations throughout the influenza season, even until February and March.

In addition to an expanded influenza vaccination season, the November 23, 2007 MMWR also gave specific recommendations for the use of live, attenuated influenza virus (LAIV, or FluMist) for this influenza season. The ACIP recommends screening for possible reactive airways diseases when considering use of FluMist for children aged two to four years, and avoiding use of this vaccine in children with asthma or a recurrent wheezing episode. They specifically recommend asking the question, "In the past 12 months, has a health care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who had a wheezing episode noted in the medical record in the past 12 months should receive trivalent inactivated vaccine (TIV) rather than FluMist.

Finally, remember that regardless of the vaccine given, the ACIP and the American Academy of Pediatrics recommend that children aged <9 years receive two doses of vaccine separated by four or more weeks in the initial year if not previously immunized. In a change from previous recommendations, children aged <9 years who did not receive two doses in the initial year they received influenza vaccine should receive two doses. Children aged <9 years vaccinated two or more seasons after receiving an influenza vaccine for the first time should receive a single annual dose, regardless of the number of doses administered previously. The interval between first and second doses is four or more weeks, whether TIV or FluMist.

Information regarding influenza vaccinations is available at the CDC website at <http://www.cdc.gov/mmwr/> or <http://cdc.gov/vaccines/>.

How To Contact Your Chapter Leaders

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Alabama Chapter-AAP 2008 Spring Meeting & Pediatric Update Speakers and Topics

Paul Fisher, MD, FAAP --

Associate Professor, Neurology,
Pediatrics, The Beirne Family
Director of Neuro-Oncology at
Packard Hospital, Stanford
University, Palo Alto, CA

- First and Second Seizure:
What Do You Do?
- Make These Headaches Go
Away

Lane Rutledge, MD, FAAP --

Associate Professor of Genetics,
Pediatrics and Neurology,
University of Alabama at
Birmingham, Department of
Genetics, Birmingham, AL, and

Hector Gutierrez, MD --

Associate Professor, Pediatrics,
Pulmonary Medicine, University of
Alabama at Birmingham,
Birmingham, AL

- What Pediatricians Need to
Know about Newborn
Screening in Alabama

Renee Jenkins, MD, FAAP --

President, American Academy of
Pediatrics

- President's Update on the
AAP - 2008

A.Z. Holloway, MD, FAAP -

- President, Alabama Chapter-
American Academy of Pediatrics

- Alabama Chapter-AAP
Update

Ed Kohaut, MD, FAAP --

USA Children's and Women's
Hospital

- Office Nephrology

Carol H. Steckel, MPH --

Commissioner, Alabama Medicaid
Agency, Montgomery, AL

- Building a Foundation:
Medical Homes, Prevention
and Health Information
Technology

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AAP member benefits enhanced with netFORUM

The AAP is proud to announce the launch of a new database management system, netFORUM. This system provides significant efficiencies and reporting capabilities to the Academy. Its advanced web technology also brings many benefits to members, including easier access to account information and simplified navigation between AAP sites. With one log-in, you can now move between sites such as the AAP Member Center, PediaLink®, Bookstore and AAP Publications without having to re-enter your ID and password. A new feature, My Account, also allows you to view your purchase history, enroll for CME, check membership status, pay dues, and renew subscriptions—all from one page.

The netFORUM system also allows for anniversary-year membership cycles for both national and Chapter memberships. All members previously held memberships that expired on June 30. Physicians who join the AAP now will begin 12-month memberships effective on the date their payment is processed. Going forward, renewal invoices will be sent four months prior to membership expiration to give plenty of time to avoid a lapse in membership benefits. All current members will receive their 2008-2009 renewal notices in early March 2008.

All member benefits, including member subscriptions to *AAP News* and *Pediatrics*, will suspend at the end of the membership year for those who fail to renew prior to the expiration of their current membership. There will not be a grace period in which benefits continue for unpaid memberships.

Anniversary-year membership eliminates complicated partial year payments, reactivation fees and new Fellow initiation fees. Returning members do not have to complete new applications to rejoin the Academy, nor pay any back dues; their new anniversary year will reflect the date of re-enrollment.

The AAP recognizes that this system is a significant change to the membership model that has been in place. As the new membership renewal timeline is implemented, we welcome members to email their questions and comments to membership@aap.org.

Alabama ranks 48th for parents who read to youngest children daily

The Chapter, through its Reach Out and Read-Alabama statewide coalition, has partnered with VOICES for Alabama's Children to release ROR National's new statistics on state daily reading rates, *Reading Across the Nation: A Chartbook*, which is the nation's first report to track state by state rates of parents reading to children.

Alabama ranks 48th among 51 states and the District of Columbia for the number of parents who read to their pre-kindergarten aged children daily, according to the report.

According to *Reading Across the Nation*, which was prepared for ROR by UCLA, just under half of pre-kindergarten children are read to daily. In Alabama, only 42.6 percent of children age five and younger are exposed to daily reading. The report also found that, in almost every state, minority children are less likely to be read to every day. That finding holds true in Alabama, where just 30.8 percent of children in minority families are read to daily.

"This data should be an impetus for us to redouble our efforts to tell high-risk families how essential reading is to school readiness," said A.Z. Holloway, MD, FAAP, Chapter President.

"We know that early learning opportunities lay the groundwork for a child's later success in school and in life," agreed Linda Tilly, Executive Director of VOICES. "Alabama has made great strides in increasing early literacy with the Reach Out and Read program, yet this research shows that we must increase our efforts to reach more children. There is no better prescription for a physician to give a child than an opportunity to learn."

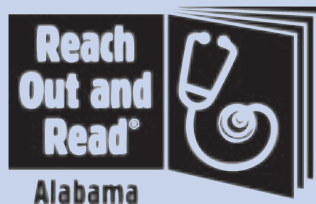
"Reach Out and Read capitalizes on existing parent-physician relationships and the respect and authority afforded to doctors," said Julie Colley Lowery, education specialist with the Alabama Department of Education Special Education Services. "We commend the physicians involved in this program."

From the Coordinator

Western Health Center's Reach Out and Read program selected to receive books

"I had a three-year-old that came in today with her mom and dad. She had been crying, and didn't want to see the doctor; the mom was frustrated and fussing, but dad seemed calm and collected. I gave her a book to calm her fears and spoke to her mom and dad about the benefits of reading as positive time with her. I gave her the book, I Love You Stinky Face, and after I examined her, she, with tears in her eyes, got away from me as quickly as she could but then sat on her dad's lap and he began reading to her. Because it is an amusing book, he started laughing at the story line and she stopped crying, turning pages and looking at the book with her dad. A lot of times in this clinic, there is no dad, and if there is, many times, they are tired or frustrated, just from life's circumstances. I wish I had had a camera to capture how this dad took the time to read to his little girl in the room and at the end of the visit, she was no longer crying and all was calm. That is what a book and a parent can do." —Dr. Maria Meyers, Jefferson County Department of Health, Western Health Center, Ensley

Dr. Meyers and Mary Blankson, MD, FAAP, have participated in Reach Out and Read (ROR) for almost one year. Western Health Center's ROR program was selected as one of 51 programs across the nation by First Book to distribute 7,200 books to 600 children ages zero to four years. For the past six years, through its Spoonfuls of Stories program, Cheerios has made an annual donation to First Book to help get books to children in low-income families.



Eight practices and clinics approved during 2008

With the latest approval of V.H. Reddy Clinic in Scottsboro and Eastern Shore Children's Clinic in Fairhope, ROR-Alabama has added eight new sites in 2007. These eight sites have received a total of \$28,765 in grants from ROR National to initiate their programs in each of their respective practices. In addition, over \$16,000 in sustainability grants and new books were awarded to existing Alabama ROR programs in the latest round of awards from ROR National. Many opportunities exist throughout the state for a variety of funding sources for early literacy programs. Please contact Polly McClure at 205-223-0097 or roralabama@charter.net if you are interested in establishing a Reach Out and Read program in your practice.

—Polly



ROR Statewide Coordinator Polly McClure dressed up as "Clifford" at the recent Scholastic Book Fair held December 12 – 14 at Children's Hospital in Birmingham to raise funds for the NewBorn Follow Up's ROR program. The book fair also received a clip on NBC-13's 6 p.m. news.



The full staff of the UAB Primary Care Clinic (PCC) celebrated this past Halloween by promoting literacy. The PCC is among the first of the state's ROR sites, joining in December 1997. Staff dressed as Dr. Seuss's famous *Cat in the Hat* and distributed the book to every patient coming to clinic during Halloween week.

Event Calendar At a Glance

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

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

September 26
2nd Annual PMA Coding
Workshop (tentative), The
Wynfrey Hotel, Birmingham, AL

September 26 - 28
2008 Annual Meeting & Fall
Pediatric Update, The Wynfrey
Hotel, Birmingham, AL

October 11 - 14
AAP National Conference
& Exhibition, Boston, MA

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

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NEWS FROM PUBLIC HEALTH

Adolescent Vaccines: Protect Alabama!

Because of your leadership in immunizing children, vaccine-preventable disease levels are at or near record lows. In order to target under-immunized adolescents who miss opportunities to protect themselves against diseases such as hepatitis B, human papillomavirus, influenza, meningitis, and pertussis, you can help vaccinate Alabamians to become the first state to reach more than 90 percent of vaccination coverage for adolescents aged 13 to 15 years.

As children move into adolescence, they are at a great risk of catching certain vaccine-preventable diseases. Since immunity from some childhood vaccines can decrease over time, adolescents need to get another dose of specific vaccines during their pre-teen years. As stated in the August 31, 2007 weekly *MMWR*, "In 2006, for the first time, the National Immunization Survey (NIS) collected provider-reported vaccination information for adolescents aged 13-17 years (NIS-Teen)...overall coverage for Td or Tdap was 60.1 percent, MCV4 was 11.7 percent, and HPV coverage is not included because the survey was performed prior to HPV vaccine recommendations." Thus, vaccinating adolescents presents various challenges including the lack of healthcare coverage, visiting multiple health-care providers, and failure to seek preventive healthcare services.

In order to increase adolescent immunization coverage levels to be competitive with the childhood immunization rates, adolescents aged 18 and younger may be eligible to get vaccines for free through the Vaccines for Children (VFC) Program if they are: Medicaid-eligible, underinsured, without insurance, or American Indian or Alaskan Native. Vaccines are furnished at no cost to providers, and administration fees are billable through Medicaid. The VFC staff is available to provide continuing education units for nursing staff regarding storage and handling and administration techniques. Additionally, the VFC staff provides on-site quality assurance feedback, up-to-date vaccine information, and is readily available to provide resources, support and tools for office personnel.

To learn more about the VFC program, visit www.adph.org or contact the ADPH Immunization Division at 1-800-469-4599.

WIC available to answer your questions

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) at the Alabama Department of Public Health Bureau of Family Health Services is available to answer any provider questions on recent changes in the program or the many services and resources available for patients.

For more information, contact WIC at 334-206-5673.

ADPH implements primary care physician recruitment service

The Office of Primary Care and Rural Health is pleased to announce a new, *free* recruitment assistance program to place quality primary care providers in rural and underserved communities. The central piece of this program is a medical placement software program that interfaces with a national recruitment database as well as a statewide recruitment website.

The service uses a three-pronged approach to primary care placements—the community, the practice opportunity and the individual candidate.

"We develop a detailed and descriptive community profile for the candidates so that they have an appreciation for the community at large and how their family will fit into that community," said Carolyn Bern, Outreach Coordinator with the Office of Primary Care and Rural Health. "Our office facilitates this service for varied practice opportunities, including private practices, rural health clinics, federally qualified health centers and rural hospitals. Our placement program also works with candidates on an individualized basis, helping them identify their personal, professional and community priorities when searching for a practice opportunity.

Since ADPH is a public agency, the placement service is not driven by fees.

"We are strictly interested in helping alleviate the shortage of primary care providers in rural and underserved areas by providing a credible and comprehensive resource for candidates to explore practice opportunities," said Ms. Bern.

For more information contact Ms. Bern at 334-206-5436 or carolynbern@adph.state.al.us.

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

A.Z. Holloway honored for his service to children

Chapter President A.Z. Holloway, MD, FAAP, was recognized recently by Governor Bob Riley for more than 25 years of service to Alabama children and for his recent installation as Chapter president. A certificate of commendation was presented to Dr. Holloway by Medicaid Commissioner Carol Steckel at the October Physician Task Force meeting.

"Throughout his career as a pediatrician in private practice, Dr. Holloway has been actively involved with the Alabama Medicaid Agency where his efforts have benefitted thousands of children in the state," said Commissioner Steckel.

Dr. Holloway has served on Medicaid's Pharmacy and Therapeutics Committee as a member, vice chair and chair, on the Patient 1st Advisory Council and on numerous state task forces.



Commissioner Carol Steckel (left) presents Dr. Holloway with Governor Bob Riley's certificate of commendation on October 24.

Chapter member directs state's first Advanced HazMat Life Support Course

Chapter Member Jim Hanley, MD, FAAP, Medical Director of the USA Children's Emergency Center, recently served as Course Medical Director for Alabama's first Advanced HazMat Life Support Course and Instructor's Course, sponsored as a collaboration of the Mobile County Emergency Management Agency, the Mobile Fire Rescue Department, West Alabama EMS and Springhill Medical Center, thanks to federal funding through the Alabama Department of Public Health Center for Emergency Preparedness. More than 60 people attended the three-day event.

Dr. Hanley said the plan is to offer the course at various locations around the state several times a year.

"This would be a good course for Chapter members to take," he said, "as it addresses principles of toxicology in addition to specific hazardous substances that pediatricians may see in their course of practice."

If providers have an interest in taking the class, they should visit www.ahls.org and create a profile. The Alabama addresses will be pulled by AHLS to plan future course locations.

In Memoriam

In November, the Chapter office learned of the loss of long-time pediatrician Joseph Humphries, MD, of Birmingham, who served as Chapter Chairman from 1971 to 1975. According to his former partner, Dr. Dan Trotman, "He was a wonderful pediatrician, friend and partner. He will be missed by many."

Expanded Newborn Screening Update

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

We are proud to announce that Alabama's newborn screen covers all of the inherited metabolic conditions recommended by the American College of Medical Genetics Task Force, with one exception: Tyrosinemia I. Issues with Tyrosinemia I are technical and under national review. To date, our program has been very successful and we are fortunate to have all of the folks at the state level working with us to successfully implement this program.

Remember, cystic fibrosis (CF) screening and follow-up of CF screening results (under the direction of Dr. Hector Gutierrez) will be starting soon. Be patient, there are always "growing pains" with any new tests.

Alabama receives telehealth and telepsychiatry grants

What started as a CATCH grant by Marsha Raulerson, MD, FAAP, has blossomed into a multi-million dollar grant award to the state of Alabama to further telehealth and telepsychiatry initiatives.

In 2004, Dr. Raulerson applied for and was awarded an AAP Community Access to Child Health grant to collaborate with a child and adolescent psychiatrist via videoconferencing technology. Her patients who need intensive psychiatric services are now seen by Birmingham Child and Adolescent Psychiatrist Tom Vaughan, MD, via distance video conferencing, which has significantly increased mental health services access for her patients in Brewton.

Through this partnership, the Southwest Alabama Mental Health Center and the Alabama Department of Mental Health and Mental Retardation (ADMH/MR) became involved, prompting further discussion on spreading telepsychiatry initiatives throughout the state.

Through a simultaneous grant application promoted by ADMH/MR and the Alabama Department of Public Health Office of Primary Care and Rural Health (ADPH OPCRH), the Southwest Alabama MHC, Northwest Alabama MHC, and Children's Hospital were all successful in receiving telecommunication grant awards totaling more than \$3.3 million under the Federal Communication Commission's Rural Health Care Pilot Program. These grants will pay up to 85 percent of the cost of installing high-speed communications between urban and rural clinics within these organizations, greatly enhancing their ability to provide health care and mental health services to outlying locations.

"We are elated that these organizations were successful in securing this funding, which will greatly enhance the infrastructure needed for future telehealth initiatives between mental health providers and pediatricians in rural Alabama," said Charles Lail, ADPH OPCRH Director, who initiated discussions on the grant application as part of his office's goals to increase rural access to health-care.



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NEWS FROM MEDICAID

TFQ Stakeholders get first look at clinical support tool in December

Several months of collaboration, planning and effort paid off in December when members of the Together for Quality (TFQ) Stakeholder Council got their first look at the proposed electronic clinical support tool that is at the heart of the Alabama Medicaid Agency's effort to move toward a more patient-centered, coordinated health information system.

"We have been able to accomplish so much in such a short space of time due to the hard work of the various workgroups," said Kim Davis-Allen, TFQ project manager. "The clinical workgroup has spent a lot of time designing screens and prioritizing needed information. One of their suggestions has been the creation of the summary screen which will, at first glance, provide key patient information, alerts and updates. This design allows the physician to then select an area to see more in-depth information."

Now with a tangible product in hand, TFQ stakeholders and others involved in the Medicaid transformation initiative will work to launch a pilot project in early 2008 while taking steps to create a system to exchange information on clients shared by various state health and human service agencies, according to Ms. Davis-Allen.

The next step, beginning in February, is to work with Patient 1st physicians in 11 pilot counties (both urban and rural)—Bullock, Pike, Jefferson, Winston, Houston, Tuscaloosa, Lamar, Pickens, Calhoun, Talladega and Montgomery—to test the effectiveness of the electronic clinical support tool, care management or a combination of the two, she said.

"We want to see what works to achieve the best outcome for the patient," she said.

Pilot providers will be able to access the clinical support tool using a web browser. At the same time, Medicaid will work to create an interface with select electronic medical record systems so practitioners who have those systems can enhance their own records with the information and alerts available through the tool.

Special features built into the tool will help physicians by alerting them to needed actions based on clinical rules. For example, if a practitioner is seeing a diabetic patient who has not received a hemoglobin A1-C test within the last 12 months, the tool will "alert" the provider that

the test is needed. The tool will also combine recipients' insurance information with paid claims data, immunization records, drug prior authorizations, and referral information to give the practitioner a more complete patient picture.

In addition to the clinical support tool, the grant makes it possible for the Agency to implement an intensive care management program targeting chronic health conditions. Stakeholders initially identified six areas of concern, but the initial focus will be on diabetes and asthma. The Agency is in the process of finalizing the care management protocols with the Alabama Department of Public Health, which will actually employ the care managers and oversee that component of the program.

The next phase of the TFQ project will focus on creating a system to exchange information on clients shared by Medicaid and the Alabama Department of Senior Services (DSS), Ms. Davis-Allen said. DSS is the first of several state agencies that will be able to access shared information to better coordinate services between agencies working with the same client.

"Medicaid and DSS serve many of the same clients and this is an area in which we can pool our resources to share specific client information and avoid duplicating administrative services," she emphasized.

If you would like to get involved, contact Ms. Davis-Allen at 334-242-5011 or kim.allen@medicaid.alabama.gov.

Patient 1st shared savings clarified

If you are a Medicaid Patient 1st provider, you know that through waivers with the Centers for Medicare and Medicaid Services, the Alabama Medicaid Agency is committed to sharing a portion of the program's savings with the providers who make those savings possible. In April 2007, the Medicaid Agency distributed \$2.9 million in shared savings with Alabama pediatricians who excelled in meeting the program's performance measures.

To clear up some confusion, however, about these performance measure/waiver periods, the Patient 1st program has provided a breakdown of the first and second waiver periods as well as the corresponding shared savings periods in which savings accumulate:

Speakers and Topics (continued)

Barbara Ostrov, MD --

Professor of Pediatrics and Medicine, Penn State Children's Hospital, Milton S. Hershey Medical Center, Pennsylvania State University, Hershey, PA

- Spondyloarthropathies in Children: Not Just Ankylosing Spondylitis
- Juvenile Arthritis Update for the Primary Care Provider

Judith Owens, MD, FAAP --

Associate Professor of Pediatrics, Warren Alpert School of Medicine, Brown University, Hasbro Children's Hospital, Providence, RI.

- The Sound and the Fury: When is Snoring a Problem?
- Sleepy, Dopey, and Grumpy: Sleep Disorders in Adolescents

Teri Pinto, Trainer/Consultant --

Alabama Department of Mental Health and Mental Retardation, Office of Children's Services, Birmingham, AL

- Developmental Screening and Referral in Pediatric Practice: A Hands-On ASQ Screening Tool Training Workshop

Lawrence Wissow, MD,

MPH -- Professor, John Hopkins Bloomberg School of Public Health

- Thinking in Clusters: Broad Categories of Child Mental Health Problems and How to Plan Their Initial Management
- Mental Health Communication Skills for Pediatric Primary Care

strength \strenth\ n

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

2: toughness, solidity 3: power to resist attack

4: intensity 5: force as measured by numbers

we need you to help give them strength!

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



Alabama Department of Public Health
1.800.469.4599 | www.adph.org/immunization

"News From Medicaid" continued from page 9

Waiver Period One : 1/1/05 – 12/31/06

Shared Savings Period:

- **MONEY:** Per member per month (PMPM) determined for pre-waiver time period of 7/04 through 11/04; and compared to waiver period of 7/05 through 11/05.

Total savings of \$11,512,600; \$5.7 million shared

- **MEASURES:** April 1, 2005 – March 31, 2006

PAID: April 2007

Waiver Period Two: 1/1/07 – 12/31/08

Shared Savings Period (pending CMS approval):

- **MONEY:** *options: compare PMPM of a pre-waiver period to a waiver period OR waiver period to waiver period comparison*

- **MEASURES:** *options: can be run for any time period but need to have period of tracking before actual application of shared savings*

PAID: April 2009

Meanwhile, the Patient 1st Advisory Council, made up of Patient 1st providers in the state, is working on new performance measures for the future. The program welcomes the input of its providers; if you would like to have a say in this process or offer suggestions, you are welcome to join the Advisory Council, which has been meeting on a regular basis via conference call. If you are interested, contact Paige Clark at 334-242-5148 or

paige.clark@medicaid.alabama.gov.

Medicaid to implement new claims processing system on February 23

Effective February 23, the Alabama Medicaid Agency will operate with a new claims processing system, interChange, which will bring some changes to the way providers are currently submitting claims to Medicaid.

To introduce providers to the new system, EDS will host a series of educational workshops at different locations throughout the state in January and February. The workshops will provide vital information about the changes to billing necessary for National Provider Identifier (NPI), a new interactive web portal, new claims form requirements, and a Provider Electronic Solutions upgrade.

In order to accommodate all providers, EDS is limiting registration to three attendees from each office. To register, use the form in the December 19 Provider Alert, or go online at www.medic-aid.alabama.gov. For more information, call 800-688-7989.

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