



The Alabama Pediatrician

Winter 2009

From the President

A New Year: Continuing the Charge



A.Z. Holloway, MD, FAAP
Chapter President

With the beginning of a new year, a lot of people make resolutions to change their lives or situation. As I look ahead at 2009 for the Alabama Chapter-AAP, I don't see change, but a continuation of the groundwork that was laid in 2008.

develop a continuing dialogue with the major insurers. To date, we have met twice and the first two meetings have gone well. The Council will continue to impress upon the payors the value of pediatrics, immunizations and the medical home. The Executive Board is aware of the recent Blue Cross Blue Shield HPV/Hep A vaccine letter and is working on this issue.

- The developmental screening project will be rolled out to a larger number of providers.
- The 1st Look oral health program started on January 2 and physician training will continue.
- We will continue to maintain and push for a children's and pediatricians' agenda at the state and national levels.
- A new initiative for 2009 is to begin looking at ways to increase the number of general pediatricians coming into the state. Not only are the pediatricians in Alabama aging, but we have never had enough pediatricians to begin with. A general pediatrician shortage crisis is on the horizon.
- In 2008, we began the formation of a Quality Improvement Committee. In 2009, your Chapter will continue to work with the major insurers and the American Board of Pediatrics to have a quality improvement learning collaborative in place by 2010.

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Announcing the

2009 Spring Meeting & Pediatric Update

April 2-5, 2009 • Hilton Sandestin Beach

Register now for the Alabama Chapter-AAP 2009 Spring Meeting & Pediatric Update, set for April 2-5, 2009 at the Baytowne Conference Center at the Sandestin Golf & Beach Resort!

The CME committee, chaired by Cathy Wood, MD, FAAP, has developed a top-notch slate of national and state faculty on a wide range of topics:

- anxiety
- depression
- learning disorders
- community-acquired pneumonia
- unexplained fever
- office emergency preparation
- common procedure tips
- meeting QI requirements of Maintenance of Certification
- medical home
- ATV injuries in children
- school health
- oral health risk assessment training
- a PALS refresher course and more.

For the full list of speakers and topics, go to page 5 or visit the chapter Web site at www.alchapaap.org.

After the Saturday night dinner, the Chapter will also host a social event, *AfterGlow*, for all attendees at Rum Runners in the Village at Baytowne Wharf, adjacent to the conference site.

Registration packets are being mailed this week. A block of rooms is being held for our group, offering a wide range of bayside & beachside accommodations; download the housing form at www.alchapaap.org/housingrequest.pdf to view choices and rates. To reserve your room, fax the housing form to 850-267-8221 or call 800-320-8115 – make sure to use group code **21U9RF**. Note: Group rates are good through March 11, 2009.

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



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Alabama Chapter – AAP

Mission:

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

Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

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

Pediatricians are essential to achieving optimal child health.

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

Vision:

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

6th annual Pediatric Legislative Day set for March 5

Mark your calendars for the Alabama Chapter-AAP's 6th Annual Pediatric Legislative Day, set for Thursday, March 5 at 9 a.m. in downtown Montgomery.

This year's Legislative Day will begin at 9 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.

Like last 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. Look for registration information soon!

Legislative outlook and priorities for 2009

At its recent meeting, the Executive Board approved our 2009 legislative agenda; already the Chapter is working with coalitions on a number of these issues:

- *Improved health care for children through adequate Medicaid and SCHIP funding:* As you have probably heard by now, the state budget—similar to many budgets during this down economy—is hurting for funds, and Governor Bob Riley has asked for reductions of approximately 10 percent within current state agency budgets (Fiscal Year 2009). Meanwhile, agencies are forecasting even further deficits for Fiscal Year 2010, which begins in October. Compounding this issue for the Medicaid budget is the uncertainty of federal funding mechanisms, which are currently being negotiated with the Centers for Medicare and Medicaid Services.

At this point, enrollment of children in the State Children's Health Insurance Program (ALL Kids) is not threatened, however, much depends on the continued state of the economy, the pending SCHIP reauthorization (approved in the U.S. House of Representatives at time of writing) and the new administration in Washington.

One ray of hope in this situation is the anticipated unveiling of the economic stimulus package by President Barack Obama. The next few weeks will further define the impacts to Alabama. Chapter leaders will meet with our Congressional delegation in Washington on these issues in February, and the Chapter will continue to monitor the budgets and share opportunities for advocacy with Chapter members along the way.

- *Smoke-free public places in Alabama:* The Chapter is working again with members of the Coalition for a Tobacco-Free Alabama to create awareness and advocate for the Smoke-Free Alabama bill, which gained significant momentum in the Legislature last year.

- *A strengthened graduated teen driver license law:* State lawmakers will again introduce a strengthened graduated teen driver license law, which would reduce the number of passengers in a teen's car to one, mirroring federal recommendations, and call for more limitations on night driving and a three-stage system of driver's license aimed at reducing the incidence of motor vehicle crashes among teen drivers. The Chapter is participating this year in an Alabama Teen Driver Safety Coalition, which is kicking off a public relations campaign to improve awareness of the current law and the benefits of the strengthened legislation.

- *All-terrain vehicle use limitations for children under 16 years of age:* Following last year's successful public awareness campaign, the Chapter's Injury Prevention Committee will work again for legislation that would improve current Alabama law on this issue.

Other Legislation/Education Issues of Interest to the Chapter

- *Protection of funding for pre-K education*

- *Infant vitality education (prevention of Sudden Infant Death Syndrome and Shaken Baby Syndrome and promotion of breastfeeding)*

Additional details on all of these issues, including related bill numbers, will be posted on the Chapter web site at www.alchapaap.org by the start of the Regular Session of the Alabama Legislature, which begins on February 3, 2009.

Practice Management Association update

By Lynn Brown, CPC, PMA Chair

Currently comprised of 56 active members representing pediatric practices from across the state, the Alabama Chapter-AAP Practice Management Association (PMA) has made great progress over the past two years. This re-organized group boasts a group email list of 79 members (which includes AAP members), a growing treasury to carry out programs, and representation on the Chapter Pediatric Council, which meets quarterly with BCBS-AL, Alabama Medicaid and ALL Kids.

The PMA recently amended its bylaws so that the full membership will meet quarterly: three times by conference call and once annually at the AL-AAP Conference in September. Recent discussion items have included payor changes, vaccine updates, feedback from the October teleconference on developmental screening practice protocols and future educational teleconference topics, which will include front-end/back-end collections and EMR issues. The teleconferences are open to all staff members of any PMA member.

The PMA Executive Committee continues to encourage new members to join this group of pediatric managers as a way to reach out and share the special issues that we all face in caring for the children of Alabama. Anyone interested in joining the PMA can go to www.alchapaap.org or contact our Membership Committee Chair, Kathy Gray, at ped3@tyleretal.com or me at lynn.brown@chsys.org.



At the PMA's 2008 Annual Meeting, Lynn Brown, current PMA Chair, presents Robin Riggs, 2007-2008 Chair, with a certificate of appreciation for her year of service.

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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

Pediatric Council update

Comprised of six Chapter members and two representatives from our Practice Management Association, the Chapter's Pediatric Council has improved regular communications with payors on pediatric issues. In addition to exploring such issues as the "no urinalysis needed" Bright Futures recommendation and Blue Cross's new Modifier 25 policy, the most recent meeting clarified a point of confusion regarding dates covered by Blue Cross for annual well/preventive visits: From birth through age 6, visits are based on the *birth month, day and year*. After age 6 (beginning January 1 of the year the child turns seven), the well-child benefits are based on the *calendar year*. An information sheet with these details of Blue Cross's preventive visits benefits can be found on the Chapter's web site at www.alchapaap.org.

Prior to and at its next meeting, the Council will address a letter some pediatricians received from Blue Cross regarding use of specialty pharmacies for Hep A and HPV vaccines for one of its group plans. The next meeting will also explore the medical home and the growing trend among payors nationwide to recognize and pay primary care physicians for providing a medical home. Stay tuned for details as this effort progresses.

The Pediatric Council has also instituted an AL-AAP *Payor Hassle Factor Form*, which will increase the Chapter's ability to effectively track and address problematic payor trends. The Chapter encourages you to use the form, which was sent to you in the mail in January; an electronic version can also be found at www.alchapaap.org.

With the Chapter's renewed emphasis on third-party issues, we have added this new section to The Alabama Pediatrician to provide you with the latest coding pearls and information from third-party payors. For up-to-the-minute updates between issues, visit the Chapter web site at www.alchapaap.org and go to News, Third-party/coding updates.

Pediatric Coding Corner

- On January 21, 2009, major changes went into effect for Blue Cross Blue Shield of Alabama (BCBS-AL) patients. Physicians will now be able to bill for preventive care and sick visits on the same date of service using Modifier 25 attached to the sick visit. Documentation should support the separate need for billing the sick visit. BCBS-AL will recognize Modifier 25 (Separately Identifiable E/M Service), Modifier 57 (Decision for Surgery) and Modifier 59 (Distinct Procedural Service). This is a major change for pediatricians in our state. For more details, please refer to www.bcbsal.org under Fragmented Coding Edits or download the Modifier 25 policy on the Chapter web site at www.alchapaap.org.
- Recognizing that urinalysis is no longer recommended at every visit by AAP Bright Futures (thanks to a presentation of the Alabama Chapter-AAP Pediatric Council), Alabama Medicaid no longer requires a urinalysis at EPSDT periodic visits. (See Alabama Medicaid *Provider Insider* article, November 2008).

"From the President" continued from page 1

- You, our member, can look forward to two outstanding CME programs with not only top-notch academic topics, but also a PALS recertification course and a 1st Look training at the Spring Meeting, as well as a continued community pediatrics slant.
- As the economy has deteriorated, it has become more and more important that we pediatricians do not leave any money on the table because of undercoding or undercharging for our services. Through our Practice Management Association, we will repeat our successful coding workshop again this fall. Also, look for regular coding updates beginning with this issue of *The Alabama Pediatrician*.

Above all, in 2009, let's rededicate ourselves to increase advocacy for children and pediatricians and to become better managers of our practices.

2009 Spring Meeting & Pediatric Update

Speakers & Topics

H. James Brown, MD, FAAP,

Vice President, Physician Relations, American Board of Pediatrics, Chapel Hill, NC

- Meeting QI Requirements for MOC Part IV: What Does it Mean for My Practice?

William L. Coleman, MD, FAAP,

Professor of Pediatrics, Center for Development and Learning, University of North Carolina School of Medicine, Chapel Hill, NC

- Anxiety and Depression: Primary Care Approaches to Detection, Diagnosis, Treatment and Referral
- Family-Focused, Solution-Oriented Management Approaches For Behavioral-Psychosocial Problems in Children
- Learning Problems: The Role of the Primary Care Provider

Nan Frascogna, MD, FAAP,

Fellow, University of Alabama at Birmingham, Department of Pediatrics, Emergency Medicine, Birmingham, AL

Kathy Monroe, MD, FAAP,

Professor of Pediatrics, University of Alabama at Birmingham, Department of Pediatrics, Emergency Medicine, Birmingham, AL

- All-Terrain Vehicle Injuries in Children: An Escalating Problem

James Hanley, MD, FAAP,

Attending Physician, Pediatric Emergency Medicine, USA Children's and Women's Hospital; Medical Director, USA Pediatric Advanced Life Support Training Programs, Mobile, AL

USA EMS Education Staff

- PALS Provider Refresher Course

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"Speakers and Topics" continued from page 5

Sheldon L. Kaplan, MD, FAAP, Professor of Pediatrics, Baylor College of Medicine/Texas Children's Hospital, Houston, TX

- Community-Acquired Pneumonia in Children: Are There Guidelines?
- Fever of Unknown Origin in Children

Jane F. Knapp, MD, FAAP, Associate Chair for Education, Children's Mercy Hospital and Clinics, Kansas City, MO

- Preparing for Office Emergencies
- Top Tips for Common Procedures

Sherry D. Marbury, RN, MSN, CCRC, State School Nurse Consultant, Alabama Department of Education, Montgomery, AL

- School Health in Alabama: A 2009 Snapshot

Julie Rainbow, Southern Region Program Developer, Nurse-Family Partnership, Atlanta, GA

Sharon Sprinkle, Nurse Consultant, Nurse-Family Partnership, Greensboro, NC

- Helping families in communities through Nurse-Family Partnership

Richard Simpson, DMD, Pediatric Dentist, Chapter Liaison to Alabama Academy of Pediatric Dentistry, Tuscaloosa, AL

- Oral Health Risk Assessment Training

David T. Tayloe, Jr., MD, FAAP, President, American Academy of Pediatrics

- Vision of Pediatrics: Improving Care in the Medical Home

Pooling resources in a down economy: the benefits of participating in a group purchasing organization

Particularly in this current down economy, it is incumbent on pediatricians in private practice to look for ways to cut costs while still delivering quality care to children. This is especially true for small or solo practices, which don't have the benefit of volume discounts that larger practices are afforded by vendors.

Many practices are turning to group purchasing organizations (GPOs), which are able to combine orders from practices, hospitals, nursing homes and other medical facilities in order to receive volume discounts from specific vendors. With no larger ticket item on a practice's shopping list than vaccines, and because payment from insurers barely keeps up with escalating prices, vaccine purchasing programs are becoming more and more attractive to primary care pediatricians.

Pediatricians may wish to further investigate the following types of groups:

- Health Industry Group Purchasing Association: This member organization includes GPOs, manufacturers and distributors. Visit the HIGPA web

site at www.higpa.org for more information.

- Pediatrician-led Groups: Some groups are exclusive to pediatricians or pediatric products. While these groups may not be as large as those from HIGPA, they may meet more of pediatricians' needs.

- Distributors with GPO Component: Some distributors offer pediatric-specific GPOs. Visit www.cispimmunize.org/pro/manufacturers.html for a list of distributors to call.

- Practice Management Groups: In addition to other consulting services, practice management groups may offer a vaccine purchasing agreement.

- Hospitals or Nursing Homes: These groups in your area may have their own vaccine purchasing agreements. If you are affiliated with a hospital, they may allow you to order through them.

Most GPOs require that you order all vaccines through them, although they may only contract with two or three manufacturers. *Make sure the GPO you choose contracts with all the vaccine manufacturers whose products you wish to use.*

The Alabama Chapter-AAP has been contacted by the following vaccine GPOs; Chapter members may contact each for potential shared savings opportunities.

Atlantic Health Partners
Contact: Jeff Winokur
800-741-2044
jwinokur@atlanticealthpartners.com
www.atlanticealthpartners.com

Fair Advantage Consortium
Huntsville, AL
Contact: Robin Riggs, Administrator
256-265-2464
rriggs@fairadvantageconsortium.com
www.fairadvantageconsortium.com

TCH Ventures, Inc.
Birmingham, AL
Contact: Sandy Thurmond, Vice President, Primary Care Services
205-939-9894
sandy.thurmond@chsys.org

Physicians Alliance
866-348-9780
info@physall.com
www.physiciansalliance.com

Visit the AAP's Practice Management Online at practice.aap.org for a more comprehensive list of GPOs.



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From the Coordinator

Reach Out and Read launches new web page

Thanks to all the hard work of Development Coordinator Salina Taylor, Reach Out and Read-Alabama (ROR) has a new web page (built as part of the Chapter web site) with a new address, www.roralabama.org. The new page features online giving prominently displayed as well as navigation buttons located at the top of the page. A list of current ROR sites in Alabama can be easily accessed, as well as a step-by-step description on how to start a new ROR program. The Literacy Resources button displays a variety of resources such as Reading Tips for Parents, What Children Like in Books and Talking with Parents about Books.



Strategic planning process completed

Under the direction of Kara Kennedy of Kennedy Resource Development and the financial support of a technical assistance grant from the Central Alabama Community Foundation, 13 Advisory Council members completed a strategic planning process for ROR-Alabama, spending over 12 hours in four monthly sessions. Action plans were outlined in the areas of organization/infrastructure, communications, fund development and government relations.

For more information regarding the final document, contact me at roralabama@charter.net.

Reach Out and Read-Alabama featured in statewide publication

The Alabama Department of Public Health featured ROR-AL in the November 2008 edition of its statewide publication, *Alabama's Health*. To view the article, visit http://www.adph.org/publications/assets/AHnew_dec2008.pdf. Many of Alabama's county health departments have pediatric services and have implemented Reach Out and Read. For more information on how your public health clinic can participate in ROR, visit www.roralabama.org or contact me at roralabama@charter.net.

Congressman kicks off ROR in Mobile County Health Department pediatric clinics

Congressman Jo Bonner (Alabama's 1st Congressional District) showed his support for the Mobile County Health Department's (MCHD) participation in ROR by reading to a group of over 50 children at the Health Department's primary pediatric clinic on North Bayou in November. The MCHD is one of 14 ROR sites in Representative Bonner's district that distribute more than



12,500 books annually to children at well-child visits. The Teen Center Clinic has participated in ROR for 10 years, with the five other sites—Eight Mile, Semmes, Citronelle, Caldecaver, and the Mobile County Public Health Department Family-Oriented Primary Health Care Clinic—approved in June of this year. These Mobile County clinics see more than 6,600 children from six months to five years of age annually.

— Polly

NEWS FROM PUBLIC HEALTH

New Adolescent Protection: Meningococcal disease

The fatality rate of meningococcal disease for all ages is 10 to 14 percent, with an adolescent mortality rate of approximately 25 percent. Among survivors, 11 to 19 percent have permanent hearing loss, neurologic deficit, loss of limbs, or other serious sequelae. Onset is often abrupt and rapid.

Meningococcal infection is caused by *Neisseria meningitidis*, which is a gram-negative diplococcus with at least 13 serogroups. Almost all invasive disease is caused by one of five serogroups: A, B, C, Y, and W-135. The distribution of serogroups has shifted in the U.S. in recent years. The importance of each depends on geographic location, age, and other factors. Approximately two-thirds of cases among adolescents and young adults are caused by serogroups C, Y or W-135 and potentially are preventable with available vaccines.

Transmission is by intimate contact, droplet aerosol, or secretions from the nasopharynx of colonized persons. The rate of invasive disease among 17- to 20-year olds is twice that of the overall population.

Symptoms of meningitis include fever, headache, and stiff neck, which can be accompanied by nausea, vomiting, photophobia, and altered mental status. These symptoms are indistinguishable from

signs and symptoms of acute meningitis caused by *Streptococcus pneumoniae* or other meningeal pathogens. Meningitis accounts for 49 percent of cases involving invasive meningococcal disease.

Meningococemia symptoms include fever, chills, malaise, prostration, rash (macular, maculopapular, or petechial), hypotension, multi-organ failure, and sepsis. Meningococemia accounts for 33 percent of cases involving invasive meningococcal disease.

Laboratory diagnosis is determined by use of blood or cerebrospinal fluid (CSF) cultures. Use of a Gram stain of blood or CSF can be helpful. Serologic testing (e.g., enzyme immunoassay) for antibodies to polysaccharide may be used as part of the evaluation but not to establish the diagnosis.

Meningococcal Conjugate Vaccine (MCV) contains serogroups A, C, Y, W-135 capsular polysaccharide antigens individually conjugated to diphtheria toxoid protein. Administered intramuscularly, MCV is recommended for all children ages 11 to 18 and for college freshmen living in dormitories. MCV is also preferred for routine vaccination of adolescents and people ages 11 to 55 who are at increased risk of meningococcal disease. MCV4 is the preferred vaccine for

continued on page 14

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—Dr. Catherine L. Wood

Partners in Pediatrics, Montgomery, Alabama

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

1st Look program begins

Effective January 2, Medicaid began paying Patient 1st providers who have been trained and certified in oral health risk assessment for

Take a 1st Look
A Healthy Smile = A Healthy Child

dental codes D0145 (oral exam <3 years old, counseling) and D1206 (topical fluoride application) under certain limitations.

Medicaid primary care providers, along with any clinical staff in their offices who will be applying the varnishes and performing risk assessments, have to complete the modified AAP "The Oral Health Risk Assessment Training Program for Pediatricians and Other Child Health Professionals" (conducted by trained pediatric dentists in Alabama) and pass the post-test in the module. Clinical staff can perform and bill for the procedure only if the Medicaid provider (MD, DO, PA, CRNP) has been trained and certified as well.

A training will be held on Friday, April 3, 2009 from 2 p.m. to 3:30 p.m. at the Spring Meeting; other regional trainings will be announced soon. Specific program requirements can be found on the Medicaid web site at www.medicaid.alabama.gov.

A list of fluoride varnish vendors has also been posted on the Chapter web site at www.alchapaap.org. If you have any questions, please call 334-954-2543 or e-mail lchampionaap@knology.net.

Chapter board advocates to ADPH for PCV daycare mandate

After carefully monitoring the issue and continued discussions with the Alabama Department of Public Health over the last several years, the Chapter Executive Board has recommended to ADPH that Alabama become the 31st state to require full immunization with pneumococcal conjugate vaccine before daycare entry. The board's recommendation is to adhere to the PCV recommendations of the Advisory Committee

on Immunization Practices of the Centers for Disease Control and Prevention.

"After reviewing the evidence and the increasing number of states issuing such mandates, we believe that a PCV mandate for day care entry will positively impact the health and well-being of Alabama children and should be implemented," said A.Z. Holloway, MD, FAAP, Chapter President.

Martin awarded CATCH grant

Chapter member Angela Martin, MD, FAAP, of Anniston, was one of 28 out of 67 pediatricians whose Community Access to Child Health (CATCH) project proposal was awarded a 2008 CATCH Implementation Fund Grant.

Dr. Martin's project will implement REACH, a health, nutrition and fitness program for children identified as obese and their families. In a partnership with Anniston Parks and Recreation and a dietitian with the Calhoun County Health Department, the Pediatric Care Center of Northeast Alabama will provide health screens for obese children, offer age-appropriate nutrition classes for children and their parents, and conduct an intergenerational fitness program to introduce both the children and their parents to various types of exercise. Each participant will have an individualized health, nutrition and fitness plan with established goals. Parent/child teams who meet goals will be provided incentives.

Congratulations, Dr. Martin!

Developmental screening initiative to continue in 2009

The Alabama *Assuring Better Child Health and Development* Screening Academy project, through which the Chapter has been collaborating with numerous state agencies to increase adoption of standardized developmental screening and referral, will continue to work on its statewide spread to more pediatric practices in 2009.

The project's core team is developing a plan for a "second tier" set of practices to implement standardized screening. Meanwhile, a developmental screening toolkit for pediatricians has been developed on the Chapter web site; visit www.alchapaap.org and go to Programs/Projects→ ABCD Developmental Screening Project. In addition, the Chapter conducted an online survey among members in late November/early December, which indicated that approximately 38 percent of respondents were not aware of the AAP developmental screening algorithm, and about that same percentage did not use a bona fide standardized screening tool, which is the recommendation.

Look for more details coming soon as this project further develops!

You could land a CATCH grant!

Could you use \$12,000 to address the local needs of children in your community? The American Academy of Pediatrics will support pediatricians in the initial and/or pilot stage of developing and implementing a community-based child health initiative through Community Access to Child Health (CATCH) grants. The guidelines can be reviewed online at aap.org (search for CATCH

grants); help is also available from Jessica Kirk, MD, (chloeum@hotmail.com) or Marsha Raulerson MD, FAAP, (mraulerson@aap.net), our state and district CATCH facilitators.

In addition to implementation grants, a new grant opportunity is available this year for pediatricians interested in developing projects focused on reducing secondhand smoke exposure for children and youth.

To apply, go to <http://www.aap.org/catch/funds/>. The next deadline is July 31, 2009.



Chapter Briefs continued from page 11

Resident Rounds

By Jessica Kirk, MD, Pediatric Chief Resident, University of South Alabama AAP Resident Section, ADC District X

A new year has arrived, and with it new challenges and opportunities. The IOM has released new recommendations regarding further reductions and restrictions on resident work hours. These recommendations have received mixed reviews from the residents themselves, ranging from pleased to outraged. The AAP has submitted a response addressing the new recommendations, and we all hope this topic will be resolved soon. This issue has an impact on all of us, as more senior physicians shoulder increasing workloads while residents' duties diminish. I will be happy to e-mail copies of the documents to any interested parties.

On a more positive note, the Section on Residents' 2008-2009 Advocacy Campaign will focus on tobacco prevention and control. As part of these efforts, a new CD-ROM, complete with tobacco control resources which can be used for community health and advocacy projects, is now available. This tool follows the release of the AAP Richmond Center CD-ROM,

which aims to integrate tobacco counseling into pediatric residency training. For more information, or a copy of the CD-ROM, please e-mail me at jlkirk@aap.net.

Expanded Newborn Screening Update: Cystic Fibrosis Newborn Screening in Alabama

By Gail Mick, MD, UAB Faculty Member

The Alabama Department of Public Health continues to expand and improve the Newborn Screening Program to keep it on the cutting edge. Updates during 2008 highlighted Alabama's outstanding inherited metabolic screening panel, which includes all ACMG-recommended disorders (with the exception of Tyrosinemia 1) and the new cystic fibrosis screening program.

With this first update for 2009, we are pleased to draw attention to ADPH-supported funding of a part-time pediatric nurse practitioner to facilitate seamless, rapid and comprehensive care of congenital hypothyroidism (CH) or adrenal hyperplasia (CAH) at both Children's Hospital and the University of South Alabama. Regarding CH, rapid (<24 hours) outpatient consultation for confirmatory diagnostics, pediatric thyroid ultrasonography, education and therapy (to normalize T4 within 14 days) is our goal. CAH presents unique challenges ranging from emergent adrenal crisis and genital virilization in females to borderline test results in premies, heterozygotes and non-classical variants of CAH.

The NBS team at TCH and USA are ready 24 hours a day, seven days a week to

assist in triage/interpretation and medical management of these disorders, which require specialized immunoassay, endocrine stimulation testing or coordinating team care with endocrinology, urology, genetics and other specialized services regarding gender issues.

Excellent resources for most newborn screening questions can be found at the ADPH newborn screening website (www.adph.org/newbornscreening). Highlights from this excellent resource include: a printable list of NBS medical consultants (UAB and USA); access to the Voice Response System (24/7 access to NBS results); helpful links to newborn screening disorders for background and management; and printable brochures for your patients.

Review your EMR and help your fellow Chapter member

The Chapter office and the AL-AAP Practice Management Association are continuing to secure responses to its EMR survey, designed to catalog reviews of pediatric EMRs in Alabama to serve as a resource for members who are considering EMR systems. If you have an EMR system and your practice has not submitted a response to our paper survey, please help out your colleagues by completing the Survey Monkey questionnaire. Click the link on the Chapter web site's home page.

Did you know? Resources for Nutritional Counseling

MyPyramid.gov, an interactive web site of the United States Department of Agriculture, has numerous resources that focus on the school-aged and preschool child's nutritional needs, including appropriate portion sizes, menu planners and more. Children and parents like these user-friendly, Internet-available guidelines. Visit www.mypyramid.gov.



Annual Meeting focuses on vaccines

Lance Rodewald, MD, FAAP, Director of the Immunization Services Division at the CDC in Atlanta, provided Chapter members with the latest CDC data, as well as pertussis and flu updates as part of the Chapter's Vaccine Summit at the 2008 Annual Meeting in September. Chapter members particularly enjoyed the give-and-take at a sharing session on how to handle parental refusal of vaccines, which will be repeated at the Spring Meeting.

NEWS FROM MEDICAID

Radiology prior authorization program to begin March 2

The Alabama Medicaid Agency will soon implement a radiology management program to ensure that expensive radiology procedures meet established criteria while encouraging quality care, appropriate utilization and limitations on radiation exposure.

The Alabama Medicaid Agency has contracted with MedSolutions, a radiology services organization that specializes in managing diagnostic services, to implement a radiology prior authorization program, effective March 2, 2009.

"The criteria utilized by MedSolutions are evidence-based and rely heavily on national guidelines," according to Medicaid Medical Director Robert Moon, MD. "In addition, several physicians, including members of the Alabama Chapter-AAP, are reviewing the criteria and providing input."

Dr. Moon emphasized that physician input has been vital to development of the program. In preparation for the bid process, Alabama physicians helped to develop criteria and also worked with the Agency to evaluate the bids received for the service, he said.

A Physician Advisory Committee is being formed to gather further input on criteria, the prior authorization process, and claims pay-

ment to MedSolutions and Medicaid, he said. This group will consist of a broad spectrum of practicing physicians from the fields of pediatrics, family medicine, general surgery, internal medicine, neurology, orthopedics, and radiology, among others.

The new requirements call for providers to request prior authorization for all MRI's, MRA's, CT scans, CTA's, and PET scans performed on or after March 2, 2009. Medicaid will allow a grace period from March 2 - 31 during which providers will be required to submit prior authorization information, but Medicaid will not deny any claims during this timeframe.

Beginning April 1, 2009, any claims that are submitted for these radiological services for dates of service April 1 and thereafter without prior approval will be denied.

Exclusions from the PA requirement will be:

- scans performed as an inpatient hospital service;
- scans performed as an emergency room service; and
- scans for Medicaid recipients who are also covered by Medicare.

Providers with questions may contact Teresa Thomas, program manager of laboratory/x-ray services, at teresa.thomas@medicaid.alabama.gov or 334-242-5048.

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Event Calendar

March 5

6th Annual Pediatric
Legislative Day
Alabama State House,
Montgomery, AL

April 2 – 5

2009 Spring Meeting &
Pediatric Update
Sandestin Golf & Beach Resort,
Destin, FL

April 17 – 18

MASA Annual Session
Renaissance Hotel,
Montgomery, AL

September 18 – 20

Chapter Open Forum on Autism
Issues; Coding Workshop;
2009 Annual Meeting & Fall
Pediatric Update
The Wynfrey Hotel,
Birmingham, AL

Chapter's Mental Health Coalition releases white paper

After many months of work, the Chapter's Mental Health Coalition (MHC), comprised of pediatricians, state mental and public health agency representatives, family member organization representatives, and other stakeholders, has released its white paper, *Needs Assessment and Recommendations on Children's Mental Health*, that was developed based on analysis of feedback from the Chapter's mental health roundtables and its 2007 Open Forum on Children's Mental Health, all of which were conducted over the last three years through two mental health grants from the American Academy of Pediatrics.

With the guiding principles of access, quality, and finance, the document covers six areas: Early Screening, Assessment/Diagnosis and Intervention for Early Childhood Mental Health Issues; Mental Health Parity and Payment; Mental Health Workforce; Primary Care and Mental Health Integration and Communication; Mental Health Education for Primary Care; and Connecting with Families.

The goals of the MHC are to distribute the document and talking points to educate legislators, policymakers and state leaders in 2009.

To access the document, visit the Chapter web site at www.alchapaap.org and go to the home page or the permanent post of the white paper at Programs/Projects→Mental Health Grant Project.

"News from Public Health" continued from page 9

this age group, but MPSV4 can be used when MCV4 is not available.

Routine vaccination against meningococcal diseases for people ages 11 to 18 is the new recommendation and should be incorporated into daily practice. Call the Vaccines for Children program at 1-866-674-4807 for additional information or visit the immunization pages on the ADPH web site at www.adph.org.



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NEWS FROM THE AAP

Pediatric Research in the Primary Care Office

By Marc Starer, MD, FAAP, Alabama PROS co-coordinator

Pediatrics is fraught with unanswered clinical questions. Will some medications do more harm than good? Will some treatments truly help or are we just giving our parents something to do while we expectantly wait for improvement? Is the counseling we give in the office effective in changing our parents' and patients' behaviors? Most of us are not always confident that we know "the" answer.

Despite a growing body of published pediatric research, much of what we practice is still based upon our own experience in practice. Most of it appears to work most of the time. But our parents and the insurers are increasingly looking for authoritative information about what we do in practice.

Office-based pediatric research enables us to speak with greater authority about topics that impact our practice. Those of us who participated in the girls and boys puberty studies learned that Tanner staging was based upon photographic assessment of children who were not always healthy. The boys study continues but the completed girls study called into question the validity of Tanner staging. We now know, based upon the girls study, that girls do

appear to mature earlier than previously thought. Two pediatric studies due to begin this Spring may also change our views on overweight and obese children and smoking cessation counseling.

The overweight study (BMI2) and the smoking cessation study (CEASE) are coordinated by the research arm of the AAP, Pediatric Research in Office Settings



(PROS). Participating physicians have the opportunity to learn about how best to counsel our patients and parents about nutrition and exercise or smoking cessation. These sorts of studies afford us the opportunity to learn "the" answer by virtue of participating in the research and to create new knowledge based upon the results.

To learn more about PROS and how to join, visit our website at www.aap.org/pros. You can also contact the Alabama coordinator for PROS, D.J. Anagnos, MD, FAAP, at djanagnos@knology.net or the co-coordinator, Marc Starer, MD, FAAP, at marc.starer@chsys.org.

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