



The Alabama Pediatrician

Third Quarter 2018

From the President



Wes Stubblefield, MD, FAAP
Chapter President

Every year, a theme develops that describes the dominant issue that we feel faces pediatricians in Alabama. This year, it seems that theme is protection of the medical home. As we have written several times before, we are committed to promoting the uniqueness of pediatricians and the

advantages of the pediatric medical home.

As many of you know, we are constantly bombarded with practices that threaten to fracture care with the stated goal of making care more accessible. These may come in the form of routine care at urgent care centers or vaccine delivery outside of the medical office. Regardless, our patients and parents need to understand why these practices could be detrimental to their care.

To that end, we have set a goal of enhancing our Chapter's social media presence. Not only will we be creating content, but we will actively share and/or retweet information important for pediatricians. In addition, we are planning a series of social media posts highlighting some of the interesting and talented individuals across the state who call themselves pediatricians and the committed offices across the state in which they work.

Through a social media platform, we hope to engage and educate consumers on why pediatricians are the best place for pediatric care, such as yearly checkups, sports physicals and routine vaccines for our adolescent patients. Let's all plan to show those that threaten to disrupt the medical home that we can and will succeed in caring for Alabama's children in the way that they deserve and the way we know is best.

Annual Meeting & Fall Pediatric Update: Last Call



September 28-30, 2018 • The Hyatt Regency Birmingham-The Wynfrey Hotel
Visit alaap.org to register and get all of the details!

Open Letter from UAB Pediatric Residency Program

Dear UAB Pediatric Residency alumni and friends,

The UAB Pediatric intern class was recently involved in a serious bus accident, an incident that has impacted the entire UAB Pediatric Residency Program and Department of Pediatrics. Although we expect everyone to recover, a physical and emotional toll certainly remains. The outpouring from our residents, fellows, faculty, alumni, and community has been unbelievable, and we continue to focus on the giving and receiving of needed support.

Many people have asked how they might help in addition to needed thoughts and prayers, including interest in making financial contributions in support. To help, an online resource has been set up for those who want to give. Gifts made will be used to support those interns affected by the accident.

If you would like to contribute, you can donate online to the fund administered by Children's of Alabama at <http://give.childrensal.org/UIABResidents>, or you can mail a check made out to UAB Pediatric Residents' Assistance Fund to the address below. If you have questions, please call 205-638-9589 – our House staff office.

Thank you for being the best community of people. Our residents, faculty, fellows, and alumni are amazing. We are so grateful for you.

The UAB Pediatric Residency Program

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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 even stronger.

Vision:

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

Q&A with Candidates for Governor

Alabama Chapter-AAP receives gubernatorial candidate responses to questions

In early August, the Alabama Chapter-AAP, along with the Alabama Academy of Family Physicians, developed and sent a series of questions about the future of healthcare in Alabama, particularly for children, to our two gubernatorial candidates, one of which will become the governor of Alabama in January 2019. The goal of this effort was to provide you with information on where the candidates stand on these issues and what actions they will take if elected so that you can make the most informed decision at the polls in the November general election.

As of time of writing, the AL-AAP has not received a response from Governor Kay Ivey's campaign.

The responses of Walt Maddox, Democratic candidate, are found below.

1 Alabama's 1.2 million children make up about 25 percent of our total population, but are 100 percent of Alabama's future. In what ways do you believe Alabama can provide for the future by investing in children?

- Education. The Alabama Education Lottery, which is a centerpiece of my campaign, will generate \$300 million per year, all of which will be dedicated to educating and training the workforce of tomorrow. Of that amount, \$125 million be allocated annually

for college scholarships and workforce readiness; \$90,000,000 will go to Universal First Class Pre-K; \$60,000,000 will go to the Foundation Program Promise, which will help close the funding gap for public school systems that generate less ad valorem taxes for education; and \$25,000,000 will be devoted to Community Innovation Grants that will provide wrap-around services like mental health, social services, and other areas to eliminate barriers to successful public education

- Medicaid Expansion. Although ALL Kids helps assure many children are covered by health

continued on page 8

Chapter focuses on adolescent well visits

This summer, the Chapter leadership continued its work in meeting with the Alabama Department of Public Health and school nurse representatives to drive home the importance of protecting the medical home while promoting the importance of adolescent vaccinations.

Members of the Alabama Adolescent Vaccine Task Force met with Chapter leaders in late August, and Chapter Executive Director Linda Lee met directly with State Health Officer Scott Harris on this issue.

The result is that our three organizations will continue to work to promote adolescent vaccinations in order to increase rates, with the medical home being the first and best place to receive those immunizations.

To that end, the Chapter will be doubling-down on promoting best practices to its members, especially with regard to HPV, and providing the best CME on how to communicate with parents, practice flow, etc.

On the flip side, ADPH is assisting the Chapter by designing a joint adolescent well visit flier geared to parents that stresses the importance of going to a regular medical provider for teen well visits. Through the advocacy of Chapter leaders, ADPH's guidelines for school-based vaccination have been updated to include a strong recommendation on including the flier in all communications to parents. The Chapter office is working hand-in-hand with ADPH and the State School Nurse Consultant on this project.

Alabama Chapter-AAP
WORKS
for you

School Nurse collaboration strengthens; pediatricians needed!

Through this ongoing conversation, the Chapter has strengthened its relationship with the Alabama Department of Education's School Nurse Consultant. After some discussion at the August school vaccination meeting, it was decided that we will form an interprofessional school health collaboration. We will be reaching out soon to Chapter members to determine interest in this effort. More details coming soon, but if you are interested in school health and want to be part of this conversation, please contact Linda Lee at 334-954-2543 or llee@alaap.org.

Medicaid News

Alabama Coordinated Health Network moves forward

As you have undoubtedly heard, the Alabama Medicaid Agency is heading in a new direction, moving forward with establishing the Alabama Coordinated Health Network, a single care coordination delivery system combining its Health Home, Maternity, and Plan First programs. The ACHN, the proposal for which has been submitted the Centers for Medicaid and Medicare Services, will replace silos in current care coordination efforts.

Primary Care Case Management Entities, or network entities, will operate in seven newly defined regions, with responsibility for creating a care coordination delivery system within each region. These entities will be

governed by boards, half of which will be comprised of primary care physicians. Care coordination will be provided based on recipient's county of residence, and the entities will not make payments to physicians.

What does this mean for providers?

- If you are a Primary Care Provider, ACHN represents a new opportunity to earn bonus payments for achieving quality-related goals in addition to fee-for-service payments. If you earned "bump" payments previously, you can earn increased amounts if you participate with a regional ACHN entity.
- You will not be required to manage a patient panel, but will work in partnership with licensed social workers and nurses who will help manage your complex or non-compliant patients.

- More of your patients will qualify for care coordination services, since ACHN services are not limited to Health Home diagnoses.
- You can see patients regardless of where they live.
- Referrals will be required only for certain medical specialties.
- EPSDT referrals will continue to be required.

Care Coordination Services

Regional entities will be incentivized along with primary care providers to achieve

better health outcomes and to provide a higher volume of care coordination services. A few points:

- Care coordination referrals may be requested by providers, recipients or

community sources.

- All maternity patients will receive care coordination.
- Care coordination will include assisting recipients in obtaining transportation or applying for Medicaid, making appointments, educating them on medication or treatment plans, helping them seek care in the most appropriate setting, and locating community services.

Primary Care Physician (PCP) Referral Process

- PCPs will no longer have assigned patient panels.
- PCPs / PCP groups will not need a referral to see a recipient.
- Nurse practitioners or physician assistants collaborating within a PCP group will not need referrals.
- The EPSDT referral process will not change; correct coding will continue to

be essential to ensure coverage beyond 14-visit limit.

- PCP referrals will be required for specialists to receive payment.
- Referrals to NPs or PAs collaborating with specialty groups will also require a referral.
- When a PCP cannot be identified, the ACHN entity may provide a referral.

Reimbursement and Payment: ACHN Participation

Participation rate payments (formerly budgeted as "the bump" payments) will be made to PCPs who actively participate in an ACHN network.

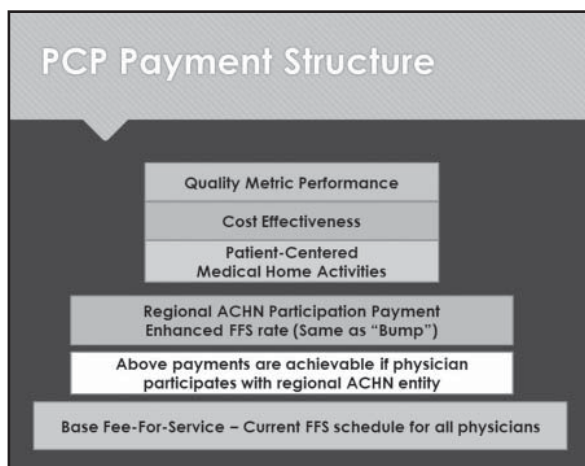
Qualifications:

- Previous "bump" requirements.
- Signed agreements with Medicaid and the ACHN entity in the region where the group/physician practices.
- Actively work with the ACHN entity to review recipient care plans, participate as needed in ACHN Multi-Disciplinary Care Team (MCT), participate in ACHN initiatives centered around quality measures, participate in at least two quarterly Medical Management Meetings and one webinar/facilitation exercise with the regional ACHN medical director over a 12-month period (NPs and PAs may attend for PCP), and review data provided by the ACHN to help achieve regional and state Medicaid goals.

Reimbursement and Payment: Bonus Payments

Bonus payments, which replace the former Patient 1st per member per month payments, will be divided into three areas (PCPs can earn in all three areas):

- 1) Patient-Centered Medical Home - Attainment of PCMH recognition by the appropriate national organization or documented progress toward PCMH recognition, evaluated annually and paid quarterly.



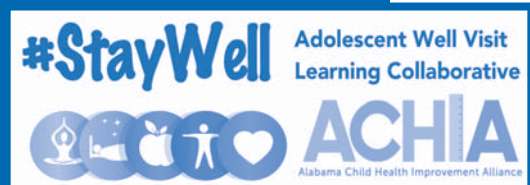
Event Calendar

September 28 – 30, 2018
2018 Annual Meeting & Fall
Pediatric Update
Hyatt Regency Birmingham-The
Wynfrey Hotel
Birmingham, AL

November 2 – 6, 2018
AAP National Conference &
Exhibition
Orlando, FL

November 28, 2018
Chapter/PMA Webinar:
How to Handle an Active Shooter
12:15 p.m.

May 2 – 5, 2019
2019 Spring Meeting & Pediatric
Update
Sandestin Golf & Beach Resort
Destin, FL



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Top 10 reasons to participate in the #StayWell: an Adolescent Well Visit Learning Collaborative

By Cason Benton, MD, FAAP, Medical Director, Alabama Child Health Improvement Alliance

As announced earlier this summer, the Alabama Child Health Improvement Alliance's (ACHIA) 2019 Collaborative #Stay Well: An Adolescent Well Visit Learning Collaborative, will kick off in January and run through September 2019.

This quality improvement collaborative will focus on increasing adolescent well visit rates and clarifying practice consent, confidentiality, and transition policies. In addition, practices will have the opportunities to track optional adolescent measures.

"Pediatricians offer adolescents guidance through potentially turbulent times, however, teens have low annual visits. What can we do to increase adolescent well visit rates? That is what we will tackle in this learning collaborative," said Nola Ernest, MD, FAAP, #StayWell physician champion and pediatrician with Enterprise Pediatric Clinic.

Here are the top 10 reasons you should participate!

10. Teens are fun to have around...Really!
 9. Dr. Preud'Homme, our content expert, and Dr. Ernest, our physician champion, are a hoot!
 8. New this year: CME available at the Chapter's Annual Meeting & Fall Pediatric Update or through online web modules.
 7. Simplify your patient-centered medical home applications and renewals with #Stay Well's emphasis on transition of care
 6. You can tailor your experience with optional measures--such as increasing vaccination rates or screening for depression.
 5. Upcoming Medicaid changes in patient panel attribution and incentives favor increased adolescent visit rates.
 4. Practice improvements occur during the spring and summer, outside of the busy winter months.
 3. You will obtain MOC Part IV while improving teen care!
 2. You'll be assured that everyone in your practice will be able to navigate consent and confidentiality.
 1. #Stay Well is a fun way to be sure your practice's teens are receiving the very best care.
- Sign your practice up for the collaborative by December 31, 2018; email Linda Champion at lchampion@alaap.org to register and for more information!



From Medicaid News continued from page 3

2) Cost-Effectiveness

- Recipients will not be assigned to individual PCPs, but will be attributed at the PCP group level based on where they received services, updated quarterly.
- Risk-adjusted payments; calculated based on:
 - Two-year "look-back" of medical claims
 - One-year "look-back" of maintenance medication claims history
- Will compare peer-to-peer.

3) Quality Bonus Payments

- For at least four quarters, all practice groups will automatically receive a full quality bonus payment at the first of each quarter.

- In the future, Medicaid will calculate a quality bonus payment based on performance.
- Payments will be based only on measures relevant to a group's practice.
- Quality measures include:
 - Well-child visits for children, ages 3-6
 - Adolescent well care visits
 - Immunization status – Child/Adolescent
 - Antidepressant medication management
 - HbA1c test for diabetic patients
 - Follow-up after ER visit for alcohol or other drugs

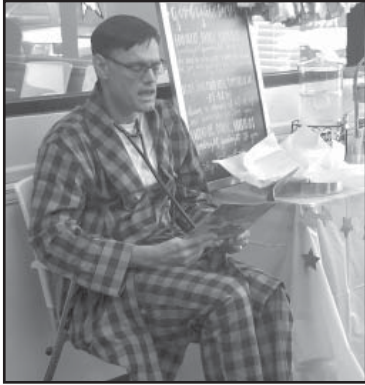
For more details, see the recent Chapter webinar at www.alaap.org. Submit your questions to ACHN@medicaid.alabama.gov.

Reach Out and Read All About It!

By Salina Taylor, Development and Communications Coordinator

Pediatricians across the state emphasize healthy bedtime routines in Rx for Summer Reading

More than 1,000 children and their families at 21 Reach Out and Read-Alabama program sites said *Goodnight, Daniel Tiger* this summer



Bruce Petitt, MD, FAAP, West Alabama Pediatrics, reads *Goodnight, Daniel Tiger* to the children in the waiting room during the practice's summer reading event.

during the ninth annual Rx for Summer Reading. Participants created pillowcases, sleep masks, and dream catchers and received a copy of the book. Local dentists emphasized the importance of brushing teeth as part of healthy bedtime routines and physicians, nurses and local volunteers read the book at each event.

As part of the campaign, ROR-AL partnered with the Alabama Chapter-AAP's Brush Book Bed program (BBB), which is providing families at well-child visits with materials

in hand (age-appropriate books, stickers, a toothbrush, and toothpaste) to remind them of the need to complete the BBB routine each night to achieve optimal oral health for their children.

Ending the summer on a high note, Alabama 200 and Reach Out and Read-Alabama announced the partnership celebrating the state's bicentennial in 2019 with the 10th annual Rx for Summer Reading program featuring the book *Alabama, My Home Sweet Home*, by Charles Ghigna. Read more at <https://bit.ly/2NOKEE6>.



Amy Flowers, DMD, Charles Henderson Child Health Center (CHCHC), uses a puppet to share the importance of brushing teeth at the clinic's Rx for Summer Reading event. CHCHC participated in BBB as well.

Reach Out and Read/Alabama Chapter-AAP launch "Benefactors for Brains"

Linda Reeves, retired pediatrician from the Jefferson County Department of Health, recently shared the story of how a book that her mother read to her continues to bring joy to her family.

"She read to me a lot but this book was so different and it was so funny. As my mother and I shared the book together, I remember us laughing so hysterically that we could hardly

finish the book," she said. "We joked the rest of our lives about 'Thing One' and 'Thing Two.' The story continues to bring our family joy – even our grandchildren laugh as we read the book together."

Our vision at Reach Out and Read-Alabama is that every child in Alabama will have the same opportunity that Dr. Reeves had with her mother, her children and grandchildren.

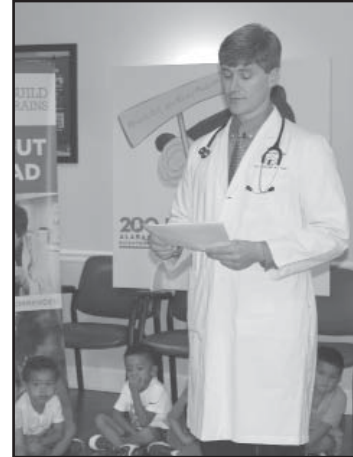
"Benefactors for Brains" is a new giving option that creates an opportunity for you, your loved ones and friends to create a lasting legacy to enable Reach Out and Read-Alabama to help future families "build better brains" through sharing books together. In the last 12 years, more than 2 million books have been prescribed to families through the state. Just think of the impact this program could have in the next 12 years!

We need your help to create this legacy. There are two easy ways that you can ensure that every child and their parents will benefit from this valuable program:

1. Include Reach Out and Read-Alabama in your will.
2. Gift Reach Out and Read-Alabama with appreciated securities (stocks and mutual funds); a tax deduction for the full market value of the security can be taken as well as avoidance of capital gain taxes.

Both ways can be done to honor a loved one, either living or deceased.

For more information about how you can leave a legacy of literacy for Alabama's children and families, contact Polly McClure, RPh, statewide coordinator, at 205-223-0097 or pmcclure@roralabama.org.



President Wes Stubblefield, MD, FAAP, speaks to group at announcement of ROR's partnership with the state's bicentennial commemoration.



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LET'S HEAR IT FROM OUR DEPARTMENTS OF PEDIATRICS!

UAB/Children's of Alabama brings new pediatric cancer therapies to Alabama



Mitch Cohen, MD, FAAP

By Mitch Cohen, MD, FAAP, Chair, Department of Pediatrics, University of Alabama at Birmingham School of Medicine; Physician in Chief, Children's of Alabama

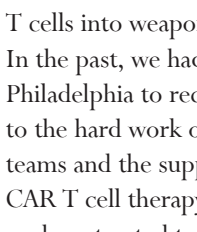
Dr. Gregory Friedman has spent the majority of his career developing innovative ways to fight the most challenging brain tumors. Over a year ago he launched a first-of-its-kind pediatric trial using a modified virus to kill cancer cells and to stimulate the patient's immune system to attack these tumors. The team has treated seven



Gregory Friedman, MD

patients and so far the results have been very encouraging. Crafted from the herpes virus that causes cold sores, the genetically modified virus has been safe and tolerable to date and has shown promise including one patient still showing progress more than 18 months after treatment! In the next phase, Dr. Friedman will study the safety of the viral vector when combined with a low dose of radiation, which is expected to boost the immune response and improve virus replication. He is looking to expand the trial to other hospitals and more types of brain tumors.

Dr. Matthew Kutny is a leukemia specialist who has worked closely with our bone marrow transplant colleagues to bring chimeric antigen receptor – aka -CAR T cell therapy to Alabama. CAR T cell therapy was the first treatment approved by the FDA that turns a patient's own



Matthew Kutny, MD

T cells into weapons that will destroy cancer cells. In the past, we had to send patients to Seattle or Philadelphia to receive this treatment. But thanks to the hard work of our leukemia and transplant teams and the support of Children's of Alabama, CAR T cell therapy is now available here and we have treated two patients with hard-to-treat leukemia using this novel and promising therapy.

The UAB Department of Pediatrics continues

to bring cutting-edge therapies to the youngest cancer patients, close to home.

USA Pediatrics announces creation of Complex Care Pediatrics Clinic



David Gremse, MD, FAAP

By David Gremse, MD, FAAP, Chair, Department of Pediatrics, University of South Alabama

The USA Department of Pediatrics celebrates LaDonna Crews, MD, FAAP as the Medical Director of the new Complex Care Pediatrics clinic. Dr. Crews has a passion

for caring for children with medical complexity that has led to her building one of the largest practices for this special patient population in Alabama. A recent review of her practice identified visits for 147 unique children with special healthcare needs over the past six months, most of whom are technology-dependent.

Dr. Crews, along with Katrina Roberson-Trammell, MD FAAP, Kari Bradham, DO, FAAP, Cindy Sheets, MD, FAAP, and Myria Mack-Williams, MD, FAAP, work together to provide a medical home for these special children in a clinic that earned Level 3 NCQA Recognition. They apply the principles of a medical home, delivering care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective to these children who require extensive coordination of care through multiple pediatric subspecialists, home medical durable equipment suppliers, home nursing care, and social services.

Alabama Medicaid announced its Alabama Coordinated Health Network in June 2018 that focuses on a single care coordination delivery system to effectively link patients, providers and community resources and replaces silos in current care coordination efforts. The Complex Care Pediatrics clinic will be central in the coordination of care for medically complex children in southwest Alabama.

I am thrilled for the children who will benefit from access to this comprehensive care and for the opportunities it provides as a model for training our residents and medical students in the care of children with chronic conditions.

Coding

Documenting comprehensive exams

By Lynn Abernathy Brown, CPC

Documentation of the higher level CPT codes requires understanding of a **comprehensive** exam and what components make up that exam from the payors' standpoint. Comprehensive general multi-system exam is often used by primary care providers and is required to support billing CPT New Patient 99204-99205 and Established Patient 99215.

The 1995 *Documentation Guidelines for Evaluation and Management Services* includes the following information:

Comprehensive – a general multi-system examination or complete examination of a single organ system.

Documentation Guideline – The medical record for a general multi-system examination should include findings about 8 or more of the 12 **organ** systems.

For purposes of examination, the following **organ** systems are recognized:

- Constitutional (e.g., vital signs, general appearance)
- Eyes
- Ears, nose, mouth, and throat

- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal

- Skin
- Neurologic
- Psychiatric
- Hematologic/lymphatic/immunologic

For purposes of examination, the following **body** areas are recognized:

- Head, including the face
- Neck
- Chest, including breasts and axillae
- Abdomen
- Genitalia, groin, buttocks
- Back, including spine
- Each extremity

If a primary care provider determines that the patient Evaluation and Management services provided support coding a higher level of care, use the above guidelines to ensure that the exam documentation includes eight (8) **organ** systems if counseling time is not the controlling factor.

DISCLAIMER: Children's of Alabama does not accept responsibility or liability for any adverse outcome from the advice of Lynn A Brown, CPC, for any reason, including, accuracy, opinion and analysis that might prove erroneous, or the misunderstanding or misapplication of extremely complex topics. Any statement made by Lynn A Brown, CPC, does not imply payment guarantee by any payor discussed. Current Procedural Terminology (CPT) copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association (AMA).



Pediatric Cardiologist
Camden Hebson, MD

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From Q&A with Candidates continued from page 2

insurance, many of these children live in families where adults either do not have coverage or are disincentivized from working by onerous eligibility requirements. A robust expansion of Medicaid should assure capable individuals do not lose Medicaid eligibility simply by working.

2 Thanks to Alabama Medicaid and the Children's Health Insurance Program (ALL Kids), Alabama leads the nation with one of the lowest rates of uninsured children; these programs provide health insurance for 625,000 children. How will you work to ensure, in this political climate, that the health coverage of children in this state is protected?

- The benefits of the expansion of Medicaid cannot be overstated, and should appeal to both sides of the political aisle. In answering question #4 below, I discuss the economic boom the expansion will bring to Alabama's economy. These economic projections readily undermine any counter-argument to expansion. In other words, even though I believe advocates for expansion win the moral argument just on the issue of direct benefits to beneficiaries, when the economic benefits that will be enjoyed by all Alabamians is factored in, it becomes an almost mathematical truth that expansion must occur.
- We must also expand services for healthcare, nutrition, mental health, dental care and other services by demonstrating the benefit of prevention and assuring that reimbursement rates are current and fair.

3 Over 1 out of every 4 children in Alabama lives in poverty. We know that the impacts of poverty on physical and mental health can be severe and lifelong, resulting in a less healthy and less productive future workforce and military. What actions will you take for the state to help lift children and families out of poverty?

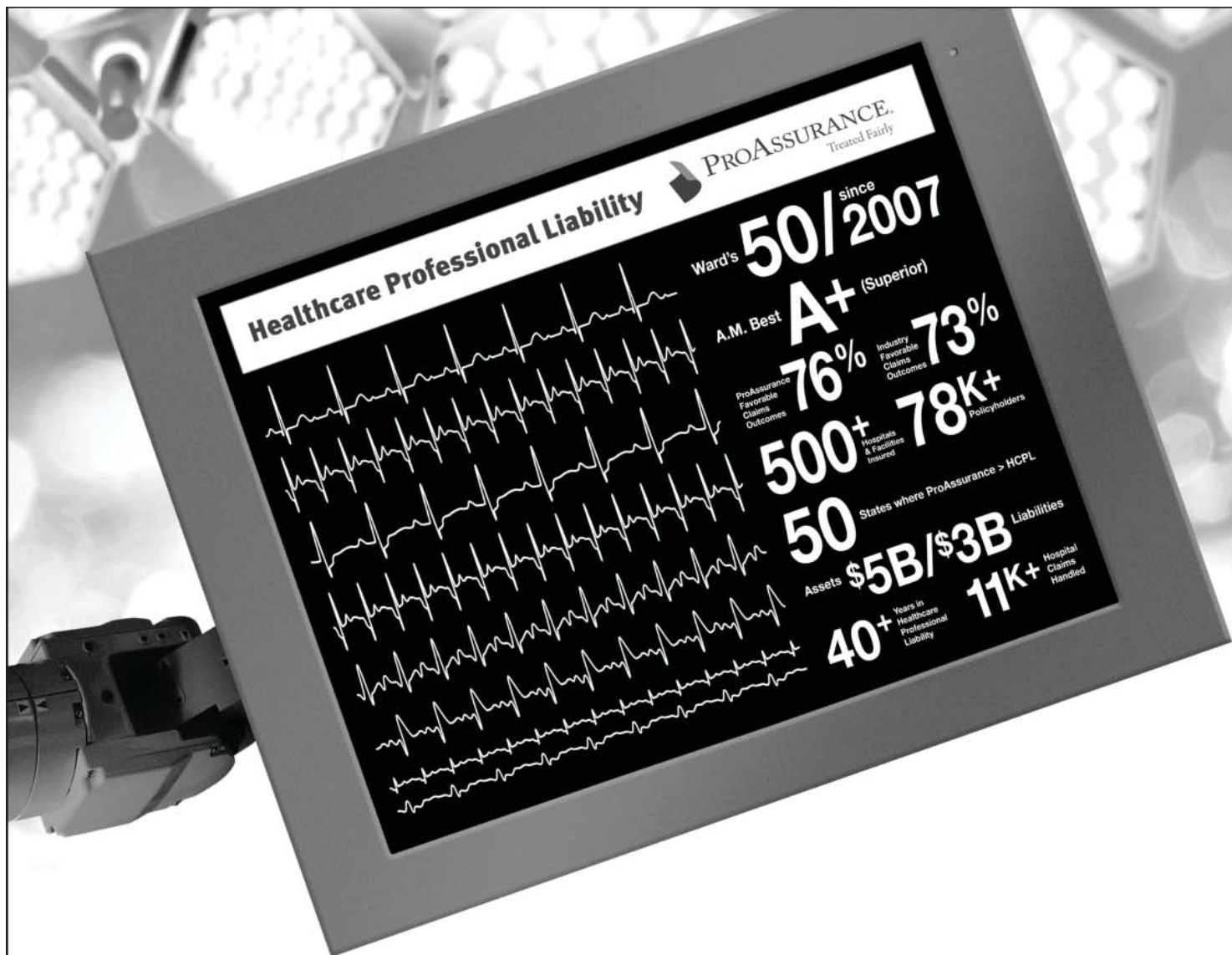
- Workforce development. The Alabama Education Lottery will include \$125 million in funding per year for scholarships and workforce training.
- Minimum wage. I support a statewide minimum wage increase to \$10.10 per hour, with automatic increases tied to the CPI
- Remove coverage gaps by eliminating disincentives for working. Work requirements are reasonable only if working improves the lives of the employee and the employee's family, not if they must give up benefits like health insurance that they can't afford even after starting to earn an income.
- Rebuild our roads and bridges. Not only are deficient roads and bridges a public safety hazard, economic development depends on a strong transportation system.
- Tackle transportation issues in rural areas.
- Finally, the economic benefit of Medicaid expansion as discussed in #4 will assure higher wages and more jobs.

4 Many have said that Medicaid expansion is the only path to survival for rural hospitals and health care delivery. If you were to consider it, what do you think expansion will look like, who will be eligible, and how will you overcome obstacles to expansion? If against it, what mechanism will you use to preserve access to health care for the 1.1 million Alabamians who live in rural areas?

- I will act to expand Medicaid on day one of my tenure as governor. One aspect of the Medicaid expansion that's we're trying to make more widely known is the boom it will cause to Alabama's economy, which will be infused over the first six years with \$28 billion in increased business activity, \$17 billion added to the state's gross domestic product, and \$10 billion added to the wages of Alabama workers; creating 30,000 new high-paying jobs; and which will advance new technologies like precision medicine and genetic therapies that will benefit everyone; all while providing health insurance to an additional 331,000 working people, children, the elderly, and disabled.
- Because the state will receive about 20 federal dollars for every state dollar spent, this kind of boost to the economy will increase Alabama's tax revenues sufficiently to cover the state's costs of expansion. None of the states that have expanded Medicaid have had to increase taxes to pay the state's share. The same will be true in Alabama.
- The details of eligibility will be subject to negotiation with the Legislature, but Alabama should strive for reasonable rules that eliminate gap coverage, eliminate work disincentives, and eliminate oppressive eligibility requirements. Standards will be developed to assure that working people who do not have employer-provided health coverage and who cannot afford their own coverage will be covered by the expansion.

5 As you know, infant mortality in Alabama is a huge problem, with 9.1 infant deaths per 1,000 live births in 2016 (the highest since 2008), and our perinatal outcomes are not good. One course of action is to improve obstetrical care; only 16 of 45 rural counties have obstetrical services, including only one in the Blackbelt's 12 counties. What is your plan for improving obstetrical care in rural Alabama?

- In all matters relating to how best to allocate state resources to provide the most effective and efficient delivery of services, my administration will seek the advice of healthcare and public policy experts. Public health policy should be fully informed by science-based research.
- One key seems to be expanding primary care availability in rural areas, and assuring more of these primary care physicians have specialized obstetrics training. This has proven to improve prenatal care and reduce infant mortality even when obstetricians are unavailable.
- Medicaid expansion, discussed at length above, would keep more rural hospitals, clinics, and community health centers open.



healthy vitals

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NEWS FROM PUBLIC HEALTH

Congratulations, Pediatric Associates of Kellyton!

The Alabama Department of Public Health Immunization Division congratulates Pediatric Associates of Kellyton, which is part of Pediatric Associates in Alexander City, for being the first practice in the state to exceed the Healthy People 2020 adolescent immunization rate of 80 percent. The adolescent vaccines include Tetanus-Diphtheria-Pertussis (Tdap), Human papillomavirus (HPV), and Meningococcal (MCV) vaccine. According to the state immunization registry, ImmPRINT, Pediatric Associates of Kellyton increased their HPV completion vaccine rate in the last two years to 83 percent, and maintained their great MCV vaccine rate at 84 percent and excellent Tdap vaccine rate at 99.7 percent.

Some of the quality improvement strategies

incorporated in their practice include starting HPV vaccination at 10 years of age, educating all staff to encourage parents to vaccinate, giving vaccines at acute and well visits, and utilizing ImmPRINT to track patients' vaccine history.

The Centers for Disease Control and Prevention (CDC) just released the 2017 National Immunization Survey and the results for Alabama 13-17 year old adolescent vaccination coverage rate rose to 40 percent (see <https://bit.ly/2w6Yrr5>). The Healthy People 2020 goal is 80 percent of all adolescents to be vaccinated. On the same day, the CDC also released the Trends in HPV-Associated Cancer, (see <https://bit.ly/2PIsGwD>), and unfortunately, HPV cancers are increasing, not decreasing.

Help your community with water fluoridation resources

Public Health representatives and

members of the medical field often encounter questions concerning the topic of community water fluoridation. In an effort to help answer those questions, the Alabama Department of Public Health Oral Health Office has created *Alabama Water Fluoridation: A Community Toolkit*.

With the help of the Bureau of Prevention, Promotion, & Support, this document beautifully illustrates the importance of maintaining optimal levels of fluoride in water supplies as the most effective method of tooth decay prevention, transcending all socioeconomic levels of the population.

To access the toolkit, visit <https://bit.ly/2xcxX6Y> or call 334-206-5675 for magazine-quality hard copies, available upon request.

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From Q&A with Candidates continued from page 8

6 Alabama is ranked #48 in mental health access, and the physical and mental health systems in the U.S. are historically highly fragmented. If a primary care provider detects a mental health concern, the family may have to navigate multiple systems to receive care, with little or no coordination between providers. Embedding mental health delivery into primary care offices is a key strategy to address these challenges and promote a model of care that addresses the whole patient, supporting their social-emotional, cognitive, and physical development, and the needs of their family. The current payment structure for Medicaid does not facilitate this model of care delivery. How would you address this to support more coordinated mental healthcare?

- Any needed regulatory changes must be pursued to allow integration of mental health, dental, and nutritional services into primary care centers, Federally Qualified Health Centers, and other health providers. It's disconcerting that regulations stand in the way of integrated services.
- The Community Innovation Grant component of the Alabama Education Lottery, which will provide wrap-around services like mental health and social services to eliminate barriers to successful public education, could be used by local leaders to help fill some of these gaps.

7 Rural recruitment and retention of primary care doctors has been a problem in this state for decades. What solutions, such as full funding of the existing scholarship board, will you advocate for and support to improve this situation?

- This issue is a concern of mine, and I'm considering allocating a portion of the scholarship aspect of the Alabama Education Lottery to provide incentives for physicians to serve rural communities.

8 It has been said that if the Blackbelt were not a part of Alabama, Alabama would appear to be much healthier than Mississippi and Louisiana. The fact is that this region is a part of the state. What is your plan to improve the health of the citizens of these 12 counties?

- All of the policies I discuss above will greatly enhance the quality of life and healthcare in the Blackbelt, including:
 - Medicaid expansion.
 - The Alabama Education Lottery.
 - Workforce preparedness.
 - Improved rural roadways and transportation.
- I invite everyone to read my policy proposals, especially those relating to healthcare:
 - <https://waltmaddox.com/issues>

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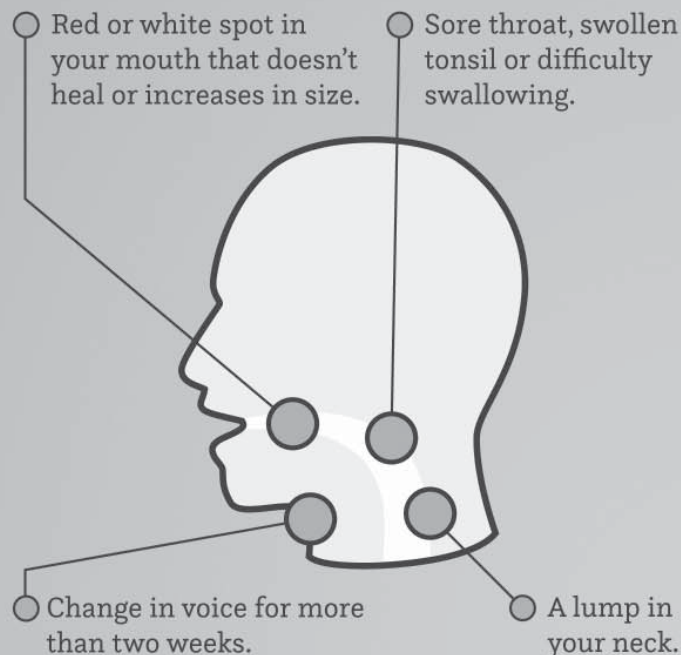
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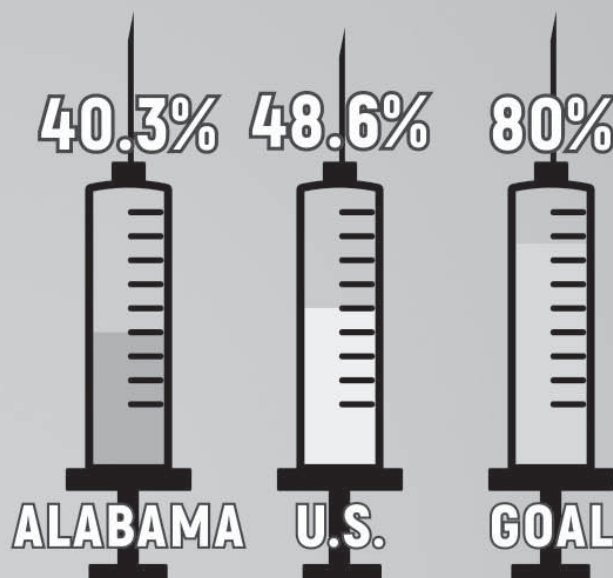


HPV Vaccine Prevents Oral Cancers

EARLY SIGNS and SYMPTOMS



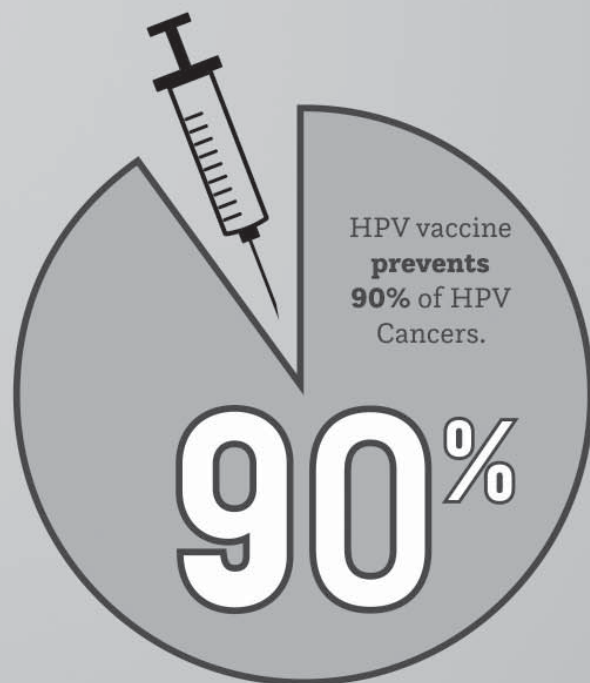
Only **40.3%** of 13-17 year old **Alabamians** are fully protected from HPV, compared to **48.6% in the US** and the **80% Healthy People 2020 goal**.



*Source: Centers for Disease Control and Prevention 2017



Men get HPV associated oropharyngeal (oral) cancers at **four times** the rate of women



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CHAPTER BRIEFS

Member survey coming this fall

The Executive Board and Chapter staff will be seeking your input this fall on a gamut of issues: the practice of pediatrics, MOC and how we, as a Chapter can better serve you. Please be on the lookout for this survey and participate – this is very important for the future of your organization! Thanks!

Simpson receives Invisible Warrior Award



Tina Simpson, MD, FAAP

Bham Black Pride held its inaugural banquet on Friday, August 17, when Tina Simpson, MD, FAAP, UAB Adolescent Medicine, was named the first recipient of the “Dr. Tina Simpson Invisible Warrior

Award.” The award, named in her honor, recognizes Dr. Simpson as the longest-serving African American physician caring for children, adolescents and young adults with HIV in the Birmingham area. In the future, this award will recognize those who have made contributions to advance equality and create strong connections in the lives of

LGBTQ Alabamians. Congratulations, Dr. Simpson!

Whitley receives 2018 Alexander Fleming Award for Lifetime Achievement



Richard Whitley, MD, FAAP

Congratulations to Richard Whitley, MD, FAAP, UAB Pediatric Infectious Disease, on receiving the 2018 Alexander Fleming Award for Lifetime Achievement by the Infectious Disease Society of America (IDSA). The Alexander Fleming Award for Lifetime Achievement is granted to an IDSA member or fellow in recognition of a career that reflects major contributions to the field of infectious diseases.

Sellers awarded the Carolyn Ashworth, MD, Pediatric Primary Care award at UAB

Congratulations to Robert Sellers, MD, UAB graduating pediatric resident, on being



Chapter, other partners spread awareness about bedtime routines through Brush Book Bed

Catherine Cotney, MD, FAAP, a pediatrician at Pediatrics West and coordinator of the practice's Brush Book Bed project, and Polly McClure, Reach Out and Read-Alabama Statewide Coordinator, appear with news anchor Sarah Verser on WBRC FOX6 in August to discuss good bedtime routines. The effort was part of the kick-off and awareness campaign for Brush Book Bed, the Chapter's project that, through 12 pediatric practices, is putting materials, books and toothbrush/toothpaste sets in the hands of parents of young children across the state. We thank the Alabama Department of Public Health and the Alabama Dental Association for their added support in spreading this story!

continued on page 15



UAB Pediatric Residency Program hosts second reunion

On August 25, The UAB Department of Pediatrics gathered for a terrific reunion of former (and current) residents from across the years.

Addressing excessive screen time in pediatric practice: let's band together

By Jaime D. McKinney, MD FAAP, Assistant Professor, Division of Academic General Pediatrics, UAB Department of Pediatrics

What is excessive screen time doing to the minds of our most vulnerable children? With all of the recent research and press highlighting the correlations between media, ADHD, and trouble learning, how can the pediatric community do more to bring awareness to our patients? If parents were inadvertently overusing an over-the-counter medicine linked to liver toxicity, there would be a mass media campaign to intervene. Yet, our parents continue to unknowingly place their little ones in front of devices for thousands of hours on end, without being aware of the potential damages. I believe the pediatric community should do more.

How often do we enter the exam room only to have both parent and child completely glued to their individual devices? I have witnessed two-day old infants propped up in front of televisions on hospital wards. Today,



children begin interacting with digital media as infants and for longer durations daily. Media is everywhere and portable; a majority of children have their own mobile devices. Cartoons are more stimulating, with faster-paced content than ever before. As our children spend the first four to five years of their lives in front of a device (and not a book), thousands of hours in front of a screen has various adverse effects on a rapidly developing brain. There are numerous evidence-based studies correlating excessive screen time to trouble sleeping, attention deficits, learning troubles, aggressive behaviors, delays in language. Addressing screen time in our patients from infancy and promoting reading out loud would help to eliminate root causes of academic underachievement, behavioral complaints, and low reading proficiency. Most importantly, could we prevent many of these “salad” problems associated with early exposure and excessive screen time?

“SALAD” problems associated with early exposure and excessive screen time

Sleep problems, Attention (focusing) problems, Learning problems, Aggression problems, Delays in Language

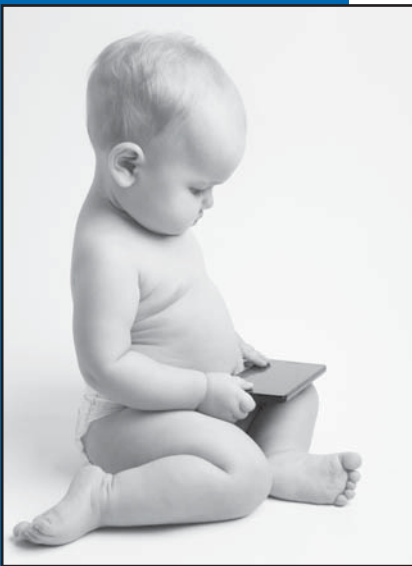
Additional list of risks with excessive screen time

Hyperactivity, externalizing behavior, poorer classroom engagement, emotional problems, violence, developmental delay, memory impairment, impulsivity, depression, lower cognitive development, poorer executive function, high risk behaviors, obesity

During your well-child visits, inquire about the child's daily duration of screen time. Incorporate this discussion and its risks as part of newborn nursery anticipatory guidance. Use the AAP's Family Media Plan toolkit and hang the screen time posters (see graphic opposite) in exam rooms. Ask parents to explore alternative, screen-free ways to entertain their children. There are parental phone apps like “Vroom” that provide age-appropriate screen-free activities. Addressing screen time is a fundamental way to intervene with our state's long-standing record of academic underachievement. Additionally, we are creating room for learning and books to come in the homes. UAB's newborn nursery has added this screen time discussion to our discharge instructions and have incorporated it into our Primary Care Clinic well-child visits. We are also working to incorporate this into the prenatal visits. Yes, many families will not be ready or on board to hear this, however it should be our desire to at least create awareness concerning the hazards of excessive screen time.

See this YouTube Video: Dr. Dimitri Christakis' “Understanding Media's Impact on Infants and Toddlers – a Pediatrician's Perspective”: <https://bit.ly/2xdZOUx>

Let's start a conversation! Feel free to reach out to me at jmckinney@peds.uab.edu.



WHAT IS A FAMILY MEDIA USE PLAN?

A Family Media Use Plan helps parents balance their children's online and off-line lives. Because every family is different, the American Academy of Pediatrics has a new tool to help you create a personalized plan that works within your family's values and busy lifestyles.



Younger Than 1½ to 2 Years

Avoid media use
(except video chatting).

Preschoolers

No more than 1 hour
per day of high-quality
programming

Grade-schoolers & Teens

Don't let media displace other important activities.

- 1 hour of exercise daily
- Family meals
- A full night's sleep
- "Unplugged" downtime

All Ages

Co-view media with your kids
(enjoy it with them) to help them
learn from what they are doing,
seeing, and saying online.

Be their media mentor!

Create your family's plan at HealthyChildren.org/MediaUsePlan.

By creating a Family Media Use Plan, parents can help children and teens balance their media use with other healthy activities.



Learn more and create a personalized Family Media Use Plan at HealthyChildren.org/MediaUsePlan.

The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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From Chapter Briefs continued from page 13

chosen as this year's recipient of the Carolyn Ashworth, MD, Pediatric Primary Care Award at the University of Alabama at Birmingham. This award is given in recognition of a graduating resident's excellence in primary care pediatrics; in his/her provision and coordination of care to meet patients' medical, social, emotional and psychological needs which define high-quality, comprehensive care in the context of the family and society; and for a demonstrated commitment to lifelong learning and advocacy. Kudos!

Princeton Baptist becomes Alabama's 7th Baby Friendly hospital

The Alabama Chapter-AAP is excited to learn about the seventh hospital in Alabama to become part of the Baby Friendly Hospital Initiative! Congratulations to the pediatricians and staff at Princeton Baptist Medical Center, in Birmingham, for meeting all of the requirements to become a Baby Friendly Hospital and promote breastfeeding among its patients!

AL-AAP Practice Management Association update

By Josie Brooks, PMA Chair

So hard to believe that we are close to the end of another year! Hopefully you and your practice managers were able to join us for the informative webinars that were hosted by the Alabama Chapter-AAP's Practice Management Association all year. From learning about ECHO Autism at UAB to physician buying groups and cyber crimes, with our latest one presented by Dr. Robert Moon regarding the big changes that are headed our way with Medicaid, you do not want to miss out on this very useful information! Make sure your practice manager and team leaders are members!



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

Glomerular Diseases

- Nephrotic Syndrome
- Glomerulonephritis

Hypertension

SLE

Chronic Loss of Kidney Function

Transplantation

Congenital Anomalies of the Kidneys and Urinary Tract

Metabolic Syndrome