THE Georgia Pediatrician

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Robert Wiskind, MD, FAAP, President
www.GAaap.org

Georgia Chapter
American Academy of Pediatrics

From the President

Getting What You Need

As I began my Senior year in college I started hearing about *The Big Chill*, a new movie that was out in theaters. In those pre-internet days movies were promoted in newspapers and magazines and especially by word of mouth. I went to the theater with high expectations, knowing little about the theme or plot. The movie opens with the gathering of a group of college friends, 15 years removed from their glory days on campus. They have come together for the funeral of Alex, who has committed suicide. After a dispirited and impersonal eulogy, the minister announces that Karen, seated at the organ, will play one of Alex's favorite songs. As I began to recognize the organ version of the Rolling Stone's *You Can't Always Get What You Want* I realized that this was my kind of movie and it was going to live up to the hype. This song became even more memorable years later as my wife and I would sing the chorus to my daughter as we ventured through her Terrible Twos.

> *While the higher payment is scheduled to stop at the end of 2014, federal legislation is being contemplated that would continue it for 2015 and 2016.*

It is important to note that while the Stones told us "you can't always get what you want", they added "but if you try sometimes, you just might find you get what you need." As Pediatricians and advocates for children, we are not always able to achieve our goals, but often the effort is rewarded by achieving what is needed. These updates on Chapter activities provide good examples.

We have all been frustrated by the delay in paying the increased Medicaid rates provided under the Affordable Care Act (ACA). There is plenty of blame to go around, so while National AAP has focused their attention on the federal CMS, at the state level we have lobbied the Department of Community Health (DCH) and the CMOs to get the money to Pediatricians as soon as possible. Payment at the increased level began in November for current Fee-for-Service (FFS) claims; retroactive payments in FFS and both current and retroactive payments from the CMOs should begin soon and be caught up by April. While the higher payment is scheduled to stop at the end of 2014, federal legislation is being contemplated that would continue it for 2015 and 2016. This would be very helpful in achieving the goal of increasing physician participation in Medicaid and access to care for children.


Robert Wiskind, MD, FAAP
Chapter President

For over a year the Chapter has been working to get Consultation Codes reinstated under Medicaid. Indications are that DCH and the CMOs will begin paying them again early in 2014. Pediatric specialists will again receive appropriate payment for the valuable services they perform and the state's children will have improved access to the most appropriate care.

The Chapter worked hard in 2013 to demonstrate our value and membership. Led by Roma Klicius (Woodstock) and Terri McFadden (Atlanta), the Membership Committee created a discount program for large practices (20 or more members) who join at the 100% level. The Sibley Heart Center, The Longstreet Clinic and Morehouse Medical School have taken advantage of this program; discussions are underway with other large practices and institutions as well. The more members we have in the Chapter, the better we are able to advocate on behalf of Pediatricians and the children we serve.

When care recommendations change, it often takes much too long (15 years or more) for those recommendations to be widely adopted in practice. Recognizing that educating Pediatricians in the Quality Improvement (QI) process will reduce this gap, National AAP is working to develop tools to help Pediatricians assess their practices and implement changes. Sally Goza (Fayetteville), our

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Inside this issue.....

The Georgia Pediatrician is the newsletter of the
Georgia Chapter/American Academy of Pediatrics
Editor: Alice Little Caldwell, MD
Email: acaldwel@georgiahealth.edu

1330 West Peachtree St. NW, Suite 500
Atlanta, GA 30309-2904
Phone 404-881-5020 Fax 404-249-9503 www.GAaap.org

From the President...Continued

District representative to the AAP Board, secured for Georgia the opportunity to be the first site for this new initiative. On January 10-11 more than 50 Pediatricians from around the state met to learn from national experts about the QI process; we hope that this meeting will lead to the development of regional and statewide QI networks. Ultimately, this will help us provide the best care to our patients. Originally scheduled for January, the transition of the Foster Care/Juvenile Justice/Adoption Assistance populations to Amerigroup is now on track for early March. The Chapter has had frequent, productive meetings with DCH and Amerigroup to work through the many details of this process. We have emphasized improved communication and coordination to improve care for these children. This will be an excellent opportunity to demonstrate to DCH and the CMOs the value of working collaboratively with the state's Pediatricians; if successful this will provide a roadmap for improving the care of other populations under Medicaid.

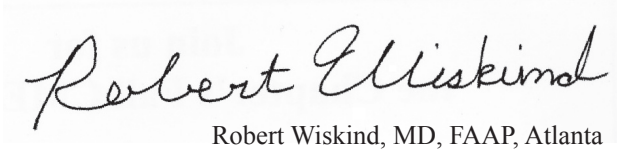
> *When care recommendations change, it often takes much too long (15 years or more) for those recommendations to be widely adopted in practice.*

Our Medical Home Task Force met regularly through the fall to gauge members' readiness and willingness to undertake the transformation to becoming a Patient-centered Medical Home (PCMH). We have solicited financial support from multiple sources so that we can provide guidance and assistance to practices going through this process.

The 2014 state Legislative session began January 13. Despite predictions of a short session without a lot of controversial bills, our Legislative Committee, led by Melinda Willingham (Decatur) and Rob Forbes (Marietta), will meet regularly and be prepared to address any legislation that affects Pediatricians and child health. We will fight against expansion of gun-carrying rights to locations, like schools and churches, where children are more likely to be harmed by gunfire. In addition, we will support the introduction of legislation to increase child gun safety by requiring trigger locks and other safety measures.

Finally, our January 15th Board meeting in Macon kicked off our celebration of the Chapter's 60th anniversary. Countless Pediatricians have represented their colleagues since 1954 as Chapter Officers, Board Members and Committee Members. We owe a debt of gratitude to our predecessor who paved the way for us to practice pediatrics in Georgia and serve the state's families and children.

In *The Big Chill*, the part of Alex was played by Kevin Costner who only appears in the initial scene of the body being prepared for the funeral. Extensive scenes with Costner and the others during their youth on campus were cut from the final film. Costner was very disappointed, but the director promised him a starring role in an upcoming film, *Silverado*. He didn't get what he wanted from *The Big Chill*, but the next movie launched his acting career, giving him what he needed.



Robert Wiskind, MD, FAAP, Atlanta

Chapter News & Updates

Breastfeeding Coalition Makes the "Business Case"

The Georgia Breastfeeding Coalition received a grant in December 2012 from the Georgia Health Foundation to assist businesses with the implementation of a lactation program. During the grant period, more than one hundred breastfeeding advocates were trained in the *Business Case for Breastfeeding*. Direct contacts were made with businesses from the carpet mills of north Georgia to churches in the south. The Coalition provided materials and training to Human Resource managers and business owners on the importance of complying with the law to provide break time and a space to express milk. The payoff for businesses is retention of employees, reduction in sick time taken for children's illnesses and lower health care and insurance costs to the company. When employers provide a lactation program, new mothers returning to work are able to breastfeed longer.

The Georgia Breastfeeding Coalition is housed in our Chapter office. If you would like more information on the Business Case for Breastfeeding, please contact GBC Coordinator Claire Eden at ceden@gaaap.org or visit http://www.georgiabreastfeedingcoalition.org/ business-case-for-breastfeeding/.

EPIC Breastfeeding Program Updated for 2014

The EPIC Breastfeeding Education Program has just updated all three breastfeeding programs for 2014. If you haven't had a program recently please contact Arlene Toole, atoole@gaaap.org to request a program or go to our website www.gaepic.org to download an EPIC program request form. Remember our programs are free.

EPIC Childhood Obesity Program Presented at AAP NCE

Evelyn Johnson, MD Chair of our Obesity Task Force presented, *Educating Physicians in Their Communities (EPIC) Childhood Obesity Program: Physician & Practice Staff Training Model*, during the Innovations in Obesity Prevention, Assessment and Treatment Oral Presentations at the meeting held in Orlando, FL, in October. This program brought national attention to our program and was well received by program recipients.

Paul Fernhoff Endowment Memorial

For more than 25 years, Paul Fernhoff, MD served the children and Pediatricians of Georgia, taking on multiple roles in Genetics, Newborn Screening and Hospice Care. With his death in September 2011, the Chapter lost a wonderful colleague.

An effort is underway by Emory University to preserve Paul's memory by establishing an endowment at Emory to support a doctor working on public health, newborn screening and pediatric hospice the way Paul did. For more information, and to contribute, please go to http://genetics.emory.edu/research/?assetID=2088. For more information contact Dawn Laney at Dawn.laney@emory.edu or 404 -778-8518.

EPIC Immunization Launches New Curriculum

EPIC® is getting ready to launch the **2014 EPIC Immunization Curriculum!!** We offer **six** curriculums to meet your office's needs. Our programs include: Childhood, Adult, Combo, Women's Health, Student and Coding for Childhood Immunizations (GA-AAP Members Only). The curriculum has been enhanced to include additional information on adolescent vaccines and the CDC's updated recommendations for vaccine storage and handling.

EPIC is off to a great start. This year we have chosen Columbus for focused EPIC Outreach. If you are in the Columbus area and are interested in having an EPIC presentation or becoming an EPIC trainer contact the EPIC office. EPIC® is a physician led; peer-to-peer immunization education program designed to be presented in the private physician office and involves the participation of the complete medical team (provider, nurse, medical assistant, office manager, etc.). Give our trainers an hour and they will give you the latest immunization information available. The program is free, offers CME and contact hours for physicians and nurses, and a valuable resource box filled with useful immunization tools for your office.

For more information or to request an EPIC program, contact the EPIC staff: Sandra Yarn, RN, BSN, CHES, Program Director at 404-881-5081 or Shanrita McClain, Program Coordinator at 404- 881-5054 or visit the EPIC website at: www.gaaap.org or www.gaepic.com.

Is Your Practice 100% for Georgia's Children?

Being 100% means that all of the physicians in your practice or institution are members of the Chapter. Practices who are recognized as being 100% members receive a certificate to display in their office, a listing in the Chapter newsletter *(see page 15)*, and an electronic logo for use on their website. Call Kasha Askew at 404-881-5067 or email kaskew@gaaap.org at Chapter office today to check your status. *(see more on page 13)*

Georgia Newborn Screening Program Fee Reminders

The Georgia Public Health Laboratory charges a fee of $50 for the initial newborn screening specimen; this fee is typically charged to the hospital. Additional specimens submitted are considered "repeat specimens" and will either be invoiced or processed free of additional charge. A fee will **not** be charged if the following occurs:

- No data or no blood on Form
- Second collection, initial specimen collected at <24 hours
- Prior abnormal result, repeat requested by GPHL or NBS

Follow-Up Program

- GPHL Error
- Pediatrician or other provider mandatory collection, including
  - Repeat specimen: 1st specimen taken before 24 hours
  - Repeat specimen: prior abnormal result
  - Repeat specimen: premature or low birth weight specimen at 4 weeks of age
  - Infant has had blood transfusion, 2 repeat specimens

There will be a fee for the following circumstances:

1. Prior unsatisfactory specimen from same submitter
2. General provider request, (see above exceptions)
3. Neonatal Intensive Care Unit (NICU); >2 specimens per infant
4. Failure to use the UPS transportation system in a timely manner resulting in specimen arrival at GPHL more than seven (7) days after collection (batching specimens, for example)

If your office needs additional information on any of these items, please contact Fozia Khan Eskew at the Chapter office at feskew @gaaap.org or 404-881-5074.

Electronic Cigarettes: Concerns, Unknowns Remain

Eighty-eight percent of smokers start smoking before the age of 18 (CDC, 2013). Electronic cigarettes, or e-cigarettes, are the latest attempt by the tobacco industry to entice young people to smoke. Sales of e-cigarettes have taken off since a Chinese pharmacist first patented them in 2003, with sales projected to reach $1.7 billion in 2013 (AAP, 2013). Although touted as a safer and less toxic alternative to combustible cigarettes and as a means to quit smoking, no rigorous scientific studies have confirmed these claims.

E-cigarettes consist of a battery, which is either rechargeable or disposable, a vaporizer or atomizer, which heats the liquid nicotine and produces a vapor, and the cartridge, which contains up to 20mg of flavored nicotine.

E-cigarettes consist of a battery, which is either rechargeable or disposable, a vaporizer or atomizer, which heats the liquid nicotine and produces a vapor, and the cartridge, which contains up to 20mg of flavored nicotine. Because there is no combustion, no smoke is produced, only a vapor. Unlike nicotine patches and gum for smoking cessation, rechargeable e-cigarettes combine the hand-mouth action of regular cigarettes, with some of the same sensations associated with smoking.

Currently, there is very little regulation of e-cigarettes, although some states and municipalities are beginning to restrict sales to minors and limit indoor "vaping," the term for vaporizing, or using e-cigarettes. Due to the lack of regulation, manufacturers of e-cigarettes have begun advertising in print and on the airways. NJOY e-cigarettes aired a commercial during the Super Bowl this year, which resulted in a 30-40% increase in sales. The addition of flavors to the liquid nicotine (such as chocolate, bubblegum, or piña colada) is a further enticement to children and adolescents. The number of high school students who have tried e-cigarettes increased from 4.7% in 2011 to 10.0% in 2012, with 1.78 million middle and high school students trying e-cigarettes in 2012. (*Time*, p. 46).

The effects of breathing liquid nicotine, propylene glycol, a chemical used in stage fog, or other fine particles emitted from e-cigarettes, is unknown at this time. Because there is no smoke, which typically contains about 7000 chemicals, many users believe that e-cigarettes are harmless and less habit forming than regular cigarettes. Nicotine, delivered by any method, however, is one of the most highly addictive substances known to humans, and causes many adverse health effects, including coronary artery disease. E-cigarettes may lead to "normalization" of smoking behavior and may lure people who have quit smoking to restart nicotine use. Ongoing research may eventually answer the question about the use of e-cigarettes as smoking cessation tools, but, in the past, reports of safer cigarettes ("light" and filtered) proved to be false.

The price of e-cigarettes is comparable to traditional cigarettes. A pack of Marlboros costs $5.78/pack on average nationally (Time, 2013). A Blu e-cigarette costs $9.99 for 400 puffs, equivalent to one and a half packs of cigarettes. The King disposable e-cigarette, which sells for $7.99 and looks like a traditional cigarette, is equal to about 2 packs. The VEA, which sells for $59.95, is a rechargeable e-cigarette with a USB cord.

While e-cigarette manufacturers promote e-cigarettes as a healthier alternative to traditional cigarettes or as an aid to smoking cessation, there is no data to support these claims. There is concern that the promotion and advertising of electronic cigarettes is targeted at youth, the most vulnerable segment of the population and the most likely to start smoking. Celebrity endorsements, candy flavored nicotine, and the "coolness" factor of a high tech cigarette may lead to more nicotine addiction among teenagers.

Alice Little Caldwell, MD, FAAP
Associate Professor of Pediatrics
Georgia Regents University
Augusta

References

American Academy of Pediatrics Julius B. Richmond Center of Excellence. (2013).

E-Cigarette Fact Sheet. Retrieved from http://www2.aap.org/richmondcenter/pdfs/ECigarette_handout.pdf?utm_source= MagMail&utm_medium=enews&utm_term=richmondctr@listserv.aap.org&utm_content=AAP%20Richmond%20Center%20E% 2DMail%20List%3A%20October%202013

Centers for Disease Control and Prevention. (2013). Smoking and Tobacco Use. Retrieved from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth _data/tobacco_use/index.htm

Gray, E. (2013). Electronic Cigarettes Could Save Lives – or Hook a New Generation on Nicotine. Time, September 30, 2013, 38 – 46.

National Institute on Drug Abuse. (2012). Tobacco Addiction. Retrieved from http://www.drugabuse.gov/publications/researchreports/tobacco-addiction /nicotine-addictive

Pediatric Research in Office Settings (PROS) Update

PROS had another energizing and exciting meeting this Fall in Orlando, and we, Ed and Jackie Gotlieb, as the PROS cocoordinators for Georgia, represented the chapter at the Fall PROS meeting. At the meeting, PROS coordinators discussed the issue of family engagement in pediatrics and the relationship to PROS, PROS studies, and to pediatric offices in general. One link to more information on why and how to start Family Engagement for your office is the following: http://www.medicalhomeimprovement.org/pdf/CMHI-Parent-Partner-Guide.pdf.

We discussed three studies that have finished collecting data and are now under analysis.

CEASE, Clinical Effort Against Second hand Smoke Exposure, which has already published in the journal Pediatrics, is improving the rate of addressing parent and caregiver smoking during the pediatric visit. Study analysis is still under way and other publications are forthcoming, as well as further presentations at the Pediatric Academic Societies (PAS) meeting in 2014. The program is now available as an EQIPP module which, as announced at the NCE, is a free Quality Improvement benefit to AAP members starting in January 2014. Our BMI2 Study, Brief Motivational Interviewing to reduce Body Mass Index, has concluded data collection. Data analysis showed exciting findings, which PROS is looking forward to publishing soon, and also presenting at the upcoming PAS meeting.

We discussed three studies—on second-hand smoke exposure, teen driving, and adolescent health—that have finished collecting data and are now under analysis.

The **Teen Driving Study** has just concluded, with data analysis now under way. The website is still active so it is possible to encourage parents of teen drivers to explore the website and make a teen-parent driving contract. For those of you who are not familiar with the Teen Driving Study, it is an evidence based program to reduce teen driving dangers. Encourage your families to go to the website: www.youngdriverparenting.org. Feel free to add this website to your office website as a link. We also encourage teens to watch the video, From One Second to the Next, about texting and driving on youtube.

AHIPP (Adolescent Health in Pediatric Practice) is still gathering data about ways pediatricians can counsel teens on smoking and social media. AHIPP is the first PROS study that is able to award MOC part IV credit toward Board Recertification, but it will definitely NOT be the only one to do so. PROS looks forward to being able to include MOC credit for many of its future studies.

ePROS, the electronic sub-network of PROS, is currently doing several studies on ADHD, psychopharmacology, hypertension, asthma, and meaningful use part 3. ePROS has many collaborators from around the country and is still recruiting practices and practice groups into the network.

SSCIB, The Boys Puberty Study, was published in Pediatrics last year and received much attention from media and other academics. The article can be found in the October 2012 issue of *Pediatrics* at www.aap.org under publications.

QuIIN, the Academy's Quality Improvement Network, has joined PROS as a liaison, and will be working closely with PROS to help translate study findings and new knowledge into office practice. It will also help PROS with incorporating quality improvement into studies, with the goal of qualifying for MOC Part IV credit for study participation.

PROS also had a focus group from the **Section on Young Physicians** at the NCE with the goal of exploring interests and priorities of young physicians. We need to attract the new generation of pediatricians into office based research, which is critical to improving the health of children in our day-to-day practice. PROS also collaborates with **NMAPedsNet**, the National Medical Association Pediatric Research Network, to enhance minority representation in research and to recruit research participants. We hope to have guests from these two groups, young physicians and minority practitioners, join us at the next PROS Coordinators Meeting in April 2014 in Chicago and in San Diego at the NCE in Fall 2014. There are many exciting changes coming to PROS while keeping the parts of PROS that makes it special. Please join us.

Contact Jackie Gotlieb at 770-366-4482 (jackiegotlieb@gmail.com), Ed Gotlieb 678-570-8581 (edward.gotlieb@emory.edu) or PROS Central at **www.aap.org/PROS** to join. When new studies start recruitment, we will be able to contact you. We are ACTIVELY still recruiting for ePROS.

Join a special group of pediatricians and practitioners who, not only want to help children one by one, but also want to improve the health of all children and the practice of pediatrics by studying questions that lead to new knowledge.

Jackie Gotlieb, MD, FAAP
The Pediatrics Center of Stone Mountain, LLC
Stone Mountain

Edward Gotlieb, MD, FAAP
The Pediatrics Center of Stone Mountain, LLC
Stone Mountain

Button Battery: No Small Thing

As a pediatric emergency medicine physician, I have found some humor in the concerned parent who presents with their three year old having just ingested or placed an unknown item in his or her nose or ear. I have never once received a credible answer for the question: "But why?" This is tempered by the fact that most are benign events. No longer do I find much humor in the presentation. I now ask myself: "Could this be a button battery?"

Button batteries have made life simpler and slicker. They are found in all sorts of household and personal devices. We most commonly think of hearing aids, but digital thermometers, keyless entry and television remotes, calculators, singing gift cards and children's books, flameless candles and flashlights may contain button batteries. They are small, shiny and easily accessible to the inquisitive toddler. It is imperative that physicians consider any ingestion as a possible button battery. Physicians faced with an ingested button battery should evaluate through direct visualization or radiography and, if identified, remove it or obtain consultation for prompt evaluation and possible removal.

In recent years however, there has been an almost seven-fold increase in ingestions that have resulted in major or fatal outcomes.

Thankfully, most ingested or placed button batteries result in benign outcomes.

They are infrequent events. Between 1985 and 2009, the incidence ranged from 6.5 to 15 button battery ingestions per million population.

In recent years however, there has been an almost seven-fold increase in ingestions that have resulted in major or fatal outcomes. Most of these serious events have involved button batteries > 20 mm in size and in children ≤ 4 years old. Ingestions of these larger batteries have increased from 1-18% (1990-2008) and have paralleled the rise in lithium battery ingestions.

There are 3 mechanisms by which batteries cause harm:

1. electrical discharge with hydrolysis creating hydroxide ions in adjacent tissue and resulting in mucosal burns,
2. necrosis by direct pressure, and
3. caustic injury due to leakage of sodium or potassium hydroxide similar to a bad alkali burn. These effects can occur in as little as two hours with perforation occurring in as little as five hours.

Complications include nasal septal perforation, mucosal burns, esophageal perforation and strictures, formation of tracheoesophageal fistulas, major hemorrhage and death. Gastric, as opposed to esophageal battery impaction, are of a lesser concern but should be assessed and followed by knowledgeable physicians. The majority of patients that have died or had major negative outcomes resulted from unwittnessed ingestions and/or from a missed diagnosis.

Identifying a button battery ingestion is not the only answer to the growing problem. We must promote prevention through the education of parents regarding the dangers and the safe storage of items containing button batteries. We should support initiatives to change industry standards in the manufacturing and packaging of button batteries. Consideration should be given to embedding batteries with identifying marks to avoid confusion with coins on radiography, and/or fit devices with a screw or bolt battery release. For more information, please see http://www.aap.org/en- us/advocacy-and-policy/aap-healthinitiatives/pages/Button-Battery.aspx

Natalie Lane, MD, FAAP
Associate Professor
Section Chief/Fellowship Director
Pediatric Emergency Medicine
Department of Emergency Medicine
Georgia Regents University
Augusta

Reference

Litovitz T, Whitaker N, Clark L, White N, Marsolek M. Emerging Battery Ingestion Hazard: Clinical Implications. Pediatrics 2010;125.

Sharma A, Chauhan N, Ashlin A, Campisi P, Forte V. The Risks and the Identification of Ingested Button Batteries in the Esophagus. A Child Safety Issue. PEC 25(5). March 2009.

2014 State General Assembly Opens; Observers Predict Quick, Non-Controversial Session

The 2014 General Assembly opened on January 13th, for its 40 day run. Because a federal judge ruled last summer that Georgia's primary election must be moved from late July to May, many experts are predicting that the legislators will want to speed thru the session and adjourn by mid- March. That's because legislators can't raise money during the session, by law.

That also means a likely aversion to controversial topics, in this an election year. Our key issues:

Medicaid: The Governor's budget did not contain any cuts or increases in Medicaid rates.

Gun bills: Defeated in 2013, but likely to appear again in 2014. We are part of a gun safety coalition that is working to defeat gun rights expansion bills in places like college campuses and schools.

Scope of practice bills: Pharmacists wanting to give vaccines and PA's wanting right to prescribe Schedule II drugs are likely to be considered. However, the pharmacists have limited their bill thus far to patients 18 and older.

Mandated benefits bills: Bills to require insurance coverage for autism services for children; hearing aids for children and coverage for medical foods, e.g. in cases of EE, will likely be considered. We support.

Fireworks: Proponents want to legalize all fireworks in Georgia, a la Alabama and South Carolina laws. We oppose on safety grounds.

Licensure for Lactation Consultants: This bill (HB 363) was introduced last year and will be considered again. We support.

"Tort Reform", SB 141: This bill is being billed as tort reform and would establish a panel to hear all tort cases instead of current court system, somewhat akin to the current workman's compensation system. Not likely to move this session given its magnitude. We oppose.

Medical Marijuana: Some legislators want to consider this for children with intractable epilepsy, as parents have reported its benefits. Children's Healthcare of Atlanta has released a helpful statement on this issue which the Committee believes mirrors our position as well.

The Chapter Legislative Committee, with Melinda Willingham, MD as chair, meets weekly via teleconference during the Session. We welcome any members who would like to participate. Just contact Jaime Rice Searcy at the Georgia AAP office at jrice@gaaap.org to be included.

It may be COLD…
but it's not too early to plan a trip to the beach!

Pediatrics by the Sea

June 11-14, 2014

The Ritz-Carlton, Amelia Island, Fla.

To make your reservation at the Ritz-Carlton, Amelia Island, call 904-277-1100 or visit https://resweb.passkey.com/go/PedsbytheSea 2014

Visit the Chapter website www.gaaap.org or call 404-881-5091 for more information.

Pediatric Healthcare Improvement Coalition of Georgia (PHIC) Update

It has been a very busy year for us outside of the clinic and hospitals. Your chapter leaders, as well as leaders from PHIC, have been diligently working to represent the interests of pediatrics to policymakers and key stakeholders. As you know, healthcare is a very complicated profession made only more difficult by the intersection of politics. One observer noted "politics is a set of interests masquerading as a contest of principles," and I think that is a very apt description of the nature of the world in which we must navigate at times.

Whatever the challenges and pressures that we must negotiate, rest assured that the leaders of the GA-AAP and PHIC want nothing more than to achieve sustainable solutions to improve the state of pediatrics in Georgia. In its inaugural year, PHIC has had some noted successes. Please join me in congratulating the members of the PHIC Board of Directors who have volunteered their time and energy towards advancing solutions to pediatric healthcare in Georgia.

Kathryn Cheek, M.D. (Chair)	Ross MacLeod, M.D.
Eugene Cindea, M.D.	Kim Megow, M.D.
Dawn Cole, RN	Cindy Neunert, M.D.
Karen Foushee, M.D.	Katrina Parker, M.D.
April Hartman, M.D.	Eric Pearlman, M.D., Ph.D.
David Hefner, MPA (Secretary)	Tony Pearson-Shaver, M.D.
Charlie Howell, M.D.	Jose Rodriguez, M.D.
Donna Hyland (Treasurer)	Mitch Rodriguez, M.D.
Bill Lee, MBA, MHA	Dan Salinas, M.D. (Vice-Chair)
Burt Lesnick. M.D.	Keith Seibert, M.D.
C. Wesley Lindsey, M.D.	Jason Smith, M.D.
J. Blake Long, M.D.	Bob Wiskind, M.D.
Jennifer Collier-Madon, M.D.	Joe Zanga, M.D.
Bernie Maria, M.D. (CMO)	Jalal Zuberi, M.D.

2013 PHIC Key Programmatic Accomplishments:

Kathryn Cheek, MD

- Incorporated as a domestic non-profit in the State of Georgia
- Convened a Special Committee on Asthma Care
- Created guiding principles for statewide asthma quality improvement project
- Submitted input on the Georgia Department of Public Health (DPH) Strategic Plan for Asthma
- Gave oral testimony to the DPH Board regarding the DPH budget
- Gave oral testimony on how pediatric healthcare delivery can be improved to the Joint Study Committee on Medicaid Reform
- Participated on the Department of Community Health Children and Families Task Force regarding the creation of the care management program for the foster care, adoption assistance and Department of Juvenile Justice populations.
- Created and released two surveys on adoption of Electronic Medical Records and utilization of telemedicine.

Thank you to the Chapter for your support of PHIC, and we look forward to another successful year in 2014.

Happy New Year.

Kathryn Cheek, MD, FAAP
Chair, PHIC Board of Directors
Ga Chapter AAP Past President
Columbus

2013 Chapter Award Winners

This year's Chapter Award winners were honored during the Chapter Fall Meeting in October at the Crowne Plaza Ravinia at Perimeter. They are pictured below. *(l to r)* Chapter President, Robert Wiskind, MD; Friend of Children Award: David A. Cook, Leila D. Denmark Lifetime Achievement Award: William P. Kanto, Jr., MD; Legislator of the Year Award: Senator Renee Unterman; Friend of Children Award, First Lady Sandra Deal; Young Physician of the Year Award, C. Wesley Lindsey, MD; Dept. of Public Health - Maternal & Child Health Award Treating Children with Special Healthcare Needs, Jeffeory White, MD; Young Physician of the Year Award Dixie Griffin, MD; Outstanding Achievement Award, Jose O. Rodriguez-Torres, MD and the Chapter Executive Director, Richard Ward, CAE.

CMOs & ACA Physician Rate Increase: The three Georgia Medicaid Care Management Organizations, i.e. Amerigroup, Peach State Health Plan, and Wellcare have reported the following schedule regarding the ACA Physician Rate Increase. This schedule is contingent on the Department of Community Health issuing retroactive increased capitation payments to each of the plans. If the DCH schedule is altered in any way, this may cause a delay in the schedule in the chart at the bottom of this page.

DCH Reinstates Consultation Codes for Pediatric Subspecialists – Effective January 1, 2014, DCH will re-open both the inpatient and office/outpatient consultation codes (99241- 99245) for members under 21 years of age. These codes will be limited to one every three years (per presentation, per member, per provider). We expect CMOs to follow suit.

Health Check & Medicaid Fee for Service Retroactive Payments – Medicaid Fee for Service has not outlined when retroactive ACA Physician Increase Payments for Health Check services provided from January 1, 2013 – October 31, 2013, will be made. We have been in discussion with Medicaid Fee for Service and note the following factors influencing the retroactive ACA Physician Payment Increase:

1. Health Check began requiring the reporting of vaccine administration codes (90460 and 90471-90474) as a part of its implementation of the ACA Physician Payment Increase.
2. The Center for Medicare and Medicaid Services required the National Correct Coding Initiative edit which required that the 25 modifier be appended to certain CPT codes. Within Health Check, this meant that the 25 modifier would be appended to the CPT of the well visit when a vaccine was administered during the visit. Some of reported following this requirement and also reported not is receiving payment for the well visit. Other practices did not append the 25 modifier as required and continued to receive payment for services.
3. In July, the Health Check annual offered a work around of the denial of well child exams when both the vaccine administration codes and the well visit were reported. Physicians were instructed to include the vaccine's CPT and ICD-9 codes, the preventive/ interperiodic visit code, and all required modifiers (EP, 25, etc.) on the claim for payment. However, once the implementation of the ACA reprocessing occurs, impacted health check claims submitted with a date of service beginning January 1, 2013would need to be refiled to reflect proper coding requirements.
4. In addition, the Health Check manual also outlined the HP guidelines of how to report vaccine administration codes. Once the ACA Physician Payment Increase was implemented in Medicaid Fee for Service claims submitted on or after November 1, 2013, our members began reporting that they were not receiving reimbursement for vaccine administration as they were unaware of the particular reporting requirements outlined by HP.

Health Check Quality Improvement Project: In late October, the Chapter learned of the upcoming Georgia Medicaid Bright Futures Performance Improvement Project. The Bright Futures PIP measures include the following:

- Developmental Screening in the First Three Years of Life
- Childhood Immunization Status
    - Combination 3
    - Combination 10
- Immunizations for Adolescents – Combination 1
- Well-Child Visits in the First 15 Months of Life – Six or More Well-Child Visits
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Adolescent Well-Care Visits
- Lead Screening in Children
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
    - BMI Percentile
    - Counseling for Nutrition
    - Counseling for Physical Activity

Plan	**Quarter 1** January–March	**Quarter 2** April–June	**Quarter 3** July–September	**Quarter 4** October–December	**Prospective Payments** (Current Claims)
Amerigroup	Early March	Early March	Early April	Early April	Increased payments will be made as of February 1, 2014.
Peach State Health Plan	End of February	End of February	Early April	Early April	Quarterly supplemental payments will be made on 2014 claims.
Wellcare	End of February	End of February	Early April	Early April	Quarterly supplemental payments will be made on 2014 claims.

Eosinophilic Esophagitis (EoE): Early Detection of Signs and Symptoms Vital for Improved Outcomes

Eosinophilic esophagitis (EoE) is a disease that is isolated to the esophagus and can present with symptoms similar to that of poorly controlled reflux. Misdiagnosed or poorly managed EoE can have significant complications for the patient and can lead to the following:

- Serious and significant feeding disorders due to swallowing difficulty
- Chronic inflammation of the esophagus that leads to very fragile mucosa, furrowing, and narrowing
- Need for esophageal dilation
- Failure to thrive

The Georgia Chapter's Committee on Nutrition is seeking to increase the awareness of EoE across the state to help practitioners recognize the signs and symptoms earlier, in addition to providing resources for patient referrals. While more is being discovered about this disease process, there are still many unknowns.

The 2011 updated consensus statement published by the American Academy of Allergy, Asthma and Immunology (AAAAI) is a useful paper in outlining what we know and what areas still require more research.

The updated definition states that EoE is a **chronic, immune/antigen-mediated esophageal disease characterized clinically by symptoms related to esophageal dysfunction and histologically by eosinophil-predominate inflammation**. The inclusion of the word chronic is important as it is now known that this disease will require long term treatment.

In order to properly diagnose EoE, a patient must have the following:

- esophageal eosinophilia that is not responsive to PPI therapy
- an upper endoscopy with multiple site biopsy that illustrates at least 15 eos/hpf
- clinical symptoms such as pain with swallowing, prolonged eating time, drinking copious amounts of fluid at each meal, preference for grazing, preference for softer textures despite being capable of eating higher textures

Many patients also have other allergic disease such as asthma, atopic dermatitis, food hypersensitivity, or allergic rhinitis. There is increasing awareness that environmental allergy plays a role in this disease process although the exact role is still unknown.

The goals of ongoing medical treatment and management are as follows:

- less than 15 eos/hpf
- resolution of inflammation
- resolution of any feeding issues

There are no FDA approved treatments for EoE. Current treatment includes swallowed topical steroids, diet modification related to

Eosonophilic Esophagitis...Continued

food hypersensitivity, or a full elemental diet. Some parents and caregivers may not wish to use pharmacologic treatment due to the off label use of the medications. In these cases, diet manipulation is the only other option to try to control inflammation and reduce eosinophil count. Skin prick testing and patch testing to foods have produced mixed results and are not always a reliable means to guide diet elimination.

When food allergy testing is inconclusive, empiric food elimination is necessary.

The foods that cause the majority of anaphylaxis are also the foods that tend to be the most problematic in EoE. In an empiric elimination diet, the foods often removed are milk, wheat, egg, soy, tree nut, peanut, fish, and shellfish. Nutritional deficiencies are a major concern in this type of elimination diet and supplementation is often required. Careful monitoring by a physician and registered dietitian is helpful to ensure the patient is meeting caloric needs as weight loss is common. Diet manipulation can be an expensive and difficult task for a family to manage. Extensive education on the elimination diet is required for all adults that are involved in providing food for the child, including the school. This diet can be particularly challenging for low income families that live in food deserts with limited access to transportation.

As centers learn more about this disease, they are seeing more patients that are asymptomatic or are symptomatic with a small number of eosinophils present. This presents a particular challenge to the providers as they have to decide whether or not to treat the disease based on symptoms or based on histology. A patient with EoE requires careful monitoring and evaluation by a multidisciplinary medical team. As young patients grow into adulthood, it is important to transition them to adult providers as this is a lifelong disease process. EoE is a growing public health concern. It is the goal of the Committee on Nutrition to increase awareness across Georgia to help reduce the number of complications related to delayed diagnosis and treatment. We look forward to this project and appreciate your feedback on our progress. If you're interested in participating in the Chapter's Committee on Nutrition, please contact Kylia Crane, RD, LD, the Chapter's Nutrition Coordinator at kcrane@gaaap.org or 404- 881-5093.

Gayathri Tenjarla, MD
Chair, Chapter Committee on Nutrition
Pediatric Gastroenterologist
Emory Children's Center
Atlanta

Alexia Beauregard, MS, RD, LD
Nutritionist
Children's Healthcare of Atlanta
Division of Pulmonology, Allergy/
Immunology, Cystic Fibrosis, and Sleep
Atlanta

Welcome to the 100% Club!

Congratulations to the following practices! All of the physicians in these practices are current members of the Georgia Chapter AAP. We will feature different practices in each issue of the Chapter's newsletter.

Is your practice 100%?
Call 404-881-5067 to check your status.

Primary Care Pediatric Practices
Coker Pediatrics, LLC, Griffin
Dahlonega Pediatric Adolescent Medicine
La Clinica del Nino, Norcross
The Pediatric Center of Stone Mountain, LLC
Southwest Georgia Pediatrics, Albany

Is your practice 100%?

Can we add this to your waiting room or website?

All physicians in this practice are proud members...

Georgia Chapter
American Academy of Pediatrics
Georgia's leading voice for children and the pediatricians & subspecialists who care for them.

Call 404-881-5067 to check your status.

Committee & Section Interest Form...We Need You!

The Georgia Chapter has several committees working around issues in child health & the practice of pediatrics. Committees are open to any Chapter member. They usually meet by teleconference or email. If you'd like to join one or more committee(s) please select up to 3 & rank them in order of your interest i.e. 1, 2, & 3.

*Please fax back to the Chapter Office at **404-249-9503** or email jrice@gaaap.org.*

Thank You!

___ Adolescence
___ Asthma, Task Force
___ Bioethics, Section
___ Bright Futures, Task Force
___ CATCH
___ Child Abuse & Neglect
___ Children with Disabilities
___ Child Health Care Financing
___ Clinical Information Technology, Task Force
___ Coding & Nomenclature
___ Communications & Media
___ Continuing Medical Education
___ Early Education & Child Care, Section
___ Emergency Medicine
___ Environmental Health
___ Fetus & Newborn
___ Foster care, Adoption & Kinship Care
___ Genetics
___ Hospital Medicine
___ Infectious Disease
___ Injury, Violence & Poison Prevention
___ Legislative Affairs
___ Medicaid, Task Force
___ Membership
___ Mental Health, Task Force
___ Newsletter
___ Nutrition
___ Obesity/Childhood, Task Force
___ Oral Health, Task Force
___ Practice Management
___ Pediatric Research in Office Settings (PROS)
___ Public Health
___ Quality Improvement, Task Force
___ Reach Out & Read & Early Literacy
___ School Health
___ Senior Section
___ Sports Medicine
___ Subspecialty Section
___ Young Physicians Section

Name: _____ Date: _____

Practice Name: _____

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Hepatitis B Birth Dose Saves Lives

The Centers for Disease Control and Prevention (CDC) estimates 800 infants are born to hepatitis B-infected women in Georgia each year, which places them at risk of developing perinatal hepatitis B virus (HBV) infection. Only half of these infants are reported to the Georgia Department of Public Health (DPH). Unidentified at- risk infants may not receive the necessary postexposure prophylaxis with hepatitis B (HepB) vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth, due to lack of prenatal testing or errors at the delivery hospital. The HepB birth dose provides a safety net for these unidentified at- risk infants.

The Advisory Committee on Immunization Practices (ACIP) recommends that all newborns receive HepB vaccine soon after birth and before hospital discharge, regardless of maternal HBV status. As a pediatric provider, you have the ability to help prevent HBV transmission from mother to infant and early childhood HBV infections by ensuring the birth dose was administered.

Hospital discharge documentation should indicate the HepB date. HepB and HBIG administration dates are reported to the Georgia Registry of Immunization Transactions and Services (GRITS) database by hospital staff or through data exchange with Georgia Vital Records' electronic birth certificate. Pediatric providers should ensure the birth dose was given or administer a dose immediately, if the hospital failed to immunize the infant.

Hospital discharge documentation should indicate the HepB vaccine administration date and, if warranted, the HBIG administration date.

The CDC's 2011 National Immunization Survey found that 82% of Georgia infants received the hepatitis B birth dose by the third day of life, which was well above the 69% national average. In an effort to increase the national HepB birth dose rates, the Immunization Action Coalition (IAC) started a *Hepatitis B Birth Dose Honor Roll* (www.immunize.org/honor-roll/birthdose). The Hepatitis B Birth Dose Honor Roll recognizes U.S. birthing hospitals that have attained a birth dose coverage rate of 90% or greater and have met additional criteria to prevent perinatal transmission. Four Georgia hospitals have received IAC's *Hepatitis B Birth Dose Honor Roll* designation. "Hospitals and birthing centers have a responsibility to protect babies from life-threatening hepatitis B infection," said Deborah Wexler, MD, executive director and founder of IAC. "Colquitt Regional Medical Center, South Georgia Medical Center, Wayne Memorial Hospital and Grady Health Systems' commitment to the best practice of hepatitis B vaccination at birth has shown them to be leaders in preventing the transmission of the hepatitis B virus." All birthing hospitals with high rates of birth dose administration are encouraged to apply for the Honor Roll.

The Georgia Perinatal Hepatitis B Prevention Program (PHBPP) identifies pregnant women infected with HBV and provides case management activities for the women and their newborn infants. Case management includes ensuring the newborn receives postexposure prophylaxis within 12 hours of birth and completes both the HepB vaccine series and postvaccination serologic testing, to ensure protection against HBV. For more information, contact the Georgia PHBPP at (404-651-5196). Additional resources can be found on the Georgia DPH website: http://dph.georgia.gov/perinatalhepatitis-b.

Recommendations for Pediatric Care Providers:

- Verify that HepB vaccine was administered by the delivery hospital.
- Review each infant's immunization history in GRITS and document all administered immunizations. HBIG is reported as "IG" in GRITS.
- Ask parents if their infant was exposed to HBV at birth. Ensure exposed infants received HBIG prior to hospital discharge. If it was not administered, refer the exposed infant to the birthing hospital to receive HBIG. HBIG can be administered up to 7 days after birth.
- Follow CDC's most current Recommended Immunization Schedule for Persons Aged 0 Through 6 Years for immunizing infants with HepB vaccine at age 0, 1-2 months and 6 months of age.
- Test infants born to HBsAg-positive women for HBsAg and anti-HBs at age 9-18 months, after completion of the 3-dose HepB series. Draw blood no sooner than one month after last dose and not before 9 months of age.
- Notify the Perinatal Hepatitis B Prevention Program when a high-risk child is identified, so that perinatal tracking can be coordinated.

Tracy Kavanaugh, MS, MCHES
Perinatal Hepatitis B Program Coordinator
Georgia Department of Public Health
Division of Health Protection
Epidemiology Program
Acute Disease Epidemiology Section
Atlanta

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CALENDAR

Visit the Chapter website for more information regarding these events...**www.GAaap.org**

Legislative Day at the Capitol
February 13, 2014
State Capitol & Floyd Veterans Building
Atlanta
404-881-5091

Georgia Pediatric Practice Managers & Nurses Association Spring Meetings
April 25, 2014
Macon Marriott
Macon
404-881-5067

Pediatric Vaccine Symposium
May 2 - 3, 2014
Children's Hospital of Georgia
Augusta
404-881-5091

Pediatrics by the Sea - Summer CME Meeting
June 11 - 14, 2014
The Ritz Carlton
Amelia Island, Florida
404-881-5091