



# THE Prevention & INTERVENTION NEWS

SUMMER 2011

A Publication of the Tennessee Chapter of the American Academy of Pediatrics

## TNAAP is Busy Working for You, Our members!

By Ruth E. Allen



Ruth E. Allen,  
TNAAP Executive Director

In my relatively new role as Executive Director, your leadership has been keeping me and the rest of the staff busy! As the Chapter embarks on a new fiscal year, change is everywhere. I am pleased to inform you of some of the initiatives we have been working on. In terms of “*prevention and intervention*”, TNAAP and our Foundation are launching a new obesity initiative (see page 7). We are also engaged in a tobacco grant focused on measuring the impact of counseling smoking parents on securing tobacco products, much like they would alcohol in the home (see page 11). Our physician led Screening Tool and Referral Training (START) relationship funded through the Department of Education continues. In the coming months we will be investigating the possibilities of expanding those we offer this developmental and behavioral screening training to, potentially including Health Departments and Early Childhood Providers.

In **supporting the practice of pediatrics**, we have numerous activities in place including expanding the activities of our Pediatric Council (our dialogue with payers). Most recently, we met with both Blue Cross Blue Shield and Amerigroup in May, 2011 to discuss challenges

*In supporting the practice of pediatrics, we have numerous activities in place including expanding the activities of our Pediatric Council (our dialogue with payers).*

and possible collaborations that would benefit pediatric practices. Other projects include working with 5 pilot sites on Medical Home Implementation, providing them with strategic planning consultation as well as training and resources on topics such as care management, coding for the medical home, implementing quality improvement initiatives and health information technology and connectivity. We have strengthened our relationship with

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# TNAAP is Busy Working for You

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Children's Hospital Alliance of Tennessee (CHAT) and look forward to an even more collaborative approach on legislative initiatives and other activities in which we have similar interests.

TNAAP is staying abreast of Health Information Initiatives at the state and national level and closely monitoring developments related to health care reform including the federal guidance and local activity around Accountable Care Organizations. Also, be watching for a new on-line Career Center!

During the first half of the year our **advocacy and legislative efforts** involved monitoring hundreds of bills on topics ranging from scope of practice to child health and, with other partners, successfully passed key legislation including tort reform and a bill requiring insurance coverage of hearing aids for children. We



*Attendees engaged in a presentation on employment law at the June 17, 2011 Practice Manager Network Meeting*

conducted 2 successful "TNAAP Days on the Hill" in April (see more information about our legislative activities on pages 3, 4 and 5).

In the area of **education**, we have just completed a well-received annual Practice Manager Network meeting (held in Nashville June 17). The EPSDT and Coding and Developmental and Behavioral screening trainings continue to be offered state-wide. We are collaborating again with the four

Comprehensive Regional Pediatric Centers in Tennessee and Tennessee Emergency Medical Services for Children on a conference for Acute and Emergency Care in Pediatrics. This year's conference, October 21 and 22, 2011 in Memphis, has many more sessions geared towards general and specialty pediatricians, not just emergency care (see page 10).

Last, but not least, we are working hard to do a better job of **communicating with YOU!** In a recent member survey in which we asked what our members thought we should be focusing on, we found that in most cases, we were already doing what was suggested. It became clear that we have not effectively communicated our activities to individual pediatricians and practices. As a result, Dr. Allen Coffman, TNAAP Vice President, and I are making personal visits to practices across the state to facilitate better communication. We have also recently launched a new monthly "newsletter" entitled "The Inside Story" communicating current information of interest to you on a monthly basis. Did you know we are on Facebook? Please follow TNAAP and our activities as we work to help you be successful in practice and improve the health of children in Tennessee.

- Do you have an idea for a project in your community we can help secure funding for?
- Would you like to attend a board meeting to learn more about our activities?
- Would you be interested in helping with an obesity initiative in your area?
- Is there a significant practice management issue you need help with?

*Continued next page*

# The Conclusion of the 1st Session of the 107th Tennessee General Assembly

By **Theo Morrison,**  
**Morrison Capitol Strategies**

The 1st Session of the 107th Tennessee General Assembly adjourned on May 21, 2011. Faced with a \$1.5 billion budget deficit, the members of the General Assembly undertook the arduous task of crafting a balanced budget. Legislators essentially passed the budget as it had been presented to them by Governor Bill Haslam, who in his first term succeeded in finding consensus for his first budget legislation as Governor. Consequently, numerous cuts, utilization of remnants of federal recovery funds and a repeat of the ingenious, self-imposed hospital assessment fee to garner matching federal funds helped avoid severe cuts to TennCare and enabled legislators to complete their business. Unfortunately, citing the need to cut programs not providing direct services to patients, Governor Haslam's budget eliminated the TNAAP EPSDT grant. The loss of this grant will have a huge impact to TNAAP's bottom line.

During the 2011 legislative session, TNAAP utilized the expertise of a formal legislative committee and formulated a legislative agenda, including the introduction of legislation on concussion management that is a continued subject of discussion within the legislature. TNAAP partnered with the Tennessee Disability Coalition, Children's Hospital Alliance of Tennessee, and the Tennessee Hearing Society in a victorious effort providing needed insurance coverage for children requiring hearing aids. TNAAP also served as an active partner with the successful Campaign for Tort Reform in Tennessee which sets limits on punitive and noneconomic damages awards. Additionally, TNAAP monitored nearly 250 bills and fought back challenges to laws garnered by past TNAAP efforts. Our activities included two TNAAP "Pediatrician Days on the Hill".



*Theo Morrison, TNAAP's lobbyist.*

*Continued from page 2*

Please contact us with your ideas, concerns and thoughts and any new opportunities for TNAAP to help you be more effective in caring for your patients. ***I am just an email or a phone call away!***

Ruth E. Allen  
Executive Director  
ruth.allen@tnaap.org  
615-383-6004  
www.tnaap.org

## TNAAP Staff

**Ruth E. Allen**  
Executive Director  
Phone: 615-383-6004  
Fax: 615-383-7170  
Email: ruth.allen@tnaap.org

**Deborah O. Usry, M.Ed.,**  
Coordinator, Training Programs  
Phone: 615-376-4829  
Fax: 615-383-7170  
Email: deborah.usry@tnaap.org

**Janet Smith, CPC, RHIT**  
Educator Coding  
Phone: 615-672-1355  
Fax: 615-383-7170  
Email: janet.smith@tnaap.org

**Shannon Hornsby**  
Development Director  
Phone: 615-227-8508  
Fax: 615-383-7170  
Email: shannon.hornsby@tnaap.org

**Laurel S. Davis**  
Event Coordinator  
Phone: 615-386-6097  
Fax: 615-383-7170  
Email: laurel.davis@tnaap.org

**Melissa S. Koffman**  
Financial Manager  
Phone: 615-386-6097  
Fax: 615-383-7170  
Email: melissa.koffman@tnaap.org

**Cristina Young**  
Project Coordinator  
Phone: 615-383-6004  
Fax: 615-383-7170  
Email: cristina.young@tnaap.org

# TNAAP "Days on the Hill" 2011

**TNAAP Conducted Two Successful "Days on the Hill" April 6, and April 27, 2011.**

*For more information about this legislative session and a list of bills of interest, visit the legislative page of the TNAAP web site at: [tnaap.org/Legislative/legislative.htm](http://tnaap.org/Legislative/legislative.htm)*



*TNAAP Day on the Hill ~ April 27, 2011: (left to right) Nola Jean Ernest, MD (Pediatric Resident-Vanderbilt Children's Hospital); Jon Boroughts, MD (Pediatrician, Hixson); Shelly Fiscus, MD (TNAAP Fellow At-Large and FAL representative to the Executive Committee, Franklin); Lloydetta Stovall, MD (TNAAP Fellow At-Large, Memphis); Ruth E. Allen (TNAAP Executive Director); Quentin Humberd, MD (Chair-TN Pediatric Society Foundation, Clarksville); Allen Coffman, MD, (VP TNAAP, Hixson); Grant Schulert, MD (Pediatric Resident-Vanderbilt Children's Hospital); Theo Morrison (TNAAP Lobbyist); Cristy Ott, MD (Pediatric Resident-Children's Hospital at Erlanger)*



*TNAAP Day on the Hill - April 6, 2011: (left to right) Theo Morrison (TNAAP Lobbyist), Ruth Allen (TNAAP Executive Director), Lt. Governor Ramsey, Charlotte Brown (Pediatric Resident - Vanderbilt Children's Hospital) and John R. Hill, MD (TNAAP Membership Chair, Memphis)*



*(left to right) Theo Morrison (TNAAP Lobbyist), Charlotte Brown (Pediatric Resident - Vanderbilt Children's Hospital), Ruth E. Allen (TNAAP Executive Director), John R. Hill, MD (TNAAP Legislative Committee Chair, Memphis)*



*TNAAP Day on the Hill - April 6, 2011: Ruth Allen (TNAAP Executive Director), Theo Morrison (TNAAP Lobbyist) on the steps in front of the Tennessee State Capitol*



*TNAAP Day on the Hill - April 27, 2011: Quentin Humberd, MD (Chair - TN Pediatric Society Foundation, Clarksville) meeting with Representative Curtis Johnson (Clarksville)*



*TNAAP Day on the Hill - April 27, 2011: (left to right) Lloydetta Stovall, MD (TNAAP fellow At-Large, Memphis), Shelly Fiscus, MD (TNAAP Fellow At-Large and FAL representative to the Executive Committee, Franklin), Cristy Ott, MD (Pediatric Resident - Children's Hospital at Erlanger), Allen Coffman, MD (TNAAP Vice President, Hixson), Representative JoAnne Favor (Chattanooga)*



*TNAAP Day on the Hill - April 6, 2011: Shelly Fiscus, MD (TNAAP Fellow At-Large and FAL representative to the Executive Committee, Franklin) with Suzanne Berman, MD (Crossville), in front of the capitol, Nashville, TN*

*TNAAP Day on the Hill - April 27, 2011: Allen Coffman, MD (TNAAP Vice President, Hixson) shaking hands with Lt. Governor Ramsey*



*TNAAP Day on the Hill - April 27, 2011: Quentin Humberd, MD (Chair - TN Pediatric Society Foundation, Clarksville) meeting with Senator Tim Barnes (Clarksville)*



*TNAAP Day on the Hill - April 6, 2011: (left to right) Ruth E. Allen (TNAAP Executive Director), Theo Morrison (TNAAP Lobbyist), Beth Harwell (Speaker of the TN House of Representatives), John R. Hill, MD (TNAAP Legislative Committee Chair, Memphis) and Charlotte Brown (Pediatric Resident - Vanderbilt Children's Hospital)*

*Photos by Cristina Young Photography*

# AAP and TNAAP Making a Difference

By Nola Jean Ernest, MD, Resident  
Vanderbilt

American psychologist and philosopher, William James, has been accredited with saying “Act as if what you do makes a difference. It does.” Most medical students believe that what they will do in the career they have chosen will make a difference. During intern year of residency, however, it can be hard to understand how placing an order for diaper cream at 2AM is making a difference. It is for this reason that I am so grateful to have had the opportunity to participate in the AAP Legislative Conference and the TNAAP Day on the Hill.



*Dr. Allen Coffman and Dr. Nola Jean Ernest visiting legislators in Washington D.C.*

This past March, I traveled, along with Dr. Allen Coffman, to Washington D.C. for the annual AAP Legislative Conference. During the conference, participants were trained to craft a message and, then, given the opportunity to meet with legislators to present that message. While it may sound intimidating, the experience was truly eye-opening. Our senators and congressmen get their information on the state of health care primarily from their staff, lobbyists and other politicians. If pediatricians aren't speaking directly to their elected officials, our unique perspective is likely to be overlooked. And, as it turns out, speaking up is not as hard as it sounds. Legislators from both parties welcome and respect the expert knowledge and insight that physicians can share with them.

One of the most important parts of the conference, however, happens away from Capitol Hill altogether. It is the opportunity to meet the staff from

the AAP Department of Federal Affairs and the AAP Department of State Government Affairs. These staffers work tirelessly to provide invaluable support and guidance to pediatricians who are asked to meet with their elected officials, testify on issues related to child health, or even write a letter to an editor or appear in a television interview to discuss issues related to child health.

Similar experiences are also available at a local level. During TNAAP Day on the Hill, there is an opportunity to meet with other pediatricians who share an interest in influencing public policy, meet our chapter's Executive Director and lobbyist, and meet with our elected officials, as a group, to share our perspective on upcoming bills of interest. In addition, this year, we had the opportunity to better understand the legislative process by observing the lively debate that occurs in committee meetings over health-related topics.

Both TNAAP's Day on the Hill and the AAP Legislative Conference are excellent opportunities for pediatricians of all levels of experience to remember that our voice makes a difference in the lives of children. For members who have not participated in these events, I encourage you to mark them

on your calendar for next year. In the meantime, opportunities to advocate for your patients at a local and national level abound. Check out the TNAAP Legislative website ([www.tnaap.org/Legislative/legislative.htm](http://www.tnaap.org/Legislative/legislative.htm)) and the websites for the AAP Departments of Federal and State Government Affairs ([www.aap.org/advocacy.html](http://www.aap.org/advocacy.html)) for more information.



*Nola Jean Ernest, MD*

***“Both TNAAP’s Day on the Hill and the AAP Legislative Conference are excellent opportunities for pediatricians of all levels of experience to remember that our voice makes a difference in the lives of children.”***

# TNAAP's New Childhood Obesity Initiative

By Joani Jack, MD

Children's Hospital at Erlanger

TNAAP and the Tennessee Pediatric Society Foundation (TPSF) are teaming up with UHC Community Plan of TN (formerly Americhoice) to train primary care physicians and their staff in the prevention, assessment and treatment of childhood obesity. This training program will provide an efficient method of implementing best-practice guidelines into the practice protocol.

The program will begin in August with a regional conference in Chattanooga featuring Robert Schwartz, MD, an expert on motivational interviewing. Following this initial kick-off, the program's Medical Director will deliver the educational program to individual practices selected as pilot sites. All training and materials will be delivered free of charge.

The model for the Obesity Initiative will follow the model of the Screening Tools And Referral Training (START) program, which has been very successful in training physicians throughout Tennessee in implementing developmental and behavioral screening tools in the primary care setting. The training is evidence-based, uses a team approach, and includes tools and strategies to prevent, assess, and treat childhood obesity.

## The curriculum for the training program will include:

- Education on epidemiology and best-practice guidelines established by the AAP
- Identification of obesity risk factors for newborns, infants, children and adolescents
- Assessment of readiness for change through motivational interviewing
- An efficient, streamlined algorithm for evaluation and management that will incorporate the entire office
- An interventional tool including patient education materials
- Information for appropriate coding and reimbursement
- BMI wheels
- Information on referrals and community resources
- Strategies for establishing an office protocol

**Reduce the frustration of not knowing what to do with overweight and obese children.**

As a result of this training, primary care physicians and their staff will learn to efficiently implement best-practice guidelines for prevention, assessment and treatment of childhood obesity into their office practice.

Using these tools and these strategies, they will reduce the frustration of

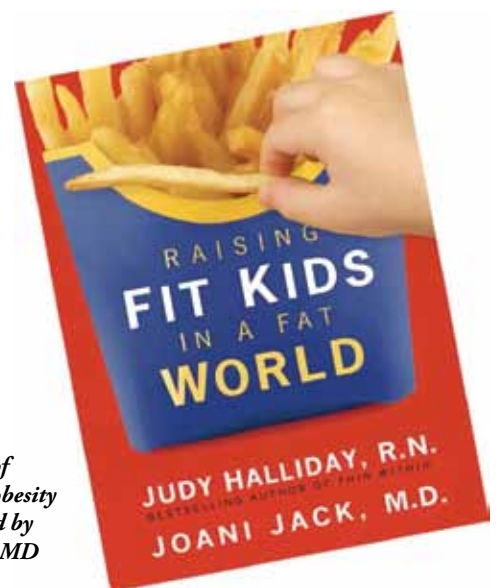
“not knowing what to do” with overweight and obese children. And, they will improve the level of patient care as well as patient satisfaction, by appropriately addressing their concerns.

## Editor's Note:

*The Medical Director for the Obesity Initiative is Joani Jack, MD FAAP, from Children's Hospital at Erlanger and the UT College of Medicine in Chattanooga. Dr. Jack has 13 years experience in private practice, and has co-authored a book on the treatment of childhood obesity.*



**Joani Jack, MD**



*A book on treatment of childhood obesity co-authored by Joani Jack, MD*

# High Quality Care for Children with Asthma: The Medical Home Foundation

By **Suzanne Berman, MD, FAAP**

**Plateau Pediatrics**

Do you want to learn more about providing a medical home for children in your practice who have asthma? Look no further! TNAAP is involved in a new program, the Medical Home Chapter Champions Program on Asthma and now has a member champion who is here to help.

AAP chapter champion programs have been very effective as a conduit for disseminating best policies and practices to pediatricians nationwide through the leadership and volunteer networks of chapters. Champion programs also serve as a mechanism by which pediatricians can advocate for change at the local, state and national levels. Read on to learn more about this exciting new chapter champion project.

## BACKGROUND

The American Academy of Pediatrics (AAP) developed the medical home model for delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective to every child and youth. Practices that function as medical homes address preventive, acute and chronic care from birth through transition to adulthood. A medical home model of care strives to facilitate an integrated health system with an interdisciplinary team of primary care physicians, specialists and sub-specialists, hospitals and healthcare facilities, public health agencies and the community, all working closely with patients and families.

In 2007, the AAP partnered with the American Academy of Family Physicians (AAFP), American College of Physicians (ACP) and the American Osteopathic Association (AOA) to publish the Joint Principles of the Patient-Centered Medical Home. This consensus statement describes seven principles of a medical home, which include personal physician, physician-directed medical practice, whole-person orientation, coordinated care, quality and safety, enhanced access and appropriate payment. Childhood asthma is a serious and chronic condition that affects one in seven U.S. children and their families.

Receiving care within the context of a medical home has the potential to improve care for children and youth with asthma. The medical home model has demonstrated a positive relationship between the medical home and desired outcomes, including better health status, timeliness of care, family-centeredness and improved family functioning.

In 2007, the National Asthma Education and Prevention Program (NAEPP) coordinated by the National Heart, Lung and Blood Institute (NHLBI) released the latest panel report, the Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma. These clinical guidelines and recommendations may have the most impact on children's well-being if they are executed within the patient's medical home.

## A MEDICAL HOME FRAMEWORK FOR ASTHMA CARE

The seven joint principles of the patient-centered medical home provide a framework for implementing these national asthma guidelines.

1. A personal physician provides continuity of care in a partnership, eg, scheduling routine follow-up care and monitoring use of beta2-agonist medications.
2. A physician-directed medical practice coordinates family-centered, high-quality, accessible and affordable services for children with asthma.
3. The practice has a whole person orientation providing comprehensive, compassionate, culturally-effective care in a family-centered partnership. This holistic approach includes control of environmental



*Suzanne Berman,*

- triggers such as allergens and irritants—especially tobacco smoke, and treats or prevents co-morbid conditions that affect asthma. It also promotes physical fitness for children with asthma.
4. Care is coordinated and integrated across the community-based system and facilitated by information technology including asthma registries. Care coordination includes referrals to specialty care, if needed, and eventual transitions to adult care. A medical home with electronic health records improves performance and outcomes measurement and accountability.
  5. Quality and safety are hallmarks of patient-centered and evidence-based asthma care. NAEPF provides guidelines on establishing the asthma diagnosis, providing asthma education on patient self-management, prescribing medications, especially inhaled corticosteroids for persistent asthma, using a stepwise treatment approach for patients of different ages, and developing a written asthma management plan to help families. The AAP Chapter Alliance for Quality Improvement (CAQI), and now the Medical Home Chapter Champions Program on Asthma, offer state and local resources for practices. The AAP Education in Quality Improvement for Pediatric Practice (EQIPP) online courses—for both medical home and for asthma—provide Continuing Medical Education (CME) credits and Maintenance of Certification (MOC) Part 4 support.
  6. Enhanced access to care includes pediatrician availability to assess, classify and monitor asthma severity and control. It also reduces disparities in processes and outcomes in asthma care.
  7. Appropriate payment recognizes the added value provided to patients with asthma who receive care in a medical home as defined above.

## SUMMARY

As many as 10.2 million children (or 1 in 7) had lifetime asthma in 2008 and almost 7 million children (1 in 11) had current asthma. Because asthma is the single most common childhood chronic condition and the second most prevalent childhood condition, the medical home model of care should be the foundation of care for all children, especially children with chronic conditions like asthma. For a child with asthma, care received within the context of medical

home that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective can be the difference between control and the emergency room.

## AAP MEDICAL HOME AND ASTHMA PROJECT

In 2009, the AAP established the Medical Home Chapter Champions Program on Asthma (MHCCPA) with support from the Merck Childhood Asthma Network, Inc. (MCAN). The goals of the two-year program are to:

1. Increase access to a medical home for children and youth, especially those with health disparities;
2. facilitate pediatric practices' adoption and implementation of NHLBI asthma guidelines within the context of a medical home; and
3. increase advocacy efforts for implementation of asthma care within medical homes at the chapter/ state level(s).

To connect with your chapter's asthma medical home chapter champion and learn about what is going on in your state/chapter, contact Suzanne Berman, MD, FAAP at (931) 707-8700 x7224 or [sberman@plateaupediatrics.com](mailto:sberman@plateaupediatrics.com).

*For more information about the Medical Home Chapter Champions Program on Asthma, contact Suzi Montasir, MPH, Program Manager, American Academy of Pediatrics, at 800/433-9016, ext 4311 or [smontasir@aap.org](mailto:smontasir@aap.org).*

1 American Academy of Pediatrics; Medical Home Initiatives for Children with Special Needs Project Advisory Committee. *The medical home. Pediatrics*, 2002; 110(1), 184-186.

2 Patient-Centered Primary Care Collaborative (AAFP, AAP, ACP and AOA). *Joint principles of patient-centered medical home*, 2007.

3 Homer C., Perrin J., et al. *A Review of the evidence for the medical home for children with special health care needs. Pediatrics*, 2008 (122), 922-937.

4 US DHHS NIH NHLBI NAEPF. *Guidelines for the diagnosis and management of asthma*, 2007.

5 CDC. *Key clinical activities for quality asthma care. MMWR*, March 28, 2003.

6 Markus A., Lyon M., et al. *Changing policy: the elements for improving childhood asthma outcomes*, 2010.

# 10th Annual Acute and Emergency Care Pediatrics Conference

**October 21 - 22, 2011  
Holiday Inn University  
Memphis, TN**

***Don't miss this  
CME opportunity!***

TNAAP is collaborating with the four Comprehensive Regional Pediatric Centers in Tennessee and Tennessee Emergency Medical Services for Children on a conference for Acute and Emergency Care in Pediatrics.

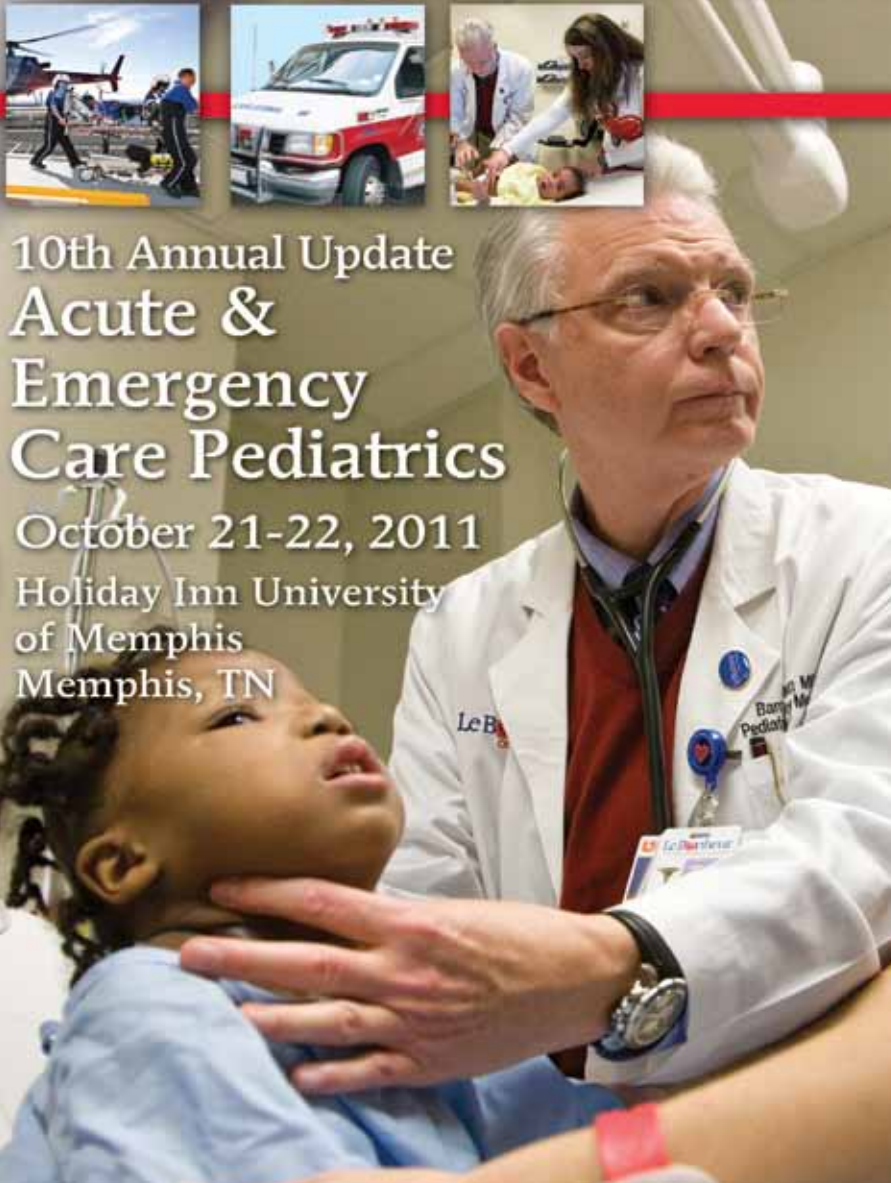
**This year's conference has many more sessions geared towards general and specialty pediatricians, not just emergency care!**

#### **Examples of sessions include:**

- Health Information Initiatives in Tennessee
- Improving Patient Outcomes and Preventing Liability for Medical Malpractice
- Drugs and Rock n Roll – Substance Abuse in Adolescents
- Can Quality Measures Improve Patient Care and Physician Practice?
- ATV Related Injuries in Children: A New Epidemic
- What you Don't Know About Social Media Can Hurt You

For information about the entire program, registration and lodging visit:

**[www.tnemsc.org](http://www.tnemsc.org)**



10th Annual Update  
**Acute &  
Emergency  
Care Pediatrics**  
October 21-22, 2011  
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Leading the Way in Pediatric Care

**Monroe Carell Jr.  
Children's Hospital  
at Vanderbilt**  
Where discovery brings hope

# Health Information Exchange in Tennessee

Health Information Exchange (HIE) continues to make good progress in the state. HIP-TN, our state network of networks, will be in place by this fall and ready for connectivity to the regional HIE's. The regional HIE's are building out their network infrastructures and all are projected to have the regional networks available for connectivity to providers by January 1st 2012. When these activities are completed Tennessee will have a complete border to border network for providers to exchange medical record information on patients electronically. Additionally, we are busy preparing the strategy for providers to also take advantage of the new DIRECT healthcare architecture as yet another method to exchange information between each other.

It is the mission of the Tennessee Office of eHealth Initiatives to provide a way for all healthcare providers in the state to meet meaningful use and provide a way for each of them to electronically exchange healthcare information as a part of the EHR incentive program.

To this end we are also happy to announce that the Tennessee Immunization Registry will also be connected to the network and will be capable of being updated directly through a provider's own EMR system. For providers interested in more information regarding HIE in Tennessee I recommend you visit our web site at [www.tn.gov/ehealth](http://www.tn.gov/ehealth) or email us at [Office.eHealth@tn.gov](mailto:Office.eHealth@tn.gov).

## **George E. Beckett**

HIT Coordinator

Office of eHealth Initiatives

State of Tennessee

310 Great Circle Road

Nashville, TN 37243

Phone: (615) 507-6477

Fax: (615) 532-2849

[george.beckett@tn.gov](mailto:george.beckett@tn.gov)



## Reducing Children's Access to Tobacco Products

The Tennessee Pediatric Society Foundation received a grant from the AAP/Friends of Children Fund in 2010 for Project PACT (Parents Actively Controlling Tobacco). Dr. Joe Weinberg of Memphis serves as the champion for this initiative and is working closely with Dr. Leslie Robinson (University of Memphis) who is implementing the intervention to study the effect of physician-led parent counseling. The purpose of Project PACT is to reduce and even eliminate children's access to tobacco by encouraging parents to secure tobacco products, much like they would alcohol in the home.

Dr. Robinson and her team secured the support of Memphis based pediatrician Dr. Susan Hillebert to serve as the intervention lead, with her practice as the intervention site. To-date, more than 60 (the established goal) families have participated in the

intervention and techniques have been applied to other health issues by participating pediatricians in Dr. Hillebert's practice.

Brochures have been offered to parents in addition to physician-led counseling regarding the effects of tobacco and the reasons for prohibiting access. Parents have responded well to the initial surveys and counseling and participating pediatricians have offered positive feedback.

Surveys and results are still being collected at the control site. Once completed, Dr. Robinson and her team hope data will make a strong case for pediatricians to begin counseling parents in securing tobacco. If successful, as anticipated, TNAAP intends to secure funding to further expand the project throughout the state.

# 1-800-QUIT-NOW

## Cessation Resources

### **Chattanooga-Hamilton County Health Department**

Jay Collum: Coordinator, Tobacco Education/Control Health Promotion and Wellness  
E-mail: [jayc@mail.hamiltontn.gov](mailto:jayc@mail.hamiltontn.gov)  
Phone: 423-209-8285, LOCAL resource

### **American Cancer Society (free brochures available)**

[www.cancer.org](http://www.cancer.org); Phone: 1-800-ACS-2345

### **Chattanooga American Cancer Society**

423-499-2605

### **AAP: Julius B. Richmond Center of Excellence**

[www.aap.org/richmondcenter](http://www.aap.org/richmondcenter)

### **Campaign for Tobacco Free Kids**

[www.tobaccofreekids.org/research](http://www.tobaccofreekids.org/research)

### **Reimbursement of Counseling**

[www.aap.org/richmondcenter/pdfs/CodingAndReimbursementResource.pdf](http://www.aap.org/richmondcenter/pdfs/CodingAndReimbursementResource.pdf)

### **Educational Resources**

[www.kidslivesmokefree.org](http://www.kidslivesmokefree.org)

### **Tools to Help Pregnant Women Quit**

English: [www.ahrq.gov/clinic/tobacco/prenatal.htm](http://www.ahrq.gov/clinic/tobacco/prenatal.htm)  
Spanish: [www.ahrq.gov/clinic/tobacco/prenatalsp.htm](http://www.ahrq.gov/clinic/tobacco/prenatalsp.htm)

### **Clean Air Website (for Sticker Templates)**

[www.cleanairforhealthychildren.org](http://www.cleanairforhealthychildren.org)

### **Smoke Free Hospital Toolkit**

[www.uams.edu/coph/Reports/SmokeFree\\_Toolkit](http://www.uams.edu/coph/Reports/SmokeFree_Toolkit)

### **Clinical Effort Against Secondhand Smoke Exposure (CEASE)**

[www2.massgeneral.org/ceasetobacco/index.htm](http://www2.massgeneral.org/ceasetobacco/index.htm)

### **National Efforts: Hollywood**

[www.smokefreemovies.ucsf.edu](http://www.smokefreemovies.ucsf.edu)

### **National Efforts: Congress**

[www.aap.grassroots.com/fdatobacco](http://www.aap.grassroots.com/fdatobacco)

### **International Efforts**

[www.tobaccofreecenter.org](http://www.tobaccofreecenter.org)

# Tennessee Tobacco QuitLine (1-800-QuitNOW)

[www.tnquitline.com](http://www.tnquitline.com)

The Tennessee Tobacco QuitLine is a free multifaceted cessation resource for tobacco users who are Tennessee residents. Tennessee tobacco users can call the QuitLine at 1-800-QuitNOW, (1-800-784-8669), during operational hours which are Mondays through Fridays from 7:00AM-10:00PM, Saturdays 8:00AM-5:00 PM, and Sundays 10:00 AM-4:00 PM (all hours are Central Standard Time). A caller completes an assessment of their tobacco use and demographic information. They are given the opportunity to join the “iCanQuit” program to receive a minimum of eight sessions from their assigned “QuitCoach.” The QuitLine’s services are tailored to an individual tobacco user’s experience, tobacco use behavior, and their motivations for quitting.

State residents can also receive services via the internet through the QuitLine’s website (<http://www.tnquitline.com>). To enroll, a computer user creates a user ID and password on the QuitLine’s website to log into the secured system. Next, the user logs into their secured account and completes a brief assessment answering a few questions regarding tobacco use experience, behavior, and motivations for quitting. Once enrolled, the computer user will receive a minimum of eight counseling sessions with their assigned “QuitCoach.” A user can choose to receive their cessation counseling sessions over the telephone or the internet through a designated e-mail account.

In addition to the internet site, the Tennessee Tobacco QuitLine also offers a web link referral system for healthcare providers. The web link referral system is an addition to the fax referral system which has been utilized for some time. This system allows healthcare providers to expediently refer patients to the iCanQuit program over a secure network. Physicians and other healthcare providers may refer their patients to the QuitLine via e-mail. The system is secure so that patient information is only disclosed to the State’s QuitLine vendor. The form for enrollment can be found at the link ([http://health.state.tn.us/Downloads/TNQuitLine\\_Fax\\_Referral\\_form.doc](http://health.state.tn.us/Downloads/TNQuitLine_Fax_Referral_form.doc)). A physician or healthcare provider may either fax this document to 1-800-646-1103 or e-mail it to [TN.intake@ceridian.com](mailto:TN.intake@ceridian.com).

If you would like more information, please contact either Melissa Blair, Section Chief, Nutrition and Wellness, TN Department of Health, 615-532-7772, [Melissa.blair@tn.gov](mailto:Melissa.blair@tn.gov) or Chris Freeman, Health Promotion Director, TN Department of Health, 615-253-5800, [chris.freeman@tn.gov](mailto:chris.freeman@tn.gov).

# Register Now for TNAAP's Annual Awards Event Sept. 17, 2011

The 2011 TNAAP Annual Awards will be held on Saturday, September 17. Feedback for the 2010 event was beyond our expectations and we listened to our supporters. The event will be held again at W.O. Smith School of Music. The space offers an inviting area for cocktails, mingling and hors d'oeuvres, while the theater provides an intimate and comfortable venue for the awards presentation. Also returning this year will be Awesome George to cater the event. If you didn't make it out last year, you missed some of the most delicious edibles in Nashville!

Last year we introduced the Annual Children's Art Auction, as a way to bring the spirit of children to the event. Every single piece of artwork sold last year! Children from Lockeland Springs Elementary School in East Nashville created and donated all the artwork and they will be participating again this year. We'll be moving the artwork to a more visible area and anticipate a greater collection and more competitive bidding. We're excited about the candidate line up this year and looking forward to announcing the winners in August. Don't miss out on this exciting event to network with your peers and recognize their contributions!

Register now at [www.tnaap.org](http://www.tnaap.org)!



*W.O. Smith School of Music (from outside) at the September 2010 event*



*Dr. Allen Coffman (TNAAP Vice President) presents a 2010 Friend of Children Award to Dr. Kelly Moore, Director of Tennessee's Immunization Program*



*Guests recognize a 2010 award recipient*



*Dr. Allen Coffman (TNAAP Vice President) with the 2010 recipient of TNAAP's Pediatrician of the Year award, Dr. B. Keith English*



*Dr. Eddie Hamilton (TNAAP President) welcomes guests as they enjoy "Awesome George's" fine food*



*Attendees mingle prior to the 2010 awards presentation*

# The START Program Makes an Impact in Tennessee Medical Schools

By **Deborah Usry**  
TNAAP Coordinator, Training Programs



During the sixth year of funding, the Screening Tools and Referral Training (START) program staff and physician facilitators worked with medical schools through the state to introduce the concept of developmental and behavioral screening and early referral to future primary care providers.

Medical students studying to be physician assistants, nurse practitioners and nurses, along with family practice residents, are prime candidates for receiving the START training as their curriculum does not typically include developmental and behavioral screening and early referral as part of their pediatric rotation. By attending the 3-hour physician-led session, students learn why they should screen for developmental delays, how to administer and score screening tools and what referral options are available to them statewide. A representative from the Tennessee Early Intervention System (TEIS) attends these training sessions and introduces students to TEIS and the services they offer statewide.

## **Feedback from both students and faculty has been positive.**

Several physician assistant students have commented that the training was very useful to them as they entered their pediatric rotation. A student from Trevecca Nazarene PA program commented that the training provided “good information to have before going into practice”. A nursing student from Tennessee Tech in Cookeville commented: “Keep spreading the word. I hope that more and more facilities start implementing the tools to keep children from falling through the cracks.”

The most positive feedback that we receive from medical school program directors and faculty is an invitation to return to present the START program to new classes preparing for their pediatric rotation. During this fiscal year, we have delivered the START

program to 2 classes of PA students at South College in Knoxville, 2 classes of PA students at Trevecca Nazarene College in Nashville, a class of PA students at Bethel College in Mc Kenzie (being invited back after presenting the program to a class last year), and a class of nursing students at Tennessee Tech in Cookeville. And, we were invited again to train a new class of family physician residents at ETSU in Johnson City and new classes of both pediatric and family practice residents at UT in Chattanooga.

Our goal in working with Tennessee’s medical schools is to make developmental and behavioral screening and referral a part of the pediatric curriculum so that when these students become providers, they are already familiar with the concept and process and can help establish a screening protocol in their practices. Developmental and behavioral screening is good medicine for all children and, to borrow the quote from the nursing student at TN Tech, we want more and more practices to “...start implementing the tools to keep children from falling through the cracks.”

*The START program continues to provide regional training programs and office-based training. For more information about the program, log on to our website [www.tnaap.org](http://www.tnaap.org) and click on the Developmental/Behavioral tab. You may also contact:*

Deborah O. Usry, M.Ed.,  
Coordinator, Training Programs  
TN Chapter of the American Academy of Pediatrics  
Phone: (615) 376-4829  
Email: [deborah.usry@tnaap.org](mailto:deborah.usry@tnaap.org)

*The START program is a collaboration between TNAAP and the Tennessee Early Intervention System (TEIS) and is funded by the Tennessee Department of Education.*

# Behavior Analysis Consulting Services: School-Based Consultation for Children and Adolescents with Developmental Disabilities

Many children and adolescents with developmental disabilities engage in behaviors that can interfere with academic learning and social interaction. Factors that contribute to the development of behavior disorders vary greatly from child to child and require individualized evaluations and plans.

**Behavior Analysis Consulting** provides state-of-the-art functional behavior assessments of challenging behaviors for children and adolescents with autism spectrum disorders, intellectual disabilities, or other developmental disabilities. This functional behavior assessment is used to develop student-centered behavior interventions that focus on socially acceptable alternative behaviors, while decreasing challenging behaviors. School systems contract with Behavior Analysis Consulting to provide services.

Behavior Analysis Consulting is conducted in partnership with the Behavioral Health and Intellectual Disabilities Clinic, a joint program of the Vanderbilt Kennedy Center and Vanderbilt Psychiatry. Both programs serve as internship and resident training sites for a range of future service providers studying at Vanderbilt University.

Requests for services are made by the contracted school district. To find out if your district has contracted for this service, please talk with your school administrators. Your school administrators will be able to assist you in receiving the appropriate services.

## For Behavior Analysis Consulting Services, contact:

Nea Houchins-Juarez, M.A., BCBA  
n.houchins-juarez@vanderbilt.edu  
(615) 322-9007

## For information on other behavioral health resources contact:

Tennessee Disability Pathfinder  
(615) 322-8529, (1-800) 640-4636

[www.familypathfinder.org](http://www.familypathfinder.org)

**Tennessee Disability Pathfinder**  
An internet community and statewide helpline

Contact our helpline!  
1-800-640-4636  
tspathfinder@vanderbilt.edu

Services Database | Calendar | Disability Resources Library | Hispanic Outreach | Access Nashville

**Pathfinder helps families and agencies find useful disability services and resources in Tennessee.**

- More about us
- Search our database
- Contact our helpline

**2010-2011 Quality Services & Support Directory**

**Access Nashville**  
A comprehensive accessibility review of local restaurants.

**Caminos Seguros**  
Bus services for disabled persons in committed hospitals?

**Calendar**  
View events posted by service agencies across Tennessee.

**Disability Resources Library**  
A wealth of quality information resources for people with disabilities and families.

**Printable Flyers and Materials**  
Print out some of our flyers and distribute them to friends, clients and colleagues.

**Services Database**  
Up-to-date information on over 4,300 programs and 1,700 agencies serving Tennessee.

**VKKC Family Outreach Center**  
Family Outreach Center, Programs and Clinics, Adult Services, Camps, Study/Pract, Riding Support, Trainers and more.

**CCC Emergency Preparedness and Response**: The CDC Emergency Preparedness and Response website is CDC's primary source of information and resources for preparing for and responding to public health emergencies. This site continues to keep the public informed about public health emergencies and provides the information needed to protect and save lives now!

**Discovery**: Discovery is a quarterly publication of the Vanderbilt Kennedy Center. It features updates on Vanderbilt Kennedy Center research, programs, and outreach.

**Breaking Ground**: Breaking Ground is a publication of the Tennessee Council on Developmental Disabilities. It features updates on the Council initiatives, state happenings in policy and program development, and personal stories by and about Tennesseans with disabilities.

**Spread the Word**  
Download Flyers and Materials

**Complete Our Survey**  
We're always trying to improve our services. Your input really helps! Take a brief survey.

Tennessee Disability Pathfinder is a free, national, internet-based and toll-free service for persons with disabilities, family members, service providers, and educators.

Tennessee Disability Pathfinder is a joint project of the Tennessee Council on Developmental Disabilities and the Vanderbilt Kennedy Center for Excellence in Developmental Disabilities.

THE TENNESSEE COUNCIL ON DEVELOPMENTAL DISABILITIES

VANDERBILT KENNEDY CENTER  
The Center for Developmental Disabilities



# The Inside Story: TNAAP's New Monthly E-Newsletter

By **Shannon Hornsby**  
TNAAP Development Director



*Shannon Hornsby*

We are keeping you more informed by offering monthly updates through our e-newsletter, The Inside Story. You can sign up to receive these updates at our website: [www.tnaap.org](http://www.tnaap.org). It includes information such as:

- Project highlights from the Tennessee Pediatric Society Foundation
- Notices of upcoming learning opportunities
- Photos of our team in action,
- Legislative updates
- Save the Date reminders for our events,
- Guest articles from your colleagues.



Members are highly encouraged to sign up because we'll be conducting important business through our email marketing.

Don't be left out - go sign up for The Inside Story at [www.tnaap.org](http://www.tnaap.org)!



## Register Now!

### 2011 TNAAP Annual Awards

September 17, 2011  
W.O. Smith School of Music  
Nashville, TN

Don't miss this opportunity to network with your peers and join us in recognizing pediatric and community leaders improving the health of children!

**Register at [www.tnaap.org](http://www.tnaap.org)**

*See page 13 for more...*

## THE Prevention & INTERVENTION NEWS

### Newsletter Staff

**Editor:** Ruth E. Allen, TNAAP Executive Director

**Co-Editor:** Deanna Bell, MD, TNAAP EPSDT Advisor

**Graphic Designer:** Lee Wilson, Graphwit Consulting

**Web sites:** [www.tnaap.org](http://www.tnaap.org); [www.tnpedfoundation.org](http://www.tnpedfoundation.org)

***This project was funded under an agreement with the State of Tennessee.***