

the Tennessee Pediatrician



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CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
TENNESSEE PEDIATRIC SOCIETY

WINTER 2003

What's Going on at the AAP?

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District IV's Steve Edwards is doing an outstanding job as AAP President, coordinating multiple administrative and advocacy initiatives of the Academy. Steve has just convened a Health Access Retreat in Washington, DC, during which the AAP gathered together a "think tank" of individuals to help us make sure children and pediatricians are seriously considered as this Congress and Administration approach health care reform. It

appears that tax credits and medical savings accounts will be prominent features of any reform effort during this Congress, and the Academy will be at the table to be sure that preventive health services for children are available in all benefit packages as items that are not tied to co-payments or deductibles. The AAP supports the Bush Administration's agenda in the area of medical liability reform and is aware that access to health care has been significantly affected by the malpractice crisis in a number of states.

Continued on page 3...

TNAAP Staff Continues to Grow with Addition of #4

TNAAP is pleased to announce the addition of our fourth full-time staff member, Jacqueline F. Clouse, RHIT, CCP. Jacque (pronounced "Jackie") began as our Coding Educator on Monday, February 3rd, and is working under the direction of TNAAP's EPSDT Director, Ruth Allen. Jacque's role will be to serve as a resource for pediatric coding to you (our members) and your staff—even by coming right into your offices—as well as providing regional and office-wide trainings on coding and EPSDT (Early Periodic Screening, Diagnosis, and Treatment).

Jacque has her BA in Mass Communications from ETSU, and she is a Registered Health Information Technologist and a Certified Compliance Professional. She plans to complete her certifications as a Certified Professional Coder and Certified Medical Transcription this winter and obtain her MA at UT-Knoxville later this year. Jacque has been working in the various areas of medical records, coding and Health

Information Management since 1996. Prior to that, she spent ten years as Family Services Director with the YMCA. Jacque has a passion for teaching and looks forward to traveling statewide to work with you. We are excited to welcome her to our team!



Your TNAAP Staff: (l-r) Jacque Clouse, Coding Educator; Patrice Mayo-Ligon, Program Director; Ruth Allen, EPSDT Director; Cathy Fenner, Executive Director



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EPSDT



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American Academy of Pediatrics/
Tennessee Pediatric Society**

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President's Report

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The year 2002 seemed to begin with real promise. TNAAP had been recognized, deservedly, as the Outstanding Large Chapter for our national organization in 2001. New initiatives, e.g. the Practice Manager's Network and the EPSDT Program, addressed important needs in children's healthcare and promised real value to our members. Our Chapter staff tripled in number, providing the foundation to support both present and future growth. There were even signs that TennCare, the "elephant in the corner", was (a bit) more responsive and realistic a program, at least in terms of open dialogue and provider reimbursement.

Then, a lot of things happened! The national AAP announced its policy on Co-Parenting last February, provoking a firestorm of controversy, especially here in District IV. TNAAP members asked hard questions about the direction of their professional organization, including whether their views were considered in the formulation of its policy, and, most important, asked themselves about their own priorities for children. This hard reflection continues.

Within our Chapter, we have had to scrutinize more closely than ever before how best to develop and allocate our human and financial resources; that consideration has followed an accelerated course largely dictated by external events. How do we sustain, or even expand, our member base in an era where ever greater demands are made on pediatricians' time and money? How do we "market" our message, in a professionally appropriate fashion, to those in industry, government, and the community at large who can (and should) support our work? How do we prioritize our actions to make maximum use of the resources available to us, recognizing that these resources will always be limited when compared with our vision for children? Finally, politics and finances, bound ever more tightly together in TennCare, reasserted their dominant position in our state. In a frighteningly real sense, many of us now face the loss of our economic livelihood and the ability to practice our profession.

What are we, as citizen-pediatricians, to do about this disconcerting state of affairs?

I think we must remain engaged, at both the state and the national level, with all of those issues that impact the health of children and their medical providers. Tennessee's pediatricians have much to say about tempering hope with reality and, given our unique experience, we are obligated to do all that we can to be heard. I believe decision-makers are more ready to listen to us now than ever before and that society at large will follow our lead if we continue to articulate our message clearly, forcefully, and frequently. We cannot be shy about confronting our fellow citizens as well as our leaders about the shameful lack of support they tolerate for children's healthcare. I think we must take responsibility for energizing both ourselves and our colleagues. To do so will require both personal reflection on our mission, communication with your Chapter leadership, and willingness to participate. It has been wonderful for me to see members pause, consider, then advocate on behalf of their patients and their colleagues. Your Chapter will work hard to provide you with the necessary infrastructure and guidance to maximize the impact of your efforts. Working together, we can do much more. Maybe, with a little luck and a lot of work, we can get back to being "just doctors."



AAP...continued from page 1

At our January meeting of the Board of Directors, we accepted the Report from the Task Force on the Family, and this excellent document will be published in an upcoming issue of *Pediatrics*. This document does not represent AAP policy, but parts of it could be used to formulate policy. Many District IV pediatricians were upset last year when the AAP published a statement and technical report on the very narrow and controversial issue of gay/lesbian adoptions. The Report of the Task Force on the Family significantly enlarges the playing field in the area of family issues, and should facilitate the development of policy that will be helpful to children, families, and pediatricians.

Bob Schwartz, M.D., Pediatric Endocrinologist at Wake Forest, delivered an outstanding presentation to the Board about the major problems of overweight and obesity among children today. Bob is heading up a PROS (Pediatric Research in Office Settings) study on childhood obesity. The Board is considering a major initiative to encourage pediatricians to take active roles in addressing this complex problem in their states and communities.

The Board also spent significant time addressing the financial status of the Academy. The AAP is barely breaking even during these tough economic times and reserves are dwindling. Executive Director Joe Sanders, M.D., brought John Forbes to the Academy as our Chief Operating Officer last year to lead our efforts in financial management and strategic planning. I am very impressed with John's experience and leadership skills. The Academy must refocus its strategic plan so that it can continue to afford to do the really important things for children and pediatricians. I believe our strategic plan should be centered on two objectives:

- 1.) recruiting the very best young people into pediatrics and the Academy;
- 2.) retaining these fine pediatricians as members of the AAP and its state Chapters by assisting them with educational opportunities, helping them to make a living, and supporting them in their efforts to navigate the complicated legal system within which they work.

I welcome your input as the Board struggles to improve our bottom line, while continuing to do as much as possible for children, families, and pediatricians.



Appropriate Antibiotic Use Coalition

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The Appropriate Antibiotic Use Coalition is a consortium recently organized by the Tennessee Department of Health. It consists of representatives from the pharmaceutical industry, pharmacy managers for managed care organizations, health insurance companies, health care delivery organizations (hospitals), and (relatively few) physician organizations.

In 1999, Tennessee led the nation in antibiotic prescriptions per capita. Bacterial antibiotic resistance increases with antibiotic use. The rate of antibiotic resistance has risen alarmingly over the past ten years nationwide. The resistance rates in Middle and East Tennessee to penicillin are about twice the national average over a recent five-year period.

The efforts of the Coalition to date have included: distribution of materials for education of patients; CDC guidelines for appropriate antibiotic use to primary care offices; preparation and distribution of PowerPoint materials for education of physicians; materials for education of consumers about the problem of antibiotic resistance; the importance of appropriate antibiotic use in combating antibiotic resistance. The Coalition also serves to educate its own members whose role is not closely related to clinical medicine in the clinical aspects of antibiotic use and antibiotic resistance.

Welcome New Members

Douglas Lee Boertje, MD	Memphis
Richard Joseph Cooke, MD	Memphis
Allison Cummings Couden, MD	Franklin
Mary Ellen Dees, MD	Nashville
Romano Thomas DeMarco, MD	Nashville
Maria DiCarlantonio, DO	Ft. Campbell
James Wallace Eubanks, MD	Memphis
Mary-Margaret Dulane Hurley, MD	Memphis
Padmaja Koneru, MD	Memphis
Lisa MacNabb McGregor, MD, PhD	Memphis
Russell Rothman, MD	Nashville
Christianne L. Roumie, MD	Nashville
John H. Shelso, MD	Memphis
Heidi Beverley Smith, MD	Goodlettsville
Joel W. Steelman, MD	Nashville

TNAAP Launches Open Forum and Practice Managers' Network in 2002

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In 2002, TNAAP presented its two new programs, the Practice Managers' Network and the Open Forum. For their debut, the programs were held in conjunction with one another in March just outside of Nashville. The combined attendance at the meetings totaled more than 80 practice managers and pediatricians.

Pediatric Practice Managers' Network

The Practice Managers' Network has been modeled after the successful work of the Georgia and North Carolina Chapters of AAP. To tailor the program to the needs and interests of Tennessee practice managers, we have created a committee of practice managers to help us design the meeting agendas: Ann Manning (Director, Cumberland Pediatric Foundation), Tiffany Duncan (Business Manager, Columbia Pediatrics), Joyce Fuller (Practice Manager, Columbia Pediatrics), Randy Galler (Financial Manager, Knoxville Pediatric Associates, PC), Carol Hawkins (Administrator, Pediatric Associates of Franklin), Lexanne Richards (VP, Child Health UT Medical Group), and Michelle Whitley (Practice Manager, Pediatric Emergency Specialists).

The Spring program agenda included sessions on: Accounts Receivable (Randy Galler); Developing an Employee Handbook (Michelle Whitley and Lexanne Richards); Hiring and Interviewing (Junie Ewing and Carol Hawkins); Coding, Documentation, and Billing (Joel F. Bradley, M.D., FAAP); and Coping Skills for Managers (Gary B. Minor).

The Fall Practice Manager's Meeting took place in Nashville and concentrated on preparing pediatric practices for HIPAA compliance with speaker Alisa M. Goehring, MHA (Acting Privacy Officer & Manager of Contract and Legal Services; UT Medical Group, Inc.).

The meeting also provided the 50 managers in attendance with an organized networking opportunity to interact with fellow managers from similar practices.

Pediatricians' Open Forum

The Spring 2002 Open Forum (also developed from the North Carolina prototype) concentrated on several timely topics in the following presentations: HIPAA: A Phased Approach for Physician Practices (Karl Kovacs, Peterson Consulting); Legal Overview of HIPAA Privacy Regulations (Deborah Larios, JD; Waller, Lansden, Dortch & Davis, PLLC); The HIPAA Technology Planning Perspective (Glenn Perdue, Gw Perdue & Co.); EPSDT: What it is and Why it's Important to You (Joe McLaughlin, Ph.D., Children's Health Initiative, Tennessee Dept. of Finance and Administration; and Ruth Allen, TNAAP); Legislative Advocacy: How and Why it Works (Representative Gene Caldwell, MD, and Representative Rob Briley, JD); Open Mike Session: Let Your Voice be Heard.

Meanwhile, the Fall Open Forum took a different angle and was held in Knoxville in conjunction with the Pediatric Emergency Care Conference. The Chapter invited the state gubernatorial and senatorial candidates to address children's issues in our state. Elizabeth Clement represented the Bob Clement campaign and delivered a statement about her father's views and potential plans in office. Mrs. Meredith Hilleary spoke to her husband's position on key children's issues and his plans for leadership. Candidate Phil Bredesen fielded questions developed by the Chapter's Board.

For more information about or suggestions regarding the Practice Managers' Network or the Open Forum, please contact me (patricetnaap@comcast.net; phone: 615-599-6359). These new programs are designed to provide our members and their practices with networking and educational opportunities.

Special thanks to our supporters for the Spring, 2002 Pediatric Practice Managers' Network and Open Forum

PREMIER: Merck Vaccine Division • McNeil Consumer & Specialty Pharmaceuticals

EXHIBITOR: Advanced Respiratory • Aventis Pasteur, Inc. • Blansett Pharmacal Co., Inc. • Braintree Laboratories, Inc. • Cyber CE, Inc. • Electronic Healthcare Systems • Mead Johnson Nutritionals • MedImmune, Inc. • Natus Medical Inc. • Ross Pediatrics • Sepracor, Inc.

Special Thanks to the Sponsors of our Fall, 2002 Practice Managers' Network Meeting:

GOLD LEVEL: GlaxoSmithKline, Inc. • MedImmune, Inc.

SILVER LEVEL: Advanced Respiratory, Inc. • Braintree Laboratories, Inc.
NOVA Factor, Inc. • ProAssurance, Inc. • Team Health's Access Nurse

Staff from the following practices participated in the TNAAP Practice Managers' Network during 2002

All Seasons Allergy and Immunology (Franklin)
Boys & Girls Pediatrics (Knoxville)
Brentwood Children's Clinic (Franklin)
Centennial Pediatrics, PC (Nashville)
Children & Adults Medical Group (Nashville)
Children's Clinic (Oak Ridge)
Children's Clinic East (Hermitage)
Children's Diagnostic Center (Chattanooga)
Children's Primary Care (Knoxville)
Columbia Pediatrics (Columbia)
Comprehensive Medical Care, PC (Chattanooga)
Cookeville Pediatrics (Cookeville)
Cool Springs Pediatrics (Franklin)
Crockett Kids Pediatrics (Lawrenceburg)
Cumberland Pediatric Associates (Lebanon)
East TN Children's Primary Care Centers (Knoxville)
ETSU Department of Pediatrics (Johnson City)
Gallatin Children's Clinic (Gallatin)
Giles Family Health Center (Pulaski)
Goodlettsville Pediatrics, PC (Madison)
Green Hills Pediatric Associates (Nashville)
Greeneville Pediatric Clinic, PC (Greeneville)
Hamblen Pediatric Associates (Morristown)
Harpeth Pediatrics (Franklin)
Heritage Medical Associates (Nashville)
Highland Pediatric Clinic (Hixson)
Holston Medical Group (Kingsport)
Kids Kare (Cookeville)
Knoxville Pediatric Associates, PC (Knoxville)
Maryville Pediatric Group (Maryville)
Memphis Children's Clinic (Memphis)
Memphis and Shelby County Pediatric Group (Memphis)
Middlesboro Medical Clinic—Pediatrics (Middlesboro)
Mid-South Pediatric Urology, PC (Nashville)
Susan Morgan, MD's Office (Smyrna)
Newport Pediatrics, PC (Newport)
Old Harding Pediatric Associates (Nashville)
Dr. Teresa Patterson's Office (Tullahoma)
Pediatric Associates of Franklin (Franklin)
Pediatric Consultants of East TN/
 Regional Neonatal Associates (Knoxville)
Pediatric Diagnostic Associates (Chattanooga)
Pediatric Emergency Specialists (Collierville)
Pediatric Surgical Associates (Nashville)
Premier Medical (Clarksville)
Rivergate Pediatrics (Goodlettsville)
Skyline Pediatrics (Nashville)
Springfield Children's Clinic (Springfield)
Dr. F. William Taylor's Office (Hendersonville)
Tennessee Pediatrics (Murfreesboro)
Tennessee Pediatrics (Nashville)
Terrace Pediatric Group (Nashville)
The Pediatric Center of Tullahoma (Tullahoma)
UT Medical Group, Inc.; Dept. of Pediatrics (Memphis)
VIP Midsouth, LLC (Springfield)
Waverly Pediatric Clinic (Waverly)

TennCare Update

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*A*t the time I am writing this, the only word on the status of TennCare, both present and future, is that things really are as bad as many of us thought. Beyond that, Governor Bredesen has made no definitive decisions about what to do to solve the problems it presents for the state. It is predicted to be at least \$450 million dollars over budget by the end of this fiscal year, and it is imperative to the state's financial health to trim this back. Many solutions are being discussed, from going back to true Medicaid to limiting benefits in a variety of ways to drastically reducing the rolls. All have significant downsides to them, and many will conflict with the court decisions of the last few years that have come to govern much of what can be done. It is interesting to know that about forty other states are also having significant trouble with the state Medicaid/waiver budgets this year as the present recession cuts into their incomes.

There are a few things that we do know for now. First of these is that Manny Martins will be running TennCare for at least six more months. He attended our TennCare Committee Meeting on February 15th. In an hour of discussion, it was obvious from both what he said and his answers to our questions that he knows of no simple or easy solutions to the present problems.

Secondly, there will be no further payment of essential access funds to hospitals this year. This has created a great deal of concern from all hospitals, but will cause the most disruption in Middle Tennessee where Vanderbilt's Pediatric subspecialists have given notice that they will not continue to see TennCare patients after March 31st. Because of continuing problems with both Xantus and Universal, middle TN providers have been especially hard hit financially this past year. The subspecialists in West TN are also refusing to see TennCare Select patients.

Thirdly, there will be some sort of single formulary for all of TennCare going into place as soon as the details are finalized. This will allow the state to bargain with the drug companies for higher rebates and could save the state as much as \$1.5 million.

Fourthly, we have contacted Dave Cooley, the Deputy Governor, and are in the process of setting up a meeting with him to offer our services to help the state solve TennCare's problems. We feel it is in both our and the state's interest to have our input, since so many of the people covered by TennCare are our patients. We have met with all state officials involved in TennCare since it began nine years ago and will continue to try to influence its course. In looking back over what has been said by many involved with it, our assessment of its problems and outcomes have been more accurate and honest than those of most others involved. Hopefully, we can use this insight to influence what it does for children in its next incarnation.



Award Nominations Being Accepted Now

Nominations are now being accepted for the following awards, which will be presented at our Awards Dinner in Nashville this fall.

The Pediatrician of the Year Award goes to a member of the Chapter who in the past year has made extraordinary and unique contributions on behalf of Tennessee's children, to his or her community, or to the Chapter.

The Senior Pediatrician of the Year Awards are given to those who have practiced pediatrics for at least 35 years, whether retired or still practicing, and have made a significant impact over time to the welfare of children in his or her community.

Distinguished Service Awards are typically given to non-pediatricians from the field of government, public health, media, advocacy, etc, who has made outstanding contributions to the health and safety of children over the past year or years.

Please send your nominations in writing to the Chapter office by July 31, 2003. Include reasons why you think the candidate would be a good recipient for the award. There must be at least three (3) letters of support for any given nominee

Call for Nominations of Chapter Officers

The Nominating Committee is beginning its search for candidates to fill the following positions whose terms will begin on January 1, 2004:

- Vice-President (two-year term, followed by two years as President)
- Secretary-Treasurer (two-year term)
- Three Fellows At-Large (two-year term, one from each of the Grand Divisions)
- Nominating Committee member from Middle TN (three-year term)

Anyone interested in running, or for more information, please contact the Chapter office at 615-383-6004.

HIPAA Resources

Please see our website for a list of HIPAA products and resources offered by the Centers for Medicare and Medicaid Services.

www.tnaap.org

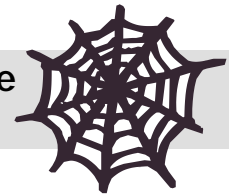
AAP CUSTOMER SERVICE CENTER

The Customer Service Center (CSC) has been established at the national AAP office and is on its way to a fully integrated "one-stop" service center. The Academy has blended phone, fax, e-mail and regular mail inquiries into the service center to provide a consistent level of service and are handling about 650 contacts (phone, e-mail, fax and mail) per day. The CSC handles most business functions, such as ordering Academy publications, subscribing to one of the AAP journals, changing an address, paying dues, and basic online assistance for our web sites (e.g., for meeting registrations, PediaLink.org, online journals, or paying dues online). In addition, there are fewer transfers necessary to handle requests and there has been less need to leave a message and wait for a callback.

The direct toll free number to reach the Customer Service Center is 866/THE-AAP1 (866/843-2271). Hours are 7:00a.m. to 5:30p.m. Central Time, Monday – Friday.

The Academy welcomes your input to ensure that the Customer Service Center provides the premier service and benefits AAP members and customers deserve. For questions or to offer your comments on the AAP Customer Service Center, call Chris Jenkins, (800) 433-9016, ext. 7150, or e-mail to cjenkins@aap.org.

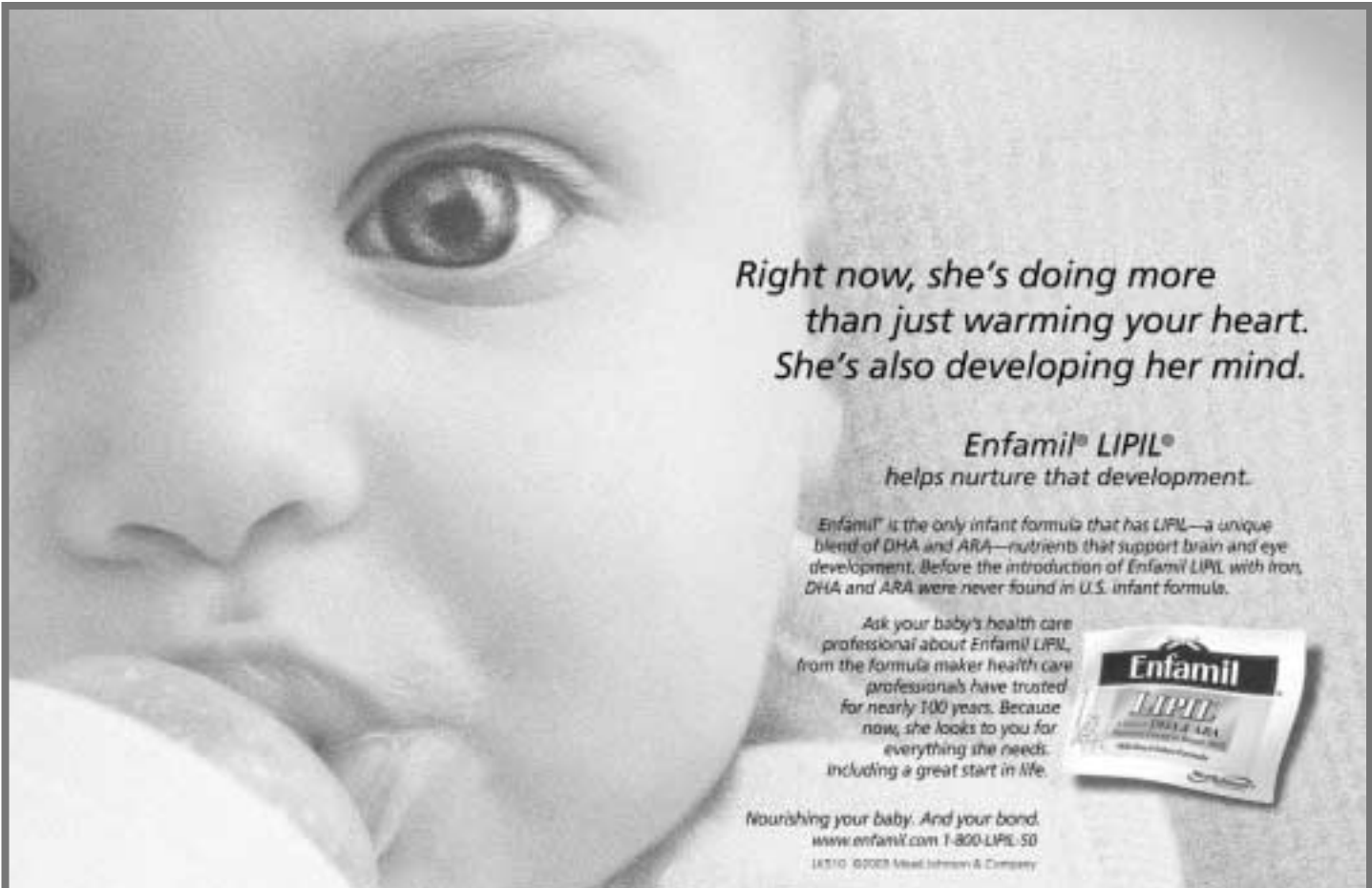
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2003 Calendar

Apr 11	TNAAP Board Meeting* Montgomery Bell State Park
Apr 12-13	TNAAP Planning Retreat Montgomery Bell State Park
Sept 12-13	TNAAP and CECA Conference: "Advancing the Frontiers of Pediatric Emergency Care in TN", Memphis
Oct (TBD)	TNAAP Awards Dinner and Annual Meeting, Nashville

** All Chapter members are invited to attend the Board meetings, but please let the Chapter office know at least two weeks in advance.*



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Care of the Internationally Adopted Child

Alice M. Rothman, MD, MPH, FAAP
Vanderbilt Clinic for International Adoption
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international.adoption@vanderbilt.edu

Over the past ten years, the number of foreign-born children adopted by United States' citizens has tripled from over 6,000 in 1992 to more than 19,000 last year. The majority of these children come from Southeast Asia, Eastern Europe and South America. Internationally adopted children are at high risk for medical, developmental, and behavioral problems. Caring for these children requires an understanding of their lives prior to adoption, an appreciation of the medical and psychological problems for which they are at risk, and an understanding of the transitions that families will face during the adoption process.

When prospective parents receive a referral of a child, they are given variable amounts of information. Often little to no family medical history is available. Growth measurements can provide a rough estimate of nutritional status. Photographs allow a brief assessment for dysmorphic features, with particular emphasis on evaluation for characteristics of fetal alcohol syndrome. Videotapes can provide developmental information and can again be helpful for evaluating dysmorphic features or significant neurologic abnormalities. Health information must be interpreted within the context of the medical system of the country of origin. In South America and South Korea, the medical system is quite similar to western-style medicine, whereas in Eastern Europe there is a mixture of Soviet-style and traditional medicine. For example, in Russian medical records, it is quite common to see diagnoses such as perinatal encephalopathy for which treatment such as vitamin regimens, anticonvulsants and other neurologic agents, massage and swimming may be prescribed. For the most part, these diagnoses do not represent true underlying pathology.

Adopted children are at risk for a number of infectious diseases and medical conditions, and screening for these problems should be undertaken upon arrival to the US. Foreign laboratories may not be as tightly regulated as those in the US and therefore results may be unreliable. In studies, over 50% of internationally adopted children had clinical or laboratory findings consistent with a serious medical condition, with 80% of these diagnosed by screening test alone. Hearing and vision deficits are found in as many as 5-15% of these children. Table 1 outlines the common recommended screening tests for infectious diseases as well as other medical problems seen in international adoptees. A PPD should be administered and interpreted according to age-

appropriate cutoffs even if a child has received a BCG vaccine. If the BCG scar is freshly crusted over, the PPD should be delayed for at least six months. Other tests may be indicated based on a child's growth history, age, physical examination or ethnic background.

Immunization records may or may not be a reliable indication of immunity – either because inaccurate information is provided or because the efficacy of vaccination was limited due to storage problems with the vaccine or inability of the child to produce effective antibody titers. All vaccines should either be repeated, or in special circumstances, confirmation of immunity should be documented with antibody titers. Prevnar, HIB, and Varivax are not commonly seen on immunization records of these children and therefore should be given according to age-appropriate schedules. MMR should also be repeated even if some components (such as measles) were given overseas.

Many adoptees from institutions have some degree of developmental delay. As a rule, for every 3-4 months that a child is in an institution, one month of development is lost. In addition, there may be medical conditions such as congenital heart disease or fetal alcohol syndrome which impairs developmental progress. Early identification of delays and appropriate intervention are of paramount importance.

Families often require significant support during the initial transition period. Many are parents for the first time and many of these children can be challenging behaviorally or psychologically. These children have all faced a trauma in the separation

Continued on page 9...

Table 1
**Recommended Screening Tests and Evaluations
for Foreign-Born Children**

- PPD*
- HIV 1&2 Serology*
- Hepatitis C Testing*
- Hepatitis B Profile (HbsAg, HbsAb, HbcAb)*
- Syphilis Serology
- Lead Level
- Thyroid Stimulating Hormone
- Urinalysis
- Complete Blood Count
- Hearing Evaluation
- Ophthalmologic Evaluation
- Dental Evaluation (depending on child's age)

*Tests should be repeated in six months if initially negative

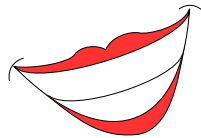
Change in Auditing Standards for MMR and Varicella Message from Jerry Narramore, TN State Immunization Program

The auditing guidelines for determining compliance with the requirements for MMR and Varicella vaccines have been revised to conform with the recommendations of the Centers For Disease Control and National Medical Association recommendations. The effective date of this change was January 13, 2003.

Doses of MMR vaccine (or its components) and varicella vaccine administered before the first birthday will be counted as valid if the doses were administered within four days of the first birthday. This exception covers doses given since the introduction of the vaccines. Doses of vaccine administered before four days before the first birthday must be repeated, or immunity must be demonstrated by laboratory conformation. This guidance is for auditing purposes and does not change the standard recommendation that these vaccines be given on or after the first birthday

TennCare Dental Program Update

As you may know, the state implemented a dental "carve out" effective October 1, 2002. Doral Dental of Tennessee, LLC, was selected by the Bureau of TennCare to administer all TennCare dental benefits. There has been a significant increase in the number of dentists participating; your patients should have better access to dental services now.



For assistance in locating dental providers or questions regarding dental services, providers should call 1-888-554-5542. TennCare enrollees should direct their inquiries to Doral's Customer Services at 1-888-233-5935.

Adopted Child...continued from page 8

from their birth parent, and many have experienced inadequate stimulation, lack of consistency of caregivers, and physical or sexual abuse. As a result, they may experience behavioral and psychological problems.

The Clinic for International Adoption at Vanderbilt started in July 2002 to provide a consultation service for families with internationally adopted children and the primary care providers who care for them. The clinic is staffed by four general pediatricians and a developmental psychologist. In the preadoption period, the clinic reviews foreign medical records and provides recommendations for overseas travel. When a child first arrives in the US, the clinic performs an initial medical and developmental screening including necessary screening lab tests and review of records and immunizations. Follow up of complex medical issues and for ongoing developmental and behavioral concerns is coordinated with the primary care provider.



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Open Forum and Annual Awards Dinner



Gubernatorial candidates Phil Bredesen and wife of Van Hilleary, Meredith, at the Open Forum Lunch.



AAP District IV Chair, Dave Tayloe, MD presents an AAP Special Achievement Award to Quentin Humberd, MD (Clarksville) for his work on medical home initiatives.



Mr. Bredesen converses with members during the Open Forum lunch.



TNAAP's Program Chair, Bob Lembersky, MD (Knoxville), with Jay Pershad, MD (Memphis).



Rep. Gene Caldwell, MD (Oak Ridge) with Dr. and Mrs. George Zirkle (Knoxville) during the awards reception.

September, 2002; Knoxville, TN



Bill and Betty Byrd (Knoxville).



(l-r) Joshua Shook, MD and wife Alicia Wright, MD, Kenny and Debbie Christiansen, MD.



Pediatrician of the Year Joe Lentz, MD (Nashville) with wife Betty and son Jody.



Dr. Gene Caldwell accepts the Legislator of the Year Award from Dr. Joe Lentz and Dr. John Ring, with his usual charm and humor.



2002 Award Recipients (l-r): Joe McLaughlin, PhD (Special Achievement Award), Bill Byrd, MD (Senior Pediatrician of the Year), Joe Lentz, MD (Pediatrician of the Year), Rep. Gene Caldwell, MD (Legislator of the Year).



Past President Lentz with Executive Director Fenner.

TNAAP's EPSDT Efforts Continue

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TNAAP continues to work with the state on EPDST initiatives. The Office of the Children's Health Initiative (CHI) was disbanded as of December 31, 2002, and Joe McLaughlin, (the CHI Director and our primary state contact), elected to return to private practice full time. We are now interfacing directly with Conrad Shackelford, MD, TennCare Interim Medical Director, and Mary Griffin, JD, Compliance Attorney.

Our efforts are focused on providing:

- Representation on EPSDT cross-functional committees;
- Feedback and advice on the TennCare EPSDT audit process;
- Development and implementation of coding and EPSDT training programs;
- Assistance to TennCare in identifying barriers to delivery of EPSDT Services;
- Advice on issues related to coding, billing and documentation of EPSDT services;
- Opportunities to interface with other professional organizations health care societies;
- A point person to work with TDH on issues that arise related to local health department providing EPSDT screens;
- Assistance with implementation of Screening Guidelines (including providing feedback about the appropriateness of the new developmental and behavioral screening tools and encouraging pilots across the state prior to implementation).

The most exciting new development, is the addition of our new Coding Educator! (Please see article on front page.) Our coding and EPSDT educational initiatives will include both regional training sessions and one-on-one trainings at individual practices.

EPSDT (Preventive Medicine) and Evaluation and Management with Modifier 25

Don't forget . . . if you see a patient for an EPSDT exam and you find a separate identifiable illness or problem, you should code the appropriate preventive medicine CPT code (99391-99395) with the Evaluation and Management code (99211-99215) with the modifier - 25 attached. Of course, you must have sufficient documentation for your evaluation and management code.

Similarly, if you see a child for a sick visit (99211-99215) and find no reason not to perform an EPSDT screen (99391-99395), you can provide both services and use modifier - 25 to maximize your reimbursement. It is our understanding that the majority of (if not all) TennCare MCOs are now honoring Modifier - 25 and many carriers in the private sector also honor the code since it's recognition by CMS.

Example: A three-year-old child comes in for an EPSDT exam that is completed and while there is evaluated and treated for Otitis Externa, with additional time, history and medical decision-making done. The visit would be coded with a 99392 linked with V20.0 and a 99213-25 linked with 380.12.

Pediatric Practice Managers' Network Database

TNAAP is developing a database of pediatric practice managers in order to send notification of meetings and other relevant information directly to managers. To have your pediatric practice manager added to our database, please contact our Program Director, Patrice Mayo-Ligon, at patricetnaap@comcast.net or (615) 599-6359.

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