

The Tennessee Pediatrician

THE OFFICIAL PUBLICATION OF THE TENNESSEE
CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
TENNESSEE PEDIATRIC SOCIETY

SUMMER 2006



2006 LEGISLATIVE SUMMARY

Listed here are short summaries of bills that passed this year that may impact your practice of pediatrics in one way or another. Bills can be viewed in their entirety by going to <http://www.legislature.state.tn.us/>. For summaries of bills that we were monitoring that did NOT pass, please go to our website and hit Bills of Interest under the Legislative tab (www.tnaap.org).

PRE-K FUNDING (Governor Bredesen's Budget Proposal)

The Budget as passed included an additional \$20 million in funding to support the expansion of Pre-K in TN, which will bring the total number of children served by this voluntary Pre-K program to 14,000.

AUTISM COVERAGE (HB 2744- Rep. Shepard; SB 2719- Sen. Cooper)

Specifies that contracts or policies of insurers providing benefits for neurological disorders, including individual or health insurance policies providing coverage on an expense-incurred bases, individual or group

service contracts issued by HMOs, self-insured group arrangements to the extent not preempted by federal law, or managed health care delivery entities of any type or description, must provide benefits and coverage comparable to those provided for other neurological disorders for treatment of autism spectrum disorders to any person under 12 years of age. Applicable to contracts effective on or after January 1, 2007. Passed; signed into law as Public Chapter (PC) 894.

MANDATORY PHYSICAL EDUCATION (HB 3750- Rep. Fitzhugh; SB 3991- Sen. Ketron)

Requires LEAs (local education agencies) to incorporate at least 90 minutes of physical activity each week into the instructional school day for elementary and secondary school students. The bill also creates two new positions within the Department of Education—a school health coordinator and a specialist in physical education. Passed; PC 1001.

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TennCare Report

Iris G. Snider, MD,
Chair, Committee on Child Health Finance
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TennCare continues to go forward with few changes other than pharmacy impacting our patients in East and West TN. Having received comments from many of you about pharmacy problems, we met with David Beshera, Director of Pharmacy, on March 30th. Problems we addressed included the letters we have all received from First Health asking for our rationale for using medicines "off label", concerns about what medicines

are on the formulary, and how decisions to put them on are made. We discussed the fact that many drugs in children are used "off label" as a result of Pharma being unwilling to do needed studies on them. I am hopeful that the "report cards" will be replaced by something more useful. All of those presently involved in the pharmacy piece of the program have been with TennCare less than 18 months, and have fewer preconceptions about how things "have to be done". My initial impression was favorable; I hope we continue to have easy access as problems arise.

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**Tennessee Chapter of the
American Academy of Pediatrics/
Tennessee Pediatric Society**

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Catherine M. Fenner

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*The printing of these articles does not
necessarily mean that TNAAP endorses the
thoughts and comments expressed therein.*

President's Report

Quentin A. Humberd, M.D.

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“A journey of a thousand miles must begin with a single step.” Lao Tzu (604-531 B.C.)

In assuming my new position as President for 2006 and 2007, I am reminded of the many occasions I recited that particular Chinese aphorism during the Screening Tools and Referral Trainings (START) we have conducted around the state. Now I consider what that means for our Chapter as the TNAAP journey continues. Thanks to the work of countless volunteers over the last 50 years, much has been accomplished to improve the lives of children in Tennessee. My particular thanks go to Dr. David Kalwinsky, who so ably served as my mentor over the past two years. As TNAAP's next 50 years begins, I am pleased to report that your Chapter staff continues to work hard to provide support to our members and advocate for children in a multitude of ways. The impact of our Chapter continues to grow as we speak out on issues that relate to pediatrics and pediatric practices around the state. The impact of our ongoing projects, such as the EPSDT, Coding and Developmental Behavioral trainings, continue and help strengthen our relationships with the decision makers at the TennCare Bureau.

Other initiatives are more recent, such as the methamphetamine awareness trainings being done in conjunction with the Partnership for Drug Free America, equipping pediatricians to be effective media spokespersons in their communities. Our website (www.tnaap.org) has been recently revamped to help us stay informed of issues of interest to Tennessee's pediatricians.

Another major project was the establishment of our Tennessee Pediatric Society Foundation. Now the Foundation has begun a “journey” of its own, and as it has reached “adolescence”, a major task before us is to help it develop a lasting vision so that the Foundation will develop and fund a variety of projects impacting children's health.

Of course, none of this would have happened without a TNAAP member getting involved, a member who decided to take that single step. Our Chapter is blessed with an incredible and talented group of volunteer leaders in a variety of specialties around the state that have already joined our journey. Among these, we are even more fortunate to have one of the most active Young Physicians (YP) groups of any Chapter in the AAP, and they are continuing their outreach with a new initiative, the “YP Roadshow”.

Last but not least, we appear to be on the eve of something many of us felt was an unachievable goal at the onset of TennCare: Governor Bredesen's proposed universal health care plan for children. TNAAP speaking for children and families have a unique opportunity to be involved in the process of expanding health care coverage and designing a benefit package that reflects the priorities and needs of pediatricians around the state. Those needs are diverse, and must reflect those who practice in small or large communities, as well as private and public practice settings. That is where TNAAP needs your help.

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Legislative Report, continued from page 1



Catherine M. Fenner
TNAAP Executive Director
and Lobbyist

**TOBACCO- STATE BUILDINGS
(HB 3269- Rep. Fitzhugh; SB 3368-
Sen. Herron)**

Prohibits smoking in all building owned or operated by the State of TN, except for sleeping rooms in state park inns or cabins that are designated for smoking. Passed; PC 876.

**AGGRAVATED CHILD RAPE
PENALTY (HB 2604- Rep. Tindell;
SB 2644- Sen. Burchett)**

Established the crime of "aggravated child rape" for the rape of a child younger than three, with a sentence of 40-60 years. Passed; PC 890.

**STATUTORY RAPE REPORTING (HB 3150- Rep. Marrero;
SB 2843- Sen. Bowers)**

"Every physician or other person who makes an initial diagnosis of pregnancy to an unemancipated minor...shall provide to such minor's parent, if the parent is present, and the minor consents, any readily available written information on how to report to the Department of Children's Services an occurrence of sex abuse which may have resulted in the minor's pregnancy unless such disclosure to the parent would violate [HIPAA]..." Passed; PC 843.

**BREASTFEEDING (HB 3582- Rep. L. DeBerry; SB 3547- Sen.
McNally)**

Permits breastfeeding of an infant 12 months or younger in any location, public or private, that mother is authorized to be; prohibits local governments from criminalizing or restricting breastfeeding. Passed; PC 617.

**IMMUNIZATIONS/HOMELESS (HB 4039- Rep. McMillan;
SB 3918- Sen. Kyle)**

"No child or youth determined to be homeless shall be denied admission to any school or school facility if said child or youth has not yet been immunized or is unable to produce immunization records due to being homeless." Passed; PC 756.



President's Report, continued from page 2

You can take your first step by letting us know about the challenges you face in providing care for children, and joining our journey. Contact your Fellows at Large, LocBoard or staff with your ideas, questions and concerns. Let us get back to the reason we come to work every day, and "do it for the children!"

Quentin A. Humberd, MD, FAAP

In Memorium

Middle TN lost two outstanding TNAAP members in January of this year; our thoughts go to their families and friends.

Robert Smith Sanders, MD (Murfreesboro) died January 19th at the age of 78. He became a crusader for child safety in the 1970's by working to pass the nation's first child car seat law in 1977. Through that legislative effort, he became known throughout the state legislature, the state, and even the nation as "Dr. Seatbelt". His tireless crusade brought new attention to pediatricians as advocates for children. For years following that milestone bill passage, Dr. Sanders continued to work on various legislative initiatives involving car seat safety and other health-related issues. Dr. Sanders was TNAAP's Pediatrician of the Year in 1991 and was the subject of an AAP Oral History interview in 2004.

Tomas A. Hazinski, MD (Nashville) died January 14th of sudden cardiac arrest at the age of 57. Well-known in pediatric academic circles, he spent the last 22 years at Vanderbilt, most recently as Director of Pediatric Pulmonary Medicine and as Dean for faculty affairs. He was recognized as a valued researcher, mentor, and teacher, and served as president of the Society of Pediatric Research in 2000.

New Database System Paves Way for Dues Invoice Improvements

The American Academy of Pediatrics will be implementing a new billing system in July 2006. Many of you will notice no change; bills with state and national dues will continue to be issued from the national office this summer. However, members who do not pay their dues on time will eventually be dropped from the national and state rosters and lose membership benefits. Under this new system, the date that members renew the lapsed membership will now become the new anniversary billing date for the AAP and the Chapter, as opposed to a uniform fiscal anniversary date of July 1.

TennCare, continued from page 1

In June, Ruth Allen and I met, at their request, with Magellan, the Mental Health Provider for East TN. Magellan then put together a meeting that included Pat Davis, Quentin Humberd, Joel Bradley and myself, plus Terry Clark and Susan McGuire, both of whom are Pediatric Psychiatrists, along with representatives from the state and Magellan to devise a workable mental health program for E. TN. In this meeting, Mr. Beshera agreed to supply us with data on drug usage in children as far as cost to the state, incident of use, and increase in price and use. According to his figures, the cost of pharmacy, now mainly for children, is increasing by twenty percent/year without decreasing costs of hospitalizations, etc. to justify the increases. This is a first; in the past we have been unable to get data from the state unless it was used to demonstrate something the state was publishing.

When TNAAP first met with Governor Bredesen, we told him of S-Chip and how it could work in TN. In various meetings with state officials, we continued to give more details of S-Chip and urged them to look into this as a funding source. In his State of the State Address, Gov. Bredesen announced he was creating an S-Chip program for TennCare to cover the 150,000 children who presently have no health insurance. At this point, it is to be in place the first of next year as a commercial insurance plan. The plan for this program goes to CMS September 1st for approval. Mr. Dick Chapman who has been in charge of the State Employees Health Insurance Plan for many years is overseeing it. Its Medical Director will be Dr. Andrea Willis, a pediatrician who has been serving as Deputy Commissioner of the Dept. of Health for the last 3 years. The state is working closely with CHAT (Children's Hospital Alliance of TN) to set this up. Meetings with pediatricians and hospital officials took place the last week in July, and Dr. Willis will also be coming to our August board meeting. This program does not require a waiver, does not have the same EPSDT regulations as TennCare, and should be easier to modify as problems arise.

In July, J.D. Hickey resigned as Director of TennCare and was replaced by Darin Gordon, who was CFO of TennCare. Two new MCOs have signed contracts to provide coverage for Middle TN: United Health Care which recently bought John Deere in upper E. TN (its Medicaid division covers approximately 1.2 million people in 13 states) and AmeriGroup which focuses entirely on Medicaid type programs, operates in 9 states, and again manages approximately 1.2 million lives. These plans will be at "full risk", are beginning to contract with hospitals in Middle TN, and will soon be contracting with Pediatricians. The Chapter officers and several Middle TN Pediatricians will be meeting with Mr. Gordon to discuss these changes in TennCare.

As always, TennCare presents a moving target. The Chapter is trying to work with the state in the new areas of mental health and some pharmacy issues as well as maintaining our work in the EPSDT, coding, and Development/Behavioral Health Screening areas. Please keep us informed of problems you have as they present themselves. With the changes in MCOs and the switch back to full risk contracts, I expect an increase in problems we need to address with TennCare officials. Since there are 3 distinctly different ways in which TennCare works in the different regions of the state, your input is very important for us to keep us abreast of problems as they arise.

Welcome New Members

(through April 2006)

Donald H. Arnold, MD	Nashville
Judy Lynn Aschner, MD	Nashville
Jamie L. Blackwell, MD	Chattanooga
Travis Carl Bowles, MD	Nashville
Amy Langham Canavan, MD	Chattanooga
Miguel A. Caniza, MD	Memphis
Mary E. Chambers, MD	Jackson
Christopher Dodos Climaco, MD	Cookeville
Teresa Perry Crase, MD	Nashville
Maite deLamerens, MD	Memphis
David Eugene Devoid, MD	Chattanooga
Col. Ramasubbareddy Dhaniereddy, MD	Memphis
Tara Kim Donnelly, MD	Jackson
John William Ellis III, MD	Memphis
Steven L. Goudy, MD	Nashville
Tara Newton Hamada, MD	Nashville
Kelsey Ann Hamilton, MD	Nashville
Gil E. Herren, MD	Memphis
Donna L. Hines, MD	Memphis
Cindy Stockton Hoffman, MD	Maryville
Oliver Ellsworth Hoig, MD	Knoxville
Mark Hughes, MD	Nashville
Laurie B. Jones, MD	Chattanooga
Kevin J. Kelly, MD, DDS	Nashville
Lizbeth Kennedy, MD	Chattanooga
Eric Lynn Kerley, MD	Morristown
Padmaja Koneru, MD	Memphis
Audrey Rogers Krasin, MD	Memphis
Beth Anne Kurt, MD	Memphis
Mindy Kay Longjohn, MD	Memphis
Harold Newton Lovvorn, III, MD	Nashville
Caridad A. Martinez, MD	Memphis
Danny Boyd McCaughan, MD	Nashville
Mark Logan Meredith, MD	Nashville
Martha LaTricia Miller, MD	Memphis
Jennifer Mink, MD	Memphis
Siam Oottamasathien, MD	Nashville
Robert A. Padgett, MD	New Tazewell
Diego Porras, MD	Nashville
Ravi Kanwal Raheja, MD	Nashville
Patrick Fitzgerald Randolph, MD	Memphis
Paul Damian Schneider, MD	Knoxville
Stephanie Lynn Schultz, MD	Clarksville
Rebecca Sue Severe, MD	Columbia
Stephanie Anderson Stegall, MD	Chattanooga
Amy Elizabeth Vehec, MD	Franklin
John V. Williams, MD	Nashville

WELCOME!

Coding Clues



"Ask Janet"
www.tnaap.org

Coding for Developmental/ Behavioral Screening- 96110

Pediatricians are encouraged to use developmental screening tools to improve the rate of early detection of developmental and behavioral problems.

Reimbursement for this added work and practice expense is provided by many payers when the correct codes are used to file the

claim. Developmental/behavioral screening is usually provided in conjunction with an EPSDT/ preventive visit but can also be reported with other E/M services such as an acute illness or follow-up visits. In order to report 96110, a validated screening tool must be used, and the physician must document the interpretation in the medical record. The test results and the score or interpretation are the report. If there is a plan for a referral and/or further evaluation and treatment, this should also be documented in the record, usually as part of the Evaluation and Management service itself. When this type of developmental screening is provided in addition to an E/M or preventive visit, both 96110 and the E/M service are reported. In rare cases a payer may require a modifier -25 to be appended to the E/M or preventive code. Payers that have typically not required the -25 modifier to be used in the past when reporting hearing screening done at the same visit as a preventive medicine service will likely not require -25 for developmental screening either.

All CPT codes are linked to a diagnosis code on the claim form CMS 1500 when the report is filed with a payer. The diagnosis (or ICD 9-CM) code appropriate to use when 96110 is reported with a preventive medicine visit or EPSDT is V20.2. In the event that a screening is performed at a non-preventive E/M office visit (e.g. 99214), the diagnosis code should reflect the problem being addressed at that visit.

It is important to remember that developmental/ behavioral assessment and surveillance is required as part of the history taken by the physician in the context of an EPSDT/ preventive visit, and that without the use of a validated tool, this service is not separately reportable. The following are examples of some of the validated screening tools that can be used and reported using 96110: Ages and Stages Questionnaire(ASQ) , Pediatric Symptom Checklist (PSC), Vanderbilt ADHD Scale, Modified Checklist for Autism in Toddlers(M-CHAT), and Parents Evaluation of Developmental Status (PEDS).

In the event it is medically necessary to use more than one tool to assess for developmental/ behavioral problems on the same date of service, they can both be reported- (e.g., PEDS and MCHAT, report 96110 twice with modifier -76 appended to the second code).

Updated EPSDT and Coding Information

Check out www.tnaap.org for the latest versions of TNAAP's:

EPSDT Manual • Coding Manual
Age-specific Chart Documentation Forms

Need help with EPSDT and/or pediatric coding?
Contact our Coding Educator, Janet Smith at
janettnaap@bellsouth.net or 615-285-0608.

Newborn Screening Voice Response System

The Tennessee Department of Health is now offering a Newborn Screening Voice Response System. To use this system, call the number in the box below and use a touch-tone telephone to enter the necessary information to request test results from the computer's database.

IMPORTANT: To gain access to the system you must FAX the following to the Newborn Screen Program at 615-262-6458:
Name (first, middle initial and last name required)
TN License Number • Address of Practice
Telephone Number • Fax Number

After you fax in your information, allow 48 hours prior to accessing the system. Your temporary PIN will be 1234. You will be prompted to change this PIN when you access the system for the first time. If you have questions, contact the Newborn Screening Program at 615-262-6304.



State of Tennessee Newborn Screening Program Voice Response System for Test Results

Required:

- (1) TN Physician License Number
- (2) Personal Identification Number
- (3) Mother's SSN
- (4) Touch tone phone
- (5) Fax machine for faxed results

Results available 24/7

Local (Nashville) 615-262-3041
Toll Free (866) 355-6132

The 2005 CME and Annual Awards Luncheon

The TNAAP Annual Meeting was held October 22, 2005 in Nashville. This year's CME was planned by the Young Physician's Committee and focused on the needs of pediatricians under the age of 40 and in their first 5 years of practice. *Focus on the Young Physician: Finding Balance in the Game of Life* addressed topics which are not addressed extensively in residency training and which many young physicians find challenging.

Tom Stearns, a consultant with SVMIC, started the day with a presentation about how to start and run a medical practice. *Running A Practice* provided information about initial planning and financial considerations, equipment, staffing and accounting systems. Dr. Michelle Fiscus (*Franklin*) gave a *Coding Update* presentation packed with helpful information including new immunization codes, coding for well child check-ups versus sports physicals, and using modifiers and shifting the coding "bell-shaped curve".

Following the morning speakers, participants enjoyed interacting with the CME sponsors. A working lunch provided the opportunity to meet in small groups to discuss topics such as Personal Financial Planning, Malpractice, TennCare and Marketing.

Dr. Andy Spooner's (*Memphis*) presentation, *PDA's in the Office*, offered participants an interactive demonstration of small computing devices and how they can assist pediatric practices in electronic records, reference, calculations, and patient education. *Advocacy/Obesity* was addressed by Dr. Kris Rehm (*Nashville*). She presented the latest trends on tracking obesity and how to use advocacy as a method of

effecting changes beyond care of the individual patient. Advocacy methods discussed included awareness, public policy and legislation, coalition building and developing new programs.

The CME offered pediatricians a final opportunity to increase their practical knowledge over dessert with more roundtable discussion topics including Business Financial Planning, Contracting, Coding, and Running a Practice.

TNAAP would like to thank the many sponsors who made this year's CME possible!

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Vanderbilt University Medical Center

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Merck & Co., Inc.
Nestle USA - Nutrition Division
Ross Products
Southeast United Dairy Industry Association
Wyeth Vaccines

Awards Party!

TNAAP did not hold back in celebrating its 50th Anniversary. The 50th Anniversary Celebration was held at Jillian's in Nashville (now Dave & Buster's) on October 22nd following the Annual CME. At this year's event families were invited and having children running around was a great reminder about what TNAAP is all about. Dr. Andrew Gregory (*Nashville*), was asked to host the event, but the Crocodile Hunter showed up instead with a real python from the Amazon! The program included live music, a professional magician, and kid's contests. Betty Lentz recognized TNAAP Past Presidents and provided an interesting historical look at TNAAP. The YP Committee (against their wishes) rapped a song which was quite clever and we hear they may be looking for professional representation and a better name. Dr. Quentin Humberd (*Clarksville*), incoming TNAAP President, was put on the spot as the

6 TNAAP staff tested his knowledge about their hobbies and "alternative dream jobs".

Dr. Joel Bradley (*Clarksville*) was announced as the 2005 Pediatrician of the Year and Dr. Boyce Berry (*Johnson City*) was awarded the 2005 Senior Pediatrician of the Year award. Dr. Pat Davis (*Columbia*) was honored for her commitment to Tennessee's children with a Special Achievement Award.

TNAAP would like to thank Dr. Andrew Gregory, Dr. Bob Lembersky, and the Young Physician's Committee for their help in planning this event. In addition, we would like to recognize Dr. Michelle Fiscus, who received a two-night stay gift certificate at the Embassy Suites for her hard work recruiting sponsors for the Annual CME and 50th Anniversary Celebration.

TNAAP Awards Party Photos

October 22, 2005



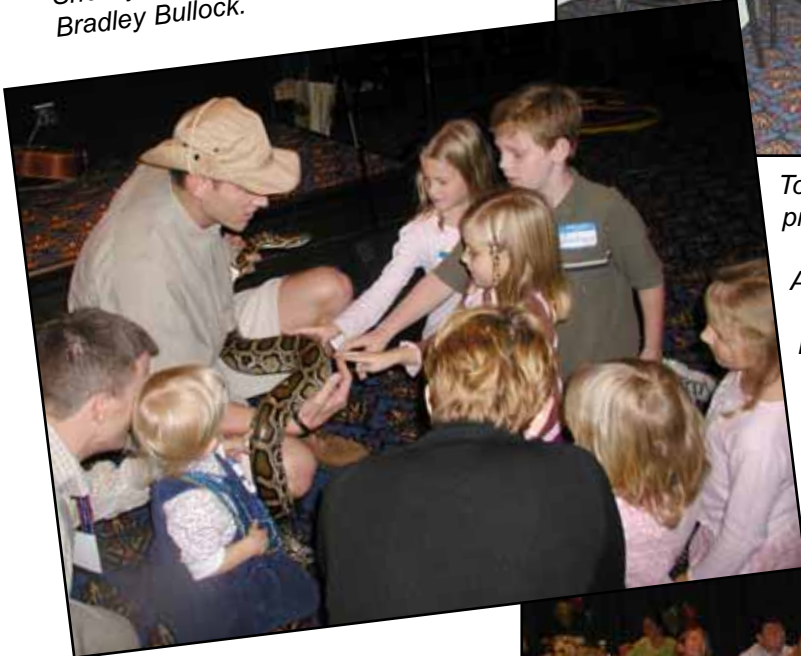
Members of the Young Physicians' Committee perform the "YP Rap": (l-r) Drs. Robert Berman, Suzanne Berman, Shelley Fiscus, Andrew Gregory, and Bradley Bullock.



Top Right: TNAAP Staff tests their incoming president's knowledge about them!



Above: The hula-hoop contest was a real spin!



Left: Crocodile Hunter Steve Irwin, a.k.a. Dr. Andrew Gregory, presents a live Burmese Python as part of his "hard act to follow"!

Attendees are mesmerized by the magic show.



Tennessee Pediatric Society Foundation Report

The 2005 50th Annual Funding Campaign raised \$14,695 to benefit the Tennessee Pediatric Society Foundation. With over 10% of TNAAP members participating in the campaign, the Foundation has begun to build an operational fund that will provide new ways for pediatricians to address the health and safety issues that affect Tennessee's children.

How does the Foundation Work?

The Foundation works with pediatricians who have come up with new and inventive ideas to change the lives of Tennessee's children. In 2004, Dr. Beth Andrew (Memphis) had an idea to develop an exercise and nutritional education program for middle school students. The Foundation assisted in writing the grant and securing funding. After the grant was approved, Kim Windham, the TPSF Program Director, worked with Dr. Andrew to complete the educational component of the program and worked with Nashville Metro Schools

Department to recruit participating schools and school leaders. Dr. Andrew's idea was a reality with over 100 students in five middle schools learning about nutrition and exercising two days a week during the past school year.

Dr. David Thombs (Nashville) approached the Foundation looking for new ways to impact the epidemic of obesity. The Foundation researched and wrote a grant to provide forty overweight children with scholarships to attend an intensive obesity intervention center. The Tennessee Health Foundation (BlueCross BlueShield) approved our grant and funded the program.

The experience and ideas of TNAAP's pediatricians combined with the ability of the Tennessee Pediatric Society Foundation to write and secure grants is proving to be a very effective partnership in improving the health and safety of Tennessee's children.

Donors are listed on the insert page of this newsletter.

Quality Assurance, Pay-for-Performance, and the Practice of Pediatrics

**Dave Tayloe, Jr, MD, FAAP, AAP District IV Chair
919-580-7209; dtayloe@aap.org**

We all went to medical school, completed residencies in pediatrics, and passed our Boards. Most of us exceed the Category I CME requirements of state licensing agencies, and many of us have been recertified by the American Board of Pediatrics. And we all have been practicing what we consider "state of the art pediatrics." Yet, public and private sector payers are more and more convinced that we are not necessarily practicing "state of the art pediatrics," and they are intent on either financially rewarding us or penalizing us, depending upon whether or not we measure up to their quality standards in our daily work. The Pay-for-Performance (P4P) quality assurance programs of the third-party payers are making the practice of pediatrics more and more challenging.

This train has already left the station in this P4P movement. How can pediatricians prepare themselves to meet or exceed the quality assurance requirements of public and private payers?

We can contact the medical directors of the third party payers with whom we have contracts, to see if they have developed, or are developing, quality measures for pediatric practices. We can log onto the Member Center (Members Only Channel (MOC)) of the AAP website and click on Quality Improvement in the far right hand column and search for clinical guidelines and/or enroll in EQIPP and other Pedialink CME activities. We can contact the AAP's Steering Committee on Quality Improvement Management (SCOQIM) for guidance. And we can begin to develop mechanisms

within our practices to implement quality assurance initiatives so that we meet the guidelines of our third party payers.

In our practice, we have aligned ourselves with the pediatric teaching hospital that is our main resource when we need assistance with difficult problems. This hospital's Office of CME has helped us develop a Category I CME program that we conduct most Tuesday mornings at 7:00 AM in the private dining area of our hospital cafeteria. We have recently begun to address quality assurance issues in the care of children with type 1 and type 2 diabetes, obesity, and the metabolic syndrome. Through our "physician-directed Medicaid managed care program," we have incorporated quality assurance guidelines concerning asthma, ADHD, and gastroenteritis, and we use our local CME program to maintain our quality assurance efforts in these and other areas of pediatrics. We have incorporated electronic health records into our four-office practice, and are in the process of integrating quality assurance guidelines, according to diagnostic category, into our electronic health record. I think we are organized sufficiently to be able to adjust to the next recommendations that come to us in the area of quality enhancement for our pediatric practice.

I would be interested in feedback from you concerning the third-party payer quality assurance requirements that you are attempting to address in your daily practices. The Board of Directors of the Academy spends time during its three major meetings each year looking at quality issues and trying to assure that AAP programs, such as EQIPP, are as supportive as possible of our members. Thanks for keeping me in the loop.

Governor's Books for Birth Foundation Growth



Over the past year the Governor's Books to Birth Foundation and the Dollywood Foundation have expanded to cover 92 counties in Tennessee. Thanks to their efforts more than 97% of Tennessee's preschoolers now have Imagination Library in their county and in March over 105,000 children received books in the mail. TNAAP congratulates the Governor's Books to Birth Foundation on its efforts to ensure that reading is an integral part of growth and learning for Tennessee's preschoolers.

PROS 2005 Honor Roll

PROS (Pediatric Research in Office Settings) is the AAP's practice-based research network. Over the network's 20 years of existence, the practitioners of PROS have designed and completed work on more than 20 projects examining compelling but unanswered questions in pediatric primary care. The results of these projects have changed policy and the way pediatricians practice. The following TN practices participated in PROS research during 2005:

Centennial Pediatrics- Lebanon
Cool Springs Pediatrics, PLLC (Franklin)
ETSU Physicians & Associates (Johnson City)
Pediatric Consultants, PC (Memphis)
Plateau Pediatrics (Crossville)

For more information on PROS, contact TNAAP's PROS Coordinator, Debra Mills, MD at millsd@mail.etsu.edu or 423-439-6222.

TNAAP would like to thank CHAT (Children's Hospital Alliance of TN), Merck Vaccine Division, and SUDIA (Southern United Dairy Industry Association) for sponsoring TNAAP's Board Meetings. THANK YOU!



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The START Program Continues

The START program begins its third year of providing training and technical assistance to pediatricians and family physicians interested in implementing developmental and behavioral screening into their practice protocol. START is a joint project of TennCare and TNAAP and is free to practices. Physicians

Screening Tools and Referral Training (START)



For primary care providers caring for children in Tennessee

participating in the training can earn 2.5 CME from either the AAP or AAFP and nurses can earn 3 contact hours from the Tennessee Nurses Association.

During the last fiscal year (July 1 2005 – June 30, 2006) 111 pediatricians and family physicians, along with their staff, participated in START programs throughout the state. From comments written on post-training surveys as well as those made to the training staff, participants indicated that the START

program is very timely, since both the AAP and state guidelines encourage routine use of developmental and behavioral screening tools.

As a way of measuring the effectiveness of the program, a follow-up evaluation was sent to all doctors who participated in the START during the first year of the project (FY 04-05). Ninety-three percent (93%) of those who responded said they are using a validated parent questionnaire to screen for developmental and behavioral issues. Forty-eight percent (48%) indicated that there had been an increase in identification and referral of children with developmental delays, and 69% felt that screening had resulted in better patient care. Fifty-nine percent (59%) thought that screening had resulted in increased patient satisfaction.

The START program is delivered to physicians and their staff by a physician trainer. In addition to Dr. Quentin Humberd, the project's Medical Director and physician trainer, four additional pediatricians have been trained to deliver the program, which will help increase the number of regional programs offered. These new trainers are listed at right.

As the new fiscal year begins, START staff is planning a

Important Supreme Court Decision

An important decision was rendered the end of 2005 by the TN State Supreme Court. The following is a quote from David Steed, the "Outside Counsel" for the TMA, which explains the decision: "This will summarize the recent Tennessee Supreme Court case of Calaway v. Schucker ... in which TMA participated by filing a brief as an amicus curiae. Prior to the case, the three year statute of repose had been considered to be tolled, or ineffective, as to minors until they reached majority. The Supreme Court held in Calaway that the three year statute of repose DOES apply to minors. Thus, in the absence of "fraudulent concealment" by the physician, claims against physicians involving minors must be filed within three years of the incident or are barred. The decision may also apply to those who have mental disabilities, although this is unclear."

number of training opportunities throughout the state. Programs are posted on the TNAAP website as they are scheduled. Just log on to www.tnaap.org and look under the Developmental/ Behavioral tab for the START Training Schedule. For more information, contact Deborah Usry, Developmental Services Coordinator, at (615) 376-4826 or dusrytnaap@comcast.net.

New START Trainers:

Larry M. Faust MD
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482 Warfield Bled
Clarksville, TN 37043
(931) 648-1912 / faustlm@charter.net

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(615) 261-5437 / doctorfiscus@yahoo.com

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Methamphetamine Campaign and Trainings

You may know the Partnership for a Drug-Free America as the group responsible for the memorable “this is your brain on drugs” advertisement from the mid-1980s. But in recent months, TNAAP members have learned that the Partnership’s efforts to reduce drug use among teens go far beyond ads, thanks to a new campaign targeting methamphetamine in Tennessee.

Since November 2005, TNAAP and the Partnership have worked together to launch a statewide Methamphetamine Health Education Campaign. The program—a yearlong prevention effort aimed at parents—is designed to raise awareness about the health risks of using meth, encouraging parents to talk to their children about the drug and its dangers. The messengers? Local pediatricians, media-trained and armed with meth prevention messages to share with television and newspaper reporters as well as parents and patients. Nashville public relations firm Dye, Van Mol & Lawrence has joined in this effort, securing interview opportunities for pediatricians across the state.

The Partnership first recruited pediatricians in the fight against meth in 2003, in association with AAP Chapters in Phoenix and St. Louis. With the help of local public relations firms in those cities, the concept of positioning pediatricians in the media was tested and proven effective at reaching parents on this important topic. Subsequent research in the pilot cities showed a significant increase in parental perception of the risk of trying meth, as well as increased numbers of parents reporting that they talked to their kids about the drug. The number-one motivation for the discussion was, parents reported, a television or newspaper story.

“In this campaign, the message is as important as the messenger,” said Tom Hedrick, Founding Member of the Partnership. “Nobody carries more weight with parents than pediatricians, and we know that parents play the biggest role in helping kids lead drug-free lives. When parents hear a health message about meth from their child’s doctor, whether it’s in the office or on television, the credibility is immediate.”

In late 2005, the first media training sessions for TNAAP members were held in Nashville and Memphis, and in February, statewide training was completed with sessions in Knoxville and Chattanooga. These full-day trainings paired basic information about methamphetamine with intensive sessions on adolescent brain development, pharmacology, and the Partnership’s own research demonstrating the critical role of parents in preventing substance abuse. Participating physicians also received instruction in dealing effectively with the media, as well as on-camera interview skills.



Trained in Memphis: (l-r) Drs. Nick Desai, Sarah Stender, Katherine Cox, Ed Davis, and John Hill.

Dr. Shelley Fiscus of Nashville has been an active media spokesperson since attending the Partnership training in November. “The program not only teaches a great deal about every aspect of meth, but also makes you understand that you must do something about this problem,” Fiscus said. “This is truly an opportunity to make an incredible difference in our communities.”

The media effort coincides with the distribution of new public service advertising campaign for television and radio, as well as a PR effort focused on telling personal stories of people whose lives have been impacted by meth.

According to Hedrick, most users of meth aren’t teens or young adults, but Partnership research reveals a troubling vulnerability. “One in four teens reports knowing someone who has tried meth, and one in five teens has been offered the drug,” he said. “We must make every effort possible to prevent meth from becoming a mainstream drug in teen culture.”

Deborah Augustine, Victim Witness Program Manager with the Drug Enforcement Administration, insists that preventative action is essential when it comes to meth. As part of the training sessions conducted with TNAAP members, Augustine provides frightening evidence of the drug’s devastating impact on children and communities. “Children are the silent victims of this drug,” says Augustine. “They are often neglected and abused, and exposure to meth and the chemicals used to produce it are terribly dangerous for a child. We can’t let this cycle continue—anything we can do to keep young people from even trying meth is worthwhile.”

Currently, 22 TNAAP members have participated in media training sessions and volunteered their time to

continued on back cover...

Award Nominations Being Accepted Now

Nominations are now being accepted for the following awards, which will be presented at our Awards Presentation in Knoxville on November 10th. Please send your nominations in writing to the Chapter office by September 29, 2006. Include reasons why you think the candidate would be a good recipient for the award. There should be at least three (3) letters of support for any given award nominee.

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 and **Friend of Children Awards** are typically given to non-pediatricians from the field of government, public health, media, advocacy, etc, who have made outstanding contributions to the health and safety of children over the past year.

Methamphetamine Trainings, continued from page 11

take part in this important initiative: Alison Asaro, Laura Asbury, Debra Berry, Michael Carr, Corina Carroll, Allen Coffman, Katharine Cox, Ed Davis, Nick Desai, Barbara Engelhardt, Shelley Fiscus, Jim Hanley, John Hill, Cindy Hoffman, Yuksel Inankur, Jeannette Martin, Saroj Mehta, Jennifer Ragsdale, Yolanda Spraggins, Sarah Stender, Mark Thomas and Austin Whitlock.

*Trained in Chattanooga:
(l-r) Drs. Debra Berry, Jennifer Ragsdale, Laura Asbury, Corina Carroll, Jeannette Martin, Yolanda Spriggins, Austin Whitlock, Yuksel Inankur, and Michael Carr.*



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, 2007:

- 1 Fellow At-Large, West TN (3-year term, to assume Gerald Presbury's seat and overlap with Lauren Mitchell)
- 1 Fellow At-Large, East TN (3-year term, to assume Melinda Lucas' seat and overlap with Stephen Combs)

If interested in running, or for more information, please contact the Chapter office at 615-383-6004. The elections will be held this Fall; nominations must be submitted by October 1, 2006.

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THANK YOU!

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